



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/01/2020 | Report No: ESRSA00586



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Rwanda	AFRICA	P173855	
Project Name	Rwanda COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/1/2020	4/15/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance (MINECOFIN)	Rwanda Biomedical Center		

Proposed Development Objective(s)

The Project Development Objective (PDO) is 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
Total Project Cost	14.25

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]

This project was selected for COVID-19 Fast Track Facility because of the high-level political commitment in Rwanda to protect public health, invest early, and avert the high socio-economic costs associated with outbreaks. The objectives and components are fully aligned with the COVID-19 Fast Track Facility guidelines. The project complements activities to be supported by the government and other development partners. The focus is on supporting the COVID-19 National Preparedness and Response Plan, assisting Rwanda to respond swiftly to confirmed cases and enhancing the capacity of the public health system. The project is also aligned with the guiding principles for the COVID-19 national plan, such as: (i) recognizing that prevention and control of COVID-19 is a global public good with positive spillover effects for all countries, requiring strong financial contributions at the national and international level (which aligns



well with the WBG coronavirus facility); (ii) underscoring the need to leverage existing institutions and to draw on scientific evidence; and (iii) acknowledging the importance of strengthening overall national disease prevention and emergency response capacity.

D. Environmental and Social Overview

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

The Project will cover the entire country to improve COVID-19 surveillance and response. The specific locations where the project activities will be implemented have not yet been identified, however the targeted locations for minor rehabilitation and refurbishment works will be in existing hospitals, and the project is not expected to require land acquisition or involuntary resettlement or have adverse impacts on natural habitats or cultural sites. Component -1 of the Project will finance among other things medical supplies and equipment (e.g. thermo-scanners; test kits; drugs; lab equipment and supplies and personal protective equipment). Similarly, Component-2 will fund medical and laboratory equipment and supplies as well as minor civil works to rehabilitate, adapt and fit out existing structures to support the establishment of isolation centers at national and district hospitals which would be responsible for triaging and treating COVID-19 cases. However, there will not be self-standing isolation units. With \$200,000 the government plans to rehabilitate/adapt/renovate existing space within existing facilities.

D. 2. Borrower’s Institutional Capacity

The Rwanda Biomedical Center (RBC), the nation's central health implementation agency under the Ministry of Health, will be the main implementing agency of the project. RBC has experience in managing environmental and social risks associated with World Bank Projects using the Bank’s Operational Policies, even though it has never applied the World Bank’s Environmental and Social Framework (ESF). Currently, RBC is implementing the Stunting Prevention Reduction Project (include p number or loan number) Rwanda also has relevant legal framework for environmental and social risk management. However, its capacity to manage risks associated with COVID-19 is a major concern as the medical personnel may not have the detailed know-how on the biosafety risk management in the labs to be used for COVID-19 diagnostic testing and it may not have appropriate lab equipment and facilities to properly contain the pathogen. The Project will provide considerable funding to address these capacity gaps in line with WHO guidelines and other Good International Industry Practice (GIIP) as part of Components 1 and 3. The COVID-19 ESMF to be prepared by RBC will further identify capacity gaps and will propose detailed measures. RBC will designate one (1) Environment and one (1) Social risk management specialists, along with one (1) Occupational Health and Safety Specialist as part of the team to oversee the implementation of the ESF requirements, and these 3 staff will be in place no later than 30 days after effectiveness.

Public Disclosure

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

main environmental and social risks and impacts of the project may result from Component -1 which will finance among other things medical supplies and equipment (e.g. thermo scanners; test kits; drugs; lab equipment and supplies and personal protective equipment).Component-2 will also fund medical and laboratory equipment and supplies as well as minor civil works to rehabilitate, adapt and fit out existing structures to support the establishment of isolation centers at national and district hospitals which would be responsible for triaging and treating COVID-19



cases. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Waste that may be generated from labs to be supported by the COVID-19 readiness and response could include liquid contaminated waste requires special handling, as it may pose an infectious risk to healthcare workers with contact or handle the waste.

There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory due to accidents. The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. As a result, the medical wastes from COVID-19 could pose a significant environmental and social risk, if they are not properly handled, treated or disposed.

As Rwanda has limited experience in managing highly infectious medical wastes such as COVID-19, the project may have a substantial environmental risk. However, several policies are in place in Rwanda to guide medical waste management, including the 2018 National Policy on Environment and Climate Change, the 2009 National Policy on Injection Safety, Prevention of Transmission of Nosocomial Infection and 2016 Health Care Waste Management that clearly defines how key medical waste has to be managed, transported and disposed. A set of National Healthcare Waste Management Guidelines have been also prepared and applied. The Ministry of Health has taken all necessary measures to minimize the risks likely to result from improper medical waste management both in health facilities and in communities. In this regard, Health care waste management and injection safety have been given due priority whereby training of health care providers has been conducted and national and district hospital equipped with incinerators while plans to purchase additional ones to cover more health facilities are underway.

Social Risk Rating

Substantial

Beyond this immediate concern, project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in isolation.

As a result of lack of resources to prepare and protect against the coronavirus, the poor face a higher risk of contracting and subsequently spreading the virus. Informal sector workers, like street vendors, construction workers, and those in low-income jobs or in jobs that cannot be performed remotely, are most vulnerable, as these people often have no savings to weather the storm, and even stocking up on food can represent an impossible financial hurdle. The harm inflicted on especially urban poor and many women heads of households, is likely to be devastating. In informal urban settlements, families occupy cramped informal dwellings, and just barely survive by peddling goods in the city, work that is now banished to stop contagion. Men tend to work as day laborers, pulling trolleys of goods to the bazaar, and are now out of work, as trade is curtailed. Ensuring that all Rwandan's follow Government advice to contain the spread of the coronavirus will require effective stakeholders' engagement and appropriate communication strategy. As a result, these vulnerable groups are unable to access facilities and services, which could undermine the objectives of the project. There is a potential of the project increasing vulnerability especially for Gender Base Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) through the medical isolation of individuals. The handling of quarantining interventions requires to be culturally appropriate



and this will require close monitoring and attention during project implementation. Mitigation measures to these social risks are captured in the Stakeholder Engagement Plan (SEP) and the Environment and Social Commitment Plan (ESCP) that the client will implement under this project.

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:

Although this project is expected to have positive outcomes as it could improve COVID-19 surveillance, monitoring and containment, there are also potential environmental and social risks associated with the project financed activities. The environment, health and safety risks are due to the dangerous nature of the pathogen (COVID-19) and reagents to be used in project-supported facilities. Infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among healthcare workers. The laboratories which will be used for COVID-19 diagnostic testing can generate biological waste, chemical waste, and other hazardous biproducts. As the facilities to be supported by the project will process COVID-19 that can have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, effective administrative and containment controls should be put in place so minimize these risks. There are also occupational health and safety risks associated with the rehabilitation of medical facilities/minor civil works to be financed by the project. Wastes from the operation and rehabilitation of medical centers could cause considerable environmental and social risks if not properly managed. Environmentally and socially sound healthcare including laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. In line with WHO Interim Guidance (March 19, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level).

Environmentally and socially sound medical laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management and disposal of hazardous waste (including sharps disposal), use of approved disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. To proactively address potential environmental and social risks and impacts, the PIU will prepare an Environmental and Social Management Framework (ESMF) within 30 days of project effectiveness that will build on GIIP, especially WHO protocols developed for the occupational health and safety of people during the current global pandemic. Medical facilities/isolation centers which will receive the project financed laboratory supplies and equipment will prepare site specific infection control and waste management plan. A template for these plans, and a timeline for developing them, which in all cases will be before any works begin, will be part of the project’s ESMF.



The COVID-19 ESMF will cover the procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories. It will include an Infection Control and Waste Management Plan and will also clearly detail procedures to be followed in managing E&S risks of medical centers rehabilitation activities as well as the implementation arrangements to be established by the RBC for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts, as well as compliance monitoring and reporting requirements. WHO COVID-19 biosafety guidelines will be reviewed while preparing the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will prepare an Environmental and Social Commitment Plan (ESCP) and Stakeholders Engagement Plan (SEP) and allocate the resources necessary for implementation of the ESCP and the SEP in the proposed timeline.

ESS10 Stakeholder Engagement and Information Disclosure

The project will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by Project activities should be provided with accessible and inclusive means to raise concerns and grievances.

To ensure this approach, the project has included support for “Risk communication and Community Engagement” (RCCE), encompassing behavioral and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation. The prepared Stakeholder Engagement Plan (SEP) describes the framework for these activities, following the guidance provided in WHO found at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement>. The SEP will be updated and re-disclosed at least 30 days after effectiveness.

The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders, including usage of different languages, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities, as well as challenges of public meetings during the current emphasis on social distancing. Due to the expected country-wide implementation of activities, the differences of areas and socioeconomic groups will equally be taken into consideration during rollout of the SEP.

It will be important that care management in quarantine and isolation centers is managed systematically, allowing patients to access information as well as patients’ relatives to get necessary information about the quarantined; if feasible by enabling two-way-communication.

The project will also ensure the establishment of a Grievance Redress Mechanism, including the establishment of a hotline, which will be detailed in the final SEP.



B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

It is expected that most of the direct workers (especially those who are working in the medical facilities) will be civil servants and therefore subject to their existing contracts, with the added protection of getting access to necessary OHS protocols and equipment as detailed under ESS2. Due to the hazardous nature of the work, no children under the age of 18 will be employed on any aspect of the Project. The use of forced labor to carry out any activities is also prohibited. Contracted workers may be involved in rehabilitation of medical centers and their contracts should be in line with the requirements of ESS2 including details of hours of work, rest periods and compensation, as well as access to necessary OHS PPE. All of the issues of concern for direct and contracted workers will be documented in Labor management procedures (LMP) that will be included in the ESMF. A grievance mechanism will be made available to all workers to report any issues associated with OHS and / or labor and working conditions. The grievance mechanism will be developed within one month of project effectiveness as part of the LMP. The mechanism will include contact details for submission of grievances, timelines for responses and escalation procedures.

Laboratory- and or COVID19 health care facilities associated infections may result from inadequate adherence to occupational health and safety standards and can lead to illness and death among laboratory/healthcare workers. To minimize or avoid this risk for workers deployed to assist in a laboratory setting or medical waste disposal, the client will develop the LMP in such a way which (i) respond to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Medical facilities/laboratories which will receive project funding will, therefore:

- Develop a procedure for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering
- Develop a procedure for protection of workers in relation to infection control precautions and include these in the labor management procedures and in contracts
- Provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE
- Develop a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime
- Ensure adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer) are available
- Ensure adequate OHS protections in accordance with General EHSs and industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19;
- Mandate staff to follow the protocol prepared for this Project.
- Prohibit the use of forced labor or conscripted labor in the project/construction/health care facilities as per the 2018 Rwanda Labor Law.
- Where the component involves possible contact with COVID-19, prohibit children under 18 from being employed due to the hazardous nature of the work (e.g. in health care facilities)

Medical staff at the facilities will be trained and be kept up to date on WHO advice (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>) and recommendations on the specifics of COVID-19 by the PIU.



ESS3 Resource Efficiency and Pollution Prevention and Management

Hazardous wastes from the COVID 19 supported activities (drugs, clinical supplies and medical equipment) can have significant impact on environment or human health. These include liquid contaminated waste, sharps, chemicals and other hazardous materials used in diagnosis and treatment. Each medical facility and isolation center will prepare an Infection Control and Medical Waste Management Plan (as part of ESMF) to prevent or minimize such adverse impacts following the requirements of the COVID-19 ESMF to be prepared for the Project, WHO COVID-19 guidance documents and other good international practices. The ESMF will also establish procedures for management of construction wastes that may be generated from rehabilitation of medical facilities. The ESMF and site-specific instruments (ESMPs) will include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with Africa CDC and WHO environmental infection control guidelines for medical facilities.

ESS4 Community Health and Safety

Medical wastes from COVID 19 diagnosis and treatment centers can have a high potential of carrying micro-organisms that can infect the community at large if not properly managed. There is a possibility for the infectious microorganism to be introduced into the environment if not sustainably contained within the clinical practice, supplies' transportation and laboratory operation or due to accidents/ emergencies e.g. a fire response or natural phenomena. The infection control and waste management plan to be prepared by medical facilities which will receive the project support will describe:

- how laboratory activities in COVID-19 testing medical facilities Project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines)
- measures in place to prevent or minimize the spread of infectious diseases
- emergency preparedness measures

In addition, the project design itself will actively promote sound community health and safety practices in the management of COVID-19 through training of member countries in WHO guidelines for identification, prevention and control of COVID-19.

The project will ensure the avoidance of any form of Sexual Exploitation and Abuse by relying on the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.

The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.



In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. The project will ensure the security personnel follow strict rules of engagement and avoid any escalation of situation, including possible training/ guidelines.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The standard is not relevant. All eventual construction will be undertaken within existing facilities, no new construction planned under this project and thus at this point ESS5 is not considered relevant. Small scale renovation and rehabilitation within the existing facilities will be undertaken. Temporary closures, reduced access, or disruption will follow principles of voluntary negotiations.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low. However, if medical and chemical wastes are not properly disposed of, they can have impacts on living natural resources. The procedures outlined in the infection control and waste management plan will describe how these impacts will be minimized.

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

ESS7 is not relevant to the Project as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities within the proposed project interventions areas, nor is the project taking place in areas on which they rely for natural resources.

ESS8 Cultural Heritage

Based on the screening of potential and known locations for rehabilitation and construction works, likely impact of the project on cultural heritage is low. As a precautionary measure the ESMF will include a chance finds procedure.

ESS9 Financial Intermediaries

This standard is not relevant to the project activities.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

Public Disclosure



III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Organizational Structure: Rwanda Biomedical Center (RBC) shall maintain the Single Project Implementation Unit with qualified staff and resources to support management of ESHS risks and impacts of the Project including qualified environmental and social risk management specialists. Environmental and social risk management specialists will be appointed from existing [RBC] staff or hired as deemed necessary.	04/2020
1.2 ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/ CONTRACTORS a. Prepare, disclose and adopt the Environmental and Social Management Framework (ESMF). b. Assess the environmental and social risks and impacts of the proj. activities. c. Infection Control and Waste Management Plan and ESMP. d. Incorporate E&S requirements and ESHS measures into contracts. e. Update ESMPs and ICWMP based on updated guidance by WHO on COVID-19.	04/2020
1.3 Exclude the following type of activities as ineligible for financing under the Project (as per the project ESCP): long term permanent risks and irreversible impacts; significant adverse social impact/conflict; require FPIC; may affect lands of VMGs; require involuntary resettlement, land acquisition or affect cultural heritage; and all other activities set out in the project ESMF.	04/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
10.1STAKEHOLDER ENGAGEMENT PLAN: Prepare and disclose, a draft Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.	04/2020
10.2 UPDATE SEP, with the inclusion of a risk communication and community engagement (RCCE) strategy, to be finalized under the Project in line with WHO guidance on RCCE readiness and response to 2019-nCoV (01/26/20) and adopt as per ESS10 reqs.	05/2020
10.3 Implement SEP consistent with ESS10, including using different, culturally appropriate communication approaches to ensure communication also with most vulnerable, including illiterate and people with disabilities and hard to reach communities.	04/2020
10.4 CASE MANAGEMENT: In line with the SEP, the Project will ensure systematic case management, allowing communication between quarantined people and their relatives.	04/2020
10.5 GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	04/2020
ESS 2 Labor and Working Conditions	

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2.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
2.2 LABOR MANAGEMENT: as per ESS2 requirements, implementing adequate occupational health and safety measures (including emergency prep), setting out grievance redress for workers, ESHS requirements in contracts and other procurement documents.	04/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
3.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	04/2020
ESS 4 Community Health and Safety	
4.1 Consider measures to minimize the potential for community exposure to communicable diseases; ensure that vulnerable individuals and groups have access to development benefits; manage risks of security personnel; labor influx and SEA/SH.	04/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
5.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
5.2 In case land acquisition would be necessary, plans will be developed in accordance with ESS5 to the satisfaction of the Bank prior to commencement of any land acquisition and displacement.	04/2020
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
6.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
7.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
7.2 Recipient will ensure that SSAHUTLC communities are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner (ie prevention and treatment) with provisions included in the SEP (per ESS7)	04/2020
7.3 In case SSAHUTLC communities would be affected by quarantine provisions, site-specific approaches would be prepared to ensure adequate consideration of their specific cultural needs in accordance with ESS7, to the satisfaction of the Bank.	04/2020
ESS 8 Cultural Heritage	
8.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
ESS 9 Financial Intermediaries	

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

Is this project being prepared for use of Borrower Framework?

No

Areas where “Use of Borrower Framework” is being considered:

Use of Borrower Framework is not considered for this project implementation.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Ministry of Finance (MINECOFIN)

Implementing Agency(ies)

Implementing Agency: Rwanda Biomedical Center

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Miriam Schneidman
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 26-Mar-2020 at 10:40:45 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 01-Apr-2020 at 17:51:21 EDT

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