



The World Bank

Additional Financing to the Togo COVID-19 Emergency Response and System Preparedness Strengthening Project (P176335)

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 21-May-2021 | Report No: PIDA31629

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

Country Togo	Project ID P176335	Project Name Additional Financing to the Togo COVID-19 Emergency Response and System Preparedness Strengthening Project	Parent Project ID (if any) P173880
Parent Project Name Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project	Region AFRICA WEST	Estimated Appraisal Date 21-May-2021	Estimated Board Date 11-Jun-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Togo	Implementing Agency Ministère de la Santé, de l'hygiène Publique et de l'accès universel aux soins

Proposed Development Objective(s) Parent

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

Components

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

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

Total Project Cost	29.50
Total Financing	29.50
of which IBRD/IDA	25.00
Financing Gap	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	25.00
IDA Credit	12.50
IDA Grant	12.50

Non-World Bank Group Financing

Trust Funds	4.50
Health Emergency Preparedness and Response Multi-Donor Trust	4.50

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

- This Project Paper seeks the approval of the Regional Vice President to provide a credit (US\$ 12.5 million equivalent) and a grant (US\$ 12.5 million equivalent) in the amount of US\$ 25 million from IDA and US\$4.5 million from the Health Emergency Preparedness and Response Trust Fund (HEPRTF) for an Additional Financing (AF).** The AF will support the costs of expanding activities of the *Togo COVID-19 Emergency Response and System Preparedness Strengthening Project (P173880)* under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.¹ The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Togo through vaccination system strengthening, and to further strengthen preparedness and response activities under the Parent Project (PP). The Togo COVID-19 Emergency Response and System Preparedness Strengthening Project (P173880) in the amount of US\$ 8.1 million IDA was approved on April 17, 2020 and prepared under the SPRP.

¹ The Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The Additional Financing of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of COVID-19 vaccines as well as for strengthening the related immunization and health care delivery system.



- 2. The purpose of the proposed AF is to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future.** The national immunization coverage target for the country is to reach 60 percent of the population by end of 2022. The COVID-19 Vaccines Global Access Facility (COVAX) Advance Market Commitment (AMC) facility co-financier will cover the cost of vaccines for 20 percent. Mobile Telephone Network (MTN), African union and Chinese cooperation will cover respectively for 0.3 percent, 0.7 percent and 2 percent of the population by the end of calendar year (CY) 2021. The proposed additional financing will help vaccinate an additional 16 percent, including the deployment cost of these vaccines. The above represent 39 percent of the 60 percent target set by the government, leaving a gap of vaccines for 21 percent of the targeted population. The Government will primarily finance preparedness and part of the delivery of vaccines procured through the COVAX Facility (COVAX AMC, MTN and IDA, 39 percent total coverage). Additional resources have to be sought for the remaining 21 percent of the population to reach the government's objective of 60 percent coverage. Bank financing for the COVID-19 vaccines and deployment will follow the Bank's vaccination approval criteria (VAC) On April 16, 2021, the Board approved a revised VAC. The Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). As COVID-19 vaccine development is rapidly evolving, the Bank's VAC may be reviewed. The country will provide vaccination to the population free of cost.
- 3. The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Togo on December 2, 2020 via letter Ref. N° 3112/MEF/SG/DGTCP/DDPF/DPF.** The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the Government of Togo. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Togo. Togo has been allocation a HEPRTF grant to the amount of US\$4.5 million under the response window to support the COVID-19 response, under the condition that HEPRTF resources are not used for the purchase of COVID-19 vaccines.

Sectoral and Institutional Context

- 4. Recognizing the global nature of health emergencies, the World Bank Board approved in June 2020 the creation of a new umbrella trust fund program, the Health Emergency Preparedness and Response (HEPR) Umbrella Program, including for countries that are not eligible for IDA because of arrears, also being eligible to receive these trust fund resources.** The development objective of the Program is to support eligible countries and territories to improve their capacities to prepare for, prevent, respond and mitigate the impact of epidemics on population. It was set up as a flexible mechanism to provide catalytic, upfront and rapid financing at times that other sources of funding are not available for health emergency preparedness and to fill specific gaps in terms of health emergency



responses. The Health Emergency Preparedness and Response Multi-donor Trust Fund (HEPRTF) is the anchor trust fund of the Umbrella program. Activities eligible for HEPR Umbrella Program financing focus on two pillars: (a) preparedness for future health emergencies and (b) responses to emerging and current health emergencies. Togo has been allocated a HEPRTF grant to the value of US\$4.5 million resources to support COVID-19 vaccine deployment, on condition that HEPRTF resources are not used to purchase COVID-19 vaccines.

5. Critically, the additional IDA and HEPRTF financing will support the country national vaccine deployment plan and cover the identified gaps to vaccinate the targeted population, and it seeks to enable the acquisition of vaccines from a range of sources to support Togo's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time among other key features). The COVAX facility has put in place a framework that will anchor Togo strategy and access to vaccines. On December 16, 2020, the Government of Togo entered into an agreement with COVAX to benefit from the global risk-sharing mechanism platform for pooled procurement and equitable distribution of eventual COVID-19 vaccines. On March 7, 2021, Togo received a donation of 156,000 doses of AstraZeneca COVID-19 vaccine from the COVAX facility, 45,000 doses from MTN, 75,000 doses from AU of the same vaccine type respectively on March 21 and 31, 2021. 200,000 doses of Sinovac COVID-19 vaccine from Chinese Cooperation was received on April 23, 2021. Achieving 60 percent of COVID-19 vaccine coverage, representing a total of 4,786,177 people, would require an estimated 9,572,354 doses (two doses needed). Alongside the COVAX facility (3,190,784 doses) and other contributors listed previously (320,000 doses) support, the total number of doses to be procured through this AF will be 1,286,572 doses (one dose and same number of population vaccinated). A gap of 3,488,426² doses will have to be procured to reach the government's objective of 60 percent coverage of the population. The Bank supports the country sourcing vaccines through COVAX as a priority, and also accessing vaccines beyond COVAX as necessary. The proposed IDA financing will build on this to expand Togo's access to vaccines. The availability and terms of vaccines remain fluid, preventing the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Rather, the proposed financing enables a portfolio approach that will be adjusted during implementation in response to developments in the country pandemic situation and the global market for COVID-19 vaccines.
6. **Togo is experiencing a second wave of the COVID-19 pandemic, with cases rising rapidly since end-December 2020.** The first case of COVID-19 was confirmed in Togo on March 6, 2020. On March 20th, the Government suspended flights, closed land borders, places of worship, and public and private educational institutions across the country and suspended cultural and sporting events until June 15, 2020. In addition, the Government has set up the national response committee, reactivated the rapid response teams, and launched in collaboration with the WB and other partners, a comprehensive COVID-19 response plan that aims to protect lives, livelihoods and future growth prospects. The country's COVID-19 response plan has three pillars: (i) limiting the contagion of COVID-19 across the country and caring for the sick; (ii) preventing an increase in poverty, including through the

² This gap was calculated from the targeted number of the people to be vaccinated (4,786,177) minus the number of people fully vaccinated from the "secured" vaccine doses (3,041,964: 1,755,392 fully vaccinated from two doses vaccine and 1,286,572 fully vaccinated from one dose vaccine), times two doses (1,744,213 x 2 doses: 3,488,426).



introduction of Novissi, an innovative urban cash transfer program; and (iii) preparing for recovery with measures to support the private sector, protect jobs and stimulate agricultural production, ranking the country among the best in the sub-region in terms of response to COVID-19 pandemic. In general, the epidemiological situation has evolved irregularly with increases and decreases in the number of cases. As of May 12, 2021, the country has confirmed 13,210 cases of COVID-19; 11,807 (89.4 percent) have recovered, 125 cases (0.95 percent) have died, and 1,278 cases (9.67 percent) are still active.

7. **This second wave constitutes a threat to the human capital and the economy of Togo because of the existence of the English variant, which is more contagious and virulent than the one previously existing in the country.** To deal with this second wave the Togolese government, on 24 March 2021 has reinforced the surveillance and the containment measures and has started the deployment of the COVID-19 vaccine. As of today, 82 percent of health workers have received their first shot of vaccine (33,090 vaccinated out of 40,520). As of May 9, 2021, 244,815 people (5.1 percent of the targeted population) have received their first dose of AstraZeneca or SINOVAC vaccine since the roll-out of the vaccine started. The second dose of COVID-19 vaccine has started on May 10, 2021. The enrollment process, follow-up of vaccinated people for the second dose and for the Adverse Event Following Immunization (AEFI) are digitalized.

C. Proposed Development Objective(s)

Original PDO

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

Current PDO

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

Key Results

10. **The PDO of the AF will be monitored using the following PDO level indicators:**
 - Percentage of population fully vaccinated, which is included in the priority population targets defined in national plan (disaggregated by gender)
11. **The following Intermediate indicators will monitor effective implementation of the Project:**
 - Number of target populations estimated who will be prioritized for access to vaccines stratified by target group (sex-disaggregated if possible) and geographic location,
 - Percentage of vaccination sites with functional cold chain
 - Number of deliveries attended by skilled health personnel
 - Number of Recorders trained in the use of the data digitization platform for the COVID-19 vaccination campaign
 - Key gender-responsive messages and materials developed for public communications and advocacy, in alignment with demand plan (Yes/No)
 - Community Engagement and monitoring of interventions against gender-based violence (GBV) and SEA/SH reported (Yes/No)



- Proportion of vaccination sites that transmit their data via DHIS2
- Vaccinators trained on GBV/SEA/SH (disaggregated by sex)

D. Project Description

12. **Consistent with the original rationale and design of the parent project, the proposed AF entail expanding the scope of activities in the parent project Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880), and adjusting its overall design** to be able to finance (i) vaccine and drug purchase; (ii) upgrading the cold chain for the vaccines; (iii) strengthening service delivery to ensure effective vaccine deployment; (iv) monitoring, tracking of vaccines use and recording of any adverse reactions to vaccination; and (v) social mobilization and community engagement to enhance demand for the COVID-19 vaccine. Additional financing is also required to extend the testing, PPE, and sustained communications, which are essential to sustain throughout the vaccine roll-out.
13. The AF is structured around the three original complementary components of the parent project, which will assist the Government to continue mitigation measures to contain the second wave of the pandemic in the country and to operationalize the NDVP.
14. **Component 1: Emergency COVID-19 Response (US\$4.0 million to US\$31 million).** This component will increase in scope and cost. The original activities under Parent Component 1 will be maintained and merged into a new “Sub-Component 1.1: Strengthening capacities for COVID-19 case detection and clinical management”. New interventions will be added as “Sub-Component 1.2: COVID-19 Vaccine Planning, Procurement and Distribution” to support the purchase and delivery of vaccines according to the Togo PNDV operational plan. Interventions supported by the HEPRTF will be added as “Sub-component 1.3: COVID-19 vaccines service delivery”.



- **Sub-Component 1.1: Strengthening capacities for COVID-19 case detection and clinical management (Parent Project: US\$4.0 million; AF: US\$3.2 million).** Additional resources will be allocated to this sub-component to purchase testing kits, and to rehabilitate and upgrade national and regional laboratories. This component will continue to provide support to (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment; and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Furthermore, it will finance the (vi) purchase and installation of a fuel-efficient mobile P2/P3 laboratory; and (vii) acquiring prefabricated isolation and treatment centers in Lomé and equipping them with medical supplies and furniture and network installation.
- **Sub-Component 1.2: COVID-19 Vaccine Planning, Procurement and Distribution (Parent Project: US\$0 million; AF: US\$19.3 million).** This sub-component will support the MHPHAUC to operationalize its PNDV, to ensure equitable access to vaccines and necessary conditions to implement this plan. Key activities to be supported include, *inter alia* : (i) the procurement of COVID-19 vaccines via mechanisms selected by the country (e.g., COVAX, UA platform, other); (ii) procurement of consumables for vaccination and PPE for vaccinators; (iii) logistics procurement of climate-sensitive cold chain equipment such as solar and off-grid refrigerators and freezers, and strengthening remote temperature monitoring systems including the purchase of freeze-tag/fridge-tags; (iv) low-carbon medical waste management inputs and operationalization; (v) transportation of vaccines from the manufacturer to the country, fuel-efficient vehicles and vaccine transportation from the central to the regional level; (vi) rehabilitation of cold rooms and other facilities that will store vaccines including relevant contingency measures included in the NDVP to deal with any unexpected disruptions to vaccine supply from climate change and natural disasters (i.e., flooding and extreme heat); and (vii) adaptation of existing AEFI tools to COVID-19 vaccines, to monitor and track vaccines use as well as record adverse reactions to vaccination.
- **Sub-component 1.3: COVID-19 vaccines service delivery (AF US\$4.5 million from the HEPRTF).** This sub-component will provide additional resources to support the enhancement of preparation and operationalization of COVID-19 vaccines deployment in the country. Main activities to be supported include, *inter alia* : (i) procurement of needed monitoring and evaluation (M&E) softwares³ to allow interoperability with MHPHAUC existing system DHIS2, IT equipment and capacity building for vaccine campaign roll-out; (ii) Training and Supervision of health workers at all level of the health system, training materials development and distribution, jobs aids adaptation, internet connection and training equipment for efficient virtual capacity building; (iii) demand generation and risk communication campaign through in country renowned communication agency; (iv) Assessment of the vaccine supply chain at all levels of the health pyramid according to the Effective Vaccine Management (EVM) procedure; (v) procurement of fuel-efficient vehicles for the supervision and distribution of vaccines from the central, regional, district and to vaccine sites level; and (vi) vaccine safety and management of adverse events

³ Examples include software for Appointment booking, Vaccination tracking, Electronic reminders, surveillance of adverse effects.



following immunization (AEFI) through technical assistance for the development of protocol for vaccination safety, health workers training in detecting, reporting, data analysis, and investigation.

15. **Component 2: Supporting National and Sub-national Prevention and Preparedness (US\$3.5 million to US\$5.4 million).** This component will increase in scope and cost. The original activities under the Parent Component 2 will be maintained with additional interventions and merged into a new “Sub-Component 2.1: Strengthening capacities for COVID-19 prevention, coordination and management”. Complementary interventions will be added as “Sub-Component 2.2: Communication, social mobilization and community engagement to enhance demand for the COVID-19 vaccine”.

- **Sub-component 2.1: Strengthening capacities for COVID-19 prevention, coordination, and management (Parent Project: US\$3.5 million; AF: US\$1.1 million).** This sub-component will finance : (i) provision of more emergency medical and non-medical supplies including PPEs such as gloves, surgical mask, respirator, eye protection and isolation gowns to health workers for their safety; (ii) provision of drugs, medical equipment and supplies to public health facilities and for intensive care facilities within hospitals; (iii) provision of two more fuel-efficient medical ambulances; (iv) provision of additional laboratory equipment, containers for specimen handling and transportation, diagnostic reagents and commodities, including kits for regional hospitals; (v) the training of health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate hygiene materials (such as detergents and disinfectants, and safety/sharp boxes); (vi) elaboration of Standard Operating Procedures (SOPs), guidelines and Terms of Reference on sample collection, packaging, transportation and testing of samples at the WHO recommended laboratories for COVID-19; (vii) operation of the Health Emergency Coordination Center (HECC) (including sub-national coordination and support for preparedness that include training, and supervision); and (viii) operating costs and other administrative-related costs for supportive supervision and monitoring; and (ix) procurement and instalment of a medical fluid system with conduits and accessories (oxygen production generator, vacuum unit and medical air unit) for the CHR Lomé-commune.
- **Sub-component 2.2: Communication, social mobilization and community engagement to enhance demand for the COVID-19 vaccine (Parent Project: US\$0 million; AF: US\$0.8 million).** Activities that promote social mobilization, community engagement for vaccine demand and vaccine use will be supported in this subcomponent. This sub-component will support, *inter alia*: (i) social mobilization; and (ii) operational costs during the vaccine campaign (per diem, travel, fuel etc.). This vaccine campaign will be launched within a context rife with rumors around the efficacy and safety of the COVID-19 vaccines. Amplified through social media and within communities, these rumors, coupled with the uncertainties and unpredictability of the scientific community and pharmaceutical industry, continue to fuel fears about exposure to vaccines, perceived by some as posing a high risk to individuals and their families. The emergence of COVID-19 variants has further amplified these fears. The challenge for the project will be to ensure that, within this context, the COVID-19 vaccine gains general acceptance and targeted priority groups accept to be vaccinated. Both public and private sectors will be mobilized to organize the campaigns aimed at promoting a generalized behavioral change in favor of COVID-19 vaccination.



Moreover, vaccine communication campaigns will also build awareness among key population groups about the climate-related health risks linked to the COVID-19 crisis.

- 16. **Component 3: Project Management and Monitoring and Evaluation (M&E) (US\$0.6 million to US\$1.2 million).** This component will increase in cost. The original activities under Component 3 will be maintained. This component will continue to support the coordination and management of activities under the PP, such as: (i) support for procurement, financial management (FM), environmental and social safeguards, M&E, and reporting; (ii) training of project management unit and technical consultants; and (iii) operating costs. New activities will be introduced under the AF, including the (i) distribution of goods purchased; (ii) operating cost for project management. The AF will continue to use the existing PCU for the overall administration, procurement, environmental and social aspects, and the financial management of the project and will include additional capacity and expertise as required. The AF will partner and engage with other organizations, particularly WHO and UNICEF, in various roles such as procurement agents and suppliers, and providers of specialized technical assistance.

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

Summary of Assessment of Environmental and Social Risks and Impacts

E. Implementation

Institutional and Implementation Arrangements

- 17. **The MHPHUAC will remain the implementing entity of the proposed AF.** As in the parent project, REDISSE project implementing unit (PCU) will be responsible for the fiduciary management of this AF. This unit has experience working on projects financed by the World Bank and on existing fiduciary arrangements in place for the ongoing parent Project. The PCU will: (a) coordinate the project activities; (b) ensure the FM of the project activities in all components; and (c) prepare consolidated annual work plans, ESF quarterly reports, budgets, M&E, and the implementation report of the project to be submitted to the WBG. The General Secretariat (SG) of the MHPHUAC will be the unit responsible for the overall technical coordination of implementation of the proposed AF. Project technical implementation will be carried out under the Direction of Disease Control, complemented by the *Programme Elargi de Vaccination (PEV - Expanded Immunization Program)* and other technical departments and national programs, as well as the Regional and district hospitals, and Health Centers. Other Ministries (such as the Ministry of Armed Forces and the Ministry of Interior) will also support the project and facilitate implementation.. The PEV will



take the technical lead of the preparation, implementation and monitoring of COVID-19 vaccines deployment. the National Coordination for the Deployment and Introduction of the Vaccine against COVID-19 is led by the Office of the Prime Minister. An Inter-Agency Coordinating Committee (CCIA) which brings together the Ministries in charge of Health and Finance as well as all the vaccination partners in Togo (WHO, UNICEF, GAVI etc). It is responsible for adopting and validating vaccination strategies and supporting the mobilization of resources in support to the immunization. Due to the dynamic environment, uncertainties and overall high risk of the project, intensive supervision will be provided by the World Bank.

18. The AF will build upon the institutional and management arrangements of the parent project, which is being implemented well and has disbursed 98.9 percent of its budgets as of April 19, 2021. The MHPHUAC has put in place a Technical Working Group (TWG) which monitors the state of readiness for the deployment of the COVID-19 vaccines. This working group has elaborated the National Deployment and Vaccination Programme (NDVP), completed and submitted the request for vaccines from the COVAX-AMC facility. The National Organizing Committee (NOC) is responsible for the introduction of new vaccines and the preparation for the COVID-19 deployment campaign. The NOC in turns has several commissions that include the technical, logistics, communication/social mobilization, pharmacovigilance and resource mobilization commissions. These commissions will organize working sessions for the development of management supports (e.g. the logistics, the social mobilization, the pharmacovigilance plans and adapt the risk communication, and demand creation strategies), training documents, micro-planning and plans for the campaign. WHO, UNICEF, WBG and GAVI are supporting government in these efforts. To build on existing experience for immunization, the MHPHUAC has appointed the Expanded Programme on Immunization (EPI) to be the operating arm of the committee for the vaccine introduction and roll-out plan. The inception meetings for the TWG has already taken place and subcommittees for the different areas are functional.
19. **While disbursements related to vaccine procurement are expected to be completed by the end of FY23, many factors may delay disbursement.** These include, among others, the global availability of vaccines, uncertain procurement arrangements and the potential need to use modified vaccines to address new variants of the virus. Additional disbursement categories will be added to facilitate the COVID-19 vaccines acquisition and a separate disbursement category for HEPRTF will be created to ensure that the contributions of the HEPRTF can be tracked.



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APPROVAL

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