



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 05/02/2024 | Report No: ESRSA03475



I. BASIC INFORMATION

A. Basic Operation Data

Operation ID	Product	Operation Acronym	Approval Fiscal Year
P503776	Investment Project Financing (IPF)	ARISE	2024
Operation Name	Advancing Resilience and Inclusive Health Systems for Everyone (ARISE) in Mali		
Country/Region Code	Beneficiary country/countries (borrower, recipient)	Region	Practice Area (Lead)
Mali	Mali	WESTERN AND CENTRAL AFRICA	Health, Nutrition & Population
Borrower(s)	Implementing Agency(ies)	Estimated Appraisal Date	Estimated Board Date
Republic of Mali	Ministère de la Santé et du Développement Social	06-May-2024	29-Jun-2024
Estimated Decision Review Date	Total Project Cost		
01-May-2024	125,000,000.00		

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Proposed Development Objective

To improve accessibility and utilization of quality essential reproductive, maternal, neonatal, child, adolescent health and nutrition services as well as to strengthen preparedness for health emergencies in targeted areas.

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

Yes

C. Summary Description of Proposed Project Activities

[Description imported from the PAD Data Sheet in the Portal providing information about the key aspects and components/sub-components of the project]

The ARISE project is a project designed to tackle critical healthcare challenges in targeted areas. By focusing on improving access to essential health services and strengthening health systems, the project aims to address the specific needs of vulnerable populations, including women, children, and adolescents. At its core, the project seeks to enhance accessibility and utilization of quality health services, particularly in the areas of reproductive, maternal, neonatal, child, and adolescent health, as well as nutrition services. Through targeted interventions and the implementation of



performance-based financing (PBF) schemes, the project aims to incentivize health facilities and community health workers (CHWs) to deliver a defined package of services with a focus on both quantity and quality. This approach not only ensures that essential health services reach those who need them most but also promotes accountability and efficiency within the healthcare system. Furthermore, the project places a strong emphasis on strengthening preparedness and surveillance for health emergencies. By investing in robust surveillance systems, enhancing diagnostic capabilities, and providing training and capacity-building for emergency response teams, the project aims to improve the country's ability to detect, respond to, and mitigate the impact of health crises, including epidemics and natural disasters. The financing structure of the project reflects a collaborative effort, with contributions from the International Development Association (IDA), the Global Financing Facility (GFF), and the Netherlands. This financial support enables the implementation of various project components, including the improvement of health service delivery, support for community health and nutrition initiatives, strengthening of health systems for universal health coverage, and project coordination and monitoring.

Component 1: Improve the supply and availability of quality health services for the population This component aims to enhance the overall quality of essential health services, especially focusing on reproductive, maternal, neonatal, child, adolescent health, and nutrition services.

Sub-component 1.1: Climate-adaptive horizontal and vertical expansion of PBF Objective: To expand the successful Performance-Based Financing (PBF) approach both horizontally and vertically. Activities: Providing performance-based payments to health facilities, community health workers (CHWs), and schools based on the delivery of defined services. Implementing facility-based, outreach, and referral system activities.

Sub-component 1.2: Support to PBF implementation and institutionalization Objective: To support the implementation and supervision of PBF activities and facilitate the institutionalization of PBF. Activities: Setting up a Contract Development and Verification Agency (CDVA), recruiting an external counter-verification agency, and supporting the institutionalization of PBF through training and technical assistance.

Sub-component 1.3: Enhance healthcare quality and regulation Objective: To improve healthcare quality evaluation and regulation, including private health facilities under PBF. Activities: Providing performance-based payments to regulators for quality evaluation, supporting quality evaluation of national hospitals, and acquiring simulation equipment for training.

Component 2: Facilitate access to healthcare and nutrition services by removing barriers and supporting community services This component aims to strengthen healthcare and nutritional services, focusing on community, health facilities, and school interventions.

Sub-component 2.1: Support for Community Health and Nutrition Objective: To enhance community health and nutrition services, including strengthening CHWs and improving community engagement. Activities: Strengthening CHWs, enhancing community case management, ensuring availability of medical supplies, and conducting communication for development initiatives.

Sub-component 2.2: Support for School Health and Adolescent Health Objective: To reinforce support for school nurseries and improve collaboration between schools and health facilities. Activities: Providing incentives for sexual and reproductive health services, strengthening services at secondary schools, enhancing accessibility of education for female students, and increasing demand for youth health services.

Component 3: Strengthening Health Systems for Universal Health Coverage This component aims to support institutional strengthening and reforms to improve the quality of spending in the healthcare sector.

Sub-component 3.1: Support to Health Financial Management Reforms Objective: To enhance health sector financial management and mobilization capabilities. Activities: Supporting adoption and alignment of the Public Financial Management (PFM) system with PBF principles, capacity-building, and compliance activities.

Sub-component 3.2: Support to Health Financing Reforms Objective: To improve health financing mechanisms and promote efficient resource utilization. Activities: Delivering strategic support for health financing reforms, improving beneficiary identification, and strengthening governance practices.

Sub-component 3.3: Strengthening the Health Management Information System Objective: To enhance the capacity and effectiveness of the health information system. Activities: Supporting data collection, analysis, dissemination, capacity-building, technology enhancement, and integration with the national



statistical system. Sub-component 3.4: Optimizing Surveillance, Preparedness, and Response to Epidemics and climate-sensitive diseases Objective: To prevent, detect, and respond to potential health threats. Activities: Strengthening disease surveillance, enhancing diagnostic capabilities, conducting capacity-building activities, promoting public health education, supporting digital health technologies, and facilitating multi-sector coordination. Component 4: Project Coordination, Management, and Monitoring This component ensures effective technical and fiduciary management and implementation of the project. It includes activities such as local consultancy for project coordination, procurement of office equipment, travel and per diem for facility supervision, operating expenses for project coordination, auditing and evaluation, verification, and counter-verification of results in health facilities. Component 5: Contingent Emergency Response Component (CERC) The Contingent Emergency Response Component serves as a mechanism to swiftly and effectively address unforeseen disasters or health crises such as pandemics. It operates on a contingency basis, ready to be activated upon formal declaration of a national emergency or through a formal request from the respective governments. The objective is to ensure rapid and targeted response to emergencies, providing essential funding to meet urgent needs and mitigate adverse impacts on the project's target populations.

D. Environmental and Social Overview

D.1 Overview of Environmental and Social Project Settings

[Description of key features relevant to the operation's environmental and social risks and opportunities (e.g., whether the project is nationwide or regional in scope, urban/rural, in an FCV context, presence of Indigenous Peoples or other minorities, involves associated facilities, high-biodiversity settings, etc.) – Max. character limit 10,000]

The project will be implemented in the district of Bamako as well as in 14 other regions. It will focus on the 9 regions (Gao, Mopti, Douentza, Bandiagara, San, Segou, Koulikoro, Dioila, and Nara) of Accelerating Progress towards Universal Health Coverage” (PACSU, P165534) project and will extend to 5 new regions: Timbuktu, Taoudenit, Bougouni, Koutiala, Sikasso and the District of Bamako. It will be implemented in both rural and urban areas.

The security situation in Mali remains fragile and complex. The northern and central regions are particularly hard hit. Several of the project's intervention zones are affected by this situation, which contributes to the vulnerability of populations, mainly women and children, and generates numerous displacements to other regions of the country.

The country's population is estimated at around 22,593.59 inhabitants in 2022 and is expected to double every 25 years. The population growth rate is estimated at 3.6% per year over the last decade, exceeding regional averages, and is expected to reach 5 million in Bamako by 2030 and 10 million by 2050. The project is aimed primarily at women, adolescents, and children in the target regions. The general public will benefit from communication and behavior change initiatives. Finally, institutions, including other stakeholders, will benefit from institutional and capacity-building interventions.

D.2 Overview of Borrower's Institutional Capacity for Managing Environmental and Social Risks and Impacts

[Description of Borrower's capacity (i.e., prior performance under the Safeguard Policies or ESF, experience applying E&S policies of IFIs, Environmental and social unit/staff already in place) and willingness to manage risks and impacts and of provisions planned or required to have capabilities in place, along with the needs for enhanced support to the Borrower – Max. character limit 10,000]

The project implementation arrangement is led by the Ministry of Health and Social Development. Through the implementation of the REDISSE (P154807), MALI COVID-19 EMERGENCY RESPONSE PROJECT (P173816), and Mali -



Accelerating Progress Towards Universal Health Coverage (P165534) projects currently underway, the MSDS has acquired some experience of the World Bank's operational procedures and environmental and social framework (ESF). Therefore, the borrower's institutional capacity to implement the ESF project is average. The borrower has the national department in charge of E&S issues, DNACPN, which will be part of the project environmental monitoring on behalf of the national system.

The existing and fully operational PIU, which currently manages the PACSU project, will coordinate project activities. The PIU will be responsible for overall project management and coordination, including planning, implementation, and technical oversight of project activities. The PIU will also be responsible for environmental and social safeguards management and monitoring, financial management and procurement, preparation of work plans, budgets, and progress reports, as well as communication monitoring, and evaluation arrangements. An additional ES staff will support the PIU recruited specifically for the ARISE project, and the Project Operations Manual will be adjusted to increase the efficiency of the PIU.

Although this unit has good experience implementing World Bank projects, it has never implemented a project applying the Bank's ESF. Its capacity to manage ESF projects is considered average. However, the unit has a high-level E&S specialist with outstanding experience and knowledge of the Bank's environmental and social framework. She participated in the preparation of project COVID-19-P164561, which applies the ESF. The unit also plans to strengthen its team by recruiting a junior specialist to support the implementation of the project's E&S activities. This recruitment should be finalized within two months of the project's effectiveness.

In addition, during the implementation of project activities, capacity-building sessions on key ESF issues relevant to the project will also be organized for the implementing partners, i.e. CANAM, the PBF unit (Contract Development and Verification Agency (CDVA) and Reverse Verification Agency), etc. involved in the project with a view to institutional strengthening. The main capacity-building themes for the institutions involved in the project are duly reflected in the Environmental and Social Commitment Plan (ESCP).

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

A.1 Environmental Risk Rating

Moderate

[Summary of key factors contributing to risk rating, in accordance with the ES Directive and the Technical Note on Screening and Risk Classification under the ESF – Max. character limit 4,000]

The environmental risk of the project is classified as moderate, due to the fact that most of the risks and negative impacts likely to be generated by project activities can be mitigated by easily identifiable measures. The main environmental issues relate to the generation of infectious medical waste in and around the health centers, as a result of increased use of the health centers, the management of unusable expired products by health professionals, and the health and safety of the local community. Other environmental impacts are linked to the activities of component 1, which includes construction/rehabilitation work on the health center. These risks and impacts are



mainly: (i) water and noise pollution and (ii) occupational health and safety of workers. The potential risks and negative impacts on the human population and the environment are not expected to be significant. Most of them are foreseeable and are expected to be temporary and reversible, small-scale and site-specific, with no likelihood of impacts beyond the targeted footprint. However, the ESCP includes commitments for the client to ensure that any risk activities requiring E&S assessments are identified and subject to assessment before any physical activity. The conditions for developing and implementing these assessments are indicated in the project's ESMF.

A.2 Social Risk Rating

Moderate

[Summary of key factors contributing to risk rating, in accordance with the ES Directive and the Technical Note on Screening and Risk Classification under the ESF – Max. character limit 4,000]

The social risk of the project at this stage is moderate. Project activities are expected to have a significant positive social impact by strengthening social dynamics and contributing to increased public participation in improved public service through Performance-Based Financing (PBF). Some limited risks could, however, emerge. These include a) exclusion of vulnerable groups from various outreach and registration activities and therefore the risk that these groups are unable to access services or do not know about the services (health insurance, CVRS); b) privacy and data misuse issues due to the transition from written to electronic records; c) some limited impacts related to land acquisition depending on the sites where some rehabilitation/construction works will be done. Security context may also present risks to the effective implementation and supervision of project activities.

[Summary of key factors contributing to risk rating. This attribute is only for the internal version of the download document and not a part of the disclosable version – Max. character limit 8,000]

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

B.1 Relevance of Environmental and Social Standards

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

Relevant

[Explanation - Max. character limit 10,000]

The project will finance activities aimed at improving access to and use of essential, high-quality reproductive, maternal, neonatal, child, adolescent, and nutritional health services, as well as strengthening health emergency preparedness in target areas. The activities to be implemented by the project will include, among others, the rehabilitation of health center infrastructure, capacity-building activities, support for technological advances, and the improvement of infrastructure to facilitate the effective management and use of health data, stimulating demand for health services among young people, particularly girls, and adolescents, and the provision of health care services. Activities are likely to present environmental and social risks (such as pollution from solid waste, dust, and noise, etc.), but appropriate mitigation measures will be easily integrated. To better identify and manage all risks and negative impacts, an ESMF has been prepared by counterparties and is currently under review by the Bank. It includes a screening mechanism to assess risks and identify appropriate mitigation measures. ESMPs and ESIAAs will be carried out during implementation for specific infrastructure investments, as well as a health and safety plan to ensure the safety of the community and workers. The environmental and social management framework builds on the environmental, health, and safety (EHSG) guidelines of General Management and Natural Resources Management for the activities identified concerning occupational and community health and safety. It also includes

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measures relating to the development of intangible cultural resources, conflict and grievance management, and any potential EHS and safety risks. Environmental and social risks relate to community health and safety (ESS4), worker safety (ESS2), labor influx (ESS2), resettlement (ESS5), the impact of SEA/HS (ESS1), intangible cultural resources (ESS8), and potential misinformation about the project. Finally, COVID-19 requirements and other Health and Hygiene measures are defined and monitored to ensure the safety of workers and the community. In addition to the ESMF, the project has prepared specific ESF instruments such as the Stakeholder Engagement Plan (SEP), the Resettlement Policy Framework (RPF), the Safety Risk Assessment/Safety Management Plan (SRA/SMP), a Waste Management Plan (WMP) for effective waste management at the health center level, and Labor Management Procedures (LMP) to guide management and mitigation measures. At this stage of preparation, the details and locations of the health centers to be supported and the infrastructure sub-projects (rehabilitation/construction) to be financed under Component 1 are not yet known.

ESS10 - Stakeholder Engagement and Information Disclosure

Relevant

[Explanation - Max. character limit 10,000]

This standard is relevant. The borrower has prepared a stakeholder engagement plan commensurate with the nature and scale of the project and the associated risks and impacts. It takes into account other interested parties (OIPs), the various beneficiaries and those directly affected by the project (PAPs). The SEP also identifies vulnerable groups, describes the characteristics and interests of the stakeholder groups identified, and the timetable and methods of engagement throughout the project life cycle. The SEP includes a gender-sensitive grievance mechanism at the project level. Awareness-raising activities on project-related SEA/HIV risks and mitigation strategies are included in the SEP and targeted at project communities and workers. If major changes occur in the scope of activities during implementation, a revised SEP is required and must be made public. The main stakeholders in the activities are health service workers, communities and users of health services, NGOs, and civil society associations working in the health sector, including women and young people, particularly girls and adolescents. Stakeholders involved in the management of health facilities, such as trade unions, doctors, nurses, and civil society organizations (including women's associations). Finally, other stakeholders include members of civil society organizations (CSOs) and local traditional, customary, and religious leaders. The main institutional players involved in the project are as follows: the National Directorate of Health, the National Directorate of Sanitation, and the National Technical Unit for Results-Based Financing (CTN/RBF); the decentralized departments of the various target ministries; the Agences de Contractualisation et de Vérification for negotiating and signing performance contracts for health facilities; the Community Health Agencies; the administrative authorities (Governors, Prefects, Sub-Prefects). Finally, at the community level, the main stakeholders will be the elected authorities and the members of the municipal councils. From January to April 2024, public consultations were successively carried out in Bamako, Koulikoro, Segou, Mopti, Tombouctou, Gao, and Sikasso and three main suggestions arose: i) good involvement of traditional authorities in the planning and implementation of project activities, ii) establishment of mobile clinics for the health of women, children and the elderly in remote areas, iii) establishment of a national indigence file at the level of municipal centers.

ESS2 - Labor and Working Conditions

Relevant

[Explanation - Max. character limit 10,000]

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This standard is relevant because project activities are expected to have some E&S risks and impacts related to labor and working conditions. Project workers include (i) direct workers for the PMU, all staff (civil servants or consultants); (ii) indirect workers (contractors and subcontractors); and (iii) community workers. Following an assessment of the labor requirements and types of employees engaged in the project, the Borrower has prepared Labor Management Procedures (LMP) to address key issues, such as working conditions and the management of worker relationships, protecting the workforce, non-discrimination, minimum age of work, measures to prevent forced labor and child labor, occupational health and safety requirements, as well as relevant guidance for the employment of youth through the project's job placement activities. LMP includes an effective labor-specific workers' grievance mechanism that is SEA/SH sensitive, based on national laws and regulations and the provisions of ESS2 and management of labor issues. Finally, the LMP includes a code of conduct to guide workers involved in project activities and highlights the prohibition of SEA/SH and sanctions in case of misconduct.

ESS3 - Resource Efficiency and Pollution Prevention and Management

Relevant

[Explanation - Max. character limit 10,000]

ESS3 is relevant because the project may generate waste and pollution of air, water, and land, and consume resources. Pollutants may be released into air, water, and land in routine, unusual, or accidental circumstances. Project activities will not involve the purchase or use of hazardous products and drugs. However, civil engineering works could result in air and water pollution. The environmental and social management framework has assessed all these risks/impacts and identified mitigation measures. The cumulative impact will be identified as part of the sub-project site selection process and mitigation measures will be included in the ESIA/ESMPs that will be prepared during project implementation, which will include mitigation measures to minimize and manage these risks and impacts. The Borrower will avoid activities releasing pollutants or, where avoidance is not possible, measures to minimize and then mitigate such risks will be adopted to ensure that pollutants have no or minimal impact, by measures specified in national legislation or the World Bank Group's Environmental Health and Safety Guidelines (EHSGS). The production of biomedical waste will be minimized and the reuse, recycling, and recovery of waste will be encouraged.

ESS4 - Community Health and Safety

Relevant

[Explanation - Max. character limit 10,000]

ESS4 is pertinent because health and safety issues of communities are closely linked to typical risks/impacts of construction sites such as impacts from vehicle traffic, dust, noise, vibrations, hazardous material, potential labor influx, and specific hazards including structural and site access issues. The ESMF assesses all these risks/impacts of the project on the health and safety of the affected communities (particularly their most vulnerable members) during the project life cycle and proposes mitigation solutions. ESIA/ESMPs will be prepared during project implementation. The Borrower will avoid or minimize the potential for community exposure to hazardous materials and substances that may be released by project activities. The ESMF and other safeguard documents describe GBV-related risks and identify appropriate mitigation measures. Due to the presence of armed groups in some of the geographical areas to be covered by the project, a preliminary security assessment has already been elaborated, together with a security management plan (SMP), which identifies, manages, and recommends mitigation measures to protect against risks posed by intensifying levels of conflict and violence in project areas. The SMP also examines issues such as the

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geographic spread of security incidents related to the presence of non-state armed groups or ongoing military operations, and the potential impact on project activities. Finally, the SMP describes how and by whom security will be managed and delivered; the resources required; how the PIU will deploy in insecure conditions; and the behavior that is expected of security personnel if armed forces, police, or gendarmerie are involved in any project-related activities. The presence of refugees and Internally displaced people (IDPs) in the project areas may pose a risk to the project in terms of increased pressure for resources, and lack of opportunities; the project will have transparent hiring criteria in place for instance to enable IDP/refugee population to also benefit from temporary work opportunities. The LMP, including the code of conduct (embedding GBV requirements), will form part of procurement documentation for construction contractors and adherence to this shall form part of the contractual obligations. Contractors will be required to certify that all staff engaged in the project, incl. subcontractors, have completed training on safety/conduct before work commencement. The ESMP and other safeguard documents have also fully described the GBV risk and appropriate mitigation measures. SMP will be disclosed before project appraisal.

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

Relevant

[Explanation - Max. character limit 10,000]

ESS5 is relevant because some activities may result in restrictions on land use. In addition, temporary economic displacement (loss of land, assets, or access to assets and resources resulting in loss of income sources or other means of livelihood) cannot be excluded during project implementation. However, alternative project designs will be considered to avoid or minimize land acquisition or land use restrictions, particularly where this would result in physical or economic displacement while balancing environmental, social, and financial costs and benefits, and paying particular attention to gender impacts and impacts on the poor and vulnerable. The amount of land potentially affected and the number of people affected by the project cannot be estimated at this early stage. A Resettlement Framework has been prepared by the Borrower. This document guides the preparation, where appropriate, of subsequent site-specific Resettlement Action Plans (RAPs), which, following approval by the Bank, will be published in-country and on the Bank's external website, and will be implemented before the commencement of civil works.

ESS6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not Currently Relevant

[Explanation - Max. character limit 10,000]

The project will not fund any activities that may have an impact on biodiversity. However, by the principles of the ESMF prepared by the client, ESIA's will be prepared during implementation to identify risks and impacts as well as several adequate measures that will be applied to promote biodiversity and prevent, mitigate, or eliminate potential risks before the start of the work.

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

Not Currently Relevant

[Explanation - Max. character limit 10,000]

This ESS is not relevant as there are no communities nor peoples who meet the WB criteria for Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in Mali.

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ESS8 - Cultural Heritage

Not Currently Relevant

[Explanation - Max. character limit 10,000]

This ESS is not currently relevant to the project. The project does not have any activities which could impact physical or non-physical cultural heritage.

ESS9 - Financial Intermediaries

Not Currently Relevant

[Explanation - Max. character limit 10,000]

This ESS is not relevant as the project will not involve any Financial Intermediaries.

B.2 Legal Operational Policies that Apply

OP 7.50 Operations on International Waterways

No

OP 7.60 Operations in Disputed Areas

No

B.3 Other Salient Features

Use of Borrower Framework

No

[Explanation including areas where "Use of Borrower Framework" is being considered - Max. character limit 10,000]

This operation will not use the Borrower's Environmental and Social Framework but will comply with relevant national legal requirements.

Use of Common Approach

No

[Explanation including list of possible financing partners – Max. character limit 4,000]

A common approach is not being considered for this project.

B.4 Summary of Assessment of Environmental and Social Risks and Impacts

[Description provided will not be disclosed but will flow as a one time flow to the Appraisal Stage PID and PAD – Max. character limit 10,000]

The project's environmental risk assessment is moderate. The main environmental concerns relate to (i) the digitization of healthcare data, which will require technological infrastructure and software, as well as a substantial amount of electricity, and the need to protect data confidentiality; (ii) the generation of infectious medical waste in and around the health center environment; (iii) the increased use of medical health centers, the management of unusable expired products by healthcare professionals, and the health and safety of the local community. Other key environmental issues relate to (i) water pollution and noise nuisance; (ii) pest management due to the popularization of biofortified crops, and (iii) worker health and safety.

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The social risk rating of the project is also Moderate at this stage. A key social risk related to medical treatment and additional support to vulnerable social groups (poor, disabled, elderly, isolated communities, women, and youth) may be the inability to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project.

The collection and effective consideration of the opinions and concerns of stakeholders for the improvement of the quality-of-care delivery and the overall performance of health facilities is also a significant social risk to control.

C. Overview of Required Environmental and Social Risk Management Activities

C.1 What Borrower environmental and social analyses, instruments, plans and/or frameworks are planned or required by implementation?

[Description of expectations in terms of documents to be prepared to assess and manage the project’s environmental and social risks and by when (i.e., prior to Effectiveness, or during implementation), highlighted features of ESA documents, other project documents where environmental and social measures are to be included, and the related due diligence process planned to be carried out by the World Bank, including sources of information for the due diligence - Max. character limit 10,000]

Actions to be completed before Bank Board Approval:

The Borrower will develop and disclose the following instruments before Board approval:

- Environmental and Social Management Framework (ESMF) ;
- Safety risk assessment and a safety management plan ;
- Medical waste management plan (MWMP) ;
- Environmental and Social Commitment Plan (ESCP)
- Stakeholder Engagement Plan (SEP)
- Labor Management Procedures (LMP)

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III. CONTACT POINT

World Bank

Task Team Leader:	Laurence Elisabeth Marie-Paule Lannes	Title:	Senior Economist, Health
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Email:	llannes@worldbank.org
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TTL Contact:	Alain-Desire Karibwami	Job Title:	Senior Health Specialist
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Email:	akaribwami@worldbank.org
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TTL Contact:	Tahirou Kalam	Job Title:	Senior Financial Management Specialist
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Email: tkalam@worldbank.org

IV. 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>

V. APPROVAL

Task Team Leader(s):	Laurence Elisabeth Marie-Paule Lannes, Alain-Desire Karibwami, Tahirou Kalam
ADM Environmental Specialist:	Mohamed Youba Sokona
ADM Social Specialist:	Christophe Bertrand Messina