



Additional Financing Appraisal Environmental and  
Social Review Summary  
Appraisal Stage  
**(AF ESRS Appraisal Stage)**

Date Prepared/Updated: 10/27/2020 | Report No: ESRSAFA040



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Rwanda	AFRICA EAST	Ministry of Finance (MINECOFIN)	Rwanda Biomedical Center
Project ID	Project Name		
P175252	Additional Financing for Rwanda COVID-19 Emergency Response Project		
Parent Project ID (if any)	Parent Project Name		
P173855	Rwanda COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	10/26/2020	11/25/2020

Proposed Development Objective

The objective of the Project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of Rwanda.

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
<b>Total Proposed Financing</b>	<b>0.00</b>

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

Yes

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

This proposed AF to the Rwanda COVID-19 Emergency Response Project (P173855) aims to process to pull in the Pandemic Emergency Financing Facility (PEF) resources to the IDA-financed parent project with no other changes



being introduced. The PEF country payout for Rwanda in the amount of US\$ 942,857 will be utilized to scale up activities in the parent project to address existing gaps in testing and tracing. No other changes are being introduced as part of the AF processing. The safeguards instruments that have been developed under the parent project, in compliance with the Environmental and Social Framework (ESF), will also apply to the proposed AF.

**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 Project covers the entire country to improve COVID-19 surveillance and response. The specific locations where the project activities will be implemented are still being identified, however the targeted locations for minor rehabilitation and refurbishment works will be in existing hospitals, and the project is not expected to require land acquisition or involuntary resettlement or have adverse impacts on natural habitats or cultural sites. Component -1 of the Project will finance among other things medical supplies and equipment (e.g. thermo-scanners; test kits; drugs; lab equipment and supplies and personal protective equipment). Similarly, Component-2 will fund medical and laboratory equipment and supplies as well as minor civil works to rehabilitate, adapt, and fit-out existing structures to support the establishment of isolation centers at national and district hospitals which would be responsible for triaging and treating COVID-19 cases. However, there will not be self-standing isolation units.

The Additional Financing is being processed to pull in the Pandemic Emergency Facility (PEF) resources to the IDA-financed parent project with no other changes being introduced. The PEF country payout for Rwanda in the amount of US\$ 942,857 will be utilized to scale up activities in the parent project to address existing gaps in testing and tracing. No other changes are being introduced as part of the AF processing.

The full PEF allocation for Rwanda will be added to Component 1 of the IDA-financed parent project. As per the request from the Government of Rwanda, the PEF payout of US\$942,857 will be allocated to the following project interventions/activities under Component 1: (i) Diagnostic tests and equipment - 50% of the total PEF allocation (\$471,429); (ii) Medical and laboratory supplies and equipment - 30% (US\$282,857), and (iii) Health personnel and training - 20% (US\$188,571).

**D. 2. Borrower’s Institutional Capacity**

The Rwanda Biomedical Center (RBC), the nation's central health implementation agency under the Ministry of Health, will be the main implementing agency of the project. RBC has experience in managing environmental and social risks associated with World Bank Projects using the Bank’s Operational Policies, even though it has never applied the World Bank’s Environmental and Social Framework (ESF). Earlier projects implemented by RBC include the East Africa Public Health Laboratory Networking Project (P111556), under which the Government built five new state-of-the-art laboratories at district hospitals, as well as the HIV/AIDS MAP program. Currently, RBC is implementing the Stunting Prevention Reduction Project (P164845) Rwanda also has a relevant legal framework for environmental and social risk management. However, its capacity to manage risks associated with COVID-19 is a major concern as the medical personnel may not have the detailed know-how on the biosafety risk management in the labs to be used for COVID-19 diagnostic testing and it may not have appropriate lab equipment and facilities to properly contain the pathogen. The Project will provide considerable funding to address these capacity gaps in line with WHO guidelines and other Good International Industry Practice (GIIP) as part of Components 1 and 3. The COVID-19 ESMF that was prepared by RBC includes a dedicated effort to increase capacity for E&S risk management during project implementation. RBC will designate one (1) Environment and one (1) Social risk management specialists, along with

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one (1) Occupational Health and Safety Specialist as part of the team to oversee the implementation of the ESF requirements, and these 3 staffs have already been hired according to the ESCP commitments. As part of initial capacity-building efforts, training on the environment and social safeguards is scheduled was conducted in October 2020. Training followed GoR mandatory practices for C-19 including social distancing (see Cabinet Resolution 2c in the Cabinet Communique of 12 Oct 2020); wearing of masks at all times while in public; using hand sanitizers before entering a training room. This one-time training targeted for Environmental Health Officers (EHOs) and Community-EHOs from 13 intervention districts of the WB supported SPRP which overlap with priority urban communities considered in the ESF for the parent project.

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

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

Substantial

**Environmental Risk Rating**

Substantial

The main environmental and social risks and impacts of the project may result from Component -1 which will finance among other things medical supplies and equipment (e.g. thermo-scanners; test kits; drugs; lab equipment and supplies and personal protective equipment). Component-2 will also fund medical and laboratory equipment and supplies as well as minor civil works to rehabilitate, adapt, and fit-out existing structures to support the establishment of isolation centers at national and district hospitals that would be responsible for triaging and treating COVID-19 cases. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large and cause contamination of the environment if it is not properly handled, treated, or disposed of. Waste that may be generated from labs to be supported by the COVID-19 readiness and response could include liquid contaminated waste requires special handling, as it may pose an infectious risk to healthcare workers with contact or handle the waste.

There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory due to accidents or negligence. The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory facilities and equipment may result from laboratory procedures: performing and handling of culture, specimens, and chemicals. If the contamination is due to highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. As a result, the medical wastes from COVID-19 could pose a significant environmental and social risk, if they are not properly handled, treated, or disposed of.

As Rwanda has limited experience in managing highly infectious medical wastes such as COVID-19 associated wastes, the project may have substantial environmental risk. However, several policies are in place in Rwanda to guide medical waste management, including the 2018 National Policy on Environment and Climate Change, the 2009 National Policy on Injection Safety, Prevention of Transmission of Nosocomial Infection, and 2016 Health Care Waste Management that clearly defines how key medical waste has to be managed, transported, and disposed of. A set of National Healthcare Waste Management Guidelines have been also prepared and will be applied during implementation. The Ministry of Health has taken all necessary measures to minimize the risks likely to result from improper medical waste management both in health facilities and in communities. In this regard, Health care waste management and injection safety have been given due priority whereby training of health care providers has been

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conducted, and national and district hospital equipped with incinerators while plans to purchase additional ones to cover more health facilities are underway. Incineration facilities are not being procured or purchased by the project. Instead, the project is utilizing existing facilities, which operate according to the national regulations (recently updated to manage potential Ebola outbreak).

**Social Risk Rating**

Substantial

The risk rating for the AF remains Substantial. The current project social risk rating is due to the following potential social risks as i) GBV, SEA/SH in COVID-19 isolation centers, ii) potential inadequate stakeholder consultation and engagement due to the emergency nature of the operation, iii) potential conflicts resulting from false rumors with regard to the pandemic, (iv) vulnerable groups not accessing services, or (vi) mental issues resulting from people being kept in isolation.

As a result of a lack of resources to prepare and protect against the coronavirus, the poor face a higher risk of contracting and subsequently spreading the virus. Informal sector workers, like street vendors, construction workers, and those in low-income jobs or in jobs that cannot be performed remotely, are most vulnerable, as these people often have no savings to weather the storm, and even stocking up on food can represent an impossible financial hurdle. The harm inflicted on especially urban poor and many women heads of households is likely to be devastating. In informal urban settlements, families occupy cramped informal dwellings, and just barely survive by peddling goods in the city, work that is now banished to stop contagion. Men tend to work as day laborers, pulling trolleys of goods to the bazaar, and are now out of work, as trade is curtailed. Ensuring that all Rwandan's follow Government advice to contain the spread of the coronavirus will require effective stakeholders' engagement and appropriate communication strategy. As a result, these vulnerable groups are unable to access facilities and services, which could undermine the objectives of the project. There is a potential of the project increasing vulnerability especially for Gender Base Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) through the medical isolation of individuals. The handling of quarantining interventions requires to be culturally appropriate and this will require close monitoring and attention during project implementation. Mitigation measures to these social risks are captured in the Stakeholder Engagement Plan (SEP) and the Environment and Social Commitment Plan (ESCP) that the client is already implementing under this project.

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**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:***

Although this project is expected to have positive outcomes as it aims to improve COVID-19 surveillance, monitoring and containment, there are also potential environmental and social risks associated with the project financed activities. The environment, health and safety risks are due to the dangerous nature of the pathogen (COVID-19) and reagents to be used in project-supported facilities. Infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among healthcare workers. The laboratories which will be used for COVID-19 diagnostic testing can generate biological waste, chemical waste, and other hazardous biproducts. As the facilities to be supported by the project will process COVID-19 that can have the potential to cause serious illness or



potentially lethal harm to the laboratory staff and to the community, effective administrative and containment controls should be put in place so minimize these risks.

There are also occupational health and safety risks associated with the rehabilitation of medical facilities/minor civil works to be financed by the project. Wastes from the operation and rehabilitation of medical centers could cause considerable environmental and social risks if not properly managed. Environmentally and socially sound healthcare including laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. In line with WHO Interim Guidance (March 19, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation, or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level). Such activities, requiring BSL-3 labs are excluded from project financing (which is stated in the ESCP and ESMF).

Environmentally and socially sound medical laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management and disposal of hazardous waste (including sharps disposal), use of approved disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. The PIU has prepared an Environmental and Social Management Framework (ESMF) that takes into account the relevant GIIP, especially WHO protocols developed for the occupational health and safety of people during the current global pandemic. Medical facilities/isolation centers that will receive the project financed laboratory supplies and equipment will prepare site-specific Infection Control and Waste Management Plan. A template for these plans, and a timeline for developing them, which in all cases will be before any works begin, has been included in the project’s ESMF.

The COVID-19 ESMF covers the procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories. It includes a template for Infection Control and Waste Management Plan and details procedures to be followed in managing E&S risks of medical centers rehabilitation activities as well as the implementation arrangements to be established by the RBC for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts, as well as compliance monitoring and reporting requirements. WHO COVID-19 biosafety guidelines were reviewed while preparing the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client has prepared an Environmental and Social Commitment Plan (ESCP) and Stakeholders Engagement Plan (SEP) and allocated the resources necessary for the implementation of the ESCP and the SEP in the proposed timeline. The ESMF, SEP, and ESCP will be updated to refer to the AF package in addition to the original project, however, during the screening it has been confirmed that the AF activities will be a scale-up of the original project components and will not carry additional E&S risks beyond those already identified during the original project preparation. Finalization of the project ESMF had been delayed, due to restrictions on public consultations in the country. The overall project ESMF, covering this AF, is being submitted clearance and subsequent public disclosure together with the AF package. The activities conducted under the parent project throughout its implementation to date include 60% of retroactive financing towards the purchase of medical supplies that included masks, gloves and consumable materials for testing laboratories. Other costs (as per procurement plans) included logistics, communication, accommodation and food for Command Post and contact-tracing activities. No activities with identified



environmental and social impacts, such as adoption of biomedical waste disposal measures or facility rehabilitation activities were carried under the ERP framework yet.

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

The project has established a structured approach as per the on-going parent project to engage with stakeholders based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by Project activities should be provided with accessible and inclusive means to raise concerns and grievances. To ensure this approach, the project has included support for “Risk communication and Community Engagement” (RCCE), encompassing behavioral and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation. The prepared Stakeholder Engagement Plan (SEP) describes the framework for these activities, following the guidance provided in WHO found at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technicalguidance/risk-communication-and-community-engagement>. The SEP will be updated and re-disclosed at least 30 days after AF approval. The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders, including usage of different languages, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities, as well as challenges of public meetings during the current emphasis on social distancing. Due to the expected country-wide implementation of activities, the differences of areas and socioeconomic groups will equally be taken into consideration during rollout of the SEP. It will be important that care management in quarantine and isolation centers is managed systematically, allowing patients to access information as well as patients’ relatives to get necessary information about the quarantined; if feasible by enabling two-way communication. The project has established and operationalized a Grievance Redress Mechanism, which includes a hotline, which will be detailed in the final SEP. Recent consultations with the RBC-SPIU (PIU) indicated that no grievances have so far been registered for the on-going operation. This is understandable as most of the ERP activities have entailed logistical support for Command Post activities and acquisition of medical supplies. To ensure effective citizen engagement, the client will survey to determine the percentage of beneficiaries reporting community engagement and outreach meet their needs.

Due to the emergency situation, and the need to address issues related to COVID19, no dedicated consultations beyond public authorities and health experts, including Africa CDC, have been conducted so far. However, the project has prepared a SEP and publicly disclosed it to ensure early, continuous and inclusive stakeholder engagement (including vulnerable/disadvantaged groups)

The Rwanda Health Communication Centre (RHCC), a unit of the RBC/MoH mandated with the coordination of health promotion interventions, handling media and public relations within the country’s health sector is fully deployed in the implementation of Rwanda’s RCCE. The RHCC disseminates COVID-19 relevant messages through national radio, megaphone broadcasts, TV, mobile phone SMS and social media platforms and obtains feedback as appropriate.

## **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**

As per the on-going parent project, most of the direct workers (especially those who are working in the medical facilities) are civil servants and therefore subject to their existing contracts, with the added protection of getting access to necessary OHS protocols and equipment as detailed under ESS2. Due to the hazardous nature of the work, no children under the age of 18 will be employed on any aspect of the Project. The use of forced labor to carry out any activities is also prohibited. The project will engage both contracted and direct workers. Contracted workers may be involved in the rehabilitation of medical centers and their contracts should be in line with the requirements of ESS2 including details of hours of work, rest periods, and compensation, as well as access to necessary OHS PPE. The ESMF includes Labor-Management Procedures (LMP) that identifies key labor risks with respect to COVID-19 by labor category and respective mitigation measures in reference to ILO and WHO guidelines for OHS. The LMP refers to the relevant procedures, however, it is noted that the project does not finance incinerator construction, upgrades, or operation. Guidelines for safe operation has been included as a recommendation in the ESMF.

A grievance mechanism will be made available to all workers to report any issues associated with OHS and / or labor and working conditions. The grievance mechanism specific to project workers was developed as part of the LMP. The mechanism includes contact details for submission of grievances, timelines for responses, and escalation procedures. Laboratory- and or COVID19 health care facilities associated infections may result from inadequate adherence to occupational health and safety standards and can lead to illness and death among laboratory/healthcare workers. To minimize or avoid this risk for workers deployed to assist in a laboratory setting or medical waste disposal, the LMP (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protects workers' rights as set out in ESS2. Medical facilities/laboratories which will receive project funding will, therefore:

- Develop a procedure for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering
- Develop a procedure for the protection of workers in relation to infection control precautions and include these in the labor-management procedures and in contracts
- Provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE
- Develop a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime
- Ensure adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer) are available
- Ensure adequate OHS protections in accordance with General EHSs and industry-specific EHSs and follow evolving international best practice in relation to protection from COVID-19;
- Mandate staff to follow the protocol prepared for this Project.
- Prohibit the use of forced labor or conscripted labor in the project/construction/health care facilities as per the 2018 Rwanda Labor Law.
- Where the component involves possible contact with COVID-19, prohibit children under 18 from being employed due to the hazardous nature of the work (e.g. in health care facilities) Medical staff at the facilities will be trained and be kept up to date on WHO advice (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>) and recommendations on the specifics of COVID-19 by the PIU.



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

Hazardous wastes from the COVID 19 supported activities (drugs, clinical supplies, PPE and medical equipment) can have a significant impact on the environment (including soil and groundwater) or human health. These include liquid contaminated waste, sharps, chemicals, and other hazardous materials used in diagnosis and treatment. Each medical facility and isolation center prepared a template for Infection Control and Medical Waste Management Plan (as part of ESMF) to prevent or minimize such adverse impacts following the requirements of the COVID-19 ESMF prepared for the Project, WHO COVID-19 guidance documents, and other good international practices. The ESMF includes procedures for the management of construction wastes that may be generated from the rehabilitation of medical facilities. The ESMF and site-specific instruments (ESMPs) include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with Africa CDC and WHO environmental infection control guidelines for medical facilities.

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

Medical wastes from COVID 19 diagnosis and treatment centers can have a high potential of carrying microorganisms that can infect the community at large if not properly managed. There is a possibility for the infectious microorganism to be introduced into the environment if not sustainably contained within the clinical practice, supplies' transportation and laboratory operation, or due to accidents/ emergencies e.g. a fire response or natural phenomena. The infection control and waste management plan to be prepared by medical facilities which will receive the project support will describe:

- how laboratory activities in COVID-19 testing medical facilities Project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines)
- measures in place to prevent or minimize the spread of infectious diseases
- emergency preparedness measures, In addition, the project design itself will actively promote sound community health and safety practices in the management of COVID-19 through training of member countries in WHO guidelines for identification, prevention, and control of COVID-19.

The project will ensure the avoidance of any form of Sexual Exploitation and Abuse 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 infrastructures such as segregated toilets and enough light in quarantine and isolation centers. The project will also ensure via the above-noted provisions, including stakeholder engagement, that quarantine and isolation centers, and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.

In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of the situation, taking into consideration the above-noted needs of quarantined persons as well as the potential stress related to it. The project will ensure the security personnel follow strict rules of engagement and avoid any escalation of the situation, including possible training/ guidelines.

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



The standard is not relevant. All eventual construction will be undertaken within existing facilities, no new construction planned under this project, and thus at this point, ESS5 is not considered relevant. Small scale renovation and rehabilitation within the existing facilities will be undertaken. Temporary closures, reduced access, or disruption will follow principles of voluntary negotiations.

**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. Hence, the likely impacts of the project on natural resources and biodiversity are low. However, if medical and chemical wastes are not properly disposed of, they can have impacts on living natural resources. The procedures outlined in the infection control and waste management plan will describe how these impacts will be minimized.

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

ESS7 is not relevant to the Project as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities within the proposed project interventions areas, nor is the project taking place in areas on which they rely on natural resources.

**ESS8 Cultural Heritage**

Based on the screening of potential and known locations for rehabilitation and construction works, likely impact of the project on cultural heritage is low. As a precautionary measure the ESMF includes a chance finds procedure.

**ESS9 Financial Intermediaries**

The project implementation does not involve Financial Intermediaries.

**C. Legal Operational Policies that Apply**

<b>OP 7.50 Projects on International Waterways</b>	No
<b>OP 7.60 Projects in Disputed Areas</b>	No

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

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**Is this project being prepared for use of Borrower Framework?**

No

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

Use of Borrower Framework is not considered for this project implementation.

**IV. CONTACT POINTS**

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**Borrower/Client/Recipient**

Borrower: Ministry of Finance (MINECOFIN)

**Implementing Agency(ies)**

Implementing Agency: Rwanda Biomedical Center

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Miriam Schneidman, Naoko Ohno

Practice Manager (ENR/Social) Helene Monika Carlsson Rex Cleared on 27-Oct-2020 at 03:25:23 GMT-04:00

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