



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/28/2020 | Report No: ESRSA00774



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Egypt, Arab Republic of	MIDDLE EAST AND NORTH AFRICA	P173912	
Project Name	Egypt COVID-19 Emergency Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/27/2020	4/28/2020
Borrower(s)	Implementing Agency(ies)		
Arab Republic of Egypt	Ministry of Health and Population		

Proposed Development Objective(s)

The Project Development Objective (PDO) is to strengthen the prevention, detection and response to the COVID-19 pandemic in Egypt.

Financing (in USD Million)	Amount
Total Project Cost	469.00

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]

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

The PDO will be monitored through the following PDO level outcome indicators:

- Number of personalized messages conducted for preventative messaging
- Percentage of confirmed cases whose contacts were traced as per the national protocol
- Number of facilities with dedicated quarantine, isolation & treatment capacity for COVID-19 suspected and confirmed cases.



- MOSS has expanded, through a dedicated decree, the TKP program to other beneficiaries who have suffered economically by COVID-19

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

The specific locations where project sub-components will be implemented have not yet been identified, but this project will be implemented countrywide in urban as well as rural areas, over a diversity of jurisdictions with different environmental and social settings. The project will complement and expand the activities of the ongoing “Transforming Egypt’s Healthcare System” (TEHS) project (P167000).

It will also support (i) procuring and distributing medical equipment and supplies (ii) operationalization of around 28 of existing quarantine, isolation and treatment facilities that will be identified at a later stage. The project include also an inactivated Contingent Emergency Response Component (CERC) that might be activated in superimposed Crisis or Emergency situations. Currently, the government has dedicated a number of publicly-owned hotels and government buildings in some governorates to serve as quarantine centers. Also, the MoHP has publicly announced the names of the isolation and treatment healthcare facilities that are responsible for dealing with the COVID-19 cases in all governorates. The project will not finance any construction or rehabilitation works in the quarantine, isolation or treatment facilities, but it will finance the operation cost of these facilities (ie. support utility bill payments, Infection Prevention and Control (IPC) measures, cost of waste transport and disposal, salaries and hazard/indemnity pay).

D. 2. Borrower’s Institutional Capacity

In general, the national legal framework is primarily focusing on managing environmental and occupational health and safety risks with very limited requirements on the associated social risks. It includes the environmental law 4/1994 and its subsequent amendment, Labor law 12/2003, detailed guidelines issued by MoHP for managing healthcare waste and infection control.

The implementing agency, MoHP, has implemented many World Bank financed projects in the health sector in Egypt since the 1970s. The MoHP is currently implementing the TEHS which includes supporting of the testing for COVID-19 for non-procurable items and trainings as per WHO guidelines across the country. The TEHS operation is following an Environmental and Social Management Framework (ESMF) that was prepared, consulted on and disclosed in 2018 according to the Safeguard policies. Since the beginning of the TEHS operation in 2018, the MOHP has maintained a satisfactory rating in implementing the E&S requirements including IPC and Medical Waste Management (MWM) as well as developing and operating a grievance redress mechanism (GRM).

The project will be implemented by the existing PMU in the MoHP. The current level of capacity and adequacy of the implementing agency was assessed and is more or less adequate relative to the current COVID-19 outbreak challenges and the associated potential social risks and impacts, as well as the environmental health and safety risks. Environmental/infection prevention control specialist, and Social/communication specialist will be assigned to project. The Bank ESF team will support MoHP in developing TORs for the newly hired E&S staff to ensure that all key functions needed for managing risks and engaging with stakeholders are well and upfront formulated and that the appropriate candidates are assigned for this purpose.

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



A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The environmental risk rating of the project is substantial. The project will finance (i) the operation of a selected number of existing quarantine, isolation and treatment facilities, (ii) the procurement of ICU equipment, laboratory testing equipment and supplies, infection control products and PPE and might include (iii) minor works associated with installation activities in the isolation facilities (ie. Utility connections) . The operation of the facilities , carrying out epidemiological and clinical investigations, and handling and using the procured equipment and gears will entail: (i) occupational health and safety (OHS) risks for health care workers, quarantined cases, patients, waste transporters and waste treatment operators including exposure to COVID-19 and hazardous materials and waste as well as fire risks; (ii) health care waste management and disposal, (iii) community health and safety issues related to the uncontrolled transmission of the covid-19 due to poor management of healthcare wastes or lack of infection prevent control measures especially for healthcare workers; and (IV) air emissions and soil contamination resulting from improper treatment and disposal of healthcare waste. The project will also provide technical assistance for the development of the national comprehensive COVID-19 response plan, which its outcomes may entail similar environmental and health and safety risks that need to be addressed.

Social Risk Rating

Substantial

The social risk rating of the project is substantial. Under Component 1, the potential risk of creating social stigma for the patients, families and contacts is considered among one of the key risks related to this operation. The process of detection and tracing, unless done in a destigmatizing manner, can lead to the creation of sense of discrimination that might lead the patients, families and contacts to feel more excluded.

While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility operation to on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities. Clear communication of risks and prevention measures will be included within training and stakeholder engagement activities.

Due to the pandemic situation in the country, the uncertainty involved, and the multiple stakeholders engaged in the project implementation, there is the potential risk of the insufficiency of the existing health system capacity which may lead to increased complaints and grievances. The capacity of the existing GRM channels to handle citizens' complaints and queries is uncertain in this case, despite the Government efforts in establishing a strong and dedicated platform. The ToRs of the Social/communication specialist who will be assigned to project will include close monitoring to the GRM systems and identification of ant potential defects as the situation evolves.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

Public Disclosure



ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on ground service delivery for COVID-19 surveillance, monitoring, containment and response. The project will support a number of capacity building activities for (i) healthcare workers on IPC measures including first responders to prevent the spread of COVID-19 among them and (ii) specialized medical teams on in COVID-19 case management according to the WHO protocols. However, project activities also present substantial environmental, social, health and safety risks for the project workforce and communities. To manage these risks MoPH will prepare the following instruments:

Environmental and Social Management Framework - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting the evolving WHO guidance, World Bank EHS Guidelines and other good international industry practices (GIIP). The ESMF will include a Code of Environmental Practice (CoEP) for minor works associated with installation of modular laboratory and isolation units (e.g. utility connections); Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities supported by the project including the 28 facilities and all other facilities that will be supported by medical equipment, PPEs, testing kits, etc such as laboratories, medical centers and isolation centers; Labor Management Procedures (LMP) for PMU and contracted workers to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent sexual exploitation and abuse and sexual harassment. The ESMF will be prepared to a standard acceptable to the Bank and disclosed on the MoPH website and on the World Bank website within one month after the Effectiveness Date. Until the ESMF has been updated and approved, the project will follow current WHO Guidance and will only support procurement of equipment, PPEs, etc, however, medical consumables will only be used once the ESMF -including the Medical Waste Management Plan (MWMP)- is prepared and proper arrangement are in place. Other activities under the project will not be implemented until the ESMF is prepared, cleared and applied.

The ESMF will include provisions for environmental and social risk management for the Contingent Emergency Response Component (CERC) should it be activated during project implementation. If the ESMF measures of the Project do not fit the type of activities and their environmental and social risks of the CERC, an Addendum to the ESMF would be prepared to address CERC-activities risks.

Stakeholder Engagement Plan (and Grievance Redress Mechanism) - establishing a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A preliminary SEP including GRM has been prepared and will be updated by the PMU and re-disclosed within one month after the Effectiveness Date to achieve the abovementioned positive environmental and social impacts. The aforementioned areas of risks must be addressed and mitigated as discussed below:

Medical Waste Management and Disposal. Wastes that may be generated from labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluids) and infected materials (water used; lab solutions and reagents,



syringes, bed sheets, majority of waste from labs and isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. In order to mitigate the risks associated with medical waste management and disposal, the project will support training of medical, laboratory and waste management personnel to ensure compliance with the IPC&WMP, WHO guidance and GIIP. This will be documented in the IPC&WMP as part of the ESMF.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The IPC&WMP will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. In addition, the LMP will cover occupational health and safety provisions to protect HCW, in addition to proper working conditions and management of worker relationships.

Community Health and Safety. All project activities ranging from the operation of healthcare facilities to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers (including isolation facilities) have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. The project's ESMF will outline procedures for each project activity commensurate to the risk. The IPC&WMP will contain detailed procedures, based on WHO guidance, or the safe operation of health facilities and protection of the public from exposure to the virus as a result of these operations. In addition, the project's SEP will ensure widespread engagement with communities - and its more vulnerable groups - to disseminate information related to community health and safety, particularly about physical distancing, high-risk demographics, self-quarantine, and mandatory quarantine.

Vulnerable Groups Access to Project Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Real or perceived inequities also have the potential to lead to conflict and civil unrest. To mitigate this risk MoHP, in the ESCP, commits to the provision of services to all people, regardless of their social status based on the urgency of the need. The national strategy (outlined under subcomponent 1.1 in the project appraisal document) should be inclusive, non-discriminatory, and sensitive to the nature and needs of marginalized and stigmatized groups, such as the homeless, street children, and HIV/AIDS patients. Clear stakeholder-engagement, communication, and information-sharing modalities should be set out in the SEP. In the meantime, the project is building on solid communication system that the Government already established since the beginning of the outbreak. There is also a strong GRM on the level of COVID-19 related interventions.

Gender-based Violence. Evidence suggests GBV has increased since the COVID-19 outbreak. The project will include a large workforce of health care workers (direct, contracted and community workers). Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) risks will be assessed and addressed during implementation through the ESMF, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The MoHP,



in the ESCP commits to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention. A specialized line at the National Council for Women (NCW) which deals specifically with GBV cases, will be incorporate into the GRM and will allow for confidential channels of complaints.

The project is expected to retroactively finance some of the proposed activities, mainly procurement of equipment. The borrower will ensure that the E&S impacts associated with those activities including the use of procured equipment or goods, are adequately addressed and mitigated in alignment with the national laws and/or the international best practices. The WHO will be appointed in time as an Independent verification Agency (IVA) for the project to verify that the achievements of the Bank requirements are valid and acceptable to the Bank. The verification arrangements will include ensuring that users of the medical equipment and consumables are adequately trained as well as ensuring that relevant IPC and waste management practices in place are aligned with the WHO requirements.

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF).

ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large.

Subcomponent 1.1: Supporting of COVID-19 prevention and case detection will finance a nationwide risk communication campaign for preventative measures using different platforms taking into account the different habits that women and men typically adopt and their varying community roles in preventing the spread (i.e. hand washing, physical distancing, etc.) and messaging accordingly; (ii) capacity building for health workers and first responders in case detection, contact tracing, reporting and referral mechanisms; and (iii) conducting contact tracing and risk assessment activities.

A preliminary SEP has been prepared for engaging with stakeholders on the E&S risks of the project and will be disclosed on the MoHP's website (<http://www.moHP.gov.eg/>). The SEP covers the broader project (i.e. not just activities under Subcomponent 1.1), identifies and analyses key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents. The SEP also outlines the project's GRM which will enable stakeholders to raise project related concerns and grievances.

The MoHP will update the SEP during project implementation, and no later than one month after project effectiveness.

The GRM will also be operationalized ensuring core elements are in place to enable affected people and the project workforce to raise concerns and complaints - including adequately trained staff with GRM responsibilities, community awareness tools, grievance lodgment tools, and investigation and feedback processes.

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

Component 1: Supporting the national COVID-19 response will finance activities related to preparedness, capacity building and trainings. It will enhance capacity of health workers and first responders in case detection, contact tracing, reporting and referral mechanisms. It will also include training and other capacity building activities related to the operationalization of quarantine, isolation and treatment centers, interpersonal communication by health workers related to COVID-19, infection prevention and control, testing, waste management and clinical management of patients.

The project workforce is expected to include: (i) direct workers, including PMU contracted workers engaged directly by MoHP and staff from local health centers, (ii) contracted workers (medical and non-medical civil servants) who will be operating the quarantine, isolation and treatment centers, and waste management contractors who will transfer, treat and dispose the hazardous waste; (iii) community workers, individual volunteers and Non-Governmental Organizations (NGOs) to support the contact tracing; and (vi) primary supply workers such as those that provide medical equipment and PPEs.. All workers will have to follow relevant OHS protocols to prevent exposure to the disease developed by the WHO.

The key risk for the project workers (primarily direct and contracted healthcare workers) is infection with COVID-19 or other contagious illnesses which can lead to illness and death of workers. High risk environments include laboratories, hospitals and health care centers, isolation centers and the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress, fatigue and stigma due to the nature of their work.

The Government, via the ESCP, has committed to the preparation of Labor Management Procedures (LMP) as part of the ESMF which will (i) respond to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will be managed through the ESMF which will incorporate the WHO guidance tools for COVID-19 preparedness and response including the Risk Communication Package for Healthcare Facilities which provides healthcare workers (HCWs) and healthcare facility management with the information, procedures, and tools required to safely and effectively work.

In accordance with ESS2 and Egyptian law, due to the hazardous work situation, children under the age of 18 will not be allowed to work on the project. The use of forced labor or conscripted labor on the project is also prohibited.

ESS3 Resource Efficiency and Pollution Prevention and Management

Inadequate waste management and IPC practices especially in quarantine centers where COVID19 suspected cases will be present, might result in transmission of the COVID19 to the workers, quarantined cases and in turn to the community. Also, the operation of isolation and treatment centers and laboratories will entail management of hazardous materials (i.e Chemicals, test, etc) and will generate different types of healthcare waste including infectious waste, sharps, pharmaceutical, and chemical wastes that shall be managed according to the evolving international best practice in relation to protection from COVID-19 by WHO, WBG EHS guidelines for healthcare facilities and national guidelines. Moreover, transportation and final treatment and disposal of the generated waste



will entail occupational risk exposure to infectious, diseases and hazardous wastes as well as air and soil contamination and community health risks in case of inadequate transportation and treatment of wastes.

The ESMF will include an IPC&WMP that is aligned with the evolving WHO COVID-19 guidance, WBG guidelines and other international good practice, to prevent or minimize occupational, community and environmental risks. The ESMF will require each facility financed by the project or supported by medical equipment, testing kits, PPEs, etc, to follow WHO COVID-19 guidance documents, and other good international practices, to prevent or minimize occupational exposures, air and soil contamination as well as document and track wastes using cradle to grave approach.

ESS4 Community Health and Safety

Protecting the health of communities from infection with COVID-19 is a central part of the project. However, without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus and may also contribute to conflict or civil unrest. Some project activities may give rise to the risk of GBV, in particular SEA and SH risks.

Transmission of COVID-19. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The project's ESMF will outline procedures for project activities commensurate to the risk including (i) how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with GIIP, including WHO guidelines; (ii) measures in place to prevent or minimize the spread of infectious diseases; and (iii) emergency preparedness measures. The operation of laboratories, health centers and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. There is also a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/emergencies e.g. a fire response or natural phenomena event. The project ESMF and IPC&WPM will include relevant procedures for the operation of these facilities.

Isolation Centers. The operation of isolation centers needs to be implemented in a way that both the wider public, as well as the patients are treated in line with international best practice as outlined in WHO guidelines. Patients should be treated with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures taking into consideration their gender, sociocultural, ethnic or religious needs.

Gender-based Violence. As mentioned above, evidence suggests GBV has increased since the COVID-19 outbreak. Some project activities may give rise to the risk of GBV, in particular SEA and SH risks. The ESMF will include a GBV risk assessment and preventive measures. The project will promote the avoidance of SEA/SH by implementing the WHO code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructure such as segregated toilets. The project will also ensure that the financed healthcare facilities and isolation centers and screening posts are operated effectively throughout the country.

The SEP, described under ESS10, will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around physical distancing, high-risk demographics,



self-quarantine, and mandatory quarantine. At this stage, the project is not envisaged to support activities implemented by security personnel. In case of necessity, the project will take measures to ensure that, prior to deployment of such personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including SEA, SH or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law. Measures will also be following the guidance provided in the World Bank technical note, “Use of Military Forces to Assist in COVID-19 Operations; Suggestions on How to Mitigate Risks”.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant. No land acquisition will be required under the project.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not currently relevant. No construction or rehabilitation activities are expected in this project that could affect protected areas or biodiversity.

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

ESS7 is not currently relevant. No population meeting the definition of ESS7 will be affected under this project

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.

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
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	

Public Disclosure



Prepare, disclose and implement ESMF through amendment of the existing ESMF applied for the ongoing Transforming Egypt’s Healthcare System project.	07/2020
Maintain a project management unit (PMU) with qualified staff and resources to support management of ESHS risks and impacts of the Project including Environmental/infection prevention control specialist, and Social/communication specialist.	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Update, disclose, adopt and implement the preliminary Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Bank.	07/2020
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	07/2020
ESS 2 Labor and Working Conditions	
Develop the Labor Management Procedures (LMP) in accordance with the applicable requirements of ESS2	07/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, , including, inter alia, measures to manage health care wastes and other types of hazardous and non-hazardous wastes.	07/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed, inter alia, measures to: minimize the potential for community exposure to risks and have access to the development benefits resulting form the project	07/2020
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	

Public Disclosure

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

Contact:	Amr Elshalakani	Title:	Senior Health Specialist
Telephone No:	5772+4405 / 002-02-24614405	Email:	aelshalakani@worldbank.org

Borrower/Client/Recipient

Borrower: Arab Republic of Egypt

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Population

V. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Amr Elshalakani
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 28-Apr-2020 at 14:42:5 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 28-Apr-2020 at 16:45:46 EDT

Public Disclosure