



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/14/2020 | Report No: ESRSA00664



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Samoa	EAST ASIA AND PACIFIC	P173920	
Project Name	Samoa COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/16/2020	4/22/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health		

Proposed Development Objective(s)

The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 pandemic in Samoa and to strengthen national systems for public health preparedness

Financing (in USD Million)	Amount
Total Project Cost	2.90

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 aims to support Samoa's response to the COVID-19 outbreak and to build country's pandemic preparedness by improving emergency preparedness and response, strengthening essential health service delivery and managing implementation and monitoring & evaluation.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
Samoa is a small Polynesian island state located in the South Pacific. The country has a population of approximately 196,000 people distributed across two main (Upolu and Savai'i) and two smaller islands (Apolima and Manono). The



national capital is Apia, located on the island of Upolu. The ethnic structure in Samoa is predominantly ethnic Samoan. Official languages are Samoan and English. Administratively, the country is divided into 11 districts with approximately 362 villages. The traditional governance and socio-economic system (Fa'amatai) is central to Samoan culture.

Samoa has a number of health challenges including some of the highest risk factors for non-communicable diseases (NCDs) in the world, with 84% of the adult population being overweight or obese. There is a high prevalence of NCDs including hypertension, diabetes and cardiovascular disease - accounting for 80% of the total disease burden and more than half of all premature deaths in the country. Samoa is also just emerging from the 2019 measles crisis which had a significant impact on the country's population, economy and health system.

On March 12, 2020 WHO characterized COVID-19 as a pandemic, and as of April 7, 2020 Samoa has no confirmed COVID-19 cases. However, given the pandemic character of COVID-19 and the country's sensitivity, geographic isolation and logistical challenges and low capacity to contain epidemic outbreaks (as seen during the initial response to the recent measles epidemic in 2019), the Government of Samoa declared a State of Emergency on March 20, 2020. To date eight quarantine sites have been established.

This emergency project will be implemented throughout Samoa with a focus on the main islands of Upolu and Savai'i. It will predominately contribute to i) strengthening emergency response for COVID-19 and ii) systems strengthening for future pandemic preparedness and response. Project activities will include enhancement of laboratory capacity and provision of medical and laboratory equipment and supplies; establishment of necessary healthcare waste management capacity; strengthening surveillance system; with the strong focus on training (including for infection control and health care waste management). The project will also provide limited support for existing risk communication and community engagement activities already being implemented by MOH and UNICEF.

Small scale construction works are expected under the project. The project will finance the establishment of a new public health laboratory which will involve the construction and fit-out of a new single-story building in Apia, Upolu; and rehabilitation of a medical waste facility on Savai'i involving the construction of a small building for siting an incinerator planned to be procured. All project infrastructure will be located within the grounds of existing health facilities or on other government sites (if necessary). A Contingent Emergency Recovery Component (CERC) is included to provide rapid response to any natural or man-made crisis or disaster during the course of the Project. The CERC will support expenditures on a positive list of goods and/or specific works and services required for emergency recovery.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MOH) will be the implementing agency (IA) for the Project. The project will rely on the MOH's existing organizational structure, including the involvement of the National Emergency Operations Centre (NEOC) that has been established to manage the COVID-19 emergency response plan. Technical areas of MOH, including Public Health Services, Hospital and Clinical, will be involved in project implementation based on their functional capacities and institutional mandates. The Health Sector Coordination, Resourcing and Monitoring (HSCRM) Division will perform the day-to-day project management by providing support to the MOH divisions in implementing project activities in line with the national preparedness and response plan for COVID-19, including procurement of medical supplies, commodities and equipment, and other activities in the procurement plan. The HSCRM Division will work together with the Finance and Procurement (F&P) Division to manage and implement activities in the procurement



plan. Additional staff and/or consultants, such as a Project Manager, will be recruited to support the implementation activities and provide capacity building to personnel under the HSCRM and F&P Divisions. The Ministry of Health will also be able to draw upon support from the Central Technical Services Support Unit (CTSSU) within Ministry of Finance to provide technical support (including on environmental and social aspects) and hands on assistance in implementation of the Project.

The MOH currently has limited environmental and social resources including an Environmental Health Officer and a Principal Health Care Waste Officer, recently recruited under the World Bank-sponsored Health System Strengthening Program for Results Project (P164382). There is currently no E&S specialist within the HSCRM. There is little experience with the World Bank’s environmental and social requirements.

To address this, the MOH will strengthen coordination with the Ministry of Environment to support Covid-19 response related to management of chemicals and healthcare waste. It will also rely heavily on the CTSSU’s Environmental and Social Expert who will assist with developing the Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP) and associated plans, provide training to the Principal Health Care Waste Officer, HSCRM Project Manager and MOH staff generally, and provide continued guidance and monitoring of the project’s environmental and social performance on an as-required basis. Extensive training of hospital medical, laboratory and waste management personnel is also envisaged, in addition to investments in laboratory and waste management funded under the project. It is also expected that enhanced oversight from the World Bank E&S team will be required and a capacity assessment will identify where training and further capacity building will be needed.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project main long-term impacts are likely to be positive, as the project aims to strengthen emergency response for COVID-19, and will improve in both short-term and long-term medical waste management and prepare country for potential new pandemics in future.

Nevertheless, in the short-term the environmental risks are considered to be Substantial. The main environmental risks include: (i) environmental and community health related risks from inadequate storage, transportation, disposal or treatment of medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers dealing with COVID19 patients and the logistical challenges in transporting PPE and other equipment across the country in a timely manner; and (iii) the occupational and environmental health and safety issues related to testing and handling of chemicals supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (iv) moderate adverse impacts linked to small scale construction activities, i.e. construction of laboratory facilities and establishment of medical waste management facility for installation of prefabricated medical waste incinerator in Savai’i.

These environmental risks are mostly temporary and predictable. The Borrower’s past experience containing and managing epidemics and contagious diseases in past years (H1N1, SARS and most recently measles) initiated efforts



to improve the country’s preparedness for pandemic (most recent National Epidemic and Pandemic Influenza Preparedness and Response Plan FY 21 - 2025), yet insufficient current human resources and infrastructure capacity for medical waste management (especially on Savai’i) contributes to substantial environmental risk rating.

To mitigate the above-mentioned risks, MoH has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including construction of laboratory facilities, establishment of waste management facility for medical waste incinerator, chemical storage, and other. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank Environmental, Health and Safety (EHS) Guidelines and other Good International Industry Practice (GIIP), including an elaboration of roles and responsibilities within the MoH, training requirements, timing of implementation and budgets. Procurement of chemicals, testing kits and medical equipment can be initiated as soon as the project is approved. However, the ESMF including relevant management plans and labor management procedures (LMP) should be finalized before equipment and supplies are deployed, before civil works commence, and before procuring the waste management incinerator. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF. The support to the MOH’s Principal Health Care Waste Officer and the HSCRM Project Manager will be provided by the CTSSU’s Environmental and Social Expert.

Social Risk Rating

Moderate

The social risks are considered moderate. Risks associated with project activities are not likely to be significant and are considered temporary, predictable, and readily managed through project design features and mitigation measures.

Social risks associated with small-scale works are moderate and can be effectively managed through standard mitigation measures. No land acquisition or involuntary resettlement impacts are expected. All activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed.

Project activities are primarily focused on the establishment of a laboratory, rehabilitated waste facilities, provision of related equipment and PPE, and training for health care workers. The project will only provide limited support to activities relating to the direct provision on services to the community, such as enhancing risk communication and community engagement activities currently being implemented by the MOH and UNICEF. As such the risk of inequitable community access to project supported facilities and services is considered low to moderate. To mitigate this risk, MOH has committed to the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement.

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 including the operation of laboratory and waste facilities present increased health and safety risks for project workers and have the potential to contribute to virus transmission and other community health and safety issues. The risk is heightened given the prevalence of hypertension, diabetes and cardiovascular disease in Samoa. Clear communication of risks and prevention measures will be included within training and engagement activities and in the SEP.

Public Disclosure



Social risks associated with the project will be addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Redress Mechanism - GRM) and Labor Management Procedure (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response.

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

The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on-the-ground service delivery for COVID-19 surveillance, monitoring, containment and response and improving medical waste management in the long term. However, project activities also present substantial environmental, social, health and safety risks for the project workforce and communities. The primary risks identified include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers dealing with COVID19 patients and the logistical challenges in transporting PPE and other equipment across the country in a timely manner; and (iii) the occupational and environmental health and safety issues related to testing and handling of chemicals supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (iv) risks linked to small scale construction activities like establishment of national laboratory and medical waste management facility for installation of prefabricated medical waste incinerators; and (v) possible risks around social exclusion or inequitable access to health services.

To manage these risks MOH will prepare the following instruments:

Environmental and Social Management Framework (ESMF) - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank EHS Guidelines and other GIIP. The ESMF will include guidance for preparation of Environmental and Social Management Plans and / or a Code of Environmental Practice (CoEP), depending on the scale and risk associated with civil works (construction of the laboratory and waste management facilities); Terms of References for prefabricated incinerators, as well as an incinerator operation and maintenance plan, Chemical Specific Protocols based on Material Safety Data Sheets (MSDS); Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories and medical centers; Labor Management Procedures (LMP) for MOH 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, and relevant training plans. The ESMF will also include a section on the CERC based on indicative activities. The ESMF will be prepared to a standard acceptable to the World Bank and disclosed on the MOH website (www.health.gov.ws) and on the World Bank



website (<http://documents.worldbank.org/>) within 30 days after the Effectiveness Date. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.

Stakeholder Engagement Plan (and Grievance Redress Mechanism) - establishing a structured approach for two-way engagement with stakeholders 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 HSCRM and re-disclosed within 30 days after the Effectiveness Date.

ESS10 Stakeholder Engagement and Information Disclosure

A preliminary Stakeholder Engagement Plan (SEP) has been prepared for engaging with stakeholders on the E&S risks of the project and will be disclosed on the MOH's website (<https://www.health.gov.ws>). The SEP identifies and analyses key stakeholders 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 Grievance Redress Mechanism (GRM) which will enable stakeholders to raise project related concerns and grievances.

The project will support Government activities relating to the direct provision of services to the community such as enhancing risk communication and community engagement activities currently being implemented by the MOH and UNICEF. These activities will be designed based on the WHO Risk Communication and Community Engagement (RCCE) guidance tools for COVID-19 preparedness and response and will seek to provide proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; and (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being treated in isolation facilities.

The MOH will update the SEP during project implementation, and no later than 30 days 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.

The final SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). The SEP (and GRM) will also be re-disclosed on the MOH's website and printed copies will be placed at MOH offices and other key project sites.

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



Components 1 and 2 will finance activities related to preparedness, capacity building and trainings. It will enhance human resource capacity in diagnosing and treating the novel coronavirus, conduct epidemiological and clinical research and medical waste management.

The project will primarily rely on the use of existing government workers already employed by the MOH and other government ministries (i.e. Ministry of Finance). The project will also involve the use of local contracted workers for small-scale works. The project may also hire individual technical consultants to support the MOH in specific technical areas where skills are lacking, who will be considered direct workers.

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. Challenging environments include laboratories, hospitals, and waste facilities. Project workers are also at substantial 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 (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 and healthcare facility management with the information, procedures, and tools required to safely and effectively work.

In accordance with ESS2 and Samoan 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

This standard is relevant. Waste generated from laboratories and other facilities to be supported by the COVID-19 emergency project could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.) which 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. Although the Government of Samoa has taken significant steps in recognizing the shortcomings of its healthcare waste management system and in 2019 adopted a Health Care Waste Management Strategy Plan (2019-2023), there remain human and infrastructure capacity shortcomings. The recent analysis observed that waste management plans exist but are poorly implemented. Waste management treatment standards are adequate for Upolu though the incinerator is not reaching the required temperatures to ensure destruction of smoke resulting in products of incomplete combustion. The Savaii incinerators no longer work, and the operator manually burns health care waste within the incinerator cavity. Occupational Health and Safety (OH&S) is minimal for all stages of health care waste management. No PPE is provided at the point of generation and only limited PPE is provided for collection/transportation. There is no adequate waste management transportation on Savaii.



In order to mitigate the risks associated with medical waste management and disposal, the Project will invest in the procurement of appropriate waste management infrastructure, including waste containers, PPE, incinerator, waste trucks as well as training of medical, laboratory and waste management personnel to ensure compliance with the ESF, IPC&WMP, WHO guidance and GIIP. The project will more specifically support construction of waste management facility for installation of prefabricated medical waste incinerator procured under the project for Savaii. To better respond to medical waste management needs, two waste trucks are planned to be procured as only one is in use (procured in 2004). As part of the ESMF a ToR will be prepared for the purchase of prefabricated medical incinerators making sure it complies with WHO guidelines, and international standards for greenhouse gasses and that reduce waste volumes by up to 90%, with low residual ash. ESMF will also look into options for ash disposal and propose training, regular monitoring and maintenance for waste management and support preparation of Waste Management Plan. Given that project will endorse procurement of various chemicals (cleaning and disinfection), ESMF will include Chemical Specific Protocols based on Material Safety Data Sheets (MSDS).

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 other community health and safety issues.

All project activities ranging from the operation of laboratories and medical waste facilities to community engagement activities present a risk of transmission in the community. The risk is heightened given the prevalence of hypertension, diabetes and cardiovascular disease in Samoa. 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 (WHO guidelines); (ii) measures in place to prevent or minimize the spread of infectious diseases; (iii) emergency preparedness measures. The operation of laboratories and medical waste facilities 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 events. The project ESMF and the Infection Prevention and Control and Waste Management Plan (IPC&WPM) will include relevant procedures for the operation of these facilities.

Some project activities may give rise to Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. The ESMF to be prepared for this project will include a GBV risk assessment and preventive measures. The project will seek to avoid SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as ensuring the provision of gender-sensitive infrastructure such as segregated toilets in contractor camps and newly constructed/refurbished laboratory facilities.

The project will not fund the use of security forces or personnel.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement



This standard is not Relevant. Project activities will not involve land acquisition, physical or economic displacement, or restriction of access to natural resources. Works/infrastructure activities including the construction of laboratory and waste management facilities will be conducted within existing government facilities/grounds. The project’s ESMF will outline a screening, due diligence and public consultation process to ensure proposed project sites can be utilized for project infrastructure activities.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not considered Relevant. Small scale construction works activities are expected in this project and all works will be conducted within existing facilities/grounds or in urbanized areas on government grounds. Hence, likely impacts of the project on natural resources and biodiversity are negligible and so this standard is not considered relevant.

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

This standard is not relevant. The ethnic structure in Samoa is predominantly ethnic Samoan (92.6%) with a minority of Europeans and biracial European/Polynesian people. There are no IPs as defined by ESS7 in Samoa.

ESS8 Cultural Heritage

This standard is not relevant. The project is not expected to cause an impact on intangible cultural heritage. Nonetheless due to planned small scale construction and associated a chance finds procedure for tangible cultural heritage will be prepared and integrated into the ESMF for the project.

ESS9 Financial Intermediaries

This standard is not relevant to the proposed project interventions, as no financial intermediaries will be used.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
no international waterways will be involved	
OP 7.60 Projects in Disputed Areas	No
not applicable	

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



Retain a Principal Health Care Waste Officer and CTSSU International Environmental and Social Specialist throughout Project implementation	05/2020
Environmental and Social Management Framework (ESMF) Timeline: The ESMF will be prepared, disclosed and adopted no later than 30 days after Effective Date. Between project approval and the preparation of the ESMF, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Updated Stakeholder Engagement Plan Timeline: The SEP will be updated, disclosed and adopted no later than 30 days after the Effective Date. The SEP will then be continuously updated during project implementation.	06/2020
Adopt the Grievance Redress Mechanism and establish a dedicated grievance / feedback hotline for the Project Timeline: GRM will be adopted within 30 days of the Effective Date and thereafter implemented and updated throughout project implementation.	06/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures Timeline: The LMP will be prepared, disclosed and adopted as part of the ESMF, no later than 30 days of Effective Date	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Infection Prevention and Waste Management Plan Timeline: The IP & WMP will be prepared, disclosed and adopted as part of the ESMF, no later than 30 days after Effective Date	06/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed and incorporated into the ESMF	06/2020
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	

Public Disclosure



Chance Find Procedure Timeline: The CFP will be prepared, disclosed and adopted as part of the ESMF no later than 30 days after Effective Date	06/2020
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:

The Bank and the Borrower do not consider the use of the borrower environmental and social framework as defined in ESF for the purpose of the project.

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

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Public Disclosure



Practice Manager (ENR/Social)

Valerie Hickey Cleared on 08-Apr-2020 at 08:19:32 EDT

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Valerie Hickey (SAESSA) Concurred on 14-Apr-2020 at 11:16:25 EDT