



Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

Date Prepared/Updated: 09/10/2020 | Report No: ESRSAFA035



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Papua New Guinea	EAST ASIA AND PACIFIC	Department of Treasury	National Department of Health
Project ID	Project Name		
P174717	Papua New Guinea COVID-19 Emergency Response Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173834	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	9/3/2020	9/30/2020

Proposed Development Objective

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
Current Financing	20.00
Proposed Additional Financing	20.85
Total Proposed Financing	40.85

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

Yes

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

Public Disclosure



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 and evaluation. The Project will have a national footprint although some activities are restricted to 10 priority provinces.

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 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.

The Parent Project (P173834) is being implemented in ten priority provinces including Port Moresby/National Capital District (NCD), Central, West Sepik, Morobe, Western, Eastern Highland, Western Highland, East New Britain, West New Britain, and Milne Bay, with the potential of expanding to other provinces as required. Parent Project activities include risk communication and community engagement; training and operational costs for rapid response and surveillance; and building testing and clinical management capacity at the provincial level. 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.

Only minor civil works are being conducted through the Parent Project including the establishment of modular laboratories, installation or refurbishment of isolation facilities, and installation of incinerators 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. Isolation facilities are to be installed in at least 10 priority provinces, followed by others as needed.

A recent increase in the number of COVID-19 cases in PNG has necessitated additional project financing. Close to 200 cases have currently been confirmed with 73 new cases diagnosed on the 12th August 2020. The Additional Financing (AF) will significantly scale up the activities implemented under the Parent Project, doubling the size of project financing from US\$20.0 million to US\$40.54 million. This will include: i) expanding risk communications and community engagement, strengthening support to provincial response and training and capacity building (Component 1) – including a new sub-component to finance partnerships with Church Health providers and NGOs to expand the delivery of COVID-19 services; ii) expanding testing and clinical management capacity at the provincial level (Component 2); and iii) increasing budget allocation for expanded monitoring and evaluation and implementation management (Component 3).

D. 2. Borrower's Institutional Capacity

The National Department of Health (NDOH) will be the implementing agency for the Parent Project and AF. The NDOH will be responsible for implementation of the Parent Project and AF, including overall coordination, results monitoring and communicating with the World Bank on project implementation. The Parent Project Steering Committee will also be used for the AF comprising the Senior Executive Management of the NDOH. The Steering Committee will meet



every week to review progress, ensure coordinated efforts by all stakeholders and will conduct annual reviews of the Parent Project and AF. The Secretary of the NDOH will be the Project Director and provide oversight and support coordination of Parent Project and AF implementation among the relevant divisions and departments of NDOH and Provincial Health Authorities.

The Project Coordination Unit (PCU) for the Emergency Tuberculosis Project (ETP, P160947) was expanded to support NDOH with managing implementation of the Parent Project and will also support the AF. The PCU consists of a Project Coordinator, Procurement Specialist, Financial Management Specialist and Monitoring & Evaluation Specialist, Environmental, Social and Health and Safety and Community Engagement (ESHS&CE) Specialist and International Environment, Social and Health and Safety (ESHS) Adviser.

The Borrower’s environmental and social performance has been satisfactory during the early stages of the Parent Project implementation. The PCU’s ESHS&CE Specialist and International ESHS Adviser commenced in July 2020 and are supporting the NDOH to review, communicate and implement the Project’s Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP) and associated plans. The ESHS Adviser’s inputs will be increased to help support oversight of scaled up activities under the AF. These resources are considered adequate to support E&S aspects of the Parent Project and AF.

The PCU has contracted the United Nations Operation for Project Services (UNOPS) and UNICEF to support Parent Project activities. UNOPS has been engaged to procure and provide medical equipment, consumables and other laboratory and medical supplies. UNICEF has been engaged to assist with risk communication and community engagement, strengthening response support at the provincial level, supporting capacity building of health workers; and enhancing containment and clinical management capacity. These arrangements will be utilized for the scale up of activities under the AF. The World Health Organisation (WHO) will also be contracted to implement AF activities.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The Parent Project is expected to have long term positive environmental impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment and containment as well as medical waste management. The scaled up activities financed by the AF are expected to further enhance these positive impacts.

Nevertheless, in the short-term, the environmental risks associated with the Parent Project are considered to be Substantial. These risks remain Substantial for scaled up activities under the AF. 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 only minor civil works 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, other good international industry practice (GIIP) and PNG endorsed IPC procedures. 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. It is noted that until recently there have been very few COVID-19 cases in PNG meaning that the assessment of the environmental risks and impacts relating to the project activities has yet to be tested.

To mitigate the above-mentioned risks, NDOH has prepared, consulted and disclosed 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 or refurbishment of 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 are largely 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 was initiated as soon as the project was approved. This ESMF will be reviewed and updated to include details of the AF and for relevance and effectiveness based on the experience of Parent Project implementation thus far, no later than 30 days after the AF Effective Date.

Social Risk Rating Substantial

The social risks associated with the Parent Project are considered Substantial. These risks remain Substantial for scaled up activities under the AF. 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. All Parent Project and AF 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, has committed 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 Parent Project and AF will be addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Mechanism - GM) and Labor Management Procedure (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response. The SEP has been updated and re-disclosed. The LMP will be reviewed and updated to include details of the AF no later than 30 days after the AF Effective Date.

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 Parent Project was processed as an emergency response operation using condensed procedures under the Fast Track COVID-19 Facility (FTCF). The AF is also being proceed under these arrangements.

The Parent 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. These risks remain the same for scaled up activities under the AF. To manage these risks NDOH has prepared the following instruments:

Environmental and Social Management Framework - to identify potential environmental and social risks and 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 includes 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 facilities; 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 also includes a section on the CERC based on indicative activities. The ESMF (dated 14 May 2020) was prepared and disclosed by NDOH. The ESMF will be reviewed and updated to include details of the AF and for relevance and effectiveness based on the experience of Parent Project implementation thus far, and re-disclosed no later than 30 days after the AF Effective Date.

Stakeholder Engagement Plan (and Grievance Mechanism) - establishing a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A SEP (dated 14th May 2020) including GRM was prepared and disclosed by NDOH. This SEP has been updated to include details of the AF as well as a strengthened GRM. The updated SEP (dated 1st September 2020) has been re-disclosed on NDOH's website (www.health.gov.pg/pdf/P174717_PNG%20C19%20SEP_1September2020.pdf).



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, etc.) require special handling and awareness, as they may pose a risk of infection 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 Parent Project and AF will invest in the procurement of appropriate waste management infrastructure, including containers, PPE, a total of 21 incinerators for Provincial health centers, as well as training of medical, laboratory and waste management personnel to ensure compliance with the IPC&WMP, WHO guidance and GIIP. This has been documented in the IPC&WMP as part of the ESMF against which a gap analysis is being completed to ensure compliance of the NDOH policies and procedures. The gap analysis will be completed within 30 days of AF effectiveness and used to ensure national policies and procedures are aligned with GIIP (largely based on WHO Guidelines). In addition, the procurement process for the the incinerators will include specification reviews, site specific assessments regarding their location and the development and implementation of waste management plans by the International ESHS Advisor who specializes in waste management.

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 contains 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 have been included. In addition, the LMP covers occupational health and safety provisions to protect HCW and proper working conditions and management of worker relationships.

Community Health and Safety. All Project and AF 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 ESMF outlines procedures for each project activity commensurate to the risk. The IPC&WMP contains 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 SEP outlines measures to ensure widespread engagement with communities - and their 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. The AF activities supporting Church Health Providers are expected to enhance the project's capacity to reach these groups. However there is also a risk that church groups favor their own congregation at the expense of others within the community and this risk will need to be managed through stakeholder identification and engagement activities at the local level. To mitigate these risks, the NDOH, in the ESCP, has committed 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 Parent Project and AF 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 implementing the corresponding measures to prevent and mitigate the SEA/SH risks. The NDOH, in the ESCP has committed to the implementation of a code of conduct for PCU staff and contracted workers which both includes provisions for SEA/SH prevention.

ESS10 Stakeholder Engagement and Information Disclosure

The Parent Project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large and these activities will be scaled up under the AF.

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. These activities are being 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.

Consultations for the AF were limited to relevant government officials, health experts, hospital administrators and others from institutions working in health sector due to the emergency nature of the Project and the transmission dynamics of COVID-19. Feedback from these consultations led to the development of a new sub-component to expand service delivery outreach to communities through local church groups and NGOs. It also led to RCCE and training activities being adjusted to place greater emphasis on the proper use of personal protective equipment. A virtual consultation on the Parent Project ESMF (dated 14th May 2020) and updated draft SEP was held on the 17th August 2020. This consultation was attended by representatives from the NDOH/ PCU, UNICEF, UNOPS, WHO and the World Bank. Discussion focused on specific requirements of the ESMF and SEP and required actions to ensure these requirements are met now and during the scale up of project activities under the AF. Feedback from this virtual



consultation led to the strengthening of the project’s GRM including an updated procedure and clearer roles for UN Agencies and sub-contractors.

The updated SEP (dated 1st September 2020) was redisclosed on NDOH’s website. 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 updated Grievance Redress Mechanism (GRM) which enables stakeholders to raise project related concerns and grievances. NDOH has begun working closely with UNICEF to ensure relevant aspects of the SEP are being implemented through RCCE and other project activities and that provincial focal points are identified to conduct provincial project consultations and information dissemination.

The SEP ensures consistency with ESS7, promoting the inclusion of Indigenous Peoples, and outlining culturally appropriate approaches for consultation and information dissemination. The SEP also acknowledges 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 in the SEP outline ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance.

The updated SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). This includes sharing relevant information about the project’s stakeholder engagement and the GRM alongside RCCE activities which are being developed by UNICEF to engage diverse cultural communities and vulnerable groups and being implemented by local NGOs and Church Health Providers. Printed copies of the updated SEP will be placed in health centers in all provinces.

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 1.4 – Human Resource Development, will finance activities related to preparedness, capacity building and training. The AF will finance a scale up of these activities. These activities will enhance human resource capacity in diagnosing and treating the novel coronavirus and conduct epidemiological and clinical research; and 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, NGOs and church health providers. Elements of the Project activities (including community engagement work under Component 1.1 and Component 1.3) 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 facilities 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. These risks will remain unchanged for scaled up activities under the AF.

The Government, via the ESCP, has committed to the implementation of the Parent Project's LMP as part of the ESMF which (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protects workers' rights as set out in ESS2. The LMP will be reviewed and updated to include details of the AF and re-disclosed no later than 30 days after the AF Effective Date.

Health and safety issues associated with project financed activities will be managed through the ESMF which incorporates 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 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. These risks will remain unchanged for scaled up activities under the AF.

In order to mitigate the risks associated with medical waste management and disposal, the Parent Project and AF will invest in the procurement of appropriate waste management infrastructure, including waste containers, PPE, a total of 21 incinerators, as well as training of medical, laboratory and waste management personnel to ensure compliance with the ESMF, IPC&WMP, WHO guidance and other GIIP. Incinerators will operate in accordance with GIIP and WB EHS Guidelines and the review of specifications, site specific assessments regarding their location and the development and implementation of waste management plans for each site will be completed by the International



ESHS Advisor who specializes in waste management. The WB will provide a technical 'No Objection' to incinerator specifications prior to procurement.

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 GBV, in particular, SEA/SH risks. These risks will remain unchanged for scaled up activities under the AF.

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 Parent Project's ESMF outlines 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 GIIP (WHO guidelines); (ii) measures in place to prevent or minimize the spread of infectious diseases; and (iii) emergency preparedness measures. The operation of laboratories, health centers and 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. 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 Parent Project ESMF and IPC&WPM include relevant procedures and waste management plans are being drafted for the operation of these facilities. National PNG IPC policies and procedures are also being reviewed to ensure that they are aligned with GIIP.

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, has committed 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 Parent Project and AF's RCCE activities coupled with broader stakeholder engagement activities will ensure that clear information is provided to the public. NDOH is overseeing the implementation of the GRM with the aim of addressing concerns or grievances early.

Isolation facilities. The operation of isolation facilities needs to be implemented in a way that both the wider public, as well as the patients are treated in line with GIIP 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 GBV) in particular, SEA/SH) risks. The Parent Project's ESMF includes GBV risk assessment and preventive measures. The project will promote the avoidance of SEA/SH by implementing a Code of Conduct for all workers, as well as the provision of gender-sensitive infrastructure such as segregated toilets. The project will also ensure that isolation facilities 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. Parent Project and AF 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 temporary isolation facilities. These activities will be required to be conducted within existing government facilities/grounds. The ESMF outlines 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 the Parent Project or AF and all works will be conducted within existing facilities/grounds. Hence, likely impacts of the project on natural resources and biodiversity are negligible.

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. This remains unchanged for scale up activities financed by the AF. 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 and AF 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 and AF 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 Parent Project and AF are 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 has been prepared and included in the ESMF.

ESS9 Financial Intermediaries

This standard is Not Relevant to the Parent Project and AF interventions, as no financial intermediaries will be used.



B.3 Other Relevant Project Risks

Considering the current 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	
Environmental and Social Management Framework (ESMF) Timeline: The Parent Project ESMF will be reviewed and updated to include details of the AF, and redisclosed no later than 30 days after the AF Effective Date	10/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Conduct consultations with provincial stakeholders and target IP communities as part of the ESMF update process no later than 30 days after the AF Effective Date	10/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures Timeline: The LMP will be reviewed and updated no later than 30 days after the AF Effective Date	10/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Review and update IPC&WMP including gap analysis against NDOH policies and procedures no later than 30 days after the AF Effective Date	10/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed and incorporated into the ESMF	10/2020
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	

Public Disclosure



Update and implement the SEP to ensure IPs are fully consulted in a culturally appropriate manner throughout the Project implementation period	09/2023
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:
not applicable

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

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Public Disclosure



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