



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/01/2020 | Report No: ERSRA00576



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Nicaragua	LATIN AMERICA AND CARIBBEAN	P173823	
Project Name	Nicaragua COVID-19 Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/5/2020	6/30/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Nicaragua	Ministry of Health		

Proposed Development Objective(s)

The Project objective is aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP).

PDO Statement:

To respond to and mitigate the threat posed by COVID-19 and strengthen the national system for public health preparedness in Nicaragua.

Financing (in USD Million)	Amount
Total Project Cost	13.10

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 at responding and mitigating the threat posed by COVID-19 and strengthen the national system for public health preparedness in Nicaragua. It is comprised of two components: Component 1: Support the country's protocol of containment of COVID-19 to slow and mitigate the impact of the pandemic. This component will include three sub-components geared to support the timely care of suspected and confirmed cases; the strengthening of the



health care network and communicate to the population good practices in hygiene and daily prevention at home and communities; and Component 2 for Project management and monitoring of the fund. In addition, climate change adaptation and mitigation measures will be incorporated during implementation throughout the sub-components, as applicable, and gender issues will be addressed as necessary.

D. Environmental and Social Overview

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

The project will be implemented at the national level, across the country's 17 departments. Through the procurement of essential goods, medical equipment and medicines, the project will support the timely identification and follow up of suspected and confirmed cases of COVID-19. The project will also finance a national communications plan which aims to slow the spread and mitigate the impacts of the virus. Several national hospitals and health centers in identified areas will be prioritized as they will be receiving and treating COVID-19 affected patients. The proposed project is not expected to include any civil works, as the use of all equipment and medical supplies will be within existing hospitals and laboratories.

Nicaragua is one of the poorest countries in Latin America and the Caribbean (LAC); poverty and extreme poverty rates are among the highest at 30 percent and 8 percent in 2014, respectively. Inequality measures, however, remain within averages in LAC, with a Gini coefficient of 0.47 in 2014. Access to healthcare services in Nicaragua is wide and free, and primarily serves the poorest and most vulnerable segments of the population, protecting them from falling further into poverty. Through the Government's flagship health program, Family and Community Health Model (MOSAFIC), Nicaragua has widened access to healthcare to rural and remote areas. However, challenges remain in both the coverage and quality of care. Comprehensive services still do not fully reach underserved areas, such as the Caribbean Coast and rural areas of the country.

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. The new coronavirus (COVID-19) was declared a pandemic by the World Health Organization (WHO) on March 11, 2020. Currently, the number of COVID-19 cases in LAC is increasing daily, and the epidemic threatens to exceed the limited capacity of many healthcare systems in the region. Even though Nicaragua presents among the fewest confirmed cases of COVID-19 in Central America as of late March xx 2020, the government's response is limited when it comes to testing and actively identifying new cases. Health sector challenges in Nicaragua are expected to be aggravated by the pandemic, since Central America is classified as a high-risk area with limited response capacity and large groups of vulnerable populations.

Negative impacts of the COVID-19 pandemic could disproportionately affect vulnerable groups, who already have limited access to healthcare services and, most likely, depend on the informal economy, thus subject to loss of income. Identified vulnerable groups include populations in crowded peri-urban areas, communities in remote rural areas, households below the poverty line or people with disabilities. These groups might not have access/means to reach healthcare centers or reside in areas where healthcare centers are not equipped with the personnel, goods and equipment needed to treat COVID-19 patients. Communities in border areas could also be subject to higher risks of infection if sanitary controls are not established in point of entry. Statistics for COVID-19 are showing that the elder or



chronically ill are more likely to present complications if affected by the virus. In Nicaragua, Non-Communicable Diseases (NCDs) including cardiovascular disease, cancers, and diabetes mellitus are among the most prevalent causes of death among adult population.

Indigenous Peoples (IPs) and Afro-descendants (ADs) communities in Nicaragua are recognized by the constitution and, in some cases, hold distinct community and governance structures as well as traditional health practices. Cultural practices, language and institutional arrangements of IPs and ADs are elements to be considered in a response strategy towards the pandemic. The World Bank's financed Integrated Public Provision of Health Care Services (P164452) project has contributed to establishing and advancing a dialogue between IPs and Afro-descendant communities. In some cases, protocols are being developed to work with traditional governance structures and identified traditional medicine agents.

Under two ongoing health projects, Nicaragua is in the process of implementing environmental management systems in its medical units, which will make the management of hospital waste more efficient and safer. In the last 5 years, waste management plans have been implemented in 45 public hospitals out of a total of 73, which represents 62% of the total. Waste management is adequate in the segregation and storage stage, but non-compliances have been observed during its treatment due to deficiencies in sterilizers and incinerators, which do not always work properly and in some cases are out of service or do not exist. Medical units that do not have waste treatment equipment move the waste to other units for treatment or send them without treatment to final disposal sites. These issues continue to be followed up and addressed through implementation and supervision of the ongoing Bank financed projects, and steady improvements have been shown. In the 19 second and third level hospitals that the MOH has selected as the main emergency responders, the existence and proper operation of infectious biological waste treatment equipment must be ensured, and will be required under the proposed project.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MOH) will be responsible for the implementation of the Project through its various national directorates and technical units. The Project will follow similar implementation arrangements to those in the ongoing Strengthening the Health Care System Project (P152136) and the Integrated Public Provision of Health Care Services Project (P164452). These arrangements have proven to be robust and have helped produce overall satisfactory project performance and safeguard policy compliance.

Implementation will be overseen by the MOH's Project Technical Committee (PTC), which already exists. The PTC will be responsible for: (a) coordinating project activities; (b) monitoring project results indicators; (c) coordinating with the General Directorate of Epidemiological Surveillance (Dirección General de Vigilancia de la Salud Pública, DGVSP), and the Procurement Division and the General Division of Financial Management within the MOH; (d) overseeing the implementation of the Environmental and Social Framework; and (e) preparing technical and financial progress reports. The PTC is led by the MOH's Division of External Cooperation and consists of technical staff from each participating technical and administrative directorate and division within the MOH.

For environmental and social management, as stated in the ESCP, the MOH will establish and maintain adequate capacity within the existing Environmental Management Unit (EMU) of the General Directorate of Public Health Surveillance (DGVS for its acronym in Spanish) as well as the Institute of Natural Medicine and Complementary Therapies (IMNTC), for the management of environmental and social standards relevant to project. The DGVS will be in charge of the environmental aspects, and the IMNTC for the social aspects, as is the current arrangement under the two existing World Bank financed projects with MOH. Under the existing projects, MOH has been gradually strengthening their social and environmental standards in a manner consistent with the World Bank's safeguard



policies. This will be the first project that MOH will implement under the World Bank’s Environmental and Social Framework (ESF), although -- given the nature and risks of the proposed project and the existing experience and capacity of the client – the existing experience of the client from the ongoing projects will be highly relevant and forms a solid basis of capacity from which to develop the project environmental and social (E&S) risk management approach and oversee ESF compliance aspects of the project. In light of the national scope and emergency nature of the project, it is nonetheless expected that full time dedication of staff within DGVS’s EMU and IMNTC will be needed to carry out the environmental and social management commitments under the project, in particular to develop and execute the comprehensive outreach, stakeholder engagement and communications programs, as well as to provide training to hospital staff and workers on the proper use and disposal of procured equipment and supplies. At the outset, one environmental and one social specialist will be required to be dedicated to the project, either hired immediately or allocated fully from the existing teams, who will participate from the start of elaboration of the environmental and social management instruments and will remain on board to supervise their implementation and compliance. Any additional required staffing requirements as well as capacity building measures will also be fully identified and assessed as part of development of the project Environmental and Social Management Framework (ESMF).

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Moderate

Given that no civil works are envisioned and the project will focus on procurement of supplies, the main environmental risks expected 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 appropriate use of personal protective equipment (PPE) for healthcare workers as well as handling of heavy machinery and equipment such as oxygen tanks; and (iii) pollution and human health and safety risks stemming from cleaning and disinfection products, chlorine and other hazardous byproducts, etc. These risks overall are considered moderate. To mitigate these risks, an Environmental and Social Management Framework (ESMF) will be developed, and will include and reference the specific guidelines developed by the WHO for COVID19 response including on biosafety and medical worker safety.

Social Risk Rating

Substantial

The social risk rating for the project is considered as Substantial.

The proposed project is expected to generate important positive impacts, including strengthening the ability of the Government of Nicaragua (GoN) to respond to the COVID-19 pandemic, through the acquisition of medical supplies and equipment.

However, the World Bank classifies the Social risk of the project as “Substantial” after considering that there is a potential for social discontent around the results of the project, because the public demand may surpass the response capacity of the project, and in a context where there are growing concerns about the capacity of the government to manage the crisis and due mainly to factors related to transparency, inclusive participation of those who have opposing views to the government, and accountability. Potential social risks of the project also include: i) exclusion of

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vulnerable groups, such as the poor and marginalized populations or indigenous people and Afro-descendants who could potentially have limited access to healthcare centers, might be subject to discrimination or non-recognition of traditional healthcare practices; ii) quarantine and social distancing measures which could also disproportionately affect vulnerable groups, particularly those in living in crowded informal settlements, which include the poor, marginalized or migrant; iii) increased risk to women of gender-based violence and domestic partner violence particularly as a result of quarantine and physical distancing, iv) risks to communities related to the use of military force and/or security force to assist in COVID-19 operations; and v) risks related to ensuring inclusive participation and the effectiveness of the Grievance and Redress Mechanism (GRM) in an emergency response context. Measures to mitigate these risks and impacts will be identified and included in the project's ESMF and Stakeholder Engagement Plan (SEP).

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:

To address environmental and social risks and impacts under the project, the Ministry of Health will prepare an Environmental and Social Management Framework (ESMF) within 30 days of project effectiveness. The ESMF will specify the procedures for the safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials as well as management of biohazardous wastes resulting from the project activities. Foundational documents to be referenced in the ESMF will include the national regulation for hospital waste (Nicaraguan Compulsory Technical Standard NTON 05 015-01, which establishes the technical environmental requirements for the storage, collection, transport, treatment and final disposal of said waste), as well as WHO's specific COVID19 guidelines on laboratory biosafety, and other WHO and international good practice guidelines on COVID-19 medical waste management, diagnostic testing, administration of COVID19 health services, quarantine guidelines, handling of medical supplies, and healthcare occupational health and safety (OHS), as detailed further under ESS2. The ESMF will also clearly outline the implementation arrangements to be put in place for environmental and social risk management; training programs focused on COVID-19 biosafety as well as compliance monitoring and reporting requirements.

To mitigate identified social risks, the ESMF will also include provisions to support non-discrimination in provision of services and equal treatment to all project beneficiaries, as well as identifying the barriers faced by poor, marginalized and ethnic minorities in accessing healthcare centers and treatment. The MOH will also comply with commitments set forth in the Environmental and Social Commitment Plan (ESCP), and has formulated and will implement a Stakeholder Engagement Plan (SEP). In addition, MOH will ensure project activities are coordinated and build upon the work already in place by the World Bank-financed Integrated Public Provision of Health Care Services (P164452) project where MOH has already built experience and capacity, particularly in regard to coordination with IPs and Afro-descendant communities in healthcare related aspects.

Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks will be assessed and addressed during implementation, including screening and putting in the corresponding measures in the ESMF to prevent and mitigate the SEA/SH risks.



ESS10 Stakeholder Engagement and Information Disclosure

The MOH has prepared a Stakeholder Engagement Plan (SEP) that will be updated within 30 days of project effectiveness. The SEP identified affected and interested parties as well as vulnerable groups. The document includes an analysis of the different stakeholder groups and presents a strategy that includes timeline and methods for consultations and continuous engagement throughout project implementation that takes into account the realities of advised physical distancing. The SEP also identifies resources and responsible personnel to ensure its implementation as well as guidelines for monitoring and reporting.

The Ministry of Health, has also activated a preparedness plan which has been developed with support from PAHO and other international agencies. This plan provides communications guidelines that will be incorporated into the SEP as they are identified and more importantly will anchor sub-component 1.2 of the project that will support Nicaragua’s risk communication strategy for the general population to slow and mitigate the impact of the COVID-19 pandemic. The plan will target the Nicaraguan population, health workers and travelers, to ensure that risks and warning signs are identified, so that they can access health units appropriately.

The MOH will ensure all consultations and participatory dialogues with IPs and Afro-descendants are culturally appropriate, consider traditional systems of community engagement and decision-making, and ensure participation of specific vulnerable groups within communities whose interests are traditionally underrepresented, such as elders, women and youth. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in the US-based Centers for Disease Control (CDC) for patients with confirmed COVID-19 or persons under investigation for COVID-19 in healthcare settings. People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Redress Mechanism (GRM) included in the SEP.

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. Most activities supported by the project will be conducted by health and laboratory workers. Activities encompass thereby treatment of patients as well as assessment of samples. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system, which can lead to illness and death of workers). The Project will ensure the application of OHS measures as outlined in WHO guidelines, which will be captured in the ESMF. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections that follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19



globally. Staff of health delivery facilities will receive training under the project on how to use the medical equipment and supplies financed through the Project in a way that protects their health and safety. These labor management procedures (LMP) will be documented in the ESMF, and will also include a GRM for project workers.

Project activities will be implemented primarily by MOH civil servants. The project is not expected to directly contract workers; however, it is likely private contractors will be required for handling, transport, and disposal of health management waste derived from the supplies purchased by the project, which will follow national laws as well as WHO guidelines as will be outlined in the project ESMF on the collection, management and disposal of medical waste.

No children under 18 or forced labor will be allowed under the Project.

ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the health centers and home quarantine (drugs, supplies and medical equipment) can have a significant impact on environment and human health if not properly handled, transported and disposed. These wastes could also include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharp items, used in diagnosis and treatment. Existing capacity for ensuring proper medical waste management at hospitals across Nicaragua varies, and will therefore be a key area of focus of capacity building and supervision under the project, considering in particular the high risks of further COVID-19 spread if waste is not handled properly. The requirements for adequate mitigating the risks will be part of the ESMF as described as part of ESS1.

ESS4 Community Health and Safety

This standard is relevant. Most community health and safety risks are related to the proximity of communities to healthcare centers and hospitals that will be receiving and treating COVID-19 suspected and confirmed patients. Protocols to receive suspected cases will ensure the areas surrounding the facilities avoid overcrowding. Information on preventive health measures to communities surrounding health facilities will be provided periodically through continuous stakeholder engagement. Medical wastes also pose a risk for transmittal of the COVID-19 virus to the community at large if not properly managed. Measures for waste management to be included in the ESMF, as described under ESS1, will build on international good practice and WHO protocols to describe: i) how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines) ii) measures in place to prevent or minimize the spread of infectious diseases, and iii) emergency preparedness measures.

There is also the potential for the use of military /security force to help during the health emergency. If and when military/security forces are utilized, either directly or indirectly, in connection with World Bank support, the project will set out the following provisions, to be detailed in the ESMF: i) requirements to comply with ESS4, reporting obligations (specify on what, how often, to whom); ii) specific prohibitions e.g. no child labor, no forced labor,



restrictions on what military personnel under the age of 18 can do (if anything); iii) health and safety requirements; iv) Code of Conduct for military personnel providing any project related support; v) type of obligations; vi) requirements for grievance management; and vii) training required (on topics such as the Voluntary Principles on Security and Human Rights, interactions with the community, operation of the project GRM, use of PPE, code of conduct, etc). Prior to deploying military or security personnel to support project activities, the MOH shall take measures to ensure that such personnel are: i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (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 the ESMF; and iii) deployed in a manner consistent with applicable national law. In case project activities are supported or implemented by security forces personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the protocols included in the ESMF and SEP, and 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

This standard is not currently relevant. No civil works are expected to be undertaken. The project will not require land acquisition or involuntary resettlement, nor will it restrict access to land or natural resources.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant. The Project is not expected to support any construction works or other activities that might jeopardize the integrity of biodiversity or living natural resources.

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

This standard applies to the project because IPs and Afro-descendant (AD) communities, as defined by the ESF, will be among project beneficiaries. Measures to address IPs and ADs are included in the SEP, and will be included as part of the project's ESMF.

Project activities are not expected to cause negative risks or impacts which could threaten their unique cultural identities and well-being. Through the ongoing Integrated Public Provision of Health Care Services (P164452) Project, Nicaragua's Ministry of Health and its Institute of Traditional Medicine have established and advanced a dialogue between IPs and Afro-descendant communities and healthcare officials. MOH will ensure project activities are coordinated through and build upon these channels, recognizing traditional community structures, local health practices and working in coordination with traditional medical agents.

Additionally, under project activities related to supporting the country's risk communication strategy for the general population to slow and mitigate the impact of COVID-19 pandemic through the financing of a sustained, national communication plan, MOH is committed to ensuring that all health prevention education campaigns materials (radio spots, posters, banners) are translated into Creole, Miskito Mayagna, and English. MOH will also distribute educational materials to local health units and educational centers and other frequented places within IPs and Afro-descendants' communities.



Consultations with IPs and Afro-descendants to receive project feedback will be done in accordance with the established principles in the SEP. Consultation and participatory dialogue outputs will inform communications material and will ensure these are culturally pertinent and in the language of use. The MOH will ensure all consultations and participatory dialogues culturally appropriate, consider traditional systems of community engagement and decision-making, and ensure participation of specific vulnerable groups within communities whose interests are traditionally underrepresented, such as women and youth. The project-level GRM is included in the SEP, and will be adapted to incorporate customary dispute settlement mechanisms and local customs, readily accessible, and translated to relevant local languages.

No activities that would require FPIC are included in this project.

ESS8 Cultural Heritage

The Standard is currently not relevant. Project activities will not have any adverse impact on tangible or intangible cultural heritage. However, some of the project beneficiaries will be IPs and Afro-descendants who might maintain distinct cultural health practices. Previous work in Nicaragua, through the Institute of Traditional Medicine, and with the support of the World Bank-financed Integrated Public Provision of Health Care Services (P164452) Project, MOH has been able to establish and advance a dialogue between IPs and Afro-descendant communities. Protocols to recognize and incorporate cultural health practices have been established when working with IPs and Afro-descendant communities in health-related matters, which includes recognition of their own traditional governance structures and traditional medicine agents. The project will ensure these protocols are taken into consideration when entering and treating IPs and Afro-descendant communities, particularly when working with the autonomous territories in the Caribbean coasts.

ESS9 Financial Intermediaries

The standard does not apply.

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	

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Develop Environmental and Social Management Framework (ESMF).	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Implement the Stakeholder Engagement Plan, including Grievance Mechanism	07/2023
ESS 2 Labor and Working Conditions	
Implement OHS and other labor management measures and procedures as specified in the ESMF.	07/2023
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Implement relevant provisions of ESMF, including on medical waste management.	07/2023
ESS 4 Community Health and Safety	
Implement relevant provisions of ESMF, including on use of security forces (if applicable)	07/2023
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	
Include relevant measures to address Indigenous Peoples and Afro Descendants in the project's SEP and ESMF. Thereafter, implement the measures.	07/2020
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

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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:

None.

IV. CONTACT POINTS

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Borrower/Client/Recipient



Borrower: Republic of Nicaragua

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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