



Additional Financing Appraisal Environmental and Social Review Summary Appraisal Stage (AF ESRS Appraisal Stage)

Date Prepared/Updated: 08/16/2026 | Report No: ESRSAFA1567



The World Bank

Malawi Health Emergency Preparedness, Response And Resilience Project Using The Multiphase Programmatic Approach (P505187)

I. BASIC INFORMATION

A. Basic Operation Data

Operation ID	Product	Operation Acronym	Approval Fiscal Year
P505187	Investment Project Financing (IPF)	Malawi HEPRR	2024
Operation Name	Malawi Health Emergency Preparedness, Response and Resilience Project Using the Multiphase Programmatic Approach		
Country/Region Code	Beneficiary country/countries (borrower, recipient)	Region	Practice Area (Lead)
Malawi	Malawi	EASTERN AND SOUTHERN AFRICA	Health, Nutrition & Population
Borrower(s)	Implementing Agency(ies)	Estimated Appraisal Date	Estimated Board Date
Republic of Malawi	Ministry of Health and Sanitation	12-Aug-2026	31-Aug-2026
Total Project Cost			
74,410,297.00			

Proposed Development Objective

To strengthen health system resilience and multisectoral preparedness and response to health emergencies in the Republic of Malawi

B. Is the operation 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 Activities

This project is proposed under the Health Emergency Preparedness, Response and Resilience (HEPRR) Program using the Multiphase Programmatic Approach (MPA) approved by the World Bank's Executive Directors on September 29, 2023 (P180127, Report No: PAD5376). Phase I of the HEPRR Program provided financing for Kenya, Ethiopia, Sao Tome and Principe, the East, Central and Southern Africa Health Community and the Intergovernmental Authority on Development. Aligned with the Program Development Objective of the HEPRR Program, the Project Development



Objective (PDO) for Malawi is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Malawi. Four components are proposed for the Malawi operation, aligned with those of the HEPRR Program including: (i) Strengthening the Preparedness and Resilience of the Health System to manage Health Emergencies (HEs) (ii) Improving Early Detection and Response to HEs Through a Multisectoral Approach; (iii) Project Management; (iv) Contingent Emergency Response Component (CERC). Component 1: Strengthening the Preparedness and Resilience of the Health System to manage HEs. This component supports a comprehensive approach to enhancing the preparedness and resilience of Malawi's health system to effectively manage HEs, while complementing overall health system strengthening. Four sub-components address key aspects of readiness and response. • Subcomponent 1.1: Enhancing Multisectoral Planning, Financing, and Governance for Improved Resilience to Health Emergencies • Subcomponent 1.2: Strengthening Health Workforce Development • Subcomponent 1.3: Improving Access to Quality Health Commodities and Scoping Local Pharmaceutical Production • Subcomponent 1.4: Enhancing Information Systems for HEs and Digital in Health transformation Component 2: Improving Early Detection and Response to HEs Through a Multisectoral Approach. This consists of three sub-components addressing key aspects of preparedness and response. • Subcomponent 2.1: Collaborative Multisectoral Surveillance and Laboratory Diagnostics • Subcomponent 2.2: Emergency Management, Coordination, and Essential Service Continuity • Subcomponent 2.3: Risk Communication and Community Engagement (RCCE), Empowerment, and Social Protection During HEs. Component 3: Project Management. This component will ensure efficient and effective management and implementation of the project by the Program Coordination Unit (PCU). • Subcomponent 3.1: Enhancing Project Monitoring and Evaluation (M&E) • Subcomponent 3.2: Delivering Tailored Technical Assistance and Facilitating a Learning Agenda • Subcomponent 3.3: Strengthening Project Management through Support of the Implementing Institutions and Multisectoral Collaboration. Component 4: Contingent Emergency Response Component (CERC). This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in Malawi, either by a formal declaration of a national emergency or upon a formal request from the government. The proposed Project is consistent with both the adaptation and mitigation goals of the Paris Agreement. It is expected to have a considerable contribution to improving climate adaptation and resilience in line with the Paris Agreement and is not anticipated to contribute to Greenhouse Gases (GHG) emissions, which is aligned with Malawi's commitment to reduction of GHG.

D. Environmental and Social Overview

D.1 Overview of Environmental and Social Project Settings

The Project is being implemented nationwide across Malawi and primarily focuses on strengthening systems for preparedness, early detection, and response to health emergencies through investments in surveillance, laboratory systems, workforce capacity, and digital health platforms. These activities are largely institutional, programmatic, and capacity-building in nature, with most interventions embedded within existing health facilities and administrative structures. The project operates within a context where environmental and social risks are considered moderate, largely associated with health service delivery, medical waste management, occupational and community health and safety, and the inclusion of vulnerable groups in project benefits.

Under the Additional Financing and restructuring, the project scope expands to include targeted, small to medium scale infrastructure investments that introduce localized environmental and social interaction. These include construction of a one block of the proposed national reference laboratory in Lilongwe, a climate-resilient hospital block in Chikwawa, and completion of unfinished health infrastructure in Zomba, and Blantyre, alongside supply and installation of

diagnostic equipment such as radiology units within existing facilities. While these interventions remain largely within existing health facility footprints or urban settings, they introduce typical construction related risks which are expected to be site-specific, low to moderate in magnitude, and readily mitigated through established environmental and social management instruments.

D.2 Overview of Borrower’s Institutional Capacity for Managing Environmental and Social Risks and Impacts

The Project Implementation Unit (PIU) is embedded within the Ministry of Health (MoH), leveraging experience accumulated from the implementation of previous World Bank-financed operations, including projects implemented under both the former Safeguards Policies and the Environmental and Social Framework (ESF). While these projects contributed to building operational familiarity with environmental and social (E&S) risk management instruments such as ESMPs, IPCWMPs, and stakeholder engagement processes, most of these operations have now closed, and their dedicated E&S specialists have since been released. As a result, institutional continuity in E&S capacity within the MoH has been partially diminished, and lessons learned are not fully institutionalized within the ministry’s permanent structures.

At present, the project retains a single Environmental and Social Specialist responsible for managing both environmental and social risks. Given the project’s Moderate risk classification and the relatively limited scale and site-specific nature of the additional civil works, this arrangement is considered adequate but requires continued strengthening to ensure effective implementation and supervision. The combined E&S role reflects the manageable complexity of social risks and the moderate scale of environmental risks; however, the increasing scope associated with Additional Financing, particularly civil works and contractor oversight places additional demands on technical supervision, compliance monitoring, and reporting. Furthermore, E&S functions remain largely project based, with limited integration into MoH institutional systems, thereby requiring continued reliance on PIU led implementation arrangements.

To mitigate these capacity constraints, the project will continue to strengthen institutional capacity through targeted training, enhanced supervision arrangements, and clear delineation of responsibilities for E&S compliance. This includes capacity building for PIU staff, contractors, and health facility personnel on ESF requirements, occupational health and safety, healthcare waste management, and stakeholder engagement. The project will also reinforce monitoring and reporting systems, ensure effective contractor oversight, and maintain functional grievance redress mechanisms. Overall, while the Borrower demonstrates adequate capacity to manage the identified risks in a manner consistent with the ESF, sustained support and targeted capacity strengthening will be critical to ensure effective management of environmental and social risks throughout the project lifecycle.

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

A.1 Environmental Risk Rating

Moderate



The Moderate environmental risk rating reflects the nature and scale of project interventions, which are largely focused on strengthening health systems through technical assistance, capacity building, and institutional support, with limited direct physical footprint. Most activities such as training, vulnerability assessments, development of designs and BoQs, and preparation of environmental and social assessments are upstream in nature, and any downstream impacts are indirect, site specific, and linked to future investments. Even with the introduction of Additional Financing, the infrastructure components (e.g., one block for the national reference laboratory, a climate-resilient hospital block in Chikwawa, and completion of existing facilities in Zomba and Blantyre) remain relatively small to medium scale, and are all located on government owned land that is without incumbrances and encroachment within the urban settings. As such, there is no risk of land acquisition nor do they pose any significant risks to sensitive environmental receptors or biodiversity. The key environmental risks are typical of healthcare and small scale construction activities and include generation and management of general, construction, medical and hazardous waste (including potential asbestos in older structures), occupational health and safety risks, community health and safety concerns, E-waste from digital and solar systems, and localized pollution (air, water, and soil). These risks are predictable, temporary in nature, low to moderate in magnitude, and confined within known project footprints. These risk characteristics combined with the availability of well known and established mitigation measures and E&S instruments support a Moderate Environmental risk classification, as impacts are not complex or irreversible, can be readily managed using standard mitigation approaches, and are unlikely to result in significant or widespread adverse environmental impacts.

Moderate

A.2 Social Risk Rating

The Moderate social risk classification reflects the fact that project activities are largely system oriented, institutional, and capacity-building, with NO physical displacement or irreversible social impacts. However, several context specific risks remain relevant. These include the potential exclusion of vulnerable and marginalized groups in project design and implementation due to varying levels of stakeholder engagement capacity, as well as inequitable access to project benefits such as training, employment opportunities, and health services. In addition, the scale-up of digital health systems and surveillance platforms introduces concerns related to data privacy, confidentiality, and ethical use of patient level information, particularly where institutional systems for data protection may still be evolving. These risks, while important, are not considered significant, widespread, or irreversible. Labor and workforce related risks also contribute to the Moderate classification but remain manageable. These include risks of unfair or non-transparent recruitment practices, potential workplace discrimination especially linked to uneven digital literacy and the possibility of overburdening already stretched health workers if system upgrades are introduced without adequate workload planning. Additional concerns relate to occupational conditions, including risks of sexual harassment or non compliance with ESS2 requirements under contractor or framework arrangements. Finally, the downstream implications of technical assistance particularly where designs or plans may later translate into physical investments present moderate risks that require appropriate screening and mitigation. Overall, these risks are predictable, site and activity-specific, and can be effectively managed through the established E&S instruments such as stakeholder engagement plans, labor management procedures, and data protection protocols, consistent with the ESF, thereby justifying a Moderate social risk classification.

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

B.1 Relevance of Environmental and Social Standards



ESS1 - Assessment and Management of Environmental and Social Risks and Impacts

Relevant

ESS1 continues to be applicable under the Additional Financing even more justifiable by the introduction of civil works. The revised scope introduces additional small to medium scale infrastructure activities in the form of construction of a National Reference Laboratory block in Lilongwe, construction of a climate resilient hospital block in Chikwawa District, and completion of outstanding snag list and unfinished civil works in Zomba and Blantyre under the closed Covid 19 project. These activities remain confined to existing government owned health facility compounds in already disturbed urban settings and are therefore not expected to generate significant, irreversible, or widespread impacts. However, they do introduce predictable and site-specific risks associated with construction, healthcare operations, labor management, waste generation, occupational and community health and safety, and stakeholder engagement, all of which require systematic management under ESS1. Given that projects specific sites and designs are known, Site specific Environmental and Social Impact Assessments (ESIAs) will be prepared, reviewed, and cleared by the Bank prior to commencement of the civil works for the National Reference Laboratory block and the climate-resilient hospital block in Chikwawa to guide management of E&S risks. These assessments will inform the preparation of site-specific Environmental and Social Management Plans (ESMPs), including contractor ESMPs (C-ESMPs), to ensure that risks related to labor and working conditions, occupational health and safety, community health and safety, pollution prevention, waste management, SEA/SH, and stakeholder engagement are adequately assessed and mitigated in line with the WB ESF and relevant World Bank Group Environmental, Health and Safety Guidelines. For the completion of outstanding snag list and unfinished civil works in Zomba and Blantyre under the COVID-19 Emergency Response Project, the existing ESIAs, ESMPs, and contractor ESMPs remain valid and will continue to guide environmental and social risk management, as there is no change in the nature, footprint, or scope of those activities. Across all sites, updated Infection Prevention and Control and Waste Management Plans (IPCWMPs) will continue to be implemented to support safe and effective management of healthcare, laboratory, and associated hazardous waste streams, while also addressing pollution prevention and community exposure risks. The project will further maintain and strengthen the implementation of the SEP, Labor Management Procedures, GBV/SEA/SH measures, and project grievance mechanisms to ensure that social risks remain manageable and that mitigation measures continue to respond to implementation experience at mid-term. In addition, all technical assistance activities under the project including feasibility studies, consultancies, capacity building activities, and any related environmental and social assessments will continue to be prepared in accordance with terms of reference acceptable to the Bank and consistent with the updated WB ESF requirements. This will help ensure that downstream investments remain compliant with applicable environmental and social standards and that exclusion and screening criteria continue to be applied for activities that could adversely affect environmentally sensitive areas or cultural heritage. Taken together, the project's updated framework approach, site specific instruments, and existing implementation arrangements provide an adequate basis for managing the environmental and social risks of both the ongoing project activities and the proposed Additional Financing in a manner consistent with ESS1.

ESS10 - Stakeholder Engagement and Information Disclosure

Relevant

ESS10 remains a central standard for ensuring transparency, inclusiveness, and accountability in project implementation, particularly at this mid term stage where activities are both ongoing and expanding to include additional civil works. During project preparation, a structured approach to stakeholder engagement was established through the development and implementation of a Stakeholder Engagement Plan (SEP), which guided consultations, disclosure of project related information, and engagement with key stakeholders, including vulnerable and



marginalized groups. Over the course of implementation, this SEP has been operationalized and refined based on implementation experience, including lessons learned regarding stakeholder outreach, communication effectiveness, and grievance handling. With the introduction of civil works under the Additional Financing, the scope and nature of stakeholder interactions will broaden, particularly at hospitals and community levels where construction activities may temporarily affect service delivery, access, and community dynamics. This necessitates further strengthening of engagement processes to ensure timely information disclosure, management of expectations, and continued inclusion of vulnerable populations. The project will update and continue to operationalize the SEP to reflect the revised scope, incorporating targeted engagement strategies for communities surrounding the civil works sites in Lilongwe, Chikwawa, Zomba, and Blantyre, as well as health workers and facility users who may be affected by temporary disruptions. The SEP will continue to prioritize inclusive participation, ensuring that vulnerable groups such as persons with disabilities, the elderly, and underserved populations are effectively consulted and able to access project benefits and information. The project level Grievance Redress Mechanism (GRM), already established, will be further strengthened to ensure accessibility, responsiveness, and confidentiality, including dedicated provisions for handling sensitive complaints such as GBV/SEA/SH related issues. Information disclosure will be enhanced through multiple channels, including community meetings, health facility notices, and digital platforms where feasible, to ensure broad coverage and accessibility. Building on implementation experience, greater emphasis will be placed on systematic documentation, monitoring of stakeholder engagement activities, and feedback loops to inform adaptive project management. With these measures, stakeholder related risks, including exclusion, misinformation, and insufficient consultation remain manageable and are appropriately addressed under a Moderate risk classification.

ESS2 - Labor and Working Conditions

Relevant

ESS2 remains applicable, with its relevance reinforced with the introduction of additional civil works alongside ongoing system strengthening activities. While the project has already established labor management systems and procedures during initial implementation, the expanded scope introduces contracted workers associated with construction activities, thereby broadening the workforce profile and corresponding risks. The labor force will now include direct workers within the PIU, contracted workers, and primary supply workers. Key E&S risks include occupational health and safety (OHS) hazards associated with construction and healthcare environments, variability in contractor compliance with labor standards across multiple sites, potential for non-transparent or discriminatory recruitment practices, and risks of workplace misconduct, including SEA/SH, particularly in the context of worker community interactions. In addition, operational pressures on existing healthcare workers may persist where construction activities temporarily disrupt service delivery or increase workload demands. Building on implementation experience to date, mitigation measures will focus on strengthening enforcement, supervision, and consistency. The existing Labor Management Procedures (LMP) will be updated to reflect the inclusion of civil works, with enhanced provisions for contractor management, OHS aligned with Good International Industry Practice, and clear requirements for Codes of Conduct and fair recruitment. Contractor-specific ESMPs (C-ESMPs) will be required to incorporate detailed labor and OHS measures, while accessible and confidential worker grievance mechanisms will continue to be maintained as part of the broader project GRM. At mid-term, the project will place increased emphasis on supervision and monitoring, including routine site inspections, integration of labor performance into contractor oversight, and targeted capacity building for PIU staff and contractors. With these strengthened arrangements, labor risks remain site-specific, manageable, and consistent with a Moderate risk classification.



ESS3 - Resource Efficiency and Pollution Prevention and Management

Relevant

While the project was initially designed to focus on system strengthening and technical assistance, implementation experience to date has already highlighted risks associated with healthcare waste management, digital systems, and resource use. The addition of small to medium scale civil works implemented entirely on government owned land that is without incumbrances and encroachment within the urban settings. The sites are brownfield that do not have sensitive environmental receptors but proposed activities does increase the volume and diversity of waste streams and resource demands. Key risks include: (i) generation of construction waste, including potentially hazardous materials such as asbestos from rehabilitation of older structures; (ii) continued generation and handling of infectious and hazardous healthcare waste, now potentially increased with expanded service capacity; (iii) generation of e-waste arising from digital health systems, laboratory equipment, and solar installations; (iv) risks of pollution from laboratory effluent and chemically contaminated wastewater if not properly managed; (v) localized air emissions from construction activities and vehicle use; and (vi) incremental increases in water and energy consumption associated with upgraded and expanded facilities. Given that all activities are confined to already developed sites, these risks remain localized, predictable, and manageable, with no anticipated impacts on natural habitats or ecosystem services. Mitigation measures will build on existing instruments and strengthened implementation experience. The project will update and implement site specific ESMPs and contractor ESMPs (C-ESMPs) to include detailed provisions for construction waste management, pollution prevention, dust and noise control, and safe handling of hazardous materials, including asbestos where relevant. The Infection Prevention and Control and Waste Management Plans (IPCWMPs) will be updated and tailored to each facility to address the full range of healthcare and laboratory waste streams, including segregation, storage, transportation, treatment, and disposal in line with national regulations and Good International Industry Practice. Training of medical and facility staff will be reinforced to ensure consistent implementation. The project will apply the World Bank Group Environmental, Health and Safety (EHS) Guidelines, including those for healthcare facilities, to guide pollution prevention and waste management practices. In addition, resource efficiency considerations will be strengthened by integrating energy and water efficient design principles into all new infrastructure, including solar energy utilization, efficient water systems, and climate-resilient design features. Enhanced supervision and monitoring, building on lessons from implementation to date, will ensure consistent application of these measures across all sites. With these arrangements, ESS3 related risks remain Moderate, as impacts are site-specific, reversible, and can be effectively managed using established mitigation approaches.

ESS4 - Community Health and Safety

Relevant

ESS4 remains applicable due to the introduction of additional civil works alongside ongoing health service delivery and outreach activities. The Additional Financing introduces site specific construction activities within existing, brownfield urban health facility settings, which does not introduce new environmental sensitivities but does increase the interface between project activities and surrounding communities. Key risks therefore include: (i) exposure of patients, facility users, and nearby communities to construction related hazards such as dust, noise, vibration, and restricted access within operational health facilities; (ii) traffic and road safety risks due to movement of construction vehicles, ambulances, and mobile clinic units; (iii) potential community exposure to improperly managed healthcare, laboratory, and e-waste streams; (iv) public health risks associated with handling and storage of infectious and hazardous waste; and (v) risks of GBV/SEA/SH arising from interactions between workers and community members. The overall footprint remains limited, and risks are localized, temporary, and predictable. Mitigation measures will



build on existing instruments while strengthening implementation based on experience to date. The project will update and operationalize site-specific ESMPs and contractor ESMPs (C-ESMPs) to incorporate detailed provisions for community health and safety, including access management within health facilities, dust and noise control, and safe construction practices in active service environments. The Infection Prevention and Control and Waste Management Plans (IPCWMPs) will continue to be implemented and updated to ensure safe handling, storage, transportation, and disposal of medical, laboratory, and e-waste, thereby reducing risks of exposure to communities. Road and traffic safety measures including traffic management plans, signage, and community awareness will be implemented for all sites and mobile operations. A SEA/SH Action Plan, integrated within the ESMPs, will continue to guide prevention and response measures, including Codes of Conduct, worker training, and confidential grievance channels. Community awareness and information disclosure, aligned with the SEP, will ensure that affected populations are informed of construction schedules, potential disruptions, and safety measures. Strengthened supervision, monitoring, and coordination with local health facility management will ensure consistent application of these measures. With these arrangements, ESS4 risks remain Moderate, as impacts are site-specific, manageable, and reversible, and can be effectively mitigated using established Good International Industry Practice.

ESS5 - Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Not Currently Relevant

Not relevant. Proposed civil works are being done within existing government hospitals and facilities.

ESS6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources

Relevant

The proposed civil works under the Additional Financing are within established facility footprints, and are therefore not expected to result in any measurable impacts on biodiversity or living natural resources. Potential risks are minimal and limited to localized, indirect effects that could arise from poor site management (e.g., unmanaged runoff, waste disposal, or vegetation clearance within facility boundaries), none of which would affect critical habitats or ecosystem services. Nevertheless, as part of Good International Industry Practice and ESF compliance, any site-specific environmental considerations including screening for proximity to sensitive receptors, vegetation management, and pollution control will be fully assessed and incorporated into the Environmental and Social Impact Assessments (ESIAs) and corresponding Environmental and Social Management Plans (ESMPs) prepared for the civil works. These instruments will ensure that any minor and residual risks are appropriately mitigated, monitored, and managed throughout implementation

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

Not Currently Relevant

Not applicable in Malawi. No IPs in Malawi.

ESS8 - Cultural Heritage

Relevant

The proposed Additional Financing activities are confined to existing, brownfield, and already disturbed urban health facility environments, where the likelihood of encountering known cultural heritage resources is low. The planned civil works (including the National Reference Laboratory block and the Chikwawa hospital block), will take place within brown fields thereby minimizing the potential for direct impacts on tangible or intangible cultural heritage.



Nevertheless, given that excavation works will be undertaken, there remains a residual risk of chance finds. In line with Good International Industry Practice and ESF requirements, this risk will be addressed through the inclusion of chance finds procedures in all site-specific Environmental and Social Impact Assessments (ESIAs) and Environmental and Social Management Plans (ESMPs), ensuring that any unexpected discoveries are appropriately managed, reported, and preserved in accordance with national legislation and ESS8 requirements.

ESS9 - Financial Intermediaries

Not Currently Relevant

Not currently applicable.

B.2 Legal Operational Policies that Apply

OP 7.50 Operations on International Waterways

OP 7.60 Operations in Disputed Areas

B.3 Other Salient Features

Use of Borrower Framework

No

Not Applicable

Use of Common Approach

No

N/A

C. Overview of Required Environmental and Social Risk Management Activities

C.1 What Borrower environmental and social analyses, instruments, plans and/or frameworks are planned or required by implementation?

- (i) Site Specific Environmental and Social Impact Assessments (ESIAs) – to be prepared for new civil works for (Lilongwe and Chikwawa) and cleared by the Bank prior to commencement of civil works.
- (iii) Environmental and Social Management Plans (ESMPs) – to be prepared/updated for all subprojects, incorporating mitigation measures for construction, OHS, community health and safety, and pollution risks.
- (iv) Contractor Environmental and Social Management Plans (C-ESMPs) – to be prepared by contractors and approved prior to civil works, detailing site-specific implementation arrangements prior to commencement of civil works.
- (v) Labor Management Procedures (LMP) – to be updated to reflect contractor engagement, OHS requirements, worker GRM, and Codes of Conduct prior to commencement of civil works.
- (vi) Stakeholder Engagement Plan (SEP) – to be updated to reflect the expanded scope, including targeted engagement for civil works sites and continued inclusion of vulnerable groups prior to commencement of civil works Appraisal.
- (vii) Environmental and Social Commitment Plan (ESCP) – to be updated as needed to capture additional commitments and timelines associated with the Additional Financing and civil works.



The World Bank

Malawi Health Emergency Preparedness, Response And Resilience Project Using The Multiphase Programmatic Approach (P505187)

III. CONTACT POINT

World Bank

Task Team Leader: Vikram Rajan Title: Senior Health Specialist

Email: vrajan@worldbank.org

IV. FOR MORE INFORMATION CONTACT

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

V. APPROVAL

Task Team Leader(s): Vikram Rajan

ADM Environmental and Social Specialist: James Chacha Maroa