



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 03/26/2020 | Report No: ESRSA00605



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Cabo Verde	AFRICA	P173857	
Project Name	Cabo Verde: COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/24/2020	4/2/2020
Borrower(s)	Implementing Agency(ies)		
Ministério das Finanças	National Health Directorate		

Proposed Development Objective(s)

Project development objective is to prepare and respond to the COVID-19 pandemic in Cabo Verde

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>5.00</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 Project Appraisal Document (PAD) describes the emergency response in Cabo Verde under the COVID-19 Strategic Preparedness And Response Program (SPRP) using the Multi-phase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directorson March 20, 2020. The Project is structured around two complementary components, which will support the Government of Cabo Verde in the implementation of its National COVID-19 Preparedness Plan. The project will provide immediate support to the government of Cabo Verde to prevent COVID-19 from arriving into the country or limiting local transmission. The Project will finance laboratory equipment, diagnostic supplies to ensure prompt case finding, adequate personal protective equipment (PPE) for health and laboratory personnel, increasing the number of available beds, equipping intensive care units, providing treatment and life-support equipment to national and regional tertiary and secondary hospitals, as well as creating response capacity for primary health care facilities in isolated geographic areas.



## D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]  
The Cape Verde Islands are situated in the eastern Atlantic, ca. 500 km west of Senegal, West Africa. The archipelago consists of 10 islands (nine of which are inhabited) and several uninhabited islets. Cabo Verde’s population is growing at an average annual rate of 1.5%.

Cabo Verde has experienced significant improvements in several key health indicators over the recent years. With a Human Development Index (HDI) of 0.654. Cabo Verde is in the medium human development category, and its health index (0.815) reflects the country’s high life expectancy (73 years), the second highest in Africa. The vulnerability of the country concerning vector-borne diseases is a major public health concern. In 2009-2010 Cabo Verde faced a dengue epidemic for the first time, and in October 2015 and 2017 a Zika virus outbreak was declared. A Malaria outbreak was declared in sections of Santiago in 2017. These recent outbreaks highlight the urgent need to strengthen disease surveillance and response systems in the country.

The Government of Cabo Verde developed a National COVID-19 Preparedness Plan in January 2020. The Plan focuses on scaling-up and strengthening all aspects of prevention, preparedness and response including defining responsibilities and priorities for central and decentralized levels. The plan also defines the roles and responsibilities of the technical team for rapid intervention (Equipa Técnica de Intervenção Rápida, ETNIR) who will lead the response, guidance on prevention measures, risk communication and dissemination of epidemiological surveillance information. The plan outlines the roles and responsibilities of the ETNIR according to the three levels of public health emergency response defined by the World Health Organization (WHO). As part of national preparedness efforts, Cabo Verde opened the first virology laboratory at the Dr. Agostinho Neto National Hospital in Praia.

This emergency operation has been prepared to improve preparedness, monitoring, surveillance and response to the COVID-19 threat in Cabo Verde. The project will be implemented nationwide in existing health facilities in urban as well as remote areas. The exact locations of the project implementation have yet to be identified. No construction or rehabilitation of civil infrastructures are expected to be financed under this operation. The project will support enhancement of disease detection capability through provision of laboratory equipment and diagnostic supplies to ensure prompt case finding. It will also enable Cabo Verde to mobilize surge response capacity through well-equipped frontline health workers, increasing in the number of available beds, equipping intensive care units, providing treatment and life-support equipment to national and regional tertiary and secondary hospitals, as well as creating response procedures for primary health care facilities in isolated geographic areas. The project is not expected to lead to land acquisition, involuntary resettlement and labor influx nor is the project expected to have impacts on natural habitats or cultural heritage sites.

## D. 2. Borrower’s Institutional Capacity

The project will be implemented by the Ministry of Health and Social Security through the Special Projects Management Unit, also called the Unidade de Gestão de Projetos Especiais (UGPE). The UGPE has prior experience with World Bank investment projects and has already applied the new Environmental and Social Framework (ESF). The UGPE staff benefited from several rounds of training on the World Bank Operational Policies and, more recently, on the ESF. To date, a senior E&S consultant has been coordinating the projects’ E&S aspects and will remain engaged throughout implementation . Given the growing number of World Bank financed-operations, the UGPE is currently



recruiting a full time E&S Specialist, who will be responsible of managing and supervising the projects’ overall E&S aspects , including the Cape Verde COVID-19 SPRP. The E&S will be hired within 30 days of effectiveness. Nonetheless, this is the first World Bank-financed health project in the country. In addition, the COVID-19 pandemic poses a unique set of challenges in terms of preventive, responses and control measures that go beyond the current UGPE capacity. To address the shortage of institutional capacity to contain and mitigate the impact of COVID-19, training and capacity building interventions will be integrated in the project design. The project will strengthen the national capacity to coordinate and collaborate with other agencies currently responding to the crisis, such as WHO and UNICEF. The UGPE is also hiring a firm to coordinate the UGPE overall communication strategy. The communication firm will support the project’s broader sensitization initiatives to raise awareness among the local population on the COVID-19 responses and preventive measures.

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

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

Substantial

**Environmental Risk Rating**

Substantial

The project’s environmental risk rating is substantial under the World Bank ESF. The main environmental risks include: (i) production and management of medical healthcare wastes; (ii) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (iii) occupational health and safety (OHS) issues related to the testing of sick individuals and handling of potentially contaminated materials. The OHS issues are also related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; and (iv) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at health facilities across the country.

**Social Risk Rating**

Substantial

The project is anticipated to have positive social impacts both at the individual and community levels as it addresses the health sector responses to the COVID-19 emergency. Nonetheless, social risks related to the challenges of the COVID-19 epidemic are anticipated and these include: i) weak institutional capacity: there is an institutional contextual risk, given the Borrower’s first exposure to a World Bank-financed health project and the unique set of challenges in terms of preventive, responses and control measures related to the epidemic; ii) shortage of population’s access to health facilities and services: although Cape Verde grants universal access to health services, the epidemic is likely to overwhelm the health system undermining people access to diagnosis and treatment services. Vulnerable and disadvantaged groups, such as disabled people, the elderly, and isolated communities, might experience further challenges in accessing health services given their existing vulnerabilities; iii) self-isolation as part of the quarantine measures might also lead to stigma, social discomfort, loneliness, and shortage of basic care and essential goods (such as foods and medicaments); iv) Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) risks might also increase during the COVID-19 emergency both at domestic level and among health workers (China reported that during the emergency domestic violence’s cases tripled). A preliminary SEA/SH assessment has been conducted for the project resulting in moderate SEA/SH risks; v) population behavior change is vital to reach project’s objectives, but misinformation and false rumors regarding COVID-19 might also lead to inappropriate behaviors hindering the project’s objectives; and vi) there are also risks of social conflicts, tensions and subsequent increase in micro-criminality related to the difficulties faced during a crisis moment, which

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might pose community health and safety-related concerns (especially on the spread of the disease). The access restrictions to the island can also lead to resource scarcity over daily essential goods, which may result in social unrest. These risks are classified as mostly temporary, predictable and/or reversible, although they could become widespread. Given this context, the project's social risk is deemed substantial.

## 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

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

Overall, the project is expected to have positive impacts on the Cape Verdean society by improving COVID-19 responses, surveillance, and containment mechanisms. However, the project could also cause significant environmental, health and safety risks due to the nature of the pathogen and reagents and other materials to be used in the project-supported Healthcare facilities. The project activities will generate medical health care waste, which can affect the health of local communities and Cabo Verde's population if not well managed. Working with patients and materials infected with COVID 19 can potentially expose health workers and medical staff to contamination, hence presenting health and safety issues.

All specific sites and activities under the project remain to be defined, but there will be no civil works under the project. The proposed project will largely provide medical supplies for public health facilities (diagnostic, electronic, and life-support equipment; durable medical equipment, such as beds and carts) and virology laboratory supplies; Personal Protective Equipment for health personnel involved in patient case management; Vehicles for transport of medications and laboratory samples , training on Monitoring and evaluation; and the procurement of goods and their distribution across health facilities within Cabo Verde.

The social assessment outline the above-mentioned risks, which are mainly related to: i) difficulties in accessing health facilities and services for the overall population, and specifically for the most marginalized and vulnerable groups; ii) issues resulting from people being kept in quarantine, including stigma, loneliness and lack of basic services provision; iii) risks of GBV/SEA/SH to project workers and project beneficiaries; iv) social conflicts and unrest resulting from the crisis challenges, including resource scarcity over daily essential goods; and v) inappropriate behavior resulting from false rumors and misinformation that can hinder the required behavior change aspect. As part of the overall social risk screening, a preliminary GBV assessment has been conducted using the pilot GBV screening tool for the health sector. In Cape Verde, intimate partner violence (IPV) and sexual violence are lower than the regional average. There is also a low prevalence of child marriage. At the institutional level, the government of Cape Verde adopted different instruments to protect survivors and combat GBV, including a national plan to combat gender-based violence, laws on domestic violence, sexual harassment and marital rape. Although the project is not expected to lead to major GBV/SEA/SH risks, evidence from other countries hit by the COVID-19 reported that rates of GBV, especially IPV have increased during the epidemic. Increased risks of workplace violence in the health sector has also been reported given the patients, relatives and health workers' stress related to the epidemic. Given this context scenario, the project's GBV risks are deemed moderate. During implementation, the risks of Sexual Exploitation, Abuse, and Harassment (SEA/H) will be further assessed, and mitigation measures put in place. The social assessment identified also the most vulnerable population, which entails: chronically ill and immune depressed persons; pregnant girls and women; population with previous health problems; persons with disabilities and their caregivers; homeless, including street children; female-headed households or single mothers with underage children; the unemployed; illiterate people; and population living in remote and isolated area. As part of the project's overall strategy to prevent



and mitigate the social risks, the project will ensure that the medical isolation of individuals does not increase their vulnerability, especially for those that are already vulnerable. The project's ESMF will outline how these risks will be managed, through both project design that focuses on behavior change, public disclosure, and communications around the pandemic, and specific application of WHO protocols for managing quarantine and isolation facilities. In addition, the SEP will detail how vulnerable groups and those most in need will be reached and how they will benefit from the project's interventions.

The SEP will specify the outreach strategy focusing on the risk communication, social mobilization and community engagement to raise public awareness and knowledge about prevention and control of COVID-19 among the general population and vulnerable groups.

To mitigate the project's risks and impacts, the Client will prepare an Environmental and Social Management Framework (ESMF) integrating a Medical Waste Management Plan, within one month of effectiveness. The ESMF will include a medical waste management plan that builds on best international practice and WHO protocols for its collection, storage, transportation and final disposal.

The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be integrated into the ESMF so that all relevant occupational and community health and safety risks and mitigation measures will be covered. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients. The ESMF will serve as a mechanism/tool to prepare specific E&S Management Plans (ESMP) when sites and activities are known and the ESMF screening suggests one is needed. The ESMF/ESMPs will identify project impacts and prescribe adequate mitigation measures and appropriate good practice protocols. In addition to the ESMF, the Client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP).

The project includes a Stakeholder Engagement Plan (SEP) that identifies project stakeholders, identifies what information will be in the public domain, in what languages, and where it will be available. It explains the opportunities for public consultation and how people will be notified about new information or opportunities for comment. It explains how comments will be assessed and taken into account and describes the project's grievance redress mechanism (GRM). The SEP will also include how routine information on the project's environmental and social performance will be publicly disclosed, including opportunities for consultation. The SEP will be prepared before Board and updated within 30 days after effectiveness.

In particular, The ESMF will integrate a list of the most vulnerable groups detailing measures to specifically address their needs. To properly address GBV/SEA/SH risks, the ESMF will map out and assess GBV prevention and response actors in communities adjoining the project and include a SEA/SH Prevention and Response Action Plan including an Accountability and Response Framework. Relevant capacity building measures will be included in the ESMF as well to provide the Borrower with the needed support to properly address the project's E&S risks. The UGPE will appoint an E&S Specialist to provide technical assistance to the project's overall E&S aspects. The E&S will be hired within 30 days of effectiveness.

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

Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. To ensure a participatory, inclusive, and culturally appropriate approach during the project's life cycle, the Borrower has prepared a draft Stakeholder Engagement Plan (SEP) consistent with ESS10 requirements.



Given the tight timeline, the project has been discussed just among main institutional counterparts. Nonetheless, the SEP identifies main stakeholders, including those directly and indirectly affected by the virus, health care professionals and institutions, local authorities and businesses.

Specific vulnerable groups have been identified and this include elderly people; chronically ill and immune depressed persons; pregnant girls and women; population with previous health problems; persons with disabilities and their caregivers; homeless, including street children; female-headed households or single mothers with underage children; the unemployed; illiterate people; and population living in remote and isolated area.

Information dissemination: Considering the precautionary measures necessary to contain the spread of the disease, the proposed project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. Current outreach modalities entail: small-group sessions, such as focus group meetings, when permitted; social media and online channels, such as dedicated online platforms and chatgroups; traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) especially when access to online channels is not granted or is not the preferred communication channel. Outreach and engagement measures will be constantly adjusted to accommodate government precautionous requirements. The Bank will also continue advising the client on various approaches to engage stakeholders without raising medical risks. The SEP will also release routine information on the project’s environmental and social performance, including opportunities for consultation. To date the project consulted some of the institutional counterparts, further consultations will be conducted among the main identified stakeholders and vulnerable groups.

The SEP will describe the project’s grievance redress mechanism (GRM) for instances where members of the public require information or would like to address questions or grievances related to the project. The GRM, proportionate to the potential risks and impacts of the project, will be finalized with contact names and numbers in the final SEP. The GRM will integrate GBV-sensitive measures, including multiple channels to initiate a complaint and specific procedures for SEA/SH, such as confidential and/or anonymous reporting with safe and ethical documenting of SEA/SH cases.

The SEP will be finalized one month prior to effectiveness and updated periodically. The finalized SEP will include the Risk communication and community engagement (RCCE) strategy in line with WHO provisions “Risk communication and community engagement (RCCE) readiness and responses to COVID-19.

## **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**

Project activities will be performed by mostly healthcare and laboratory personnel, the majority of whom are government civil servants. The project will prepare Labor Management Procedures (LMP) in the ESMF to respond to the specific health and safety issues posed by COVID-19 and protect workers’ rights as set out in ESS2. This shall include the protection of workers’ rights. The LMP will be finalized and disclosed one month after effectiveness. In line with ESS2, the LMP will clarify that civil servants are bound by their labor contracts, but the project will also ensure they meet ESS 2 requirements regarding child labor, forced labor and OHS.



The main risk related to working condition is contamination with SARS-CoV-2 (or other contagious illnesses as patients seriously ill with COVID-19 are likely to suffer from illnesses that compromise the immune system and can lead to illness and death of workers). The Project will ensure the application of OHS measures as outlined in WHO guidelines, which will be captured in the updated ESMF. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with World Bank Environmental and Health Safety Guidelines (EHSs) and industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The Project will also ensure a GRM for labor-related complaints and sensitive to GBV/SEA/SH issues, based on national laws and procedures, as well as the requirements of ESS 2 to allow workers to quickly inform management of labor issues. A GBV Code of Conduct (CoC) will be developed and signed by all worker. The CoC will be associated with the GBV/SEA/SH Prevention and Response Action Plan, which includes an Accountability and Response Framework. The CoC will include provision for addressing SEA/SH and prohibitions against sexual activity with anyone under the age of 18.

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

Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed of.

Hospitals in Cape Verde have Medical waste Incinerators within each facility. In addition, the incineration of Medical waste follows an established procedure. The waste generated will have to be treated in these special facilities.

The ESMF, which includes Medical Waste Management (MWM) Plan, will complement the already existing procedures and will also have to include WHO COVID-19 guidance and other international good practice, to prevent or minimize contamination from inadequate waste management. This Medical Waste Management Plan will describe in detail the entire process and responsibilities between the generation of the infectious medical waste and its disposal. It will also take into account the challenge of moving within and between Cabo Verde islands and describe the measures to be taken for the most remote islands.

The MWM plan will be adapted to the islands where the project will be implemented, in particular for the landfill or incineration of infectious waste. The Plan will take account of the specific features of each island and the available waste management services and systems.

### **ESS4 Community Health and Safety**



Medical wastes and general waste from the health care facilities have a high potential of carrying the SARS-CoV-2 and other microorganisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the health care facilities or due to accidents/emergencies e.g. a fire or natural disasters such as volcanic eruption.

The ESMF will include measures on Infectious Medical Waste including:

- 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);
- measures to prevent or minimize the spread of infectious diseases;
- emergency preparedness measures.

The ESMF will take into account the difficulty of moving between Cabo Verde islands and describe the measures to be taken for the most remote islands. The health care facilities will follow specific procedures and protocols, in line with WHO Guidance, on appropriate waste management of contaminated materials; on the transport of samples; and on workers disinfection before leaving the workplace back into their communities.

These issues will be captured in the updated ESMF and Medical Waste Management Plan. With regards to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks, the ESMF will map out and assess GBV prevention and response actors in the project implementation area and include a SEA/H Prevention and Response Action Plan including an Accountability and Response Framework. The Project will also implement specific measures to prevent SEA risks relying on the WHO Code of Ethics and Professional Conduct for all workers in the facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers. The Project will also ensure via the above-noted provisions, including stakeholder engagement, that facilities are operated effectively throughout the country, including in remote areas.

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

This standard is not relevant as the project's will not invest in any land acquisition, infrastructures' construction and/or rehabilitation that would result in physical or economic displacement.

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

This Standard is not currently relevant, however Infectious Medical Waste could affect natural resources, if handled and disposed of inappropriately. All personnel involved in the project must following the requirements delineated in the ESMF/ESMPs and Medical Waste Management Plan to ensure safe handling and disposal of medical and hazardous waste, outlined in ESS1 and ESS3

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

This standard is not relevant as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in Cabo Verde.



**ESS8 Cultural Heritage**

This Standard is not currently relevant, as there are no civil works planned under this project.

**ESS9 Financial Intermediaries**

This standard is not relevant for the suggested project interventions as no financial intermediaries will be used

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)**

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DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
ORGANIZATIONAL STRUCTURE: The Ministry of Health and Social Security (MSSS) and the Ministry of Finance shall establish and maintain a PIU with qualified staff and resources to support management of environmental and social risks and impacts of the Project.	06/2020
Environmental and Social Management Framework	06/2020
Provide medical and emergency supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.	06/2020
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
STAKEHOLDER ENGAGEMENT PLAN: Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.	03/2020
GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	06/2020
<b>ESS 2 Labor and Working Conditions</b>	
Labor Management Procedures	06/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	



Medical Waste Management Plan (MWMP) included within ESMF	06/2020
<b>ESS 4 Community Health and Safety</b>	
Relevant provisions in ESMF	06/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
<b>ESS 8 Cultural Heritage</b>	
<b>ESS 9 Financial Intermediaries</b>	

**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:**

World Bank ESF applies; no common approach is under consideration.

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**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Ministério das Finanças

**Implementing Agency(ies)**

Implementing Agency: National Health Directorate

**V. FOR MORE INFORMATION CONTACT**



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## VI. APPROVAL

Task Team Leader(s):	Edson Correia Araujo
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 25-Mar-2020 at 19:52:49 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 26-Mar-2020 at 08:40:48 EDT