



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 04/27/2023 | Report No: ESRSC03513



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Guinea-Bissau	WESTERN AND CENTRAL AFRICA	P179509	
Project Name	Guinea-Bissau Human Capital Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/11/2024	5/30/2024
Borrower(s)	Implementing Agency(ies)		

Proposed Development Objective

The development objective of the proposed project is to: strengthen service delivery in the social sectors to improve human capital outcomes.

Financing (in USD Million)	Amount
Total Project Cost	20.00

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

No

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

The project is framed around four components that together aim to address priority challenges to improve human capital outcomes in GB. Using a multi-sectoral approach, the project proposes to strengthen human resources and introduce PBF to improve service delivery across the social sectors. In the education, health, and social protection sectors, increased investments in capacity building are required to ensure the workforce has the skills required to improve service delivery. Then, a mechanism should be in place to better incentivize and motivate key actors to perform their duties and be accountable. The proposed design of the PBF pilot is intended to take advantage of the multi-sectoral nature of the project and create synergies between the planned interventions. Based on the analysis of human capital outcomes in different regions as part of the Human Capital Review (P179480), the same two regions



will be selected to implement the PBF pilots for all three sectors and the activities under component 3. Examples of potential synergies include (i) accountability mechanisms for both health workers and teachers linked to the Government’s ongoing HR reform program for the civil service; and (ii) early childhood programs that use the expanded social registry to target poor households and then deliver specific interventions prioritizing nutrition and early learning, so children arrive at school healthy and ready to learn. Once institutional capacity is strengthened, the necessary tools are in place to support PBF, and additional financing becomes available, the intention is to scale-up these programs to other regions as well.

The proposed project is also designed to take full advantage of the tools supported by GEMs and incorporate technology-based and innovative solutions to improve the availability of data required for improved monitoring and decision-making. These tools will also make PBF possible in a very challenging context. By all three sectors using the same digital platform, it will be possible to make connections across sectors and encourage greater collaboration.

Given limited financing and operational challenges faced across recent projects in the social sectors, it’s critical that the project’s design be very focused and builds on previous investments in areas where the WB has a comparative advantage. The education interventions will continue to focus on improving foundational learning while at the same time giving a much larger focus on PBF and creating incentives for improved service delivery. The health interventions will focus on enhancing the quality of healthcare and increasing the utilization of health services, with a particular focus on maternal, child and adolescent health and nutrition. And lastly, the social protection interventions will focus on building upon the foundations built for a social registry and cash transfer program while targeting access to childcare and early childhood development (ECD) services for poor households to improve nutritional, health, and cognitive outcomes for young children.

Component 1: Enhanced Human Resources

This component supports interventions to improve HR management, increase the quality of HR in the social sectors, and develop and strengthen accountability mechanisms for teachers and health professionals. It includes sub-component 1.1: focused on enhancing training capacity and deployment of health workers; sub-component 1.2: focused on Structuring pedagogy and improving strategies for teaching foundational skills.

Component 2: Performance-based financing for improved service delivery

This component would focus on the introduction of PBF across the health, education, and social protection sectors to enhance the provision of quality social services. It includes, subcomponent 2.1, focused on the piloting of a PBF system in two regions to improve the supply (volume and quality) of key maternal, child and nutrition services delivered through contracted primary health care facilities; subcomponent 2.2, focuses on the piloting of a PBF approach in the education sector to improve the performance of Regional Directorates of Education, schools and to improve the delivery of inputs and monitoring of teacher attendance and subcomponent 2.3, focuses on the piloting of a PBF approach to expand the coverage and performance of the unique social registry.

Component 3: Investing in women and children

This component aims to increase investments in women and children’s early years to build human capital. More specifically, the main objective of this component is to provide poor families with resources and access to programs that will promote greater investments in human capital in early years. It is expected that the proposed interventions will lead to improved nutrition, early learning and enhanced child development which is critical to making measurable progress on improved human capital outcomes. It includes sub-component 3.1: Maternal and child cash transfer program, focused on supporting pregnant women and their small children to foster behavioral changes among parents and encourage investments in young children’s human capital; Sub-component 3.2: Community health and



social mobilization to promote investments in childcare, focused on supporting the operationalization of the national community health strategy to engage communities, promote health seeking behavior, disseminate information, and monitor service providers.

Component 4: Institutional strengthening, monitoring and evaluation (M&E), and project management. This component supports interventions to (1) strengthen each implementing entities capacity to plan, implement, and evaluate the project interventions and institutional coordination at various levels from the national to the village level; (2) costs related to the planning , coordination and implementation of the M&E functions of the project, and support the new Project Coordination Unit (PCU) to support the coordination of the project.

Component 5: Contingent Emergency Response Component (CERC). This component will facilitate access to rapid financing through reallocation of uncommitted project funds in the event of an eligible crisis or emergency, either by a formal declaration of a national emergency or upon a formal request from the government. Following a natural or man-made disaster or crisis that has caused—or is likely to cause—an imminent major adverse economic or social impact, the government may request that the World Bank reallocate project funds to support emergency response. A CERC Manual, which details the simplified FM, procurement, guarantees, and other implementation arrangements, and an Emergency Action Plan acceptable to the WB will be prepared and constitute a disbursement condition for this component.

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 will be implemented at the national level. The specific areas of physical intervention have not been identified at this stage. Guinea Bissau is one of the poorest countries in the world. The incidence of poverty is high, with over 43.7 percent of the population living below the poverty line in 2018 (<https://databank.worldbank.org/>). Poverty is more entrenched in rural areas where it is compounded by deprivation of social services, human capital, and infrastructure. Although it is not a given, economic level and education negatively influence women and vulnerable persons and groups. Low access to infrastructures and basic services prevents women from time saving activities and access to assets and production, which influence their income and access to credit.

Lack of access to essential health and nutrition services during the first 1,000 days, followed by inadequate investments in early childhood stimulation and education, limits children’s cognitive development. This lowers school readiness and leads to poor school enrollment, retention, learning outcomes, and completion. For many children in GB, the disadvantage begins before birth with poor maternal nutrition, inadequate access to pre- and postnatal care, and a high maternal mortality rate. Adolescent childbearing is common, with 19 percent of women giving birth before the age of 15 years – 42 percent of adolescent mothers have never attended school or only have a pre-school level of education. These young women are neither physically mature to conceive and deliver nor psychologically prepared to take care of children. In the education sector, several factors hinder the ability of children to learn including: (i) poorly trained teachers who lack the necessary skills to teach effectively; (ii) a lack of learning materials in schools; (iii) low public spending; (iv) weak governance and oversight of service delivery; and (v) the lack of data to inform decisions



and monitor progress. Lastly, there is no effective system of universal social protection based on non-contributory coverage for vulnerable populations, including the poor, children, pregnant women, disabled, etc.

The country also face an inherent vulnerability to the impacts of climate change due to its coastal geography, with frequent flooding in inland and coastal areas, which affects livelihoods for vulnerable communities. In some regions, the changing rainfall patterns and increasing temperature have led to longer, hotter dry seasons.

In terms of environmental quality, air emissions and noise are the main deteriorating factors. Guinea-Bissau does not yet have national standards for air emissions, and uses guidelines of the World Health Organization (WHO), which include values of benchmark for the four most common air pollutants: particulate matter, ozone, nitrogen dioxide and sulfur dioxide (WHO, 2005). These WHO standards, are also mentioned in the IFC EHS Guidelines. The emission of pollutants into the atmosphere is generally linked to gases from the combustion of fossil fuels in gasoline used by vehicles on the roads. In addition to vehicle emissions , the combustion of biomass is also a factor mainly associated with agricultural (burning) and domestic (use of wood and charcoal for the cooking). Noise pollution is also other factors in the deterioration of the quality of life and the well-being of the population. This degradation results in a decrease in the acoustic comfort and health effects, such as the potential appearance of hearing problems (from fatigue to trauma), psychic problems (stress and irritability), physiological (sleep disorders) or negative effects at work (affecting ability to concentrate).

D. 2. Borrower’s Institutional Capacity

Project implementation arrangement has not been clearly defined at concept stage. A capacity and institutional assessment will be conducted by appraisal, by both the government and GB and the Bank, to determine the most appropriate architecture for the management of technical, fiduciary, environmental and social risks and impacts. This assessment will consider previous experiences of multisector operations and assess existing fiduciary and technical capacities. The implementation arrangement will reflect the multisectoral nature of the project to promote effective implementation between and within sectors. Decentralized project implementation units, and partnerships with UN organizations or non-profit organizations, for the management and implementation of project interventions in targeted regions will be considered. Implementing entities (such as NGOs) will be recruited where necessary, but Government will maintain its strategic and oversight role.

Bank E&S team will then assess the capacity of the implementing agency to be established, regarding management of E&S risks and impacts in line with the requirements of relevant ESSs, including the required E&S human resources needed for the project. Capacity building sessions will be provided accordingly to ensure the implementing agency is well equipped to manage E&S risks and impacts; the capacity building will be extended to all other agencies expected to be involved in the implementation of project activities.

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II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The environmental risk rating is estimated to be moderate at concept stage, and may be revised or confirmed in the Appraisal stage Environmental and Social Review Summary (ESRS), once additional technical details regarding project financed activities and scope are known. This rating takes into consideration that the majority of the project components focus on institutional strengthening, capacity building and training. The only potential environmental risks and impacts identified at this stage are related to Sub-component 3.1, which includes the provision of



performance-based financing (PBF) to improve the physical state of some essential health facilities and its delivery capacity, including minor rehabilitation and equipping of health facilities. At this stage, key environmental, health and safety concerns related to rehabilitation civil works are: (i) increased generation of construction wastes; (ii) increased noise and emission of particulates and other air pollutants from truck and other construction vehicles and equipment; and (iii) community and occupational health and safety during construction, including risks related to transmitted and contagious diseases. During the operational phase, equipping the health facilities and increasing the delivery of health services may result in increased risks of transmission of diseases, increased generation of healthcare wastes, and an increase of electronic wastes, such as medical equipment and computers, laptop and other related equipment. During construction, these risks and impacts are expected to be localized, site-specific, and manageable to an acceptable level by applying appropriate standard mitigation measures, which are available and easy to apply, as proposed in the World Bank Group Environmental, Health and Safety General Guidelines (WBG EHS General Guidelines). During operation, health care facilities will need to implement specific management plans, including an Infection Control and Prevention Plan, a Healthcare Waste Management Plan, and an E-Waste Management Plan.

Social Risk Rating

Moderate

The social risk rating is estimated to be moderate at concept stage. This rating considers that the majority of the project components focus on institutional strengthening, capacity building and training. The only potential social risks and impacts identified are related to Sub-component 3.1, which involves the provision of PBF to improve the physical state of some essential health facilities and its delivery capacity, including minor rehabilitation and equipping of health facilities. Other social risks are related to training, and capacity building, and social safety net activities. These activities raise concerns regarding forced labor issues, pollution, employment of children risk of exclusion for vulnerable persons and groups, Sexual Exploitation and Abuse, and Sexual Harassment during training of teachers, and health care workers.

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:

This Standard is relevant. The proposed project is expected to have overall positive impacts. Nevertheless, some potential adverse E&S risks and impacts are estimated to arise from rehabilitation civil works and equipping of health facilities under Sub-component 3.1. The key potential environmental, social, health and safety risks and impacts identified at this stage are mainly related to rehabilitation civil works: (i) increased generation of construction/rehabilitation wastes, potentially including asbestos, ; (ii) increased noise and emission of particulates and other air pollutants from truck and other construction vehicles and equipment; and (iii) community and occupational health and safety during construction, including risks related to COVID-19. During the operational phase, equipping the health facilities and increasing the delivery of health services may result in increased risks of transmission of diseases, increased generation of healthcare wastes, and an increase of electronic wastes, such as medical equipment and computers, laptop and other related equipment. During construction, these risks and impacts are expected to be localized, site-specific, temporary and manageable to an accepted level by applying appropriated standard mitigation measures, which are available and easy to apply, as proposed in the WBG EHS

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General Guidelines. During operation of the health facilities, specific management plans will be required, including an Infection Control and Prevention Plan, a Healthcare Wastes Management Plan, and an E-Waste Management Plan.

The scope and specific sites for the rehabilitation works have not yet been defined nor identified. Therefore, a framework approach will be adopted. The Borrower will prepare consulted upon and prior to project Appraisal an Environmental and Social Management Framework (ESMF), which will cover the CERC component, and include guidance on the development of the appropriate Environmental and Social Framework (ESF) instruments that will be prepared during project implementation, such as Environmental and Social Impact Assessments/Environmental and Social Management Plans (ESIAs/ESMPs) for the rehabilitation works, Infection Control and Prevention Plan, Healthcare Wastes Management Plan, and E-Waste Management Plan to be implemented during operations of the health care facilities and activities related to the improvement of education system. The ESMF will also address issues related to non-discrimination and equal opportunity of project's benefits, occupational, health and safety measures to protect workers and communities, the prohibition of child and forced labor during the execution of the rehabilitation work.. In addition, the ESMF will incorporate relevant parts of WHO guidelines establishing good international industry practice for COVID-19 response, the guidelines for environmental cleaning and infection prevention and control in health care facilities in low-income countries, as well as the World Bank Group Environmental, Health and Safety General Guidelines and applicable Industry Sector Guidelines for Health Care Facilities.

Contractors will be required, as a condition of their contracts with the Project, to implement and comply with Contractor ESMP consistent with ESS1 requirements. Construction contracts will include relevant provision on procedures for handling "chance finds" during implementation of project activities. SEA/SH relevant mitigation measures will be reflected in the bidding documents. The Borrower will monitor the environmental and social performance in accordance with the legal agreement.

Prior to Appraisal, and with the support of the Bank, the Borrower MoE will prepare and disclose an Environmental and Social Commitment Plan (ESCP), to set out the substantive measures and actions that will be required for the project to meet the ESF environmental and social requirements. In particular, the ESMP will include the timeline, scope and requirements for the development, consultations, adoption, disclosure and implementation of the Environmental and Social Management Framework (ESMF) and Labor Management Procedures (LMP), as well as all ESA/ESMP prepared during Project implementation. The ESMP will be part of the Financing Agreement and shall be implemented within the specified timeframes and the status of implementation will be reviewed as part of project monitoring and reporting.

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

The project will not use the Borrower environmental and social framework in assessments or development and implementation of investments. However, it will comply with all relevant national environmental and social legal requirements.

ESS10 Stakeholder Engagement and Information Disclosure

The Borrower will prepare an inclusive Stakeholder Engagement Plan (SEP) including a project's Grievance Mechanism (GM) proportional to the nature and scale of the project and its associated risks and impacts. During the



preparation of the SEP, the Borrower will engage in meaningful consultations with all identified stakeholders and will continue to do so throughout the project life cycle. Specific affected groups to be consulted include, but will not be limited to, women and youth associations and movements in communities where social safety net will be implemented, those living with a disability (physical or mental), women victims of discrimination, GBV, SEA/SH, sick people, the elderly living without support, households headed by women, and those belonging to certain cultural, ethnic, or religious minorities will also be included.

The Borrower will pay attention to the inclusion of all groups, enabling them to be engaged in planning and decision-making to ensure that the project benefits open opportunities equally to men, women, and youth, and considers the special needs of the disabled and other vulnerable groups, farmers, poor household.

The SEP will include awareness raising activities on SEA/SH risks and mitigation strategies targeting the interactions between the project workers and host communities. Project's GM will be established to receive complaints and feedback from all stakeholders and beneficiaries in a transparent, accessible, and timely manner. The SEP will be disclosed prior to appraisal, and can be updated as and when necessary, throughout the project lifecycle.

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

This Standard is relevant. The project will involve different categories of workers, including direct and contracted workers. Direct workers include full and part-time workers assigned to the PIU and consultants hired based on project needs, such as PIU staff, primary supply workers and, potentially, contracted workers and civil servants. The contracted workers include the contractors and sub-contractors hired for the undertake civil works. The Borrower will therefore develop a Labor Management Procedures (LMP) prior to project appraisal which will include working conditions and grievance mechanism (GM) for all categories of project's workers, and the roles and responsibilities of contractors and PIU in managing the requirements of ESS2, non-discrimination and equal opportunity, worker's organizations, occupational, health and safety measures, the prohibition of child and forced labor, and a Code of Conduct (CoC). The CoC will require that each project worker takes SEA/SH training to guide their conduct towards local communities, children, and women. The CoC will also include prohibited behavior, list of sanctions, minimum standards for the PIU to follow, reporting requirements and complaints mechanism. The LMP will include adequate and appropriate Occupational Health and Safety Plan and Environmental (OHS) measures, incident investigation and reporting procedures, emergency preparedness and response procedures and continuous training and awareness to workers on OHS.

ESS3 Resource Efficiency and Pollution Prevention and Management

The Standard is relevant. Although the project will mainly finance capacity building and training, sub-component 3.1 will finance some minor rehabilitation works and equipping of health care facilities. These rehabilitation activities are expected to be minor and expected to take place within the existing footprints of the health centers. Equipping may involve installation of new medical equipment, laptops, etc. Thus, may also generate small to moderate quantities of electronic waste (e-waste), which could cause soil and water pollution if not managed and disposed of appropriately. All e-waste generated as part of the project will need to be managed and disposed of following specific guidelines,



national regulations, and international best practices. The scope and specific sites for the rehabilitation works have not yet been defined nor identified. Therefore, the project ESMF to be prepared, proportionate to the environmental and social risks and impacts of the project prior to Appraisal will include the specific guidance for (i) the preparation of the Environmental and Social Management Plan (ESMP) for the specific interventions, including guidance for managing any potential construction wastes and hazardous construction materials; and (ii) the preparation of the E-waste Management Plan, which will follow international good practice, such as reverse logistics, reuse (including donation) and recycle (when available), prior to disposal.

In addition, sub-component 3.1 will also result in improved supply (volume and quality) of key maternal, child and nutrition services delivered through contracted primary health care facilities, which may result in increased generation of healthcare wastes and potential for infection contamination. Therefore, the ESMF will also include guidelines for the preparation of (i) the specific Healthcare Waste Management Plan of the healthcare facilities, which will provide the specific measures for managing non-hazardous and hazardous waste; and (ii) the Infection Prevention and Control Plan for the healthcare facilities.

Procurement bidding documents for rehabilitation of existing facilities and for acquisition of new equipment will specify the need to meet certified energy standards, whenever technically and financially feasible, and this will also be outlined in the Project Operations Manual. The specific energy standards to meet will be based on the availability, cost, and utility of the item to be procured. In terms of efficiency, the project will ensure that the equipment is energy-efficient to the extent possible. For servers and computer equipment, lower energy models will be sourced.

ESS4 Community Health and Safety

The Standard is relevant. The rehabilitation of healthcare facilities in Sub-component 3.1 may cause some minor inconveniences or disturbances to the staff and public/clients carrying out their day-to-day activities. The retrofitting and installation of equipment/electronics are expected to be small-scale activities that will not result in major or significant impacts and risks. Nevertheless, it may generate some levels of dust and noise, and may pose some risks of trips and falls over cables and equipment laying on the floor while being installed. It will be important to protect the public and staff, as well as workers, from potentially harmful dust and exposure to workplace hazards, where the rehabilitation and installation of equipment are ongoing. Thus, the ESMF will include an Occupational Health and Safety Plan (OHSP) with specific measures to ensure that appropriate mitigation measures are in place, including signage and access control, dust curtains, and other measures, where appropriate. In addition, national and best practice measures to prevent exposure to COVID-19 during civil works will also be included.

Given the proposed financing will improve the supply, including volume of key maternal, child and nutrition services delivered through contracted primary health care facilities (under Sub-component 3.1), there might be an increased risk of infections and diseases contamination, for which each healthcare facility must develop and implement an Infection Prevention and Control Plan in accordance with the national infection prevention guidance.



ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

There is not enough information yet to determine if this standard will be relevant. Additional information to be provided during project preparation will help to determine the likelihood of land acquisition or economic loss.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The Standard is not currently relevant. All project activities will take place within existing footprints, as the project does not involve any greenfield or new construction activities; therefore, potential impacts and risks to biodiversity or natural habitats are not envisaged. However, the ESMPs for the specific rehabilitation works will assess any potential risks to biodiversity conservation and sustainable management of living natural resources, and provide adequate mitigation measures.

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

This Standard is not currently relevant as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in the project area that fulfill the four characteristics indicated under ESS7.

ESS8 Cultural Heritage

The Standard is not currently relevant. All project activities will take place within existing buildings of healthcare centers and will not affect tangible or intangible cultural heritage. Nevertheless, as a precautionary measure, the ESMF will establish that for all civil works, the “Chance Finds” procedures will be included in all bidding documents and civil works contracts.

ESS9 Financial Intermediaries

The Standard is not relevant. There are no financial intermediaries involved in the project.

B.3 Other Relevant Project Risks

N/a

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

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Financing Partners

The project is not intending to use common approach

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

Prior to project Appraisal , the Borrower will prepare, consult upon, and publish in the Country and on the Bank’s external website:

- Draft Stakeholder Engagement Plan (SEP), including project Grievance Mechanism (GM)
- Draft Labor Management Procedures (LMP), including GM for labor-related issues
- Draft Environmental and Social Management Framework (ESMF)
- Draft Environmental and Social Commitment Plan (ESCP)

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

The ESCP will include all environmental and social commitments, as well as milestones, to be carried out during the Project implementation. These will include:

- Appropriate institutional arrangements to strengthening the PIU E&S capacity with an Environmental and a Social experts.
- The scope and timing for the preparation, consultations, adoption, disclosure and implementation of the project environmental and social risk management instruments: the ESMF, the LMP, and the SEP
- The establishment and operation of the project Grievance Mechanism and the Workers’s Grievance Mechanism.
- Details of the capacity-building on ESF requirements for stakeholders, including Contractor’s management

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS

06-Jun-2023

IV. CONTACT POINTS

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VI. APPROVAL

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Practice Manager (ENR/Social)	Maria Sarraf Recommended on 12-Apr-2023 at 10:58:14 EDT
Safeguards Advisor ESSA	Nathalie S. Munzberg (SAESSA) Cleared on 27-Apr-2023 at 13:13:4 EDT

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