



**Health, Population and Nutrition Sector  
Development Program (HPNSDP)**

**FRAMEWORK FOR  
TRIBAL PEOPLES PLAN**

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**Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh**

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## ACRONYMS & ABBREVIATIONS

<i>AF</i>	<i>Additional Financing</i>
<i>CBO</i>	<i>Community-Based Organization</i>
<i>CHT</i>	<i>Chittagong Hill Tracts</i>
<i>FTPP</i>	<i>Framework for Tribal Peoples Plan</i>
<i>GOB</i>	<i>Government of Bangladesh</i>
<i>GRC</i>	<i>Grievance Redress Committee</i>
<i>HED</i>	<i>Health Engineering Department</i>
<i>HPNSDP</i>	<i>Health, Population Nutrition Sector Development Program</i>
<i>IP</i>	<i>Indigenous People</i>
<i>JS</i>	<i>Joint Secretary</i>
<i>NGO</i>	<i>Non-Governmental Organization</i>
<i>MCH</i>	<i>Medical College &amp; Hospital</i>
<i>MDTF</i>	<i>Multi-Donor Trust Fund</i>
<i>MOHFW</i>	<i>Ministry of Health and Family Welfare</i>
<i>NTI</i>	<i>Nurses Training Institute</i>
<i>OP 4.10</i>	<i>Operational Policy 4.10 on Indigenous Peoples</i>
<i>OP 4.11</i>	<i>Operational Policy on Physical Cultural Resources.</i>
<i>OP 4.12</i>	<i>Operational Policy 4.12 on Involuntary Resettlement</i>
<i>PAH</i>	<i>Project Affected Household</i>
<i>PAP</i>	<i>Project Affected Person</i>
<i>SMF</i>	<i>Social Management Framework</i>
<i>TP</i>	<i>Tribal Peoples</i>
<i>TPP</i>	<i>Tribal Peoples Plan</i>
<i>UH&amp;FWCs</i>	<i>Union Health &amp; Family Welfare Centers</i>
<i>UZHC</i>	<i>Upazila Health Complex</i>
<i>USC</i>	<i>Union Sub-Centers</i>
<i>UZHC</i>	<i>Upazila Health Complex</i>
<i>WB</i>	<i>World Bank</i>

## FRAMEWORK FOR INDIGENOUS PEOPLES PLAN

### INTRODUCTION

1. This Framework for Tribal Peoples' Plan (TPP)<sup>1</sup> is proposed to deal with social safeguard issues and impacts that may arise during implementation of the Health Population and Nutrition Sector Development Program (HPNSDP), in areas and localities inhabited by tribal peoples, as well as identify and address their health care concerns under the project's scope of works. The program has been prepared and is being implemented by the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh (GOB). This multi-component program went into implementation in February 2011 and was supposed to be completed in five years. A number of development partners (DPs) including the World Bank have been supporting MOHFW in program preparation and co-financing its implementation. The MOHFW has recently requested the Bank and other DPs, and they all agreed, for Additional Financing (AF) for the program. In this regard the DPs have advised MOHFW to update the social safeguard policy frameworks based on the lessons learned over the last several years.

2. During its preparation HPNSDP adopted a Social Management Framework (SMF) to deal with social safeguard issues expected to arise during implementation of the program across the country. The SMF took into account the Bank's operational policies on Involuntary Resettlement (OP 4.12) and Indigenous Peoples (OP 4.10), as well as those of the DPs. In addition to those for involuntary resettlement, the SMF provided principles and guidelines to identify and deal with adverse impacts on tribal peoples and a consultation framework for adoption of mitigation measures, where they would be adversely affected by development and construction of the health care facilities. Now the Bank requires that the Framework for Tribal Peoples Plan (FTPP) should be a *standalone document*, as opposed to being a part of the SMF.

3. As to their spatial distribution, the largest proportion of the country's small tribal population lives in the three districts of the Chittagong Hill Tracts (CHT): Bandarban, Rangamati and Khagrachari, which are also heavily populated by mainstream peoples. The rest is dispersed in the plains districts where they generally live in settlements among the mainstream communities. Applicability of the Bank's OP 4.10 and those of the other DPs will generally depend on the presence of TPs in the lands proposed for construction of new physical facilities that might affect them in manners that would threaten their culture and way of life, including the present livelihood activities.

4. Impacts on TPs would vary in terms of geographical areas, nature and scope of the civil works, as well as the tenure to the lands they live in and use them in any manner for

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<sup>1</sup> The Government of Bangladesh (GOB) does not recognize any community as "indigenous". The communities, which conform to the World Bank's definition of "indigenous peoples", are a group of GOB's "ethnic minorities" that may include various other minority groups. In this document, they are being referred to as "Tribal Peoples" in keeping with some of the HPNSDP documents. For operational purposes, the Bank's definition of indigenous peoples has been strictly adhered to.

their livelihood. Upgradation and renovation of existing physical facilities are unlikely to affect tribal (and mainstream) peoples as long as the civil works are executed within the existing facility compounds, where the lands belong to MOHFW. As to tenure, if the TPs do not have legal titles, the lands might have been recorded as *khas* (under Land Ministry's ownership, or may belong to other ministries), or there could be others – more likely to be from the mainstream communities – who may as well claim ownership. In many parts of the CHT districts, especially those that are outside the district headquarters or remote, the TPs are unlikely to have legal titles, and use the lands for living and livelihood under customary tenure. As such, it will remain unknown whether or not, or the extent to which, a health care facility will affect TPs until a particular facility with the scope of works and its site is selected on the ground and social safeguard screening carried out. *The FTTP, as proposed here, outlines principles, policies, guidelines and the procedure to identify impact issues and potential risks and, if required, formulate and execute Tribal Peoples Plans (TPPs), whenever civil works for a health care facility, existing or new, financed by the World Bank/pooled fund<sup>2</sup> affect TPs anywhere in the country.*

## **PROGRAM ACTIVITIES & SOCIAL SAFEGUARDS IMPLICATIONS**

5. The HPNSDP, which consists of multiple components, has been aimed at establishing a people-oriented and people-responsive health care delivery system, which is gender-sensitive and concentrates more on children, elderly and adolescent, poor and the marginalized. Furthermore, MOHFW intends to develop an efficient and sustainable health care system with special emphasis on health service delivery activities. The program components are: Component IA: Improving Health Services; Component IB: Improving Service Provision; and Component II: Strengthening Health Systems. Component II aims to strengthen the various health systems required to effectively implement the various service delivery activities. Main activities included under this component are extension/upgradation and renovation existing facilities and build new ones at the Union, Upazila and District levels. Major physical facilities that may be upgraded and built anew are as follows:

- Community Clinic: MOHFW had planned to operationalize 18,000 community clinics, some of which already exist, but require renovation. The rest will be built anew.
- Upazila Health Complex (UZHCs): Upgrading of the existing physical facilities, particularly increasing the bed-capacity of hospitals from 30 to 50 of the existing UZHCs and other renovation works. The civil works consisted of addition of new floors on top of the existing buildings and, in some cases, construction of new buildings within the UZHC compound. As all physical works are expected to be carried out within the existing UZHC compound, where land belongs to the MOHFW and is free of encumbrances, no adverse impacts on TPs or others are expected to arise.

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<sup>2</sup> Some of the DPs pooled their resources with the World Bank into a multi-donor trust fund (MDTF). (IDA credit and the MDTF and other DPs' fund disbursed directly to the pool account constituted the "pooled funds".) The MOHFW prepared separate procurement plans for activities to be financed out of the pooled funds, in compliance with the Bank and other DPs' social safeguard requirements. The larger facilities, for which there were separate procurement plans, have been funded by the GOB itself.

- Union Health & Family Welfare Centers (UH&FWCs): This is the smallest of the facility provided at the union level. According to the MOHFW plans, many of the Union Sub-Centers (USCs), which are presently inadequate in terms of space and are in dilapidated condition, will be replaced with new buildings, and new ones will be built in unions where there are no USCs or UH&FWCs. It is expected that in most cases existing USC sites would be sufficient to build new UH&FWCs which, with prototype designs, require a land area of 30 decimals. For the new UH&FWCs, MOHFW expects to obtain land on private donation or on direct purchase from the landowners at the prevailing market rates.
- Upazila Stores (UZ Stores): These are small two-storied buildings, with 2000 to 3000 sft of total floor area, which would be used for family planning services. Most of these are likely to be built within the existing compound of the UZHCs. However, as seen under the previous program, some UZHCs may not have enough space to accommodate a new building. In such cases land may have to be obtained on private donation or by direct purchase from the landowners at the prevailing market prices.
- Nurses Training Institutes (NITs) and Other Major Facilities: Even though not much is still known about the scope of the civil works, the NTIs at the district level and other facilities, such as a 500-Bed Hospital, a Blood Transfusion Center and a National Fistula Center in the capital, and a Skill Birth Attending Center, etc., are relatively larger facilities. Almost all of these are likely to be built in urban and peri-urban areas and are likely to require substantial amounts of lands, some of which may have to be acquired. Public lands in urban areas, wherever available, may not always remain free of encumbrances. As often seen, depending on locations it is likely that some of the lands might have been under unauthorized private uses.
- Medical College with 500-Bed Hospital (MCH): These are the largest facilities and require large amounts of lands. MOHFW has a plan to build a number of MCHs in several districts. As it stands now, MOHFW is currently in the process of selecting sites.

6. During project preparation, a distinction was made in terms of scope of the civil works required for particular facilities and the sources of funding to build them. The World Bank/pooled funds were used to finance those that are small and require very little or no additional lands from private ownerships. (The larger facilities like Nurses Training Institutes, Medical Colleges with 500-bed Hospitals, which required large-scale private land acquisition, were to be built with GOB funds.) Nevertheless, the MOHFW has made provisions to address the land availability issues under unavoidable circumstances: to make direct purchase from the landowners on “willing buyer-seller basis”, or to seek lands on voluntary donation from private landowners<sup>3</sup>.

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<sup>3</sup> The “Guidelines for Land Acquisition and Resettlement” in the RPSMF (previously SMF) provides detailed guidelines for direct purchase of lands on “willing buyer-seller” basis at current market prices, as well as for seeking private lands on voluntary donation.

7. HED's Procurement Plan for July 2014 to June 2015 has proposed 4 UZHCs in 4 upazilas of Khagrachari district (Moghaichari, Panchari, Matiranga and Dighinala), 1 in Roangchari upazila of Bandarban. HED has also proposed to upgrade and renovate 3 UH&FWCs in Sonabari of Sadar upazila, Rasiknagar and Merur of Dighinala – all are in Khagrachari. The 5 UZHC are proposed to be upgraded from 10 to 50 beds, with the required renovations on the existing facility. As noted above, bed capacity will be increased by vertical extension of the existing buildings and/or by building new structures within the UZHC compounds. As the physical works are being carried out within the existing UZHC and UH&FWCs compounds, where the lands belong to the MOHFW and are free of encumbrances, no adverse impacts on IPs or others are expected. The MOHFW will continue to strictly adhere to this approach while implementing the remaining works under the AF, and not initiate new civil works packages beyond those that are in the current procurement plan.

### **SCOPE OF WORK UNDER ADDITIONAL FINANCING**

8. AF will essentially finance the remaining works proposed in the HED's July 2014 -- June 2015 Procurement Plan of the Health Engineering Department (HED), under the MOHFW. Only the smaller facilities like District Hospitals, UZHCs and UH&FWCs are being financed with the pooled funds. There has been no need for additional lands that were to be acquired, and displacing people from any livelihood activities conducted outside the walled facility compounds. But formal monitoring and recordkeeping of social safeguard issues have not been systematic and adequate. In order to improve the situation for the AF funded facilities,

*MOHFW/HED will fill in the Social Safeguard Screening Form provided in Annex I separately for each IDA and/or pool funded Contract Package and submit the filled-in form to the Bank for its review and clearance. Construction works could begin only after the Bank issues 'No Objection Letter' for the individual Contract Packages. And this will apply to both Prior and Post procurement review of the Contract Packages and regardless of nature of the civil works, such as upgradation, renovation and new construction.*

### **DEFINING THE TRIBAL PEOPLES**

9. As tribal peoples, that is the indigenous peoples in OP 4.10, are found to live in varied and changing contexts, no single definition can capture their diversity. As such, MOHFW will use the World Bank's guidelines to identify TPs in particular geographic areas by examining the following characteristics:

- Self-identification as members of a distinct tribal cultural group and recognition of this identity by others;
- Collective attachment to geographically distinct habitats or ancestral territories in the project area and to the natural resources in these habitats and territories;
- Customary cultural, economic, social, or political institutions that are separate from those of the dominant society and culture; and
- A tribal language, often different from the official language of the country or region.

## LEGAL FRAMEWORK FOR TRIBAL PEOPLES PLAN

10. Tribal peoples and other minority groups of Bangladesh have been given equal rights in the constitution as for those of the dominant society. But the rights related to landownership in CHT districts have remained unchanged, and this was one of the major factors contributing to the armed unrest beginning in the mid-1970s. Eventually, an accord was signed in 1997 between GOB and the organization (Jana Sanghati Samiti or JSS) leading the movement. The accord included a Land Commission to address the issues related to landownership by the tribal peoples. However, as JSS and other organizations often complain, not much have been done by the Land Commission to ensure tribal peoples' right to lands and other natural resources. On the contrary, their generational rights to lands and other resources have significantly dwindled because of continuing influx of mainstream peoples. And there is no legislation to protect the livelihood rights of the tribal peoples.

11. As it is now, there are two forms of tenure under which lands are used by tribal peoples in the plains and CHT districts. In the plains, where they live in settlements alongside mainstream communities, are generally assumed to have legal titles to the lands they use for living and livelihood. On the contrary, prevalence of customary tenure, which is administered by traditional TP institutions, is still likely to be the most prominent form of tenure in the three CHT districts. Only the TPs living in and around the urbanized district and upazila headquarters are likely to have titles to the lands they use for residential purposes. Yet the lands in the vicinities that many TPs use for agricultural and other forms of productive purposes are often likely to be under customary tenure. Away from the urban centers -- and more and more into the interiors -- all lands that TPs use are under customary tenure. Landownership status would be known only after ground verification of the facility sites.

12. The present Bangladesh *Acquisition and Requisition of Immovable Property Ordinance, 1982*, does not recognize the customary rights and, as a result, the TPs are not legally entitled to compensation for loss of lands or anything of value, including homesteads (home-lots, houses/structures, etc.). As noted earlier, the lands being used under customary tenure are likely to be recorded as *khas*, meaning public lands under the ownership of Land Ministry or other ministries and departments. Considering their vulnerability everywhere, mitigation of adverse impacts on TPs, regardless of wherever they live, will be based on (i) legal rights to the lands used for living and livelihood, and (ii) the customary rights as presently prevail. In keeping with this, MOHFW will select the physical facility sites according to the following guidelines:

- Will not select a site and undertake construction and other activities unless broad base community consensus supporting the subproject is established through consultations with the local TP communities and organizations (details on community participation and consultation are given below).
- Will not displace TP households from the present homesteads -- even if they are located on lands under customary tenure -- and isolate any household from others who have been living together in the same settlement, in order to protect their social relationships and support networks. *This will apply irrespective of wherever they live*



- *in the plains or CHT districts and regardless of tenures under which they use the lands for living.*
- In cases where the lands are under customary tenure, will try to identify a facility site that is not under any use by TPs (Given that UH&FWCs, which are the most likely facility to be built anew and each require only 30 decimals of land, it is possible to find alternative sites, especially in the sparsely populated CHT, that do not affect TPs living in particular locations.)
  - *To use private and public lands and avoid or minimize adverse impacts on TPs with legal title, MOHFW will apply the same guidelines proposed in the Resettlement Policy and Social Management Framework (RPSMF) for involuntary resettlement. Eligibility and standards for compensation will also use those proposed in the same framework.*
  - *To use lands under customary use, MOHFW will work out the impact mitigation measures in close consultations with the TPs, with the provisions that they do not become economically worse-off and their traditional/cultural ways of life remain protected.*
13. Choice of appropriate and culturally compatible development measures will largely depend on preferences and priorities of the affected TPs and their communities, as suggested during consultations. Such measures may include providing credits where TPs are found to engage in the production of marketable goods, such as handicrafts, handlooms, small-scale horticulture; employment in construction and maintenance activities; basic water supply and sanitation facilities; and those, such as schools, that could be used by the communities as a whole. If credit programs are found appropriate, MOHFW will call upon civil society organizations like NGOs to organize and administer them.

## **OBJECTIVES OF TRIBAL PEOPLES PLANS**

14. As provided in the Bank's OP 4.10 on Indigenous Peoples and the policies of other DPs, development projects, including HPNSDP, planned and implemented in areas inhabited by TPs, should ensure that they are not adversely affected, and that they receive culturally compatible social and economic benefits. This will require MOHFW to work with the following strategic objectives:

- No facility site should be selected, even at the preliminary stage, based only on official land records, which may not represent ground reality in terms of current uses and users;
- Screen all development and construction interventions to determine presence of TPs and, if so, ensure their direct participation in selection, design and implementation of the physical works;
- Carefully select development and construction activities and determine their scopes to avoid or minimize, to the extent feasible, adverse impacts;
- Select the facility site in terms of prevailing land tenure, such as legal ownership and customary rights, and determine the methods, such as acquisition by using the current acquisition ordinance, direct purchase, etc. that would be acceptable to the TPs.

- Adopt socially and culturally appropriate measures to mitigate the unavoidable adverse impacts; and
- Wherever feasible, adopt special measures – in addition to those for impact mitigation – to reinforce and promote any available opportunities for socioeconomic development of the affected TP communities.

## **TRIBAL PEOPLES PLAN**

15. In accordance with the Bank's and other DPs' requirements, HPNSDP proposes the following principles, guidelines and procedure to prepare Tribal Peoples Plans (TPPs), where development and construction works under the program are found to affect TPs. To avoid or minimize adverse impacts and, at the same time, ensure culturally appropriate benefits, MOHFW will apply the following basic principles in selection, design and implementation of the physical works.

## **TPP BASIC PLANNING PRINCIPLES**

16. Whenever a decision is made to build a physical facility for health care in localities inhabited by TPs and implementation of the civil works are likely to affect them adversely, MOHFW will:

- Ensure that TP communities in general and their organizations are fully included in the process leading to selection of particular facility site, as well as design and implementation of the physical works.
- Screen the development and construction works, together with TPs, for a preliminary understanding of the nature and magnitude of potential adverse impacts, and explore alternatives to avoid or minimize them. (A Social Safeguard Screening Form is provided in *Annex 1*)
- Where alternatives are found infeasible and adverse impacts unavoidable, immediately make an assessment of the key impact issues, together with TPs and others knowledgeable of TP cultures and concerns.
- Undertake the necessary tasks to identify the impact details and the most appropriate mitigation measures, through intensive consultations with the affected TP communities, TP organizations, civil society organization like NGOs and CBOs, professionals, and the like.
- *Not undertake a development and construction activity where the TP communities remain unconvinced to offer broad support for the proposed facility* (see details below).

## **TP PARTICIPATION AND CONSULTATION**

17. Participation of TPs in selection, design and implementation of the development and construction activities will largely determine the extent to which the TPP objectives would be achieved. Where adverse impacts on TPs are likely, MOHFW will undertake free, prior and informed consultations with the affected TP communities and those who work with and/or are knowledgeable of TP development issues and concerns. To facilitate effective participation, MOHFW will follow a time-table to consult the would-be affected TP communities at different stages of the program cycle. *The primary objectives are to examine*

*whether there is broad community consensus in support of the development and construction activities and to seek their inputs/feedbacks to avoid or minimize the adverse impacts associated with the chosen physical works; identify the impact mitigation measures; and assess and adopt economic opportunities which MOHFW could promote to complement the measures required to mitigate the adverse impacts.*

18. Consultations will be broadly divided into two parts. Prior to selection of a development and construction activities located in an area predominantly inhabited by TPs, MOHFW will consult the TP communities about the need for, and the probable positive and negative impacts associated with the proposed physical works. Prior to detailed assessment of the impacts at household and community levels, the main objectives of consultation at this stage would be to ascertain,

- How the TP communities in general perceive of the need for undertaking the development and construction activities in question and any inputs/feedbacks they might offer for better outcomes;
- Whether or not the communities broadly support the works proposed under the development and construction activities; and
- Any conditions based on which the TP communities may have provided broad support to the development and construction activities, which are to be addressed in project design and TPP.

19. To ensure free, prior and informed consultation, MOHFW will:

- Ensure widespread participation of TP communities with adequate gender and generational representation; customary/traditional TP organizations; community elders/leaders; civil society organizations like NGOs and CBOs; and groups knowledgeable of TP development issues and concerns.
- Provide them with all relevant information about the nature of development and construction activities, including that on potential adverse impacts, organize and conduct these consultations in manners to ensure full coverage of TPs in the development and construction activities and free expression of their views and preferences.
- Document and share with the Bank and other DPs the details of all community consultation meetings, with TP perceptions of the proposed works and the associated impacts, especially the adverse ones; any inputs/feedbacks offered by TPs; and the minutes stating the conditions, if any, that have been agreed during the consultations, which may have provided the basis for broad base community support for the development and construction activities.

20. Once *broad base community consensus* is established in favor of the development and construction activities, MOHFW will assess the impact details at the household and community levels, with particular focus on the adverse impacts perceived by the TPs and the probable (and feasible) mitigation and community development measures. To ensure continuing informed participation and more focused discussions, MOHFW will provide TPs with the impact details, both positive and adverse, of the proposed physical works. Other than those that are technical in nature, consultations will cover topics/areas suggested under

paragraphs 21-24 (below) and those the TPs consider important. Beginning with those for broad base support for the development and construction activities, community consultations will continue throughout the preparation and implementation period, with increasing focus on the households which would be directly affected. Consultation timing, probable participants, methods, and expected outcomes are suggested in a matrix in *Annex 2*.

## CONTENTS OF TRIBAL PEOPLES PLAN

21. The TPP will primarily aim at mitigating adverse impacts, and reinforcing and promoting any existing development opportunities in the area, with particular emphasis on the TPs who would be directly affected. The contents of the TPP will generally consist of the following:

- *Baseline data*, including analysis of cultural characteristics; social structure and economic activities; land tenure; customary and other rights to the use of natural resources; relationship with the local mainstream peoples; and other factors that have been suggested by TPs during consultations and are to be addressed in the TPP and project design. (Key areas of investigation are also suggested below.)
- *Strategy for local participation*, indicating timing of consultation and the participants, such as affected TP communities, TP organizations, and individuals and entities who could provide useful feedback and inputs.
- *Mitigation measures and activities*, which will generally follow TP preferences and priorities, including those agreed between the TP communities/TP organizations and MOHFW during consultations.
- *An Entitlement Matrix customized for TPs*, if required in situation where the entitlements for TPs need to be different.
- *Institutional capacity*, taking into account MOHFW's staff experience, consulting services, and TP and civil society organizations in designing and implementing TPPs.
- *TPP implementation schedule*, taking into consideration least disruption to the livelihood and other activities of TPs.
- *Monitoring and evaluation*, with participation of TP representatives and organizations, as well as other civil society organizations that may have been operating in the area.
  - *An M&E scheme* along with monitoring indicators relevant to the TPP
- *Grievance Redress Mechanism* customized for TPs, taking into account any traditional conflict resolution arrangements that may have been in practice in the area where a health care facility is being built.
- *Financing the TPP*. Budgets and sources of fund needed to implement the mitigation measures and development activities agreed between the TPs and MOHFW.

## TP SOCIOECONOMIC CHARACTERISTICS & CONCERNS

22. Baseline data and identification of social concerns will primarily focus on the cultural and socioeconomic characteristics of TPs and the potential vulnerability that might be caused by the proposed development and construction activities. Data on the following

socioeconomic characteristics are expected to indicate the nature and scale of adverse impacts and provide the essential inputs for TPP.

23. Social & Cultural Characteristics

- Relationships with areas where they live -- relating to religious/cultural affinity with the ancestral lands, existence and use of livelihood opportunities, etc.
- Use of any tribal languages for social interactions and their use in reading materials and for instruction in formal/informal educational institutions in TP localities.
- Food habits/items that may differ from non-tribal peoples and the extents to which they are naturally available for free or can only be grown in the TP territories, and which are considered important sources of protein and other health needs.
- Interactions and relationships with other tribal peoples' groups in the same and other areas.
- Presence of customary social and political organizations – characteristics indicating internal organization and cohesion of the communities, and their interaction with those of the non-tribal population in the area.
- Presence of TP organizations, like community based organizations (CBOs)/NGOs, working with TP development issues, and their relationships with mainstream organizations also engaged in community development activities.
- Other cultural aspects likely to be affected or made vulnerable by the proposed development and construction activities.

24. Settlement Pattern/Organization

- Physical organization of homesteads – indicating organizational patterns with the existing community facilities, such as schools, places of worship, cremation/burial grounds and others, water supply and sanitation, etc.
- The extent to which the tribal settlements/neighborhoods are spatially separated from those of the non-tribal peoples, indicating interactions and mutual tolerance of each other.
- Present distance between the TP settlements/neighborhoods and the selected construction and development works.

25. Economic Characteristics

- Prevailing land tenure -- indicating legal ownership and other arrangements that allow TPs to reside in and cultivate or otherwise use lands in the area.
- Access to natural resources -- prevailing conditions under which TPs may have been using natural resources like forests, water bodies, and others that are considered important sources of livelihood.
- Occupational structure -- indicating relative importance of household's present economic activities, and the extent to which they might be affected or benefited because of the proposed development and construction activities.

- Level of market participation -- engagement in activities that produce marketable goods and services, and how and to what extent market participation would be affected or enhanced by the development and construction activities.

## IMPLEMENTATION ARRANGEMENT

26. The Joint Secretary (Development and Medical Education) of MOHFW is the person in charge of physical facilities development under the program. With designated staff at the ministry level and persons with relevant knowledge and skills (who could be recruited from tribal and/or mainstream communities), the JS would ensure that the provisions of the FTPP are implemented as and when the individual healthcare facilities are found to give rise to social safeguard issues. With regard to construction/improvement works, Health Engineering Department (HED) under MOHFW will implement the civil works. A designated staff / consultant, in association with selected members of TP communities will assist HED to organize community consultations during the site selection process, and monitor and coordinate land-related issues and impact mitigation activities under the supervision of the JS. At the local level, assisted by consultant the designated HED staff, in association with selected representatives of TP communities and organizations, will screen the proposed facilities to identify potential social safeguard issues, assess impacts and prepare and implement the required impact mitigation plans.

## GRIEVANCE REDRESS MECHANISM

27. The exact sources of grievances and complaints will remain unknown until they are formally lodged. Considering the need, MOHFW will establish a procedure to address complaints and grievances about any irregularities in application of the guidelines adopted in this FTPP for assessment and mitigation of social safeguard impacts. Based on consensus, the procedure will help to resolve issues/conflicts amicably and quickly and, in some cases saving the aggrieved persons resorting to expensive, time-consuming legal actions. *The GRM will however not pre-empt a complainant's right to seek resolution in the courts of law.*

28. MOHFW will form a Grievance Redress Committee (GRC) wherever construction of a healthcare facility is undertaken. The GRCs will consist of memberships to ensure proper presentation of complaints and grievances, as well as impartial hearings and transparent decisions. Membership composition of the GRCs will take into account any traditional conflict resolution arrangements that TP communities may have in practice. *If the aggrieved person is a female, MOHFW will ask a female UP Member or Municipal Ward Commissioner to participate in the hearings. Females will be encouraged to be part of the GRC.*

### GRC Membership

Executive Engineer (HED, MOHFW)	Convener
Union Parishad Chairman	Member
Concerned Local Level Health and Family Welfare Representative	Member
A member of the TP community	Member
A CBO representative (preferably tribal)	Member

29. If a resolution attempt at the local level fails, the GRC will refer the complaint with the minutes of the hearings to the Joint Secretary (Development and Medical Education) of MOHFW. The JS, who is expected to be fully aware of TP concerns as being addressed under the project will make a decision -- with guidance, if needed, of the MOHFW Secretary. *A decision agreed with the aggrieved person(s) at any level of hearing or review will be binding on MOHFW.*

30. All cases at the local level will be heard within four weeks of their receipt; but those related to matters like compensation for poor and vulnerable will be heard in two weeks or earlier. At the ministry level, decisions on unresolved cases will be made and communicated to the GRC in no more than four weeks.

31. To ensure impartiality and transparency, hearings on complaints will remain open to the public. The GRCs will record the details of the complaints, the reasons that led to acceptance or rejection of the particular cases, and the decision agreed with the complainants. MOHFW will keep records of all resolved and unresolved complaints and grievances and make them available for review as and when asked for by the DPs.

32. *World Bank's Grievance Redress Service.* Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanism or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit [www.worldbank.org/grs](http://www.worldbank.org/grs). For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org).

## **PUBLIC DISCLOSURE OF FTTP**

33. The FTTP and all mitigation plans will be subjected to WB review and clearance *prior* to public disclosure. After receipt of the Bank clearance, MOHFW will disclose FTTP in local language<sup>4</sup>, to the public in Bangladesh, and authorize the World Bank to disclose it at its Country Office Information Center and Infoshop. MOHFW will ensure that copies of the translated document are available at its headquarters and district offices, concerned government offices in the project districts, and other places accessible to the TPs. MOHFW will also post the entire FTTP and translated summary in its website, and inform the public through notification in two national newspapers (Bangla and English) about where they could be accessed for review and comments.

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<sup>4</sup> There is no formal TP language that can be used for translation. Although the different TP communities use different spoken language/dialect, the literate TPs learn to read and write in Bangla.

## ANNEX 1: SOCIAL SAFEGUARD SCREENING FORM

*Primary objective of this exercise is to ascertain whether or not there will be a need for additional lands to carry out the proposed upgrading/extension/renovation works and construction of new facilities, and how the lands would be or have been obtained. Please share separately any relevant information that may not have been covered in this form. This form must be filled in for each and every Contract Package -- regardless of Pre and Post procurement review -- that is proposed to be financed by IDA and/or pool fund, and submit to the Bank for its review and clearance.*

### Part A: GENERAL INFORMATION

*[Part A is to be filled in for all facilities]*

1. Name and location of the Facility: .....
2. The Facility is located in an area where residents are:
  - All mainstream or non-tribal peoples
  - All tribal peoples
  - Majority mainstream or non-tribal peoples
  - Majority tribal peoples

*If the development/extension/ construction activities is located in an area that is also inhabited by tribal peoples, Part E of this form must be filled in.*

3. Scope of the Physical works:
  - Upgrading/Extension/Renovation
  - New Construction (Smaller facilities like UH&FWC, Upazila Stores, etc.)
  - New Construction (Larger facilities like Nurses training Institute, Medical College, Hospitals, etc.)
4. Brief description of the physical works: .....  
.....  
.....  
.....

*As may apply. the following sections are to be filled in terms of facility type and scope of physical works*

### Part B. UPGRADING/EXTENSION/RENOVATION WORKS

Contract Package Number: .....

1. Facilities requiring upgrading/extension/renovation are situated WITHIN the existing compound (e.g., of Upazila Health Complex, etc):
  - Yes       No
2. Is there a need for PRIVATE land to carry out the civil works?
  - Yes       No
3. If 'Yes', amount of private land needed (in decimal): .....



- 4. The land from the private owner(s) will be (or has been) obtained through:
  - Acquisition using the Land Acquisition Ordinance
  - Voluntary donation by the landowner(s)
  - Purchase on a “willing buyer-seller” basis
  - Other means (Mention :.....)
- 5. Required land is already available:  Yes  No
- 6. In cases where land is or to be obtained on donation or purchased, names, addresses and telephone numbers of the donors and sellers.  
.....  
.....  
.....

*If land is already received on donation or purchased, please attach copies of the legal instruments that have been executed.*

**Part C. NEW CONSTRUCTION**

**C.1 Upazila Health & Family Welfare Center (UH&FWC)**

- 1. Contract Package Number: .....
- 2. UH&FWC will be built in:
  - The EXISTING site of Union Sub-Centre (USC) Land area in EXISTING site (dec): .....
  - A NEW site, because existing site is inadequate Land area in EXISTING site (dec): .....
  - A NEW site, because no USC exists now Land area in NEW site (dec): .....
- 3. If the site is NEW, is there a need for PRIVATE land to build the UH&FWC?
  - Yes  No
- 4. If ‘Yes’, amount of PRIVATE land needed for the UH&FWC (dec): .....
- 5. The land for the NEW site will be (or has been) obtained through
  - Acquisition using Land Acquisition Ordinance Amount acquired: .....
  - Voluntary donation by the landowner(s) Amount donated: .....
  - Purchase on a “willing buyer-seller” basis Amount purchased: .....
  - Other means Amount obtained: .....

(Mention other means: .....) )
- 6. Required land is already available:  Yes  No
- 7. Where land is or to be obtained on donation or purchased, names, addresses and telephone

numbers of the donors and sellers.

.....  
.....  
.....

*If land is already received on donation or purchased, please attach copies of legal instruments that have been executed.*

**C.2 Upazila Store (UZ Store)**

1. Contract Package Number: .....
2. The UZ Store will be built:
  - WITHIN the existing compound of Upazila Health Complex
  - OUTSIDE the existing compound of Upazila Health Complex
3. If OUTSIDE the existing compound, the land needed for the UZ Store belongs to:
  - Private landowner(s)
  - Government (MOHFW, Land Ministry, or other GOB Ministries/Agencies)
4. If the land belongs to PRIVATE landowner(s), the land will be (or has been) obtained through:
 

<input type="checkbox"/> Acquisition using Land Acquisition Ordinance	Amount acquired: .....
<input type="checkbox"/> Voluntary donation by the landowner(s)	Amount donated: .....
<input type="checkbox"/> Purchase on “willing buyer-seller” basis	Amount purchased: .....
<input type="checkbox"/> Other means	Amount obtained: .....

(Mention other means: .....) )
5. Required land is already available:         Yes    No
6. Where land is or to be obtained on donation or purchased, names, addresses and telephone numbers of the donors and sellers.
 

.....

.....

.....

*If land is already received on donation or purchased, please attach copies of legal instruments that have been executed.*

**Part D. NEW CONSTRUCTION OF LARGER FACILITIES  
(Nurses Training Institutes, Hospitals, etc)**

1. Contract Package Number: .....
2. Site for the facility has been selected:         Yes                       No
3. Total land area required (acre/decimal): .....

4. Required land for the facility belongs to (if more than one owner, indicate the amount from each):
- MOHFW Amount: .....
  - Khas (owned by the Land Ministry) Amount: .....
  - Private landowners Amount: .....
  - Approximate number of private landowners: .....
  - Other GOB Ministries/Agencies Amount: .....
  - (Mention other Ministries/Agencies: .....
  - .....
5. If the land belongs to MOHFW and/or other GOB Ministries/Agencies, it is presently being used by unauthorized private citizens:
- Yes  No
6. Lands from the PRIVATE ownerships, if needed, will be (or have been) obtained through:
- Acquisition using Land Acquisition Ordinance Amount acquired: .....
  - Voluntary donation by the landowner(s) Amount donated: .....
  - Purchase on "willing buyer-seller" basis Amount purchased: .....
  - Other means (mention) Amount obtained: .....
  - (Mention other means: .....
7. Required land for the facility is already available:  Yes  No
8. Where lands are to be obtained on donation and/or purchased, names and addresses and telephone numbers of the donors and sellers.

.....

.....

.....

.....

.....

*If lands (or parts thereof) have been already received on donation or purchased, please attach copies of legal instruments that have been executed.*

**Part E. ADDITIONAL INFORMATION ON TRIBAL PEOPLES (TPs)**  
*(This section must be filled in if the development/extension/construction activities are located in areas that are also inhabited by tribal peoples.)*

1. Names of TP community members and organizations who participated in screening:
- .....
- .....
- .....

.....  
.....

2. *Have the IP community and the would-be affected TPs been made aware of the potential positive and negative impacts and consulted for their feedback and inputs?*

Yes                       No

1. Has there been a *broad base community consensus* on the proposed works?

Yes                       No

4. *Total number of would-be affected TP households:* .....

5. *The would-be affected TP households have the following forms of rights to the required lands:*

Legal:                      # of households: .....

Customary:                      # of households: .....

Lease agreements with MOHFW& other GOB agencies:                      # of households: .....

Others (Mention): ..... # of households: .....

6. *Does the development/extension/construction activities affect any objects that are of religious and cultural significance to the TPs?*

Yes                       No

7. *If 'Yes', description of the objects:* .....  
.....  
.....

8. *The following are the three main economic activities of the would-be affected TP households:*

- a. ....
- b. ....
- c. ....

9. *Social concerns expressed by TP communities/organizations about the works proposed under the development and construction activities:*

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

10. *The TP community and organizations perceive the social outcomes of the development and construction activities:*

Positive       Negative       Neither positive nor negative

11. *In respect of any conditions that may have been agreed for the broad base community consensus, and the social impacts on TPs and their concerns, is there a need to,*

Undertake an in-depth Impact Assessment study?       Yes       No

Prepare an Tribal Peoples Plan?       Yes       No

***This Screening Form has been Filled in by:***

Name: .....      Designation: .....

Signature: .....      Date: .....

## ANNEX 2: TRIBAL PEOPLES CONSULTATION MATRIX

Timing	Consultation Participants		Consultation Method	Expected Outcome
	Project Authority	TP Community		
<i>Reconnaissance of facility under consideration</i>	MOHFW, NGOs/CBOs and others working with TP issues	TP Communities, including organizations, community leaders/elders	Open meetings & discussions, visit of TP settlements & surroundings	<i>First-hand assessment of TPs' perception of potential social risks and benefits, and prospect of achieving broad base support for the project</i>
<i>Preliminary Screening of the facility</i>	MOHFW, NGOs/CBOs and others working with TP issues	TP Communities, including would-be affected TPs, TP organizations, community leaders/elders, key informants	Open meetings, focus group discussions, spot interviews, etc.	<i>Identification of major impact issues, feedback from TP communities and would-be affected persons/households, and establishing broad base community support for the project</i>
<i>Feasibility Study taking into consideration, inter alia the conditions that led to community consensus</i>	MOHFW, project consultants (Social Scientists), NGOs/CBOs, other knowledgeable persons	Would-be affected TPs, TP organizations, community leaders/elders, key informants	Formal/informal interviews; focus group discussions; hotspot discussion on specific impacts, alternatives, and mitigation; etc.	<i>More concrete view of impact issues &amp; risks, and feedback on possible alternatives and mitigation measures; estimates of displacement from homesteads; inventory of common property resources; and information on other key impacts</i>
<i>Social Assessment</i>	MOHFW, project consultants (Social Scientists)	Adversely affected individual TPs/households	Structured survey questionnaires covering quantitative & qualitative information	<i>Inputs for TPP, and identification of issues that could be incorporated in engineering design</i>
<i>Detailed Design</i>	MOHFW, project consultants (Social Scientists) and other stakeholders	TP organizations, community leaders/elders, adversely affected TPs	Group consultations, hot spot discussions, etc.	<i>Preparation of TPP, and incorporation of SA inputs into engineering design to avoid or minimize adverse impacts, and TP development programs</i>
<i>Implementation</i>	MOHFW, project consultants (Social Scientists) & other stakeholders	Individual TPs, TP organizations, community leaders/elders & other stakeholders	Implementation monitoring committees (formal or informal)	<i>Quick resolution of issues, effective implementation of TPP</i>
<i>Monitoring &amp; Evaluation</i>	MOHFW, IDA/DP, project consultants (Social Scientists), NGOs & CBOs	TP organizations/groups and individuals	Participation in review and monitoring	<i>Identification &amp; resolution of implementation issues, effectiveness of TPP</i>