



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 01/23/2021 | Report No: ESRSC01835



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Papua New Guinea	EAST ASIA AND PACIFIC	P174637	
Project Name	Child Nutrition and Social Protection Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Social Protection & Jobs	Investment Project Financing	10/13/2021	3/16/2022
Borrower(s)	Implementing Agency(ies)		
Independent State of Papua New Guinea	National Department of Health, Department of Community Development and Religion, Department of Justice and Attorney General		

**Proposed Development Objective**

The Project Development Objective is to increase utilization of priority nutrition interventions and purchasing power of first thousand-day households in selected provinces and to provide immediate response in the event of an eligible crisis or emergency.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>50.00</b>

**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]**

Accelerating reductions in stunting is a key priority for the Government of PNG for country’s human capital development and, in turn its longer term and growth and productivity. The National Nutrition Policy 2016-26 has adopted a multi-sectoral approach in addressing undernutrition and stunting issues. The Medium-Term Development

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Plan (MTDP) III sets ambitious targets to reduce stunting by nearly 20 percent by 2022. The Government recently establishes a Fast Track Initiative (FTI) to Reduce Stunting seeking to catalyze district-led multi-sectoral action to tackle stunting and undernutrition and localize the implementation of evidence-based nutrition interventions, including strengthened health and nutrition services, WASH, food security, parenting and income support for nutrition.

At the request of the Government, the World Bank is preparing a nutrition focused operation to support the FTI implementation. The preliminary design of the operation will include both supply side and demand side interventions:

Component 1 aims to support the design and implementation of a multi-sectoral community-based stunting reduction and ECD approach – the PNG Community-based Approach to Reduce and End Stunting (PNG CARES) including community mobilization and advocacy to create demand for and change behaviors relevant to nutrition and converge nutrition-sensitive water and sanitation and dietary diversification interventions; strengthening health systems to deliver nutrition-specific services and inter-personal Social Behavior Change Communication (SBCC); and to promote early childhood stimulation and positive parenting;

Component 2 aims to support the design and implementation of a child nutrition grant targeting the first 1,000 days of life, i.e., pregnant mothers and children from 0-2 years old; and

Component 3 aims to support a national level advocacy and awareness campaign, coordinate cross-sectoral support at the national level to promote multi-sectoral nutrition interventions delivery at the community level, and to strengthen institutional capacity related to FTI.

Component 4 is a contingent component to support a rapid response to emergency situation.

#### **D. Environmental and Social Overview**

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

Papua New Guinea (PNG) has a population of 8.8 million and is one of the most culturally diverse countries in the world with more than 1000 ethnic clans and 800 languages. The country has 22 provinces and 87 districts spread across four regions – Highlands, Islands, Momase, and Southern. Over 85 percent of the population lives in remote and hard-to-reach rural areas, limiting access to basic services, infrastructure and markets.

PNG has one of the highest stunting rates in the world with almost half of all children under the age of five experiencing stunting. Further, around 28 percent of the children in the country are underweight and 5-15 percent are wasted. Undernutrition in PNG is influenced by several factors including childcare and feeding practices; food availability, dietary diversity and security; infectious disease influenced by water supply and sanitation and hygiene practices; and the availability and utilization of health and nutrition services (pre- and post-natal).

A summary of the Child Nutrition and Social Protection Project’s (hereafter ‘the Project’) main components and activities is provided in Section C (above). Further details are outlined in the Project Information Document. Some project activities such as select health system strengthening interventions and Social Behavior Change



Communication (SBCC) will be implemented nationwide. Other activities including the delivery of the PNG CARES and Child Nutrition Grant would be rolled out at the community level across several target provinces/districts and is anticipated to benefit a large number of people. While the selection process may begin during project preparation, target provinces/districts will not be confirmed until project implementation.

The Project is not expected to finance civil works and will not involve land acquisition.

#### D. 2. Borrower's Institutional Capacity

The Project is expected to involve a number of implementing agencies due to the multisector nature of the government's approach to stunting reduction. The National Department of Health (NDOH), Department for Community Development and Religion (DfCDR), and Department of Justice and Attorney General (DoJAG), through the Social and Law & Order Sector (SLOS) Ministerial Committee Secretariat will be responsible for the implementation of components 1, 2 and 3 respectively. The GoPNG is considering establishing a dedicated FTI Secretariat to support SLOS-WG and the implementation responsibility of Component 3 could be shifted to this new entity when it is institutionalized. Specific details on implementing arrangements and coordination between these agencies is yet to be determined.

In-house capacity at DoJAG/SLOS Secretariat, NDOH and DfCDR is low, and capacity for managing effective multi-sectoral programs is generally constrained. While the NDOH is currently implementing several World Bank financed projects its experience and capacity for managing E&S risks is low. DfCDR and DoJAG/SLOS Secretariat have no experience in the preparation and implementation of World Bank Project Finance Operations and the management of environmental and social risks under the ESF. The IAs will likely need to hire consultants to address capacity gaps. Budget and resources for the preparation of environmental and social (E&S) instruments are yet to be determined.

At the same time, the World Bank is seeking support from the Australian Department of Foreign Affairs and Trade (DFAT) for the preparation and design of the project (hereafter 'the DFAT Grant'). This is proposed as a Bank-Executed Trust Fund (BETF) implemented by a third party contractor and includes the conduct of analytical and preparatory studies and Proof of Concept (POC) pilot, subnational consultations and technical support to the FTI secretariat. This work is expected to contribute to Borrower-led preparation of E&S instruments. There is also scope to conduct additional E&S work under this activity.

Analytical and preparatory studies currently proposed include i) operating environment analysis including assessment of informal (wontok) safety nets, gender equity and social inclusion (including gender-based violence) analysis, and social protection policy note; ii) operational research for the Child Nutrition Grant including targeting options assessment, benefit levels costing study, institutional analysis and capacity building planning, business process review to inform development of the management information system, feasibility and options for digital G2P payments and initial design of the grievance redress mechanism; iii) operational research for the PNG CARES including studies on community based health models (and stakeholder mapping), development of the initial community-based health and nutrition planform service package and toolkit; and iv) design of social behavior change communications including a national SBCC campaign strategy and study on interpersonal communication at the household level. The proposed POC pilot would be implemented concurrently to the analytical work, in three sites, covering 1500 eligible families and will be used to trial and demonstrate features of the proposed approach and to support the final design.

The role of the IAs in the implementation of the DFAT Grant, the timing of the preparation of the Project's E&S instruments, and the management of E&S risks during the pilot are yet to be confirmed.



**II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS**

**A. Environmental and Social Risk Classification (ESRC)**

Substantial

**Environmental Risk Rating**

Low

There are few environmental risks associated with the project that will have minimal impacts on the environment. As such, the Environmental Risk Classification is 'Low'.

Environmental risks relate to Component 1 activities including the potential to finance: i) the purchase of equipment such as hardware (e.g. smart phones and tablets), vehicles to assist with community outreach activities and medical equipment such as weighing scales and tape measures; and ii) small scale immunization activities. Potential risks include the generation of small volumes e-waste and medical waste (sharps and syringes).

Should the above activities be financed, the risks associated with these small volumes of waste are expected to be easily managed through compliance with PNG legislation and the development and implementation of a waste management plan (WMP). The ESCP will include a requirement for the development of a WMP prior to the procurement of such items or commencement of immunization activities.

No civil works or land clearance will be financed under this project as will be reflected in the ESCP exclusion list.

**Social Risk Rating**

Substantial

The Project is expected to result in long-term positive social and health impacts for children, mothers and families in target communities across PNG.

However there are a number of social risks associated with the Project including: i) inequitable access to project supported services particularly for vulnerable social groups (women, poor, disabled, elderly, isolated groups); ii) elite capture, power and corruption; iii) social tensions, conflict and civil unrest within or between diverse cultural groups/communities resulting from real or perceived inequities; iv) unintended gender impacts including changes to family dynamics which may lead to family conflict and increases in intimate partner violence; v) poor labor and working conditions for health workers and community/village health volunteers; vi) misuse of personal data; and vii) unintended community health impacts including transmission of COVID-19 and sexual exploitation and abuse and sexual harassments (SEA/SH).

Social risks have been assessed as Substantial. Some of these risks are significant due to their potential magnitude and spatial extent, and potential to give rise to limited degree of social conflict. While social risks are considered mostly temporary, predictable, and able to be managed through the project design features currently being considered and the development of additional mitigation measures, implementing agency arrangements are complex, the IA's role in project preparation is unclear, and there is limited experience or capacity within these agencies to manage these social risks.

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

**B.1. General Assessment**

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

### **Overview of the relevance of the Standard for the Project:**

The Project is expected to have long-term positive impacts including reduced stunting rates and improve nutrition and general health outcomes for children, mothers and families in target communities across PNG. More broadly the project is expected to lead to improvements in human development, social protection, and economic development outcomes.

Key environmental and social risks associated with the Project, design measures being considered and requirements for further mitigating these risks are presented below.

i) Vulnerable and disadvantaged groups and access to Project services. There is a risk that marginalized and vulnerable social groups are unable to access services designed to improve nutrition and address child stunting, in a way that undermines the central objectives of the project. Project design elements will seek to address this risk including community participation in the design of PNG CARES and Child Nutrition Grant, strengthened health system support and outreach activities; and the Child Nutrition Grant's focus on vulnerable and disadvantaged groups, pregnant women and children under two years of age (including broad coverage among this target group). Project preparation will include detailed mapping of stakeholders, services, entry points and the development of community engagement strategies to support inform the design of key project activities and the implementation of the FTI roadmap. During project preparation, the issues and barriers for vulnerable and disadvantaged groups in accessing project services will be assessed and relevant design and mitigation measures recommended.

ii) Elite capture, power and corruption – Project activities, and particularly the Child Nutrition Grant, present the risk of elite capture of project benefits, power and corruption. The Project design will seek to address these risks through clear and transparent provincial and district selection criteria and Child Nutrition Grant scheme eligibility criteria; effective stakeholder engagement and information dissemination planning and implementation; and robust monitoring. These issues will be assessed during project preparation and relevant design and mitigation measures recommended.

iii) Conflict and civil unrest within or between diverse cultural groups. Real or perceived inequities regarding access to project services, and particularly the Child Nutrition Grant scheme have the potential to lead to social tensions, conflict and civil unrest within and between diverse cultural groups/communities. This risk may be exacerbated by existing tribal tensions and conflict. The socio-cultural context and risk of conflict will be assessed during project preparation, to inform the approach to target province/district selection, detailed activity design, and the development of additional mitigation measures.

iv) Gender and Gender-based Violence. PNG has high rates of gender inequity and gender-based violence. Sorcery related violence also exists. While Project activities seek to benefit women and promote women empowerment, there is potential for unintended negative consequences including the risk that changes in family dynamics lead to domestic conflicts and increases in intimate partner violence. The Project will seek to mitigate these issues by ensuring the design and implementation of the Child Nutrition Grant scheme and other activities consider diverse local culture and norms that exist across PNG. The Child Nutrition Grant scheme will adopt a 'family engagement approach' – putting the focus on child health and the benefits for the family as a whole to be sensitive to intrahousehold dynamics. Project activities will also include streamlining violence against women (VAW) services



through PNG CARES and leveraging the health platform to counsel and promote health services women experiencing any form of violence. Gender and GBV risks associated with project activities will be assessed and relevant design and mitigation measures recommended during project preparation. A GBV action plan will be developed as an annex of the SA/SMP.

v) Labor and working conditions. Project activities will be implemented by government, church and NGO health workers and community/village health volunteers working across several provinces and districts. Key risks for the project workforce include working conditions, particularly for community health workers and occupational health and safety issues associated with working in remote areas and in communities with the potential for civil unrest and conflict to occur. These risks will be assessed and Labor Management Procedures developed and implemented in accordance with GoPNG Law and ESS2 during project preparation.

vi) Personal data. Potentially large volumes of personal data, personally identifiable information and sensitive data are likely to be collected and used in connection with the nutritional grants program. Potential risks related to protecting this data and ensuring the legitimate, appropriate and proportionate use and processing of that data. These risks will be assessed by the IAs during project preparation taking into consideration the context of national law or data governance regulations.

vii) Community Health (COVID-19) - Project preparatory consultations and implementation activities may increase the risk of COVID-19 transmission. A COVID-19 Safety Protocol will be developed. In the interim project preparation activities will follow national legislation and relevant WHO guidelines.

viii) Waste management - Component 1 activities may finance: i) the purchase of equipment such as hardware (e.g. smart phones and tablets), vehicles to assist with community outreach activities and medical equipment such as weighing scales and tape measures; and ii) small scale immunization activities and, as such, may generate small volumes e-waste and medical waste (sharps and syringes). Should the above activities be financed, the IAs will comply with PNG legislation and develop and implement a WMP.

The IAs will conduct and prepare a Social Assessment (SA) (including Social Management Plan - SMP) during project preparation. The SA/SMP will be conducted alongside and be informed by analytical and preparatory studies conducted through the DFAT Grant. The SA/SMP will be prepared before and tested during the POC Pilot; and finalized by the IAs before World Bank Appraisal.

The SA/SMP will assess key social risks (as outlined above) and potential impacts (positive and negative) associated with the project activities, review and influence design and outline appropriate risk mitigation and monitoring measures. The SA/SMP will outline clear IA arrangements, human resources, capacity development and training needs, and implementation schedule and budget. As target provinces/districts for the Project are unlikely to be confirmed before appraisal the SA/SMP will outline actions/commitments, for ensuring risks are assessed and managed before implementation of project activities. The SA/SMP will include tools for carrying out these tasks a rapid social assessment and conflict analysis of nominated/selected project provinces and districts. These tools will be tested during the POC pilot.



The IAs will prepare a Stakeholder Engagement Plan (including Grievance Redress Mechanism and COVID-19 Safety Protocol), Labor Management Procedures for the Project workforce. These instruments will also be prepared alongside and be informed by analytical and preparatory studies conducted through the DFAT Grant. The SEP (including GRM and COVID-19 Safety Protocol) and LMP will be prepared before and tested during the POC Pilot; and finalized by the IAs before World Bank Project Appraisal. Details for these instruments are provided below.

The IAs will also prepare CERC Environmental and Social Management Plan (CERC-ESMF). This instrument will be prepared as part of the Project’s Project Operations Manual during early implementation.

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

n/a

**ESS10 Stakeholder Engagement and Information Disclosure**

Project stakeholders will be identified during project preparation and are expected to include: i) affected parties including target beneficiaries (prenatal women, children under 2 years of age, mothers, their families and communities); public health workers and volunteers; and provincial and district governments, government health providers, and NGO/civil society organizations delivering community health services; ii) vulnerable groups including target beneficiaries such as single mothers, or families from poor and/or isolated communities or minority migrant groups (i.e. settlers); and iii) other interested parties including other sectoral agencies (i.e. agriculture, WASH and education), NGOs and the public at large.

The Project design recognizes the challenges of delivering health and nutrition programs in a culturally diverse environment, and the need for effective, inclusive and culturally appropriate engagement with all of the relevant stakeholders during design and implementation.

Design of the the PNG CARES (Component 1) will involve a participatory process with national and sub-national officials and also direct engagement with families and community leaders to ensure that these activities are tailored to local contexts and empower communities to create local solutions to health and nutrition challenges. The development of the Child Nutrition Grant scheme (Component 2) will also be designed with consideration of the diverse local culture and norms that exist across PNG and also seek the inputs of government, NGO and community stakeholders. Detailed mapping of stakeholders, services available, entry points to address stunting reduction, community engagement strategies, will be carried out as part of the project preparation and technical support to the FTI implementation roadmap (Component 3). Component 3 will also include the development of key SBCC messages, materials and approaches that can increase public knowledge on stunting and change behaviors to improve enabling environment for children to thrive

The IAs will prepare, disclose and seek feedback on a draft Stakeholder Engagement Plan in the initial stages of project preparation. The SEP will identify/confirm and analyze key stakeholders; describe the process and modalities for sharing information on the project activities and seeking and incorporating stakeholder feedback into project design and during implementation – including stakeholder engagement activities to be undertaken during the design of the project’s key activities including the PNG CARES and Child Nutrition Grant scheme; outline specific strategies for engaging vulnerable and disadvantaged groups and indigenous peoples; and outline approaches for reporting and disclosure of project documents.





The SEP will also include principles and approaches to mitigate the risk of COVID-19 during the conduct of consultation and engagement activities in accordance with government regulations. These will be presented in a COVID-19 Safety Protocol, drawing on the World Bank’s Technical Note on Public Consultations and Stakeholder Engagement in World Bank Supported Operations when there are Constraints on Conducting Public Meetings.

The SEP will also outline the Project’s Grievance Redress Mechanism (GRM) which will enable stakeholders to raise project related concerns and grievances. This will draw on the GRM work conducted through the DFAT Grant. The GRM will outline a procedure for managing and addressing project related grievances including lodgment channels, governance structure, roles and responsibilities, investigation and feedback processes taking into account different stakeholders needs, social risks, and implementing arrangements for each project component.

The SEP (and GRM) will ensure consistency with ESS7, promoting the inclusion of Indigenous Peoples, and outlining a strategy for engagement with diverse ethnic groups and culturally appropriate approaches for consultation and information dissemination.

The SEP (and GRM) will be prepared before and tested during the POC Pilot, finalized by the IAs before World Bank Project Appraisal, and updated regularly to ensure it remains relevant during project implementation.

## **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 workforce is expected to include i) direct workers including government staff and consultants engaged directly by the IAs; ii) contracted workers employed or engaged through third parties such as NGOs and UN agencies; and iii) community workers including village health volunteers or other community-level implementer equivalent.

Key risks for the project workforce include working conditions, particularly for community health workers, many of which are expected to be women, and occupational health and safety issues associated with working in remote areas and in communities with the potential for civil unrest and conflict to occur.

The Project will prepare and implement Labor Management Procedures (LMPs) which set out the way in which project workers will be managed in accordance with the requirements under PNG law and ESS2. The Project workforce will be confirmed during this process, and the procedures will address the way in which ESS2 requirements apply to each category of worker. The LMP will outline a grievance redress mechanism for all direct and contracted workers.

The project workforce will undertake project activities in accordance with the Project’s COVID-19 Safety Protocol to protect themselves (and other project stakeholders) against infection with COVID-19.

The LMP will be prepared before and tested during the POC Pilot; and finalized by the IAs before World Bank Project Appraisal.



### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Component 1 activities may finance: i) the purchase of equipment such as hardware (e.g. smart phones and tablets), vehicles to assist with community outreach activities and medical equipment such as weighing scales and tape measures; and ii) small scale immunization activities. Potential risks include the generation of small volumes e-waste and medical waste (sharps and syringes).

Whilst there are some deficiencies around waste management practices in PNG it is expected that the small volumes of waste generated should the above activities be financed will be easily managed through compliance with PNG legislation and the development and implementation of a waste management plan (WMP). The ESCP will include a requirement for the development of a WMP prior to the procurement of such items or commencement of immunization activities.

The Environment Act (2000) is the primary legislation for environmental protection, implemented nationwide by the Department of Environment and Conservation. It also empowers the provincial and local governments to develop provincial environmental policies and bylaws on environmental issues, including waste management. A key mandate of the act is the formulation of policies, including a national waste management strategy and associated regulations. In addition, the NDOH implements the Public Health Act (1973) and Public Health (Sanitation and General) Regulation. The regulation includes provisions related to health, sanitation, cleaning, scavenging, and waste disposal; and fines for illegal dumping practices. The Organic Law on Provincial and Local Level Governments (1995) empowers provincial and local governments to formulate waste management policies, legislations, and bylaws. The WMP will comply with the above legislation as well as good international industry practice (GIIP) and the World Bank Environment, Health and Safety Guidelines (EHSGs).

The PNG COVID-19 Emergency Response Project (P173834) is currently being implemented and includes the development and implementation of a medical waste management plan and the procurement and installation of 22 incinerators in ten priority provinces to improve medical waste management. It is expected that this will support this project through both improved medical waste management capacity and infrastructure. Additional information will be included in the Appraisal ESRS regarding waste management practices and relevant lessons learnt from the COVID-19 Emergency Response Project should it be determined that immunization activities will be financed through this project.

### **ESS4 Community Health and Safety**

The Project is expected to indirectly contribute to better health and nutrition outcomes for target beneficiaries (women, children under 2 and their families). However there are a number of community health and safety risks associated with project activities outlined below.

Transmission of COVID-19. All project activities present a risk of transmission in the community. High risk activities involve outside workers visiting remote communities to conduct community engagement and support the delivery of project activities. The project will develop an COVID-19 Safety Protocol to manage the project related risk of COVID 19 transmission in target communities.



Potential for social tensions, conflict and civil unrest. Real or perceived inequities regarding access to project services, and particularly the Child Nutrition Grant scheme have the potential to lead to social tensions, conflict and civil unrest within and between diverse cultural groups/communities. This risk may be exacerbated by existing tribal tensions and conflict. IAs will assess this risk during project preparation, to inform the approach to target province/district selection, detailed activity design, and the development of additional mitigation measures.

Gender and Gender-based Violence. PNG has high rates of gender inequity and gender-based violence. Sorcery related violence also exists. While Project activities seek to benefit women and promote women empowerment, there is potential for unintended negative consequences including the risk that changes in family dynamics lead to domestic conflicts and increases in intimate partner violence. There is also a risk of project workforce related sexual exploitation and abuse and sexual harassment. The IAs will engage a qualified specialist to assess gender and GBV risks associated with project activities during project preparation. A GBV action plan will be developed as an annex of the SA/SMP.

Small scale immunization activities may include demand generation for routine childhood immunization activities. Should the Project finance small scale immunization activities, the Project Operations Manual will include vaccine storage and transportation requirements in line with manufacturer guidelines, WHO advice and other GIIP to ensure vaccine integrity. The POM will outline the qualifications and training required for to administer the vaccine as well as patient safety requirements, in line with manufacturer guidelines, WHO advice and other GIIP, such as a period of observation for patients post vaccine administration

#### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

Not relevant at this stage. The Project is not expected to finance civil works and will not involve land acquisition.

#### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

Not relevant at this stage. The project is not expected to support any activities that will disturb land or otherwise impact biodiversity conservation or the sustainable management of natural resources. The ESCP will exclude all activities that may cause adverse effects to the environment.

#### **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 1,000 distinct ethnic groups. The project is expected to be implemented in diverse communities across several provinces and districts. 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 Plan is not required, consistent with the World Bank previous approach in PNG. Rather, in accordance with the provisions of ESS7, the elements of an will be included in the overall project design and the above-mentioned SEP. The SEP will require that IPs are consulted about the project in a culturally-



appropriate manner to identify and address any economic or social constraints that may limit opportunities to benefit from, or participate in, the project.

**ESS8 Cultural Heritage**

Not relevant at this stage. The Project is not expected to support any 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.

**ESS9 Financial Intermediaries**

Not relevant at this stage.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?** No

**Financing Partners**

n/a

**B. Proposed Measures, Actions and Timing (Borrower’s commitments)**

**Actions to be completed prior to Bank Board Approval:**

The project ESCP, SA/SMP, LMPs and SEP (with GRM and COVID-19 Safety Protocol), will be finalized before Bank Board Approval.

**Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):**

The following will be included in the ESCP:

- The implementation of the Project SA, SEP, LMPs
- Operational GRM;
- The exclusion of activities that may cause adverse effects to the environment;
- The development and implementation of a WMP; and
- The preparation and implementation of CERC-ESMF.

**C. Timing**

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**Tentative target date for preparing the Appraisal Stage ESRS**

01-Aug-2021

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Independent State of Papua New Guinea

**Implementing Agency(ies)**

Implementing Agency: National Department of Health

Implementing Agency: Department of Community Development and Religion

Implementing Agency: Department of Justice and Attorney General

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Changqing Sun, Aneesa Arur

Practice Manager (ENR/Social) Ann Jeannette Glauber Recommended on 21-Jan-2021 at 09:23:32 GMT-05:00

Safeguards Advisor ESSA Nina Chee (SAESSA) Cleared on 23-Jan-2021 at 09:38:29 GMT-05:00

Public Disclosure