



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/11/2020 | Report No: ESRSA00710



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Marshall Islands	EAST ASIA AND PACIFIC	P173887	
Project Name	RMI COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/10/2020	4/24/2020
Borrower(s)	Implementing Agency(ies)		
The Republic of the Marshall Islands	Ministry of Health and Human Services		

Proposed Development Objective(s)

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

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]

This emergency project aims to address urgent preparedness and response needs related to the COVID-19 outbreak while simultaneously preparing the health system for future public health emergencies. The project will address some of the immediate needs for responding to COVID-19 including: augmenting the number and readiness of human resources in health and other sectors; developing and delivering risk communication; providing essential medical supplies, equipment and drugs; enhancing infection prevention and control in public health facilities; and engaging the community in public health prevention and mitigation measures.



D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The Republic of the Marshall Islands (RMI) is one of the world's smallest, most isolated, and vulnerable nations. The country consists of 29 atolls and 5 isolated islands (24 of which are inhabited) and has a total land mass of just 181 km² set in an area of over 1.9 million km² in the Pacific Ocean. The population of the RMI is estimated at 53,066, of which the two largest urban centers, Majuro (the nation's capital) and Ebeye, have populations of 28,000 and 9,614, respectively. The RMI was consolidated into the Trust Territory of the Pacific Islands governed by the United States during the Second World War. It became self-governing in 1979 and achieved formal independence in 1986.

Geographically, the project will prioritize RMI's two most densely populated atolls of Majuro and Ebeye. These urban centers are most at risk of a COVID-19 outbreak as they are home to 74 percent of the population, with areas of high population density and household crowding. They are also the sites of the country's two hospitals and main international ports of entry. Support for the Outer Islands (OI) will primarily be limited to communications and containment measures to limit the impact of COVID-19 on OI populations.

The Project Development Objective will be achieved through two components: (i) Emergency COVID-19 Response; and (ii) Implementation Management and Monitoring and Evaluation.

Component 1. Emergency COVID-19 Response. This component will provide immediate support to RMI to prevent COVID-19 from arriving, to limit local transmission, and equip the health system to simultaneously respond to the outbreak and sustain routine services. The component will include two sub-components:

- Sub-component 1.1: Prevention and Surveillance: Communication, Physical Distancing, Case Detection, Confirmation, and Contact Tracing.
- Sub-component 1.2: Strengthening health service delivery to respond to COVID-19.

Component 2: Implementation Management and Monitoring and Evaluation. This component will provide technical, operational and administrative assistance to the Government of RMI (GORMI) to manage the multisectoral implementation of the COVID-19 response and strengthen preparedness for future public health emergencies. It will also finance relevant monitoring and evaluation activities. The GORMI may engage the US DOD to provide support or assistance for transporting goods and services financed under the project to RMI's territory. However, that Bank financing proceeds will not be used to finance fuel or any costs incurred by DOD.

The Project team at the Ministry of Health and Human Services (MOHHS) is working closely with the United States Centre for Disease Control (CDC) and coordinating with the World Health Organization (WHO) Western Regional Pacific Office (WPRO) incident management team (including key partners such as WHO, UNICEF, the World Food Program, the Pacific Community (SPC), Asian Development Bank, Australian Department of Foreign Affairs and Trade and New Zealand Ministry of Foreign Affairs and Trade), Pacific Island Health Officer's Association (PIHOA) and International Organization for Migration) on the COVID-19 response. Support for core elements of the response plan not covered under the project, such as isolation and quarantine facilities, GeneXpert diagnostic testing, and community-based hand-washing have been covered through government and other financiers.

The COVID-19 emergency has followed a previous State of Emergency (SOE) in the RMI for a dengue outbreak in mid-2019. This has given the health and disaster management sectors recent experience with restricting travel and



responding to health emergencies. The National Disaster Management Office (NDMO) in the Office of the Chief Secretary has activated the National Emergency Operations Center with the technical clusters (i.e. WASH, health, logistics, infrastructure and other relevant agencies) to provide coordination and implementation advice on COVID-19. The MOHHS recently conducted a preparedness self-assessment and scored at 57/100, largely due to the absence of human resources, personal protective equipment (PPEs) and other infection prevention and control supplies, and laboratory capacity. Even before COVID-19 emerged, RMI's health sector had been at breaking point due to the ongoing dengue outbreak.

The regulatory regime for waste management and occupational health and safety is lacking. There are no occupational health and safety laws or regulations. The National Environmental Management Strategy 2017-2022 identifies hospital waste management as a priority but there is currently no legislation, policies or management plans to cover such waste. Landfills on Majuro and Ebeye, the two main urban centers, are unsanitary, located on the foreshore and not engineered to manage leachates. During site visits in the past two years, World Bank environmental and social specialists have observed waste piled above ground and uncovered in Majuro Landfill and that waste is regularly burnt in the Ebeye landfill to create more space. Hazardous hospital waste is incinerated on Majuro and Ebeye, but there are ongoing operational issues meaning incinerators are often not working.

The Project does not include a CERC component at this time.

D. 2. Borrower's Institutional Capacity

The Ministry of Health and Human Services (MOHHS) will be the project's implementing agency and will have the overall implementation responsibility for the Project, including coordinating with other government ministries/agencies and stakeholders on all aspects of project implementation as required. Given the limited scope and short duration of the project, and that the project is an integral part of the MOHHS COVID-19 response plan, a separate Project Implementation Unit (PIU) will not be established. This will ensure that project implementation is expedited through involvement of government officials at the decision-making level given the emergency needs. The MOHHS will nominate a Project Director at the Deputy Secretary / Assistant Secretary level to lead implementation. The Project Director will be directly supported by a project administration consultant. The MOHHS will contract the Pacific Island Health Officer's Association (PIHOA), an independent non-profit organization, which will in turn will contract the project administration consultant, as well as additional technical experts, to support MOHHS departments and units in project implementation. PIHOA provides a collective voice for Pacific health advocacy and regional policymaking but also supports partnership engagement and provision of technical assistance to United States of America's Pacific Islands health departments and ministries. They have experience managing Millennium Development Bank-funded projects and therefore have some experience in donor safeguards systems.

The Project Director and project administrators from MOHHS will be responsible for day-to-day project management and project implementation. MOHHS will instead be supported by the Central Implementation Unit (CIU) which is housed within the Division of International Development Association (DIDA) under the Ministry of Finance, Postal and Banking Services (MOFPBS). The CIU was established by the RMI government under the direction of the World Bank in 2018. The purpose of the CIU is to maintain a staff of centrally-housed experts who support RMI ministries with World Bank funded projects. The CIU inhouse expertise includes the safeguards, financial management and procurement functions. In RMI, this centralized approach overcomes the capacity burdens on each Implementing Agency since many projects do not need full time specialists and there is very low capacity in RMI to retain part time or full-time international staff in Majuro. The CIU currently has two experienced safeguards specialists, one international and one



national staff, who have been satisfactorily preparing and implementing World Bank safeguards instruments and monitoring environmental and social risks across the World Bank portfolio for over 18 months. These specialists are trained in the ESF and have prepared two ESF projects to date. The CIU is also in the process of recruiting a full-time social specialist who will provide additional support to the Portfolio and this Project. The additional social specialist will be recruited no later than two months following the Project effective date. The team has the capability and capacity to support MOHHS with ESF compliance.

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 prevention, mitigation, monitoring and control and develop systems for future public health emergencies. Nevertheless, in the short-term the environmental risks are considered substantial.

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 (if an outbreak were to occur); 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 are required, only minor internal upgrading of laboratories and health facilities on government-leased sites, environmental risks associated with these works are expected to be minor and readily mitigated. The existing poor waste management and pollution control in RMI exacerbate the environmental risks of waste management, however the COVID-19 emergency operation is not expected to generate large volumes of medical waste and it will upgrade waste management if necessary under Component 1.2. Waste management upgrades may include improving waste handling and storage procedures at the source of waste, waste transportation procedures and ensuring the incinerators are operational through the duration of the project. These activities could contribute to the proposed Hospital Waste Management Plan under the NEMS. Risks will be managed through 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), described in an Infection Prevention and Control and Waste Management Plan (IPC&WMP).

To mitigate the above-mentioned risks, MOHHS (with support from CIU) has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an Environmental and Social Management Framework (ESMF) that includes the IPC&WMP and covers the environmental and social mitigation measures to be implemented for the various proposed activities. 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 MOHHS, training requirements, timing of implementation and budgets. Specific Codes of Environmental Practice will be prepared for minor upgrades. Procurement of goods (purchase of testing kits, medical equipment, PPE etc.) can be initiated as soon as the project is approved but deployment of medical supplies and equipment can only occur after the ESMF and IPC&WMP are in place and training provided. In case project activities

Public Disclosure



are supported by the US DOD, the ESMF will include a risk assessment and protocols consistent with the ESF and the guidance provided in the World Bank’s technical note on the “Use of Military Forces to Assist in Covid-19 Operations: Suggestions on How to Mitigate Risks.”

Social Risk Rating

Substantial

The social risks are considered substantial. While some social risks and impacts are substantial, 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 upgrading of existing facilities in the urban centers of Ebeye and Majuro. 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). Gender-based violence (GBV), including sexual exploitation, abuse and harassment (SEA/SH) may also increase as a result of physical distancing strategies. To mitigate these risks MOHHS, in the ESMF, 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. The ESCP will also commit to assessing the risks of GBV, SEA/SH and enforcing mitigation measures to protect and support the workforce and population at large.

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. In RMI a large number of adults suffer from diabetes, cardiovascular disease and cancer, the top three causes of mortality in RMI in 2017, which increases their vulnerability to severe COVID-19 infection, increasing the contextual risk of this Project. Furthermore there are reports of social stigma attached to people rumored to be infected on Ebeye, so if an outbreak were to occur, individuals that become infected (or suspected of infection) could experience physical or verbal attacks. Clear communication of risks and prevention measures will be included within training and stakeholder engagement activities under Component 1 and will take account of the existing social context. 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 Procedures (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.

In case project activities are supported by the US Department of Defense, it is likely that activities will be limited to logistics support. A risk assessment will be completed and mitigation measures included in the ESMF, consistent with the ESF and the guidance provided in the World Bank’s technical note on the “Use of Military Forces to Assist in Covid-19 Operations: Suggestions on How to Mitigate Risks” prior to deployment.

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:

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 prevention, surveillance and COVID-19 response, and response for future public health emergencies. However, project activities also present substantial environmental, social, health and safety risks for the project workforce and communities. To manage these risks, the CIU will prepare the following instruments:

Environmental and Social Management Framework (ESMF) - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank EHS Guidelines and other good international industry practices (GIIP). The ESMF will include a Code of Environmental Practice (CoEP) for minor lab and health facility upgrading and installation of equipment; Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories and health facilities; Labor Management Procedures (LMP) for direct and contracted workers to ensure proper working conditions and management of worker-project relationships, occupational health and safety, and to prevent sexual exploitation and abuse and sexual harassment. If necessary it will contain mitigation measures and protocols for the use of the US Department of Defense. The ESMF will be prepared to a standard acceptable to the World Bank and disclosed on the MOFBPS website www.rmi-mof.com and on the World Bank website www.worldbank.org within 30 days after the Project Effective Date.

The Stakeholder Engagement Plan (SEP), which includes a Grievance Mechanism (GM), establishes a structured approach for community outreach and two-way engagement in Marshallese and English with stakeholders, including vulnerable and disadvantaged groups such as poor, disabled, elderly and isolated communities. The SEP will be based upon meaningful consultation, 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 the MOHHS, with support from the CIU, and re-disclosed within 30 days after the Project Effective Date.

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

Medical Waste Management and Disposal. Wastes that may be generated from labs, health 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 marine areas, but more importantly, to further spreading of the virus to nearby communities. The Republic of the Marshall Islands National Environment Management Strategy (2017-2022) (NEMS) states that poor waste management and pollution control are key national environmental risks. A Hospital Waste Management Plan is proposed under the Strategy but has not yet been prepared. Public land filling is unsanitary and there are operational difficulties with the hospital waste incinerators in Majuro and Ebeye. In order to mitigate the risks associated with medical waste management and disposal, the Project will invest in personal protective equipment (PPE) and upgrading waste management as necessary, 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. Waste management upgrades may include improving waste handling and storage procedures at the source of waste, waste transportation procedures and ensuring the incinerators are operational through the duration of the project. These activities could contribute to the proposed Hospital Waste Management Plan under the NEMS.

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 PPE. Proper disposal of sharps, disinfectant protocols, and regular testing of healthcare workers will be included. In addition, the LMP will cover occupational health and safety provisions to protect health care workers, 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 and health 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 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. In the context of RMI, there are likely to be some disadvantaged and vulnerable groups who are less likely to participate in project benefits, especially in the access to information or participation in or access to health services. In addition, there are groups that are more vulnerable to COVID-19 who may need to be the target of community outreach and education campaigns. These groups include: the elderly, people with underlying medical conditions, those living in geographically remote areas, or people with mental or physical disabilities, among others. In RMI a large number of adults suffer from diabetes, cardiovascular disease and cancer, the top three causes of mortality in RMI in 2017, which increases their vulnerability to severe COVID-19 infection. The MOHHS will commit to the provision of services and supplies to all people regardless of their social status based on the urgency of the need. This commitment will be reflected in the Project's Environmental and Social Commitment Plan (ESCP).

Gender-based Violence, Sexual Assault and Harassment. Due to the increased risks of gender-based violence in the delivery of physical distancing strategies, the project will focus on embedding messages on healthy conflict resolution, healthy parenting, stress and anger management in community and other awareness campaigns under Component 1.1. Communications will also include information on how to seek GBV-related services during periods of physical distancing. As needed, sub-components can finance enhanced shielding for vulnerable populations and these GBV mitigation measures will be assessed and included in the LMP and the ESMF

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



ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for an effective and inclusive engagement with all 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. A preliminary list of stakeholders affected by the project includes; health care providers; government agencies, civil society organizations, and other donors and implementing parties responsible for developing and implementing preparedness strategies. Other interested parties will include the national and international media, local government agencies concerned with economic impacts, among others. As mentioned previously, there are individuals and groups who will be considered disadvantaged and vulnerable. These include the elderly, people with underlying conditions, those living in geographically remote areas, people with mental or physical disabilities among others.

The SEP will take into account the specific challenges associated with the environmental and social impacts of the Project in the RMI; it will also detail the more general communications regarding COVID-19 in RMI that will be prepared under the Project. The SEP will be designed to be complementary to project design activities relating to public communications, education and information campaign in component 1.

The SEP will rely on a range of information disclosure and participation modalities. Clearly, RMI will face substantial challenges in communication and outreach given the geographic spread and relative isolation of many islands. Stakeholder engagement will rely on a variety of techniques, including but not limited to, publication of project information on MOHHS facebook page <https://www.facebook.com/rmimoh/>, use of social media, public service announcements through radio, and posters brochures or other print materials that can be distributed at the local level.

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 SEP outlines the project's Grievance Mechanism (GM) which will enable stakeholders to raise project related concerns and grievances. People affected by Project activities will be provided with accessible and inclusive means to raise concerns and grievances. The SEP's GM will identify the mechanisms, institutional responsibilities and contact names, phone numbers, face book pages etc. where grievances, complaints, or suggestions can be made.

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 to raise concerns and complaints, and will include: training by CIU safeguards specialists to the Project Director and project administrator and to MOHHS and PIHOA staff and volunteers who are likely to receive grievances or complaints, community awareness tools, grievance lodgment tools, and investigation and feedback processes..



The final SEP (and GM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). The SEP (and GM) will also be re-disclosed on the MOF website, MOHHS Facebook page and printed copies will be placed in health facilities in Majuro and Ebeye.

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 may include different categories of workers to implement project activities related to preparedness, capacity building and training. The project will primarily rely on the use of existing government workers already employed in the MOHHS. The PIHOA will contract the project administration consultant, as well as additional technical experts, to support MOHHS departments and units in project implementation.

The project will involve the use of local contracted workers for minor facility upgrades. The project may also hire individual technical consultants to support the MOHHS in specific technical areas where skills are lacking, who will be considered direct workers. The project may use community workers or volunteers.

The main issues of concern for this project relates to Occupational Health and Safety for those individuals providing front line medical services such as doctors, nurses, first responders or staff supporting screening and surveillance and tracking. 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 Labor Management Procedures (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 RMI 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 Grievance Mechanism for project workers.

As relevant the LMP will also provide guidance on:

- Procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering;
- 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, gowns, gloves, hand washing soap and sanitizer) are available;



- Ensure adequate Occupational Health and Safety (OHS) protections in accordance with General Environment Health and Safety Guidelines (EHSG) and industry specific EHSGs 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.

ESS3 Resource Efficiency and Pollution Prevention and Management

Wastes generated from laboratories and health facilities to be supported by the COVID-19 readiness and response activities 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, swabs, tissues etc.) require special handling and awareness, as they may pose an infectious risk to workers in contact with the waste. Informal disposal may lead to contamination of soil and marine areas, but more importantly, to further spreading of the virus to nearby communities. In RMI the NEMS identifies poor waste management and pollution control as key national environmental risks. Landfills on Majuro and Ebeye are unsanitary and there are operational issues with the hospital waste incinerators. In order to mitigate the risks associated with medical waste management and disposal, the Project will invest in waste management if necessary, as well as training of medical, laboratory and waste management personnel to ensure compliance with the ESMF, IPC&WMP, WHO guidance and GIIP. Waste management upgrades may include improving waste handling and storage procedures at the source of waste, waste transportation procedures and ensuring the incinerators are operational through the duration of the project. These activities could contribute to the proposed Hospital Waste Management Plan under the NEMS.

The project will not be a significant consumer of energy, water, or other natural resources.

ESS4 Community Health and Safety

Community health and safety is at risk from poor management of hazardous waste, as discussed in ESS3. The mitigation measures in ESS3 will mitigate these risks. Minor upgrading of facilities will involve small scale activities such as plumbing, internal walls, and IT hardware installations, and will not include major construction activities that could affect nearby communities.

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, as well as the provision of gender-sensitive infrastructure such as segregated toilets in health facilities where they are currently not present. Due to the increased risks of gender-based violence in the delivery of physical distancing strategies, the project will also focus on embedding messages on healthy conflict resolution, healthy parenting, stress and anger management in community and other awareness campaigns under Component 1. Communications will also include information on how to seek GBV-related services during periods of social distancing.



In case project activities are supported by the US Department of Defense, it is likely that activities will be limited to logistics support. A risk assessment will be completed and mitigation measures included in the ESMF, consistent with the ESF and the guidance provided in the World Bank’s technical note on the “Use of Military Forces to Assist in Covid-19 Operations: Suggestions on How to Mitigate Risks” prior to deployment.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant for this project.

The project does not include any activities which requires the acquisition of land or the involuntary resettlement of any individuals, households, community services or businesses.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not relevant for this project.

The project does not include any activities which would adversely affect natural habitats or ecosystem services as defined under the project nor does it involve the management of living natural resources. The project protocols for waste management will ensure that no disposal of any medical waste will occur in any site that could affect such habitats or ecosystem services.

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

This standard is not relevant for this project.

There are no known groups that meet the criteria in ESS7 as the majority of people in RMI are Marshallese (98%) and will be the overwhelming beneficiaries for the project.

ESS8 Cultural Heritage

This standard is not relevant for this project.

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 for this project.

The project does not involve the use of Financial Intermediaries.



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	
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	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 Mechanism Timeline: GM 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	
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	

Public Disclosure



<p>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.</p>	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	
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:

N/A

Public Disclosure

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: The Republic of the Marshall Islands

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Human Services

V. FOR MORE INFORMATION CONTACT



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VI. APPROVAL

Task Team Leader(s):	Anne Marie Provo, Annette Gaye Leith
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 11-Apr-2020 at 10:04:47 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 11-Apr-2020 at 22:28:39 EDT