



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/10/2020 | Report No: ESRSA00693



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Benin	AFRICA	P173839	
Project Name	BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/10/2020	4/7/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Benin	National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics		

Proposed Development Objective(s)

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Financing (in USD Million)	Amount
Total Project Cost	10.40

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 proposed project will support the implementation of the Benin COVID-19 Plan. The Plan’s goal is to support: the strengthening of multi-sector national institutions and platforms for policy development and coordination of prevention and preparedness, using the One Health approach; national and sub-national prevention and preparedness; and implementation management and monitoring and evaluation.

D. Environmental and Social Overview

Public Disclosure



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

The Benin COVID-19 Emergency Response and System Preparedness Strengthening (P173839) is an emergency operation that will be implemented nationwide. It will contribute to COVID-19 preparedness, monitoring, surveillance and response in Benin. The project is expected to finance civil works that will be undertaken within existing facilities. These works aim at improving services in healthcare facilities, laboratories and warehouses, and will be focused on rehabilitation and/or renovation of existing structures and the construction of some new buildings within existing footprints. The country has an acceptable legal and regulatory legislation pertaining medical waste management. The Benin COVID-19 Emergency Response and System Preparedness Strengthening will be implemented by the REDISSE Phase III Project which has developed a Medical Waste Management Plan(MWMP) that is under implementation. In addition, it also finances incinerators at hospitals. The project is not expected to have an impact on natural habitats or cultural sites.

Increasing insecurity related to the growth of armed groups in the bordering countries such as Burkina Faso could negatively affect the implementation of project activities. This is the context in which the current project will be implemented.

D. 2. Borrower's Institutional Capacity

The Government of Benin has an acceptable legal and regulatory environmental and social framework, with a national agency called ABE(Agence Beninoise de l'Environnement) that oversees the approvals of environmental and social assessments and the monitoring and evaluation of such studies. This agency is not well staffed in terms of number of people, but its technical capacities for environmental and social risks management are considered acceptable. The Government has received capacity-building support through World Bank-financed projects on environmental and social risk management, including the requirements of the Environmental and Social Framework (ESF). However, capacity building is nevertheless required to enable this government's body (ABE) to play its role more fully which are: (i)the review and approval of environmental and social studies,(ii)the monitoring of the implementation of ESMPs and RAP; (iii) the evaluation of such studies. The operation will be implemented by the Ministry of Health (MoH) using staff in the project coordination unit (PCU) of REDISSE-Phase III (Regional Disease Surveillance Systems Enhancement-Phase III in Benin - P161163). The Ministry has implemented numerous World Bank funded projects in the health sector. In addition, the existing REDISSE's PCU has a full-time environmental specialist and a social specialist. The REDISSE PCU has demonstrated its capacity to screen, implement, monitor and report on environmental and social commitments as part of World Bank financed activities. However, it is recognized that a potential COVID-19 outbreak poses a unique set of challenges given the importance of immediate actions being synchronized over a broad geographic space with many key stakeholders. Meeting these challenges will strain the capacity of the REDISSE coordination unit and this is also the first project prepared under ESF that the Ministry of Health in Benin will implement.

The Environmental and Social Commitment Plan (ESCP) will include targeted support to build their capacity including training in Covid and support from third party entities to deliver on the objectives of the COVID-19 response operation. The project will hire a deputy PCU coordinator during implementation. Moreover, given the need for a comprehensive stakeholder engagement and communications strategy in the context of COVID-19 management, the REDISSE PCU will engage from the MOH a communications specialist in the field of public health awareness and communication to be included on the project team at the beginning of project implementation. Under the REDISSE Phase III project, activities are being implemented in compliance with the national legislation and safeguards policies triggered by the project. The environmental and social screening of activities is systematized, safeguards documents prepared and the environmental and social monitoring report is regularly produced.



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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Overall, the main long-term environmental impacts of this project are likely to be positive. Despite that, there are several short-term risks that need to be considered. The main environmental risks of project include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety (OHS) issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the Benin in a timely manner; and (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at healthcare facilities across Benin. To mitigate these risks the MoH, will prepare and disclose an Environmental and Social Management Framework (ESMF). The ESMF will contain updates on provisions for storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be integrated into the ESMF. The Project will also support MoH in coordination with other partners to address logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country.

Other risks, including from small scale works, are moderate in nature and measures to manage them will also be included in the ESMF. Those risks are inter alia: dust, noise pollution, the absence of Personal Protective Equipment (PPE), non-compliance with the physical distancing of employees, etc.

Social Risk Rating

Substantial

One key social risk related to the COVID-19 operations in general, is that vulnerable social groups (poor, disabled, elderly, isolated communities, people and communities living far from the health facilities, etc.) may be unable to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project. Other social risks include the rise of social tensions that could be exacerbated by the lack of awareness regarding the behavior change required to decrease transmission (physical distancing, hand washing and hygiene), stigma associated with victims of COVID-19 and their families, perceived exclusion from key health facilities and services and misinformation regarding how COVID-19 is transmitted and prevented. In addition, quarantine/isolation of patients may introduce other social challenges such as how to maintain dignified treatment of patients, attention to specific, culturally relevant concerns of vulnerable groups and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), as well as meeting minimum accommodation and servicing requirements. In addition, the planned activities may present risks to project workers – specifically, to health care workers potentially exposed to COVID-19 and more generally to project workers whose working conditions may be adversely affected due to the need to address the COVID-19 emergency. Based on these findings, the social risk rating of this project is Substantial.

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

Public Disclosure



Overview of the relevance of the Standard for the Project:

This standard is relevant. This operation is being prepared as an emergency response using condensed procedures under the Fast Track COVID-19 Facility. The Project will have overall positive environmental and social impacts as it will contribute to epidemic/pandemic preparedness, monitoring, surveillance and response, specifically with regard to combating transmission of COVID-19. However, there are also substantial environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach during implementation. The primary risks identified during preparation include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infectious medical waste; (ii) OHS issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at health facilities across the country; (iv) possible risks around social exclusion for access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, people and communities in remote rural areas living far from health facilities and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic outbreak; and (v) risks for those receiving treatment for COVID-19 symptoms, including discrimination and GBV/SEA risks for patients in quarantine.

To address these risks, the MoH, with support from the REDISSE project, will update its ESMF to provide clear guidance regarding the treatment of medical waste and the preparation of sub-projects' ESMPs if and when necessary. The updated ESMF will also incorporate international protocols for community health and safety during a pandemic and measures to address SEA/SH. The ESMF will include a commitment by the MoH to provide services and supplies based on the urgency of the need in line with the latest data related to the prevalence of the cases. In addition, the ESMF will also screen and identify the risks related to contracting and/or using private and/or public security forces to provide protection for healthcare workers and at isolation/quarantine sites. The ESMF will provide guidance regarding how to address these risks according to the principles of proportionality and Good International Industry Practice (GIIP) and by applicable national provisions regarding civilian-military engagement, rules of conduct, training, equipping, and monitoring. The ESMF will be shared and consulted with stakeholders using the modified approach currently under preparation and publicly disclosed per the requirements of the ESF no more than 30 days after project effectiveness. Mitigation measures will be addressed in the ESMF and eventual Environmental and Social Management Plans (ESMPs).

More specifically the ESMF will:

- i) 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 good international industry practices (GIIP). The ESMF will include an Environmental and Social Management Plan (ESMP) for renovation and rehabilitation works; Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories, medical centers and isolation centers; Labor Management Procedures (LMP) for PCU 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 REDISSE Phase III website and on the World Bank website no later than 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.



ii) Include a 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 PCU and re-disclosed no later than 30 days after the Effectiveness Date.

To achieve the above mentioned 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 fluid) 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. Fortunately, Benin has solid waste management strategy and legislation to manage waste in the country. The REDISSE Phase III project is financing incinerators in the country .In order to continue mitigating the risks associated with medical waste management and disposal, the Project will invest in the procurement of appropriate waste management infrastructure, PPE, incinerators, as well as 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 ESMF in the IPC&WMP.

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.

Community Health and Safety: All project activities ranging from the operation of laboratories 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 being developed will contain detailed procedures, based on WHO guidance, for the operation of health facilities.

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 REDISSE Phase III, in the ESCP, will commit to the provision of



services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.

SEA/SH: The project will include a large workforce of health care workers (direct, contract and community workers). SEA/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 REDISSE Phase III, in the ESCP will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention.

ESS10 Stakeholder Engagement and Information Disclosure

The Stakeholder Engagement Plan (SEP) will provide guidance on how to effectively engage citizens, develop culturally appropriate adaptations regarding behavior change, seek stakeholders' inputs regarding project activities and provide relevant information to all stakeholders. The SEP will be complemented by a strong and well-articulated communication strategy on COVID-19 as part of project design, which will not only help with the implementation of the community mobilization and behavioral change objectives of the project, but also help minimize the circulation of false information regarding COVID-19, ensure equitable access to services, and counteract the isolation and uncertainty that comes with people in isolation/quarantine.

A draft SEP has been prepared and disclosed (include websites where it has been disclosed). This preliminary SEP outlines the main characteristics and interests of the relevant stakeholder groups, timing and methods of engagement throughout the project lifecycle as well as an outline for the establishment of a project Grievance Redress Mechanism (GRM). After project approval and no later than one month after project effectiveness, the SEP will be updated to include more detailed information regarding the methodologies for information sharing, more robust stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation as well as the monitoring and evaluation plan. The SEP will identify in more detail the roles and responsibilities of religious leaders, traditional chefs, local elected people and NGOs, including the organization of traditional healers as important stakeholders with specific roles to play in project implementation and implementation of the SEP. The SEP will include a methodology to address: the possible social implications of supporting strict physical distancing and isolation measures as a first step in slowing down the infection rate and to prevent overwhelming the already overstretched health system; prevention of social tensions, especially in the vicinity of quarantine facilities and isolation units over the spread of disease and waste management; conflicts that could result from the circulation of false information/rumors; risks related to the use of security personnel to protect the construction of isolation facilities; and developing conditional measures to support affected households and vulnerable groups.

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. Many activities supported by the operation will be conducted by (healthcare and laboratory workers) and will include both the treatment of patients as well as the assessment of patient samples. The project



workforce is expected to include i) direct workers including civil servants and consultants engaged directly by the REDISSE-Project (i.e. project management personnel, medical staff etc.); and ii) contracted workers employed or engaged through third parties such as UN agencies and NGOs (i.e. training and service providers), including to do the minor civil works. The key risk for them is the possible COVID-19 infection. OHS measures as outlined in WHO guidelines will be captured in the updated ESMF. This includes procedures for monitoring entry into healthcare 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 face masks, gowns, gloves, hand-washing soap and sanitizes); and generally ensuring adequate OHS protections in accordance with the general and industry specific EHSGs and consistent with the evolving international good practice in relation to COVID-19 protection. Labor Management Procedures (LMP) will be included in the ESMF to document these measures, which will be updated with the latest COVID-19 guidance as it becomes available. It will provide guidance regarding the policies and procedures that will govern health care workers, project staff and other workers hired under the project, including the management of OHS and SEA/SH risks. Per the requirements of ESS 2, the project will not employ children or forced labor. The project will be required to meet the Standard's requirements for the employees' working terms and conditions, equality of opportunity and workers' associations. The project will also establish a labor GRM to address worker complaints which will be included in the LMP.

ESS3 Resource Efficiency and Pollution Prevention and Management

The Standard is relevant. Pollution prevention and management, specifically medical waste management will be a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed. Waste management in general is a big challenge in Benin due to limited authorized disposal sites, and contaminated medical waste is of special concern. The ESMF of the project will include Medical Waste Management procedures that integrate WHO COVID-19 guidance and other international good practices in order to prevent or minimize contamination from inadequate 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 fluid) 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. Fortunately, Benin has solid waste management strategy and legislation to manage waste in the country. The REDISSE Phase III project is financing incinerators in the country. In order to continue mitigating the risks associated with medical waste management and disposal, the Project will invest in the procurement of appropriate waste management infrastructure, PPE, incinerators, as well as 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 ESMF in the IPC&WMP.

ESS4 Community Health and Safety



This standard is relevant. Community health and safety risks identified during preparation include: (i) environmental and community health related risks related to the inadequate storage, transportation and disposal of infectious medical waste; (ii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at healthcare facilities across the country (WHO guidelines); (iii) possible risks around social exclusion related to access to healthcare facilities and services, specially for the poorest and most marginalized who have a limited ability to pay, those living far from health facilities and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic; (iv) risks for those receiving treatment for COVID-19 symptoms, including discrimination and SEA/SH risks for patients in quarantine; (v) sociopolitical risks specifically related to the recent presidential election within the country and the growth insecurity situation due to the armed groups from bordering countries; and (vi) low trust in the government which could lead to the rejection of public health interventions and information and violence against those providing services.

The project may recruit public or private security to guard and protect project sites. It is not likely to employ military personnel for civil works, but if the situation changes, the project will undertake a Security Risk Assessment (SRA) to review the military's rules of engagement with civilian authorities and identify the specific risks related to providing increased security at the various project sites. The project would then propose adequate mitigation measures, and strengthen existing measures, where necessary, to ensure that the use of the military in project activities will not result in adverse consequences to community health and safety, including in matters relating to SEA/SH. In case other 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.

The project will promote the avoidance of SEA/SH by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.

The risks and mitigation measures will be addressed in the ESMF, drawing on input from project stakeholders, as documented in the SEP.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. The project will not require any land acquisition leading to physical or economic displacement. All rehabilitation/renovation and construction will take place within existing health facilities.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not relevant. No adverse impacts on natural resources or biodiversity are anticipated as a result of project activities. No adverse impacts on natural resources or biodiversity are anticipated as a result of project activities.



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

This standard is not relevant. There are no Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in the project area.

ESS8 Cultural Heritage

This standard is not currently relevant. It is not anticipated that the project will impact cultural heritage and any physical works planned in the context of the project will be limited to rehabilitation or upgrading of existing facilities and some new constructions in existing sites. However, the planned works will include excavation during construction phase and demolition during the rehabilitation of some infrastructures. The ESMF will include a “chance finds” procedure which will require contractors to stop construction/rehabilitation if cultural heritage sites are encountered during civil works.

ESS9 Financial Intermediaries

This standard is not relevant.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

The project is not expected to affect international waterways.

OP 7.60 Projects in Disputed Areas

No

The project is not located in a Disputed Areas.

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	
The ESMF will be prepared and disclosed in country no later than 30 days after Project effectiveness. It will be implemented during the project lifecycle and specific ESMPs will be prepared and implemented overtime.	06/2020
The ESCP was prepared on March 31, 2020. It will be disclosed within the country prior to approval. The activities included will be implemented during the project lifecycle.	06/2020
A deputy Coordinator will be hired or appointed by the MoH no later than 3 months after the Project Effectiveness.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	

Public Disclosure



A preliminary SEP was prepared on March 31, 2020 and shall be disclosed prior to approval. It will be updated no later than 30 days after the Project effectiveness to include further details and implementation arrangements.	06/2020
ESS 2 Labor and Working Conditions	
The Labor Management Plan (LMP) to be included in the ESMF will be prepared no later than 30 days after Project effectiveness.	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Considered under the ESMF (with medical waste management plan).	06/2020
ESS 4 Community Health and Safety	
Considered under the ESMF and SEP.	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Not applicable.	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
Not applicable.	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Not applicable.	
ESS 8 Cultural Heritage	
Considered under the ESMF that will include "chance find" procedure.	06/2020
ESS 9 Financial Intermediaries	
Not applicable	

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:

Not applicable.

IV. CONTACT POINTS



World Bank

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Borrower/Client/Recipient

Borrower: Republic of Benin

Implementing Agency(ies)

Implementing Agency: National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Ibrahim Magazi
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 09-Apr-2020 at 14:57:55 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 10-Apr-2020 at 16:36:51 EDT

Public Disclosure