



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 06/14/2020 | Report No: ESRSA00879



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Kiribati	EAST ASIA AND PACIFIC	P174219	
Project Name	Kiribati COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/20/2020	6/22/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Kiribati	Ministry of Health and 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 recipient’s territory.

Financing (in USD Million)	Amount
Total Project Cost	2.50

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 Kiribati by strengthening health systems and monitoring & evaluation of the National Health Strategic Indicator core set.

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 Kiribati is one of the smallest, most remote and geographically dispersed countries in the world. The country consists of 32 low lying coral islands and one raised coral island in three main island groups - namely the Line Islands, Phoenix Islands and Gilbert Islands. Most islands are no more than two meters above mean sea level and only a few hundred meters wide. As such, they are at the forefront of climate change. The capital, South Tarawa, is about 4,000 kilometers from the major trade markets of Australia and New Zealand. With a total population estimated at 106,000 in 2015, Kiribati's population is spread amongst 167 rural villages and one urban area on 21 islands across some three million square meters.

These geographical features create significant human development and economic growth challenges. Kiribati has a limited economic base, dominated by (i) investment income from its sovereign wealth fund, the Revenue Equalization Reserve Fund (RERF), (ii) the sale of fishing license fees, (iii) remittances, and (iv) aid flow. Only around 20 percent of the country's population is formally employed in the cash economy, with 80 percent of the jobs provided by the public sector. Food security relies largely on subsistence agriculture and fisheries.

Located on the atoll of Tarawa, South Tarawa, the country's only urban center, spans a string of very densely populated coral islets connected by several causeways. Its population is expected to grow further from 58,000 in 2016 to 96,000 in 2040. The atoll soil in South Tarawa is relatively poor and can only support a few plants, the most common include coconut, pandanus, breadfruit and giant swamp taro as well as scrub species and other introduced food crops. In and nearby the villages, fauna mostly comprises introduced pigs, chickens, dogs, rats and cats. Milk-fish and bone fish are present in the waters around most islands supporting artisanal fishing and off-shore territorial waters are rich in fish stocks such as tuna and bill fish.

Despite notable improvements in recent decades, most population health outcomes in Kiribati do not compare well with other small countries in the Pacific. In many respects, this reflects the very difficult geographic, environmental and social determinants of health that the country faces. In principle, the population of Kiribati has low cost access to some form of basic health care, delivered predominantly by the Ministry of Health and Medical Services (MHMS) through a network of four hospitals, 22 health centers and 84 village clinics, all public facilities. Access to basic health services in remote, hard-to-reach small maritime populations in outer islands makes referrals and health services logistics very difficult, expensive and often only available by sea.

Kiribati remains one of the 12 countries without a confirmed COVID-19 case, but the risks are high that COVID-19 could spread widely and rapidly, should the disease reach the country. Until all international flights were banned on 21 March 2020, all incoming passengers had to self-quarantine for 14 days regardless of nationality and country of origin. The Government of Kiribati (GoK) has prepared a National COVID-19 Preparedness and Response Plan given its concern that the full impact of the pandemic, should it reach Kiribati, will overwhelm the generally poorly equipped and maintained health facilities, including the four hospitals. The Government is overseeing the implementation of the Plan through weekly meetings of the Communicable Diseases Surveillance and Response Committee (CDSRC) chaired by MHMS, with participation of development partners based in Tarawa.

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 in Kiribati. To complement the efforts of other development partners, the Project components are as follows:

- Component 1: this component will focus on strengthening the public health system to maintain essential health service delivery. Support under this component will include: (a) construction and upgrading of two warehouses



for pharmaceutical and medical supplies – one of which will be is a substantial demolition and rebuild; and (b) support the connectivity of 109 health facilities (four hospitals and 105 clinics) in South Tarawa and the outer islands to a centralized health information management database to enable at least a basic level of telehealth services to commence. The cost of a database server, desk top computers and laptops, FortiGate Access Points, cables and connectors, network cabinets, routers, back-up software for the disaster and recovery plan, backup network attached storage and installation and operating costs related to these activities, will be financed under this sub-component.

- Component 2: this component will provide technical and operational assistance on project management, including supporting project implementation, monitoring and evaluation, supervision and reporting, financial management, procurement, environmental and social risk mitigation activities; and sharing lessons learnt from response exercises.

Both warehouses are located on South Tarawa on land already leased by the GoK, one at the Old Hospital in Bikenibey and the other, at the Tungaru Central Hospital (TCH). The conceptual design of the Central Medical Warehouse estimates that the warehouse will sit on an approximately 315 square metre concrete slab and will require the demolition of the current bulk warehouse which used to be the old pharmacy and is approximately 50 years old. The existing building is degrading with structural issues and a leaking roof.

D. 2. Borrower’s Institutional Capacity

While the Government is implementing measures to build a healthy society, the high prevalence of both communicable diseases (CDs) and non-communicable diseases (NCDs) remain significant threats to the lives, well-being and productivity of I-Kiribati people. Safe water and sanitation services remain inadequate for many, including limited working hand-basins and taps and/or sanitizer for basic infection prevention and control in most health facilities. In addition to general poor nutrition, respiratory health is compromised by the ongoing high proportion of cigarette smoking, and high rates of tuberculosis. The Health Information Committee is still to be fully functional and this will be needed to integrate with broader plans for digital government services, as well as to ensure all investments in the health sector for ICT are well planned and integrated as they are implemented to provide the improved services needed.

The project will be implemented by the MHMS who will have overall responsibility for carrying out the day-to-day management and implementation of the Project as well as coordination with other government ministries and stakeholders on all aspects of project implementation as required. The MHMS will appoint a Project Manager to lead the day-to-day project management and implementation.

Environment and Social Specialist support will be provided through the Kiribati Fiduciary Services Unit (KFSU) that is based in the Ministry of Finance and Economic Development (MFED) and funded by the Kiribati Outer-Islands Transport Infrastructure Project. The unit provides support to other World Bank financed projects within Kiribati and will recruit several Environment and Social Specialists, both national and international. The Environment and Social Commitment Plan (ESCP) states that the KFSU must recruit an International and a Local Environment and Social Specialist to provide support to this project within 30 days of project effectiveness. Prior to the recruitment of the Environment and Social Specialists additional support will be provided by the World Bank Environment and Social team including the development of the Environment and Social Management Framework (ESMF). The ESMF will then be reviewed and updated by the International Environmental and Social Specialist (supported by the Local Environmental and Social Specialist) on their engagement.



The Ministry of Infrastructure and Sustainable Energy (MISE) will support the project ensuring that the warehouse is built to standard and completing weekly site inspections and meetings.

The GoK has experience with World Bank financed projects however, none of these projects are being completed under the Environmental and Social Framework (ESF) and the MHMS has not previously implemented a World Bank investment project (IPF) meaning that it is expected that enhanced oversight from the World Bank E&S team will be required including the completion of a capacity assessment that will identify where training and further capacity building is needed.

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The Environmental Risk Rating is classified as 'Moderate'. The project involves small scale construction, demolition and renovation works with associated risks that are local, predictable, temporary and easily managed through the implementation of the ESMF, Waste Management Plan (WMP) and the Environmental Code of Practice (ECOP).

The environmental risks can be summarised as follows:

-Demolition: environmental risks relating to the demolition of the Bulk Warehouse include increased dust and noise, minor hydrocarbon spills and waste disposal (potentially including hazardous materials such as asbestos) as well as occupational health and safety risks.

-Construction: environmental risks relating to the construction of the Central Medical Store include minor land clearance (loss of biodiversity through the clearing of a small number of trees and increased erosion), increased dust and noise, minor hydrocarbon spills and waste disposal as well as occupational health and safety risks. Construction works will be completed on a brownfield site minimising any impacts on biodiversity

-Renovations: environmental risks relating to the renovation of the Pharmacy Warehouse include increased noise and dust and waste disposal as well as occupational health and safety risks.

-Warehouse operation: environmental risks relating to the operation of the two warehouses relate to waste disposal, sewage and grey water management and the occupational health and safety of workers for activities such as the loading and unloading of stock.

-Hardware: environmental risks associated with the purchase of hardware to connect health facilities, including the outer islands, to a centralised health information management database relate to waste disposal, potentially involving small amounts of e-waste.

No investments will involve the testing or treatment for COVID-19 minimising the risk of worker infection.

Social Risk Rating

Moderate

Public Disclosure



The Social Risks are Moderate. The project is expected to have overall positive impact at a national scale. Risks and impacts are considered temporary, predictable, and readily managed through project design features and mitigation measures.

No land acquisition or involuntary resettlement impacts are expected.

The project will include the upgrading and construction of warehouses for pharmaceutical and medical supplies, located at the Old Hospital in Bikenibeu and existing warehouse at the Tungaru Central Hospital (TCH) to optimise storage space.

A key social risk is the potential for the ongoing stock management limitations which may lead to storage of essential pharmaceutical and medical supplies, with the current lack of warehouse space, this may affect access to project supported services,

particularly for vulnerable and high-risk social groups (poor, disabled, elderly, isolated 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 the vulnerable people. To mitigate this risk MHMS, in the ESCP, will commit to the provision of services and supplies including pharmaceutical and medical 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. Currently MHMS is not able to effectively manage these supplies given long-standing concerns about lack of adequate warehouse space and stock management system limitations. The project will be able to support the increasing stock management needs as the population grows and address more complex nature of the burden of disease in Kiribati.

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 construction and upgrading of the warehouse, will ensure adequate Occupational Health and Safety (OHS) protections is in place, and measures to mitigate any transmission of diseases in the community. Clear communication of risks and prevention measures will be included within training and stakeholder engagement activities. Social risks associated with the project will be addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Mechanism - GM) and Labor Management Procedure (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF 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 Kiribati's planning and readiness for the containment and response of COVID-19 or other pandemics. However, project activities also present moderate environmental, social, health and safety risks for the project workforce and communities.

To manage these risks the MHMS will prepare the following instruments:

-Environmental and Social Management Framework: to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on World Bank EHS Guidelines and other GIIP including WHO Guidelines. The ESMF will include an environment code of practice (ECOP) for construction, demolition, renovation works and operation, waste management plan (WMP) for construction, demolition, warehouse operation (particularly with respect to the disposal of medical supplies) and e-waste (should any information technology equipment require disposal after the procurement of the new hardware), an infection prevention and control plan to address construction workers and inter-island travel, 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 MHMS website (<https://mhms.gov.ki/>) and on the WB website within 30 days after the Effective Date. Until the ESMF has been approved, the Project will avoid any activities that have been screened for environmental and social risks that need to be mitigated through one of the proposed instruments.

-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 MHMS and re-disclosed within 30 days after the Effective Date.

-Contractor Waste Management Plan and Safety Management Plan: primary contracting companies completing demolition and civil works will be required to complete a WMP and safety management plan (SMP) in compliance with both the ESMF and local legislation prior to the commencement of demolition or construction activities.

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

-Waste management and disposal: wastes generated from the construction, demolition and renovation activities financed by this project will mostly include inert building materials however, may also contain some hazardous materials such as asbestos or lead based paints and e-waste. Informal disposal may lead to the contamination of soil and groundwater and pose a risk to community and worker health. The ESMF will include an assessment of suitable waste management options and the procedures for waste management and disposal in compliance with Kiribati legislation and GIIP through the waste management plan and ECOP.

-Occupational health and safety: construction and demolition activities pose various occupational health and safety risks such as working at heights, suspended loads, handling hazardous materials (e.g. asbestos) and sprains, strains, cuts and crush injuries etc. In addition, should COVID-19 enter Kiribati, construction workers may increase the spread



of the disease. The ESMF will assess the occupational health and safety risks that are associated with the activities and the appropriate mitigation measures will be included in the ECOP. Contractors will be required to develop and implement their own safety management plan that is compliant with the ESMF and World Bank Environment and Health and Safety Guidelines (EHSs).

-Community health and safety: construction and demolition activities pose a risk to community members through increased noise, dust and traffic and the incorrect disposal of hazardous materials. The ESMF will assess the risks to community health and safety and include the appropriate mitigation measures such as traffic management, dust control and restrictions to operating hours. Waste will be managed in accordance with the WMP and will be compliant with Kiribati legislation.

Gender-based violence: Gender-based violence (GBV), including sexual exploitation, abuse and harassment (SEA/SH) may increase during the upgrading and construction phase of the project activities which may include contractors to the construction site. To mitigate these risks, the ESCP will commit to assessing the risks of GBV, SEA/SH and enforcing mitigation measures to protect and support the workforce and population at large.

ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for effective and inclusive engagement with all of the relevant stakeholders and the population at large. The Recipient has prepared a Preliminary Stakeholder Engagement Plan (SEP) which will be updated within 30 days of the Project effective date and will define a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, the SEP will be disclosed on the MHMS' official website [mhms.gov.ki].

The SEP 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. As mentioned previously, there are individuals and groups who will be considered disadvantaged and vulnerable as they benefit from the pharmaceutical and medical supplies.. These include the elderly, people with underlying conditions, those living in geographically remote areas, people with mental or physical disabilities among others. The SEP also outlines the Project's GM which will enable stakeholders to raise project related concerns and grievances.

The MHMS will update the SEP during project implementation, and no later than one month after project effectiveness.

Stakeholder engagement strategies will point out 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 lodgement tools, and investigation and feedback processes. Given the high risk of community spread of coronavirus, stakeholder engagement will minimize engagement techniques which rely on public events or which might encourage close contact among individuals. In



some locations, it may be possible to organize small focus group discussions if it is possible to rigidly enforce physical distancing measures

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 disclosed on the MHMS's 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

The project is relevant as component 1 will include upgrading and construction of warehouses for pharmaceuticals and medical supplies.

The project may include different categories of workers to implement project activities related to sub-component 1: upgrading and construction of warehouses and connecting health facilities to a centralised health information, which may include capacity building and training.

The project will primarily rely on the use of existing government workers already employed in the MHMS.

The project will involve the use of local contracted workers for civil works and facility upgrades. The project may also hire individual technical consultants to support the MHMS in specific technical areas where skills are lacking, who will be considered direct workers. The sub-component may also draw on technical assistance provided under the World Bank health team's program of advisory services and analytics (PASA) to conduct an infection prevention and control (IPC) review of the facilities to ensure there is the necessary environment for safe water, sanitation and hygiene services in the warehouses, along with the availability of materials and equipment for required IPC activities.

The main issues of concern for this project relates to Occupational Health and Safety for those individuals working on the upgrading of the warehouses. The project will ensure that such workers are provided adequate personal protective equipment (PPE) in sufficient numbers and quality to ensure they can carry out tasks in a way which minimizes the risks of infection. The Recipient will develop procedures for protection of workers in relation to infection control precautions and include these in the LMP and in contracts.

The LMP will be developed by the Recipient describing the types of workers, risks and safety issues posed by the Project and COVID-19 and the legal framework of worker's rights in Kiribati as required under ESS2. The LMP will also establish clear prohibitions on the use of child labor and will not employ children under the age of 18 for any aspect of this operation. The project will also prohibit the use of forced or conscripted labor for any project activity. The LMP will establish a GM for project workers.

As relevant the LMP will also provide guidance on:



- 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 GM 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, gloves, hand washing soap and sanitizer) are available;
- Ensure adequate Occupational Health and Safety (OHS) protections in accordance with World General ESHGs and industry specific ESHGs and follow evolving international best practice in relation to protection from COVID-19; and
- Mandate workers to strictly adhere to established protocols.

The LMP will be finalized within 30 days of project effectiveness.

Occupational health and safety risks associated with construction will be addressed in the ECOP which will also be finalized within 30 days of project effectiveness.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is considered relevant.

Construction and demolition activities may lead to increased noise, dust and erosion, minor hydrocarbon spills, incorrect waste disposal causing negative impacts to soil and groundwater or on community health. Construction and demolition activities will be completed in accordance with the World Bank ESHGs and impacts will be assessed and managed through the ESMF (include a WMP, an ECOP and mitigation measures such as watering down during demolition to control dust, spill response, restricted working hours for noisy activities and erosion and sediment control).

The operation of the new Central Medical Store will produce both sewage effluent and grey water. The Central Medical Store will be connected to mains power, water and sewerage with impacts being assessed and managed through the ESMF and ECOP.

The procurement of hardware may necessitate some e-waste disposal should old hardware be replaced. A review of e-waste related activities in the Pacific Islands (completed by the Secretariat of the Pacific Regional Environment Programme (SPREP) in 2018) found that Kiribati has had a functional collection point for e-waste for the last few years at the Materials Recovery Facility (MRF) in Betio, Tarawa. Additional detail regarding e-waste management will be included in the ESMF through the WMP.

Contractors will also be required to complete their own WMPs in compliance with the ESMF, local legislation and ESHGs.



The demolition, construction and operational phases of the project will only use small amounts of water, power and construction materials and aggregate will be sourced from a local supplier who has previously worked on World Bank funded projects. The ESMF will include an assessment of the proposed aggregate source.

Due to the scarcity of land on South Tarawa, waste disposal options are limited. The ESMF will assess alternative uses, such as as fill material, for inert demolition waste to reduce the pressure on the local dump site.

ESS4 Community Health and Safety

This standard is considered relevant.

Protecting the health of communities from infection with COVID-19 is a central part of the project. However should COVID-19 enter Kiribati once border controls are relaxed, without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus. Some project activities may give rise to the incremental risk of Gender Based Violence (GBV), in particular, Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks.

In any situations involving the interaction of workers, service providers and individuals seeking medical services there may be a risk of sexual exploitation and abuse (SEA), and/or sexual harassment (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.

During the upgrading and construction of warehouse, the project will minimize the potential for community exposure to hazardous materials, and control the safety of deliveries of materials to and from the construction site, including waste (the ESMF will dictate that a traffic management plan must be included in the Contractor Safety Management Plan). Due care during construction will be taken to avoid any risks or exposure to the community.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant as no land is expected to be acquired and there will be no involuntary resettlement. The construction and upgrading of two warehouses for pharmaceutical and medical supplies will take place on existing government land.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not considered relevant as construction activities will take place on previously disturbed land with no significant biodiversity value.

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



This standard is not considered relevant . There are no known groups that meet the criteria in ESS7 as the majority of people in Kiribati, make up 96.2% i-Kiribati and will be the overwhelming beneficiaries for the project.

ESS8 Cultural Heritage

This standard is not considered relevant. The project does not involve any activities which would affect tangible or intangible cultural heritage as defined in the standard.

ESS9 Financial Intermediaries

This standard is not relevant as financial intermediaries will not be used.

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)

Public Disclosure

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Complete and disclose the ESMF within 30 days of the project effectiveness date.	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Complete and disclose the SEP within 30 days of the project effectiveness date.	07/2020
ESS 2 Labor and Working Conditions	
Complete and disclose the LMP within 30 days of the project effectiveness date.	07/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Complete and disclose the ESMF including a WMP and ECOP within 30 days of the project effectiveness date.	07/2020
ESS 4 Community Health and Safety	
Complete and disclose the ESMF within 30 days of the project effectiveness date.	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

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 being considered for this project as it is not sufficiently aligned with the World Bank ESF Standards.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Republic of Kiribati

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Medical Services

V. FOR MORE INFORMATION CONTACT

Public Disclosure



The World Bank

Kiribati COVID-19 Emergency Response Project (P174219)

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Public Disclosure



VI. APPROVAL



Task Team Leader(s):	Susan Ivatts, Carol Obure
Practice Manager (ENR/Social)	Susan Shen Cleared on 03-Jun-2020 at 11:48:24 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 14-Jun-2020 at 14:00:1 EDT