Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 02/09/2021 | Report No: ESRSAFA114

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Philippines	EAST ASIA AND PACIFIC	Republic of the Philippines	Department of Health

Project ID	Project Name
P175953	Philippines COVID-19 Emergency Response Project Additional Financing

Parent Project ID (if any)	Parent Project Name
P173877	Philippines COVID-19 Emergency Response Project

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	2/9/2021	3/11/2021

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	100.00
Proposed Additional Financing	400.00
Total Proposed Financing	500.00

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

No

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

The Additional Financing (AF) will form part of an expanded health sector response to the COVID-19 pandemic. This will enable the Philippines to continue implementing public health measures rolled out with the support of the parent project and to roll out vaccines to strengthen a multi-layered response to the COVID-19 pandemic. The AF will

contribute to affordable and equitable access to the COVID-19 vaccines. The AF will also help ensure effective vaccine deployment in the Philippines through enhanced vaccination system strengthening and further strengthen preparedness and response activities under the parent project. The AF will finance procurement of vaccines, while the GOP will finance preparedness and delivery of vaccines.

The AF will include the following components and sub-components:
Component 1: Strengthening Emergency COVID-19 Health Care Response
Sub-component 1.1. Provision of medical and laboratory equipment and reagents
Sub-component 1.2: Provision of medical supplies, including Personal Protective Equipment (PPE), COVID-19 vaccines, medicines, and ambulance
Sub-component 1.3: Enhancing isolation/quarantine facilities
Sub-component 1.4: Deployment of COVID-19 vaccines (financed by counterpart funding from the Government of the Philippines)

Component 2: Strengthening laboratory capacity at national and sub-national level to support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response

Component 3: Implementation Management and Monitoring and Evaluation

Component 4: Contingency Emergency Response Component

The project directly contributes to implementation of the first pillar of the World Bank Group Country Partnership Framework (CPF) FY20-23 on Investing in Filipinos to improve human capital development. The AF is critical for the country to safely reopen the economy and resume economic and social development activities that were disrupted by the COVID-19 pandemic. The AF is also a key enabler for the GOP to implement and achieve results across the other pillars areas of the CPF.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The Parent Project is financing a broad range of both immediate and near-term priority health sector activities, medical facilities refurbishment, health care equipment, and ambulances, personal protective equipment (PPE), medical consumables that constitute priorities of the Government of the Philippines (GoP) national response to the covid-19 pandemic. In December 2020, the Parent Project was restructured to reflect the arrangements related to US$25-30 million in financing from the ongoing PCERP for the purchase of COVID-19 vaccines.

The restructuring of the ongoing PCERP facilitated the immediate support of vaccine activities by clarifying standards and implementation arrangements for vaccine eligibility and deployment. It introduced terms and conditions related to the Bank's support for the purchase and deployment of COVID-19 vaccines. Likewise, a second restructuring of the PCERP and Additional Financing of US$400 million is needed to enable affordable and equitable access to the COVID-19 vaccines and help ensure safe delivery and effective vaccine deployment in the Philippines. Under this second restructuring and AF, the Project will incorporate updated environmental and social safeguards requirements and

project indicators associated with the support for COVID-19 vaccine procurement and deployment. The project development objective of the parent project remains unchanged as well as the closing date of December 29, 2023.

The AF will contribute to affordable and equitable access to the COVID-19 vaccines. The AF will also help ensure effective vaccine deployment in the Philippines through enhanced vaccination system strengthening and further reinforce the preparedness and response activities under the parent project. The AF will finance the procurement of vaccines, while the GOP will finance the preparedness, storage, handling, deployment of vaccines, including risk and communication, and adverse events monitoring for COVID-19 vaccines deployment.

The entire Project will be national in scope, supporting the existing network of the health care facilities and services in the Philippines, and provide support to immediate response, e.g. testing, quarantine, decontamination, and treatment, as well as mid-term activities such as completion of construction of the national reference laboratory complex. The Project will include the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and areas with indigenous peoples. Approximately ten percent of the population in the Philippines is considered indigenous peoples. They live in several regions but are particularly concentrated in the mountains of Northern and Central Luzon as well as in the island of Mindanao. Refurbishment and civil works activities are expected to be of small scale, distributed throughout the health care network providing Covid-19 response, and take place within the existing compounds of the health care facilities. The AF might include limited civil works for the storage and handling of the COVID-19 vaccines and other small retrofitting activities for vaccine deployment which will all be on existing premises without the need for land acquisition. The government has a National Deployment and Vaccination Plan (NDVP) that prescribes the storage of the vaccines in a centralized and managed preferably by a single logistics provider which will follow a scenario based plan developed by DOH that is capable of maintaining several temperatures at (1) +2°C to +8°C, (2) -20°C and (3) -70°C to -80°C according to the Vaccination Storage and Temperature requirements of several vaccine manufacturers. The first two temperature ranges can be handled in the current health structures because vaccines in the National Immunization Program (NIP) has the same temperature requirement. As such, facilities for these vaccines are in place such as Research Institute for Tropical Medicine (RITM) as the centralized vaccine hub, regional warehouses and the rural health units (RHUs) and hospitals. Vaccines requiring -70°C to -80°C are new and shall need a special storage package and a complicated distribution mechanism. The government has laid out a plan to outsource the special storage requirements of these vaccines to the special third-party service providers who own or manage private facilities.

Within the Philippines, existing infrastructure and established vaccination distribution channels will mean vaccines can be delivered efficiently using air and road distribution channels directly from the central storage facility to the designated cluster hub warehouses. The logistics partner/s will also manage the delivery fleet and outbound logistics/ delivery to the principal vaccination locations

Health care waste generated in increased quantities from the Covid-19 emergency response is being managed and disposed of according to the standing regulations and existing waste management facilities licensed for this purpose. Their sufficiency for project purposes has been assessed for consistency with ESF requirements in the Parent Project, as well as international and national regulations. It will be further assessed for appropriate implementation of waste management protocols related to Covid-19 vaccine before handling and deployment.

D. 2. Borrower's Institutional Capacity

The Project will be implemented by the Department of Health (DOH). DOH is mandated under Presidential Decree No. 856, the National Sanitation Code, to undertake the promotion and preservation of the health of the people and raise the health standards of individuals and communities throughout the Philippines. It sets and implements policies, standards and guidelines on public health, safety, and environmental health following a set of a well-developed legal framework, operationalized with the Department of Environment and Natural Resources (DENR), for environmental and social management as it pertains to the health sector. Under Republic Act No. 6969, an Act to Control Toxic Substances and Hazardous and Nuclear Wastes, DENR is mandated to regulate the collection, treatment and disposal of healthcare wastes.

For this project, DOH has designated a team of DOH's civil service officials, led by a project director and project manager, and Environmental and one Social Risk Management Focal Points to coordinate ESF implementation. Within the DOH, the project is implemented through the Bureau of International Health Cooperation (BIHC), the Health Facility Enhancement Program Management Office (HFEPMO), the Disease Prevention and Control Bureau (DPCB), Epidemiology Bureau (EB), the Health Emergency Management Bureau (HEMB). The project will use mainstream DOH processes and will not involve a parallel project implementation unit or secretariat. In addition to the DOH line bureaus, the leadership on COVID-19 and planning for vaccination is based on a whole of government approach that includes an Inter-Agency Task Force for the management of emerging and infectious diseases is the policy body leading the response to the COVID-19 emergency. The task force integrates three clusters: Response, Covid-19 Vaccine and Recovery Cluster.

The COVID-19 Vaccine Cluster is led by a Chief Implementor or the "Vaccine Czar" who was appointed by the President to oversee vaccine procurement and preparation of the COVID-19 Vaccination Plan with inputs from various government departments as well as task groups and sub-task groups. The President of the Philippines appointed Sec. Carlito Galvez Jr, Presidential Adviser on the Peace Process and COVID-19 Chief Implementer as the Vaccine Czar for the purchase of vaccines and negotiations with manufacturers. To support the Vaccine Czar, the Inter-agency Task Force on Emerging Infectious Diseases (IATF-EID) created a structure that would manage and distribute COVID-19 vaccines once they become available to the Philippines. The vaccine task group is led by the Department of Health. The following offices under the DOH are involved in various Sub-Task Group (STG). For instance, the STG for Planning, Policy & Technical Support and STG for Program Implementation are led by the Directors of Disease and Prevention Control Bureau. The STG for Registry, Data Management and monitoring and evaluation (M&E) is led by Directors of Knowledge Management and Information Technology Service and Epidemiology Bureau. The STG for Safety Surveillance & Response is under the supervision of the Director of Food and Drug Administration, which is also under the DOH. The lead of 4 STGs are supported by various government agencies such as The lead of 4 STGs are supported by various government agencies such as the Department of Justice (DOJ), Office of the Chief Presidential Legal Counsel (OCPLC), Department of Education (DepEd), Department of Internal Local Government (DILG), Department of Information and Communications Technology (DICT), Department of Social Welfare and Development (DSWD), Department of National Defence (DND) - Armed Forces of the Philippines, Bureau of Correction (BuCor), Department of Transportation (DOTr) and Presidential Coast Guard (PCG).

Under the Parent Project, the Department of Health (DOH) has made significant progress in the implementation of ESF activities since the last implementation support mission. Stakeholder engagements have been conducted with national-level stakeholders, including gender-based organizations and organizations representing persons with disabilities (PWDs) and indigenous peoples. DOH has made efforts to address concerns and suggestions raised by these stakeholders, including initiating a capacity assessment of recipient health facilities to make them more accessible to people with disabilities. The result of the assessment is helping improve the accessibility of health

facilities not only to these groups but also the general public. Community consultations and initial environmental and social (E&S) risk screening were conducted in selected four future civil

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To date, IATF Resolution No. 95 approved the Philippine National Deployment and Vaccination Plan (NDVP) for Covid-19 Vaccines. DOH also issued Administrative Order on the National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization (AO2021-0015) and Department Circular 2021-0009 adopting the Strategic Plan and National Strategic Policy Framework for COVID-19 Vaccination. The DOH is finalizing the COVID-19 vaccine delivery and distribution manual, and vaccine-related project indicators and targets in the results framework before the commencement of the deployment and delivery of COVID-19 vaccines within the country.

To further strengthen its overall institutional capacity, the DOH has undertaken a Covid-19 Vaccine assessment using the Vaccine Introduction Readiness Assessment Tool (VIRAT) and the Vaccine Readiness Assessment Framework (VRAF) that includes several areas relevant to environmental and social risk and impacts. The VIRAT and VRAF tools assess institutional, operational, and financial capacity, and provides additional information and measure to address any gaps in vaccine deployment including vaccination objectives and targets, performance management, and M&E, logistics and cold chain, waste management, community engagement, and advocacy, points of delivery and vaccine safety surveillance among other areas. The AF will support measures to address key gaps identified including those related to public consultation, social mobilization, and dedicated call centers to handle information and complaints. Likewise, DOH is updating the existing guidelines for Adverse Event Following Immunizations (AEFI) to incorporate COVID-19 vaccination and provisions for manufacturers to report safety data to the National Regulatory Agency. The AF will strengthen DOH units' capacity and skills through additional consultants or advisors to enable the implementation of the parent project and the AF. Additional consultants or advisors will be recruited to strengthen the Environmental and Social Framework (ESF) functions, as well as to support the implementation of project activities.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating Substantial

Environmental risks is considered Substantial. The main environmental risks associated are: (i) occupational health and safety (OHS) risks from the COVID-19 vaccines and other infectious wastes and operation of medical facilities and laboratories; (ii) requirements for cold storage, transportation and distribution; (iii) health care waste (HCW) management and safe disposal, (iv) community health and safety issues related to the uncontrolled transmission due to the lack of testing, laboratory and quarantine facilities and poor handling, transportation and disposal of HCW; and (v) environmental safety risks associated with small scale civil works of medical facilities for refurbishment or expansion. DOH is currently conducting an assessment under the NDVP to determine the existing capacity of the DOH facilities for dry storage and cold chain facilities in order to boost its capability to address the shortage in priority goods, services and infrastructure. The plan includes the calculation of additional space requirements and cold chain equipment at the national, and local levels. The data on additional storage requirements are based on the dosage form and characteristics of the new vaccine and transport capacity needed for vaccine distribution and update the national cold chain inventory by type of equipment and operating condition. Both public and privately managed cold storage facilities and logistics providers shall be assessed in partnership with the FDA. Given the Philippine's geographic size and population, storage of the vaccines will be centralized and managed, by DOH in support of several

third-party logistics provider, with substantial relevant experience. As the different types of vaccine require varying temperature storage requirements, (1) ultra-cold (- 70°C to -80°C), (2) frozen (-15°C to -25°C), and (3) refrigerated (2°C to 8°C), the identified logistics partner/s have to ensure substantial capacity for each temperature range. To ensure the correct volume of vaccines are received by each Vaccination Administration Location (VAL) at the right time, a robust, accurate, real-time inventory management system will be in place to assure availability and maintenance of adequate supplies, minimize potential wastage and accurately forecast demand which can be met. The varying storage temperatures and shelf-life storage of each vaccine type will mean certain vaccine types may be more suited to certain vaccination location types, depending on the volume of vaccinations carried out and the storage facilities on site. The distribution plan has accounted for assigning different vaccines for different locations. Ensuring adequate availability of the vaccine for the second dose will also be considered when managing stock levels. To cater for the three (3) main temperature categories, namely: (1) +2°C to +8°C, (2) -20°C and (3) -70°C to -80°C, a scenario based planning has been developed. The first two temperature ranges can be handled in the current health structures because vaccines in the National Immunization Program (NIP) has the same temperature requirement. Vaccines requiring -70°C to -80°C are new and shall need a cold chain storage, cognizant of the use of low to zero ODS refrigerants and low GWP and well-planned distribution system. Deployment shall follow the pathway for the routine vaccines from the national cold storage facilities up to the service delivery points following the distribution NIP pathway of the current vaccines. Existing infrastructure and vaccination distribution channels will be tapped for efficient deployment using air and road distribution channels. To address infectious and biohazard wastes, DOH has issued the Department Memorandum 2021-0031 dated 18 January 2021 re: Interim Guidelines on the Management of Health Care Wastes Generated from COVID-19 Vaccination, now included in the comprehensive 4th Edition of the Manual on Healthcare Waste Management that addresses emerging infectious diseases.

Social Risk Rating Substantial

Social risks is considered Substantial. The Parent Project is expected to have long term social positive impacts in the country. The scaled-up activities supported by the AF, under sub-component 1.4, are expected to further enhance those positive long terms social impacts through the additional investments in the procurement, implementation, and delivery, systems strengthening, risk and communication, and adverse events monitoring for COVID-19 vaccines deployment. However, in addition to the social risks identified in the parent project, the social risk for the AF remains substantial due to the potential risks associated with equitable access and distribution of vaccines, elite capture by groups that are not prioritized, and the capacity of vulnerable and poor communities in remote areas to access the vaccine and treatment. Another relevant social risk is the low social acceptability of the vaccine in the country resulting from concerns about the safety characteristics of the vaccine and potential negative side effects that are being amplified by misconceptions and misinformation. In fact, between 2015 and 2019, confidence in the importance, safety, and effectiveness of vaccines fell in the Philippines mainly as a result of the issues surrounding the Dengue (Dengvaxia) vaccine.

For this reason, the AF will support the review of the capacity of the national health systems to deploy vaccines universally and to reach isolated and marginalized communities as well as resources to increase demand generation and strengthen risk communication, community mobilization, and citizen engagement. The M&E will also collect information and data disaggregated by gender, race-ethnicity, location-residence, socioeconomic status to improve the ability to track who is being vaccinated according to the plan. Likewise, the DOH will also revise protocols regarding consent to vaccinations, and the process for agreeing to or refusing to be vaccinated.

Under the Parent Project, the major areas of social risks concern: (i) Occupational, Health, and Safety (OHS) risks for project workers associated with the upgrading activities; (ii) OHS risks related to the spread of the virus among health care workers; (iii) risks related to the spread of COVID-19 among the population at large and, especially for the most disadvantaged and vulnerable populations such as (elderly, children, poor households, persons with disabilities including physical and mental health disabilities, indigenous peoples etc.), due to poor training, communication and public awareness related to the readiness and response to COVID-19; and (iv) risk of panic/conflicts resulting from false rumors and social unrest, the social stigma associated with COVID-19 or potential unrest for access to testingd and other services related to public health services. There may also be risks concerning sexual exploitation and abuse (SEA) and violence against women and girls (VAC), especially related to healthcare workers and people in quarantine. Civil works envisaged in the parent project mainly refer to the repair and rehabilitation of existing buildings. New facilities will be on existing premises and no land acquisition or involuntary resettlement impacts are expected. The project's additional financing might include limited civil works for the warehousing of the COVID-19 vaccines and other small retrofitting activities for vaccine deployment which will all be on existing premises without the need for land acquisition and resettlement.

The overall social risks and impacts will be addressed through the implementation of a Stakeholder Engagement Plan (SEP), including a Grievance Mechanism, and an Environmental and Social Management Framework (ESMF), including Labor Management Procedures (LMP), prepared based on an assessment of social risks and impacts in line with the applicable WB ESSs of the WB's ESF, the WHO COVID-19 guidance on risk communication and community engagement, and national laws

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 parent project was processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF). ESS1 is relevant given the substantial environmental and social risks posed by the project and necessary to assess to ensure the complete and timely management of the anticipated impacts. The main environmental and social risks associated are: (i) occupational health and safety risks resulting from vaccine storage, handling and deployment and the operation and maintenance of the medical facilities and laboratories involved in COVID-19 response which inherently expose healthcare workers and concerned project workers associated with the upgrading activities; (ii) OHS risks related to the spread of the virus among health care workers; (ii) cold storage, reliable transportation and distribution of vaccines and attendant logistical support; (iii) HCWM and community health and safety issues related to the handling, transportation and disposal involving healthcare workers, COVID-19 frontliners and third-party waste services providers; (iv) environmental and safety risks associated with small-scale civil works for medical facilities, refurbishment or completion of ongoing construction. (v) risks related to the spread of COVID-19 among the population at large and, especially for the most disadvantaged and vulnerable populations such as (elderly, children, poor households, persons with disabilities including physical and mental health disabilities, indigenous peoples etc.), due to poor training, communication and public awareness related to the readiness and response to COVID-19; and (vi) risk of panic/conflicts resulting from false rumors and social unrest, the social stigma associated with COVID-19 or potential unrest for access to testing and other services related to public health services,

and risks concerning sexual exploitation and abuse (SEA) and violence against women and girls (VAC). Small civil works will be on existing premises without land acquisition and involuntary resettlement.
Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among healthcare and laboratory workers and exposed communities. The laboratories and relevant healthcare facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous waste. Effective management and controls measures will have to be in place to avoid and minimize these risks; these measures, minimizing the risk of occupational health and safety, proper management and dispose of hazardous waste and other sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc., will be documented in the ESMF and will be in line with WHO Interim Guidance (February 12,2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)" as well as applicable GoP regulations. The ESMF will be updated to ensure that the adequacy of the existing Health Care Waste Management system for handling increased quantities of waste, including waste from COVID-19 vaccine deployment, has been assessed and measures for strengthening its capacity has been identified, if needed.

Since the Philippines has made significant strides in complying with the Montreal Protocol (MP), a 29-year-old global agreement to protect the ozone layer which was demonstrated through the issuance of the policy, DENR Administrative Order 2013-25 otherwise known as the Revised Chemical Control Order for ODS Phase-out. It has fully complied with its phase out of CFCs, it has an ongoing country program to fulfill its Montreal Protocol phase out target of 161.97 ODP tons of HCFCs. Further assessment will be conduct following the ESMF process to determine any potential risks and impacts that the cold storage and transportation requirements may pose that the AF should address.

The project will use the ESMF, which is updated for the AF, as the main guidance for managing the E&S risks, and includes Environment and Social Management Plans (ESMP), Community Health and Safety measures; Environmental Code of Practice (ECOP) for physical renovation civil works; and an environmental and social (E&S) risk management Capacity Building Plan. The ESMF provides for the application of international good practices in COVID-19 diagnostic testing and handling of medical supplies, and disposing of the generated waste. The ESMF includes a negative list of activities that will not be financed.

In addition to social risks related to above mentioned environmental risks (e.g. concerning occupational health and safety and community health and safety), the project risks include exclusion of marginalized and vulnerable social groups, exclusion of, and engagement with, indigenous peoples, risk of panic/conflicts resulting from false rumors and social unrest, the social stigma associated with COVID-19, and SEA/VAC. The ESMF and revised SEP provide measures to address these risks.

In terms of the AF, the procurement, distribution, and administration deployment of Covid-19 vaccines have potential occupational and community health and safety risks associated with the storage and transportation of vaccines and potential negative side effects. The cold chain requirements represent an important challenge for developing countries that lack the infrastructure needed to safely distribute and deploy Covid-19 vaccines. To mitigate this risk, the DOH has undertaken an initial Covid-19 Vaccine evaluation using the Vaccine Introduction Readiness Assessment Tool (VIRAT) and the Vaccine Readiness Assessment Framework (VRAF). These tools assess institutional, operational, and financial capacity gaps. The AF will fund investments in dry storage, cold chain, handling, transportation,

deployment and other logistical support nationwide. The vaccine regulation will follow the usual Food and Drug Administration (FDA) process which shall be facilitated for the COVID-19 vaccine without compromising safety, efficacy, and effectiveness.

In terms of equitable distribution and access to the vaccine, the GoP has declared that all Filipinos shall be vaccinated and shall have equitable access to the Covid-19 vaccines. Based on the DOH estimated quantity of vaccines will be procured: (2doses/person) = 189,193,495 vaccines. The country follows WHO guidance including the Fair Allocation Framework that is part of the National COVID-19 Vaccine Roadmap Deployment and Immunization Plan and the National Deployment and Vaccination Plan (NDVP) for the allocation and prioritization of COVID-19 vaccine. Phase 1will focus on three priority groups: frontline health workers, indigent senior citizens, other senior citizens, comprising 10 percent of the population, predominantly female and uniformed personnel. For subsequent vaccination phases, the target population will include the social and economic workforce, government workers, teachers, school workers, students, essential workers in agriculture, food industry, transportation, tourism, sociodemographic groups such as indigenous populations, persons deprived of liberty, persons with disabilities, those living in high-density areas and overseas Filipino Workers (OFWs). Deployment activities start with a three-month pre-implementation phase to conduct identification of eligible populations, simulation areas, profiling, screening, and registration of eligible individuals, and vaccine allocation and distribution. The local emergency operations center and city/municipal health offices will be responsible for mapping the vaccination sites. The AF will finance activities related to surveillance and adverse events monitoring and includes a specific indicator to monitor those reporting side effects after vaccination needing additional care.
To mitigate concerns about biosafety, social acceptability, and misinformation surrounding safety, effectiveness, and negative side effects of the vaccine, the DOH is preparing a demand generation and risk communication scheme as part of the (VIRAT) and (VRAF) assessment and mitigation measures to close any gaps are includes in the SEP. The risk communication scheme includes advocacy, risk and safety communication, social mobilization, community engagement, and training for staff to generate confidence, acceptance, and demand for COVID-19 vaccines.

Regarding protocols for voluntary consent for vaccination and the process for agreeing and refusing vaccination, the DOH will include consent guidelines and will adapt protocols for consent before vaccination into the NDVP. DOH will continue strengthening its GRM system to ensure it is fully operational for feedback and grievances concerning the vaccine program. Likewise, the DOH is in the process of establishing an Emergency Operations Center with complete data management systems and tools to oversee vaccination deployment nationwide.

The overall Project's ESMF includes provisions for environmental and social risk management for the Contingent Emergency Response Component (CERC) should it be activated during project implementation. The section describes the likely eligible emergencies that could lead to the CERC's activation (e.g. earthquakes, typhoons, other disease outbreaks), a positive list of activities eligible for support in response to the emergency and their environmental and social risks and management measures as well as a negative list of activities categorically excluded from support. If the ESMF measures envisaged now will not fit the activities of CERC when actually activated, an Addendum to the ESMF would be prepared with the situation-specific environmental and social risk assessment and management measures. ESMF provisions will be reflected in the CERC Operations Manual that will be prepared to guide CERC implementation.

ESS10 Stakeholder Engagement and Information Disclosure

The standard is relevant. The parent project recognizes the need for effective and inclusive engagement with all relevant stakeholders and the population at large. In addition to the consultation implemented for the parent project, DOH has organized initial consultations with local governments, civil society, and private sectors on the vaccine program during January 2021 and will continue as part of the plan defined in the SEP for the AF.

Considering the serious challenges associated with the COVID-19 pandemic and COVID-19 vaccination process, AF components 1 and 3 will strengthen risk communication, community mobilization, citizen engagement, and training for staff and community organizers involved in the activities to generate confidence, acceptance, and demand for COVID-19 vaccines. All these initiatives are guided by the National COVID-19 Vaccine Roadmap that includes seven major stages with two cross-cutting interventions that aligned with ESS 10 requirements 1) demand generation and communications, and 2) data management and registry. As a result, the AF component 3 full support utilization of customized data analytics, existing web-platforms/mobile phones to gather citizen feedback on local primary health care providers and transmit the information in real-time to the responsible government body on (i) treatment received or denied; (ii) availability of vaccines; iii) potential side effects and additional treatment; and (iii) other challenges faced by the beneficiaries at the time of visiting the clinic including grievances mechanism. This will allow public officials to understand patterns in in-service delivery, help address weaknesses identified, and tailor risk communication, community mobilization, citizen engagement, and M&E. As part of the National Covid-19 Road Map and to mitigate the risk of associated with misconceptions and misinformation about the vaccines, GoP will be rolling out a comprenhensive demand generation/risk communication strategy.

DOH will continue strengthening its GRM system to ensure it is fully operational for feedback and grievances about the vaccine program. Likewise, the DOH is in the process of establishing an Emergency Operations Center with complete data management systems and tools to oversee vaccination deployment nationwide. The AF will add two additional indicators to monitor citizen engagement and additional support to beneficiaries with negative side effects as a result of vaccination: Peoples that are satisfied with the Covid-19 vaccination service and Peoples reporting side effects after vaccination received additional care and free treatment. In addition, component 3 will finance feedback surveys, including the implementation of iterative beneficiary monitoring (IBM). IBM is a method for gathering low-cost, iterative feedback on project implementation, obtained directly from beneficiaries (vaccine recipients; government agencies; health workers; other beneficiaries). IBM will be crucial considering the high levels of vaccine hesitancy in the Philippines.

To ensure robust stakeholder engagement, SEP that was drafted for the parent project has been revised for the AF. The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It outlines how the project team will communicate with stakeholders and includes a grievance redress mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to the project. Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (e.g. elderly, children, poor households, vulnerable groups, persons with disabilities and indigenous peoples), including in rural areas with little access to the internet.

For the purpose of the AF, DOH has revised the ESMF, SEP, and ESCP documents to incorporate provisions and mitigation measures to reduce the risks associated with the Covid-19 vaccine deployment. The latest versions of the

ESMF, SEP and ESCP disclosed on February 4, 2021 on the following site https://DOH.gov.ph/COVID-19/emergency-response-project.

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

The standard is relevant. Most activities supported by the parent project and by the AF will be conducted by health- and laboratory workers, i.e. civil servants employed by the GoP and professional consultants and contractors (hired as contracted workers). Activities encompass treatment of patients, deployment of COVID-19 vaccines, and small-scale civil works for medical facilities refurbishment or completion of ongoing construction. Under the AF, civil servants and professional consultants will integrate vaccinations teams responsible for administering the vaccines, and Adverse Event Following Immunization (AEFI) teams responsible for monitoring and surveillance following vaccine administration. Additional personnel—including barangay captains, community organizers, security personnel, local safety officers, drivers, and barangay health workers—will be also part of the vaccination teams but in charge of social mobilization, navigation and transportation.

Vaccination for frontline workers including vaccinations teams in the public and private sector would be voluntary and will be guided by the National COVID-19 Vaccine Roadmap and the National Deployment and Vaccination Plan (NDVP). This include protocols for voluntary consent for vaccination and process for agreeing and refusing vaccination.

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 that 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 the ESMF's Labor Management Procedures and WHO guidelines. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for the 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 PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSGs and industry-specific EHSGs and 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. These measures will be documented in labor management procedures (LMP) included in the ESMF.

The project's LMP incorporates issues for the DOH staff and contracted workers: working conditions and management of worker relationships, protecting the workforce and ensuring proper OHS, and a grievance mechanism for project workers whether direct or contracted workers hired for the small-scale civil works. Child labor is forbidden in accordance with ESS2 and Philippines law; due to the hazardous work situation no person under the age of 18 will be hired by the Project. To prevent risks of Sexual Exploitation and Abuse (SEA) and Sexual Harrassment (SH), Gender-Based Violence (GBV) and/or Violence Against Children (VAC) from interactions within work forces and between workers and patients and other community members, the LMP includes provisions for training on

community interaction and SEA/SH/GBV/SEA to all teams, staff (civil servants and outsources staff/contractors) to ensure the teams respect local communities and their culture and will not engage in misconduct. Codes of Conduct (CoC) are included in ESMF and LMP and other relevant documents, such as letter of DOH's staff appointment and contracts for contracted workers in line with relevant national laws and legislation to be adopted and applied under the project. The ESMF/LMP includes similar provisions for security personnel that will be involved in project activities, for instance in providing security at health facilities (see ESS4).

A revised version of the ESMF including labor management procedures has disclosed on February 4, 2021 on the following site https://DOH.gov.ph/COVID-19/emergency-response-project.

ESS3 Resource Efficiency and Pollution Prevention and Management

Healthcare wastes, medical wastes and other chemical wastes (including water, reagents, infected materials, etc.) from the laboratory testing, vaccine deployment, operation of quarantine and isolation centers, and screening posts (drugs, supplies and medical equipment) can have substantial impact on the environment and human health. Wastes that may be generated from medical facilities and national reference labs and DOH and provincial hospitals may include liquid and solid contaminated waste, chemicals and other hazardous materials, and other waste such as sharps used in diagnosis, vaccine administration, and treatment. All health facilities will follow the requirements of the ESMF and the national standards and regulations in place such as the Healthcare Waste Management (HCWM) Regulations, which is now updated to include the management of vaccines and other pharmaceutical wastes. The HCWM assessment of the health facilities is an ongoing activity under the parent project, the results of which will be integrated in the ESMF and the actions will be undertaken will be undertaken during the project and extend to the AF when necessary. The ESMF includes criteria to ensure that disposal of medical waste in DENR-approved landfills and-will not be permitted at sites which threaten human or environmental health including natural habitats. It will similarly include measures to ensure that standards relevant to the upgrading of the civil works and the provision and protection of water resources and the effective management of wastewater from the facilities are observed.

The ESMF includes measures related to transportation and management of samples and medical goods or expired medications and chemicals. The project, as documented in the ESMF, will ensure the use of resources (water, air, etc.) in quarantine facilities and labs will follow standards and measures consistent with the US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities. Potential environment and social risks and impacts to be generated during the renovation of the civil works are already considered in the ESMF and its measures are in place including the proposed activities in the AF.

Furthermore, the ESMF contains measures to mitigate the potential impacts from vaccine introduction (e.g., vaccine storage, handling, transport, deployment, waste management, cold chain capacity, etc.). Refrigeration in the cold chain system for vaccine storage and distribution is necessary to maintain efficacy of the vaccines. Through proper refrigeration, the potential to generate vaccine rejects is also avoided. However, the refrigeration facilities (cold storage and refrigerated road transport), require huge amount of energy to operate and use different kinds of cooling agents/refrigerants in their cooling systems. The use of refrigerants in the cold chain system can contribute to greenhouse gas emissions which can contribute to ozone depletion and global warming. The lack of proper maintenance and knowledge very often translates into an inadequate management of the life cycle of refrigerant gases. More refrigerant leakage results to less efficient equipment and heightened release of global warming

potential (GWP) and ozone depleting substances (ODS) found in refrigerants into the atmosphere. Refrigerants are also toxic and explosive and could pose risk to people's health. Some cold storage warehouses use ammonia as a refrigerant which has negligible GWP but is mildly flammable and toxic. It is therefore necessary that safe practices are applied. Assessment will be conducted following the ESMF process to determine and address potential risks and impacts that the cold storage and transportation requirements may pose.

The ESMF contains provisions on vaccine storage, handling, cold chain, logistics, distribution and deployment. The Project will assist the DOH to conduct intensive resource inventory, scenario-building and resource mapping, including assessing logistical capacity of other government offices and possible private sector partners. This will inform the preparation of a distribution strategy, including mapping the potential port(s) of entry, points of storage (stores) and stocking, and fallback facilities in the country with their respective cold chain storage (2-8C, -20C, -60/70C) and transportation capacity for vaccines and ancillary products, and ensure necessary human resource capacity is in place. The resource inventory and mapping will similarly identify infrastructure needs, including for energy (primary and back-up power, especially in cold chain), IT/communications (including internet connectivity) and water and would assist in planning for the most efficient use of resources.

For service delivery through private facilities, Standard Operating Procedures will be developed, including service quality and performance and reporting standards and mechanisms for complaints-handling, certification of facilities (e.g. energy efficiency and the use of low to no ODS and low GWP refrigerants), financing, performance monitoring and integrity checks. In addition, the vaccine procurement program will apply the Extended Producer Responsibility (EPR) concept or return back condition as a green procurement approach in managing vaccine wastes. The return-back condition in the contract agreement with vaccine suppliers will be specifically applied in areas with limited capacities for safe onsite disposal or in areas with no available third-party hazardous waste treatment facilities.

Climate change and extreme weather events present a risk to implementation. High daytime and nighttime temperatures would require more energy to meet the cooling and refrigeration requirements of hospitals and healthcare facilities, and vaccine storage. Prolonged power interruptions from extreme weather events could compromise the integrity of the refrigeration system of the vaccine cold chain. Intense rainfall, flooding and rain-induced landslides can disrupt health care services (mobilization of medical supplies and services), isolate communities and temporarily restrict access to health care services. It can also result to temporary displacement of families and communities and expose vulnerable persons to potential transmission in evacuation centers. The ESMF contains provisions to ensure that climate and disaster risk management is mainstreamed in the project implementation, including in the COVID-19 vaccines and ancillary products deployment, distribution strategy, and safety surveillance.

Climate and disaster risk management plans of hospitals and health care facilities will be reviewed and updated consistent with the DOH Administrative Order No. 2012-005 "National Policy on Climate Change Adaptation for the Health Sector" which sets the overall policy directions on addressing the impact of climate change on health and to create an enabling environment for capacity strengthening of health systems, engagement of key partners in supporting comprehensive actions, and in protecting the health of all Filipinos from the impact of climate change. The scope of the order includes all units and instrumentalities of the Department, including its attached agencies, local government units, NGO, professional organizations, private sector and other relevant partners involved in the implementation of climate change adaptation for health programs. Administrative Order No. 2012-0018 was issued

as its operational guidelines for strategies on policy, plans and partnerships; service provision, capacity and infrastructure enhancement; health promotion, research, surveillance and monitoring; strengthening organizational structure for climate change at different levels of governance. The AO similarly outlines the organizational structure, roles and responsibilities, and budget and funding for its implementation. In 2015, DPO No. 2015-5342 created the DOH Climate Change Executive Committee. Since then, the DOH has actively pursued measures to increase the adaptive capacity of the Philippine health sector, including standards for green health care facilities and promote green hospitals (DC No. 2019-0059 Green Certification of Government Healthcare Facility Projects).

ESS4 Community Health and Safety

The standard is relevant. Medical and vaccine wastes and general waste from labs, health centers, and quarantine and isolation centers have a high potential of carrying virus and bacteria micro-organisms that can infect the community at large if they are not properly disposed. There is a possibility for infectious microorganisms to be introduced into the environment if not well contained within the laboratory or due to accidents or emergencies, such as a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts will have to follow procedures detailed in the ESMF.

To ensure vaccine safety and mitigate the potentially adverse health side effects of administering unsafe vaccines, the funds can only be used for the procurement of thoroughly tested and approved vaccines. The Bank's COVID-19 vaccine approval criteria are: (a) has been approved by three (3) Stringent Regulatory Authorities in three (3) Regions; or (b) has received the WHO Prequalification and has been approved by one (1) Stringent Regulatory Authority. Likewise, safe storage and transportation conditions will need to be well maintained to reduce any potential risk to communities during the administration and logistics of vaccines. This is likely to involve storage at ultra-cold temperatures of down to -70C. The AF will ensure adequate investment in cold storage and logistics to avoid vaccines being wasted. The ESMF will reflect the necessary best practice measures to meet the specific requirements for the particular type of vaccines to be procured under the AF, to assure quality control of the vaccines during storage and deployment throughout the country.

The vaccination activities will produce wastes such as sharps and infectious non-sharp wastes such as syringes that can cause direct negative health impacts on the community and healthcare workers. There are also indirect health effects to the community and environment resulting from inadequate treatment and disposal of these wastes. The management of wastes from the vaccination program will be in accordance with the DOH 4th Edition Manual on Healthcare Waste Management (2020), as supplemented by the COVID-19 Waste Management Self-Assessment tools and COVID-19 Waste Management Operations Manual developed under the Parent Project.

The government is finalizing specific details about vaccine deployment and point of delivery nation wide. However, it is expected that only authorized health facilities will be used as vaccinations sites and health and safety measures will be included in the National COVID-19 Vaccine Roadmap for these points of delivery and the personnel involved including social mobilizers who may also do house-to-house visits to ensure that beneficiaries proceed to the assigned vaccination site at the appointed time.

Regarding Adverse Event Following Immunizations (AEFI), as part of the VIRAT and VRAF, DOH has updated the existing AEFI guidelines to incorporate COVID-19 vaccination and provisions for manufacturers to report safety data to the National Regulatory Agency. The revised AEFI guidelines, to be followed by National and Regional Committees for AEFI, are appropriate and follows WHO protocols for these cases. However, DOH will need to build the capacity of National and Regional Committees for AEFI, increase human resources and training particularly for surveillance teams. AEFI teams are part of the overall immunization teams and include a paramedic or nurse or midwife to conduct monitoring; and a surveillance officer or nurse or midwife to conduct surveillance. The Project will support DOH efforts to increase human resources and training of medical personnel in order to improve AEFI surveillance. In addition, the AF includes a new AEFI indicator to track the share of project-targeted population reporting adverse event following immunization (AEFI) having received additional care and free treatment. Another important challenge is ensuring DOH provides enough information to beneficiaries on steps to follow in cases of adverse events. For this reason, the Project will support DOH's risk communication team disseminate information on AEFI protocols and the use of emergency number for assistance.

At the same time, the country is working on efforts to address indemnity. Given the context of COVID-19 vaccines, while the Philippines does not currently have legislation in place to provide statutory immunity for vaccines manufacturers, and does not have a national no fault compensation scheme, the government is working toward addressing indemnity issues through legislative framework and/or issuing statutory instrument.

In terms of emergency preparedness and response planning. DOH has a Coordinating unit and Operation Center for all health emergencies, incidents, disasters, and communication linkages among DOH Central Office, concerned agencies, and maintains a database of all health emergency personnel, technical experts, resource persons, capabilities of health facilities as well as coordinates the mobilization and sharing of resources. It also leads the development of Disaster Risk Reduction & Management in Health (DRRMH) Plan; protocols, guidelines and standards for health emergency management; networking of hospitals and health sector organizations responding to emergencies and disasters which will include updating of the DRRMH Plan. The country's existing infrastructure and vaccination distribution channels will be tapped to deliver the vaccines efficiently using air and road distribution channels directly from the central storage facility to the vaccination sites. The process flow of the vaccines and other immunization supplies at the national level from the notification of the delivery up to the reverse logistics for the final disposal of the immunization wastes as summarized in the National Deployment and Vaccine Plan (NDVP). Under the Project, DOH will strength the End-to-End supply chain system that includes storage systems, real-time tracing, monitoring and reporting using real time robust data recording and reporting. The logistics partners from the public and private sector will also manage the delivery fleet and outbound logistics / delivery to the principal vaccination sites.

The project will need to mitigate potential risks of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructures, such as segregated toilets and enough lighting in quarantine and isolation centers. As noted under ESS2, the LMP includes provisions to prevent SEA/GBV/SEA through training and Codes of Conduct (CoC) to ensure workers respect local communities and their culture and will not involve in misconduct.

Vaccine deployment are expected to use some military and security personnel. Members of the Armed Forces of the Philippines (AFP), Office of Civil Defense (OCD), and Philippine National Police (PNP) are expected to provide security

and logistical support to the deployment efforts and Health personnel employed under AFP and PNP will also be involved in administering the vaccines. The potential scope of such security and logistical measures and potential risks surrounding their involvement will be assessed to manage environmental and social risks concerning project activities and monitored during project implementation. This will be reflected in a Security Management Procedures to be included in the Project ESMF and Project Operations Manual (POM) which is a requirement under the ESCP. In case project activities are supported by private or government military or security personnel, it will be ensured that the military and security personnel follow a strict code of conduct consistent with the ESF and guided by national law and the World Bank's technical note on the "Use of Military Forces to Assist in Covid-19 Operations: Suggestions on How to Mitigate Risks." The ESMF includes mitigation measures to adopt and enforce standards, protocols and codes of conduct for the selection and use of security or military personnel. However, it will be updated once specific details about the nature and scope of military and security personnel are defined. All goods, works, services, operating costs, and training financed by the loan proceeds may be used by the AFP, OCD, and PNP under the coordination of DOH and strictly in accordance with the POM, ESMF, and other arrangements or protocols that the Bank may require for carrying out these activities. Likewise, any incident related to military and security personnel following incident classification defined in the ESMF will need to be reported to the Bank no later than 48 hours with basic information and a detailed incident report within 10 working days. This is reflected in the ESMF and ESCP.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. Project activities requiring land acquisition and/or displacement of affected people will not be eligible for financing. The AF might include limited civil works for the warehousing of the COVID-19 vaccines and other small retrofitting activities for vaccine deployment which will all be on existing premises without the need for land acquisition.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is currently considered not relevant. Civil works will take place within existing facilities and impacts on natural resources and biodiversity are therefore unlikely.

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

The standar is relevant. Activities under the parent project and the AF are likely to take place in areas with indigenous peoples and the Project's awareness raising activities will include all population groups in the Philippines. Approximately ten percent of the population in the Philippines is considered as indigenous peoples under national definitions and the identifying characteristics of ESS7. They live in several regions but are particularly concentrated in the mountains of Northern and Central Luzon as well as the island of Mindanao. Given the topography and dispersion of the country, there is a risk of exclusion associated with the capacity of vulnerable and poor communities in some of these remote areas to access the vaccine and treatment. For this reason, the AF will support a review of the capacity of the national health systems to deploy vaccines universally and to reach isolated and marginalized communities as well as resources to strengthen risk communication and community mobilization and citizen engagement. DOH will be consulting with the National Commission for Indigenous Peoples (NCIP), indigenous

peoples' organizations and local governments to ensure adequate protocols for vaccionation among indigenous communities and other ethnic minirities considering cultural and language characteristics. The AF will support strengthening M&E that will include the variable race and ethnicity for vaccine deployment and administration and all risk communication and social mobilization will be done in multiple languages including indigenous languages.

As privously indicated, vaccination in the country will be voluntary and the vaccination plan will include protocols regarding consent to vaccinations, and the process for agreeing to or refusing to be vaccinated among indigenous populations. Considering that different population groups may have different perception and misconceptios about the safety of the vaccine and distrust the government, the AF would support activities to strenthen risk commuication and community mobilization particularly among indigenous communities and ethnic minorities to increase demand and social acceptability of the vaccine primarely through sub-component 1.4 (government funding), and also component 3.

The Project has not developed a stand-alone indigenous peoples instrument, but instead addressed the requirements of the standard: (i) through the specific targeting of SEP activities relevant to indigenous peoples that meet the requirements of the standard; (ii) through assessing particular social risks and circumstances concerning indigenous peoples during implementation of project activities in areas with indigenous peoples, including following DOH guidelines on health services for indigenous peoples; and (iii) by including specific measures to address the needs of indigenous peoples identified through meaningful consultations with local indigenous communities, health practitioners and organizations. This is consistent with ESS7 footnote 10 of paragraph 17 which states that "a community development plan may be appropriate in circumstances where other people, in addition to the Indigenous Peoples will be affected by the risks and impacts of the project; where more than one Indigenous Peoples group is to be included; or where the regional or national scope of a programmatic project incorporates other population groups."

Public consultations with representatives of indigenous peoples and their organizations are provided for in the SEP, taking into account their particular circumstances. The National Commission for Indigenous Peoples (NCIP) will also be consulted throughout project implementation. The SEP integrates relevant mechanisms and procedures of the Joint Memorandum Circular "Guidelines on the Delivery of Basic Health Services for Indigenous Peoples/Indigenous Cultural Communities (IPs/ICCs)" agreed to between DOH, NCIP, the Department of Interior and Local Government (DILG) on June 3, 2013.

ESS8 Cultural Heritage

This standard is not considered relevant as the project is not expected to affect cultural heritage. New constructions, if any, will take place within existing premises of health facilities or other public spaces.

ESS9 Financial Intermediaries

The project will not be using financial intermediaries.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?	No

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

n/a

IV. CONTACT POINTS

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Borrower/Client/Recipient

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Implementing Agency(ies)

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VI. APPROVAL

Task Team Leader(s):	Sutayut Osornprasop, Ronald Upenyu Mutasa
Practice Manager (ENR/Social)	Janamejay Singh Cleared on 09-Feb-2021 at 18:39:13 GMT-05:00
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 08-Feb-2021 at 08:18:7 GMT-05:00