



Additional Financing Appraisal Environmental and  
Social Review Summary  
Appraisal Stage  
**(AF ESRS Appraisal Stage)**

Date Prepared/Updated: 06/22/2022 | Report No: ESRSAFA441



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Congo, Republic of	WESTERN AND CENTRAL AFRICA	Republic of Congo	Ministry of Health and Population
Project ID	Project Name		
P178126	AF3 Republic of Congo COVID-19 Emergency Response Project		
Parent Project ID (if any)	Parent Project Name		
P173851	Republic of Congo COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/10/2022	6/27/2022

Proposed Development Objective

To prevent, detect, and respond to the threat posed by COVID-19 and strengthen the national system for public health preparedness in the Republic of Congo.

Financing (in USD Million)	Amount
<b>Current Financing</b>	<b>23.31</b>
<b>Proposed Additional Financing</b>	<b>30.00</b>
<b>Total Proposed Financing</b>	<b>53.31</b>

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

This COVID-19 Emergency Response Project will support the implementation of the Government of Congo's Integrated COVID-19 Preparedness and Response Plan which was developed under the leadership of the Ministry of



Health with support from the donor community. The Plan puts in place measures to control the spread of COVID-19 and mitigate its impact. These measures are around key strategic response areas as guided by International Health Regulations, as well as the Africa CDC and CEMAC regional responses. They include: Epidemiological surveillance and point of entry restrictions; Enhancing laboratory capacity; Infection prevention and control; Preparedness for acute case management; Communication and community mobilization; and Coordination.

The Project is organized in three components responding directly to the response Plan: Component 1: Emergency COVID-19 Response which focuses on case detection, case investigation, contact tracing, recording and reporting as well as surveillance and health systems strengthening; Component 2: Communication campaign, Community Engagement, and Behavior change which supports the establishment of community surveillance networks and mass media and social media campaigns; Component 3: Implementation Management and M&E. Geographically, in addition to national level activities, the Project has initially focused on Brazzaville and Pointe Noire where the majority of the population lives and where the first four COVID-19 cases were identified. This is also where the major health facilities and laboratories involved in the response are located. Sites with care facilities and laboratories also include Oyo and Ouesso. Given the high degree of uncertainty on the pandemic's trajectory, additional locations will be selected at a later time, based on data.

#### D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The AF3, like the parent project of Congo COVID-19 Emergency Response Project and the two previous additional financings AF 1 and AF 2, have been and will be implemented on a national scale; however, the hospitals where the subcomponents of the AF3 will be implemented will be identified as the annual work plans are implemented.

Since March 14, 2020, the date of notification of the first case, 24,009 people have tested positive, 23,568 have recovered, and 385 have died, for a case-fatality rate of 1.6%. Similarly, since March 25, 2021, the date of the launch of vaccination in the Republic of Congo, 692,813 people have received at least one dose of vaccine, for a vaccination coverage of 11.98%. The number of people fully vaccinated at the national level is 651,399, i.e., vaccine coverage of 11.27%.

Administratively, the Congo is divided into twelve departments, namely: Kouilou, Niari, Bouenza, Lékoumou, Pool, Plateaux, Cuvette, Cuvette-Ouest, Sangha, Likouala, Brazzaville and Pointe-Noire. In terms of health, the country is divided into 53 health districts. The health district is the operational unit of the national health system where the provision of quality health care and services is guaranteed. Thus, the department of Niari has 5 health districts, Kouilou 3 health districts, and Bouenza 5 health districts. The department of Pool has 6 health districts, Sangha 3 districts, Brazzaville 10 health districts, and Plateaux 5. Departments such as Cuvette, Cuvette-ouest, Likouala and Pointe-Noire have respectively 3, 2, 2 and 7 health districts respectively.

All these health districts are expected to serve vulnerable people and communities living far from health facilities, including, the disabled, migrants, and around 84.783 indigenous peoples.

#### D. 2. Borrower's Institutional Capacity



The Ministry of Health, Population, Promotion of Women and Integration of Women in Development (MoHP) of the Republic of Congo will have the overall responsibility for the implementation and coordination of the project, and will also be responsible for the environmental and social management and monitoring of the project. The Ministry of Health will rely, among others, on the national technical coordination for the response to COVID-19 in the Republic of Congo. Technical Committee, Vaccination Commission, and advisory bodies (Committee of Experts, Technical Advisory Group on Vaccination of the Covid-19 response for the implementation of the vaccine response) and a new Project Implementation Unit.

This new PIU will support the parent project, the Regional Disease Surveillance Systems Strengthening – Phase IV (REDISSE IV – P167817) that became effective on September 1, 2020, and this Additional Financing 3. This PIU will be supported with training to address the challenges in coordinating project activities with stakeholders faced by the previous PIU and to enhance oversight capacity to spearhead an accelerated and coordinated implementation effort with the full engagement and mobilization of all key stakeholders, systematic implementation of the environmental and social instruments such as the Environmental and Social Framework, the Grievance Redress Mechanism and incorporation of the environmental and social requirements in the annual work program, and the adequate management of biomedical waste, among others.

The institutional enhancement will build on the basic knowledge of project implementation under the environmental and social framework the MoHP has acquired through the preparation of the REDISSE project and the parent project. The PIU had already recruited three safeguards specialists (social safeguards, environmental safeguards, and gender-based violence (GBV) specialists). Training on the World Bank's environmental and social framework was organized in May 2021. The three safeguards specialists were involved in this training. It is intended that there will be other training sessions on the ESF and GBV/SH/SEA for the teams (project and MoHP).

## II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

### A. Environmental and Social Risk Classification (ESRC)

Substantial

#### Environmental Risk Rating

Substantial

The Environmental Risk Rating is Substantial. The AF3 does not require a change of the PDO or project components as vaccination-related procurement and deployment activities will fall under the existing Component 1: Emergency COVID-19 Response and Health System Strengthening, and Component 2: Communication campaign, Community Engagement, and Behavior Change. The World Bank's COVID-19 Vaccine Readiness Assessment Framework (VRAF) is being used by RoC to continuously assess its readiness to deliver COVID-19 vaccines and optimize vaccine delivery and use within the ambit of the existing Project. Using the results of the Assessment, the AF3 will address pending gaps identified including through financing technical assistance, equipment (including cold storage equipment), as well as the purchase of vaccines. AF 3 will also support undertaking minor rehabilitation and equipping of selected primary health care facilities and hospitals; ensuring access to safe water and basic sanitation in health facilities, strengthening medical waste management and disposal system; and rehabilitation of cold-chain storage facilities. The four major areas of risk for the project are: (i) occupational health and safety risks related to minor rehabilitation and equipping of selected primary health care facilities and hospitals, particularly intensive care facilities within hospitals for the delivery of critical medical services, these interventions are expected to be site-specific and to be taken place on the property of existing facilities, environmental risks and impacts are expected to be temporary, predictable, and manageable; (ii) risks related to hazardous and medical waste management and disposal; Improper handling of hazardous and medical wastes can cause infection and health problems for workers, the community, and the



environment. Waste that may be generated from health care facilities and hospitals to be supported by the project interventions may include transmissible, infected, hazardous materials and wastes. Proper and safe handling, managing, transporting, and disposing of the waste needs to be ensured. The project plan to purchase 2 incinerators to improve the management of waste in Brazzaville and Pointe. It is the understanding that UNDP will provide the necessary funding through Global Fund for HIV, TB, Malaria to purchase 10 incinerators to fill the gap nationwide. (iii) the risk of spread of the virus among health care workers; and (iv) risks related to community health and safety including the risk of the spread of COVID-19 among the population at large. The small-scale civil works will happen on existing footprints and be moderate in their risk; these risks relate to the occupational health and safety risks undertaken by project workers and contractors, and construction waste management. The project interventions will lead to the handling of COVID-19-related high-risk medical samples. Improper handling of hazardous and medical wastes can cause infection and health problems for workers, the community, and the environment. Waste that may be generated from health care facilities and hospitals to be supported by the project interventions may include transmissible, infected, hazardous materials and wastes. Proper and safe handling, managing, transporting, and disposing of the waste needs to be ensured. Risks associated with labor and working conditions are also predicted under the works. The ESMF for the parent project was updated, consulted, and disclosed prior to the appraisal and covers Additional financing 1, 2, and 3.

**Social Risk Rating**

Substantial

The social risk is substantial. Despite the funding mobilized by the country to support its immunization efforts with the objective of covering 60% of the population, just 11.28% of Congolese people have been vaccinated to date. While the AF3 will help enhance the deployment of available COVID-19, by enhancing storage, distribution, and cold-chain capacity, the following social risks remain : (i) difficulties in accessing health services and facilities by vulnerable social groups such as the poor, the disabled, the elderly, isolated communities, people and communities living far from health facilities, the chronically ill, the disabled, migrants, and disadvantaged subgroups of women, including indigenous populations ; (ii) lack of access by marginalized and vulnerable social groups to vaccine supplies, facilities, and services to control the disease ; (iii) misinformation about immunization and lack of awareness that could increase public reluctance and compromise public acceptance of vaccines due to poor public communication on the vaccines; (iv) storage conditions and preservation of vaccines that may have an impact on the health of populations. This risk could be exacerbated by a lack of transparency in the dissemination of information by government and social media, which could lead to public distrust ; (v) social conflicts and risks to human security resulting from diagnostic testing; (vi) limited availability of vaccines and social tensions related to the challenges of a pandemic situation; (viii) inadequate data protection measures and insufficient or ineffective stakeholder communication on the vaccine deployment strategy. These risks will be mitigated through effective risk communication and community engagement to raise awareness among the general population. Ongoing awareness and education campaigns that will help rebuild community and citizen confidence will be conducted through the engagement of religious leaders, local political and traditional leaders, and women's and youth groups, which are generally very dynamic and representative. Additional communication measures related to COVID-19 vaccines have been included to help address potential risks to equitable access to vaccines and hesitancy.

**B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

**B.1. General Assessment**

**ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

Public Disclosure



**Overview of the relevance of the Standard for the Project:**

The project will have overall positive environmental and social impacts in that it will contribute to epidemic preparedness, monitoring, surveillance, and response, specifically regarding combatting COVID-19. Nonetheless, there are wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach. Key environmental risks for the project are: (i) occupational health and safety risks related to minor rehabilitation and equipping of selected primary health care facilities and hospitals, particularly intensive care facilities within hospitals for the delivery of critical medical services; (ii) management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19); (iii) risks related to the electrification of health facilities; (iv) environmental and community health-related risks from inadequate storage, transportation and disposal of infected medical waste; and (v) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for health care workers and the logistical challenges in transporting PPE across the country in a timely manner. Risks related to occupational and community health and safety are anticipated due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in primary health care facilities and hospitals. Diagnosis, testing, treatment, and providing isolation of patients can generate biological, chemical, and hazardous medical wastes. Land acquisition is not expected as the project will focus on existing facilities, and risks related to civil works are not envisaged to be significant or irreversible.

The environmental and social commitment plan of the parent project as well as the one of the AF1 and AF2 has not been effectively implemented. Many measures and actions have not been implemented within the set timeframe including the finalization and implementation of the ESMF. An environmental and social audit was conducted to assess the implementation of environmental and social measures. The final report of this audit shows, among other things, that environmental and social monitoring is very weak, safeguards are not considered in the elaboration of the annual work program, the involvement of stakeholders in project activities is weak, the GRM is not functional, and the management of biomedical waste does not comply with standards.

The project has updated the all E&S instruments means ESMF, SEP, LMP, BMWMP and IPPF of the parent project including AF 1, AF2, and AF3, consulted, and disclosed respectively on may 18th (LMP, IPPF) 19th (ESMF), and June 10th (BMWMP). In addition, the project developed, consulted, and disclosed on may 18th a GBV Plan.

An environmental and social remedial action plan was developed at the end of the audit, with the following actions: a) Recruit a communication officer; b) Strengthen communication and awareness raising; c) Involve PIU E&S staffs in the development of the AWBP; d) Finalize the elaboration of the AWBP 2022 and make a budgetary provision for the implementation of E&S measures; e) Design/establish a strong grievance Redress Mechanism (GRM) with accessible procedures to ensure that the stakeholders can file complaints and that these will be addressed in a timely manner; Ensure that all stakeholders have access to information on the GRM and resolutions timeframe; Ensure that appropriate GRM procedures and staffing are in place to register, address and manage complaints within the defined timeframe; Train staff who will receive and manage complaints via the dedicated number; Make a budget provision for the acquisition of equipment (register, telephone credit, etc.); f) Establish a GRM Action plan to address pending complaints; g) Set up numéro vert to improve grievances uptake; h) Strengthen the capacity of the specialist on GBV/SEAH issues; i) Provide Budget in the AWBP/PTBA for implementation of the GBV Action; j) Finalization and disclosure of the BMWMP; k) Acquisition of 2 incinerators; l) Train staff on the risks associated with handling biomedical waste; m) Procure and distribute appropriate and sufficient waste bins to Health Units; n) Organize regular site visits/mission to track, monitor and report on implementation performance; o) Identify all volunteers/Agents staff, ensure they are regularized with signed contract with the PCU and paid salary or stipend as



agreed in the contract; p) Ensure that the three E&S staff members (an environment specialist, a social specialist and a GBV specialist) already in place are totally dedicated to the COVID-19 Project throughout project implementation. The ESMF outlines the implementation arrangement to be put in place for environmental and social risk management, as well as training programs focused on COVID-19 operations. The relevant part of the COVID-19 Quarantine Guidelines and WHO COVID-19 biosafety guidelines will be included in an Infection Control and Medical Waste Management Plan (ICWMP) to be annexed to the ESMF so that all relevant risks and mitigation measures are adequately identified and addressed.

### **ESS10 Stakeholder Engagement and Information Disclosure**

In consultation with the Bank, the Republic of Congo (RoC) updated the SEP of the parent project including AF 1, AF2, and AF3. The updated SEP considered the various stakeholders views, will be disclosed before the appraisal and will be implemented throughout the AF3 implementation. The Bank team provided advice to the client on managing stakeholders' engagement in these constrained circumstances. Identification of project stakeholders and analysis of their needs and levels of influence are completed, including the identification of vulnerable people affected by the project requiring special attention. The SEP will capitalize on the consultation approaches implemented for the parent project and will include the use of different, culturally appropriate communication approaches to ensure communication also with the most vulnerable, including illiterate and people with disabilities. This AF3 SEP will strengthen support for a Risk Communication and Community Engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population, raising awareness of the merits of the vaccine and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages, information on vaccination; the process for vaccine deployment; and possible side-effects to foster confidence in a new vaccine.

The AF3 shall operationalize the Grievance Redress Mechanism (GRM) of the parent project and will engage in meaningful consultations on policies, procedures, processes, and practices, including grievances, with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information.

The consultations will provide information on project-related risks, including SEA/SH, and the proposed reporting and response measures, with a particular focus on women, children, and other vulnerable groups. Community consultations with women and girls that are related to SEA/SH risk mitigation will be conducted in safe and enabling environments, such as in sex-segregated groups and with female facilitators (virtually, and if and when it becomes possible, in-person), and will be focused on understanding women's and girls' risks and vulnerabilities. The Grievance Redress Mechanism (GRM) will include measures for handling SEA/SH complaints, as outlined in the SEP. The SEP will continue to serve as a key instrument for outreach to the community at large on issues.

### **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

#### **ESS2 Labor and Working Conditions**



ESS2 is relevant to the project. This AF3 will use a labor force of all types from experts down to service workers in the area of electrify health facilities using a renewable energy source such as solar power and implementing climate-friendly and energy-efficient transportation to renovate existing cold chain and logistics infrastructure. AF 3 activities will also involve the use of suppliers.

The AF3 updated the LMP of the parent and previous two AF projects, in accordance with the applicable requirements of ESS2 in a manner acceptable to the Bank. This LMP will be disclosed before appraisal and will be implemented throughout the project's implementation. The LMP contains suitable provisions to (i) avoid any discrimination, forced labor, labor of minors; (ii) implementing adequate occupational health and safety measures emergency preparedness and response measures OHS checklists, and safety training for all project workers, including Healthcare workers that play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease; (iii) implementing the grievance mechanism for project workers; (iv) incorporating OHS specifications of the procurement documents and contracts with contractors and supervising firms; and (v) to incorporate in all contracts codes of conduct with measures to prevent sexual exploitation and abuse, sexual exploitation and abuse/sexual harassment (SEA/SH). These measures will also address risks in relation to SEA/HS in the workplace, both for project personnel and workers, which will include actions to ensure signature of, and training on, codes of conduct for workers and personnel, worker and community sensitization on SEA/SH, in addition to actions such as installing sex-segregated facilities that are secure, lockable from the inside, and well-lit on the work site for female and male personnel including people living with disability.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

ESS3 is considered relevant to the Project.

A Biological Waste Management Plan (BMWMP) for implementation by facilities supported under the project, including primary health care facilities, hospitals, and laboratories prepared under AF2 was updated. Highly infectious medical waste is expected from the handling of COVID-19 patients. Hazardous chemical wastes are expected to be generated from medical facilities, laboratories, and related facilities. The improper handling, transporting, and disposal of these hazardous and medical waste streams may result in adverse impacts on human health and the environment.

The AF 3 will consider WHO guidance and other GIIP (Good Industry International Practices). A Sub-national committee has been put in place for Waste Management, including a district representative, the departmental director for health, an EPI supervisor, an environmental specialist, and a DP representative. The AF 3 will support the procurement and installation of 2 incinerators, as appropriate, and strengthen the medical waste management and disposal system.

In addition, should there be a need for major rehabilitation, site-specific ESMPs will be prepared based on the provisions of the ESMF.

The following guidelines are recommended: Energy-efficient cold storage equipment must be provided by the project. Also, coolants must be used in the cold storage rooms and must not contain ozone-depleting substances.



### ESS4 Community Health and Safety

ESS4 is considered relevant. The AF3 will prepare emergency preparedness measures as part of the ESMF to avoid or minimize risks related to the inappropriate handling of COVID-19 that can expose the community to health risks that could lead to further spread of the disease. This includes vaccine storage, transport, use, and disposal, as well as laboratory Accidents/emergencies (e.g., a fire response or natural phenomena event). Laboratory accidents and/or emergencies such as fire incidents or a natural phenomenon event are also associated with risk.

In case quarantine and isolation centers are to be protected by security personnel, the project will take measures to ensure that, prior to deployment such personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including SEA/SH or excessive use of force ; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law.

The ESMF which is currently being updated will also take into account the following aspects: (i) how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines); (ii) measures in place to prevent or minimize the spread of infectious diseases; (iii) emergency preparedness measures; and iv) monitoring of adverse impacts and side effects of vaccines on recipients of the vaccinations. The safety systems, protocols, and emergency preparedness measures for the storage, transport, use, and disposal of vaccines ensure community health and safety (including if community centers are used for the administration of the vaccination). In case of necessity, PIU will follow all relevant requirements of WHO guidelines to help manage this risk will be applied.

The project is not likely to employ military personnel for the deployment of the vaccine, but if the situation changes, the project will undertake a Security Risk Assessment (SRA) to review the military's rules of engagement with civilian authorities and identify the specific risks related to providing increased security at the various project sites. The project would then propose adequate mitigation measures and strengthen existing measures, where necessary, to ensure that the use of the military in project activities will not result in adverse consequences to community health and safety, including in matters relating to SEA/SH.

The ESMF will ensure that vulnerable groups and individuals, among others the elderly, individuals living alone or in remote areas, and Indigenous Peoples, will be made aware of the above measures.

The AF3 will prepare a SEA/SH Action Plan, which will be part of the ESMF, to address SEA/SH risks that may arise from project activities. Some project activities may give rise to the risk of SEA/SH, such as health facilities rehabilitation work which may place female health workers and patients at risk of SEA/SH from construction workers; establishment of isolation or quarantine centers where female health workers and patients may be at risk of SEA/SH from male staff, supervisors or security personnel; and distribution of critical medical supplies and protective equipment, which could see cases of provision of materials to female health workers or patient made conditional on granting of sexual favors. As mitigation measures, the PIU will put measures in place to prevent or minimize the spread of the infectious disease/COVID-19 to the community.



The AF 3 will address the risk of any form of SEA/SH by or against workers in the quarantine facilities by relying on the WHO Code of Ethics and Professional conduct s as well as through the provision of gender-sensitive infrastructures such as secure and sufficiently private sex-segregated toilets and adequate light in quarantine and isolation centers.

**ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

ESS5 is not relevant. The project activities will not lead to any construction /rehabilitation and did not require any land acquisition leading to physical or economic displacement. If rehabilitation is undertaken and requires the relocation of economic activities, this standard will be relevant.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

ESS6 is not relevant. This standard recognizes the importance of maintaining core ecological functions of habitats, including forests, and the biodiversity they support. An analysis of the Project's activities indicates that none of the Project's activities will affect fundamental ecological functions or biodiversity.

**ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**

This standard is relevant. Due to the country-wide rollout of activities, it is likely that it will also affect indigenous peoples. The project will ensure respect for human rights, dignity, aspirations, identity, culture, and livelihoods of IPs and avoid adverse impacts on them or, when avoidance is not possible, minimize, mitigate or compensate for such impacts. The project will ensure that such communities are appropriately informed and can share the benefits of the project in an inclusive and culturally appropriate manner. Likewise, The IPPF of the parent project has been updated and takes into account the AF1, AF2, and AF3. This IPPF was consulted and disclosed prior to the appraisal. No situations which would require FPIC are foreseen.

**ESS8 Cultural Heritage**

This standard is not relevant according to the activities planned under the project as the AF3 is not expected to support any activities that would involve major earthworks potentially impacting tangible cultural heritage. In the unlikely event of major construction or the earthworks in connection with any project activities that have not yet been identified, a chance finds procedure contained in the existing ESMF of the project will be followed.

**ESS9 Financial Intermediaries**

The use of financial intermediaries is currently not envisaged under the project.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

No

Public Disclosure



**OP 7.60 Projects in Disputed Areas**

No

**B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts**

**Is this project being prepared for use of Borrower Framework?**

No

**Areas where “Use of Borrower Framework” is being considered:**

Due to the weak existing E&S frameworks, reliance on Borrower E&S Framework will not be considered in this project.

**IV. CONTACT POINTS**

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**Borrower/Client/Recipient**

Borrower: Republic of Congo

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Population

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Lombe Kasonde
Practice Manager (ENR/Social)	Senait Nigiru Assefa Cleared on 16-Jun-2022 at 15:53:48 GMT-04:00
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Public Disclosure