



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 08-Apr-2020 | Report No: PIDA29064

**BASIC INFORMATION****A. Basic Project Data**

Country Togo	Project ID P173880	Project Name Togo COVID-19 Emergency Response and System Preparedness Strengthening	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 10-Mar-2020	Estimated Board Date 07-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Togo	Implementing Agency Ministère de la Santé et de l'hygiène Publique	

Proposed Development Objective(s)

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

Components

Component 1: Emergency COVID-19 Response
Component 2: Supporting National and Sub-national, Prevention and Preparedness
Component 3: Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	8.10
Total Financing	8.10
of which IBRD/IDA	8.10
Financing Gap	0.00

DETAILS**World Bank Group Financing**



International Development Association (IDA)	8.10
IDA Credit	4.05
IDA Grant	4.05

Environmental and Social Risk Classification

Substantial

Decision

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Located in West Africa, Togo is bordered on the east by Benin, on the west by Ghana, on the north by Burkina Faso, all of which have reported COVID-19 cases, and on the south by the Atlantic Ocean.** It has an area of 56,600 km² and is subdivided into five economic regions. In 2020, the population of Togo is estimated at over 8.23 million inhabitants¹ with an average annual growth rate of 2.43 percent and an average density of 152 inhabitants per km². This population is young with a median age of 19.4 years and 60 percent of the population is under 25 and predominantly rural (56.7 percent) despite growing urbanization (5.2 percent per year). The main economic activities are agriculture, animal husbandry, phosphate mining, trade and transit.

2. **The Togolese economy, which had been on a steady growth path, will be impacted through a disruption of trade and financial ties with major affected economies and from the negative impact of containment measures.** Last year, the economy grew by 5.4 percent thanks to continued investments in infrastructure, an expansion in services, and major improvements in the investment climate. Since 2017, the authorities had restored fiscal sustainability while protecting social sectors under an IMF-extended credit facility (ECF). The 6th and final review of the ECF was approved on April 3, 2020 by the IMF Board which approved an increase in disbursement to help Togo address the impact of the COVID pandemic, Poverty rates declined from 61.7 percent to 55.1 percent between 2006 and 2015 but it remains high. Togo has an extreme poverty rate of 49.2 percent^{2,3}.

¹ <https://www.worldometers.info/world-population/togo-population/>

² *Profile de la pauvreté au Togo 2006-20015 (INSEED-Togo)*

³ *Profile de la pauvreté au Togo 2006-20015 (INSEED-Togo)*



3. Due to its geographical location, climate and weak health system, every year Togo has been confronted with epidemics. In 2016, Togo experienced two epidemics and two epizootics: an epidemic of meningitis in the northern half of the country with 1900 reported cases including 125 deaths, an epidemic of Lassa fever in the north of the country with 2 confirmed cases including one death, an epizootic of avian influenza H5N1, and an epizootic of anthrax. In 2017, there was a meningitis epidemic (201 cases notified including 17 deaths) and a Cholera alert in Lomé; in 2018 there was an epidemic of Lassa fever disease; in 2019 an epidemic of meningitis and Lassa fever disease, and in 2020 the country is facing an epidemic of measles, poliomyelitis and now COVID-19. In order to strengthen the disease surveillance system and better control epidemics and epizootics in the country, Togo joined the IDA-financed Regional Disease Surveillance Systems Enhancement (REDISSE) project supporting the countries of the Economic Community West African States (ECOWAS). REDISSE, which became effective in 2017, has been very useful for the initial response to the COVID-19 epidemic in Togo. REDISSE II has ordered through the UN agencies three medicalized ambulances, two mobile laboratories, thermoflash, thermal cameras, Masks, PPE, and Laboratory reagents to name a few things. It is also refurbishing a few treatment centers as well as supporting all regional, and hospital personnels, 44 health districts in disease surveillane, prevention and control. For more details, refer to paragraphs 15, 21-22.

Sectoral and Institutional Context

4. The Government of the Republic of Togo is committed to scale-up its disease surveillance, preparedness and response capacity. Surveillance of diseases with epidemic potential is one of the Togolese government's top priorities. It is carried out using the Integrated Disease and Response Surveillance (SIMR) approach proposed by the regional office of the World Health Organization (WHO-Afro). The goal of SIMR is to improve health monitoring and response to diseases with high morbidity, mortality and disability in African countries. It is a strategy that involves the community and health facilities at all levels. In Togo, community health workers (CHWs) or community relays, civil society organizations (CSOs) are heavily involved at the peripheral level in the implementation of health interventions, early warning and awareness-raising.

5. Healthcare costs are borne in large part by households. The budget allocated to the health sector currently represents only 4.2 percent of the State's overall budget. Almost half of all health expenditure is out of pocket expenditure by households⁴. The increase in the budget to health has been slower than that for the overall budget. This results in a gradual reduction in the budget ratio of the health/national budget⁵. To remedy this situation, the government introduced a National Health Insurance scheme in February 2011. The scheme started by covering only employees and retirees of the State as well as their

⁴ OMS. La situation du financement de la santé au Togo, in Conférence HHA des ministres de la Santé et des Finances de la région Africaine. 2012. <http://afrolib.afro.who.int/documents/2012/Fr/Togo.pdf> (accessed April 5, 2020).

⁵ OMS. La situation du financement de la santé au Togo, in Conférence HHA des ministres de la Santé et des Finances de la région Africaine. 2012. <http://afrolib.afro.who.int/documents/2012/Fr/Togo.pdf> (accessed April 5, 2020).



dependents, although plans for extension existed⁶. These plans have not materialized yet as 90 percent of workers in Togo who operate in the informal sector do not have a health insurance scheme⁷. An IDA-funded project under preparation for FY21 will aim to support a more complete roll-out of universal health coverage to all basic health centers in the country.

6. A Joint External Evaluation (JEE) in April 2018 assessed The Republic of Togo's International Health Regulations (IHR) core capabilities⁸ 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 3.⁹ 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.

7. COVID-19 epidemic in Togo: The first case in the country was diagnosed on March 6, 2020 in a 42-year-old Togolese woman resident of Lomé who entered the country via land border from Benin after visiting Germany, France and Turkey. On March 20th, the government suspended for two weeks flights from all high-risk countries: France, Italy, Germany, Spain etc., closed all land borders, suspended all cultural and sporting events. The Government also closed all places of worship for a month, and public and private educational institutions across the country for three weeks. As of April 3, 2020, the Ministry of Health (MoH) has so far had 483 suspected cases of which 39 cases have been confirmed, and 5 of the confirmed cases are linked to the index case. There have been 17 people cured and 3 deaths. 94.9% of the confirmed cases are in the Maritime administrative region, and the remaining 5.1% of the cases come from the Central and Savanes Regions, which have one case each.

8. 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

⁶. Atake E. H., Amendah D.D. Porous safety net: catastrophic health expenditure and its determinants among insured households in Togo. 2-18. BMC Health Services Research, 18:175. <https://doi.org/10.1186/s12913-018-2974-4>

⁷. Djahini-Afawoubo D. M. and Atake E.H. 2018. Extension of mandatory health insurance to informal sector workers in Togo. Health Economics Review. 8:22 <https://doi.org/10.1186/s13561-018-0208-4>. <https://healtheconomicsreview.biomedcentral.com/track/pdf/10.1186/s13561-018-0208-4> (accessed April 5, 2020)

⁸ *Joint External Evaluation of IHR Core Capacities of the Republic of Togo*. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.

⁹ *The following technical areas were rated as 1 (no capacity) for all of their indicators: IHR coordination, communication and advocacy; antimicrobial resistance; biosafety and biosecurity; linking public health and security authorities; medical countermeasures and personnel deployment; and point of entry. Some technical areas were rated as 2 (limited capacity) or below for all their indicators: national laboratory system, zoonotic diseases, reporting, preparedness, and emergency response operations, among others.*



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.

9. **The Regional Disease Surveillance Systems Strengthening Phase II (REDISSE II) project in Togo is focusing on strengthening the country’s capacity for pandemic preparedness and response; however, an emergency response to COVID-19 is needed.** The REDISSE II project (US\$21 million) is already in its third year of implementation. REDISSE aims to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa. The project Coordinator is a member the crisis committee and participated in the development of the National COVID-19 Action Plan. This newly proposed emergency operation will complement the efforts of REDISSE II. At the start of the COVID-19 epidemic in Togo, the REDISSE II project quickly responded and aided the government. REDISSE II has ordered through the UN agencies three medicalized ambulances, two mobile laboratories, thermoflash, thermal cameras, Masks, PPE, and Laboratory reagents to name a few things. It is also refurbishing a few treatment centers as well as supporting all regional, and hospital personnels, 44 health districts in disease surveillane, prevention and control (case definition transmission, prevention, investigation, contact tracing.). REDISSE II has trained Rapid Response Teams in Lomé and 5 regions of the country, and provided them with materials for investigation of cases and follow-up of contacts; strengthening of screening and registration of travelers from endemic countries at targeted points of entry (Cinkasse, Noepe, Kodjovia kope, Samvi condji, PAL, Airport); and provided tents to serve as temporal isolation facilities at the points of entry where suspected cases are isolated. REDISSE II has also provided laboratory reagents and consumables to the National Institute of Hygiene and the Livestock Department as well as training of laboratory technicians. REDISSE II will be equipping the Antimicrobial Resistance (AMR) laboratory of the Silvanus Olympio University Hospital Center. REDISSE is supporting simulation exercises. REDISSE has established Epidemiological Surveillance Centers (CSE) and trained field epidemiologists. REDISSE II’s total investment to the COVID-19 response plan is estimated at around USD 9 million.

10. **REDISSE II and other partners are supporting the government with risk communication.** Risk communication and behavior change interventions including social distancing measures are being implemented, with support from REDISSE, GIZ as well as the Global Fund. The Global Fund is also funding risk communication through boards and broadcast media. It will also assist the government to revise the risk communication plan, print and disseminate it. REDISSE II and GIZ are supporting activities such as developing and testing messages and materials to be used during this pandemic or another emerging infectious disease outbreak. REDISSE will contract various communication channels for personal hygiene promotion including the promotion of “handwashing”. the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages). Risk communication on COVID-19 is under way throughout the country in French and in 17 local languages. The government has in place through the health emergency coordination center a mobile app for sending out health messages including messages about COVID-19. The center also provides specific advice specific to the COVID-19 pandemic through a call center with 111 and 113 as the phone numbers. All these actions will contribute to slowing the spread of COVID-19. Finally, the government also has a data analytics dashboard to allow for visualization of identified cases



11. **The Government of Togo created a crisis management committee** (chaired by the Prime Minister) **and has taken a series of immediate containment measures.** Rapid response teams are on alert, screening measures have been put in place at the airport, Lomé port and 15 land-border stations. Isolation rooms have been identified at the port and airport and tents for isolation of possible cases have been set up at the 3 main land borders.

12. **The care capacity for COVID-19 cases is limited and supply for protective equipment and medication is insufficient.** There are presently 9 treatment centers that have been set up for case management, i.e. 2 centers in Lomé (capital), 2 in Kara (second city) and one in each region. These treatment centers do not have enough bed capacity. In addition, they are lacking in equipment and medication. Personal protective equipment and hygiene inputs have been made available to health workers. However, there are several shortcomings, such as the lack of a quarantine area. For now, many people requiring quarantine are quarantined at their homes and their follow-up is done by telephone.

13. **Biological confirmation of suspected cases of reported disease is carried out by networked laboratories.** The National Institute of Hygiene, set up as a national reference laboratory for diseases with epidemic potential since 1998, is the coordinating body for all the activities of the national network of human health laboratories. The analytical capacity of this laboratory has been reinforced through a donation from Jack Ma (chairman of the Chinese private company Ali Baba) consisting of 20,000 COVID-19 tests, inputs and protective equipment. Additional staff have been assigned to the reference laboratory in order to strengthen the team and face the outbreak. However, this capacity is limited due to the lack of some essential equipment specially Virus deactivation chambers. Currently, the laboratory cannot do more than 10 tests per day which could be a handicap if the outbreak grows before the two mobile laboratories ordered through the REDISSE project are received.

14. **More generally, major challenges remain to be addressed to build the capacity to prevent, detect and respond to public health emergencies in Togo.** Among these are:

- The need to strengthen the operational capacities of the national laboratory system, among other things, the implementation of a national strategy to strengthen their diagnostic capacities in human, animal and environmental health, and the creation of a sustainable mechanism. The need for a secure mechanism for the transport of samples from the peripheral level to the national level and from the national level to the regional reference laboratories.
- The need for a national plan for monitoring antimicrobial resistant pathogens and revise the national plan for the prevention and control of infections by integrating into its infections associated with health care.
- The need to improve the capacities required at points of entry under the IHR (2005), particularly strengthening the legal and institutional framework, and developing and implementing intervention plans at entry points integrated into the National Intervention Plan for “emergency”.
- Lack of qualified personnel, the lack of standardization in the implementation of data collection and transmission procedures, the insufficiency of financial and logistical resources for the formative supervision of staff responsible for surveillance and for the transport of samples taken



to the reference laboratories. At peripheral and intermediate levels, laboratories lack equipment and inputs for the confirmation of notified cases.

- Building and equipping of a center for the treatment of infectious diseases and an isolation center for the management of epidemics of hemorrhagic fever and other epidemics of emerging and re-emerging diseases which the country faces each year.

15. The COVID-19 Strategic Preparedness and Response Project will coordinate with and leverage the REDISSE II. COVID-19 Strategic Preparedness and Response Projects will respond to some of the challenges mentioned above and it will operationally exploit opportunities of complementarity and synergy in supporting disease surveillance and response with REDISSE II. REDISSE II has been operating at the national level for the past few years and uses the One Health approach to recognize the connectedness of human, animal and environmental health and the need to address challenges in a collaborative, multi-sectoral and trans-disciplinary approach. REDISSE II strengthens not only the human health Joint External Evaluation, but also the evaluation of the Performance of Veterinary Services and epidemiological surveillance network for animal health, to improve analytical capacity and exchange of information. REDISSE II has been working to strengthen national laboratory capacity and improve community-based surveillance. This COVID-19 Strategic Preparedness and Response Project will focus more on prevention and case management which is not very much covered by REDISSE II. Because Togo is a country in critical need for equipment and materials for disease surveillance, REDISSE II could not fund all the requirements of the Government's national COVID-19 plan. It will focus on funding the pandemic emergency response to Covid-19 especially for activities that are not eligible for funding under REDISSE II. It will ensure there is acquisition or rehabilitation of a treatment and an isolation center in Lome and provision of a mobile Laboratory P3, that is greatly needed by the country now and in the future for other emerging infections. Furthermore, support from the proposed project will also complement REDISSE II by increasing the quantities of some equipment and materials already provided by REDISSE II.

16. To ensure there are more synergies between the two projects, this project and REDISSE II will be harmonized to complement each other in relation to Covid-19 prevention, preparation and response. To ensure this, the REDISSE Project Implementation Unit (PIU) will be the same one that will implement this proposed project. This therefore means that there will be easy exchange of information between the two projects. Standard operating procedures will be put in place to clarify coordination mechanisms between the projects.

17. The Bank is preparing with the authorities an IDA-funded project, *Essential quality health services towards attaining universal health coverage*. The objective of the project is to provide essential health care and services to pregnant women, children under 18 and vulnerable persons towards attaining Universal Health Coverage (UHC). It is anticipated that this project will outlast the current REDISSE project time frame. To ensure that there is no risk of a funding gap to support emergency preparedness and response activities when REDISSE closes, the new project will make resources available to the Ministry of Health to do some important disease surveillance activities that include continued training in disease surveillance, rapid response, infections prevention and control, laboratory and risk management communication.



C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

18. PDO level Indicators: The PDO will be monitored through the following PDO level outcome indicators:

- Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19;
- Number of suspected cases of COVID-19 cases reported and investigated based on national guidelines;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Number of acute healthcare facilities with isolation capacity.

D. Project Description

19. This project was selected for COVID-19 financing because Togo, a country characterized by high levels of movements of people and goods from neighboring countries and by a constrained health system, is a high-risk country. There have been 39 confirmed cases and 3 deaths in the country as of April 3, 2020, and 523 cases with 21 deaths in neighboring countries (302 cases with 16 deaths in Burkina Faso, 205 cases with 5 death in Ghana and 16 cases with no deaths reported in Benin)¹⁰. The scope and the components of this project are fully aligned with the COVID-19 Fast Track Facility, using standard components as described in the COVID-19 Board paper. This project, which responds to an emergency, complements the longer-term development work in the Health Sector: (i) the regional REDISSE project for Togo which seeks to address the systemic gaps in the animal and health sectors that impede response to epidemics, most of which are from animals; and (ii) an IDA-funded project, currently under preparation, that will seeks to increase the performance of basic health centers across the country and set the foundations for universal health coverage. This COVID project has triggered paragraph 12 of the Investment Project Financing Bank Policy.

Component 1: Emergency COVID-19 Response - Case Detection, Confirmation, Contact Tracing, Recording, Reporting (US\$4.0 million).

¹⁰ Confirmed Cases and Deaths by Country, Territory, or Conveyance (

https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1?#countries)



20. **This component will provide immediate support to Togo to prevent COVID-19 from expanding or to limiting local transmission** through containment strategies. It will complement the activities that are being implemented through REDISSE II. Considering that the needs of Togo are many, it will support enhancement of disease detection capacities through provision of technical expertise to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It will enable Togo to mobilize surge response capacity through trained and well-equipped frontline health workers.

21. This component will help (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment; and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Furthermore, it will finance the (v) purchase and installation of a mobile P3 laboratory, (vi) acquiring/Rehabilitation of isolation and treatment centers in Lomé and equipping them with medical supplies and furniture and network installation.

22. The project will also ensure that the Rapid Response Teams (RRT) are trained and equipped to investigate cases and trace any contacts. The Coordination center will have dedicated emergency vehicle to provide emergency ambulance services. The center will be led by a designated National Focal Point who has technical expertise and, preferably, previous experience in managing public health emergency operations. It will also mobilize additional health personnel, especially former FELTP participants.

23. Togo has 17 official points of entry (PoE) including the port and airport of Lomé. Under this component, a PoE public health emergency plan will be developed and implemented. Support will be provided to PoE to screen people entering the country. Staff at all PoE will be trained, complementing what has already been done by REDISSE.

Component 2: Supporting National and Sub-national, Prevention and Preparedness (US\$3.5 million).

24. COVID-19 would place a substantial burden on inpatient and outpatient health care services. Within this component, assistance will be provided to all levels of the health care system for preparedness planning, maintaining essential community services and optimal medical care, and minimizing risks for patients and health personnel, as well as developing intra-hospital infection control measures, and strengthening national laboratory system.

25. This component will finance (i) provision of more emergency medical and non-medical supplies including PPEs such as gloves, surgical mask, respirator, eye protection and isolation gowns to health workers for their safety; (ii) provision of drugs, medical equipment and supplies to public health facilities and for intensive care facilities within hospitals; (iii) provision of 2 more medical ambulances; (iv) provision of additional laboratory equipment, containers for specimen handling and transportation, diagnostic reagents and commodities, including kits for regional hospitals; (v) training of Health facilities staff and



front-line workers on risk mitigation measures and providing them with the appropriate hygiene materials (such as detergents and disinfectants, and safety/sharp boxes); (vi) Elaboration of Standard Operating Procedures (SOPs), guidelines and Terms of Reference on sample collection, packaging, transportation and testing of samples at the WHO recommended laboratories for COVID-19 (for e.g. Pasteur Institute in Dakar, Senegal); (vii) operation of the health emergency coordination center (HECC) (including sub-national coordination and support for preparedness that include training, and supervision); and (viii) operating costs and other administrative-related costs for supportive supervision and monitoring.

Component 3: Implementation Management and Monitoring and Evaluation (US\$0.6 million).

26. The REDISSE Project Coordination Unit (PCU) would be entrusted with coordination of project activities. The activities will include: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) training of project management unit and technical consultants; and (iii) operating costs. The PCU will be strengthened by the recruitment of a dedicated accountant for the project, and any other additional staff/consultants as the need may arise. To this end, project would support costs associated with project coordination.

27. Monitoring and Evaluation (M&E). This component would support monitoring and evaluation of prevention and preparedness, data collection and analysis, building capacity for participatory M&E at all administrative levels, evaluation workshops, and development of an action plan for M&E.

Legal Operational Policies	
	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts



E. Implementation

Institutional and Implementation Arrangements

The MOH REDISSE PCU which will be responsible for the implementation of the project, has experience working on projects financed by the World Bank. Project implementation will be carried out under the Direction of Disease Control, complemented by other MOH's technical departments and national programs, as well as the Regional and district hospitals, and Health Centers.

28. The existing crisis management committee which has responsibility for overall coordination of the implementation and monitoring of COVID-19 plan, will provide strategic guidance for overall project implementation. The committee is chaired by the Honorable Prime Minister and co-chaired by Minister of Health, and its members including representatives of UN agencies, WHO, WB, UNFPA etc. The six technical working groups that report to the Committee are: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) communication and social mobilization; e) psychosocial support; and f) logistics and safety.

29. The project will be guided by the REDISSE Project Implementation Manual (PIM), including standard project fiduciary, safeguard, implementation, and M&E requirements. The PIM will be adapted no later than one (1) month, after the Effective date. A draft work plan and budget for Project implementation will be prepared by no later than one (1) month after the Effective Date. The Budgeted Annual work plan will be developed by the PCU in consultation with the technical departments and programs in the MOH, validated by the committee and submitted for no-objection to the World Bank by September 30 of each year.

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APPROVAL

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