



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 06/12/2020 | Report No: ESRSA00811



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Fiji	EAST ASIA AND PACIFIC	P173903	
Project Name	Fiji COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/30/2020	6/18/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Fiji	Ministry of Health & Medical Services		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of Fiji.

Financing (in USD Million)	Amount
Total Project Cost	7.35

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

No

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

The Project aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Fiji by improving emergency preparedness and response, strengthening health systems and managing implementation and monitoring & evaluation.

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 Republic of Fiji is an economic, political, and social leader across the South Pacific, striving to overcome the development challenges of remoteness, smallness and vulnerability to natural disasters. With an estimated population of 880,000, Fiji is the largest of the lower-middle income small island states in the Pacific (excluding Papua New Guinea). Given its geographical location, Fiji also serves as a regional hub for transport and many other services in the Pacific. Most of the population is concentrated on the two large islands: the main island Viti Levu and the Island of Vanua Levu. With tourism as its main economic activity, Fiji's central location and vast natural resources make it an important regional player.

This Environmental and Social Review Summary is focused on the emergency response to the Republic of Fiji under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's (WB's) Board of Executive Directors on April 2, 2020, Report No: PCBASIC0219761 with an overall Program financing envelope of up to US\$6.00 billion.

The Project aims to strengthen the Government of Fiji's (GoF) immediate capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of Fiji. Project activities for this emergency operation will include the provision of goods and services and technical assistance investments with the following two components:

- Component 1: Emergency COVID-19 Response (US\$ 4.8 million). The aim of this component is to strengthen Fiji's capacity to respond to COVID-19. This component will provide immediate support to implement prevention, preparedness, and emergency response activities for COVID-19. In summary, the Component will finance the procurement of laboratory equipment (biosafety cabinets, GeneXpert cartridges, analyzers, and swabs), personal protective equipment (PPE), medical equipment (ICU beds and ventilators), communication activities, connectivity and expenses related to mobilization of health workers and overtime costs for existing health workers to respond to a surge in demand for services. The component involves three sub-components:
 - o Sub-Component 1.1: Enhance case detection, confirmation and contact tracing (US\$1.0 million)
 - o Sub-Component 1.2: Enhance service delivery (US\$2.5 million)
 - o Sub-Component 1.3: Communication Preparedness and Response (US\$1.3 million)
- Component 2: Health System Strengthening (US\$1.4 million). This component will focus on medium-and long-term health care system strengthening focusing on three main priorities: (a) enhancing health care waste management including procurement and installation of a medical waste incinerator at the Naboro landfill to serve the central division hospitals, any incidental works associated with it, and technical assistance to support such activities; (b) training for health care workers on health care waste management; and (c) construction of a warehouse to supplement storage facilities at the Fiji Pharmaceutical and Biomedical Services (FPBS) center in Suva.
- Component 3: Project Implementation Management, Monitoring and Evaluation (US\$ 1.1 million). This component will finance: (a) recruitment of project management personnel and technical consultants; (b) operating expenses for project management, reporting and supervision; (c) support for procurement, financial management (FM), environmental and social safeguards; and (d) M&E.

The delivery of healthcare is challenging in a country that comprises 332 islands spread over 1.3 million square kilometres of the South Pacific Ocean. Health services are provided through a range of offices and health facilities, including the MoHMs head office, three divisional offices with administrative and clinical facilities, 25 hospitals, 19 sub-divisional offices, 78 health centers, six specialized centers and 99 nursing stations. Fiji has a ratio of 2.05 hospital beds per 1000 population but there is considerable variation across hospitals. Overall, the efficiency of the health system has been compromised by inadequate investment in health infrastructure upgrading and maintenance.



D. 2. Borrower’s Institutional Capacity

The Ministry of Health and Medical Services (MOHMS) will be the Leading Agency responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. In addition, the Department of Information Technology and Computing Services will be responsible for the portion of Component 2 associated with improving internet connectivity. Procurement for PPE and the incinerator will be completed through the United Nations (UN) and test kits through UNICEF. Both agencies are familiar with the World Bank Environmental and Social Framework and associated standards.

The MOHMS has no previous experience with World Bank financed projects and will require significant support. To address this, a Project Manager will be recruited to oversee and support project implementation and coordinate between ministries. The Project Manager will be supported by an International Environmental, Social and Health and Safety Specialist (part-time), and a Local Environmental, Social and Health and Safety and Community Engagement Specialist (part-time). Both Specialists will be recruited no later than 30 days after project effective date. It is also expected that enhanced oversight from the Bank E&S team will be required and a capacity assessment will identify where training and further capacity building will be needed.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project will have long term positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment and containment.

The environmental risks are considered substantial. Some uncertainty remains around specific activities and locations but high risk activities will be excluded from the project components. The main environmental risks identified include:

- The provision of laboratory and medical equipment and PPE: (i) occupational health and safety (OHS) issues related to the use of equipment financed by the Project; (ii) the OHS issues for medical staff and employees related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste with respect to both disease transmission and contamination of the receiving environment such as soil or water.
- The incinerator: (i) community health and safety impacts from reduced air quality due to the incorrect positioning or operation of the incinerator; (ii) OHS impacts to staff operating the incinerator (contact with contaminated medical waste, reduced air quality and use of combustible fuel etc.); (iii) other minor environmental impacts associated with the operation of the incinerator such as minor fuel spills and waste ash disposal; and (iv) minor civil works during incinerator installation (land clearance, noise and dust). The incinerator will be located on an existing landfill site, the Norobo Landfill, where land is already disturbed and earthworks are a regular occurrence.
- The warehouse: the warehouse will be located in an industrial zone in previously disturbed land and, as such, construction is not expected to pose a risk to biodiversity. The warehouse will be a simple structure and the usual environmental (dust, noise, hydrocarbon spill, erosion and sediment control etc.) and occupational health and safety risks should be easily managed through an environmental and social management plan (ESMP).

Public Disclosure



It is not expected that there will be any environmental impacts associated with the information technology and communications aspects of the project as no civil or earthworks will be required.

To mitigate the above-mentioned risks, MOHMS has committed to prepare, during project implementation and no later than 30 days after project effective date, an Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including health care waste management and infectious disease prevention and control activities. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank Environmental, Health, and Safety (EHS) Guidelines and other Good International Industry Practices (GIIP), including an elaboration of roles and responsibilities within MOHMS, training requirements, timing of implementation and budgets.

Procurement of goods (purchase of testing kits and PPE etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved. However, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

As will be outlined in the ESMF, the MOHMS will:

- Prepare an environmental and social impact assessment (ESIA)/ESMP for the installation and operation of the incinerator prior to the commencement of procurement; and
- Prepare an ESIA/ESMP for the construction and operation of the warehouse prior to the commencement of construction.

Social Risk Rating

Substantial

The social risks are considered Substantial. Whilst social risks and impacts are present, they are considered temporary, predictable, and readily managed through project design features and mitigation measures.

No land acquisition or involuntary resettlement impacts are expected. All activities will be conducted within existing government facilities/grounds and no new land will be acquired.

- The incinerator: the project will include establishment of one clinical waste incinerator which will occupy an area of 4.35 m³. The incinerator is expected to be built at the Naboro landfill site and covers an area of approximately seven hectares. The Naboro landfill site is owned by the Government of Fiji and located 24 kilometers from central Suva.
- The warehouse: will be located on government land within the grounds of the Fiji Pharmaceutical and Biomedical Services (FPBS) center in Suva. Dimensions of the warehouse are yet to be confirmed.

An ESIA will be conducted to assess social impacts associated with incinerator installation and operation and warehouse installation prior to the commencement of procurement. The ESIA will confirm that no physical or economic displacement will occur, including to non-title holders such as waste pickers.

A key social risk is the potential for inequitable access to Project supported facilities and services particularly for vulnerable and high-risk social groups (poor, disabled, elderly, isolated groups). To mitigate this risk the MoHMS will commit to the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO



guidance tools for COVID-19 risk communication and engagement. This commitment is outlined in the Project's Environmental and Social Commitment Plan (ESCP) under section 1.2a.

While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility operation through to on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities. Gender-based violence (GBV), including sexual exploitation, abuse and harassment (SEA/SH) may also increase. Clear communication of risks and prevention measures will be included within stakeholder engagement activities and the project's Labor Management Procedure (LMP).

Social risks associated with the project will be addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Mechanism - GM) and LMP, in line with the applicable Environmental and Social Standards (ESS) of the WB's Environmental and Social Framework and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response.

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:

This project is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility.

The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on ground service delivery for COVID-19 surveillance, monitoring, containment and response. However, project activities also present moderate environmental, social, health and safety risks for the project workforce and communities. To manage these risks MOHMS will prepare the following instruments:

Environmental and Social Management Framework (ESMF) - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank EHS Guidelines and other GIIP. The ESMF will include an IPC&WMP for all associated facilities including such as laboratories, LMPs to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent sexual exploitation and abuse and sexual harassment. The ESMF will be prepared to a standard acceptable to the Bank and disclosed on the MOHMS website (<http://www.health.gov.fj/>) and on the WB website within 30 days after the Effective Date. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid any activities that have been screened for environmental and social risks.

As will be outlined in the ESMF, the MOHMS will:

- Prepare an ESIA/ESMP for the installation and operation of the incinerator prior to the commencement of procurement; and
- Prepare an ESIA/ESMP for the construction and operation of the warehouse prior to the commencement of construction.



Stakeholder Engagement Plan (and Grievance Mechanism) - establishing a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A preliminary SEP including GM has been prepared and will be updated by MOHMS and re-disclosed within 30 days after the Effective Date.

To achieve the above mentioned positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated as discussed below:

Medical Waste Management and Disposal. Wastes that may be generated from the use of materials financed by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body and contaminated fluids) and infected materials (lab solutions and reagents, syringes, used PPE and swabs etc.) that require special handling and awareness as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. Waste legislation, strategies, resources and facilities, etc. are generally available and implemented in Fiji and Fiji's approach to healthcare waste management and infection control is more mature than most in the region.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. Workers participating in the construction of the warehouse will be exposed to the usual construction risks such as working from heights, failure of structural integrity, vehicle interactions etc.. These risks, as with the minor environmental impacts (dust, noise, hydrocarbon spill, erosion and sediment control etc.) are manageable through the completion of the ESIA/ESMP and Contractor ESMP. Medical waste management and worker health and safety will be addressed through the IPC&WMP which will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE. Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included.

Community Health and Safety (incinerator). Should a waste incinerator not have inadequate specifications, be located too close to communities or not follow the correct operating procedures it can impact community health and safety through reduced air quality. Incinerators can generate particulates, heavy metals, dioxins and furans, which may be present in the waste gases, water or ash. The Project will include a feasibility study to ensure that (i) an incinerator is the correct waste management solution for the situation; (ii) the specifications for the incinerator; and (iii) where the incinerator should be located. The ESMF will ensure that environmental impacts are assessed prior to the purchase and installation of an incinerator and what management plans and training will be required prior to its operation.

Community Health and Safety (disease transmission). All project activities ranging from the of testing equipment to community engagement activities present a risk of transmission in the community. The completion of testing activities have a high potential of carrying micro-organisms that can infect the community at large if they are not



properly managed and controlled. The project's ESMF will outline procedures for each project activity commensurate to the risk. The IPC&WMP will contain detailed procedures, based on WHO guidance, for the operation of health facilities.

Vulnerable Groups Access to Project Services and Facilities. In the context of Fiji, there are likely to be some disadvantaged and vulnerable groups who are less likely to participate in project benefits, especially in the access to information or participation in or access to health services. In addition, there are groups that are more vulnerable to COVID-19 who may need to be the target of community outreach and education campaigns. These groups include: the elderly, people with underlying medical conditions, those living in geographically remote areas, or people with mental or physical disabilities, among others. To mitigate this risk MOHMS, in the ESCP, will commit ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.

Gender-based Violence. The project will include a large workforce of health care workers (direct, contract and community workers). Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks will be assessed and addressed during implementation through the ESMF, including screening and implementation of the corresponding measures to prevent and mitigate the SEA/SH risks. The MOHMS, in the ESCP will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention.

ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Component 1.3 Communication Preparedness will finance comprehensive communication and behavior change interventions to support key prevention behaviors (hand washing, cough etiquette, social distancing etc.). As other development partners such as UNICEF and WHO, are providing risk communications support, this sub-component will primarily focus on supporting the dissemination of messages to the general public to increase understanding about the risks and impacts of the pandemic including those aimed at increasing awareness to the ways of preventing infectious diseases. This will be through various communication channels including posters and billboards and integrated into ongoing outreach activities of the MOHMS. These activities will be designed based on the WHO Risk Communication and Community Engagement guidance tools for COVID-19 preparedness and response and will seek to provide proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being treated in isolation facilities.

A preliminary SEP has been prepared for engaging with stakeholders on the E&S risks of the project and will be disclosed on the MoHMs website (<http://www.health.gov.fj/Portal/press-release/>). The SEP covers the broader project activities, identifies and analyses key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents. The SEP also outlines the project's GM which will enable stakeholders to raise project related concerns and grievances.



The MOHMS will update the SEP during project implementation, and no later than 30 days after project effective date. The updated SEP will acknowledge and promote the inclusion of of marginalized and vulnerable social groups, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Stakeholder engagement strategies will communicate ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance. The GM will also be operationalized ensuring core elements are in place to enable affected people and the project workforce to raise concerns and complaints - including adequately trained staff with GM responsibilities, community awareness tools, grievance lodgment tools, and investigation and feedback processes.

The final SEP (and GM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). The SEP (and GM) will also be re-disclosed on the MOHMS' website and printed copies will be placed in health centers in all provinces and hospitals.

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

Project Implementation Management, Monitoring & Evaluation, will finance: (i) recruitment of project management personnel and technical consultants; (ii) operating expenses for project management, reporting and supervision; (iii) support for procurement, FM, environmental and social safeguards; and (iv) monitoring and evaluation.

The project workforce is expected to include: (i) direct workers including government staff and consultants engaged directly by the MOHMS (i.e. project management personnel, medical staff etc.); and (ii) contracted workers employed or engaged through third parties such as UN agencies and NGOs. Elements of the project activities (including community engagement work under Component 1.3) may also include use of Community Workers.

The key risk for the project workers (primarily direct and contracted healthcare workers) is contamination with COVID-19 or other contagious illnesses which can lead to illness and death of workers. High risk environments include laboratories, hospitals and health care centers and the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress, fatigue and stigma due to the nature of their work.

The GoF, via the ESCP, has committed to the preparation of a LMP as part of the ESMF which will (i) respond to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will be managed through the ESMF which will incorporate the WHO guidance tools for COVID-19 preparedness and response including the Risk Communication Package for Healthcare Facilities which provides healthcare workers (HCWs) and healthcare facility management with the information, procedures, and tools required to safely and effectively work.

In accordance with ESS2 and Fijian law, due to the hazardous work situation, children under the age of 18 will not be allowed to work on the project. The use of forced labor or conscripted labor on the project is also prohibited.



ESS3 Resource Efficiency and Pollution Prevention and Management

Wastes generated from equipment financed by the Project could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (lab solutions and reagents, syringes etc.) that require special handling and awareness, as they may pose an infectious risk to healthcare and waste management workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities.

Waste legislation, strategies, resources and facilities, etc. are generally available and implemented in Fiji and their approach to healthcare waste management and infection control is more mature than most in the region. There are good waste management systems and procedures in place and staff in Infection Control roles that are generally aware of the risk posed by healthcare waste. The Government, via the ESCP, has committed to the preparation of the IPC&WMP. The IPC&WMP will include controls around waste segregation and disposal that will also prevent liquid contaminated waste from entering watercourses and groundwater (e.g. through incineration or disposal in a licensed landfill).

In order to mitigate risks relating to waste management and infection control the Government, via the ESCP, has committed to the preparation of an ESMF that includes health care waste management and infectious disease prevention and control activities during project implementation and no later than 30 days after project effectiveness. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, WB EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the Implementing Agency, training requirements, timing of implementation and budgets.

Emissions from incinerators can include pollutants such as particulates, heavy metals, dioxins and furans, which may be present in the waste gases, water or ash. These risks are exacerbated if the incinerator is located close to a sensitive receptor such as a neighboring community, does not comply with the appropriate specifications or is not operated in accordance with GIIP as this can lead to incomplete combustion. As mentioned above, under ESS1, the Project will include a feasibility study on the planned incinerator. The ESMF will dictate that the environmental impacts must be assessed and addressed (e.g. through the inclusion of a scrubber) in the ESIA/ESMP prior to the procurement and installation of an incinerator and what management plans and training will be required prior to its operation. The need for an incinerator has previously been identified by the MOHMS and will have broader benefits for waste management than waste generated by the COVID1-19 response. The ESIA/ESMP will ensure that the incinerator is compliant with the WB EHS Guidelines.

The construction of the warehouse may lead to minor pollution impacts such as the generation of dust and noise, hydrocarbon spills, increased sedimentation entering watercourse etc.. The ESMF will dictate that these impacts must be assessed and addressed in through completion and implementation of the ESIA/ESMP prior to the commencement of construction.

ESS4 Community Health and Safety



Community health and safety is at risk from poor management of hazardous waste, as discussed in ESS3. The mitigation measures in ESS3 will mitigate these risks.

In any situations involving the interaction of workers, service providers and individuals seeking medical services there may be a risk of SEA/SH. The LMP and the ESMF will include a GBV risk assessment and preventive measures. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers. Due to the increased risks of gender-based violence in the delivery of physical distancing strategies, the project will also focus on embedding messages on healthy conflict resolution, healthy parenting, stress and anger management in community and other awareness campaigns under Component 1. Communications will also include information on how to seek GBV-related services during periods of social distancing, such as the Fiji Women’s Crisis Center (<http://www.fijiwomen.com/>).

Another key social risk is the potential for inequitable access to project supported facilities and services particularly for vulnerable and high-risk social groups (poor, disabled, elderly, isolated groups or ethnic groups). The social stigma associated with the emerging COVID-19 has the potential to contribute to more severe health problems, ongoing transmission, difficulty in controlling infectious diseases, particularly targeting vulnerable people. To mitigate this risk MOHMS, in the ESCP, will commit to the provision of services and supplies to all people and ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits. The MOHMS will implement WHO guidance tools for COVID-19 risk communication and engagement, including with respect to social stigma (<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>).

No security or military forces will be involved in COVID-19 response activities associated with this project.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not considered Relevant. Project activities are not expected to involve land acquisition, physical or economic displacement, or restriction of access to natural resources. The project’s ESMF will outline a screening, due diligence and public consultation process to ensure proposed project sites can be utilized for project infrastructure activities.

An ESIA will be conducted to assess social impacts associated with incinerator installation and operation and warehouse installation prior to the commencement of procurement. The ESIA will confirm that no physical or economic displacement will occur, including to non-title holders such as waste pickers.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not currently considered relevant as civil works will be completed in previously disturbed, industrial areas with negligible associated biodiversity impacts.

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



This standard is not considered relevant. The Indigenous Peoples of Fiji, the iTaukei, represent the mainstream society in Fiji. The iTaukei represent the majority, or 57 percent of the population according to the 2007 census. As iTaukei customary cultural, economic, social and political institutions are the mainstream culture of Fijian society, ESS7 is not considered relevant. The remaining population in Fiji are comprised of Indo-Fijians, whose ancestors migrated to the Fijian Islands in the late 19th and early 20th centuries, make up 38 percent of the population. The remaining 5 percent consist of other minority communities, including people from various Pacific Island countries, Australia, New Zealand, the People’s Republic of China, and Europe. The Project’s ESCP and SEP commit the project to raising awareness and conducting stakeholder engagement with disadvantaged or vulnerable individuals and groups across the Fijian population, including across diverse ethnic groups. Awareness raising and stakeholder engagement will be adapted to account for such groups or individuals’ particular sensitivities, concerns and cultural sensitivities.

ESS8 Cultural Heritage

This standard is not considered Relevant as no civil works or land disturbance will be included in the investments.

ESS9 Financial Intermediaries

This standard is Not Relevant to the proposed project interventions, as no financial intermediaries will be used.

B.3 Other Relevant Project Risks

Considering a potential growth in rates of infection, the ability of the Fiji health system to manage growing case loads as the project progresses is a major risk to the Project, which could increase associated environmental and social risks.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
The ESMF will be finalised within 30 days of Effectiveness. As outlined in the ESMF the ESIAs/ESMPs will be prepared, disclosed and adopted prior to the commencement of: (i) procurement of the incinerator; and (ii) construction of the warehouse	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	

Public Disclosure



Updated Stakeholder Engagement Plan Timeline: The SEP will be updated and re-disclosed within 30 days of Effectiveness. The SEP will then be continuously updated during project implementation.	07/2020
Adopt the Grievance Mechanism for the Project Timeline: The GRM will be updated and established within 30 days of Effectiveness.	07/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures Timeline: The LMP, including labor GRM will be finalized with 30 days of Effectiveness as part of the ESMF	07/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
The ESMF, including the IPC&WMP will be finalised within 30 days of Effectiveness.	07/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed and incorporated into the ESMF	07/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

Public Disclosure

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

Is this project being prepared for use of Borrower Framework?

No

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

N/A

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Fiji

Implementing Agency(ies)

Implementing Agency: Ministry of Health & Medical Services

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Aparnaa Somanathan, Carol Obure
Practice Manager (ENR/Social)	Kevin Tomlinson Cleared on 08-May-2020 at 16:55:42 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 12-Jun-2020 at 08:10:59 EDT