Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 03/11/2021 | Report No: ESRSAFA139

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Gambia, The	AFRICA WEST	The Gambia	Ministry of Health

Project ID	Project Name
P176125	Second AF to The Gambia COVID-19 Vaccine Preparedness and Response Project

Parent Project ID (if any)	Parent Project Name
P173798	The Gambia COVID-19 Preparedness and Response Project

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/8/2021	4/23/2021

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

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

Yes

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

The parent proposed project approved on April 2 2020 have been supporting the implementation of The Gambia COVID-19 Plan which has the following components:

- Component 1: Emergency COVID-19 Response (Case Detection, Confirmation, Contact Tracing, Recording, Reporting; Social Distancing Measures and Communication Preparedness
- Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach
- Component 3: Supporting National and Sub-national, Prevention and Preparedness (US$5 million equivalent)
- Component 4: Implementation Management and Monitoring and Evaluation (US$0.4 million equivalent)

The proposed AF to The Gambia COVID-19 Vaccine Preparedness and Response Project (P176125), will support activities to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Component 1 of the parent project.

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 parent COVID-19 Preparedness and Response Project has been implemented throughout The Gambia and contributes to improved COVID-19 prevention, detection and response through 4 components: Emergency Response; Strengthening national disease surveillance and diagnostic capacities; Support for National and Sub-national, Prevention and Preparedness; and Project Implementation. The project has national coverage, with some specific localized activities such as the renovation and equipment of the Ndemban Clinic (located in Bakau about 10 km from Banjul) for use COVID-19 emergency treatment center.

The AF will support vaccine purchase and deployment including effective microplanning, safe and appropriate transportation, training, ancillary materials, social mobilization campaigns, and mechanisms that remove demand-side barriers to access to foster confidence and promote the early take-up of vaccines. The changes proposed for the AF entail expanding the scope of activities in the parent project, The Gambia COVID-19 Preparedness and Response Project (P173798). The first AF of US$0.94 million from the Pandemic Emergency Financing Facility (PEF) which was approved on December 18, 2020, financed the scale-up of selected activities such as procurement of laboratory equipment and supplies and medical waste disposal and cargo trucks. The activities of this second AF (US$ 8 million) for COVID-19 vaccine procurement and deployment will be implemented throughout The Gambia and no environmental impacts are anticipated to natural habitats or biodiversity. Social considerations addressed include preventing exclusion from vaccination due to discriminatory targeting, vaccine hesitancy and/or elite capture and initiatives to dispel broader misinformation and public distrust. Reprisals and retaliation actions, especially against healthcare workers and researchers as well as overall SEA/SH risk and management are addressed across several MOH directives and action plans.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MOH) is the implementing agency for the project. The MOH Project Coordination Unit (PCU) is entrusted with the coordination of project activities, as well as fiduciary tasks of procurement and financial management (FM). The PCU is now fully staffed with a PCU coordinator, senior operations officer, financial controller, senior accountant, five accountants, procurement specialist, and procurement assistant. The implementation arrangements as stipulated in the Financing Agreement of the parent project (that is, National Health Emergency Committee [NHEC], MOH, and PCU) are in place and functional. They will continue as the implementation arrangements for the AF. A Senior Operations Officer has been recruited to support project implementation including,

inter alia: a) assist the MoH Environmental and Social Safeguards focal points to implement the Environmental and Social Commitment Plan (ESCP) and help ensure the project is carried out in accordance with the Environmental and Social Framework (ESF); b) develop and follow-up with the implementation of the project operations manual; and c) prepare project reports.
The MOH will recruit additional technical staff to provide support for the implementation of mitigation measures to address risks related to sexual exploitation and abuse (SEA) and sexual harassment (SH). Additionally, MOH technical experts in the various Directorates and Programs such as expanded program for immunization and health promotion will be critical for the implementation of the proposed AF.
During the first few months of the implementation of the parent project, the MoH and PCU got a lot of hands-on experience with the implementation of the ESF, and members on the team participated in a number of training events. Thus, institutional capacity has been gradually improving from a baseline level of moderate. Overall, E&S performance has been satisfactory although so far implementation has been limited to the procurement and distribution of medical equipment.

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

A. Environmental and Social Risk Classification (ESRC) — Substantial

Environmental Risk Rating — Substantial

The Parent Project is expected to have positive environmental impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment and containment. The scaled up activities financed by the AF are expected to further enhance these positive impacts and help to facilitate COVID-19 vaccine procurement and shipment to Banjul airport and COVID-19 vaccine deployment, and community engagement.
The environmental risks are nonetheless considered Substantial because of inherent occupational and community health and safety risks and the issue of medical waste management. The main environmental risks are: (i) the occupational health and safety issues related to testing, vaccinating and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety (OHS) issues related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. This includes waste resulting from vaccine delivery such as sharps and the disposal of used and expired vaccine vials as a result of the AF activities. Waste materials generated from laboratories, quarantine facilities, screening, treatment and vaccination facilities to be supported by the parent project and AF require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handle the waste. The MOH has developed Standard Operating Procedures (SOP) based on the HCWM policy and plan. It provides instructions on how to carry out the policy expressed in the plan and communicates who will perform the task, what materials are necessary, where the task will take place, when the task shall be performed, and how the responsible person will actually execute the task. The SOP covers all the relevant activities that are necessary to manage any HCW that can be generated from any health care facility.
Other risks associated with the AF activities include: (1) potential community health and safety risks resulting from incorrect vaccine storage, handling and transportation practices, which could result in the administration of spoiled vaccines; and (2) impacts associated with medical and clinical waste (which has been addressed as indicated above in the proposed AF activities. An ESMP for the 250 series has been developed.

Social Risk Rating Substantial

The social risk rating is substantial due to the potential for negative impacts at the individual and societal levels. Risks include the possibility of exclusion from vaccination due to discriminatory targeting, vaccine hesitancy and/or elite capture, which, in turn, could result from broader misinformation and public distrust. These risks will be mitigated through the following measures: First, the Government has developed explicit, contextually appropriate, and well-communicated criteria for access to vaccines. There is consensus to first target heath workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly and people with co-morbidities. All targeting criteria and implementation plans are reflected in the country's national vaccination program. Second, the Government will actively use the National COVID Risk Communication and Community Engagement strategy to address misinformation and distrust as a main barrier to vaccination. Other potential social risks include the increased incidence of reprisals and retaliation, especially against healthcare workers and researchers related to both suspicion of the motives and legitimacy of the vaccinators and the vaccine itself. as well as SEA/SH risk, which has been determined to be substantial for the COVID-19 parent and AF projects together, especially with regard to planned rehabilitation activities as well as vaccine deployment-related initiatives. For instance, in similar contexts male health-workers offered health services, including vaccination in exchange for sexual favors from women and girls. This is particularly worrying taking into consideration that women are often in care roles and are the one arranging when and how children and wider family members, such as older relatives, get immunized paying with their own depleted funds for transport and other small related expenses. These risks will be mitigated by specific measures to be outlined in a SEA/SH Prevention and Response Action Plan (SEA/SH AP), which will incorporate an accountability and response framework, including codes of conduct to be signed by all individuals engaged in the project activities (including if possible MoH relevant partners, health staff, and all suppliers linked to the execution of project activities) outlining prohibited conduct and applicable sanctions, procedural adaptations to the project grievance mechanism to ensure safe and confidential management of SEA/SH claims with timely referrals to appropriate survivor care, as well as training and sensitization activities. In addition, SEA/SH risk will be addressed through robust stakeholder identification and consultation processes, which will take into specific account consultation with women and other vulnerable groups in safe and enabling, sex-segregated environments (including with same-sex facilitators). The capacity of the MOH to manage the environmental and social risks, including risks related to SEA/SH, is being enhanced through ongoing support and training during project implementation, as well as dedicated MOH focal points for environmental and social safeguards and a Senior Operations Officer at the PCU who oversees environmental and social due diligence. In addition, the MOH will recruit additional technical support in the arena of gender-based violence prevention and response to assist the PCU with implementation of the SEA/SH AP.

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:

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Both the parent project and additional financing activities will have positive environmental and social impacts as they should improve COVID-19 surveillance, monitoring, containment and response in accordance with WHO guidelines

and GIIP, as well as prepare the country for future health emergencies. However, the project could also cause substantial adverse environmental, health and safety impacts due to the dangerous and potentially infectious nature of the pathogen, chemicals, vaccines and other materials to be used in the project-supported laboratories and health facilities, as well as the associated waste materials. Multiple disadvantaged or other vulnerable groups stand to benefit, starting with the elderly and those with compromised immune systems due to pre-existing conditions. The community engagement activities proposed under component 1 will seek to ensure inclusion of these groups. The prioritization of population groups that will receive vaccination based on the WHO Fair Allocation Framework has been developed. The National Risk Communication and Community Engagement Strategy for outreach and consultation will entail the following activities:

- Implementing national risk communication and community engagement plan for COVID 19, including accurate information sharing of anticipated vaccination campaign, efforts to create demand, and counter measures for addressing mis- or disinformation.
- Identifying and engaging community groups (local influencers such as community leaders, religious leaders, health workers, and community volunteers) and local networks. and CSOs (women's groups, youth groups, organizations representing the elderly or people living with disabilities and other sever health-related issues, business groups, traditional healers, and so on) to promote accurate age- appropriate and culturally sensitive information on COVID-19 vaccines. This may include building awareness of climate-related diseases to ensure greater awareness of the risks among key population groups.
- Monitoring information channels, as well as social and traditional media, to detect and rapidly respond to and counter misinformation. Building confidence in a new vaccine will boost overall confidence in vaccinations thereby leading to greater utilization of other vaccines and medicines known to be linked to climate-induced diseases.
- Enhancing the existing COVID-19 GRM.

The ESMF prepared for the parent project gives guidelines for the environmental and social assessments to be carried out for the sub-projects and the mitigation measures to be implemented for the various activities proposed (works, management of waste from health activities, prevention and control of infectious diseases). The ESMF will be updated by the PCU to consider the activities of the second AF before the Effective Date and an Assessment shall be conducted before the carrying out of the relevant Project activities. The mitigation measures are largely based on the WHO technical guidelines on COVID-19 response, the EHS guidelines of the World Bank Group and other IPMIs, with the responsibilities within the Ministry of Health, the required trainings, implementation schedule and budget. The ESMF will therefore be updated to take into account activities funded by the AF, whose environmental risks are largely focused on (i) COVID-19 vaccine procurement and shipment to Banjul airport, (ii) COVID-19 vaccine deployment, (iii) community engagement. The ESMF should only require a minor revision, as it already includes an Infection Control & Waste Management Plan and an environmental and social code of practice (ESCOP) to mitigate impacts related to the construction.

The PCU has drafted an ESMF to provide guidance for the screening and management of E&S risks associated with the parent project activities. The ESMF contains an Infection Prevention and Control & Waste Management Plan (ICWMP) to safeguard health care workers, patients and the larger community from transmission and infection by the COVID-19 virus as the result of their daily routines that include testing, quarantining and treating patients and managing the safe disposal of the resulting medical waste. The ESMF also provides a Code of Environmental Practice for the refurbishment and equipping of existing health facilities. The ESMF also covers mitigation of other E&S risks, including SEA/SH risk, and has an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure is in place.

The AF will finance the procurement, distribution and administration of vaccines and this may pose occupational and community health and safety risks. The ESMF, which is currently being updated, addresses the relevant project risks and impacts, including the: (i) risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and (ii) risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable, including risks related to SEA and SH. Prioritization and selection of population groups to be vaccinated first will be conducted in accordance with emerging WHO guidance including the Values Framework for the allocation and prioritization of COVID-19 vaccination, the Roadmap for Prioritizing Population Groups for Vaccines against COVID-19 and the Fair Allocation Framework. Examples of target priority groups include frontline health and care workers at high risk of infection, older adults, and those people at high risk of death because of underlying conditions like heart disease and diabetes. The environmental impacts related to construction, upgrades of vaccine storage and WASH facilities are expected to be of manageable, temporary and of local impact as they are related to general construction activities on already known and previously used sites. These impacts most commonly include: a) dust and noise due to excavation, demolition and construction; b) management of demolition construction wastes and accidental spillage of machine oil, lubricants, etc.; c) damage to unknown archaeological sites; d) traffic disturbance; e) surface or ground water pollution; and f) soil pollution or erosion.

The ESMF for the parent project will be updated and disclosed by effectiveness date of AF and will account for the AF related activities, which focus on the procurement, distribution and administration of safe vaccines, in addition to expanding existing activities under the parent project, including vaccination awareness and risk communication campaigns, training of vaccinators and other workers, minor civil works related to vaccine storage. These activities can largely be managed using the mitigation measures proposed in the ESMF for the parent project, but specific guidance on the selection of priority population groups to be vaccinated and monitoring of adverse health effects from vaccination will be included in accordance with emerging WHO guidance, in addition to guidance on mitigation measures to address SEA/SH risk in the context of project activities. Measures to ensure the quality of vaccines is maintained throughout the supply chain in accordance with WHO guidance for storage and transportation of vaccines will also be incorporated including

- Compiling information on the available cold chain capacity, including surge capacity from other government agencies and the private sector for a vaccine deployment strategy and to mobilize resources to fill the gaps to meet variations in storage temperature requirements of different COVID-19 vaccines
- For COVID-19 vaccines requiring ultra-cold storage (UCC) temperatures (e.g. -70 °C) (such as Pfizer vaccine), ensuring UCC freezers, and equipment for packaging , transport and storing are in place. and facilitate vaccine transportation.
- Ensuring the first batches of COVID-19 vaccine supply which do not have vaccine vial monitors are promptly distributed to vaccination centers and administered within the period of the the short shelf life.
- Strengthening supply chain information system on stock management and distribution including monitoring and reporting of vaccine utilization and wastage rates to guide appropriate allocation of subsequent supply.
- Tracking COVID-19 vaccine distribution from the national store down to the vaccination centers to avoid risk of diversion and falsification to ensure the security and safety of the vaccine storage facilities, preserve vaccine safety and integrity during transport, and the safety of all staff responsible for managing the supply and implementing the vaccination.

. Where necessary, existing measures and tools in the ESMF (IPC&WMP, ECOP, checklists) will be revised to ensure they fully cover the additional risks associated with the AF funded activities. As such, the SEA/SH AP will likewise be drafted and included as an annex to the ESMF in order to ensure that appropriate mitigation measures are taken into account to address these specific risks. The final ESMF will be updated, consulted, disclosed and implemented by AF effectiveness.

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. The proposed project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The parent project's Stakeholder Engagement Plan (SEP) has been updated to include information disclosure with clear and accessible messaging on safety of vaccines, principles of fair, equitable and inclusive vaccines access and allocation, as well as rationale for prioritizing certain groups. Through its Directorate of Health Promotion, the Ministry of Health has extensive experience with stakeholder engagement and outreach, which has been further strengthened as part of the COVID-19 risk communication campaign.
The Grievance Mechanism has been operational for several months. While actual complaints have been low as the main activity implemented so far was the procurement of medical supplies and equipment, it is expected that the numbers will increase significantly during vaccination campaign. In this context the GM, has been expanded in the updated SEP to include specific procedures to ensure the ethical and confidential management and resolution of SEA/SH claims and updates should be available in the first semester of 2021, including timely referrals of survivors to appropriate support services. The updated SEP is cleared in the operations portal, it will be immediately available through the Ministry of Health website (http://www.moh.gov.gm/world-bank/) and World Bank website (https://documents.worldbank.org/en/publication/documents-reports/documentdetail/795671585162699097/stakeholder-engagement-plan-sep-the-gambia-covid-19-preparedness-and-response-project-p173798).

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

Labor Management Procedures (LMP) were developed for the parent project and will be updated to reflect any additional considerations arising from the vaccination activities. The current LMP includes provisions which respond to the specific health and safety issues posed by COVID-19, and protect workers' rights as set out in ESS2.
As such, the LMP Identifies the main categories of project workers, which are primarily health care workers and construction personnel for the renovation of health facilities. It prohibits child as well as forced/conscripted labor. It also incorporates procedures the protection of workers in relation to infection control precautions and provides immediate and ongoing training on the procedures to all categories of workers and stipulates adequate OHS protections in accordance with General EHSGs and industry specific EHSGs and follow evolving international best

practice in relation to protection from COVID-19. Finally, the LMP also include a grievance mechanism to allow workers to quickly inform management of labor issues, nd contains specific procedures to ensure the ethical and confidential management and resolution of SEA/SH claims, including timely referrals of survivors to appropriate support services.
The update of the LMP will further strengthen mitigation measures against SEA/SH risks such as actions to ensure signature of and training on codes of conduct for workers and personnel, worker and community sensitization on SEA/SH, in addition to actions such as installing sex-segregated facilities that are secure, lockable, and well-lit on the work site for female and male personnel.

ESS3 Resource Efficiency and Pollution Prevention and Management

The activities of the parent project currently being implemented as well as the activities planned with the AF are likely to have impacts on the environment and human health. Indeed, biomedical waste from health facilities with current activities and those planned with vaccination constitute potential risks of contamination of the soil and water bodies if they are not managed properly. Health personnel, patients who frequent health facilities as well as certain neighboring populations may also be exposed to the risks of contamination with the COVID-19 virus or other pathogens.
Medical and general waste from laboratories, health centers, and quarantine and isolation centers have a high potential for carrying microorganisms that can infect the community as a whole if not properly disposed of. A detailed ICWMP was included in the ESMF that was approved under the parent project to ensure the waste management practices at the various hospitals receiving assistance from the project comply with WHO guidance and international best practice for infectious and hazardous waste management. The MOH is responsible for implementing the National Health Policy, the Health Sector Strategic Plan, the Health Care Waste Management (HCWM) Plan and the HCWM Policy. The national health policy emphasizes the provision of preventive, promotive, curative and rehabilitative services, and is buttressed by the HCWM Policy which specifically highlights HCWM as a priority. The HCWM plan then defines in a clear and precise way the roles, responsibilities and field competencies of actors involved in HCWM, outlining the processes of HCW collection, transportation, storage and treatment. To operationalize the HCWM plan, the MOH has developed Health Care Waste Management – Standard Operating Procedures (HCWM SOP). The SOP has been designed as a means of accomplishing what is embodied in the HCWM policy and plan. It provides instructions on how to carry out the policy expressed in the plan and communicates who will perform the task, what materials are necessary, where the task will take place, when the task shall be performed, and how the responsible person will actually execute the task. The SOP covers all the relevant activities that are necessary to manage any HCW that can be generated from any health care facility. It traces the activities from “cradle to grave”.

ESS4 Community Health and Safety

Protecting the safety of communities from infection with COVID-19 is a central part of the project. Medical and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed. The ESMF documents: (i) how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with

Good International Industry Practice (WHO guidelines); (ii) measures in place to prevent/minimize mitigate the risks of SEA/SH; (iii) emergency preparedness measures; and iv) monitoring of adverse impacts and side effects of vaccines on recipients of the vaccinations. Security forces are among the prioritized group for vaccination and the health personnel who work at military and police clinics will administer the vaccine. COVID-19 vaccination is voluntary which will be reflected in the NDVP and associated protocols currently under development. MOH has capacity to manage adverse events following immunization (AEFI).

The ESMF will be expanded with best practice measures for assuring quality control of the vaccines during storage and transportation throughout the country. The MoH will closely monitor the potential side effects of vaccines. Laboratories, quarantine and isolation centers, and screening posts, will have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the work place back into their communities. The Gambia has the adequate storage capacity to handle both routine vaccines and the COVID-19 vaccine at temperatures between 2°C and 8°C. However, given the global shortage of vaccines, the Gambia is making preparations to augment the cold chain to store Pfizer vaccine, by procuring ultracold freezer(s) which can subsequently be used by the National Blood Transfusion Center for storing blood plasma.

Some project activities may give rise to the risk of SEA and SH. As noted above, the project has been rated as substantial risk for SEA/SH and will accordingly prepare a SEA/SH AP to be annexed to the ESMF, which, among other actions, will incorporate an accountability and response framework, including a worker code of conduct, worker and community training and sensitization, and adaptation of the project GRM to ensure the ethical and confidential management and resolution, including timely service referrals, of SEA/SH claims. As such, the project may mitigate SEA/SH risk by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as sex-segregated toilets that are secure, lockable, and well-lit in addition to sufficient light in quarantine and isolation centers. This will also be documented in the updated ESMF.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Almost all construction is expected to be undertaken within existing facilities. During the early implementation of the parent project it became clear, however, that the rehabilitation of the Farato Medical Centre could lead to the economic displacement of several households. To assess and mitigate these impacts a Resettlement Action Plans (RAPs) is currently being prepared. The AF is not expected to lead to any additional land acquisition.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. This standard is not relevant because there will be no impacts of the project on natural resources or biodiversity. The ESMF will screen for any impacts on natural habitats.

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

This standard is not considered relevant as there are no Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities currently identified in the project area.

ESS8 Cultural Heritage

This standard is not relevant at this time as the limited civil works are unlikely to affect cultural assets.

ESS9 Financial Intermediaries

This standard is not relevant for the suggested project interventions.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

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

Is this project being prepared for use of Borrower Framework?	No

Areas where "Use of Borrower Framework" is being considered:

n/a

IV. CONTACT POINTS

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Borrower: The Gambia

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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