



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/20/2020 | Report No: ESRSA00553



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
West Bank and Gaza	MIDDLE EAST AND NORTH AFRICA	P173800	
Project Name	West Bank and Gaza COVID-19 Emergency Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Other	Investment Project Financing	3/20/2020	4/6/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health		

Proposed Development Objective(s)

To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and strengthen the Palestinian health systems for public health preparedness.

Financing (in USD Million)	Amount
Total Project Cost	5.00

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 proposed emergency operation includes three components to strengthen the MOH’s capacity to respond to the COVID-19 outbreak and potential future pandemics by enhancing the capacity to prevent further transmission, detecting cases at early stages, and providing appropriate and timely care for those affected by current COVID-19 outbreak. This operation will also provide funding for streamlined and harmonized support to the MOH complementing and exploiting synergies with other partners’ support. The activities to be funded under the Project will help to operationalize some elements that are part of the inter-agency plan, complementing, expanding and intensifying the responses rapidly. They will consist of a group of interventions based on the country’s epidemiological and institutional needs and assessed options for meeting them . Given the evolution of the pandemic



and the changing landscape, the Bank will review the procurement plans to ensure efficiency and alignment with the National Response to the pandemic and TA and funding from other donors. Description of the project components and activities, are summarized below:

Component 1: Emergency COVID-19 Response (US\$ 2.1 million), this component will provide for immediate support to (i) strengthen epidemiological surveillance system for case detection, confirmation, recording and reporting, as well as contact tracing and risk assessment and mitigation, (ii) develop standard guidelines for sample collection methods, channeling and transportation, determining sites in need for introduction of point of care diagnostics, (iii) procurement of essential equipment and consumables for laboratory and diagnostic systems, such as Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance (including Personal Protective Equipment for surveillance workers) to ensure prompt case finding and local containment.

Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19 (US\$ 2.1 million), this component will strengthen essential healthcare service delivery given surge in demand. The component will support the strengthening of selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases. This would include (i) minor civil works and retrofitting of isolation rooms in the facilities and treatment centers, (ii) training of health personnel on treatment guidelines, and hospital infection control interventions, (iii) procurement of essential inputs for treatment such as ventilators, pulse oximeters, laryngoscopes, oxygen generators, and other equipment/supplies for COVID-19 case management, as well as medicines (to avoid stock-outs particularly in Gaza) and vaccines (when they become available), (iv) procurement of Personal Protective Equipment (PPE), disinfectants and other commodities for infection prevention and control, (v) investments needed to ensure continuity of clinical care, including safe access to waste management, electricity, safe water and sanitation for hospitals, (vi) hiring medical and non-medical short-term consultants to respond to a surge in demand for services due to the COVID-19 epidemic in selected hospitals.

Component 3: Project Implementation and Monitoring (US\$ 0.8 million), this component will finance (i) staffing; (ii) data collection, aggregation and periodic reporting on the Project's implementation progress; (iii) monitoring of the Project's key performance indicators and periodical evaluation; and (iv) overall Project Operating Costs, audit costs and monitoring and compliance with ESCP..

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] The operation activities will cover the entire geographical area of West Bank and Gaza. The exact locations of health care facilities which will benefit from the operation, (i.e., hospitals, laboratories, quarantine facilities) will be fully determined during project implementation. Project activities are expected in both urban and rural areas if the COVID19 spreads in the territories. The minor civil works expected in retrofitting hospitals and quarantine facilities are expected within the footprints of existing facilities. The project will not finance construction of new healthcare facilities, no major construction impacts are expected, no land issues, no impacts to biodiversity or cultural physical resources. No indigenous people are identified in either West Bank or Gaza in accordance to the Bank ESF standards.

D. 2. Borrower's Institutional Capacity



The (MoH) has a limited experience in implementation of Bank supported projects with significant Environmental and Social impacts. A 2015 joint Assessment on International Health Regulations by the World Health Organization (WHO) and the Norwegian Public Health Institute identified the following challenges in West Bank and Gaza : limited government financing for preparedness; limited human resource capacities; health facilities that do not meet standards for infection prevention and control; lack of personal protective equipment (PPE), sanitary equipment, and isolation rooms; inadequate stockpiles of pharmaceuticals and diagnostics for an outbreak situation, lack of a risk communication plan, and finally, lack of reagents and laboratory capacity due to personnel, equipment and training shortages. As such, the capacity of the MoH to deliver trainings, other capacity building activities as well as environment and social risk oversight is limited. The Palestinian Authority (PA) and the MoH are also resource-constrained when it comes to safe management of medical, chemical, and hazardous wastes. The Environment and Social capacity gaps will be assessed during implementation and gaps filled as required. All COVID-19 project-related activities in laboratory operations, quarantine facilities, and/or emergency operation centers' activities , will need to have and follow an appropriate medical waste management system, infection protection protocols, and communication and awareness process during the implementation of the Project. The MoH may contract the private sector for implementation of some project activities, and as such all entities shall adhere to WHO Guidelines, WBG EHS Guidelines, Good International Industrial Practice (GIIP) including the procedures established for COVID-19.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Overall, the project will support capacity building activities focusing primarily on training, providing medical supplies and equipment and testing kits, goods (personal protective equipment and other clinical supplies), minor civil works in healthcare facilities and quarantine facilities, and raising awareness to stakeholders (health workers, patients, Government representatives, health care suppliers, etc.) in West Bank and Gaza towards preventing and reducing the chance of infection from transmission of COVID 19. Given that the project will support the procurement of drugs, supplies and medical equipment, the environmental and social risks will mainly be associated with transportation and delivery of such clinical supplies as well as indirect risks linked to operation of the labs or health care facilities receiving this support; for this an appropriate medical waste management system and public awareness mechanisms need to be put in place by the client to reduce the OHS risks and risks linked to clinical operations and infections generated by exposure to COVID 19.

It has been reported by WHO that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. Wastes that may be generated from labs supported by the COVID-19 readiness and response will require special handling as it may pose an infectious risk to healthcare workers with contact or handle the waste. Medical waste disposal is of concern in West Bank and Gaza, especially as many healthcare facilities do not have a well- established waste separation system. There is a possibility for infectious micro-organisms to be introduced into the environment if they are not contained due to accidents and emergencies. Medical wastes can 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 a 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. In sum, the medical wastes from COVID-19 could cause a higher environmental and social risk, if they are not properly handled, treated or disposed. Environmental risks remain high during transportation and disposal of such waste if not achieved in line with international good practices and guidelines for healthcare waste acceptance and packaging. Given the environmental risks involved and the limited capacity of the MoH to deal with those risks, the Environmental Risk Classification is “Substantial”.

Social Risk Rating

Substantial

The social risks are considered moderate to substantial, mainly related to risk of the capture of project benefits by the elites and fortunate and exclusion of the poor, elderly, those with disabilities and vulnerabilities. The main challenge, therefore, is to make sure the procured items needed to prevent, detect and clinically manage COVID-19, are distributed in a transparent manner, ensuring equity and reaching the affected population. To mitigate for these risks there are provisions for stakeholder engagement, including public information disclosure and outreach as part of the COVID-19 Response Plan: Critical Readiness and Response Actions (2020) the MoH has prepared with support from WHO and activated. Project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine.

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:

The project will have positive impacts as it will improve COVID-19 surveillance, case management, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment to be used in the project-supported activities. These include risks associated to transportation and delivery of clinical supplies as well as laboratory- or health care facilities associated infections if occupational health and safety standards and specific infectious-control strategies, guidelines and requirements as suggested by WHO and CDC are not in place and implemented, leading to illness and death among laboratory workers and communities. Health care facilities which will treat COVID 19 exposed patients and laboratories which will use COVID-19 diagnostic testing will generate biological waste, chemical waste, and other hazardous biproducts and represent pathways for exposure to the virus. Hence, laboratories or clinical facilities supported by the project will increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Therefore, effective administrative and infection controls should be put in place to minimize these risks.

Environmentally and socially sound laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management and disposal of hazardous and bio-medical 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

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environmental and social risks, etc. The Ministry of Health (moH) will prepare an Environmental and Social Management Framework (ESMF) at the implementation stage so that the activities supported by the Project apply international best practices in COVID-19 diagnostic testing and other COVID-19 response required measures. Each medical facility, isolation unit or lab needs to implement an Infection Control and Waste Management Plan in line with the requirements of the ESMF. The ESMF will adequately cover the procedures for the safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials. It will also clearly outline the implementation arrangement to be put in place by the MoH for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety as well as compliance monitoring and reporting requirements. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be reviewed while preparing the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities set out in the ESCP. It will also implement the SEP in the proposed timeline.

Due to capacity constraints of the Borrower, the Bank may employ, at the request of the borrower third parties for implementation of specific activities, including the UN and the private sector and shall adhere to Good International Industrial Practice (GIIP) including the procedures established for COVID19. In the preparation of the ESMF, the Project will to the extent practicable follow the WHO standards on COVID-19 response. International best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020). Further guidance is included in the WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

The project is not expected to involve any land acquisition or repurposing of land. The primary social risks emanating from disease identification, prevention and control efforts relate to the possibility of ineffective and inappropriate communication surrounding the disease and control efforts, inadvertently harming or excluding marginalized people and communities, or mistreatment of affected communities to enforce quarantine. In seeking to ensure regional and national efforts operate in accordance with international good practice, the project is actively seeking to manage these potential social risks. Specifically, the borrower will follow and propagate international best practice as outlined in the WHO “Operational Planning Guidelines To Support Country Preparedness And Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020).

Vulnerable groups:

Within the Project, the vulnerable or disadvantaged groups could may include but not limited to the following:

- Elderly persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) who appear to develop serious illness more often than others;
- Persons with disabilities and their care takers;
- Women-headed households or single mothers with underage children;
- Unemployed and poor communities in crowded areas (i.e. refugee camps);
- Elderly people, women and children in Bedouin communities.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means under Stakeholder Engagement Plan (SEP), as appropriate as well as the description of the methods of engagement that will be undertaken by the project to reach these groups.



ESS10 Stakeholder Engagement and Information Disclosure

A SEP was prepared and identified the following expected project beneficiaries: infected people, at-risk populations, medical and emergency personnel, medical, laboratory and testing facilities, and health agencies across the West Bank and Gaza. The population size of the West Bank and Gaza is 4.78 million (2017). For immediate response to stop the transmission and allocate necessary resources for treatment of cases, the project specifically targets governorates and communities that have seen local transmission, such as Bethlehem and Tulkarm in the West Bank. Other parties include MoH, Government officials, permitting and regulatory agencies at the national and local levels, and mass media and associated interest groups, including local and national printed and broadcasting media, digital/web-based entities, and their associations. In order to ensure disadvantaged or vulnerable needs are taken into consideration, and that they are reached, MOH will adopt several mechanisms; such as, publishing all information about the project in Arabic and reaching out to these groups. In addition, when designing the grievance mechanism, the MoH will take into account the availability of needed recourse for this group to give feedback, or send a complaint; for example, if internet option are not available to women at villages, the ministry will assign a mobile number and contact person to address to their concerns. Particular attention and efforts should also be given to the disadvantaged and vulnerable groups to ensure effective and efficient distribution of information and access of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.

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

The Project will involve the use of a range of workers including: (i) Direct workers who will be engaged directly by the Ministry of Health to undertake technical assistance, training and capacity building. This will include up to 1,250 temporary contracted healthcare professionals and other related services who will be deployed to assist the PA management systems, (ii) Contracted workers who will be hired to support implementation including training and capacity building, communications, testing procedures. Those include the 1,250 temporary contracted labor, the PIU staff part of the PIU, in addition to 100 medical staff of different specialties who will be trained on different clinical aspects of dealing with COVID19.

Most of the direct workers will be civil servants and therefore subject to their existing contracts. Staff working for the MoH are likely to be subject to existing policies and procedures which are expected to be aligned with international good practice, this will be confirmed within the first 4 months of project implementation. Regardless, due to the hazardous nature of the work no children under the age of 18 should be employed on any aspect of the Project. The use of forced labor to carry out any activities is also prohibited. Contracted workers are likely to be highly skilled individuals and their contracts should be in line with the requirements of ESS2 including details of hours of work, rest periods and compensation, health insurance, and access to PPE. It is anticipated that existing contract requirements will be aligned with the requirements of ESS2 and this will be confirmed within the first 4 months of project implementation. All workers on activities financed under this project will be covered by the provisions of ESS2,



including volunteers. 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 will be developed within one month of project effectiveness. The mechanism will include 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 client will develop procedures which (i) respond to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Each beneficiary medical facility/laboratory will, therefore, develop a procedure for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering, develop a procedure for 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.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes from the COVID 19 supported activities (drugs, clinical supplies and medical equipment) can have significant impact on environment or human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, sharps, chemicals and other hazardous materials used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF to be prepared for the Project, WHO COVID-19 guidance documents and other best international practices, will prepare an Infection Control and Medical Waste Management Plan to prevent or minimize such adverse impacts. The ESMF and site-specific instruments (ESMPs) will include guidance related to transportation and management of expired chemical products as well as sustainable ways to use environmental resources (water, air, other relevant solutions/reagents) as recommended in healthcare infections control practices.

ESS4 Community Health and Safety

Medical wastes and exposure itself to COVID 19 have a high potential of carrying micro-organisms 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 or emergencies. The infection control and waste management plan therefore describe: how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment 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 will actively promote sound community health and safety practices in the management of COVID-19 through training the MoH on WHO guidelines for identification, prevention



and control of COVID-19. If there is a need to deploy security personnel, this would be done in compliance with the requirements of ESS4 and an indicative procedure for this will be provided in the ESMF.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant. The project is not expected to finance new construction of healthcare facilities or quarantine facilities or extend the footprint of existing facilities. No other restrictions on livelihood resources is expected as a result of the project financed activities.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not currently relevant. Biodiversity and the living natural resources are not impacted by the project activities.

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

ESS7 is not currently relevant. No indigenous people are identified.

ESS8 Cultural Heritage

ESS8 is not currently relevant. No tangible or intangible cultural heritage will be impacted by the project activities

ESS9 Financial Intermediaries

ESS9 is not currently relevant. There are no financial intermediaries involved in the project.

B.3 Other Relevant Project Risks

There are contextual risks in Gaza, where the closure on Gaza and constraints on goods could exacerbate the shortages in medications and other necessary supplies. If the COVID19 escalates, there are additional safety and security risks when the PA government enforce strict quarantine measures. Shortages or monopolies on medications, supplies, and access to healthcare (both private and public) add additional contextual risks.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
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ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
REGULAR REPORTING: Prepare and submit to the Bank regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log. First report three months after project effectiveness and thereafter throughout project implementation.	08/2020
ORGANIZATIONAL STRUCTURE: The MoH shall establish and maintain a Project Implementation Unit (PIU) with qualified staff and resources to support management of ESHS risks and impacts of the Project including a health and safety specialist, and social specialist to be hired one month after date of effectiveness.	05/2020
a. Assess the environmental and social risks and impacts of proposed Project activities in accordance with ESS1 and the ESMF to be prepared for the Project one month after effectiveness date, including to ensure that individuals or groups who, because of their circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the Project.	05/2020
b. Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities as per the screening process, in accordance with the ESSs, the Project ESMF, Labor Management Procedure (LMP), the EHSGs, and other relevant Good International Industry Practice (GIIP) including [the WHO guidelines on COVID19 and in a manner acceptable to the Bank throughout project implementation..	05/2020
c. Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts throughout project implementation.	05/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
STAKEHOLDER ENGAGEMENT PLAN: Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Bank. SEP shall be updated no later than one month from effectiveness date.	05/2020
GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the [Bank/Association	05/2020
ESS 2 Labor and Working Conditions	
LABOR MANAGEMENT: The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank, including through, the Labor Management Procedure (LMP) to be prepared one month from effectiveness date.	05/2020



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incorporating adequate occupational health and safety measures, emergency preparedness and response measures), labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervision firms.	05/2020
Setting out and implementing grievance arrangements for Project workers	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	05/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above including, inter alia, measures to: minimize the potential for community exposure to communicable diseases;	05/2020
ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the Project;	05/2020
Manage the risks of the use of security personnel, and prevent and respond to sexual exploitation and abuse, and sexual harassment, prepare and implement a security personnel management plan in a manner acceptable to the Bank.	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

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

World Bank



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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Harriet Nannyonjo, Fernando Montenegro Torres, Samira Ahmed Hillis

Practice Manager (ENR/Social) Valerie Hickey Cleared on 20-Mar-2020 at 17:26:20 EDT

Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 20-Mar-2020 at 22:56:0 EDT