



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 08/02/2020 | Report No: ESRSC01518



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Togo	AFRICA WEST	P174266	
Project Name	Togo Essential Quality Health Services For Universal Health Coverage Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	12/16/2020	9/30/2020
Borrower(s)	Implementing Agency(ies)		
Office of the President	MINISTRY OF PUBLIC HEALTH AND HYGIENE		

Proposed Development Objective

To improve the provision of essential health services and quality of care for pregnant women, children and vulnerable persons

Financing (in USD Million)	Amount
Total Project Cost	50.00

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]

The proposed Togo Essential Quality Health Services for Universal Health Coverage Project will be co-financed by an IDA credit (US\$25 million) and an IDA grant (US\$25 million). The primary beneficiaries will be pregnant women, children under 18, and poor and vulnerable persons. Predefined criteria will be used to identify the primary target population. The project will contribute toward improving access to health care. It intends to reach the country's entire population by strengthening the capacities of health workers and improving governance of the sector and the quality of health care, thus improving the health of the population and its quality of life.



The COVID-19 pandemic is likely to impact the proposed project design. A prolonged COVID-19 persistence will most likely draw away most of the key health professionals engaged in service delivery from existing essential services. Community health workers (CHWs) who are the primary focus of this project are already heavily involved at the peripheral level in the implementation of health interventions, early warning and awareness-raising. The project also envisages additional strain to be put on an already fragile health system. The Republic of Togo's International Health Regulations (IHR) core capabilities and found that out of the 19 technical areas assessed on a scale of 1 (no capacity) to 5 (sustainable capacity), only one aspect of the national laboratory system had a favorable rating of 4 (Laboratory analysis for the detection of priority diseases) while the majority of the technical areas rated as 2 or 3. The following technical areas were rated as 1 (no capacity) for all of their indicators: Legislation, Politics and national financing; antimicrobial resistance; emergency response operations ; system to transfer and transport sample; biosafety and biosecurity; medical countermeasures; and Public health actions at point of entry. Some technical areas were rated as 2 (limited capacity) or below for all their indicators: zoonotic diseases, reporting, preparedness; risk communication and development of personnel among others.

The Government of the Republic of Togo has developed a National COVID-19 Preparedness and Response Plan. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including surveillance, laboratory, points of entry, risk communication, case management, infection control and safety, coordination, and research. The implementation of this project will be complemented by the regional projects such as the Regional Disease Surveillance Systems Enhancement (REDISSE) and Africa Centers for Disease Control and Prevention (CDC) projects. Thus, there is a need to reinforce the (MoH) capacity to reduce the risk of disease outbreaks.

There are four components, which are as follows:

Component 1: Increase access to essential health services through service, human resources and facilities expansion: In Togo patients do not seek care or bypass primary health care facilities due to poor accessibility (distance to facility and cost of treatment), low quality (e.g., provider competence), lack of pharmaceuticals, and weak gate-keeping mechanisms. The project will aim to improve equity in access to essential health services and continuity of care across the country. Emphasis will be on primary health care at the community level through rapid expansion of Community Clinics (CC) and Health Centers (CH). Community Clinics (CC) services will aim to expand services to the most deprived regions, provinces and communities under the project. The project will fund the construction of Community Clinics and accommodation for health personnel. The structures will mostly be prefabricated turn-key facilities with minimal on-site construction such as water and sewage and link to other public utilities. It will also involve the provision of medical and equipment support for primary health care.

One explanation for the high cost of health care in Togo, variations in its pricing, and the generally low quality of care is the lack of appropriate equipment. Neither basic diagnostic equipment nor life-sustaining equipment are widely available countrywide. The project will finance the purchase or the lease of medical equipment in order to enhance and standardize the capacity of service delivery. These purchases will include medical imagery, laboratory diagnostics and hematology and biochemistry analyzers, medical imaging and other diagnostics and test kits for rapid diagnostics including malaria and HIV. Theater sets, including operating tables and lamps, Doppler scans, echo-graph sets, and basic anthropometric equipment are to be purchased for health facilities. For energy purposes the project will explore the use of renewable energy sources such as solar panels. There will be some level of hospital waste management. The project will hire a biomedical technologies expert with proceeds from the Project Preparation Advance budget to advise it on what equipment is needed and how procurement should be approached, such as through leasing or



outright purchase. The project will also explore the option of contracting the private management of publicly financed health facilities, and make resources available for project oversight, planning, and policy formulation.

Component 2: Strengthening the national social health insurance scheme: The project focus is on reforming and enhancing the social health insurance system to reduce financial barriers to accessing health care particularly for the poor. The approach links supply and demand side incentives to improve availability, quality and affordability of care. New financing modalities will be developed under this component to ensure a clear purchaser/provider split with a robust system of quality assurance. The process will involve extensive stakeholder and community engagement.

Component 3: Strengthening oversight and stewardship role of the Ministry of Health and various agencies: The project will finance essential policy, strategy and work plan development activities. Project proceeds will finance operating costs of a Project Implementation Unit (PIU) and salaries of international and national consultants who will be hired by this unit. The project will also support operating costs of project and contract monitoring and evaluation teams as well as project management. Financing will cover comprehensive training and coaching for all entities involved in the performance-based contract management for the specialist facilities and the verification and counter-verification processes in the primary facilities. Support will also be provided for the fiduciary functions; the exact nature will depend on the institutional arrangements and the corresponding action plans prepared with the fiduciary teams.

Implementation of the social, environmental safeguard activities will be financed by the project. The social and safeguards specialists are not yet assigned. Once in place these will be responsible for the development and implementation of the Environment, Social and Community Engagement plans. The government will receive technical assistance to assess and improve the plans and support the installation of adapted waste disposal systems as needed to improve biomedical waste management in the project areas. Project proceeds will also finance revisions and improvements to project-related safeguards instruments. Several mitigation measures may be relevant, including adjusting infrastructure norms to address known risks and possible climate change. Project proceeds will not finance land acquisition.

Component 4: Contingency emergency response: This component is included under the project in accordance with Operational Policy (OP) 10.00 paragraphs 12 and 13, for projects in Situations of Urgent Need of Assistance or Capacity Constraints. This will allow for rapid reallocation of project proceeds in the event of a natural or man-made disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic and/or social impact. The details will be defined on activation of the component as per World Bank Operational Policy..

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 proposed operation will be nationwide. Based on an initial screening of proposed project activities and a preliminary assessment of the baseline characteristics for potential project sites, no major environmental issues are anticipated. Only the project's waste management requires specific attention to ensure that hazardous and medical



waste management are well managed and do not constitute a threat to community health, and also that groundwater resources are not placed at risk of contamination. In addition, the project will prepare appropriate instruments and establish specific environmental risks management as well as security and health measures to address potential environmental risks relating to the construction of the Community Health Clinics (CHC), the accommodation for health personnel and other major activities of the project.

On the social side, the construction of the Community Health Clinics (CHC) and of the accommodation for health personnel will largely avoid land acquisition, restrictions on land use or cause involuntary resettlement that could lead to economic and/or physical displacement. The proposed project will thus prepare appropriate instruments to address the impact of resettlement, should any happen. In addition, specific social risks management measures will be established to include vulnerable groups, including persons with disabilities, among the project's beneficiaries. Measures will also be taken to support a complaints management system, citizen engagement, Sexual Exploitation and Abuse or -Sexual Harassment (SEA/SH) and Violence Against Children (VAC) and prevent child labor. Community sensitization and capacity building activities will be carried out in order to engage the project's key stakeholders in E&S risks management; sensitization will include the management of solid waste and dissemination of information on the overall delivery of health centers, project complaints, SEA-SH and VAC, citizen engagement, and so on. women are fully in charge of taking care of their household's daily health and other needs and are often, more affected by disease due to their lack of voice and their lower access to public services and to other social, political, and economic resources. This negatively impacts their capacity to receive assistance from healthcare centers amid an outbreak of disease. Women, young people, ethnic minorities, elders, and disabled people are the most vulnerable in the aftermath of disease. Therefore, the proposed project will promote building community resilience and gender empowerment as a key element to staying healthy.

D. 2. Borrower's Institutional Capacity

The Government of Togo has an acceptable legal and regulatory environmental and social framework, as well as a national agency that oversees the approval of environmental and social studies, and the monitoring and evaluation of such studies. This agency is not well staffed but its capacities regarding environmental risks management are considered acceptable. On the side of social risks management, however, its capacities are deemed weak, even where it has received capacity-building support on environmental and social risk management through World Bank-financed projects, including on the Bank's environmental and social standards requirements. Capacity building is required to enable this structure to fully play its role. The project will be implemented by the Ministry of Health and Public Hygiene (MHPH). This Ministry has implemented numerous World Bank-financed projects in the health sector over the years but this is only the second project to be prepared under the Bank's Environmental and Social Framework that Togo's MHPH will implement. This capacity is acceptable to implement the Bank's ESF as long as it strives to improve itself by appointing or hiring an environmental specialist and a social specialist on the project and attending various capacity building throughout the implementation of the project. The project's Environmental and Social Commitment Plan (ESCP) will therefore include targeted support to build the capacity of MHPH staff, including training topics on E&S risks management.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

Public Disclosure



The project will fund the construction of Community Health Clinics (CHC) and accommodation for health personnel to help expand health services to the most deprived regions and provinces of Togo. This new operation will also support the construction of other additional facilities as part of the Environmental, Social and Community Engagement Strategy. In addition, small investment grants will be made available to eligible public district health facilities to help them increase their services and to help prepare them to receive patient referrals from the CHC. Based on the nature and magnitude of the activities and investments planned as well as medical waste due to project activities and existing Medical Waste Management Plan (MWMP), potentially adverse impacts on the environment and risks to it are deemed site-specific, reversible, and manageable. A detail assessment of government’s capacity to manage medical waste will be done prior to the project’s appraisal. For all these reasons, the Environmental risk is rated as Moderate.

Social Risk Rating

Moderate

The social risks associated with the project’s expected activities are considered Moderate. The proposed project will finance the construction of Community Health Clinics (CHC) and accommodation for health personnel to help expand health services, including additional facilities, as part of the Environmental, Social and Community Engagement Strategy. These activities could lead to economic and/or physical displacement. Therefore, the project will prepare a Resettlement Policy Framework (RPF) at the project preparation stage, as the precise construction sites are not yet known. Resettlement Action Plans (RAPs), if required when the construction sites are known, will be developed to manage the potentially negative impact of involuntary resettlement operations properly. The RPF, and possible RAPs, will be consulted upon, validated at a national level and approved by the Bank, and disclosed within the country and on the World Bank’s web site. The RPF must be ready prior to project appraisal.

The other key social risks of the project are: (i) the potential exclusion of vulnerable communities (such as ethnic minorities and pastoralists) during the process to select communities to benefit from the project, despite the fact that special dispensation will be given to certain locations, such as areas with a lower population but greater need; (ii) the potential exclusion of Community Health Nurses, Physician Assistant/midwives and community health volunteers from capacity building activities and training; (iii) SEA/SH, and VAC risks, during capacity building operations and the construction of Community Health Clinics; (iv) the risk of the use of child labor during civil works; and, (v) social conflict within the same community and/or between communities during the project’s implementation. The ESCP will include a communication strategy with sensitization/information and citizen engagement activities oriented to the project’s key stakeholders (mainly local communities), as well as social risks management measures to anticipate any potential risk and impact mentioned above to meet the project-relevant ESSs of ESF requirements.

The Project Implementation Unit under the MoH must include a social specialist to take over social risks management during the project’s preparation and implementation phases.

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:

This standard is relevant. The ESS requires that the Borrower carry out an assessment of environmental and social risks and impacts of the project. An environmental and social risks assessment is required and strong measures are advocated to mitigate the specific risks and impacts accordingly. The Borrower will prepare an Environmental and



Social Management Framework (ESMF), as the exact locations of activities to be financed by the operation are not known yet. The ESMF will lay out procedures for screening and mitigating the potential impacts of sub-projects. It will include the following: (a) checklists of potential environmental and social impacts and their sources; (b) procedures for the participatory screening of proposed sites and activities, and the environmental and social considerations; (c) procedures for assessing the potential environmental and social impacts of the planned project activities, including cumulative impact; (d) institutional arrangements for avoiding, minimizing, mitigating, and managing the identified impacts, according to mitigation hierarchy; (e) environmental and social management planning processes for addressing negative externalities in the course of project implementation; (f) a system for monitoring the implementation of mitigation measures; and, (g) institutional capacity assessment and capacity building measures. The ESMF will also include, measures to address SEA-SH and VAC. Additionally, the ESMF will also make use of the general and sector-specific World Bank Group Environmental, Health and Safety Guidelines (EHSGs) for the identified sub-projects. When project sites are identified, and based on the results of the screening, the required site specific environmental and social instruments will be prepared. Lastly, the Borrower will prepare an ESCP that will include the commitment and the timeline for the preparation of subsequent environmental and social instruments and other actions and measures to comply with ESS1 and the other relevant ESSs requirements.

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

This project will not use the Borrower’s Environmental and Social Framework in the assessment, nor in the development and implementation of investments. However, it will comply with relevant national legal and regulatory requirements.

ESS10 Stakeholder Engagement and Information Disclosure

The Borrower will prepare and disclose an inclusive Stakeholder Engagement Plan (SEP) in consultation with the Bank, prior to the project appraisal. Among the key stakeholders of this project, there are authorities responsible of health insurance agencies on national, regional and villages levels, formal and informal sectors, population groups most at risk from malaria (pregnant women, children under 18 years old, etc.). The SEP should outline the main characteristics and interests of the relevant stakeholder groups, including potentially affected people and vulnerable groups, as well as the timing and methods of engagement envisaged throughout the project life-cycle. The SEP will include an outline for the establishment of a project Grievance Mechanism (GM). It will also outline the ways in which the project team will communicate with key stakeholders and will include a mechanism by which key stakeholders—mainly those that will be potentially affected—can raise their concerns, provide feedback, or make complaints about activities related to the project.

The approved SEP will be updated after the start of the project (and no later than the first six months of the project effectiveness date) to include more detailed information regarding the methodologies for information sharing, for more robust stakeholder mapping, and for the identification of existing community-based platforms that can be used to facilitate effective community engagement and participation, as well as monitoring and evaluation.

The Borrower will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project implementation life cycle, and provide them with timely, relevant, understandable and accessible information. A project-wide GM, proportionate to the potential risks and impacts of the project, will be established. This will include a functioning GM that is accessible to the key stakeholders, that is mainly potentially affected people and vulnerable groups (including those with disabilities and those who are not literate or have a weak command of Togo’s official language). The SEP will include measures to ensure effective and appropriate communication about the existence of the GM to the key stakeholders, including



potentially affected people and vulnerable groups, in accessible formats and appropriate languages. The GM will be designed to safely and ethically register complaints and address and properly document SEA/SH allegations during project implementation.

Given the current situation of COVID-19, the SEP will be drawn up in line with the guidance provided by the Bank related to public consultation in a situation of constraint, and in according with the country's own advocated measures against 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

This standard is relevant. The project activities will be carried out by a Project Implementation Unit (PIU) under the MoH. The PIU team will include civil servants and consultants hired to support the technical areas for which weak institutional capacities were assessed. The project will also include indirect workers, such as regional and provincial health administrators, community administrators, contractors and subcontractors, including potential workers from communities neighboring the investment sites and/or primary supply suppliers, as well as local community organisations and volunteers from project areas communities. The terms and conditions of the contracts of all the workers involved in the project need to be made in accordance with the national labor law and meet the requirements described in ESS2 to ensure that working conditions be acceptable. A Labor Management Procedure (LMP), drawn up in accordance with national regulations and the ESS2 requirements, will be developed and disclosed by the Borrower prior to project appraisal. The LMP will include the terms and conditions of employment, non-discrimination and equal opportunities, workers' organizations, measures to prohibit child labor and forced labor, grievance redress mechanisms for labor disputes, and occupational safety and health measures for the workers, including SEA-SH and VAC for both direct and contracted workers.

ESS3 Resource Efficiency and Pollution Prevention and Management

Energy use efficiency: Some equipment, such as vaccine fridges, medical imaging equipment, blood cold chain systems, and other technology will need energy to operate. For energy efficient use, rationalization measures need to be determined. Similarly, vaccine fridges and blood cold chain systems could induce environmental adverse impacts such as more CO2 emissions. Therefore, adequate mitigation measures will be taken to address the issues of which chemicals are permissible in keeping with national and international conventions (Montreal Protocol).

Air emissions: During the project implementation phase, air emissions will be moderate, generated by vehicles, machinery and construction, and the rehabilitation of clinics and accommodation for health personnel and other additional facilities, as part of the Environmental, Social and Community Engagement Strategy. To reduce the impact of smoke from vehicles and machinery, adequate measures need to be taken upstream to meet emissions norms.

Noise: Some impact from noise is foreseen during construction/rehabilitation, which could be a nuisance for the surrounding communities. The ESMF will include mitigation measures to minimize and manage the level of noise



from the vehicles and equipment construction companies use to carry out civil works. These measures will be detailed in ESIA's, to be prepared later, as necessary.

Waste management: The project will be involved in construction/rehabilitation of health facilities. Therefore, there will be solid waste management but likely not in large quantities. Notwithstanding this, waste coming from excavation and demolition is expected. Site specific safeguards' documents will include adequate measures to minimize waste production upstream and encourage recycling where possible.

More especially regarding hazardous chemicals, medical materials and medical waste, the Borrower will produce a Hazardous Waste Management Plan (HWMP) outlining the measures to be taken during the project implementation.

ESS4 Community Health and Safety

The project will finance the construction of Community Health Clinics (CHC) and accommodation for health personnel, including additional facilities. These activities may have negative effects on the health, safety, and security of the riverside communities at the work sites. The ESIA's to be developed for each of the construction sub-projects will determine whether a specific labor influx management plan is required (in the case of significant impacts) or whether (in a low risk scenario) the ESMP can include labor related clauses. For all the civil works in this proposed project, the ESMP will need to request the contractor to settle and regularly update a security system around the project sites (such as fences and security guards) and issue a code of conduct agenda to workers for the entire civil work period. Equipment and vehicles/engines will be brought together to the base building site and secured when the work is stopped to ensure both community and worker safety. Experience indicates that the influx of workers into project areas can lead to adverse social impacts on local communities, mainly in rural areas, such as SEA-SH and VAC, communicable diseases, . A SEA-SH and VAC risks assessment will be done using the GBV risks assessment tool to clearly indicate the project's SEA/SR risk level. Mitigation measures will be recorded in an action plan to ensure SEA/SR survivors, have a safe and confidential venue to report cases created or exacerbated by project implementation. The SEA-SH and VAC action plan disseminating risks will be regularly updated and the appropriate mitigation measures will be fully reflected in the project's ESMPs and in contractors' proposals and ESMPs. A code of conduct covering actions to prevent SEA-SH and VAC will be prepared and included in bidding documents. The project's GM will address any project-related SEA/SR or VAC complaint.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This ESS is relevant even if it is clearly mentioned in the project document that the project proceeds will not finance land acquisition. It is anticipated that most of the planned construction in the project should take place within existing health facilities. However, some construction is expected to happen in sub-urban and rural areas, where acute land use and involuntary resettlement issues arise, leading sometimes to economic and/or physical displacement. As the specific sites of the planned construction are not yet known with any precision, the project will prepare an RPF as a due diligence measure. Thereafter, site-specific Resettlement Action Plans (RAPs) will be prepared to properly manage potential negative impacts of involuntary resettlement operations when the precise construction sites are known. The RPF will be consulted upon, validated at a national level, approved by the Bank, and disclosed both within the country and on the World Bank's web site prior to project appraisal.



ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not relevant at this stage, as the project does not involve biodiversity conservation and sustainable management of living natural resources. The constructions of the project will take place in urbanized and inhabited environments where there is no biodiversity to consider. Potential impacts on biodiversity will be further assessed during the preparation of the ESMF.

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

Not relevant: There are no Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in the project area.

ESS8 Cultural Heritage

Relevant: It is not anticipated that the project will impact cultural heritage. However, the project will finance the investments that will involve excavation during construction and demolition during the rehabilitation of some infrastructure. The environmental and social assessment will identify any cultural heritage in project areas, and provide details of chance finds procedures to be carried out if any cultural heritage is come across during civil works. All construction and rehabilitation contracts will include a "Chance Find" clause, and the chance finds procedures outlined in the E&S assessment, which will require contractors to stop construction/rehabilitation in the event that cultural property sites are encountered during civil works.

ESS9 Financial Intermediaries

This standard is not relevant for this operation.

B.3 Other Relevant Project Risks

No

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

Public Disclosure



N/A

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

- Environmental and Social Commitment Plan (ESCP)
- Stakeholders Engagement Plan (SEP)
- Labor Management Procedures (LMP)
- Environmental and Social Management Framework (ESMF)
- Hazardous Waste Management Plan (HWMP)
- Resettlement Policy Framework (RPF)

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

The ESCP will be developed in close collaboration with the Borrower. It will define the means and frequency of reporting on the implementation of the measures and actions required to achieve compliance with the World Bank’s ESF, particularly as discussed in this ESRS. The ESCP will also include measures to build the Borrower’s capacity to implement recommended mitigation measures. It will address issues related to the Borrower’s commitment to carry out monitoring and reporting, including incidents and accidents and contractors’ monthly reports. It will also designate the entity(ies) responsible for implementing defined mitigation measures. The Borrower will develop the SEP, including the GM; LMP; SEA-SH and VAC plan; and, a HWMP.

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS

07-Aug-2020

IV. CONTACT POINTS

World Bank

Contact: Anthony Theophilus Seddoh Title: Senior Health Specialist

Telephone No: 5241+4612 / 233-30-221-4612 Email: aseddoh@ifc.org

Contact: Mariam Noelle Hema Title: Health Specialist

Telephone No: 5336+6712 / 228-225-36712 Email: nhema@worldbank.org

Borrower/Client/Recipient

Borrower: Office of the President

Implementing Agency(ies)

Implementing Agency: MINISTRY OF PUBLIC HEALTH AND HYGIENE

Public Disclosure



V. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Anthony Theophilus Seddoh, Mariam Noelie Hema
Practice Manager (ENR/Social)	Aly Zulficar Rahim Recommended on 31-Jul-2020 at 13:13:54 EDT
Safeguards Advisor ESSA	Nathalie S. Munzberg (SAESSA) Cleared on 02-Aug-2020 at 07:55:3 EDT