



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/03/2020 | Report No: ESRSA00649



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Papua New Guinea	EAST ASIA AND PACIFIC	P173834	
Project Name	Papua New Guinea COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/3/2020	4/16/2020
Borrower(s)	Implementing Agency(ies)		
Department of Treasury	National Department of Health		

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 Papua New Guinea (PNG).

Financing (in USD Million)	Amount
Total Project Cost	20.00

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

No

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

The Project aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health in PNG by improving emergency preparedness and response, strengthening health systems and managing implementation and monitoring & evaluation. The Project will have a national footprint although some activities are restricted to 10 priority provinces.



D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
Papua New Guinea is one of the most culturally diverse countries in the world with over 800 languages and over 1,000 distinct ethnic groups. Most of the country's population of almost 8 million people live in rural communities and are faced with significant challenges in health, education and economic opportunity. Administratively, the country is divided into 22 provinces, the National Capital District, and the autonomous region of Bougainville.

This Emergency Operation will be initially implemented in ten priority provinces (to be confirmed) including Port Moresby/National Capital District (NCD) with the potential of expanding to other provinces as required. Project activities will include risk communication and community engagement; training and operational costs for rapid response and surveillance; and strengthening health infrastructure including mobile laboratories, laboratory equipment, modular isolation units and intensive care equipment. A Contingent Emergency Recovery Component (CERC) is included to provide rapid response to any natural or man-made crisis or disaster during the course of the Project. The CERC will support expenditures on a positive list of goods and/or specific works and services required for emergency recovery.

No civil works are expected under this project, other than the establishment of modular laboratory and isolation units within the grounds of existing health facilities or on other government sites (if necessary). Target laboratory facilities currently include the Institute of Medical Research (IMR) Laboratory in Goroka, Eastern Highlands Province and the Port Moresby General Hospital and the Public Health Laboratory in Port Moresby, NCD. Other provincial testing facilities may be rolled out as well. In addition, pre-fabricated, containerized isolation facilities are to be installed in at least 10 priority provinces, followed by others as needed.

D. 2. Borrower's Institutional Capacity

The National Department of Health (NDOH) will be the implementing agency for the Project. The NDOH will be responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. The Project Steering Committee for the Project will comprise the Senior Executive Management of the NDOH. The Steering Committee will meet every week to review progress of the project, ensure coordinated efforts by all stakeholders and will conduct annual reviews of the project. The Secretary of the NDOH will be the Project Director and provide oversight and support coordination of project implementation among the relevant divisions and departments of NDOH and Provincial Health Authorities.

The current Project Coordination Unit (PCU) for the Emergency Tuberculosis Project (ETP, P160947) will support the NDOH with managing implementation of the Project. The PCU currently consists of a Project Coordinator and Procurement Specialist. The PCU will contract United Nations Operation for Project Services (UNOPS) and UNICEF to support project activities. UNOPS will be engaged to procure and provide medical equipment, consumables and other laboratory and medical supplies. UNICEF will be engaged to assist with risk communication and community engagement.

The PCU will be expanded to include a Financial Management Specialist and Monitoring & Evaluation Specialist. As the risk profile of this project is very different from the Emergency TB project (which was classified as low impact Category C under the World Bank Operational Policy 4.01), no safeguards resources are in place within the PCU team and there is little experience with the Bank's environmental and social safeguards requirements, let alone the new Environmental and Social Framework (ESF). To address this, the PCU will recruit a full-time, local Environmental, Social



and Health and Safety and Community Engagement (ESHS&CE) Specialist. The ESHS&CE Specialist will be supported by part-time, international Environment, Social and Health and Safety (ESHS) expert(s) who will develop the Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP) and associated plans, provide training to the ESHS&CE specialist and PCU staff generally and provide continued guidance and monitoring of the project’s environmental and social performance on an as-required basis. Extensive training of hospital medical, laboratory and waste management personnel is also envisaged, in addition to investments in waste management infrastructure for the laboratories and isolation units funded under the project.

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.

Nevertheless, in the short-term the environmental risks are considered to be Substantial. Uncertainty remains around specific activities and locations. The main environmental risks identified are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety (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. As no civil works other than establishment of modular facilities on existing hospital grounds or other government owned sites are to be undertaken, environmental risks associated with these works are expected to be minor and readily mitigated. PNG’s poor track record in containing and managing epidemics and contagious diseases in recent years (TB, cholera, chikungunya, measles, polio), low coverage and investment in essential health services, lack of comprehensive waste legislation, strategies, resources and facilities, etc. exacerbate the environmental risks despite the availability of readily implementable and effective mitigation measures in the form of WHO guidance, World Bank Environmental Health and Safety (EHS) Guidelines and other good international industry practice (GIIP). While the contextual environmental risks are assessed to be high, the COVID-19 emergency operation is not expected to generate large volumes of medical waste with high population proximity exposed to this waste. Due to the resulting low probability of serious adverse effects to human health from exposure to medical waste, and the fact there are known and reliable mechanisms available to prevent or minimize such exposure, the environmental risk is assessed to be Substantial.

To mitigate the above-mentioned risks, NDOH has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including installation of pre-fabricated, containerized isolation facilities in at least 10 priority provinces and possibly more,



establishment and operation of laboratory facilities in Goroka, Port Moresby and possibly other locations, health care waste management, infectious disease prevention and control activities, etc. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the NDOH, training requirements, timing of implementation and budgets. Procurement of goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved. However, the ESMF including relevant management plans should be finalized before establishing the isolation units and laboratory facilities. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

Social Risk Rating

Substantial

The social risks are considered Substantial. While some social risks and impacts are significant, they 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 establishment of temporary facilities in at least 10 provinces. All activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed.

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). Real or perceived inequities also have the potential to lead to social tensions, conflict and civil unrest. To mitigate this risk NDOH, in the ESCP, 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.

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. 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 Redress Mechanism - GRM) 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:

Public Disclosure



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

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 substantial environmental, social, health and safety risks for the project workforce and communities. To manage these risks NDOH 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 adopting WHO guidance, World Bank EHS Guidelines and other good international industry practices (GIIP). The ESMF will include a Code of Environmental Practice (CoEP) for minor works associated with installation of modular laboratory and isolation units (e.g. utility connections); Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories, medical centers and isolation centers; Labor Management Procedures (LMP) for PCU and contracted workers 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 also include a section on the CERC based on indicative activities. The ESMF will be prepared to a standard acceptable to the Bank and disclosed on the NDOH website and on the World Bank website within 30 days after the Effectiveness Date. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.

Stakeholder Engagement Plan (and Grievance Redress 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 GRM has been prepared and will be updated by the PCU and re-disclosed within 30 days after the Effectiveness 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 labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.) 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. In PNG, the health and environmental risks from the poor management of health-care wastes are substantial due to inadequate policy, legislation and guidelines, poor management and maintenance of health-care waste handling, treatment and disposal facilities, lack of financial resources, lack of understanding of the risks and lack of training and capacity building of personnel involved in health-care waste management. The PNG government has no solid waste management strategy and limited legislation to manage waste in the country. Waste management operations are often informal and unregulated. The few incinerators present in the country are old and have poor



combustion efficiency and operational availability at best, and recent reviews have observed that they are no longer in use. In order to mitigate the risks associated with medical waste management and disposal, the Project will invest in the procurement of appropriate waste management infrastructure, including containers, PPE, high pressure autoclaves and/or incinerators, as well as training of medical, laboratory and waste management personnel to ensure compliance with the IPC&WMP, WHO guidance and GIIP. This will be documented in the IPC&WMP as part of the ESMF.

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. The IPC&WMP 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 personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. In addition, the LMP will cover occupational health and safety provisions to protect HCW, in addition to proper working conditions and management of worker relationships.

Community Health and Safety. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers (including isolation facilities) 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 to be developed will contain detailed procedures, based on WHO guidance, for the safe operation of health facilities and protection of the public from exposure to the virus as a result of these operations. In addition, the project's Stakeholder Engagement Plan (SEP) will ensure widespread engagement with communities - and its more vulnerable groups - to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.

Vulnerable Groups Access to Project Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Real or perceived inequities also have the potential to lead to conflict and civil unrest. To mitigate this risk NDOH, in the ESCP, 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.

Gender-based Violence. PNG has high background rates of 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 putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The NDOH, 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 1.1 Risk Communication and Community Engagement (RCCE) will finance comprehensive communication and behavior change interventions to support key prevention behaviors (hand washing, cough etiquette, social distancing etc.), including i) developing and testing messages and materials; and ii) costs associated with printing and distributing/ disseminating messages and materials. In this initial phase the focus is expected to be on prevention messages. These activities will be designed based on the WHO RCCE 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 Stakeholder Engagement Plan (SEP) has been prepared for engaging with stakeholders on the E&S risks of the project and will be disclosed on the NDOH’s website (<https://www.health.gov.pg/>). The SEP covers the broader project (i.e. not just RCCE 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 Grievance Redress Mechanism (GRM) which will enable stakeholders to raise project related concerns and grievances.

The NDOH will update the SEP during project implementation, and no later than 30 days after project effectiveness. The updated SEP will ensure consistency with ESS7, promoting the inclusion of Indigenous Peoples, and outlining culturally appropriate approaches for consultation and information dissemination. The SEP will also acknowledge the particular challenges with 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 point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance. The GRM 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 GRM responsibilities, community awareness tools, grievance lodgment tools, and investigation and feedback processes.

The final SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). The SEP (and GRM) will also be re-disclosed on the NDOH’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

Component 1.3 – Human Resource Development, will finance activities related to preparedness, capacity building and trainings. It will enhance human resource capacity in diagnosing and treating the novel coronavirus and conduct



epidemiological and clinical research. It will include training and other capacity building activities related to interpersonal communication by health workers related to COVID-19, infection prevention and control, testing, waste management and clinical management of patients with mild symptoms in primary care settings.

The project workforce is expected to include i) direct workers including government staff and consultants engaged directly by the NDOH (i.e. project management personnel, medical staff etc); and ii) contracted workers employed or engaged through third parties such as UN agencies and NGOs (i.e. training and service providers), including to do the minor modular unit installation works. Elements of the project activities (including community engagement work under Component 1.1) may also include use of Community Workers.

The key risk for the project workers (primarily direct and contracted healthcare workers) is infection 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, isolation 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 Government, via the ESCP, has committed to the preparation of Labor Management Procedures (LMP) as part of the ESMF which (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 PNG 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 labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response project could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.) 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. In PNG, the health and environmental risks from the poor management of health-care wastes are substantial due to inadequate policy, legislation and guidelines, poor management and maintenance of health-care waste handling, treatment and disposal facilities, lack of financial resources, lack of understanding of the risks and lack of training and capacity building of personnel involved in health-care waste management. The PNG government has no solid waste management strategy and limited legislation to manage waste in the country. Waste management operations are often informal and unregulated. The few incinerators present in the country are old and have poor combustion efficiency and operational availability at best, and recent reviews have observed that they are no longer in use. In order to mitigate the risks associated with medical waste management and disposal, the Project will invest in the procurement of appropriate waste management infrastructure, including waste containers, PPE, high pressure autoclaves and/or incinerators, as well as



training of medical, laboratory and waste management personnel to ensure compliance with the ESMF, IPC&WMP, WHO guidance and GIIP.

ESS4 Community Health and Safety

Protecting the health of communities from infection with COVID-19 is a central part of the project. However, without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus and may also contribute to conflict or civil unrest. Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks.

Transmission of COVID-19. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The project's ESMF will outline procedures for project activities commensurate to the risk including (i) how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines); (ii) measures in place to prevent or minimize the spread of infectious diseases; (iii) emergency preparedness measures. The operation of laboratories, health centers and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. There is also a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event. The project ESMF and the Infection Prevention and Control and Waste Management Plan (IPC&WPM) will include relevant procedures for the operation of these facilities.

Conflict or Civil Unrest. Real or perceived inequities regarding access to project health services has the potential to lead to conflict or civil unrest. To mitigate this risk NDOH, in the ESCP, 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. The project's risk communication and community engagement activities coupled with broader stakeholder engagement activities will ensure that clear information is provided to the public. NDOH will oversee the implementation of the GRM with the aim of addressing concerns or grievances early.

Isolation Centers. The operation of isolation centers needs to be implemented in a way that both the wider public, as well as the patients are treated in line with international best practice as outlined in WHO guidelines. Patients should be treated with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures taking into consideration their gender, sociocultural, ethnic or religious needs.

Gender-based Violence. PNG has high background rates of Gender-based Violence. Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. 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, as well as the provision of gender-sensitive infrastructure such as segregated toilets. The project will also ensure that isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas.



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. Works/infrastructure activities will be limited to the establishment of modular laboratory and isolation units. These activities will be required to be conducted within existing government facilities/grounds. 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.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not considered Relevant. No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities/grounds. Hence, likely impacts of the project on natural resources and biodiversity are negligible and so this standard is not considered relevant.

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

PNG is one of the most culturally diverse countries in the world with over 800 languages and over a 1,000 distinct ethnic groups. The project will be initially implemented across 10 provinces including NCD and may be expanded as required. ESS7 is relevant and the standard applies for this project since ethnic groups (Indigenous Peoples - IPs) possessing the four characteristics listed in para 8 of ESS7 are present in the project area. Indigenous Peoples are expected to be the sole or the overwhelming majority of direct project beneficiaries. Accordingly, a separate Indigenous Peoples Planning Framework (IPPF) is not required, consistent with the World Bank previous approach in PNG. Rather, in accordance with the provisions of ESS7, the elements of an IPPF have been included in the overall project design (refer Component 1.1) and the above-mentioned SEP. The SEP requires that IPs are consulted about the project in a culturally-appropriated manner to identify and address any economic or social constraints that may limit opportunities to benefit from, or participate in, the project. Project activities are required to include adequate preparedness actions targeted to disadvantaged and vulnerable groups (elders, women/children, people with disability) through adopting WHO guidance which are designed to support risk communication, community engagement staff and responders working with national health authorities.

ESS8 Cultural Heritage

This standard is not considered Relevant. The project is not expected to support any construction or rehabilitation activities that would involve the movement of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. In the unlikely event of construction or the movement of earth in connection with any project activities that have not yet been identified a chance finds procedure will be prepared and integrated into the ESMF for the project.

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 PNG 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	
Recruit a full-time Local Environmental, Social and Health and Safety and Community Engagement Specialist (full-time). Timeline: Recruited/appointed within 1 month after the effective date of the Financing Agreement for the Project (Effective Date)	06/2020
Environmental and Social Management Framework (ESMF) Timeline: The ESMF will be prepared, disclosed and adopted no later than 30 days after Effective Date. Between project approval and the preparation of the ESMF, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Updated Stakeholder Engagement Plan Timeline: The SEP will be updated, disclosed and adopted no later than 30 days after the Effective Date. The SEP will then be continuously updated during project implementation.	06/2020
Adopt, implement and update the Grievance Redress Mechanism Timeline: GRM will be adopted within 30 days of the Effective Date and thereafter implemented and updated throughout project implementation.	06/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures Timeline: The LMP will be prepared, disclosed and adopted as part of the ESMF, no later than 30 days of Effective Date	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	

Public Disclosure



Infection Prevention and Waste Management Plan Timeline: The IP&WMP will be prepared, disclosed and adopted as part of the ESMF, no later than 30 days after Effective Date	06/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed and incorporated into the ESMF	06/2020
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	
Update the SEP to ensure that IPs are fully consulted in a culturally-appropriate manner and have opportunities to benefit from the project activities Timeline: SEP will be updated, disclosed and adopted no later than 30 days after Effective Date	06/2020
ESS 8 Cultural Heritage	
Chance Find Procedure Timeline: The CFP will be prepared, disclosed and adopted as part of the ESMF no later than 30 days after Effective Date	06/2020
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:

The borrower system to respond to COVID-19 is not established

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Department of Treasury

Implementing Agency(ies)



Implementing Agency: National Department of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Aneesa Arur
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 02-Apr-2020 at 21:34:35 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 03-Apr-2020 at 07:49:39 EDT