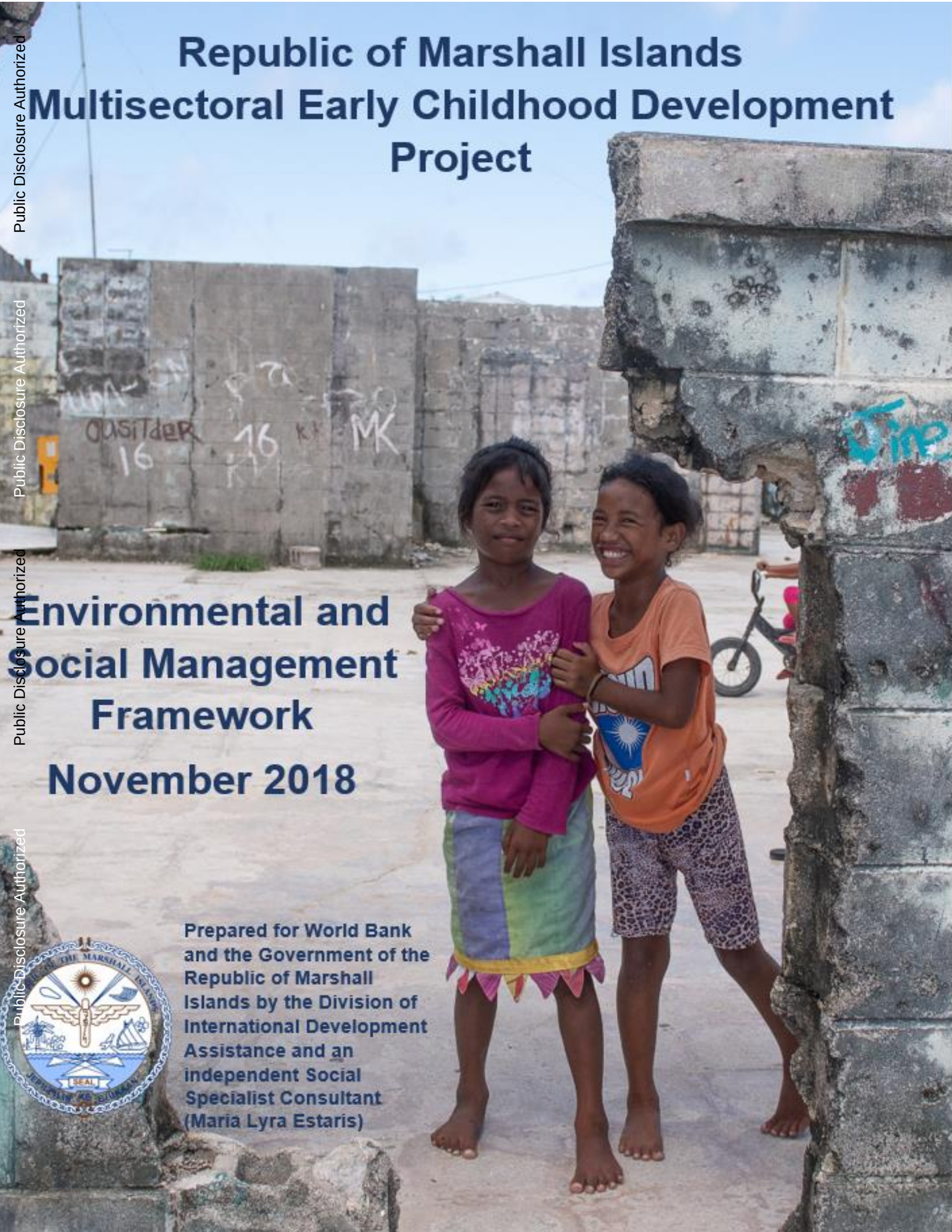
Republic of Marshall Islands Multisectoral Early Childhood Development Project



Environmental and Social Management Framework

November 2018

Prepared for World Bank and the Government of the Republic of Marshall Islands by the Division of International Development Assistance and an independent Social Specialist Consultant (Maria Lyra Estaris)

Environmental and Social Management Framework (ESMF)

RMI Multisectoral Early Childhood Development Project

(World Bank Project Number P166800)

Prepared for World Bank and the Government of the Republic of Marshall Islands by the Division of Development Assistance (DIDA) and an independent Social Specialist Consultant (Maria Lyra Estaris)

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Acronyms and Abbreviations

ANC	Antenatal Care
BOMI	Bank of Marshall Islands
CC	Cabinet Committee on ECD
CCT	Conditional Cash Transfers
CFA	Compact of Free Association
CGM	Community grants manual
CFA	Compact of Free Association
CIU	Central Implementing Unit
CSGs	Compact Sector Grants
CTF	Compact Trust Fund
DA	Designated Account
DIDA	Division of International Development Assistance
ECD	Early Childhood Development
ESMF	Environmental and Social Management Framework
ESMP	Environment and Social Management Plan
FM	Financial Management
FMIS	Financial Management Information System
GRM	Grievance redress mechanism
GRS	Grievance redress service
HCP	Human Capital Project
HESA	Health, Education and Social Affairs
HIES	Household Integrated Economic Survey
ICHNS	RMI Integrated Child Health and Nutrition
M&E	Monitoring and Evaluation
MALGOV	Majuro Atoll Local Government
MCH	Maternal and child health
MIS	Management Information System
MISSA	Marshall Islands Social Security Administration
MOCIA	Ministry of Culture and Internal Affairs

MOE	Ministry of Education
MOF	Ministry of Finance
MOHHS	Ministry of Health and Human Services
MOUs	Memoranda of Understanding
OCS	Office of the Chief Secretary
OI	The Outer Islands
PAT	Parents as Teachers
PBF	Performance Based Financing
PDO	Project Development Objectives
PEARL	Pacific Early Age Readiness and Learning Program
PICs	Pacific Island Countries
PIU	Project Implementation Unit
POM	Project Operations Manual
PSC	Program Steering Committee
PSS	Public School System
RH	Reproductive Health
RMI	The Republic of the Marshall Islands
RMNCH-N	Reproductive, maternal, newborn and child health and nutrition
RPF	Regional Partnership Framework
SBCC	Social and Behavior Change Communication
TA	Technical Assistance
TORs	Terms of Reference
WUTMI	Women United Together Marshall Islands

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How to Use this Document

This Environment and Social Management Framework (ESMF) is for the Multisectoral Early Childhood Development Project (the ECD Project) in the Republic of Marshall Islands (RMI). It was prepared by the RMI Ministry of Finance, Division of International Development Assistance (DIDA) and an independent Social Specialist Consultant (Lyra Estaris).

It is developed as part of the preparatory documentation for the ECD Project, to provide guidance for the RMI Implementing Agencies (Ministry of Education (MOE), Ministry of Health and Human Services (MOHHS) and Ministry of Culture and Internal Affairs (MOCIA)) and Project Implementation Unit (PIU) on environmental and social safeguard aspects of the Project.

The ESMF sets out how the safeguards aspects of the ECD Project will be applied during the identification and where necessary, screening of all subproject activities, and in their subsequent design and implementation.

The ESMF will also inform the development of the Project Operations Manuals (POM) and the preparation of the required safeguard tools and instruments for selected priority subprojects to be funded under the ECD Project.

Overall, the ESMF applies to the entire project, but particularly to Components 1, 2 and 3 where the requirements for stakeholder consultation and the potential impacts associated with increasing access to health and nutrition services; increasing access to stimulation and early-learning activities; and social assistance for early years households are relevant activities.

EXECUTIVE SUMMARY

This Environmental and Social Management Framework, (ESMF), provides the tools for the integration of environmental and social stewardship into the project as required by the RMI's relevant laws and regulations and the Environmental and Social Safeguards Policies of the World Bank (WB). The ESMF is a necessary instrument for the RMI's preparation for the ECD Project under World Bank Policy OP4.01 Environmental Assessment because the specific subprojects/activities for implementation are not yet known.

Project Objectives and Components

The proposed Project Development Objective is to improve coverage of multisectoral early child development services in the RMI. In summary, the Project will support the RMI government through sustainably promoting universal coverage of multisectoral ECD services by: (i) supporting the government to expand public sector delivery of essential ECD services; (ii) providing targeted support to increase coverage and intervention intensity of these services for vulnerable early years families; and (iii) strengthening the public sector systems necessary to institutionalize and sustain a multisectoral ECD program.

The project consists of 4 components:

Component 1: Improve coverage of essential RMNCH-N services;

Component 2: Improve coverage of stimulation and early learning activities;

Component 3: Social assistance for early years' families;

Component 4: Strengthening the multisectoral ECD system and Project Management

The four components are described in the ESMF.

RMI Legislation

The ECD Project is consistent with the RMI legislation relating to the rights of children[1]. However, the RMI is one of the only Pacific Island Countries (PICs) without a national policy on Early Childhood Care and Education or Early Learning and Development Standards[2]. Notwithstanding this the ECD Project addresses many matters which any such policy would traverse.

Other elements of relevant RMI legislation include the National Environmental Protection Act 1984 and EIA Regulation 1994 and the proposed Building Code all of which relate to potential building works associated with the project; RMI has no occupational health and safety (OH&S) legislation and in such an absence, OH&S aspects under the ECD Project (relating to Building works if any) will be regulated through the World Bank Group's Environmental, Health, and Safety Guidelines. Finally, the RMI Solid Waste Regulations 1989 relate to disposal of medical wastes which might be generated by the project.

Earthworks associated with any construction activities undertaken in relation to the ECD project would likely be deemed to be minor but would need an Earthmoving Permit and associated Environment and Social Management Plan (ESMP). All workers

[1] Child Rights Protection Act 2015

[2] UNICEF, 2017. Status Report on Early Childhood Care and Education in Pacific Island Countries (PICs).

engaged on the ECD Project will need to be covered under the terms of the WB EHS Guidelines, which means development of comprehensive job safety analyses (JSAs) for each role, including potential contractors involved in building works. This process will involve development of Safety Management Plans for each position.

Attention will also need to be given to appropriate disposal of medical wastes in accordance with the Solid Waste Regulations 1989.

World Bank Safeguard Policies

Initial screening indicates that Environmental Assessment (OP/BP4.01) World Bank Safeguard Policy will be triggered as a result of the Project, requiring the Borrower to prepare the safeguards instruments to guide detailed planning once sub-projects are identified firmly at a later stage of Project planning. This ESMF is an integral part of compliance with this policy.

Construction of new facilities for ECD and health services are not planned to be financed by the Project. However, the Project will involve use of public buildings in Ebeye and Majuro, some of which may require refurbishment or reconstruction. Physical works, if any, will avoid privately owned or used land, therefore no resettlement will be necessary.

Further screening based on interviews, stakeholder consultations and a review of potential options for implementation indicates an assessment of Category B for the Project. This screening finds that impacts are less significant and that a range of potential measures for mitigation can be readily designed.

This ESMF follows the protocols set out in OP4.01.

Significant Potential Environmental and Social Impacts and Mitigation Measures

The potential socio-economic benefits of improving ECD and nutrition outcomes in RMI is significant at many levels with improved nutrition and health outcomes; and positive implications for the cognitive, linguistic and socio-emotional development of individuals and long-term physical well-being and growth, with benefits disproportionately accruing to the most vulnerable.

The following table summarizes potentially adverse social and environmental impacts identified as a consequence of the ECD Project, along with associated mitigation measures which are able to be implemented within the scope of the Project.

Component/Sub-component	Negative impacts	
	Negative	Mitigation
1. Improve coverage of essential RMNCH-N services		
Revised RMNCH-N Service Package	1. Pregnant women, particularly in the OI may forego care because they are not comfortable receiving care from a male provider, thus failing to benefit from the revised RMNCH-N package. Promoting	1. Encourage qualified females to apply as health assistants by improving the compensation, and benefits package (e.g. housing allowances in the OIs, through MOUs between MOHHS and mayors' offices. 2. Intensive and effective information, and education campaigns (IEC) for the target early years families on the

Component/Sub-component	Negative impacts	
	Negative	Mitigation
	greater use of RMNCH-N services may put pressure on current staff, and facility capacity at health facilities in Majuro and Ebeye 2. Vulnerable persons or those without typical means to access healthcare might miss out.	revised RMNCH-N focusing on attitude and behavioral change 3. Consider developing birthing facilities in the OI clinics 4. Target delivery at the vulnerable or those without typical means to access healthcare. 5. Design gender sensitive, popular, and culturally appropriate IEC materials
Operations and management	3. Excessive demands on time availability of limited numbers of health workers 4. Overloading of medical facilities for the revised RMNCH-N (e.g., inadequate structures, and medical equipment, etc.). 5. Health and nutrition status of mothers and children may not improve with present level of knowledge and skills of health/medical personnel 6. Insufficient medical personnel, and maternity and neo-natal hospital facilities to address the needs of mothers, and infants which may be associated with worsening of care quality (e.g., increased risks in morbidity, mortality of mothers and infants, etc.) 7. Low awareness on mother, and well-baby care that increase risks in maternal and infant mortality and morbidity 8. Environmental and safety effects associated with any building works.	6. Provide surge support through project to relieve burden on existing health workers until more are recruited. 7. Project financing for equipment and supplies 8. Enhance capacity of current health workers to work under the revised RMNCH-N 9. Partner with College of the Marshall Islands to provide training and coaching by MOHHS 10. Upgrading of health facilities (e.g. village clinics, updating equipment, etc.). Any upgrades to be undertaken in accordance with ESMP. 11. Conduct training needs assessment, and upgrade, and update knowledge, and skills of health assistants, and other medical personnel 12. Increase capability of staff to monitor and assess health, and nutrition status by identification of appropriate indicators, and installation of a monitoring and evaluation system 13. Provide surge support through project to relieve burden on existing health workers until more skilled, and trained nurses, midwives, doctors are recruited. 14. Close coordination with College of Marshall Islands to strengthen nursing program by increasing number of training hours in actual hospital work 15. Dedicate easily accessible, and comfortable room for pre- and post-natal counselling 16. Develop, and effectively disseminate SBCC materials for pregnant, and lactating mothers as well as for well-baby care 17. Building works (if any) - Environmental and Health and Safety issues to be managed as set out in ESMP (Annex 1).

Component/Sub-component	Negative impacts	
	Negative	Mitigation
	9. Increased activity results in increased medical waste disposal requirements – potential for improper disposal of medical waste including sharps generated by the ECD Project, with associated risk to anyone coming into contact with such wastes.	18. Medical wastes to be properly disposed-of in accordance with indicate MOHHS practice which involves daily collection of wastes and incineration with needles recovered and returned to Majuro for destruction. Currently issues with waste incineration on Ebeye. Noted in [Annex 1] 19. World Bank Group EHS Guidelines for Health Care Facilities to be followed.
2. Improve coverage of stimulation and early learning activities		
Enhancing delivery of early stimulation and learning activities	10. ECD training initiatives taking up time for mothers/primary caregivers and potentially intruding on daily routines (notwithstanding that training is proposed to occur only twice per month). 11. Vulnerable children not being able to access benefits due to the time pressures of poorer mothers/primary caregivers who may not have “spare” time. 12. Increased family tensions associated with resentment over mothers’ time allocation to training (potential GBV issues).	20. Training through home visits to be carried out in flexible time table and plan ahead with caregivers to be as minimally intrusive as possible to the daily routine or mothers/primary caregivers, and other family members. 21. Agreement in the family for other family members to take on some responsibilities of the mother/primary caregiver to free some time for training. 22. Design gender sensitive, popular, and culturally appropriate IEC materials 23. Ensure adequate early childhood education is available to meet anticipated demand. 24. Gender-sensitivity seminars conducted for fathers that may help support understanding of the importance of training 25. Fathers encourage to participate in the ECD training
Strengthening PSS management and stewardship of ECD services	13. Unacceptable increase in teacher workloads. 14. Overcrowding in classrooms. 15. Potential occupational and community safety issues associated with building renovation/construction.	26. Recruit teaching aides trained on stimulation and early learning 27. Enhance capacity of teaching aides through further training, and mentoring 28. Partner with College of the Marshall Islands/USP to strengthen program; graduates to be employed by MOE 29. Construction or upgrading of structures used to undertake activities.

Component/Sub-component	Negative impacts	
	Negative	Mitigation
		30. Utilize Government land for facility expansion and/or improvement to avoid resettlement. 31. Occupational Health and Safety to be addressed in ESMP [Annex 1]
3. Social assistance for early years' families		
Provision of cash transfers to early years' families	16. Adverse health outcomes for children if cash transfer is spent for other family's needs and expenditures unrelated to nutrition, and health, (e.g. vices, entertainment, etc.) of mother, and children 17. Increase in occurrence of violence (gender-based violence "GBV") on mothers/child caregivers to take possession of cash transfers 18. Domestic conflicts arising from target of cash advances and cultural practices of male spouse or other male (or female) household members controlling family's finance. 19. Increased domestic conflict between families that receive cash transfer and those who do not. 20. Conflict among family members residing at the same property between those who receive cash and those who do not. 21. Vulnerable persons miss out on benefits and are relatively disadvantaged because they don't meet the thresholds for eligibility - leads to stress and friction in	32. Implement effective SBCC as part of social preparation to explain that only the selected needy and cash-strapped will be given the assistance that would help improve specifically maternal and child health. 33. As part of social preparation within the community, plan and implement effective SBCC among families of the same clan explaining carefully the purpose of the cash transfer targeting the most needy and vulnerable. 34. Design gender sensitive, popular, and culturally appropriate IEC materials 35. Set conditionalities on selected beneficiaries for them to be selected and remain in the project. 36. Develop transparent criteria for recipients to meet in order to receive cash; and try to avoid worthy groups / individuals missing out due to their inability to meet the criteria (disability, mother doesn't live with the child, remote outer island, unregistered child, other vulnerable groups etc.). 37. Explore possibility of using vouchers instead of cash to exchange for goods and services to be availed 38. Consider feasibility of adopting a monitoring system of use of cash disbursed or vouchers distributed 39. Conduct practical financial management training to mothers, fathers and other male/female household members 40. Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable

Component/Sub-component	Negative impacts	
	Negative	Mitigation
	homes and small communities. 22. Family overcrowding from migration to Ebeye/Majuro by new mothers/pregnant women seeking cash disbursements.	
Strengthening establishment and delivery	23. Exclusion and inclusion errors in targeting of beneficiaries. 24. Poor distribution outcomes owing to financial institution limitations to disburse cash transfers, or in case of use of vouchers, no institution available to serve as arm of government to act as intermediary.	41. Implement affective SBCC on correct spending or sound financial management. 42. MOCIA to monitor the spending and institute checks on targeting as well as to mothers or family spending. 43. Recruit, and train ministry personnel, and local government representatives to undertake activities in all phases of the project cycle. 44. Partner with BOMI to ensure efficient cash disbursements; and ensure BOMI meets commitments to waive bank charges, and other fees that can burden the beneficiaries; offered to conduct social preparation intervention for beneficiaries by way of orientation sessions 45. Strengthen MOCIA capacity to manage, and implement cash transfer component through training, and mentoring.
4. Strengthening the multisectoral ECD system and Project Management		
Early childhood development (ECD) coordination and institutional strengthening	25. Inefficiencies caused by low morale of and overburdened government personnel designated to undertake project activities. 26. Family's anxiety over the impending end of project (under RMNCH-N, early learning interventions, and cash transfers).	46. Explore the possibility of providing allowances to designated personnel as incentive 47. Early on in the project, plan and design project exit in terms of determining when beneficiary families will graduate from the program.
Project management and coordination (PIU)	27. Added competition among the various projects/programs of the Office of Chief Secretary competing for attention, and personnel allocation	48. Offices, and ministries to appoint dedicated personnel to carry out project activities where individual outputs are spelled out in each of the personnel's key result areas (KRA) for every quarter

Component/Sub-component	Negative impacts	
	Negative	Mitigation
	28. Added demands on low capacity offices and ministries involved in the implementation of the project 29. Inefficiencies caused by uncoordinated efforts of offices and ministries involved. 30. Ebeye Project service provision may be jeopardized as a consequence of remoteness	49. Strengthen capacity of designated ministry and/or local government personnel to undertake project activities. 50. Employ strengthening activities for Inter Agency Coordination such as regular periodic meetings on project implementation progress 51. Ebeye Coordinator to be included in Project – perhaps an Ebeye sub-committee.

Environmental and Social Management Process

The ESMF sets out a process for screening sub-projects during project implementation, based on each sub-project being evaluated according to a predetermined screening process to determine the potential risk of environmental and social impacts, and associated mitigation options.

Broadly, these sub-project impacts would be expected to arise from sub-projects which involve externalities such as building works; sub-projects which are likely to result in an adverse impact on institutional capacity; or sub-projects which are likely to result in adverse social interactions among family members.

Consultations

Consultation is mandated by OP/BP 4.01; Environment Assessment. Consultation required is a two-way process in which beneficiaries provide advice and input on the design of proposed projects that affect their lives and environment.

The ESMF sets out protocols for stakeholder engagement and grievance redress. An important feature of the ECD Project is that it is based around an adaptive management approach and therefore explicit feedback and review measures have been incorporated in the stakeholder engagement/grievance redress procedures.

Institutional Arrangements for Safeguards Implementation

The MOF, MOHHS, MOE and MOCIA and their relevant divisions will be the implementing agencies for the core ECD Project activities as follows:

(a) MOHHS for Component 1;

(b) MOE/PSS for Component 2;

(c) MOCIA for Component 3; and

(d) MOF/DIDA for Component 4, as well as the disbursement and replenishment of the program's Designated Account (DA).

A PIU will be established within OCS responsible for overall coordination, results monitoring, and communicating with the World Bank on Project implementation and

coordination responsibility for ESMF implementation.

As with other World Bank projects, the Central Implementing Unit (CIU) will support implementing agencies, as required, with fiduciary, procurement, and safeguards functions associated with the Project implementation.

MOF/DIDA through the DIDA Safeguards Specialist will support PIU in relation to environmental aspects (if any), such as environmental and OSH aspects relating to building works (if any). Regular reports will be provided to the PIU in regard to implementation progress.

ESMF Capacity Building and Budget

The RMI Government has carried out stakeholder and community consultations during preparation and has prepared this ESMF to manage the residual social and environmental impacts from the project. The Ministries involved do not have safeguard policy experience, however the Project Implementation Unit (PIU) established to deliver the project will include international and local staff dedicated to social and behavior change and advocacy who will have the capacity and capability to implement the consultations and social mitigation measures from the ESMF. The PIU will draw on the support of the national safeguards advisor in the Central Implementation Unit of the Division of International Development Assistance (DIDA).

The SBCC advocacy role involves responsibilities relating to for outreach, communications, engagement, M&E etc. for the overall project, and includes management of grievances and feedback. This will facilitate the adaptive learning basis of the ECD Project.

The ESMF provides an indicative non-staff budget for implementing the elements of this ESMF, based on best estimates with assumptions of the kind of activities likely to be undertaken in the ECD Project.

1. INTRODUCTION

1.1. Purpose and Scope of the ESMF

The World Bank is supporting the RMI to deliver the RMI Multisectoral Early Childhood Development Project. This ESMF provides for the integration of environmental and social stewardship into the project as required by the Environmental and Social Safeguards Policies of the World Bank.

The framework document is necessary under World Bank Policy OP4.01 Environmental Assessment because the specific subprojects/activities for implementation are not yet known.

The ESMF sets out the following -

- Brief details on the project description and subproject typologies;
- Screening process for each project element to determine the type of environmental assessment required to satisfy the RMI laws and World Bank safeguard policies;
- Processes for implementation of safeguards during project implementation;
- The integration of policy into the project screening and implementation;
- Description of the implementation arrangements, including the roles and responsibilities of the PIU, implementing agencies and project consultants
- Stakeholder engagement plan outline and the grievance redress mechanism (GRM);
- Indicative budget for key safeguards activities.

2. Background and Rationale

2.1. Country Context

The Republic of Marshall Islands (RMI) is located in the Central Pacific Ocean. It 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. It is one of the world's smallest, and most isolated countries. It is vulnerable to climate, and tidal changes. The total sea and land area of the country is approximately 1.94 million square kilometers and 181 square kilometers respectively. The land area is less than 0.01% of the total surface area. RMI share maritime borders with Kiribati, the Federated States of Micronesia, Nauru, and Wake Island. Both sea and land are chiefly important to the people for livelihood. The climate is tropical-ocean.

Formerly part of the Trust Territory of the Pacific Islands under the United States of America (USA) during World War II, it became an independent nation in 1986.

RMI population was estimated at 53,06613 in 2016. Average family size is 7.8 persons, the highest among the central pacific countries. Population is concentrated in Majuro, the capital registering at 28,000 while Ebeye the other urban center has a population of 9,614.

The Marshallese culture is on the whole homogeneous but minor cultural and linguistic differences between Ratak and Ralik chains exist. The Marshallese are a matrilineal society where family ties and mutual reciprocity are very strong despite modern influences. Extended system of family is prevalent and family ties are strong. Religion has played a

[3] From the 2011 RMI Census

significant role in shaping the attitude and behavior of the people. Religion was brought by missionaries in the 1830s.

Due to high wage earnings in non-traditional occupations, development of a cash-based economy and the availability of imported western food, food habits have changed unfavorably. The traditional diet of primarily breadfruit, coconut, *pandanus*, taro, fish, chicken and pork is being replaced by canned and processed food. Alcohol, smoking and substance abuse are on the rise, particularly amongst the young, and as is the crime rate. Combined, life style changes along with changes in the diet have led to increasing incidences of diabetes and its complications.

2.1. Sectoral and Institutional Context

Preliminary assessment of the World Bank project (October 2018) with reference to data from 2017 Integrated Child Health and Nutrition Survey (ICHNS) shows that human capital formation is at risk in the RMI due to (i) poor early life health and nutrition, (ii) lack of early stimulation and learning, and (iii) childhood exposure to poverty and severe stress. Child stunting, or low height-for-age and an indicator of chronic malnutrition, affects over one-third (35 percent) of children under age 5 while 1 in 10 children are severely stunted. Twelve percent (12%) of recently born children age 0-59 months were estimated to have low birth weight at birth. Physical health and growth, literacy and numeracy skills, socio-emotional development, and readiness to learn are vital domains of a child's overall development. Opportunities for child development are undermined by the following, among others: (i) limited availability, affordability, and consumption of nutritious diets, especially for children from vulnerable families, (ii) inadequate access to effective and quality maternal and child health (MCH) services including immunization coverage especially in the outer islands (OIs), (iii) insufficient opportunities for early stimulation and early learning, and (iv) lack of support through formalized social protection (SP). Apart from the benefit pension scheme for formal sector workers, and primary school children feeding program in Majuro, there are no formal social protection (SP) programs to support vulnerable groups (the poor, informal sector elderly, disabled etc.). The assessment further notes that, the prevalence of 'hardship'[4] in RMI is among the highest for Pacific island Countries (PICs). Across most PICs, 20 to 30 percent of the population lives below the nationally-defined hardship threshold; for RMI, hardship is experienced by 51.1 percent of the population.

Other factors mentioned contributing to deficiencies in ECD, but nevertheless should be supported by the proposed project are: (i) teenage pregnancy, and early child-bearing, (ii) no national policy and standards on early childhood care and education, and (iii) parent/child caregiver interaction with the children at home does not appear to fill in the lack of ECD program. It is claimed that there is low awareness of the importance of early child stimulation, health, and nutrition among the population.

The RMI health system is lacking in many of the core building blocks needed to ensure access to effective and good quality primary health care services. Primary health care includes a public health 'zone nurse' system aligned with each urban center hospital, 54 community health centers[5], and Outer Islands' (OIs) mobile health missions. However, the

[4] The term 'hardship' relates specifically to national poverty measures. Incidence of 'hardship' is defined as the proportion of the population whose expenditure is below a threshold that includes an allowance for minimum food and non-food needs.

[5] Community health centers do preventive, promotive, and essential clinical health services and are staffed by full-time Health Assistants (high school graduates, majority male, who are trained to provide basic services but are reported to have insufficient professional competencies). However, there are cultural challenges related to the acceptability of male health assistants providing RMNCAH-N services, and for this reason many women on OI often: (a) don't seek preventive/promotive services; (b) see traditional providers; or (c) travel to Ebeye/Majuro and for only the most essential RMNCAH-N services.

MOHHS staff report challenges in the availability and distribution of human resources, in facilitating communication across programs and providers, and ensuring adequate supervision. Likewise, there are limited options to address poor health and nutrition behaviors through child caregivers in the community.

2.2. Policy Framework

The RMI is one of the only Pacific Island Countries (PICs) without a national policy on Early Childhood Care and Education or Early Learning and Development Standards[6]. The RMI school system serves kindergarten to Grade 12, has 112 schools, and is made up of public and private schools. Pre-school is provided for 3-4-year-olds by private providers only. Government funding to private pre-schools is based on enrollment, performance and accreditation. Since 2004, the national kindergarten program has been integrated into public elementary schools and provided free of charge to children who turn 5 at the start of the school year.

Only 5 percent of children aged 36-59 months attend an organized early childhood education program (ICHNS 2017). Enrollments in elementary school have been static for several years at around 83-86 percent, and they drop off again in secondary school to 48-58 percent[7]. Enrollment rates have increased in urban areas and decreased in the OI probably as a consequence of migration. Low school enrollments, high dropout rates, and low educational outcomes are of great concern to the Public School System (PSS), and test scores from the national RMI Standards Assessment Test series highlight poor outcomes for those in school.

Parent/caregiver interaction and the household environment in RMI do not compensate adequately for the lack of formal or community-based early childhood development (ECD) services. Nationwide, 72 percent of children age 36-59 months were engaged by adults in four or more activities in the previous three days[8]; children were more likely to have their mothers engaged in these activities (59 percent) than their fathers (2 percent). Adult engagement with children varies most widely by the education level of the child's caregiver: it is as low as 50 percent among children whose caregivers' highest level of education is primary school compared to 85 percent among children with caregivers who attended higher education. Children are less likely to have their biological mother engaged in learning when the mother is under age 20 (42 percent) compared to age 35 and over (53 percent). Less than one-fifth (18 percent) of children age 0-59 months live in families with 3 or more children's books, with large variations by income.

The RMI has very limited coverage through formal social protection programs, even when compared to other PICs. Over the past decades, the RMI has introduced a defined benefit pension scheme for formal sector workers, as well as a school feeding program for primary school children in Majuro only. Beyond these two schemes, there are no formal SP programs to support vulnerable groups (the poor, informal sector elderly, disabled etc.). The prevalence of 'hardship' in the RMI is amongst the highest for PICs[9]. Across most PICs, 20 to 30 percent of the population lives below the nationally-defined hardship threshold; for RMI, hardship is experienced by 51.1 percent of the population.

There is widespread agreement within the Government of RMI that although progress has been made in increasing economic growth and reducing poverty, there is a clear need to

[6] UNICEF, 2017. Status Report on Early Childhood Care and Education in Pacific Island Countries (PICs).

[7] Digest of education statistics 2016-2017, PSS

[8] The maximum number of activities is six, including: (A) Reading books to or looking at picture books with the child, (B) Telling stories to the child, (C) Singing songs to or with the child, including lullabies, (D) Taking the child outside the home, compound, yard, or enclosure, (E) Playing with the child, and (F) Naming, counting, or drawing things to or with the child.

[9] The term 'hardship' relates specifically to national poverty measures. Incidence of 'hardship' is defined as the proportion of the population whose expenditure is below a threshold that includes an allowance for minimum food and non-food needs.

invest in the foundations of human capital required to boost the productivity, competitiveness, and wellbeing of the Marshallese population. The National Human Resource Development Plan 2014-2019 highlights the development of Marshallese talent with capacity to achieve the strategic vision for the nation as articulated in the National Strategic Plan. The Plan aims to ensure that the future of RMI is steered toward self-sustainability and efficiency by Marshallese, and this can only be achieved by investing in their people. The President of RMI has established a Cabinet Committee on ECD (CC) to provide high-level leadership and guidance for the RMI's flagship ECD Program.

2.3. Relevance to Higher Level Objectives

The proposed Project is in line with three of the four Focus Areas of the World Bank's Regional Partnership Framework (RPF) for fiscal years 2017-21 for 9 PICs, including the RMI. The RPF's Focus Areas 1 (Fully exploiting the available economic opportunities) and 2 (Enhancing access to employment opportunities, with key interventions on improving education outcomes) are directly strengthened through interventions in ECD, which in turn improve education outcomes. The RPF's Focus Area 3 (Protecting incomes and livelihoods, with interventions to help countries strengthen health systems and address non-communicable diseases) would directly benefit from the Project's interventions to improve availability and quality of essential health and nutrition services for key target groups such as women and children.

The Project is strongly supported by the Government throughout the highest levels, with the request for the Project coming from the President, and Cabinet members showing interest and commitment to the Project. The Government has established the CC, which is chaired by the President and includes Ministers of Health and Human Services, Finance, Education, Culture and Internal Affairs, and the Chief Secretary. The CC is intended to guide the direction of the ECD policy and programming in the RMI. The Project is also aligned with all 10 themes highlighted in the RMI National Strategic Plan 2015-2017 through multiple development objectives, including strengthening health systems, improving education outcomes, and enhancing the capacity of youth and vulnerable peoples to meet their full potential.

3. Project Description

3.1. Project Development Objective (PDO) and Results

The proposed PDO is to improve coverage of multisectoral early childhood development services in the RMI's territory.

The achievement of the PDO will be measured through the following PDO-level results indicators:

(a) Share of women who have had at least one antenatal care(ANC) visit by a skilled provider during the first trimester;

(b) Share of children aged 0-2 years who receive at least 1 well-child visit every two months;

(c) Share of children aged 0-59 months attending ECD services;

(d) Share of target caregivers routinely engaging in stimulation activities with their children aged 0-59 months.

3.2. Project Components

The Project will support RMI government in promoting universal coverage of multisectoral ECD services by: (i) supporting the government to expand public sector delivery of essential ECD services; (ii) providing targeted support to increase coverage and

intervention intensity of these services for vulnerable early years families; and (iii) strengthening the public sector systems necessary to institutionalize and sustain a multisectoral ECD program. The project consists of 4 components:

Component 1: Improve coverage of essential RMNCH-N services

Component 2: Improve coverage of stimulation and early learning activities;

Component 3: Social assistance for early years' families;

Component 4: Strengthening the multisectoral ECD system and Project Management

The four components are briefly described in the following sections of this ESMF.

3.2.1. Component 1: Improve coverage of essential RMNCH-N services

Component 1: Improve coverage of essential RMNCH-N services
Aim: To improve the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2). Adolescent girls, women of reproductive age and children aged 2-5 years will be secondary target groups, with interventions for these populations incorporated in an opportunistic manner and/or in later stages of Project implementation. Financing will prioritize increasing access to services for vulnerable populations. The component seeks to both strengthen the package of services provided and alleviate supply- and demand- side barriers to coverage and utilization of the package.
Approach: The first two years of the Project will focus on alleviating key pressure points to ensure adequate coverage of a revised and evidence-based package of RMNCH-N services in the Majuro/Ebeye Hospitals. Recognizing that greater scope and scale will be needed to re-orient services delivery towards the frontlines and accelerate RMNCH-N outcomes, the component will also support a suite of technical assistance (TA) activities to identify strategic shifts in service delivery in order to inform further scale-up beyond the initial phase focused on enhanced frontline service delivery in Majuro, Ebeye, and on the OI. The component has two sub-components as described below, one aimed at **strengthening stewardship and management of health administration and the other at directly strengthening service delivery**. Social and behavior change communication (SBCC) activities will be financed under Component 1 and other components.

Dimensions of component 1 subcomponents		
Dimension	**Subcomponent 1.2: Enhancing delivery of essential RMNCH-N services**	**Subcomponent 1.1: Strengthening MOHHS management and stewardship capacity to deliver essential RMNCH-N services**
RMNCH-N Service Package	• Incremental operating costs of revised RMNCH-N package	• TA to define essential service package and delivery options • Supply-side readiness assessment • Health Financing Systems Assessment

Dimensions of component 1 subcomponents		
Dimension	**Subcomponent 1.2: Enhancing delivery of essential RMNCH-N services**	**Subcomponent 1.1: Strengthening MOHHS management and stewardship capacity to deliver essential RMNCH-N services**
Human Resources	• Contract staff to optimize number and skill mix • Delivery of comprehensive training and capacity building and training package	• Human Resource Needs Assessment • Comprehensive training and capacity building and training packages
Equipment and Supplies	• Small equipment and supplies to ensure readiness to deliver RMNCH-N package	• TA on forecasting, purchasing, procurement, and commodity management
Data and Information	• Minor upgrading of IT hardware and software to improve record keeping and decision making	• Development/revision of databases to meet M&E needs associated with revised RMNCH-N package

3.2.2. Component 2: Improve coverage of stimulation and early learning activities

Component 2: Improve coverage of stimulation and early learning activities
Aim: To improve children's cognitive and socio-emotional development and facilitate children's readiness for on-time transition to primary school through expanding access to stimulation and early learning services.
Approach: In the absence of a national program for children under five years old, component 2 will work with the PSS to strengthen their mandate and capacity to implement and scale up two interventions focused on improving the school readiness of children. This component will strengthen existing service platforms through the delivery of home visits to the most vulnerable families with children ages 0 to 59 months, and the creation of preschools in existing elementary school grounds to cater to 3- and 4-year-old children. Component 2 has two sub-components, one aimed at directly improving delivery of early learning and stimulation services and the other aimed at strengthening stewardship and management capacity of Government for this sub-sector.

Subcomponents of Component 2	
Subcomponent 2.1: Enhancing delivery of early stimulation and learning activities	***Subcomponent 2.2: Strengthening PSS management and stewardship of ECD services.***
	The objective of this sub-component is to strengthen the management and

<table>
<tr><th colspan="2">Subcomponents of Component 2</th></tr>
<tr><td>Subcomponent 2.1: Enhancing delivery of early stimulation and learning activities</td><td>Subcomponent 2.2: Strengthening PSS management and stewardship of ECD services.</td></tr>
<tr><td rowspan="2">Activities will focus on strengthening existing platforms of ECD services for caregivers and children up to 59 months old.

Two interventions with supporting global evidence of positive impacts on outcomes for children will be implemented and scaled up:

1) a home visit program targeted at the most vulnerable families, and

2) setting up public preschools for children ages three and four years old.
For each intervention, the Project will finance:

(a) TA to develop curricula, training programs and other materials to strengthen quality of service delivery and ensure context appropriateness following a review of existing materials;
(b) the recruitment where needed and training of dedicated personnel providing the services;
(c) procurement and printing of necessary resources; and
(d) procurement of additional facilities and equipment as required.</td><td>stewardship capacity of relevant Government agencies (MOE, PSS).</td></tr>
<tr><td>Activities will involve:

Strengthening the institutional capacity and regulatory framework of ECD programs in the RMI, including budgeting and allocation of resources across concerned agencies, and

Enhancing the availability and capacity of skilled cadres to support delivery of ECD services at the community level.

The Project will finance

(a) international and local TA to assess existing capacities and recommend strategies for strengthening capacity;

(b) assisting MOE/PSS in developing the regulatory framework for inclusion of pre-school in the formal school system; and

(c) a training plan for staff and materials beyond those produced under sub-component 2.1.</td></tr>
</table>

3.2.3. Component 3: Social assistance for early years' families

Component 3: Social assistance for early years' families
Aim: To introduce conditional cash transfers (CCT) as a means to modify care practices and behaviors and promote uptake of ECD services.
Approach: Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[10], but also be instrumental in addressing knowledge and motivational barriers to access in the longer term. This component would also begin the process of building up a social assistance system in the RMI to drive the ECD agenda. Component 3 has two sub-components, one aimed at the provision of cash transfers to beneficiary families, and the other aimed at providing TA to establish the social assistance system.

[10] ANC visits, vaccinations and growth monitoring visits are free of charge.

Subcomponents of Component 3	
Component 3.2: Provision of cash transfers to early years' families in selected areas	***Component 3.1: Strengthening Government of RMI's capacity to establish and deliver social assistance program for ECD.***
Families in selected areas of Majuro and Ebeye with pregnant women and children aged between 0-59 months who are facing hardship would be eligible to enroll and benefit from the program. To determine hardship levels for targeting purposes, the Project will explore developing localized vulnerability and hardship criteria using Household Integrated Economic Survey (HIES) indicators, appropriate to the Marshallese context. The payments will be channeled to the mother or caregiver of the children. The payment amount will be set at a level that compensates families for travel and opportunity costs, while also providing an incentive to use services for the benefit of children. Given the lack of recent household or poverty data for the RMI (the last HIES was undertaken in 2002), it is proposed that the cash transfer amount be estimated as a percentage of the informal minimum wage rate[11]. This is equivalent to roughly 10 percent or approximately US$30 per month as a base benefit given to the mother or caregiver (unconditional amount) plus US$3/child up to a maximum of 3 children, as a bonus amount based on meeting program conditionalities. Cash transfers can be paid every two months to provide regular and predictable transfers to families and thus smooth consumption. The cash transfers will be 'conditional' on families being enrolled in the program and attending the predetermined schedule of health facility visits and ECD sessions on a regular basis and achieving at least 75 percent attendance. The program will start with soft conditionalities until capacity is strengthened and tested, including the development of the management information systems (MIS) and Memoranda of Understanding (MOUs) and clear delineation of roles of MOCIA,	This sub-component will finance a suite of TA activities to support the development of (a) a registry of program beneficiaries; (b) a sound MIS for enrollment, compliance verification, payments of the CCT program, and complaints and beneficiary feedback; (c) a grievance redress mechanism (GRM); (d) setting out the guidelines for an M&E framework; (e) a communications strategy for the social assistance program including SBCC and the implementation of it; and (f) support to administrating the program in Majuro and Ebeye.

[11] The minimum wage rate in RMI has just been raised to US$3 per day, however it is not enforced consistently, especially in the OI. The informal minimum wage was used to calculate the base benefit.

Subcomponents of Component 3	
Component 3.2: Provision of cash transfers to early years' families in selected areas	***Component 3.1: Strengthening Government of RMI's capacity to establish and deliver social assistance program for ECD.***
MOE, MOHSS, MALGOV and Marshall Islands Social Security Administration (MISSA). Given that banking and financial services are limited in RMI, the payment mechanisms will need to use banking services that are available from the Bank of Marshall Islands (BOMI). In its initial phase, the program will pilot the cash transfer model in Majuro and Ebeye, followed by close third-party program monitoring through process evaluations, spot checks and an impact evaluation after the first complete year of program implementation. The program will be managed by the MOCIA's Community Development Division.	

3.2.4. Component 4: Strengthening the multisectoral ECD system and Project Management

Component 4: Strengthening the multisectoral ECD strengthening
Aim: To support the systems functions and activities necessary to sustain an effective multisectoral ECD program and project management.
Approach: The system functions include: (a) development of a multisectoral national ECD strategy and approach to program implementation; (b) development of a national monitoring, evaluation, and learning framework and implementation of the system; and (c) the preparation of a national communication strategy for ECD and the delivery of public awareness and social and behavior change (SBCC) campaigns. The component will support the OCS in leading and coordinating an ECD program based on evidence-based best practice through TA activities and support for operational costs. It will aim to increase program effectiveness by: ensuring line ministry activities are underpinned by a strategic approach to program implementation; creating and using data for decision-making; and harmonizing communication activities and messages across various channels.

Subcomponents of Component 4	
Component 4.1: National Multisectoral ECD Strategy and Governance	***Component 4.2: ECD Awareness and SBCC Campaign.***
Sub-component 4.1 will finance TA to develop RMI's National Strategy for ECD. The strategy will define clear objectives for the national ECD program, describe key activities and interventions, and clearly delineate the roles and responsibilities	1. Sub-component 4.2 will finance communications, advocacy, and awareness- raising activities for the ECD program. A centralized approach to the development of communications and

Subcomponents of Component 4	
Component 4.1: National Multisectoral ECD Strategy and Governance	***Component 4.2: ECD Awareness and SBCC Campaign.***
of the main actors and governance mechanisms. It will further support OCS and the CC in leading ECD program governance and coordinating implementation across key line ministries, such as Ministry of Finance (MOF), MOE/PSS, MOCIA and MOHHS. This sub-component will finance the TA and operational costs needed to develop the strategy and conduct periodic implementation reviews, as per agreed governance arrangements. Sub-component 4.1 will also finance the development and operationalization of a comprehensive ECD monitoring, evaluation, and learning (MEAL) framework. MEAL activities will assess the performance of the ECD program using adequacy and/or plausibility evaluation and promote adaptive learning throughout program implementation over time. The MEAL platform will consolidate indicators of service provision, quality, utilization rates, drawing from the three implementing line ministries' (MOHHS, MOE, MOCIA) routine data collection systems to the extent possible. Sub-component 4.1 will finance activities and inputs above and beyond investments in line ministry data and information systems under components 1-3, including activities to enable EPPSO to support ECD program monitoring and evaluation. The sub-component will finance a MEAL Coordinator to support the Project Implementation Unit (PIU) and: (i) develop the MEAL framework; (ii) convene regular MEAL reviews; and (iii) build line ministry capacity to produce quality ECD program data. Further, it will finance monitoring of child development outcomes in cohorts over time, either through surveillance methods or appending appropriate child health, nutrition, and development modules to population-based surveys, as feasible[12]. The sub-component will finance technical assistance to each line ministry to conduct rapid/process/qualitative assessments during implementation, including beneficiary assessments of knowledge and practice. These assessments will aim to document program challenges and successes and incorporate	advocacy materials is intended to promote linkages across the components and ensure consistency of messages. The sub-component will finance: (i) a SBCC and Advocacy Coordinator to provide centralized strategic and technical leadership to the development, implementation, coordination, and monitoring of ECD advocacy, awareness raising, and SBCC activities; and (ii) development of a SBCC strategy and associated campaign content intended to increase the intensity of intervention and exposure to campaign messages. The SBCC and Advocacy coordinator will work with the relevant line ministries to ensure buy-in and consistency of messages and activities across channels. Achieving optimal child health, growth, and development in RMI is dependent on changing behaviors. Evidence indicates that a multichannel approach, including mass media, interpersonal communication and counselling, community-based interventions, and community and social mobilization can be effective in changing behaviors related to infant and child care and nutrition. To support this, a robust, contextually/culturally/linguistically relevant SBCC strategy and associated campaign content developed to increase the intensity of intervention and exposure to campaign messages. It is anticipated the SBCC will be comprehensive, with content including elements such as maternal, infant, and young child nutrition; water, sanitation and hygiene; health care seeking; parenting; early stimulation; and early learning, with messages defined based upon delivery channel. The development and coordination of SBCC activities for ECD will be the responsibility of the OCS with support from the ECD PIU

[12] Including ongoing discussions to assess anthropometric status and child development in a subset of the 2019 Household Income and Expenditure Survey (HIES) sample to use as a project baseline.

Subcomponents of Component 4	
Component 4.1: National Multisectoral ECD Strategy and Governance	***Component 4.2: ECD Awareness and SBCC Campaign.***
feedback loops that can contribute to continuous improvement of intervention design and implementation.	and SBCC and Advocacy Coordinator. Sub-component 4.2 will support the development of the SBCC strategy and campaign content; delivery of SBCC through mass media channels; and cross-sectoral coordination and monitoring. Sub-component can also finance additional formative research required to improve the relevance of messages and implementation approaches. Each implementing line ministry will be responsible for implementing SBCC activities through their respective channels (see Table 6). Attention will be paid to ensure that there are links and reinforcement of nutrition and stimulation messages across components 1 and 2. The component will finance a food systems assessment that will support the Government in developing policies and interventions to improve the availability, accessibility, affordability, and desirability of a nutritious diet in the RMI. Other TA needs that arise during implementation may also be considered under this component.

Sub-Component 4.3: Project management
Aim: To support project management activities as well as the monitoring, evaluation and adaptive learning elements of the ECD program
Approach: A PIU will be established with specific responsibilities to support and coordinate implementation of Project activities. The PIU will work in coordination with the Central Implementing Unit (CIU) of Division of International Development Assistance (DIDA) within the MOF for FM, procurement, safeguards, communications, and monitoring**.**
The sub-component will finance: (a) external consultancies required for ongoing Project staffing; (b) technical consultancies required for adherence to program operations and procedures; (c) office and other equipment; (d) training for PIU and CIU staff, as needed; and (e) travel and operational costs.

4. Policy, Legal and Administration Framework

4.1. Policy

The ECD Project is consistent with the RMI legislation relating to the rights of children[13], which includes the following objectives:

a. to protect children from discrimination, exploitation and any other physical, emotional or moral harm or hazards;

b. to provide care and protection to children who are in need of care and protection; and

c. generally, to promote the protection, development and welfare of children.

However, as noted earlier, RMI is one of the only Pacific Island Countries (PICs) without a national policy on Early Childhood Care and Education or Early Learning and Development Standards[14]. Notwithstanding this the ECD Project addresses many matters which any such policy would traverse.

4.2. RMI Legislation

4.2.1. National Environmental Protection Act 1984 and EIA Regulation 1994

The *National Environmental Protection Act 1984* (NEPA Act) establishes the National Environmental Protection Authority (NEPA) the governing body for environmental protection in RMI. The Environmental Impact Assessment Regulation 1994, administered by the EPA, is the central environmental planning legislation in RMI. Its aim is to ensure that environmental concerns are given appropriate consideration in decision making for all new infrastructure projects.

The EIA regulation requires a preliminary proposal for every development activity and applies a two-step assessment process to determine the level of assessment required. For projects involving earthmoving, the development proposal is submitted to the RMI EPA via a Major or Minor Earthmoving Permit Application.

It is reviewed through an internal RMI EPA Preliminary Environmental Assessment (PEA) process. Step 1 is an initial evaluation of the PEA to determine if the activity has the potential for significant effect on the environment. Step 2 is either the issuance of an Earthmoving Permit with conditions (e.g. Minor and some Major applications), or a requirement for an EIA for proposals (e.g. Major applications) assessed to have potential significant impact which will be reviewed and form the basis of an approved decision with conditions, or a not-approved decision. Conditions pre- or post-EIA may include a requirement for an Environmental Management Plan (EMP). In cases where a proponent ESMP has been drafted prior to the submission of an Earthmoving Permit Application, it may require modification to meet the conditions of approval.

4.2.2. Solid Waste Regulations 1989

The purpose of these regulations is to establish minimum standards governing the design, construction, operation and maintenance of solid waste storage, collection and disposal systems. The Regulations cover the management of bulky waste such as appliances, tree branches or other oversize waste such as interior building cladding. The Regulations also define hazardous waste as any waste or combination of wastes which pose a substantial present or potential hazard to human health or living organisms because such wastes are nondegradable, or persistent in nature, or because they can be lethal, or because they

[13] Child Rights Protection Act 2015

[14] UNICEF, 2017. Status Report on Early Childhood Care and Education in Pacific Island Countries (PICs).

may otherwise cause or tend to cause detrimental cumulative effects. The Regulations list the general requirements for the storage of solid waste as well as detailing the type of containers that may be used to store solid waste. The Regulations also govern the handling of hazardous waste within RMI.

The ECD Project might potentially involve disposal of infectious wastes. Regulation 34 (a) requires that infectious and pathological wastes generated at medical, veterinary and other facilities shall be incinerated, sterilized or otherwise rendered safe before removal from these facilities for final disposal.

4.2.3. Building Code

For many years the Marshall Islands has been without a building code although the Planning and Zoning Act of 1987 calls for a provision of a building code, Title 10 Part V Section 222 stipulates that the Minister of Works, Infrastructures, and Utilities or his designee shall formulate and propose for adoption rules and regulations establishing minimum standards for the construction of buildings, or classes of buildings and installation of appurtenances thereto.

In the wake of typhoon Nangka in 2016, many residential homes and other types of government infrastructure were assessed, and the estimated loss and damage was valued at approximately US$8 million. Much of this damage was attributed to the lack of building code and planning and zoning throughout the Marshall Islands coupled with limited land space. After this event the Office of the Chief Secretary through the JNAP unit in collaboration with the DIDA and the UN Mission in New York launched a concept note to seek support for the development of a building code.

Work on developing a National Building Code commenced in late 2016 linking to the RMI Agenda 2020 Framework on top government priority reform to improve infrastructure planning and development and management. It is anticipated that a code may be promulgated in 2019 or sometime soon thereafter.

4.2.4. Occupational Health and Safety

Republic of the Marshall Islands

RMI joined the International Labour Organization (ILO) in July 2007 and has since ratified two ILO Conventions: The Maritime Labour Convention and the Seafarers' Identity Documents Convention. RMI does not currently have Occupational Health and Safety (OH&S) legislation however, this is being drafted.

In the absence of local legislation, OH&S aspects under the ECD Project will be regulated through the World Bank Group's Environmental, Health, and Safety Guidelines.

World Bank General Environmental, Health, and Safety Guidelines

The World Bank Group's General Environmental, Health, and Safety Guidelines (EHS Guidelines) (World Bank Group, 2007) represent good international practice for managing occupational health and safety (OH&S) risks. The EHS Guidelines contain the performance levels and measures that are generally considered to be achievable in new facilities by existing technology at reasonable costs.

The fundamental premise for OH&S under the EHS Guidelines is that "Employers and supervisors are obliged to implement all reasonable precautions to protect the health and

safety of workers" and that "Companies should hire contractors that have the technical capability to manage the occupational health and safety issues of their employees…".

The overall OH&S philosophy embodied in the EHS Guidelines is as follows:

Preventive and protective measures should be introduced according to the following order of priority:

- *Eliminating the hazard by removing the activity from the work process. Examples include substitution with less hazardous chemicals, using different manufacturing processes, etc.;*
- *Controlling the hazard at its source through use of engineering controls. Examples include local exhaust ventilation, isolation rooms, machine guarding, acoustic insulating, etc.;*
- *Minimizing the hazard through design of safe work systems and administrative or institutional control measures. Examples include job rotation, training safe work procedures, lock-out and tag-out, workplace monitoring, limiting exposure or work duration, etc.*
- *Providing appropriate personal protective equipment (PPE) in conjunction with training, use, and maintenance of the PPE.*

The EHS Guidelines also require that prevention and control measures to minimise occupational hazards should be based on comprehensive job safety analyses (JSA).

The EHS Guidelines for Health Care Facilities applies to all medical waste and the exposure of staff and community to infections, diseases, hazardous materials and waste.

All workers engaged on the ECD Project will need to be covered under the terms of the EHS Guidelines, which means development of JSAs for each role, including potential contractors involved in building works. This process will result in development of Safety Management Plans for each position.

Any operations funded by the project in relation to the handling and use of hazardous materials and/or waste will require a review and update of procedures to comply with the Guidelines.

4.3. World Bank Safeguard Policies

4.3.1. General

Initial screening indicates that Environmental Assessment (OP/BP4.01) World Bank Safeguard Policy will be triggered as a result of the Project, requiring the Borrower to prepare the safeguards instruments to guide detailed planning once sub-projects are identified firmly at a later stage of Project planning.

4.3.2. OP/BP 4.01 Environmental Assessment

The purpose of Environmental Assessment is to help ensure the environmental and social soundness and sustainability of investment projects, and to support the integration of environmental and social aspects of projects into the decision-making process. OP/BP 4.01 defines procedures to screen and assess potential impacts and mitigation, prepare safeguard instruments, ensure public consultation and transparency and that there are implementation and supervision of commitments relating to findings and recommendations

of the environmental assessment.

Climate change screening has confirmed that the ECD Project is not exposed to climate and geohazards now or expected to be in the future. Introduction of the social registry of vulnerable families under Component 3 can be used to help target resources to families with young children (0-5 years) and pregnant women who are most vulnerable and disadvantaged following natural disasters. This will ensure that limited resources are well targeted and disbursed in a timely manner in the wake of disasters.

Construction of new facilities for ECD and health services are not planned to be financed by the Project. However, the Project will involve use of public buildings in Ebeye and Majuro, some of which may require refurbishment or reconstruction. Physical works, if any, will avoid privately owned or used land, therefore no resettlement will be necessary.

Further screening based on interviews, stakeholder consultations and a review of potential options for implementation indicates an assessment of Category B for the Project. This screening finds that impacts are less significant and that a range of potential measures for mitigation can be readily designed in the majority of cases.

4.3.3. Gap Analysis of RMI laws and regulations and WB Safeguards Policies

The following table identifies specific requirements of OP/BP 4.01 noting that in each case the RMI legislation is silent on these matters in regard to activities contemplated for the ECD Project and that the ESMF follows OP4.01.

Bank Safeguards Policies **OP/BP 4.01** **Requirement**	**RMI Equivalent** .	**Equivalence**
Environmental Screening. Projects categorised as A, B or C.	The EIA Regs address a number of these matters [screening, mitigation, monitoring, consultations] in regard to earthworks and infrastructure activities. If these activities are undertaken as part of the project, they will be subject to the EIA regulations. Otherwise, the legislation is silent in regard to activities contemplated for the ECD Project.	The ESMF follows OP4.01. All subprojects will be managed as per the ESMF, which integrates the requirements of RMI EIA regulations.
Category B projects require a 'limited' environmental assessment (which includes a social assessment) and requires a safeguards instrument (ESIA, ESMP etc.) depending on the nature and scale of impacts.		
An ESMP that includes mitigation measures, allocation of responsibilities, costs and reporting requirements.		
Monitoring is required that includes a monitoring framework that allocates location, frequency, costs and responsibilities.		
Public consultation required for Category A and B projects		
Disclosure is required		
Institutional capacity and training requirements are assessed.		

5. Significant Potential Environmental and Social Impacts and Mitigation Measures

5.1. Potential Activities/Subprojects under different Components

5.1.1. Component 1: Improve coverage of essential RMNCH-N services

The first two years of the Project will aim for adequate coverage of a revised and evidence-based package of RMNCH-N services in the Majuro/Ebeye Hospitals. The component will also support a suite of technical assistance (TA) activities to identify strategic shifts in service delivery in order to inform further scale-up beyond the initial phase focused on enhanced frontline service delivery in Majuro, Ebeye, and on the OI. This component is largely a service delivery component. However, the Project broadly will involve use of public buildings in Ebeye and Majuro, some of which may require refurbishment or reconstruction. The Component might also involve pressure on health sector staff and resources.

5.1.2. Component 2: Improve coverage of stimulation and early learning activities

Component 2 will strengthen existing service platforms where appropriate (specifically preschool) and support the expansion of existing PSS-financed home visiting program to increase dosage, coverage and quality. Minor repairing or maintenance activities may potentially include refurbishment of existing venues for preschool expansion.

Early learning initiatives under Component 2 will potentially involve changes to the existing education regime, with potential associated impacts on resourcing of existing programs.

5.1.3. Component 3: Social assistance for early years' families

Component 3 aims to increase utilization of key ECD services using conditional cash transfers (CCT) as a means to modify care practices and behaviors. This component may involve potential adverse social impacts in beneficiary communities as addressed in more detail in this ESMF.

5.1.4. Component 4: Strengthening the multisectoral ECD system and Project Management

Component 4 aims to support the systems functions and activities necessary to sustain an effective multisectoral ECD program. The component will support the OCS in leading and coordinating an ECD program based on evidence-based best practice through TA activities and support for operational costs. It is effectively a service delivery and Project Management Component.

5.2. Assessment of Social and Environmental Impacts

The Social Specialist's stand-alone report is appended to this ESMF document, as Annex 2. Table 1 provides a set of social and environmental impacts identified as a consequence of the ECD Project, along with associated mitigation measures which are able to be implemented within the scope of the Project.

Table 1: Assessment of Environmental and Social Impacts of the Proposed RMI Multisectoral Early Childhood Development Project

Component/Sub-component	Positive impacts		Negative impacts	
	Positive	Enhancement	Negative	Mitigation
1. Improve coverage of essential RMNCH-N services				
Revised RMNCH-N Service Package	Improved reproductive health and nutrition for early years' families* with women of reproductive age, new born, children and adolescents Reduced maternal and newborn deaths	Raise awareness of women of reproductive age on pre- and post-natal care Carry out relevant disease surveillance as a way of monitoring changes or improvements resulting from the project	1. Pregnant women, particularly in the OI may forego care because they are not comfortable receiving care from a male provider, thus failing to benefit from the revised RMNCH-N package. 2. Promoting greater use of RMNCH-N services may put pressure on current staff, and facility capacity at health facilities in Majuro and Ebeye. 3. Vulnerable persons or those without typical means to access healthcare might miss out.	1. Encourage qualified females to apply as health assistants by improving the compensation, and benefits package (e.g. housing allowances in the OIs) through MOUs between MOHHS and mayors' offices. 2. Intensive and effective information, and education campaigns (IEC) for the target early years families on the revised RMNCH-N focusing on attitude and behavioral change 3. Consider developing birthing facilities in the OI clinics 4. Target delivery at the vulnerable or those without typical means to access healthcare. 5. Design gender sensitive, popular, and culturally appropriate IEC materials
Operations and management	Better trained health workers –increase in number of capable health workers Improved capacity of MOHHS field personnel to undertake project activities on the ground	Recruit better trained health workers Enhance capacity of current health workers to work under the revised RMNCH-N through training	4. Excessive demands on time availability of limited numbers of health workers 5. Overloading of medical facilities for the revised RMNCH-N (e.g., inadequate structures, and medical equipment, etc.).	6. Provide surge support through project to relieve burden on existing health workers until more are recruited. 7. Project financing for equipment and supplies. 8. Enhance capacity of current health workers to work under the revised RMNCH-N 9. Partner with College of the Marshall Islands to provide training and coaching by MOHHS

Component/Sub-component	Positive impacts		Negative impacts	
	Positive	Enhancement	Negative	Mitigation
			6. Health and nutrition status of mothers and children may not improve with present level of knowledge and skills of health/medical personnel 7. Insufficient medical personnel, and maternity and neo-natal hospital facilities to address the needs of mothers, and infants may be associated with worsening of care quality (e.g., increased risks in morbidity, mortality of mothers and infants, etc.) 8. Low awareness on mother, and well-baby care that increase risks in maternal and infant mortality and morbidity 9. Environmental and safety effects associated with any building works.	10. Upgrading of health facilities (e.g. village clinics, updating equipment, etc.). Any upgrades to be undertaken in accordance with ESMP. 11. Conduct training needs assessment, and upgrade, and update knowledge, and skills of health assistants, and other medical personnel 12. Increase capability of staff to monitor and assess health, and nutrition status by identification of appropriate indicators, and installation of a monitoring and evaluation system 13. Provide surge support through project to relieve burden on existing health workers until more skilled, and trained nurses, midwives and doctors are recruited. 14. Close coordination with College of Marshall Islands to strengthen nursing program by increasing number of training hours in actual hospital work 15. Dedicate easily accessible, and comfortable room for pre- and post-natal counselling 16. Develop, and effectively disseminate SBCC materials for pregnant, and lactating mothers as well as for well-baby care 17. Building works (if any) - Environmental and Health and Safety issues to be managed as set out in ESMP (Annex 1).
			10. Increased activity results in increased medical waste disposal requirements – potential for improper disposal of medical waste including sharps	18. Medical wastes to be properly disposed-of in accordance with indicate MOHHS practice which involves daily collection of wastes and incineration with needles recovered and returned to Majuro for destruction. Currently issues with

Component/Sub-component	Positive impacts		Negative impacts	
	Positive	Enhancement	Negative	Mitigation
			generated by the ECD Project, with associated risk to anyone coming into contact with such wastes.	waste incineration on Ebeye. Noted in [Annex 1] 19. World Bank Group EHS Guidelines for Health Care Facilities to be followed.
2. Improve coverage of stimulation and early learning activities				
Enhancing delivery of early stimulation and learning activities	More early years' families are covered by project activities More mothers/ primary caregivers have enhanced skills in providing stimulation and early learning to children More children below 5 years old are developing to be better prepared to enter primary school level	Recruitment of capable teaching aides.	11. ECD training initiatives taking up time for mothers/primary caregivers and potentially intruding on daily routines (notwithstanding that training is proposed to occur only twice per month). 12. Vulnerable children not being able to access benefits due to the time pressures of poorer mothers/primary caregivers who may not have "spare" time. 13. Increased family tensions associated with resentment over mothers' time allocation to training (potential GBV issues).	20. Training through home visits to be carried out in flexible time table and plan ahead with caregivers to be as minimally intrusive as possible to the daily routine or mothers/primary caregivers, and other family members. 21. Agreement in the family for other family members to take on some responsibilities of the mother/primary caregiver to free some time for training. 22. Design gender sensitive, popular, and culturally appropriate IEC materials 23. Ensure adequate early childhood education is available to meet anticipated demand. 24. Gender-sensitivity seminars conducted for fathers that may help support understanding of the importance of training 25. Fathers encourage to participate in the ECD training
Strengthening PSS management and stewardship of ECD services	Trained parent educators to undertake activities with caregivers.	Investing in better capacitated trainers for Caregivers with children below 5	14. Unacceptable increase in teacher workloads. 15. Overcrowding in classrooms.	26. Recruit teachers trained on stimulation and early learning 27. Enhance capacity of current teachers through further training, and mentoring

Component/Sub-component	Positive impacts		Negative impacts	
	Positive	Enhancement	Negative	Mitigation
	Enhanced capacity of current educators who do stimulation and early learning teaching to mothers MOE better familiarity with World Bank system for supported countries	Mothers expected to do activities learned from educators in their respective homes	16. Potential occupational and community safety issues associated with building renovation/construction.	28. Partner with College of the Marshall Islands/USP to strengthen program; graduates to be employed by MOE 29. Construction or upgrading of structures used to undertake activities. 30. Utilize Government land for facility expansion and/or improvement to avoid resettlement. 31. Occupational Health and Safety to be addressed in ESMP [Annex 1]
3. Social assistance for early years' families				
Provision of cash transfers to early years' families	Increased financial capacity to: (i) access services from RMNCH-N, and stimulation and early learning activities (e.g., transportation expenses, clothes, etc.); and (ii) purchase more nutritious food that will help improve health and nutrition for the targeted children 0 to 59 months age. Improved knowledge, and skills of mothers/child caregivers re health and nutrition, and stimulation and early learning Improved health and nutrition of children 0-59 months of age	Project to conduct baseline survey, and studies identifying targeted early years families.	17. Adverse health outcomes for children if cash transfer is spent for other family's needs and expenditures unrelated to nutrition, and health, (e.g. vices, entertainment, etc.) of mother, and children 18. Increase in occurrence of violence (gender-based violence "GBV") on mothers/child caregivers to take possession of cash transfers 19. Domestic conflicts arising from target of cash advances and cultural practices of male spouse or other male (or female) household members	32. Implement effective SBCC as part of social preparation to explain that only the selected needy and cash-strapped will be given the assistance that would help improve specifically maternal and child health. 33. As part of social preparation within the community, plan and implement effective SBCC among families of the same clan explaining carefully the purpose of the cash transfer targeting the most needy and vulnerable. 34. Design gender sensitive, popular, and culturally appropriate IEC materials 35. Set conditionalities on selected beneficiaries for them to be selected and remain in the project. 36. Develop transparent criteria for recipients to meet in order to receive cash; and try to avoid worthy groups / individuals missing out due to their inability to meet the criteria (disability, mother doesn't live with the child,

Component/Sub-component	Positive impacts		Negative impacts	
	Positive	Enhancement	Negative	Mitigation
	Can cover lost income due to time spent for project activities instead		controlling family's finance. 20. Increased domestic conflict between families who receive cash transfer and those who do not. 21. Conflict among family members residing at the same property between those who receive cash and those who do not. 22. Vulnerable persons miss out on benefits and are relatively disadvantaged because they don't meet the thresholds for eligibility - leads to stress and friction in homes and small communities. 23. Family overcrowding from migration to Ebeye/Majuro by new mothers/pregnant women seeking cash disbursements.	remote outer island, unregistered child, other vulnerable groups etc.). 37. Explore possibility of using vouchers instead of cash to exchange for goods and services to be availed 38. Consider feasibility of adopting a monitoring system of use of cash disbursed or vouchers distributed 39. Conduct practical financial management training to mothers, fathers and other male/female household members 40. Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable
Strengthening establishment and delivery	Capable ministry personnel, and local government representatives to implement project from planning, implementation, and monitoring Opportunity for capable local financial	Enhance capacity of ministry, and local government responsible to: (i) conduct baseline, and studies through training, and mentoring; and (ii) project planning, implementation, and monitoring	24. Exclusion and inclusion errors in targeting of beneficiaries. 25. Poor distribution outcomes owing to financial institution limitations to disburse cash transfers, or in case of use of vouchers, no institution	41. Implement affective SBCC on correct spending or sound financial management. 42. MOCIA to monitor the spending and institute checks on targeting as well as to mothers or family spending. 43. Recruit, and train ministry personnel, and local government representatives to undertake activities in all phases of the project cycle.

Component/Sub-component	Positive impacts		Negative impacts	
	Positive	Enhancement	Negative	Mitigation
	institutions to serve as government arm to disburse fund directly to target families	Enhance capacity of local financial institutions to become partners in project planning, implementation, and monitoring	available to serve as arm of government to act as intermediary.	44. Partner with BOMI to ensure efficient cash disbursements; and ensure BOMI meets commitments to waive bank charges, and other fees that can burden the beneficiaries; offered to conduct social preparation intervention for beneficiaries by way of orientation sessions 45. Strengthen MOCIA capacity to manage, and implement cash transfer component through training, and mentoring.
4. Strengthening the multisectoral ECD system and Project Management				
Early childhood development (ECD) coordination and institutional strengthening	Shared national Early Child Development strategy among participating ministries and offices More visibility of ministry and/or local government personnel undertaking work for the targeted community mothers and children on early childhood development resulting to increased confidence of the community to the government Strong working relationships formed between ministries with the Offices of the President and the Chief Secretary in the lead	Office of the Chief Secretary and Ministry of Finance supported by the Consultants to lead in orientation, training, and guidance of MOE, MOHHS, and MOCIA personnel among others to strengthen coordination work, reporting of progress, and identify and collectively address issues and constraints that may crop up during projects implementation	26. Inefficiencies caused by low morale of and overburdened government personnel designated to undertake project activities. 27. Family's anxiety over the impending end of project (under RMNCH-N, early learning interventions, and cash transfers).	46. Explore the possibility of providing allowances to designated personnel as incentive 47. Early on in the project, plan and design project exit in terms of determining when beneficiary families will graduate from the program.

Component/Sub-component	Positive impacts		Negative impacts	
	Positive	Enhancement	Negative	Mitigation
	Familiarity with World Bank systems and requirements that may pave the way for more support in the future			
Project management and coordination (PIU)	-availability of personnel of mandated ministries, and more importantly presence of Office of the Chief Secretary to head the implementation of the project -access to development assistance funds for child early development and nutrition -opportunity to partner with non-government organizations (NGO) and civil society organizations (CSOs) to be involved in the entire project cycle	-organize PIU with members from consultants and government counterparts with clear delineation of roles and responsibilities, and assurance of funding, and counterpartying, if so warranted -establish mechanism of coordination such as an inter-agency coordination (IAC) committee with clear roles and responsibilities of each member, plan of action, and milestones	28. Added competition among the various projects/programs of the Office of Chief Secretary competing for attention, and personnel allocation 29. Added demands on low capacity offices and ministries involved in the implementation of the project 30. Inefficiencies caused by uncoordinated efforts of offices and ministries involved. 31. Ebeye Project service provision may be jeopardized as a consequence of remoteness.	48. Offices, and ministries to appoint dedicated personnel to carry out project activities where individual outputs are spelled out in each of the personnel's key result areas (KRA) for every quarter 49. Strengthen capacity of designated ministry and/or local government personnel to undertake project activities. 50. employ strengthening activities for Inter Agency Coordination such as regular periodic meetings on project implementation progress 51. Ebeye Coordinator to be included in Project – perhaps an Ebeye sub-committee.

5.3. Positive and beneficial impacts

The potential socio-economic benefits of improving ECD outcomes in RMI are significant. At the individual level, chronic malnutrition in children is estimated to reduce a person's potential lifetime earnings by at least 10 percent (World Bank 2006). With one-third (35 percent) of children under 5 experiencing low height-for-age (an indicator of chronic malnutrition), the aggregate potential earnings lost annually is immense.

Improved supply of RMNCH-N services and early learning activities in RMI has positive implications for the physical, cognitive, linguistic and socio-emotional development of individuals and long-term well-being and growth, with benefits disproportionately accruing to the most vulnerable, with child stunting prevalence twice as high among children in the poorest households (44 percent), compared to the wealthiest (20 percent). This has the potential to allow generations of individuals and communities to escape from a cycle of hardship.

Relatively modest investments in the supply of RMNCH-N services and early learning activities will pay large economic dividends. At present, there is limited availability of reproductive, maternal, newborn, child, and adolescent health and nutrition services, particularly for those in the OI. There is a direct link between access to these services and brain development, which ultimately impacts health, behavior and Projected lifetime income. Moreover, there is evidence to suggest that early childhood stimulation and play-based learning can both help the transition into the workforce later in life and increase wage earnings by up to 25 percent. The economic returns to these investments, compared to the cost of service provision, is significant across all countries where rigorous impact evaluations have been undertaken.

5.4. Roles and Responsibilities and Timing

Table 2 provides a framework for indicating how mitigation measures will be implemented, including that if they are within the project design who has responsibility for consideration.

Responsibilities, comments and dates in Table 2 have been left blank. It is envisaged that the PIU, Project Manager and SBCC Advocacy person will develop details of this mitigation action plan as the project develops.

Table 2: E&S Impact Mitigation Measures associated with the Proposed RMI Multisectoral Early Childhood Development Project

	Mitigation measure	Responsible Agency/Person	Comments	Due Date
1. Improve coverage of essential RMNCH-N services				
Revised RMNCH-N Service Package	1. Encourage qualified females to apply as health assistants by improving the compensation, and benefits package (e.g. housing allowances in the OIs through MOUs between MOHHS and mayors' offices.			
	2. Intensive and effective information, and education campaigns (IEC) for the target early years' families on the revised RMNCH-N focusing on attitude and behavioral change			
	3. Consider developing birthing facilities in the OI clinics			
	4. Target delivery at the vulnerable or those without typical means to access healthcare.			
	5. Design gender sensitive, popular, and culturally appropriate IEC materials			
Operations and Management	6. Provide surge support through project to relieve burden on existing health workers until more are recruited.			
	7. Project financing for equipment and supplies.			
	8. Enhance capacity of current health workers to work under the revised RMNCH-N			
	9. Partner with College of the Marshall Islands to provide training and coaching by MOHHS			
	10. Upgrading of health facilities (e.g. village clinics, updating equipment, etc.). Any upgrades to be undertaken in accordance with ESMP.			
	11. Conduct training needs assessment, and upgrade, and update knowledge, and skills of health assistants, and other medical personnel			
	12. Increase capability of staff to monitor and assess health, and nutrition status by identification of appropriate indicators, and installation of a monitoring and evaluation system			
	13. Provide surge support through project to relieve burden on existing health workers until more skilled, and trained nurses, midwives and doctors are recruited.			
	14. Close coordination with College of Marshall Islands to strengthen nursing program by increasing number of			

	Mitigation measure	Responsible Agency/Person	Comments	Due Date
	training hours in actual hospital work			
	15. Dedicate easily accessible, and comfortable room for pre- and post-natal counselling			
	16. Develop, and effectively disseminate SBCC materials for pregnant, and lactating mothers as well as for well-baby care			
	17. Building works (if any) - Environmental and Health and Safety issues to be managed as set out in ESMP (Annex 1).			
	18. Medical wastes to be properly disposed-of in accordance with indicate MOHHS practice which involves daily collection of wastes and incineration with needles recovered and returned to Majuro for destruction. Currently issues with waste incineration on Ebeye. Noted in [Annex 1]			
	19. World Bank Group EHS Guidelines for Health Care Facilities to be followed.			
2. Improve coverage of stimulation and early learning activities				
	20. Training through home visits to be carried out in flexible time table and plan ahead with caregivers to be as minimally and seminars to be carried out as less intrusive as possible to the daily routine or mothers/primary caregivers, and other family members.			
Enhancing delivery of early stimulation and learning activities	21. Agreement in the family for other family members to take on some responsibilities of the mother/primary caregiver to free some time for training.			
	22. Design gender sensitive, popular, and culturally appropriate IEC materials			
	23. Ensure adequate early childhood education is available to meet anticipated demand.			
	24. Gender-sensitivity seminars conducted for fathers that may help support understanding of the importance of training			
	25. Fathers encouraged to participate in the ECD training			
	26. Recruit teaching aides trained in stimulation and early learning			
Strengthening PSS management and stewardship of ECD	27. Enhance capacity of teaching aides through further training, and mentoring			
	28. Partner with College of the Marshall Islands/USP to			

	Mitigation measure	Responsible Agency/Person	Comments	Due Date
services	strengthen ECE Certificate program; graduates to be employed by MOE and/or WUTMI			
	29. Construction or upgrading of structures used to undertake activities.			
	30. Utilize Government land for facility expansion and/or improvement to avoid resettlement.			
	31. Occupational Health and Safety to be addressed in ESMP [Annex 1]			
3. Social assistance for early years' families				
Provision of cash transfers to early years' families	32. Implement effective SBCC as part of social preparation to explain that only the selected needy and cash-strapped will be given the assistance			
	33. As part of social preparation within the community, plan and implement effective SBCC among families of the same clan explaining carefully the purpose of the cash transfer targeting the most needy and vulnerable.			
	34. Design gender sensitive, popular, and culturally appropriate IEC materials.			
	35. Set conditionalities on selected beneficiaries for them to be selected and remain in the project.25. Design gender sensitive, popular, and culturally appropriate IEC materials			
	36. Develop transparent criteria for recipients to meet in order to receive cash; and try to avoid worthy groups / individuals missing out due to their inability to meet the criteria (disability, mother doesn't live with the child, remote outer island, unregistered child, other vulnerable groups etc.).			
	37. Explore possibility of using vouchers instead of cash to exchange for goods and services to be availed			
	38. Consider feasibility of adopting a monitoring system of use of cash disbursed or vouchers distributed			
	39. Conduct practical financial management training to mothers, fathers and other male/female household members			
	40. Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable			

	Mitigation measure	Responsible Agency/Person	Comments	Due Date
Strengthening establishment and delivery	41. Implement affective SBCC on correct spending or sound financial management.			
	42. MOCIA to monitor the spending and institute checks on targeting as well as to mothers or family spending			
	43. Recruit, and train ministry personnel, and local government representatives to undertake activities in all phases of the project cycle.			
	44. Partner with BOMI to ensure efficient cash disbursements; and ensure BOMI meets commitments to waive bank charges, and other fees that can burden the beneficiaries; offered to conduct social preparation intervention for beneficiaries by way of orientation sessions			
	45. Strengthen MOCIA capacity to manage, and implement cash transfer component through training, and mentoring.			
4. Strengthening the multisectoral ECD system and Project Management				
Early childhood development (ECD) coordination and institutional strengthening	46. Explore the possibility of providing allowances to designated personnel as incentive			
	47. Early on in the project, plan and design project exit in terms of determining when beneficiary families will graduate from the program.			
Project management and coordination (PIU)	48. Offices, and ministries to appoint dedicated personnel to carry out project activities where individual outputs are spelled out in each of the personnel's key result areas (KRA) for every quarter			
	49. Strengthen capacity of designated ministry and/or local government personnel to undertake project activities.			
	50. Employ strengthening activities for Inter Agency Coordination such as regular periodic meetings on project implementation progress.			
	51. Ebeye Coordinator to be included in Project – perhaps an Ebeye sub-committee.			

5.5. Environmental and Social Management Process

5.5.1. Sub-project, TA or Services - Screening & Safeguards Implementation Process

The Project involves development of sub-projects, Technical Assistance ("TA") or development of services (collectively termed "**sub-projects and associated elements**" in this ESMF).

This section sets out a process for screening sub-projects and associated elements during project implementation.

Any sub-project and associated elements developed during the Project should be evaluated according to the screening process shown in **Error! Reference source n ot found.** and described below, to determine the potential risk of associated environmental and social impacts, and associated mitigation options.

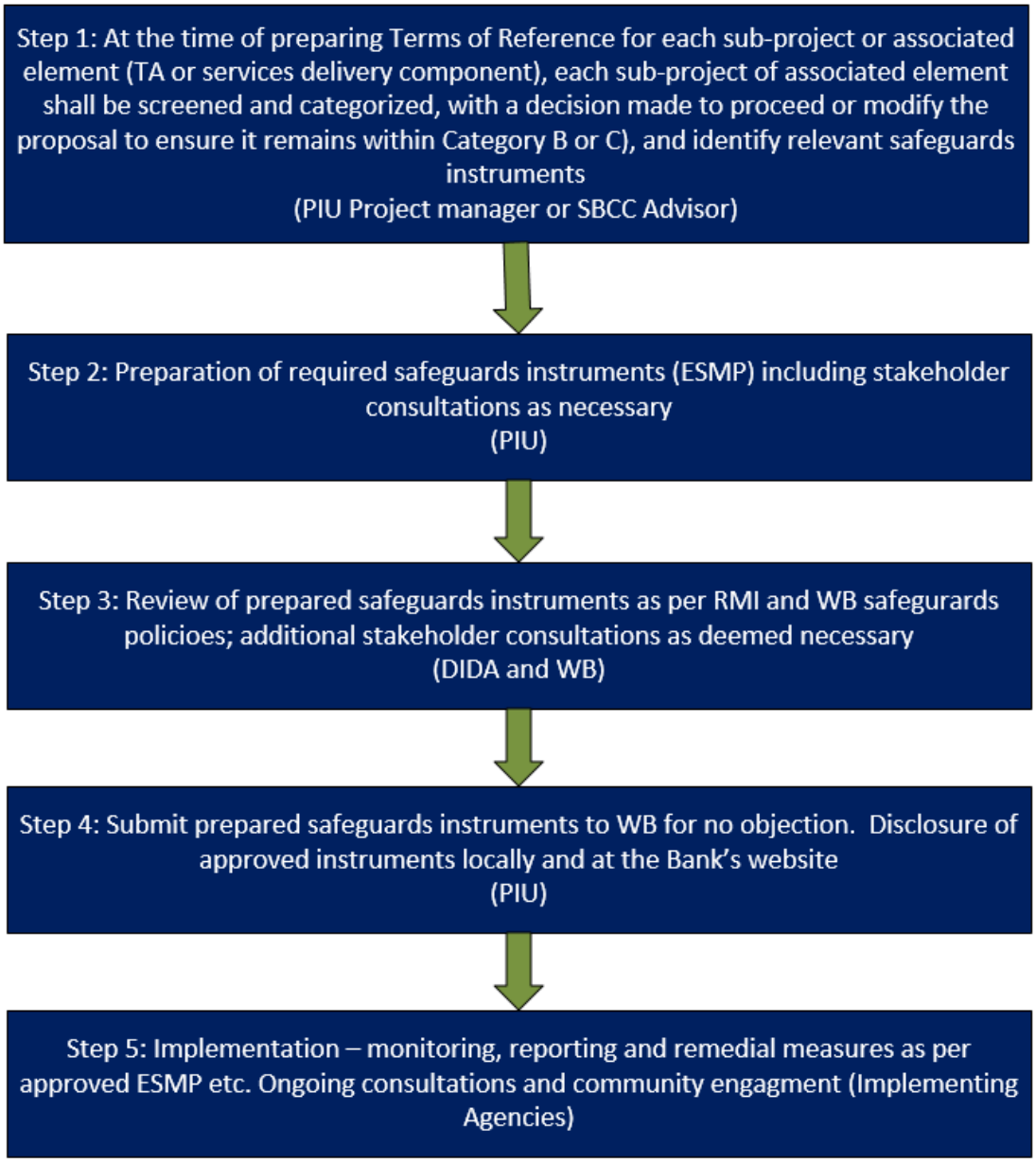

Figure 1: ESMF Screening Procedure for sub-projects/TA/Services Development

Broadly, these sub-project and associated elements impacts would be expected to arise from externalities such as building works; potential adverse impacts on institutional capacity; potential adverse social interactions among family members.

The Environment and Social Management Process takes into account the relevant laws and policies of RMI and the World Bank Safeguards Policies.

5.5.2. Step 1: Screening Review and Determination of Safeguard Instruments

Activities associated with each sub-project and associated elements will be screened by the PIU Project Manager (or delegated to SBCC advisor) to assess whether the subproject will create any of the environmental and social risks identified in Table 1.

This screening shall be undertaken at the point at which TOR are prepared for the sub-project or associated element. This will ensure all relevant matters can be taken into account when TOR are finalized.

Primary environmental focus will be on activities with externalities such as building works if necessary; primary social impact focus will be on activities giving rise adverse impacts on institutional capacity; or activities which are likely to result in adverse social interactions among family members.

Reference should be made in each case to the mitigation measures identified in Table 2.

Any new impacts shall be noted, and associated mitigation measures shall be developed.

Each sub-project or associated element is screened for Categorization (A,B,C), since the detailed nature and scale of subprojects are not known at the time of project preparation. If screening indicates Cat A then that element will not be eligible for funding, since the risks are higher than what was appraised at project preparation. The TOR for that element will need to be modified to ensure compliance with Cat B and C which are eligible for funding.

This is an adaptive management project, and consequently there is the possibility that the project could diverge away from what has been screened in this ESMF. The ESMF recognizes a need for such flexibility, but “subproject and associated element categorization” ensures that all projects/programmes etc. under the project will meet WB safeguards requirements, including preparation of an ESMP as necessary, perhaps a waste management plan or inclusion of OH&S clauses in contracts/TOR. For TA, the minimum requirement will be that compliance with WB policies and the project ESMF is included in the TOR.

5.5.3. Step 2: Preparation of safeguards instruments

The same basic approach applies for Services/Programme elements and Construction/Renovation elements – after each element is assessed in Step 1 against the impacts identified in Table 1 of the ESMF and associated mitigation steps (Table 2), relevant safeguard instruments are prepared as appropriate.

For TA: a clause should be inserted in the TOR requiring (as a minimum) compliance with ESMF and policies. Specific clauses may be required to ensure mitigation measures from Table 2 are included in the outputs / recommendations or approaches.

For development of programmes/projects for education and health interventions Step 1 involves screening for E&S risks for specific issues identified in Table 1. Ensure SBCC integrates mitigation, FGRM, M&E etc. from the ESMF (and/or additional screening) into the work plan, roles and responsibilities etc. Ensure project management and implementation integrates mitigation, FGRM, M&E etc. into the

work plan.

Stakeholder consultations will be necessary for physical works only.

For services with hazardous/medical waste a Waste Management Plan will be required (Annex 1).

The PIU will be responsible for preparing relevant safeguards documentation and undertaking stakeholder consultations as necessary.

A template EMSP is provided in Annex 1.

5.5.4. Step 3: Review of prepared safeguards instruments as per WB Safeguards Policies

The WB Safeguards Team will review all prepared safeguards instruments to determine their adequacy vis-à-vis the Bank's safeguards policies. The review will ensure that the ESMP is consistent with WB's requirements. Apply for Environmental Permit at this time if relevant.

5.5.5. Step 4: Submit prepared safeguards instruments to WB for no objection and Disclosure.

The PIU will submit the prepared instruments to the WB once reviewed and finalized, for a WB no objections letter (NOL). On receipt of the 'NOL', the PIU will proceed with disclosing the instruments locally. Disclosure is intended to support the decision making by RMI and the Bank by allowing the public access to information on the environment and social aspects of projects.

The Bank will also disclose the same safeguards instruments on its website.

5.5.6. Step 5: Implementation and Monitoring

Projects are implemented according to ESMP (if required), including ensuring Contractor's bid documents include the ESMP, supervision of Contractors. Roles and responsibilities are clearly explained, DIDA will provide training as relevant, and suitable budgets are allocated.

During project implementation, PIU monitors progress and reports on

(a) compliance with measures agreed with the Bank on the basis of the findings and results of the EA, including implementation of any ESMP, as set out in the project documents;

(b) the status of mitigation measures, and

(c) the findings of monitoring programs.

The Bank bases supervision of the Project's environmental and social aspects on the findings and recommendations of the EA, including measures set out in the legal agreement, any ESMP, and other project documents. It is important that PIU's monitoring tracks progress of measures addressing these recommendations.

The full arrangements for implementation, monitoring and reporting are discussed below.

6. Consultations

Consultation is mandated by OP/BP 4.01 Environment Assessment. Consultation required for is a two-way process in which beneficiaries provide advice and input on the design of proposed projects that affect their lives and environment.

6.1. Stakeholder Engagement during Project Preparation

During Project preparation, discussions were held between the implementing

agencies and various stakeholder RMI Government agencies, along with and the World Bank team. A number of focus group discussions were held with communities and stakeholders in Majuro, Ebeye and Arno, and local governments in Majuro, Ebeye and OI to discuss the proposed Project, and seek advice and guidance on key elements of the Project design, particularly related to access to and understanding of health and early stimulation and learning services, and perceptions on different kinds of social assistance being proposed under the Project. Annex 3 identifies stakeholders consulted during project preparation.

Project inception discussions provided useful insights into challenges and perceptions of the agencies and communities consulted and were used to inform Project design. They helped with understanding the needs of the implementing agencies and communities, and especially the social assistance proposed under Component 3.

Preparation of this ESMF has also involved consultations with stakeholders to inform this assessment. Meetings held, and meeting notes are set out in Annex 4.

6.2. Stakeholder Engagement during Project Implementation

The Project is designed to incorporate adaptive learning, which will inform modifications to Project activities during the life of the Project and scale up of successful interventions.

Adaptive learning involves close monitoring of issues and outcomes associated with early stages of the project, analysis of issues and patterns emerging and refinement to project protocols to avoid or minimize future adverse impacts.

The stakeholder engagement process is a critical component of this adaptive learning element, providing a formal monitoring component.

During Project implementation, monitoring systems will be setup and used to identify successes and issues related to Project activities, and will include the GRM, (refer Section 7.3) together providing a useful platform for citizen/beneficiary input into adaptation of the Project as it progresses.

6.3. Stakeholder Engagement Plan

6.3.1. Introduction

The Stakeholder Engagement Plan will reflect the project SBCC programme and the role of the SBCC and Advocacy Advisor. The SEP will need to be fully integrated with the SBCC programme and not be a stand-alone document.

6.3.2. Stakeholders

Key stakeholders identified in the project so far are:

- Office of the President
- Ministry of Foreign Affairs and Trades
- Minister in Assistance to the President and Environment
- Ministry of Culture and Internal Affairs
- Ministry of Education
- Public School System
- Ministry of Finance
- Ministry of Health and Human Services
- Office of Chief Secretary
- Bank of Marshall Islands
- Chamber of Commerce
- Economic Policy and Planning Statistics Office

- International Organization for Migration (IOM)
- KAJUR
- KALGOV
- KDC/KAJUR
- LDS Church
- MISSA/CHC Board
- Office of Commerce and Investment
- PII
- Public Service Commission
- Taiwan Health Center
- UNICEF
- US DOI
- US Embassy
- Wellness Center

6.3.3. Plan Content

A Stakeholder Engagement Plan (SEP) will be prepared by the PIU, following engagement of the SBCC and Advocacy person. The SEP will:

- Confirm institutional, Governmental, non-governmental, commercial and community stakeholders at the National, Provincial and urban levels. Stakeholders include beneficiaries and negatively affected parties.
- Identify the ways to engage the stakeholders in the key outputs of the project:
- Identify the roles and responsibilities for stakeholder engagement for MOF, MOHSS, MOE, MOCIA, and other relevant agencies, consultants and other activities' or subproject proponents.
- Provide for regular monitoring and evaluation of project issues, outcomes and feedback with a subsequent review phase to enable the ECD Project to be adaptively refined.
- Be based on principles for meaningful engagement and encourage participation, not just communication. Such as:
  - Allowing people / communities to openly express their preferences or concerns without intimidation or trepidation;
  - Consulting with people on 'their terms' (language, time, location, methods, etc.)
  - Engaging women and vulnerable community members who may not be able to engage through the usual methods of communications.
  - In a timely manner – allowing enough time for stakeholders to prepare and participate, and their contributions can be integrated into project design and other outputs.
  - Keeping accurate records of attendance and information shared. (Date, location, list of participants (including gender, role/title), summary of issues discussed, and outcomes agreed).
  - How stakeholder contributions will be integrated into plans and designs.
  - Budget for staff/ consultants, venue hire and catering, materials etc.
  - Programme for implementation which should incorporate relevant mitigation measures set out in Table 2.

7. Grievance Redress

7.1. Introduction

The Grievance Redress Mechanism (GRM) for the ECD Project will serve two purposes:

(1) To record and address any complaints that may arise during the implementation phase of the project and/or any future operational issues that have the potential to be designed out during implementation phase.

(2) To act as a feedback mechanism to help with adaptive management of the ECD Project.

The GRM will address concerns and complaints promptly and transparently with no impacts (cost, discrimination) for any reports made by project affected people (APs). The GRM works within existing legal and cultural frameworks, providing an additional opportunity to resolve grievances at the local, project level.

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to the project-level grievance redress mechanism[15] described below.

The purpose of the GRM is to record and address any complaints that may arise during the implementation phase of the project and/or any future operational issues that have the potential to be designed out during implementation phase. The GRM is designed to address concerns and complaints promptly and transparently with no impacts (cost, discrimination) for any reports made by project affected people (APs).

The GRM works within existing legal and cultural frameworks, providing an additional opportunity to resolve grievances at the local, project level.

The key objectives of the GRM are:
- Record, categorize and prioritize the grievances;
- Settle the grievances via consultation with all stakeholders (and inform those stakeholders of the solutions);
- Forward any unresolved cases to the relevant authority.
- Provide a focal point for recipient and third-party feedback and concerns relating to the project, and thereby inform Implementing Agencies on areas warranting adaptive management intervention.

7.2. RMI Judiciary Level Grievances

The project level process will not impede affected persons access to the RMI legal system. At any time, a complainant may take the matter to the appropriate legal or judicial authority as per the laws of the Republic of the Marshall Islands.

7.3. Grievance Redress Mechanism

The following grievance redress mechanism (GRM) shall be put in place to collect feedback on the various services, register, address and resolve complaints and grievances raised by stakeholders during implementation of the Project. Contractors are required to adhere to this formal process.

Complaints and feedback may be submitted in person, via telephone, electronically, in letter to the Implementing Agencies, or the PIU or DIDA. Anonymous feedback

[15] Alternatively, aggrieved parties may submit complaints to the WB's Grievance Redress Service (GRS) see: *http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service.* For information on how to submit complaints to the World Bank Inspection Panel, please visit *www.inspectionpanel.org*.

and complaints may be received. For particular programmes or campaigns, feedback may be collected via surveys, interviews or other mechanisms. The mechanism will be flexible enough to collect feedback and complaints by any of these means.

All complaints and feedback must be formally registered in the GRM complaint/feedback register. Should a complaint be received by Project personnel directly, they will endeavour to resolve it immediately and submit notification of the complaints and resolution to the PIU for entry into the complaints/feedback register.

Feedback

General project feedback will be recorded in the Grievance/Feedback Register by the PIU. This information will be fed back to the relevant Implementing Agency / PIU staff members during the project to provide input back into the project.

Complaints or Grievances

For all grievances the PIU will be responsible for ensuring that, on receipt of each complaint, the date, time, name and contact details of the complainant (unless anonymous), and the nature of the complaint are recorded in the Complaints/Feedback Register along with the measures to resolve the issue.

The complaint shall be forwarded to the relevant staff member in the PIU or IA to resolve it.

Should any complainant remain unsatisfied with the response of the Project personnel, the complaint will be referred to the ECD Project liaison person at the Implementing Agencies. The ECD Project liaison person will take earnest action to resolve complaints at the earliest time possible by liaising directly with representatives of MOHHS, MOE, MOCIA and their relevant divisions as appropriate. The aggrieved party should be consulted and informed of the course of action being taken, and when a result may be expected. Reporting back to the complainant will be undertaken within a period of two weeks from the date that the complaint was received.

If the ECD Project liaison person at the Implementing Agencies is unable to resolve the complaint to the satisfaction of the aggrieved party, the complaint will then be referred back to the PIU. The PIU will be required to address the concern within 1 month.

Should measures taken by the PIU fail to satisfy the complainant, the aggrieved party is free to take his/her grievance to the RMI Court, and the Court's decision will be final.

Disclosure

To ensure broad public awareness of the grievance mechanism, the Project shall notify stakeholders of up-to-date project information and summarizing the GRM process, including contact details of the relevant Contact Person. Public information bulletins websites and other public information as part of the SBCC process will also include this information. Anyone shall be able to lodge feedback or a complaint.

Grievance/Feedback Follow-up and Resourcing

The SBCC and Advocacy Coordinator will be responsible for stakeholder engagement and GRM activities under the ESMF. This specialist will facilitate the adaptive learning basis of the ECD Project.

8. Institutional Arrangements for Safeguards Implementation

8.1. Project Institutional and Implementation Arrangements

The MOF, MOHHS, MOE and MOCIA and their relevant divisions will be the implementing agencies for the core ECD Project activities as follows:

(a) MOHHS for component 1;

(b) MOE/PSS for component 2;

(c) MOCIA for component 3; and

(d) MOF/DIDA for components 4 and 5 as well as the disbursement and replenishment of the program's Designated Account (DA).

A PIU will be established within OCS responsible for overall coordination, results monitoring, and communicating with the World Bank on Project implementation.

As with other World Bank projects, the CIU will support implementing agencies, as required, with fiduciary, procurement, and safeguards functions associated with the Project implementation.

The highest level of the program's governance is the CC, established by the President to provide high-level leadership and guidance for the RMI's flagship ECD Program. The CC is chaired by the President and comprises the ministers of the three concerned sectoral ministries, with the Chief Secretary serving as secretariat.

The CC will be supported by an ECD Program Steering Committee (PSC), comprised of Secretaries from the relevant line ministries and chaired by the Chief Secretary; the PSC will provide oversight during Project implementation. An ECD Working Group will be formed, chaired by the ECD Program Officer, that will include relevant technical focal points from the implementing line ministries and other relevant agencies (e.g. Economic Policy Planning and Statistics Office, national training institute), staff from the project-financed PIU, and other stakeholders. The working group will facilitate coordination across the RMI's ECD program and will provide technical inputs to the PSC.

Project management will be operating under direct guidance of the ECD SC. As holistic ECD is a new concept in the country and many interventions, systems, and capacities do not yet exist, the PIU will rely heavily on international TA to set up the Project, with the understanding that many of these functions may be readily transferred to line ministry staff in years 3-5 of the Project. The PIU will include (a) ECD Program Officer, internationally recruited; (b) an M&E expert, internationally recruited; (c) a SBCC and Advocacy coordinator, international recruited; and (d) support staff, locally hired. The PIU's functions will be directed by the OCS.

The PIU will be responsible for all core functions of the Project's implementation, management and the coordination of activities of the implementing agencies. Additionally, each line ministry will have one internationally recruited ECD Coordinator plus one locally recruited ECD Coordinator hired as PIU staff to sit within their respective line ministries of MOHHS, MOE, MOCIA. The International ECD Coordinator will work closely with the line ministry's local ECD Coordinator to provide TA to the implementation of the Project's activities and build capacity of the sectoral ministries under the assumption that local staff will take over coordinating responsibilities within the line ministries at the later stage of the Project. ECD Coordinators, both international and local, will jointly report to the relevant line ministry Secretary and the ECD Program Officer/Chief Secretary.

8.2. Safeguards Implementation Arrangements

The ECD Program Officer will be responsible for the ESMF and integrating the requirements into the Program.

9. Disclosure

Requirement for disclosure is mandated by the WB Policy OP/BP 4.01 (Environmental Assessment). MOF/DIDA will ensure the Project ESMF is translated into Marshallese before disclosure on the DIDA website. All instruments prepared under the project will also be disclosed. Other project disclosure activities will happen as part of the stakeholder engagement plan.

10. ESMF Monitoring Evaluation and Reporting

MOF/DIDA through the DIDA Safeguards Specialist will have coordination responsibility for ESMF monitoring and evaluation of progress by the PIU. Regular reports will be prepared by the PIU in regard to implementation progress, for review by the Safeguards Specialist. Reporting to the Bank will be undertaken in accordance with Project reporting process.

11. ESMF Capacity Building

The RMI Government has carried out stakeholder and community consultations during preparation and has prepared this Environmental and Social Management Framework to manage the residual social and environmental impacts from the Early Childhood Development project. The Ministries involved do not have safeguard policy experience, however the Project Implementation Unit (PIU) established to deliver the project will include international and local staff dedicated to social and behavior change and advocacy who will have the capacity and capability to implement the consultations and social mitigation measures from the ESMF. The PIU will draw on the support of the national safeguards advisor in the Central Implementation Unit of the Division of International Development Assistance (DIDA). This person will provide training to the PMU and relevant Ministry staff on how to implement the ESMF and will provide ad hoc specialist support for screening and developing instruments for construction activities, medical waste management etc. during project implementation.

In addition, the SBCC advocacy role involves responsibilities relating to outreach, communications, engagement, M&E etc. for the overall project. The SBCC role includes management of grievances and feedback which will facilitate the adaptive learning basis of the ECD Project.

A “Substantial” overall risk rating during preparation and implementation has been identified in relation to:

(a) limited technical capacity coupled with high turnover rate in implementation agencies;

(b) lack of experience in implementing World Bank projects, including the aspects of procurement and FM;

(c) need to coordinate among various Government ministries and other stakeholders supporting the implementation of the Project, particularly as a multisectoral coordination unit will be set up to implement and monitor activities; and

(d) the Project represents a considerable investment on a per capita basis for RMI. This is also a new engagement for the World Bank in the Pacific with a multisectoral approach to ECD and nutrition.

The Project’s approach to mitigating the institutional capacity risk is to invest heavily in technical capacity building from early on. The Project will finance international advisors to bring in much needed global knowledge and expertise as this is a new area. A key element of the Terms of Reference for the international advisors is to

train and nurture RMI nationals in the different areas of ECD ESMF Implementation

12. Budget

The following is an indicative non-staff budget for implementing the elements of this ESMF, based on best estimates with assumptions of the kind of activities likely to be undertaken in the ECD Project. More detailed budgets will need to be developed for each sub-component, within the umbrella role of the SBCC budget.

Budget Item	**Detail**	**Cost Estimate (USD)**
Stakeholder consultations (for ESMP consultations if necessary	Catering, venue hire, media, materials, travel and accommodation, translation and interpretation services, etc.	15,000
Institutional Training of ESMF	Venue, stationery, refreshments, training materials	15,000
Disclosure of safeguards instruments	Translation, report production, distribution	3,500
Monitoring and reporting	Report production costs (non-staff costs);	10,000
GRM related costs	Within SBCC Budget	0
		Total: 43,500

Annex 1: Environment and Social Management Plan template

This template is relevant for construction/building activities associated with any subproject under the ECD Project that requires a stand-alone ESMP. Potential subprojects are building developments under Component 2 that will occupy small areas and which may have site specific and short-term construction and operational impact.

Use this as a guide for preparing an ESMP that will satisfy World Bank safeguards policy OP/BP4.01 Environmental Assessment.

ECD ESMP TEMPLATE

1. **Introduction**
2. **A brief overview of the project, environmental and social context and purpose of the ESMP.**
3. **Project Description**
4. **Regulatory Context**
   - Marshall Islands Legislation - Solid Waste Regulations 1989
   - World Bank Safeguard Policies OP4.01 Environmental Assessment
5. **Occupational Health and Safety**

4.1 Republic of the Marshall Islands

- RMI joined the International Labour Organization (ILO) in July 2007 and has since ratified two ILO Conventions: The Maritime Labour Convention and the Seafarers' Identity Documents Convention. RMI does not currently have Occupational Health and Safety (OH&S) legislation; however, this is being drafted.
- In the absence of local legislation, OH&S under this project will be regulated through the World Bank Group's Environmental, Health, and Safety Guidelines.

4.2 World Bank General Environmental, Health, and Safety Guidelines

- The World Bank Group's General Environmental, Health, and Safety Guidelines (EHS Guidelines) (World Bank Group, 2007) represent good international practice for managing occupational health and safety (OH&S) risks. The EHS Guidelines contain the performance levels and measures that are generally considered to be achievable in new facilities by existing technology at reasonable costs. The fundamental premise for OH&S under the EHS Guidelines is that "Employers and supervisors are obliged to implement all reasonable precautions to protect the health and safety of workers" and that "Companies should hire contractors that have the technical capability to manage the occupational health and safety issues of their employees…".
- The overall OH&S philosophy embodied in the EHS Guidelines is as follows:
  - Preventive and protective measures should be introduced according to the following order of priority:
  - Eliminating the hazard by removing the activity from the work process. Examples include substitution with less hazardous chemicals, using different manufacturing processes, etc.;
  - Controlling the hazard at its source through use of engineering controls. Examples include local exhaust ventilation, isolation rooms, machine guarding, acoustic insulating, etc.;
  - Minimizing the hazard through design of safe work systems and administrative or institutional control measures. Examples include job rotation, training safe work procedures, lock-out and tag-out, workplace monitoring, limiting exposure or work duration, etc.
  - Providing appropriate personal protective equipment (PPE) in conjunction with training, use, and maintenance of the PPE.

- The EHS Guidelines also require that prevention and control measures to minimise occupational hazards should be based on comprehensive job safety analyses (JSA). The CSU Safeguards Advisor will assist the contractor in undertaking the JSA and preparing its Safety Management Plan.

6. Environmental and Social Management Roles and Responsibilities

6.1 Environmental and Social Training

7. Potential Environmental and Social Impacts and Risks

7.1 Asbestos Containing Material

7.2 Land Access

7.3 Community and Occupational Health and Safety

7.3.1 Community Health and Safety

- The potential risks to community health and safety are associated with the project's construction phase and would mainly comprise minor dust and noise impacts and pedestrian/traffic hazards. The excavation works required for the cable installations are relatively minor and will be limited in duration at any one locality and most of the works will be undertaken. Hence, dust and noise impacts are unlikely to be significant.

7.3.2 Occupational Health and Safety

- The extent and duration of works, the likely workforce involved, and the traffic volumes suggest that the OH&S hazards from construction activities are relatively low.

7.4 Waste Management

- Any management of waste will need a specific waste management plan prepared, with minimisation and recycling/reuse as well as treatment and disposal. This is for construction or for services where waste will be produced.

- The quantities of waste generated from ECD activities are likely to be small. There will be some packaging waste from system components and there may be small quantities of residual excavated material from the building activities (if they are undertaken). While the waste quantities are expected to be limited it is important that all waste is stored, handled and disposed of securely to ensure no leakage into the environment. No hazardous waste is anticipated, with the exception of asbestos waste which is unlikely to be encountered.

- Medical waste will be disposed of in accordance with existing RMI MOH protocols and World Bank Group EHS Guidelines for Health Care Facilities. RMI MOH protocols involve retention or collection of general medical wastes and incineration in local incinerators on outer islands or at the main Majuro incinerator for Majuro wastes. Needles are recovered and returned to Majuro for destruction. The Ebeye Hospital incinerator has not been working since September 2018. Parts have been ordered, and hospital staff have been working with the vendor to expedite delivery.

- If the Ebeye Hospital Incinerator is still not working by the time the programme commences, all medical wastes derived from the ECD Project will need to be separately collected and stored for transport pending disposal at Majuro or other authorized disposal site consistent with World Bank Group EHS Guidelines and RMI laws and regulations. Given the uncertainty around timing of repairs to the Ebeye Hospital incinerator, a specific step in developing the waste management plan under this ESMP will be to identify and select a valid authorized disposal option for project-related medical wastes.

7.5 Water Quality Impacts

- There is no potential for water quality impacts.

7.6 Vegetation Impacts

- There is no potential for vegetation impacts.

8. Risk Assessment and Mitigation Measures

- The risk assessment assesses the likelihood and consequence of the potential impacts identified above with the methodology included in Appendix C. The risk assessments for the various impacts

identified in Section 5 are summarized below based on this methodology. Table 2 is a risk matrix that combines the probability of occurrence of a particular impact with the consequence of the impact to establish the significance of a particular impact. The tables summarise the expected significance of impacts without mitigation, detail the proposed mitigation measures to mitigate the impacts and summarise the residual impact significance following implementation of mitigation measures.

- The assessed significance of the impact can be seen both prior to and after the implementation of mitigation measures. The residual impacts in all cases are considered to be acceptable however this relies on the mitigation measures being satisfactorily implemented by the contractor.

Table 2 Risk Matrix

		PROBABILITY OF OCCURRENCE			
		Improbable	Possible	Probable	Highly probable
CONSEQUENCE OF IMPACT	Minor	VERY LOW	VERY LOW	LOW	LOW
	Moderate	LOW	LOW	MEDIUM	MEDIUM
	Major	MEDIUM	MEDIUM	HIGH	HIGH
	Massive	HIGH	HIGH	VERY HIGH	VERY HIGH

8.1 Worker/public exposure to asbestos during construction

	Extent	Intensity	Duration	Consequence	Probability	Significance	Confidence
Without mitigation	Local 1	High 3	Long-term 3	Major 7	Improbable	**Medium**	Moderate
Mitigation measures: • Where there are "chance finds" of suspected asbestos containing material, construction works should cease immediately at the location and the contractor must seek advice from the CSU Safeguards Advisor on appropriate management measures.							
With mitigation	Local 1	Low 1	Short-term 1	Minor 3	Improbable	**Very low**	High

8.2 Unlawful land access or land acquisition

	Extent	Intensity	Duration	Consequence	Probability	Significance	Confidence
Without mitigation	Wider catchment 2	Medium 2	Long-term 3	Major 7	Improbable	**Medium**	High
Mitigation measures: • Determine the location of any customary land through. • Works to avoid customary land and route cable along Government-leased road verges							

With mitigation	Local 1	Low 1	Short-term 1	Minor 3	Improbable	**Very low**	High

8.3 Community health and safety incidents during construction

	Extent	Intensity	Duration	Consequence	Probability	Significance	Confidence
Without mitigation	Local 1	Medium 2	Long-term 3	Moderate 6	Possible	Low	High
Mitigation measures: • Undertake community and stakeholder consultation prior to construction commencing so residents, employees and business owners are aware of forthcoming works and associated risks.							
With mitigation	Local 1	Low 1	Short-term 1	Minor 3	Possible	Very Low	Medium

8.4 Worker health and safety incidents during construction

	Extent	Intensity	Duration	Consequence	Probability	Significance	Confidence
Without mitigation	Local 1	Medium 2	Long-term 3	Moderate 6	Probable	Medium	High
Mitigation measures: • Contractor prepares and implements Worker Health and Safety Management Plan.							
With mitigation	Local 1	Low 1	Short-term 1	Minor 3	Possible	Very Low	Medium

8.5 Construction waste deposited into the environment

	Extent	Intensity	Duration	Consequence	Probability	Significance	Confidence
Without mitigation	Wider catchment	Medium 2	Medium-term	Moderate 6	Possible	Low	High
	2		2				
Mitigation measures: • Contractor to manage all waste in accordance with the relevant provisions of *Solid Waste Regulations 1989* including requirements for the storage of solid waste such as type of containers. Contractor to provide evidence of satisfactory waste disposal (eg. receipts)							
With mitigation	Local 1	Low 1	Medium-term 2	Minor 4	Possible	Very Low	High

8.6 Contractor Bid Document Environmental, Social, Health and Safety Clauses

- The following environmental, social, health and safety clauses shall be incorporated in the Specifications to the bid documents for the works.

8.6.1 General

- The Contractor shall comply with the Statutory Regulations in force in Republic of the Marshall Islands regarding environmental protection and waste disposal and shall liaise with the responsible national environmental authorities.

8.6.2 Potential Asbestos Containing Material

- If, during the course of construction, materials, structures or other infrastructure is discovered that has the potential to contain asbestos the Contractor should immediately cease works and contact the Safeguards Adviser for advice.

8.6.3 Community and Worker Health and Safety

- The Contractor shall at all times implement all reasonable precautions to prevent and reduce accidents and injuries to staff and workers and protect the health and safety of the community.
- The Contractor shall prepare and implement a Worker Health and Safety Plan commensurate with the identified health and safety hazards.
- The Contractor shall at all times provide and maintain construction plant, equipment and systems of work that are safe and without risks to health. This shall include maintaining equipment, engines, and related electrical installations in good working order; maintaining a clean and tidy work space; providing guards and rails, signals and lighting; providing work site rules, safe working procedures and allocating appropriate places to carry out the work.
- The Contractor shall provide, at his/her own expense, the protective clothing and safety equipment to all staff and labour engaged on the Works to the satisfaction of the Engineer. Such clothing and equipment shall include, as a minimum:
  - high visibility vests for workers directing traffic;
  - protective boots and gloves for the workforce undertaking excavation works;
- If the Contractor fails to provide such clothing and equipment, the Employer shall be entitled to provide the same and recover the costs from the Contractor.
- All the Contractor's personnel shall, before commencing work, have an induction course on safety and health at the site. The information and training shall be on the site and have duration of at least two hours.
- The Contractor shall prepare and implement and Traffic and Pedestrian Management Plan to ensure that any hazards caused by the works are adequately managed.

8.6.4 Waste Management

- The Contractor shall, at all times, keep the construction area, including storage areas used, free from accumulations of waste materials or rubbish.
- All waste shall be stored, handled and disposed in accordance with the requirements of the Solid Waste Regulations 1989 or as otherwise directed by the Engineer.
- All waste water and sewage from construction facilities shall be managed in accordance with local government regulations, and where and when such regulations require it the Contractor shall obtain a permit or other appropriate documentation approving the storage, treatment and disposal methods being used.

8.6.5 Prevention of Water and Air Pollution

- The Contractor's construction activities shall be performed by methods that will prevent entrance, or accidental spillage, of solid matter, contaminants, debris, and other pollutants and wastes into marine waters and underground water sources. Such

pollutants and wastes include, but are not restricted to, refuse, garbage, cement, sanitary waste, and oil and other petroleum products.

- Excavated materials or other construction materials shall not be stockpiled or deposited near or on waterbody perimeters or in a position where stormwater runoff can entrain sediment and cause turbidity in waterbodies.
- Wastewaters from concrete preparation, or other construction operations, shall not enter waterbodies without the use of control methods such as sediment filters.
- During the conduct of construction activities and operation of equipment, the Contractor shall utilise such practicable methods and devices as are reasonably available to control, prevent, and otherwise minimise atmospheric emissions or discharges of air contaminants.
- Equipment and vehicles that show excessive emissions of exhaust gases due to poor engine adjustments, or other inefficient operating conditions, shall not be operated until corrective repairs or adjustments are made.
- During the performance of the construction works the Contractor shall carry out proper and efficient measures wherever and as often as necessary to reduce the dust nuisance, and to prevent dust which has originated from its operations from damaging dwellings, or causing a nuisance to persons.

8.6.6 Preservation of Vegetation

- All trees and other vegetation shall be preserved and shall be protected from damage by the Contractor's construction operations and equipment.;
- Movement of labour and equipment for access to the work shall be performed in a manner to prevent damage to vegetation or property.

8.6.7 Construction Facilities

- The Contractor's workshops, office, and yard area shall be located and arranged in a manner to preserve trees and vegetation and minimise impacts to local communities.
- On completion of works, all temporary buildings, including any concrete footings and slabs, and all construction materials and debris shall be removed from the site.

9. Consultation and Grievance Redress Mechanism

9.1 Stakeholder Engagement Plan

- See ESMF Section 6.

9.3 Grievance Redress Mechanism

- See ESMF Section 7.

Annex 2: Social Impact Assessment Report

Social Impact Assessment
RMI Multisectoral Early Childhood Development Project
23 November 2018

Note that this Social Impact Assessment Report was based on the Project Appraisal Document available at the time the Social Impact study was undertaken. Since then, the PAD has been modified by the WB Project Team. These modifications have been picked up in the body of the ESMF but given the short timeframes involved, not in this Social Impact Assessment. Any difference between the SIA and the body of the ESMF is attributable to the revised PAD

Executive Summary

In July 2018, a World Bank (WB) Mission visited the Republic of the Marshall Islands (RMI) to discuss with the Government a grant assistance to increase coverage and utilization of essential services to improve nutrition and child development. A Project Appraisal Document (PAD) was subsequently crafted to refocus on the objective: to improve coverage[16] of multisectoral early child development services in the RMI. The project is to be called RMI Multisectoral Early Childhood Development Project.

According to WB appraisal in October 2018, human capital formation is at risk in RMI due to (1) poor early life health and nutrition, (2) lack of early stimulation and learning, and (3) childhood exposure to poverty and severe stress. Opportunities for child development are undermined by the following, among others: (1) limited availability, affordability, and consumption of nutritious diets, especially for children from vulnerable households, (2) inadequate access to effective and quality maternal and child health (MCH) services including immunization coverage especially in the outer islands (OIs), (3) insufficient opportunities for early stimulation and early learning, and

[16] Coverage is defined as the ratio of utilization to the eligible population for a particular service in the health and education sectors.

(4) lack of support through formalized social protection (SP). The proposed Project will therefore seek to promote universal coverage of multisectoral early child development (ECD) services by: (1) supporting the government to expand public sector delivery of essential ECD services; (2) providing targeted support to increase coverage and intervention intensity of these services for vulnerable early years families; and (3) strengthening the public sector systems necessary to institutionalize and sustain a multisectoral ECD program.

This Social Impact Assessment (SIA) report discusses the (1) potential positive project impacts, and actions that can be undertaken to enhance benefits that can be derived, and (2) problems, adverse impacts, and the suggested mitigation measures that can be done during the preparation, and design stages of the project.

Project components such as coverage expansion of the Reproductive, Maternal, Neonatal, and Child Health and Nutrition, Stimulation Activities for Early Child Development, and Social Assistance through Conditional Cash Transfers (CCTs) are desired by target mother-beneficiaries, as well as by the ministries, and institutions that will be given the task to implement. The mothers believed that an expanded RMNCH-N will improve their health condition especially their knowledge on how to take care of themselves, and their children. The health personnel on the other hand believe that more knowledge, and skills will definitely reduce risks of maternal, and new born mortality, and morbidity. To enhance the benefits that can be derived, activities to raise awareness of women of reproductive age particularly on pre- and post-natal care are suggested to be carried out. Under the planned improvement of coverage of the early stimulation and learning activities, (1) current teachers will be able to acquire knowledge and skills on ECD for 3 to 4 year old children through training, (2) there will be job opportunity for new teachers with ECD teaching, (3) expansion of ECD to cover children of families under hardship, as well as to the families in OIs, and (4) upgrading of classrooms that will be devoted to ECD. Cash transfers that would augment family budget for their daily needs, while requiring strict qualifications from potential beneficiaries, is projected to improve the financial capacity of mothers from early years families to maximize benefits that can be derived from RMNCH-N learnings, and ECD interventions. Available and capacitated personnel, active participation of other stakeholders in project activities, and effective social and behavior change communication (SBCC) are 3 of the important factors instrumental to achieve CCT project objectives.

Project may likewise have to address probable issues that may impede project performance. Expanding coverage of the RMNCH-N needs to: (1) conduct refresher training to existing health assistants in community clinics, (2) consider hiring female health assistants with improved package of compensation as the predominantly male health assistants inhibit the mothers from seeking health advice, and (3) improve capacity of the maternal wards in Majuro, and Ebeye hospitals, among others. For early stimulation, and learning of children below 5 years old, the following action is proposed to be strongly considered: (1) training of teachers in ECD who are expected to handle the 3 to year old children, (2) hiring of new teachers with ECD experience, (3) hire teachers who will conduct home visits with experience and knowledge in community organizing, and (4) upgrade existing classrooms, and facilities that are accessible, comfortable, safe, and secured for the younger children. For the CCT component, careful preparatory works should be given attention in terms of beneficiary selection. Basis should be a sound assessment of qualification, and selection process. A public awareness campaign, and effective SBCC should be carried out among the people for deeper understanding and appreciation of the intent of CCT, and that is to empower the vulnerable, and the sector experiencing hardship.

The last 2 components of the project, the (1) multisectoral ECD formation, and (2) project management through the establishment of the Project Implementation Unit (PIU) are both

necessary requirements to help ensure that project milestones are accomplished within the 10-year project life. Sustainability of activities, and benefits for the target families is likewise an important task of the institutions to be established, and assisted.

I. RMI Geography, Some Physical Characteristics, and History

The Republic of Marshall Islands (RMI) is located in the Central Pacific Ocean. It 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 km^2 in the Pacific Ocean. It is one of the world's smallest, and most isolated countries. It is vulnerable to climate, and tidal changes. The total sea and land area of the country is approximately 1.94 million square kilometers and 181 square kilometers respectively. The land area is less than 0.01% of the total surface area. RMI share maritime borders with Kiribati, the Federated States of Micronesia, Nauru, and Wake Island. Both sea, and land are chiefly important to the people for livelihood. The climate is tropical-ocean.

Formerly part of the Trust Territory of the Pacific Islands under the United States of America (USA) during World War II, it became an independent nation in 1986. As a Trust Territory, 67 nuclear tests made by the US between 1946 and 1958 at Bikini and Eniwetok atolls exposed thousands of Marshallese to significant radiation hazards.

II. Population

RMI population was estimated at 53,0661[17] in 2016. Average family size is 7.8 persons, the highest among the central pacific countries. Population is concentrated in Majuro, the capital registering at 28,000 while Ebeye the other urban center has a population of 9,614.

Because it is remote and considered as isolated, the Marshallese, to stay healthy depended largely on traditional herbal medicine to treat ailments. It was during the German colonial government established the first public health service in Jaluit area. In the paper "Population Control Measure in Traditional Marshallese Culture", environmental conditions and limited land area resulted to RMI as a marginal settlement land. For these, 19th century European colonizers tried to limit population in accordance to the carrying capacity of the islands and atolls. Relatedly, the limitations set were anchored on the situation that inhabitants depend only on food produced in the island.

III. Traditional Land Ownership

The ownership rights to the land is vested with the 'Iroij', who was the hereditary chief of several clans. Being a matrilineal society, all persons born to a woman inherited the right to cultivate and use land occupied by the clan. The 'Iroij' adjudicated land and lineage disputes as per the customary law and was responsible for the security of his subjects. The long period of isolation and harshness of the environment created a traditional system that is still strong and highly regarded.

IV. Political Structure

The political structure consists of the executive, legislative, judiciary, and public services. The President, and the Cabinet compose the Executive. The Iroji branch of the legislature is responsible for checking filed bills of the Nitijela legislative branch if these are in harmony or in

[17] From the 2011 RMI Census

conflict with traditional or customary law; Iroji is responsible for approving the bill into law. Traditional law appears to operate side by side with the "modern" legislated law. A traditional rights court is consulted by the judiciary branch for rulings on cases. The public service assists the Cabinet in exercising its executive authority. It is headed by the Chief Secretary, and includes the Attorney General, Chairmen of the Public Service Commission, Permanent Secretaries and all other public servants. Although out-numbered to 40 out of 393 council members in RMI in 2002, women have become Mayors in Majuro, Ebon, Jaluit, and Wotje islands/atolls.

V. Culture and Lifestyle

The Marshallese culture is on the whole homogeneous but minor cultural and linguistic differences between Ratak and Ralik chains exist. The Marshallese are a matrilineal society where family ties and mutual reciprocity are very strong despite modern influences. Extended system of family is prevalent and family ties are strong. It is said that religion has played a significant role in shaping the attitude and behavior of the people. Religion was brought by missionaries in the 1830s.

The lifestyle throughout the islands is generally simple and said to be easy going. Due to high wage earnings in non-traditional occupations, development of a cash based economy and the availability of imported western food, food habits have changed unfavorably. The traditional diet of primarily breadfruit, coconut, *pandanus*, taro, fish, chicken and pork is being replaced by canned and processed food. Alcohol, smoking and substance abuse are on the rise particularly amongst the young and as is the crime rate. Combined, life style changes along with changes in the diet, led to increasing incidences of diabetes and its complications. Health situation is transitioning in terms of morbidity and mortality causes. More people die from non-communicable life-style diseases than from communicable diseases.

VI. Legal Framework

RMI subscribes to its Constitution that was effective in 1 May 1979. This was however was amended by referenda in 1908, 1990, and 1991. It provides for, among others, the Bill of Rights where: "Every person has the right to freedom of thought, conscience, and belief; to freedom of speech and of the press; to the free exercise of religion; to freedom of peaceful assembly and association; and to petition the government for a redress of grievances." It also provides for "Equal Protection and Freedom from Discrimination" where: (1) All persons are equal under the law and are entitled to the equal protection of the laws. (2) No law and no executive or judicial action shall, either expressly, or in its practical application, discriminate against any person on the basis of gender, race, color, language, religion, political or other opinion, national or social origin, place of birth, family status or descent.

RMI government has enacted The Domestic Violence Prevention, and Protection Act 2011, the law against domestic violence in the Marshall Islands. It includes the "no drop" policy that says when an incident of domestic violence is reported to the police, an investigation should be undertaken, and pressing of charges is done on the basis of evidence. The investigation, and eventual prosecution of the case is done by authorities (by police and court), with or even without the consent of the complainant. A woman-complainant can file a protection order issued the court that would compel the perpetrator to (i) vacate their common abode, (ii) to stay away from the complainant within a certain distance (e.g., 100 feet away), (iii) refrain from damaging or taking property, and (iv) give up any weapon. Support for women is provided by the following: (i)

WUTMIs[18] Weto in Mour: violence against women support service, (ii) Domestic Violence Prevention Unit (National Police), (iii) Ministry of Health and Human Services (MOHHS) Emergency Department, (iv) Ministry of Culture and Internal Affairs – Child Rights Office, (v) Micronesian Legal Service Corporation, and (vi) the International Organization for Migration. Each office provides a hotline number where the aggrieved can lodge a complaint. WUTMI has produced leaflets on Domestic Violence and Womens Rights, and on profile and mission of the Weto in Mour as part of public awareness campaigns, and social and behavior change communication (SBCC).

VII. Need for Project

Preliminary assessment in the World Bank project appraisal (October 2018) with reference to data from 2017 Integrated Child Health and Nutrition Survey (ICHNS) shows that human capital formation are at risk in RMI due to (i) poor early life health and nutrition, (ii) lack of early stimulation and learning, and (iii) childhood exposure to poverty and severe stress. Child stunting, or low height-for-age and an indicator of chronic malnutrition, affects over one-third (35 percent) of children under age 5 while 1 in 10 children are severely stunted. Twelve percent (12%) of recently born children age 0-59 months were estimated to have low birth weight at birth. Physical health and growth, literacy and numeracy skills, socio-emotional development, and readiness to learn are vital domains of a child's overall development. Opportunities for child development are undermined by the following, among others: (i) limited availability, affordability, and consumption of nutritious diets, especially for children from vulnerable households, (ii) inadequate access to effective and quality maternal and child health (MCH) services including immunization coverage especially in the outer islands (OIs), (iii) insufficient opportunities for early stimulation and early learning, and (iv) lack of support through formalized social protection (SP). Apart from the benefit pension scheme for formal sector workers, and primary school children feeding program in Majuro, there are no formal social protection (SP) programs to support vulnerable groups (the poor, informal sector elderly, disabled etc.). The assessment further notes that, the prevalence of 'hardship'[19] in RMI is among the highest for Pacific island Countries (PICs). Across most PICs, 20 to 30 percent of the population lives below the nationally-defined hardship threshold; for RMI, hardship is experienced by 51.1 percent of the population.

Other factors mentioned contributing to deficiencies in early child development (ECD), but nevertheless should be supported by the proposed project are: (i) teenage pregnancy, and early child-bearing, (ii) no national policy and standards on early childhood care, and education, and (iii) parent/child carer interaction with the children in the home does not appear to fill in the lack of ECD program. It is claimed that there is low awareness of the importance of early child stimulation, health, and nutrition among the population.

In the same assessment report, RMI health system is lacking in many of the core building blocks needed to ensure access to effective and good quality primary health care services. Primary health care includes a public health 'zone nurse' system aligned with each urban center hospital, 54 community health centers[20], and Outer Islands' (OIs) mobile health missions. However, the

[18] Women United Together Marshall Islands (WUTMI) a NGO whose aim is to foster women empowerment, and advancement.
[19] The term 'hardship' relates specifically to national poverty measures. Incidence of 'hardship' is defined as the proportion of the population whose expenditure is below a threshold that includes an allowance for minimum food and non-food needs.
[20] Community health centers do preventive, promotive, and essential clinical health services and are staffed by full-time Health Assistants (high school graduates, majority male, who are trained to provide basic services but are reported to have insufficient professional competencies). However, there are cultural challenges related to the acceptability of male health assistants providing RMNCAH-N services, and for this reason many women on OI often: (a) don't seek preventive/promotive services; (b) see traditional providers; or (c) travel to Ebeye/Majuro and for only the most essential RMNCAH-N services.

Ministry of Health and Human Services (MOHHS) staff report challenges in the availability and distribution of human resources, in facilitating communication across programs and providers, and ensuring adequate supervision. Likewise, there are limited options to address poor health and nutrition behaviors through child care givers in the community.

The President of RMI as a response for the need to boost investment in human capital has established a Cabinet Committee on ECD (CC) to provide high-level leadership and guidance for the flagship ECD Program.

VIII. The Proposed Project

The Project Development Objective (PDO) of the RMI Multisectoral Early Childhood Development Project is to improve coverage of multisectoral early child development services in the RMI.

The Project seeks to promote universal coverage of multisectoral ECD services by: (i) supporting the government to expand public sector delivery of essential ECD services; (ii) providing targeted support to increase coverage and intervention intensity of these services for vulnerable early years families; and (iii) strengthening the public sector systems necessary to institutionalize and sustain a multisectoral ECD program.

The achievement of the objective will be measured through the following indicators:

(1) Share of women who have had at least one ANC visit by a skilled provider during the first trimester;
(2) Share of children aged 0-2 years who receive at least 1 well-child visit every two months;
(3) Share of children aged 0-59 months attending ECD services;
(4) Share of target caregivers routinely engaging in stimulation activities with their children aged 0-59 months.

Under the Project, essential ECD services target the period between pregnancy and the transition to kindergarten (at age 5); families with at least one member in this target group will be considered “early years families.” Essential ECD services include: (i) essential RMNCH-N services focused on the first 1,000 days of life between pregnancy and age two; and (ii) essential stimulation and early learning services to children’s cognitive and socio-economic development and facilitate children’s readiness to enter primary school. Vulnerable early years families will be identified using a contextually-adapted hardship targeting mechanism developed under the Project.

The PDO will be achieved through four main components:

Component 1: Improve Coverage of Essential RMNCH-N Services

Component 2: Improve Coverage of Stimulation And Early Learning Activities

Component 3: Social Assistance for Early Years Families

Component 4: Strengthening the Multisectoral ECD System

More specifically:

Component 1: Improve Coverage of Essential RMNCH-N Services. This **aims to improve the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2).** Adolescent girls, women of reproductive age and children aged 2-5 years will be secondary target groups, with interventions for these populations incorporated in an opportunistic manner and/or in later stages of Project implementation. The component seeks to both strengthen the package of services provided and alleviate supply- and demand- side barriers to the use of this package of services. The first two years of the Project will focus on alleviating key pressure points to ensure adequate coverage of a revised and evidence-based package of RMNCH-N services in the Majuro/Ebeye Hospitals. Recognizing that greater scope and scale will be needed to re-orient services delivery towards the frontlines and accelerate RMNCH-N outcomes, the component will also support a suite of technical assistance (TA) activities to identify strategic shifts in service delivery in order to inform further scale-up beyond the initial phase focused on enhanced frontline service delivery in Majuro, Ebeye, and on the OI.

Component 2: Improve Coverage of Stimulation And Early Learning Activities. This aims **to improve children's cognitive and socio-emotional development and facilitate children's readiness for on-time transition to primary school through expanding access to stimulation and early learning services.** In the absence of a national program for children under five years old, component 2 will work with the PSS to strengthen their mandate and capacity to implement and scale up two interventions focused on improving the school readiness of children. This component will strengthen existing service platforms through the delivery of home visits to the most vulnerable families[21] with children ages 0 to 59 months, and the creation of public preschools for 3- and 4-year-old children. Component 2 has two sub-components, one aimed at directly improving delivery of early learning and stimulation services and the other aimed at strengthening stewardship and management capacity of Government for this sub-sector.

Component 3: Social Assistance for Early Years Families. This aims **aims to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services.** Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[22], but also be instrumental in addressing cultural knowledge and motivational barriers to accessing health and education services in the longer term. This component would also begin the process of building up a social assistance system in the RMI to drive the ECD agenda. Component 3 has two sub-components, one aimed at the provision of cash transfers to beneficiary families, and the other aimed at providing TA to establish the social assistance system.

Component 4: Strengthening The Multisectoral ECD System and Project Management. This **will finance the systems functions and activities necessary to sustain an effective multisectoral ECD program.** These functions include: (a) development of a multisectoral national ECD strategy and approach to program implementation; (b) development of a national monitoring, evaluation, and learning framework and implementation of the system; and (c) the preparation of a national communication strategy for ECD and the delivery of public awareness and social and behavior change (SBCC) campaigns. The component will support the OCS in leading and coordinating an ECD program based on evidence-based best practice through TA activities and support for operational costs. It will aim to increase program effectiveness by: ensuring line ministry activities are underpinned by a strategic approach to program implementation; creating and using data for decision-making; and harmonizing communication activities and messages across various channels. The component will likewise finance a food systems assessment

[21] See component 3 for more details.

[22] ANC visits, vaccinations and growth monitoring visits are free of charge.

that will support the Government in developing policies and interventions to improve the availability, accessibility, affordability, and desirability of a nutritious diet in the RMI. Other TA needs that arise during implementation may also be considered under this component. The Component also includes Project Management wherein a PIU will be established with specific responsibilities to support and coordinate implementation of Project activities. The PIU will work in coordination with the Central Implementing Unit (CIU) of Division of International Development Assistance (DIDA) within the MOF for FM, procurement, safeguards, communications, and monitoring. The sub-component will finance (a) external consultancies required for ongoing Project staffing; (b) technical consultancies required for adherence to program operations and procedures; (c) office and other equipment; (d) training for PIU and CIU staff, as needed; and (e) travel and operational costs.

Table below shows the proposed project strategies and target beneficiaries:

Proposed Project Strategies and Target Beneficiaries

	Early years families	**Targeted vulnerable early years families** (approximately 10% of all early years' families in Majuro and Ebeye assessed as vulnerable)	**RMI population**
Pregnant women and newborns	Improve coverage of facility-based care for pregnant women and newborns in hospitals/clinics in Majuro and Ebeye, with gradual roll-out through outreach and in OIs. Services include: - Routine ANC, ante-natal nutrition - Management of pregnancy complications - Routine care for labor and childbirth - Early and Essential Newborn Care - Family Planning - Birth registration - Transportation costs for OI families to deliver in Majuro and Ebeye as needed	Improve coverage of cash transfers to incentivize uptake of optimum pregnancy, delivery and post-partum behaviors.	Public awareness and social and behavioral communication campaigns to deliver information and promote optimal ECD behaviors
Children 0-2 years	Improve coverage of RMNCH-N and stimulation services through well-child visits at hospitals / clinics in Majuro and Ebeye, with gradual roll-out through outreach and to OIs. Services include: - Well-child visits including immunization, monitoring growth, promotion of optimal infant and young child feeding and development; promotion of early stimulation and learning - Micronutrient supplementation and deworming - Prevention, detection & treatment of childhood illness - Screening for developmental delays	Improve coverage of cash transfers to incentivize health service utilization, participation in monthly community events, and uptake of optimum behaviors for child growth and development. Improve coverage and quality of home-based parental support program in Majuro and Ebeye. Services provided during home visits include: - Support for positive parenting/caregiving and nurturing environment for stimulation, mental health and wellbeing; - Promotion of maternal, infant, and young child health and nutrition sychosocial stimulation;	
Children 3-4 years	Improve coverage of child health services at hospitals and clinics in Majuro and Ebeye, with gradual roll-out through outreach and OIs. Services include: - Prevention, detection & treatment of childhood illness - Well-child visits including monitoring and promotion of growth and development; promotion of early stimulation and learning Expand coverage of public pre-schools for 3-4-year-olds, starting with 4 schools in Majuro, with phased roll-out in Ebeye and selected OIs. Services include: - Play-based learning and simulation - Parental engagement and education	Improve coverage of cash transfers to incentivize health and education service utilization, participation in monthly community events, and uptake of optimum behaviors for child growth and development Improve coverage and quality of home-based parental support program in Majuro and Ebeye. Services provided during home visits include: - Support for positive parenting/caregiving, mental health and wellbeing; - Promotion of maternal, infant, and young child health and nutrition - Psychosocial stimulation;	

IX. Positive Social Impacts of Project and Enhancement Measures

This section presents the expected positive impacts of the project, vis a vis further action that can be taken by implementers to enhance the benefits from ECD that can accrue to the mothers, and children.

Component 1: Improve Coverage of Essential RMNCH-N Services. *This aims to improve the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2).*

Majuro maternity, and neonatal ward officers, and personnel representing MOHHS, as well as the group of mothers consulted agreed that they will all benefit from the proposed expansion of coverage of the RMNCH-N. The mothers believed that it will improve their health condition especially their knowledge on how to take care of themselves, and their children. The health personnel on the other hand believe that more knowledge, and skills will definitely reduce risks of maternal, and new born mortality, and morbidity. To enhance the benefits that can be derived, activities to raise awareness of women of reproductive age particularly on pre- and post-natal care are suggested to be carried out. The project is an opportunity for the MOHHS to expand their services by: (i) hiring additional personnel trained on RMNCH-N both at the ministry-level as well as those to be based in communities, (ii) upgrading of facilities, and (iii) providing counseling services to mothers both in hospitals, and community clinics in the OIs. The capacities of existing health assistants in community clinics are expected to be upgraded, and strengthened likewise through more training in the realm of primary health care focusing on mothers, and the ECD of children. As a way of supporting the endeavors, the health personnel would have to diligently carryout relevant disease surveillance as a way of monitoring changes or improvements from the project. Also with the project, MOHHS will be gaining knowledge, and experience on the World Bank system of administering projects which can be applied to future projects multilaterally funded international projects.

Component 2: Improve Coverage of Stimulation and Early Learning Activities. *This aims to improve children's cognitive and socio-emotional development and facilitate children's readiness for on-time transition to primary school through expanding access to stimulation and early learning services.*

RMI has no organized or formalized stimulation and early learning initiatives for children below 5 years old. A few private schools in Majuro offer pre-school classes for a fee. Families who are vulnerable, or those who may be referred to as under "hardship", and those living in the OIs are unable to send their children to such pre-schools. With the project, (i) present teachers will be able to gain, through training, the knowledge, skills, and experience on ECD with early learning methodologies for children below 5 years old, (ii) the strategy of home visits will give opportunity for mothers to learn, and experience ECD activities that they will apply to their own children, and to teach ECD to other mothers, and child caregivers in the community, and (iii) for the prospect of expanding kindergarten, and for the planned home visits, the project will be a means to hire new teachers who have ECD training, and experience, or those who do not have but are willing and interested to be trained. To be able to support project benefits to the schools, and families, (i) track child enrolment rates, and learning progress in expanded kindergarten, (ii) track the school performance of those who have entered level 1 of primary school from the expanded kindergarten, and (iii) track the school performance of children who have benefitted from home visits – all three employed as possible monitoring means, and measures of project performance. Also, PSS/MOE should ensure that additional classrooms for the expanded kindergarten are comfortable, well-equipped with appropriate learning materials, safe, and secured. As with the MOHHS, PSS/MOE will gain knowledge, and experience with managing World Bank-assisted projects.

Component 3: Social Assistance for Early Years Families *aims to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services.*

CCTs, with anticipated strict criteria for beneficiary selection, and conditionalities set for beneficiaries

to remain in the program, appear to be the most acceptable among prospective beneficiaries as it stands to augment family budget for daily needs. If project Component 3 succeeds in modifying child care practices, and behaviors among mothers, and child care givers, implementers can safely say that objectives of Components 1 and 2, are likewise achieved. CCTs for the most vulnerable, and for families who are facing hardship will facilitate greater financial capacity to, among others: (i) buy more nutritious food for mothers, and children, (ii) spend for transportation needs should children under 5 years old enroll in the expanded kindergarten, and (iii) recoup (as to what degree needs more investigation) opportunity costs of spending time for health, nutrition, and ECD activities. This supports the intended overall improvement of the target mothers, and children in terms of health, and nutrition status as well as the prospects of children under 5 years old to be mentally, physically, and emotionally more prepared to enter primary school. The CCT component, however is potentially the most complicated to implement with the big preparatory work that needs to be accomplished – (i) beneficiary selection should be based on a sound, and reliable data, as well as (ii) the active participation of government, non-government, private, and community members themselves in planning, and decision-making for the project. An effective and the keen monitoring, and evaluation of CCT project progress combines all of the success indicators of Component 1 RMNCH-N, and Component 2 ECD, and therefore there is the need for close coordination of MOCIA, the chief CCT implementer with MOHHS, and PSS/MOE. CCT work will provide the opportunity for MOCIA to enhance its personnel skills, with the support of the Project Implementation Unit (PIU) composed of expert-consultants: (i) in applied social research, and establishment of data base; (ii) project planning, implementation, and management including defining a working grievance redress mechanism (GRM); (iii) focused training for field, and office-based staff; (iv) SBCC crafting, and execution; and (v) benefits monitoring, and evaluation (M&E), among others. As with the MOHHS, and PSS/MOE, MOCIA will gain knowledge, and experience with managing World Bank-assisted projects.

Component 4. Strengthening the Multisectoral ECD System and Project Management. *This will finance the systems, functions, and activities necessary to sustain an effective multisectoral ECD program.*

The formation of a high-level Project Steering Committee (PSC), and a Technical Working Group (TWG) from ministry level officers, local governments, and sectoral groups representatives are envisioned to be done. Component 4 opens up the opportunity for: (i) collaboration work among ministries, and local governments with diverse but complementing mandates relevant, and instrumental to achieve the goal of ECD for the people of RMI, (ii) partnering with non-governmental organizations, and private sector to widen the resource base that can be tapped by the government to improve mothers, and children's health, and nutritional status with the end in view of investing in human capital for a robust future of the nation, (iii) forging a common development strategy with ECD as mean among the ministries, and other stakeholders, and (iv) for the proposed Multisectoral ECD system to provide a venue for project planning, and implementation, as well as for putting in place a M&E system that would track project progress, and measure performance.

Component 4 also includes a Project management sub-component which will create a Project Implementation Unit (PIU) whose important task is to ensure that project development goal of "improving coverageⁱ of multisectoral early child development services in the RMI", is achieved. Consultants comprising the PIU will provide the necessary technical support that will expectedly result to, among others: (i) capacitated ministries, and other stakeholder groups involved in the project through training, workshops, etc.; (ii) active, and highly involved PSC for policy-making, and TWG for field- and office-based activities, and (iii) a practical overall project M&E system understood by, and useful for all project stakeholders.

X. Assessment of Issues, Impacts, and Proposed Mitigation Measures of RMI Multisectoral Early Childhood Development Project

Adverse social impacts presented and discussed in this section are essentially (i) those that may happen should project activities are carried out, and (ii) those that are bound to happen should there be issues, and problems identified early on when left unaddressed in project preparation, and

implementation, will prevent the achievement of project goals. Mitigation measures for both cases are proposed for incorporation in project plans, and design.

Component 1: Improve Coverage of Essential RMNCH-N Services.

Interviews with maternal, and child care personnel in Majuro, revealed that around 90% of women giving birth in RMI are assisted in the Majuro, and Ebeye hospitals (the bulk in Majuro). This is because of the absence of birthing facilities, as well as the lack of trained medical personnel in the Outer islands (OIs). Women of reproductive age in OIs bear the high cost of transportation for child delivery, as well as face the risks to life when transiting to either Majuro or Ebeye. While there are community clinics, the health assistants who are mostly males, do not have the skills for assisting births. Also, there is strong hesitation on the part of pregnant mothers to seek the services of a male health assistant in the community clinic even for medical advice. In times of natural disasters where affected families are assisted, the women were said to have refused feminine hygiene kits specially prepared for them along with the relief goods distributed because these were touched/prepared by male relief workers, and volunteers. These instances indicate that gender of prospective medical personnel is a factor for a more responsive delivery of medical service to women. Project should consider facilitating recruitment of more female health assistants for the OIs if it plans to step up the RMNCH-N services in the areas. If the health assistant in a community clinic is male (or even female), the husbands or male partners should be encouraged to accompany their pregnant wives/partners during consultations as a means of confidence, and trust building on available medical personnel. Pre- and post-natal advice service is practically absent in the OIs. Failure to strengthen the services of community clinics through among others, training on RMNCH-N will continue to put pressure on the Majuro, and Ebeye hospitals for maternal, and child health needs. Personnel of the Majuro hospital maternity ward said that the ward has 16 beds capacity for pregnant mothers, and 8 incubators for pre-mature babies. These are said to be inadequate for the actual needs of the ward. Many times the mothers that are about to give birth have to line up in the sitting areas outside of the ward waiting for their turn to be attended and for the occupied beds to be vacated. There are 12 nurses and midwives, and 2 obstetrician-gynecologists manning the ward. Normal delivery is attended by the nurses and midwives while the 2 doctors perform only the C-section deliveries, and tend to other complicated birthing cases. It was noted too, that in the maternity ward of the Majuro hospital where supposedly the best maternal and child care is available, there are no social and behavioral change communication (SBCC) materials posted or distributed on maternal and child care. It is very likely that project support for SBCC will effectively get across messages on RMNCH-N. If aforementioned issues are not addressed, there will still be low number of women benefitting from an “invigorated” RMNCH-N from hospitals, and health clinics due to lack of personnel and faciliies, and consequently no improvement in health, and nutrition status of mothers and children, as desired by the project. Other mitigation measures for expected adverse impacts include: (i) better compensation and benefits package for prospective female health assistants. (ii) increase bed capacity of Majuro hospital maternity ward, (iii) conduct of training needs assessment of present medical personnel doing RMNCH-N, results of which will feed into the design of capacity building sessions, (iv) strengthen capacity of RMNCH-N personnel in monitoring, and evaluation (M&E) by identifying appropriate health, and nutrition indicators, and installation of a M&E system, (v) consider possibility of establishing birthing personnel and facility in OIs with significant number of women of reproductive age, and (vi) coordinate/partner with the College of Marshall Islands (CMI) to assist in the supply-side of nursing graduates to fill in positions of additional health personnel for the project. Table below shows the summary of issues, impacts, and suggested mitigation under Component 1:

Component 1: Improve Coverage of Essential RMNCH-N Services. This aims to improve the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2).			
Sub-component	Issue	Impact	Mitigation
Sub-Component 1.2 Enhancing delivery of essential RMNCH-N services. The objective of this sub-component is to scale up access to and coverage of a package of essential RMNCH-N services as well as simulation and early learning services for young children and their caregivers.	-Pregnant women are hesitant to consult with the predominantly male health assistants assigned in community clinics in the OIs -In pre-project situation, around 90% of pregnant women in OIs go to Majuro, and Ebeye hospitals to give birth – pregnant women/families bear costly transportation, and face the risks associated with travel --Existing health assistants lack ECD knowledge and skills to teach mothers, and child caregivers	-Low number of women seeking pre-natal or post-natal advice in their respective community clinics in the OIs due to lack of appreciation of the RMNCH-N, and because of the predominantly male health assistants that pregnant women tend to shy away from -No improvement in health and nutrition status of mothers and children with inadequate knowledge and skills of health/medical personnel -Incidences of stunting, malnutrition, and sickly children remain as in pre-project situation	-Encourage husbands or male partners to be present on health, nutrition, and ECD counseling -Encourage presence of husband or partner during delivery -Intensive and effective social and behavior change communication campaigns (SBCC) for the target early years families on the essential RMNCH-N -Design gender sensitive, popular, and culturally appropriate SBCC materials on maternal and child care
Sub-Component 1.1 Strengthening MOHHS management and stewardship capacity to deliver essential RMNCH-N services. The objective of this sub-component is to strengthen the management and stewardship capacity of the MOHHS to scale up access to the package of essential RMNCH-N services.	-Should RMNCH-N happen only in Majuro, there will be pressure on current staff, and facility capacity of Majuro hospital -Perceived lack of knowledge and skills on maternal and child health counseling of health assistants in OIs -Lack of social and behaviour change communication (SBCC) on maternal and child care in hospitals, and community clinics	-Inadequate number of nurses, midwives, and support medical personnel in Majuro, and Ebeye for the essential RMNCH-N -Inadequate medical facilities for the expected additional health and nutrition services for the strengthened RMNCH-N (e.g., inadequate space, and medical equipment, etc.) -Low awareness among mothers on maternal,	-Increase bed capacity for birthing mothers, and sick infants in Majuro, and Ebeye hospitals -Encourage qualified females to apply as health assistants, and midwives in OIs by improving the compensation, and benefits package -Dedicate easily accessible, and comfortable room for pre- and post natal

Component 1: Improve Coverage of Essential RMNCH-N Services. This aims to improve the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2).			
Sub-component	Issue	Impact	Mitigation
	-Ebeye has no available land for expansion of present health facility as may be required by the intensified RMNCH-N services	and well-baby care that increase risks in maternal and infant mortality and morbidity -Hospital and community clinic in Ebeye will be unable to increase coverage, and improve of RMNCH-N services due to lack of space	counseling in hospitals, and community clinics -Develop, and effectively disseminate SBCC materials for pregnant, and lactating mothers as well as for well-baby care -Conduct training needs assessment, and upgrade, and update knowledge, and skills of maternity and neonatal ward personne, as well as health assistants l -Develop capability of medical staff of RMNCH-N to monitor and assess health, and nutrition status by identification of appropriate indicators, and installation of a monitoring and evaluation system -Partner with College of the Marshall Islands to jointly undertake strengthening nursing degree program; graduates to be employed by MOHHS; for CMI to improve nursing program by increasing the number of training hours in actual hospital work -Consider developing birthing facilities in OIs that have young

Component 1: Improve Coverage of Essential RMNCH-N Services. This aims to improve the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2).			
Sub-component	Issue	Impact	Mitigation
			couples, or families where a significant number of women are of child-bearing age -Recruit skilled, and trained nurses, and midwives as well as consider increasing number of doctors - Government may have to negotiate with landowners to allow expansion of community clinics in Majuro, and OIs -Government may have to plan for more efficient use of present health facility in Ebeye or find additional space to rent or lease

Component 2: Improve Coverage of Stimulation and Early Learning Activities

In the consultation meetings with mothers in Majuro, there was overwhelming acceptance of the expansion of coverage of early child development (ECD) intervention. They appear to understand the value of preparing their under 5 years old children for kindergarten, and the subsequent primary grades. However, the reality persists even in Majuro that many school-age children from vulnerable families do not go to school because school is too far from their homes, in which they have to spend for transportation that the family cannot afford. Certainly, children 3 to 4 years of age should be accompanied by their mothers, or any other family member that would likewise incur transportation cost. A taxi ride in Majuro costs USD1 for an adult, and USD0.50 for a child within the city center of Majuro; the fare for the adult doubles to USD2 if destination is outside the city limits. At the very least, the family would have to spend USD3 per day for a child to attend kindergarten class. Lack of time to engage the kids in early learning activities has been mentioned too. Many of the mothers met are: (i) taking care of their other children, (ii) engaged in handicraft making as income source, and (iii) primarily responsible for doing housework. Home visits may be considered for families needing ECD intervention and cannot afford transportation to school.

Expanded kindergarten likewise puts pressure on the current teaching staff, and facilities. The government may be compelled to hire more teachers/teacher aides. Upgrading the capacity of current

teachers for teaching multi-level kindergarten is a possibility but then, the problem of having bigger classes with children in different age groups remain. Upgrading, and/or adding classrooms will have to be done. New agreements may have to be done with landowners of existing school buildings for the possibility of constructing additional classrooms. Also, for the home visits, teacher experience may require the added skill of community organizing/social work if the home is going to be the venue for ECD activities. Not only will the teacher deal with the mothers, but with the other family, and community members as well. Teachers should have the capability to manage possible resentment of other family members especially from husbands who may not understand fully the importance of ECD, and the time spent on it by the mothers, and by the children in school or in the home. Aside from the need of hiring new teachers, and upgrading skills of the present teaching staff, other action that may be done to address the aforementioned issues identified are: (i) intensive social and behavior change communication campaigns (SBCC) not only for the target mothers, but to the other family member as well especially to the fathers for greater appreciation, and understanding of ECD, (ii) training, seminars, or home visits for mother and child to be carried out as less intrusive as possible in the family's daily routine, and (iii) to free some time for the mothers by having agreement among the family members to take on some of the domestic chores assigned to the mother. Table below identifies in capsule, the issues, and impacts, and the corresponding mitigating action under Component 2:

Component 2: Improve Coverage of Stimulation and Early Learning Activities. This aims to improve children's cognitive and socio-emotional development and facilitate children's readiness for on-time transition to primary school through expanding access to stimulation and early learning services.			
Sub-component	Issue	Impact	Mitigation
Sub-Component 2.1 Activities under this sub-component will focus on strengthening existing platforms of ECD services for caregivers and children up to 59 months old. Two interventions with supporting global evidence of positive impacts on outcomes for children will be implemented and scaled up: a home visit program targeted at the most vulnerable families, and an expansion of public kindergartens to include children ages three and four years old.	-Target mothers not responsive to project activities due to lack of time -Male and female teachers or project staff lack capability, and "favorable" attitude to do stimulation and early learning activities for children -Husbands or fathers may resent time of mothers or child caregivers for training, and allocating time for ECD activities	-Low number of mothers allocating time for teacher home visits and as a result ECD opportunity for children is missed -No ECD activities for children are done by mothers, and child care givers -Conflict or tension between husband and wife may happen if former does not appreciate and/or understand importance of time allotted by wife or child care giver to training, and ECD sessions	-Intensive, and effective social and behavior change communication campaigns (SBCC) for the target early years families on benefits of stimulation and learning activities for children of pre-primary school age -Design gender sensitive, popular, and culturally appropriate SBCC materials -Facilitate recruitment and training of male and female teachers to build capacity and good attitude toward ECD -Home visits to be carried out as less intrusive as possible to the daily routine or mothers, and other family members

Component 2: Improve Coverage of Stimulation and Early Learning Activities. This aims to improve children's cognitive and socio-emotional development and facilitate children's readiness for on-time transition to primary school through expanding access to stimulation and early learning services.			
Sub-component	Issue	Impact	Mitigation
			-Agreement in the family for other family members to take on some responsibilities of the mother to free some time for training, bringing children to classes, and time for ECD activities -Gender-sensitivity seminars conducted for fathers that may help support understanding of the importance of training, and time allotted for ECD -Fathers may be encourage to participate in the ECD training
Sub-Component 2.2 Strengthening PSS management and stewardship of ECD services. The objective of this sub-component is to strengthen the management and stewardship capacity of Ministry of Education (MOE)/PSS. This will involve strengthening the institutional capacity and regulatory framework of ECD programs in the RMI, including budgeting and allocation of resources across concerned agencies, and enhancing the availability and capacity of skilled cadres to	Anticipated pressure on PSS-MOE, public school teachers, and facilities in accommodating 3 and 4 year old children in formal pre-school	-Lack of capable teachers/personnel to carry out the training/orientation for mothers for home visits -Insufficient knowledge, and skills to teach 3 to 4 year old children, as well as possibility of negative attitude of current teachers in the formal school system who may be re-assigned in ECD -Low capacity of concerned ministry to implement, supervise, and monitor the ECD activities -Inadequate classrooms for stimulation and early learning activities	-Recruit trained teachers on learning stimulation and ECD -Enhance capacity of current teachers on ECD through further training, and mentoring -Partner with College of the Marshall Islands to strengthen education degree program to include ECD; graduates to be employed by PSS/MOE -Government to upgrade classrooms for use of 3 to 4 year old children -Government may have to negotiate with landowners for

Component 2: Improve Coverage of Stimulation and Early Learning Activities. This aims to improve children's cognitive and socio-emotional development and facilitate children's readiness for on-time transition to primary school through expanding access to stimulation and early learning services.			
Sub-component	Issue	Impact	Mitigation
support delivery of ECD services.		- No available space in current public schools within which to undertake ECD project activities especially in Ebeye -Failure to hire additional teachers for ECD, and/or upgrade capacity of present teachers on ECD may result to project failure of ECD component as far as the integration of pre-schooling in the formal education system -Insufficient number of classrooms for the 3 to 4 years old as a result of integration of ECD in formal school	construction of additional classrooms for the ECD classes for 3 to 4 year olds -Government may have to rent or lease additional spaces or rooms for ECD classes for children in Ebeye

Component 3. Social Assistance for Early Years Families

Among the 5 sub-components of the project, all mothers met are in agreement that the social assistance in the form of cash transfer is the one that is difficult to refuse. Opportunities that will add to every family's budget gain wide social acceptability. It is expected however, that Component 3 can be the most controversial, and complicated to implement. MOCIA, the direct implementer of social assistance may experience the most difficulty in the initial year of the project, as well as towards the closing years as it will have to find out if it has achieved its goal of supporting the expansion of coverage of RMNCH-N and ECD in RMI. MOCIA will be in need of strong support from the local governments, other RMI ministries, non-government organizations/civil society organizations (NGOs/CSOs), private sector, clan leaders, and most especially the community members at large of Majuro, and Ebeye. Starting from (i) the needed SBCC for informing, and initiating positive attitude and action from the community for understanding why the most vulnerable families are targeted, (ii) eliciting participation of every project stakeholder to provide support on the conduct of profiling of families to carefully select the "rightful" beneficiaries, (iii) involvement of local authorities to appeal for peace, and order, and the expectation that the community at large heeds the call during beneficiary selection, and actual disbursement of cash benefits, up to the (iv) monitoring of spending patterns of recipient-families, (v) and assessment of benefits (or the lack of it) accruing to the recipients – are just some of the important points that should be taken into consideration under Component 3. Cash transfers, if not managed well, may cause conflicts among families from different clans, and among families of the same clan.

Jealousy, and comparisons of hardship levels may happen among families that are selected, and those who are not. Senior clan members, and young mothers explained during consultation meetings that 1 household in the context of Marshallese culture, can be composed of more than 1 or a number of families. The families in the household may or may not contribute for the household expenses depending on the circumstances of the husband and wife in a family. If the husband or wife has a job or income source, they contribute. If they have no income, they are not obliged to contribute. The head of the household/clan, and other families with income are expected to support those who cannot contribute to the household kitty. This can pose a problem to project implementers because while they choose a mother, and child in 1 family as recipient of cash transfer, fund flow does/may not stop at the mother but to the female spouse of the household/clan head who handles the budget for the whole household composed of many families. Another issue that may be closely related to fund flow within the family, is the spending for the intended goods and services. MOCIA should be capable in monitoring the families spending practices. There is a large burden for the SBCC support in terms of the recipient-families imbibing the sense of responsibility, and honesty to declare where the money is spent. Monitoring will likewise entail the validation of information with relatives of the recipient-families, and the other concerned members of the community. While there can be discord among families who receive, and those who do not, there is also that possibility when families within the same clan protect each other (rightly or wrongly) in terms of providing the information on misuse of cash received from the project (making monitoring of spending difficult to do). On the possibility of husbands or male partners resenting the idea of the wife or mother (or female child caregiver) receiving cash which is feared to result to gender-based violence (GBV), the women interviewed said that the general practice among the Marshallese is that the female spouse or partner handles the budget for the day-to-day needs of the family (or clan) and is usually free to allocate the budget for the different expense items. Otherwise, the female spouse can discuss with the male spouse and can come to an agreement on spending.[23] Another cause of concern among families in Majuro, is that because of close family ties, relatives in the OIs may send their young children to live with relatives in Majuro who are beneficiaries of the cash transfer; this may negate the objective in improving the health, and nutrition condition of the target mother, and child/children. As a practice, families do not refuse such requests from relatives who need assistance in child support. There is a chance also that, knowing of such project in Majuro, and Ebeye, families in OIs may flock to the said centers where project roll out is planned.

The Bank of Marshall Islands (BOMI) is being strongly considered to assist the MOCIA in the disbursement of cash. The initial doubts that a formal banking institution is being tapped to do cash disbursements have been addressed by BOMI assurances of: (i) people are generally not intimidated with banks because about 80% of the families maintain at least 1 savings account in a bank because of regular remittances from family members working overseas, (ii) BOMI will waive transaction fees, and other charges in order that recipients may fully benefit from the amounts transferred, (iii) will only require national ID card with photo, and filled up application form for those who do not have savings account yet but intending to have one, and (iv) setting up of automated teller machines (ATM) by BOMI in Majuro, Ebeye, and selected OI locations in early to mid-2019 to facilitate the cash disbursements for prospective cash recipients, and other clients in RMI.

Other mitigation measures that can address the issues identified are: (i) on beneficiary selection – consider selecting all eligible families in 1 clan, and not just 1 family in the midst of other eligible family not chosen in the same clan; this way chances of discord among the families are eliminated or at least reduced, (ii) SBCC should be directed likewise to the whole community where the selected families belong as it will take a deep appreciation and understanding of the rationale behind the selection process to avoid conflicts, (iii) for the possibility that the male spouse, or partner is the decision-maker on finances in the family, there should be specific SBCC, and gender-sensitivity awareness raising for

[23] The male head of the Majuro local government handling the health, environment, social affairs (HESA) was asked about occurrences of GBV among families. He said that it still does occur, and the reported cases are documented by the Majuro police. However, he believes that occurrences have been reduced (compared to bigger number when he was younger – he is in his mid-50s) because the women are now empowered both by the government and NGOs to complain to the police. According to WUTMI however, the National Study on Family Health, and Safety in 2014 indicated that 51% of the women have experienced physical and/or sexual violence from their husbands or partners. Overall, 69% of the women in RMI have experienced physical, and/or sexual violence. Of the women who said that they have experienced domestic violence, 90% have not told anyone.

them to fully understand the objective of the cash transfer component, (iv) set conditionalities (not only at the beginning of the project when criteria for selection is agreed upon by all stakeholders) for the families to stay as cash recipients, and (v) for the project to set-up a grievance redress mechanism (GRM) to address complaints such as non-inclusion as beneficiaries, non-payment of cash expected, etc. Some of the conditionalities that can be set for beneficiaries to remain in the project are: (i) 75% attendance of their children in the expanded kindergarten classes, (ii) complete or 100% attendance of mothers during training, seminars, and sessions under RMNCH-N, and ECD activities, (iii) improvement in the weight by height, and age health status of the target child/children, (iv) submission of birth certificates of all family members, and (v) the family having a sanitary toilet for use to ensure that improvements in mother and child health and nutrition is not impeded by water- and poor sanitation-related diseases. The table below shows the summary of issues, impact, and possible mitigation measures under Component 3 of the project:

<table>
<tr><td colspan="4">Component 3: Social Assistance for Early Years Families aims to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services. Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[24], but also be instrumental in addressing cultural knowledge and motivational barriers to accessing health and education services in the longer term.</td></tr>
<tr><td>Sub-component</td><td>Issue</td><td>Impact</td><td>Mitigation</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="4">Sub-Component 3.1 Provision of cash transfers to early years families in selected areas. Families in selected areas of Majuro and Ebeye with pregnant women and children aged between 0-59 months who are facing hardship would be eligible to enroll and benefit from the program. During the Project life, the CCT program will aim to target the most vulnerable families living in Majuro and Ebeye by developing a localized vulnerability and hardship criteria, which would target 10 percent (approximately 550 families) of total families living in the target areas.</td><td>-Conflict among families from different clans that receive cash transfer and those who do not</td><td rowspan="4">- Risk of occurrences of conflicts among families of different clans, that may breakdown harmonious relationships among clans

-Risk of occurrences of conflicts among families within the same clan (families that are selected to receive, and those that will not receive cash) because of jealousy that may lead to breakdown of harmonious inter-family relations that exist before the proposed project

-Low number of beneficiaries that spend for goods, and services intended for them to maximize the benefits from the intensified</td><td rowspan="4">-Implement effective SBCC as part of social preparation to families across clans that only the selected eligible/cash-strapped will be given the assistance that would specifically help improve maternal and child health

-As part of social preparation, plan and implement effective SBCC among families of the same clan explaining carefully the purpose of the cash transfer targeting the most needy and vulnerable family

-on selection of beneficiary- families, project may consider to include as CCT beneficiaries all eligible young families in the</td></tr>
<tr><td>-Conflict among families that receive cash and families who do not of the same clan (especially those residing in the same compound)</td></tr>
<tr><td>-Cash transfer may be spent for other household needs and expenditures unrelated to nutrition, and health, (e.g. vices, entertainment, payment of debts incurred earlier etc.) of mother, and children</td></tr>
<tr><td>-Husbands or male partners may resent that wives or child caregivers are the ones receiving cash</td></tr>
</table>

[24] ANC visits, vaccinations and growth monitoring visits are free of charge.

Component 3: Social Assistance for Early Years Families aims to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services. Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[24], but also be instrumental in addressing cultural knowledge and motivational barriers to accessing health and education services in the longer term.			
Sub-component	Issue	Impact	Mitigation
	-Families from OIs to migrate to Majuro and Ebeye -Families living in OIs will send their children to live with of their relatives in Majuro and Ebeye who receive CCT	RMNCH-N, and ECD activities -No improvement on health and nutrition status of target mothers, and children -Low number of children will get to benefit from ECD under the project -Increase in occurrences of violence (gender based violence) or GBV) on mothers/child caregivers to take possession of cash transfers -Increased number of families to transfer residence to Majuro, and Ebeye that will put pressure on the atolls' physical carrying capacity -Additional cash received from the CCT component will be spread thinly resulting to no improvement in health of the target mothers, and children -MOCIA unable to implement effectively and efficiently the cash transfer component -MOCIA unable to implement effectively	same clan, and not just 1 eligible family in a clan, leaving out a family that is also assessed to be eligible too but not chosen to receive cash -intensive, and effective social and behavior change communication campaigns (SBCC) for the target early years families, as well as to non-beneficiaries to explain intention of project, and objectives -Design gender sensitive, popular, and culturally appropriate SBCC materials -Set conditionalities on selected beneficiaries for them to remain in the project -Explore possibility of using vouchers instead of cash to exchange for goods and services to be availed -Install monitoring system of use of cash disbursed or vouchers distributed -Conduct practical financial management training to mothers,

Component 3: Social Assistance for Early Years Families aims to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services. Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[24], but also be instrumental in addressing cultural knowledge and motivational barriers to accessing health and education services in the longer term.			
Sub-component	Issue	Impact	Mitigation
		and efficiently the cash transfer component	and/or fathers or male household members -Conduct gender sensitivity training to male spouses/male household members -Ministry and local government officials to establish grievance redress mechanism (GRM) to address possibility of gender-based violence (GBV) and other project related issues such as complaints on non-inclusion as beneficiaries, stricter policy penalizing GBV, non-payment from CCT, etc. -Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable -Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable

Component 3: Social Assistance for Early Years Families aims to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services. Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[24], but also be instrumental in addressing cultural knowledge and motivational barriers to accessing health and education services in the longer term.			
Sub-component	Issue	Impact	Mitigation
			-Implement effective SBCC on correct spending or sound financial management -MOCIA to monitor the spending and institute checks to mothers or family spending
Sub-Component 3.2 Strengthening Government of RMI's capacity to establish and deliver social assistance program for ECD. This sub-component will finance a suite of TA activities to support the development of (a) a registry of program beneficiaries; (b) a sound MIS for enrollment, compliance verification of conditionalities, payments of the CCT program, and case management; (c) a grievance redress mechanism (GRM); (d) setting out the guidelines for an M&E framework; (e) a communications strategy for the social assistance program including SBCC and the implementation of it; and (f) support to administrating the program in Majuro and Ebeye including a	-Lack of MOCIA personnel to manage cash transfer component -Lack of experience, and capacity of MOCIA to implement, and manage cash transfer component	- MOCIA unable to implement effectively and efficiently the cash transfer component -No financial institution available, and willing to disburse cash transfers, or in case of use of vouchers, no institution that can serve as arm of the government to act as intermediary	-Recruit, and train MOCIA personnel to undertake management and other project activities on the ground in all phases of the project cycle -Partner with Bank of Marshall Islands (BOMI) for efficient cash disbursements; said bank committed to waive bank charges, and other fees that can burden the beneficiaries; offered to conduct social preparation intervention for beneficiaries by way of orientation sessions

Component 3: Social Assistance for Early Years Families aims to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services. Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[24], but also be instrumental in addressing cultural knowledge and motivational barriers to accessing health and education services in the longer term.			
Sub-component	Issue	Impact	Mitigation
training strategy and plan for MOCIA staff and field officers			

Component 4. Strengthening the Multisectoral ECD System

Technically, Component 4 deals with institutional development and strengthening. In the broad coverage of social assessment however formation of organizations that deliver interventions invariably impact groups such as the communities and the people directly served by projects – in this case the families under the ECD project. While the first 3 project components synergize to effect ECD for RMI, each call for diverse sets of activities in improving (i) health and nutrition of mothers and children, (ii) nurturing of the young to achieve the best possible performance in school, and in coping with adult life, and (iii) the family budget for the mother, and child care givers to increase the chances of maximizing the benefits derived from ECD. At least 6 government line ministries, and agencies: MOHHS, PSS of MOE, MOCIA, MOF, OCS, MISS, and not to mention MALGOV, and the local governments of Ebeye, and OIs, as well as the prospective NGOs, and private sector partners for the project needing to work together; indeed the situation calls for a specific project component that that will have to focus on orchestrating the various but complementing activities. In the meetings with the agencies/offices carried out, the following issues have emerged: (i) too many sectors, and groups involved post challenges in project management, (ii) possibility of overlapping functions (even with specific mandates) because what has not been done by a mandated agency in the present time, another office is doing the job[25] due to demand from the clientele, (iii) conversely, non-performance of project duties among the personnel of the different offices, and institutions due to unclear roles, and responsibilities, and/or sheer complacency, and lack of commitment, (iv) conflicting views among agencies, and offices on how to proceed with the crafting of a national ECD policy, and strategy, (v) individual agencies, and offices working on other projects competing for attention, (vi) lack of capacity of individual offices, and agencies to organize and implement public awareness campaigns, and SBCC, and (vii) the problem of sustaining project benefits in addressing the beneficiaries anxiety when project ends. The following course of action can be done to address the potential problems early on: (i) securing an executive order as legal basis of the creation of the minister level project steering committee (PSC), and the corresponding technical working group (TWG), (ii) forging Memoranda of Agreement (MOA) between and among agencies if needed, (iii) inclusion of project work progress in the work performance appraisal of officer or personnel level representatives of agencies in the TWG, and of personnel working on ground level, (iv) require regular conduct of meetings, and workshops, (v) assist ministries or agencies that lack capacity to do public awareness campaigns and SBCC, (vi) early on in the project, craft, approve, and follow a national monitoring, evaluation, and learning framework to track project progress, and that can likewise be modified, and used for future projects, and (vii) for sustainability of benefits for the people served under the project, plan and design an exit strategy as part of the preparations for close of project or when funding from the grant ends. Table below summarizes the identified, issues, impacts, and proposed mitigating measures:

[25] Example is the ECD work for some children also performed by the MOHH partner staff supposedly doing only newborn screening for hearing deficiency. If ECD is delivered successfully in this arrangement, should the job be relinquished in favour of the PSS which will eventually have the mandate?

Component 4. Strengthening the Multisectoral ECD System. This will finance the systems, functions, and activities necessary to sustain an effective multisectoral ECD program.			
Sub-component	Issue	Impact	Mitigation
The functions include: (a) development of a multisectoral national ECD strategy and approach to program implementation; (b) development of a national monitoring, evaluation, and learning framework and implementation of the system; and (c) the preparation of a national communication strategy for ECD and the delivery of public awareness and social and behavior change (SBCC) campaigns.	-Selection of sectors, institutions, and agencies to be involved in steering or technical working groups may involve too many "players"	-Too many PSC members may pose difficulty in managing the PSC itself, and the TWG. -Without committed members from the different sectors, and offices, work associated with the project will not be accomplished, and project goals cannot be achieved -Failure to implement effective public awareness campaigns and SBCC - Mothers, and family beneficiaries having anxiety over the impending end of the cash transfer component of the project -Mother and children beneficiaries revert back to pre-project health and nutrition status	-Targeted selection according to specific mandates of only relevant sectors, institutions, and agencies to be involved to help ensure focused and relevant discussions as well as a good attendance rate during meetings -Consider forging formal agreements (e.g., memorandum of agreements, executive orders, contracts, etc.) between and among involved agencies, and offices to delineate clear cut roles and responsibilities as well as deliverables for the project. -Undertaking responsibilities in the multisectoral committee should be included in the performance appraisal or key result areas (KRA) of each of the designated representatives of the offices -Early on from convening the multisectoral Project Steering Committee, and Technical Working
	-Possibility of overlapping functions in performing work on the ground		
	-Representatives of member-offices are just warm bodies in meetings without sincere commitment to work for the project		
	-Non-performance of duties, roles, and responsibilities of member-offices.		
	-Conflicting ideas of the different sectors involved on the national ECD strategy		
	-Agencies, and offices involved lack the capability to undertake information dissemination, and SBCC		

Component 4. Strengthening the Multisectoral ECD System. This will finance the systems, functions, and activities necessary to sustain an effective multisectoral ECD program.			
Sub-component	Issue	Impact	Mitigation
	-Issues on proposed project sustainability of benefits when interventions for RMNCH-N, and ECD, as well as cash transfer ends		Group, start the initiatives towards developing a national, monitoring, evaluation, and learning framework for the project that shall be crafted, approved, and adhered to by all members -Require conduct of regular meetings, workshops, and consultation sessions for updates on status of assigned work given, and to check that activities of each are in sync with the project objectives -Member-agencies who are capable of SBCC should assist those who lack the capacity by coaching, and/or project to train the members -Early on in the project, plan and design project exit in terms of determining when beneficiary households will graduate from the program, and when fund from grant money ends - conduct of periodic benefits monitoring by ministries implementing the project

Sub-component 4.3: Project management

Similar to the previous component discussed, Sub-component 4.3 is in the purview of institutional development, and deals with the establishment of a Project Implementation Unit (PIU). It will be composed of consultants, and support staff to coordinate the activities under the different ministries, agencies, and offices implementing the project. The PIU is, similar to other projects funded by multilateral financial institutions, co-terminus with the project life. It is therefore the primary responsibility of the PIU to ensure (thru working with the RMI government) that: (i) project objectives are achieved during the life of the project, and (ii) sustaining the activities, and benefits for target clientele, in this case, the mothers, and children under the ECD program even after project life. As mitigation: (i) ministries, and other offices involved should appoint dedicated personnel to work with PIU under the project, and include accomplishments in the personnel key result areas (KRA), (ii) strengthen capacity of ministries through hiring of additional personnel, streamlining of current personnel responsibilities, and training for project work, and (iii) for the government to consider providing allowances to designated personnel as incentive. Table below summarizes issues, and adverse impacts that may challenge the planned PIU, and suggested course of action as mitigation:

Sub-component 4.3: Project management. This will support project management activities through the establishment of a Project Implementation Unit (PIU), and financing consultants, as well as training, and other operational costs			
Sub-component	Issue	Impact	Mitigation
A PIU will be established with specific responsibilities to support and coordinate implementation of Project activities. The PIU will work in coordination with the Central Implementing Unit (CIU) of Division of International Development Assistance (DIDA) within the MOF for FM, procurement, safeguards, communications, and monitoring The sub-component will finance (a) external consultancies required for ongoing Project staffing; (b) technical consultancies required for adherence to program operations and procedures; (c) office and other equipment; (d) training for PIU and CIU staff, as needed; and (e) travel and operational costs.	-PIU is co-terminus with project life funded by grant -Institutionalizing activities in the respective ministries at the close of PIU -PIU may struggle with competing for attention of the various ministries other projects/programs, personnel allocation for the project -Over-burdened designated government personnel to undertake project activities resulting to low morale -PIU consultants, and support staff are faced with counterpart ministry personnel who are unfamiliar with (i) working with World Bank system of administering projects, and (2)	-Lack of counterpart ministry personnel to undertake activities for the project result to work delays, and poor project performance -In case PIU may be unable to: (i) train ministry counterparts, and (ii) institutionalize project activities, benefits enjoyed by the clientele during the project life are not sustained in post-project time; project objectives are therefore not satisfactorily achieved	-Offices, and ministries to appoint dedicated personnel to carry out project activities where individual outputs for the project are spelled out in each of the personnel's key result areas (KRA) for job performance appraisal during and after the project. -PIU to strengthen capacity of designated counterpart ministry and/or local government personnel to undertake project activities thru among other actions: (i) hiring of additional personnel, (ii) streamlining roles and responsibilities of existing personnel to be able to perform work under the project, and (iii) train, mentor, or coach ministry personnel in project work and in the World

Sub-component 4.3: Project management. This will support project management activities through the establishment of a Project Implementation Unit (PIU), and financing consultants, as well as training, and other operational costs			
Sub-component	Issue	Impact	Mitigation
	sustaining the work at the end of project life		Bank system of administering projects -Explore the possibility of providing allowances to designated personnel as incentive

ANNEX A of SIA – refer to ESMF Annex 3
ANNEX B of SIA - Attendance Lists for Meetings – refer to ESMF ANNEX 3
ANNEX C of SIA - Photo Documentation for SIA – refer to ESMF ANNEX 3

Annex 3: ESMF Consultations

Stakeholder consultation is mandatory in the preparation of safeguards instruments for all the safeguards policy triggered under the ECD Project - OP/BP 4.01 Environmental Assessment.

This annex of the ESMF documents the consultations undertaken as part of ESMF preparation.

It describes arrangements made and executed to ensure the right stakeholders are invited, the methods of invitation and solicitation, and the presentations made plus the views, comments, reactions etc. from the participants.

The following consultations have focused on access to project benefits by project participants, with many of matters leading on to issues/concerns about the project and potential mitigation measures. All information from these consultations has been used to as a basis for the impact analysis set out in Section 5 of this ESMF.

1: The Following Guide to Questions for Stakeholders was developed and circulated as appropriate to prospective consultees.

Some Guide Questions for Stakeholders

I. Agencies and Village/Community Leaders

- Ministry of Finance (MOF)
- Ministry of Education (MOE)
- Ministry of Health and Human Services (MOHHS)
- Ministry of Culture and Internal Affairs (MOCIA)
- Village/Community Leaders

1. What is your opinion of the proposed project?
2. If beneficial and/or not beneficial to the target women and children, please state your reason(s).
3. Do you think there are cultural barriers (example: practices, beliefs, and values) , and other factors that will prevent or make difficult to achieve the intended project benefits for women, and children? If there are, what are these? How can these be addressed and by whom?
4. What is your role, and responsibility going to be in the proposed project?
5. Do you foresee any issues or problems that may arise as you undertake your role, and responsibility to the proposed project?
6. What do you think can be done to prevent or minimize issues and problems?

(To the Interviewer: If "lack of personnel" to undertake the project was not mentioned or discussed as a response, please probe if this is going to be an issue, and ask how can this be addressed and by whom.)

II. Community Women who are target beneficiaries

1. What is your role in caregiving? Who are you supported by (family, friends, paid caregivers)?
2. What do you think you will get out of the project in relation to you and your children/ grandchildren/children in your care?
3. If beneficial and/or not beneficial, please state your reasons.
4. Are there work (i) cultural practices, traditions, and beliefs, and/or (ii) activities in your day-to-day living that you think will prevent you from making use of the services that will be offered by the project? What are these that will prevent you from availing the services?

   [To the interviewer: Please cite examples of proposed project services from: (1) reproductive maternal, newborn, child and adolescent nutrition and health program; (2) early learning program for the "pre-school" children; and (3) social assistance in the form of cash transfers]
5. What can you (or the project, or your extended family, or your community) do to address any cultural and/or lack of time issue(s) in order that you can benefit from the services of the proposed project?
6. What suggestions do you have for the government for the successful implementation of the project?

7. What is/are your common source/s of information in relation to current events, government policies and programs, announcements about weather, etc.

III. Community Males who are spouses of target beneficiaries, or other males who are residing in the same home

1. What is your role in caregiving?
2. Do you think that the proposed project will be beneficial and/or not beneficial for your partner (or other relationship), and child/children?
3. If beneficial and/or not beneficial, please state your reasons.
4. Are there work (i) cultural practices, traditions, and beliefs, and/or (ii) activities in your family's day-to-day living that you think will prevent your partner/sister/daughter and child/children from making use of the services that will be offered by the project? What are these that will prevent them from availing the services? Will you access the services?

   [To the interviewer: Please cite examples of proposed project services from: (1) reproductive maternal, newborn, child and adolescent nutrition and health program; (2) early learning program for the "pre-school" children; and (3) social assistance in the form of cash transfers]
5. What can you do as the husband, and father (or other – grandfather, uncle) in the family to address any cultural and/or lack of time issue(s) in order that your wife, child/children, or even the whole family can benefit from the services of the proposed project?
6. What suggestions do you have for the government for the successful implementation of the project?
7. What is/are your common source/s of information? (Examples of information: current events, government policies and programs, announcements about weather, etc.)

2: Meetings

The consultations for the various groups took place according to the following schedule

Schedule	Parties	Venue
Wednesday, October 24, 2018		
10:30 A.M.	• DIDA: G Venus • PSS: Hannah Lafita; Paul Beumelburg; Theresa Kijiner; Norma Andrike; Garry Venus	PSS Conference Room
Monday, November 05, 2018		
4:00 P.M.	• DIDA G Venus; Lyra Estaris • IOM Angela Saunders	DIDA
Wednesday, November 07, 2018		
9:30 A.M.	• DIDA G Venus; Lyra Estaris; Anastasia Dujmovic • MOCIA Karian de Brun; Joy Kawakami	MOCIA
Thursday, November 08th, 2018		
1 P.M.	• DIDA Lyra Estaris; Anastasia Dujmovic • Bank of Marshall Islands Kakom J Paul	BOMI
Thursday, November 08th, 2018		
2:30 P.M.	• DIDA Lyra Estaris; Anastasia Dujmovic • WUTMI Miriam deBrum, Marie Maddison	WUTMI
Friday, November 09th, 2018		
10:30 A.M.	• DIDA Lyra Estaris; Anastasia Dujmovic • MOHHS Nora Liemann, Head Nurse Maternity/Neonatal Ward	MOHHS

Friday, November 09th, 2018		
2 P.M.	• DIDA Garry Venus, Lyra Estaris; Anastasia Dujmovic, Rebecca Langrine • MALGOV Russell Langrine, Director	MALGOV
Saturday, November 10th, 2018		
10 A.M.	• DIDA Lyra Estaris; Anastasia Dujmovic, Rebecca Langrine • Residents: Roxiana Lakmej, Kelynn Atnel, Donica jotai, Jabot Latdik, Rosecilla Rilomento Kaious, Julina Hesa, Axal Bationg, Lora Timison, Eonbwij Obet, Kenta Enos, Nelpo Peterson, Honey Leban, Jina Kejai, Merring Aine, Kirtje Jomi	Delap Community, near Hospital

3: Attendees at Workshop in Majuro 13th November 2018

Name	Position	Agency
Abacca A. Maddison	Deputy Chief Secretary	OCS
Ben Graham	Chief Secretary	OCS
Ville Peltovuori	Financial Econ. Advisor	OCS
Karina de Brun	Human Rights	MOCIA
Joy Kawakami	Coordinator	MOCIA
Kanchi Hosea	Commissioner	MOE/PSS
Gee Long Bing	Associate Commissioner	MOE/PSS
Sandy Dismas	Director Staff Dev.	MOE/DSS
Norma Andirke	Curriculum Specialist	MOE/DSS
Matthew Di Laeto	IQBE Coordinator	MOE/PSS
Julia M. Alfred	Sect. of HHS	MOHHS
Glorine Jeadrik	Asst. Secretary	MOHHS - Kwajalein
Anastasia Dujmovic	Aid Coordinator	DIDA
Garry Venus	Safeguards Specialist	DIDA
Malie S. Tarbwillan	Adi Coordinator	DIDA
Denise Jack	DCO's Assistant	ADB-DCO
Joy Millan	ECO Manager	UNICEF
Anna Smeby	Chief of Education	UNICEF
Caroline Adams	Implementation Support	World Bank
Anne Provo	Nutrient Specialist	World Bank
Arpanaa Sammurthan	Programme Leader	World Bank
Binh Thanh Vu	Senior Ed. Specialist	World Bank

5: List of Ministry, and Institution Representatives Met

Name	Office	Position	Contact Details	Date Met
1. Chinilla T. Peter	MOHHS/EHDI Program	Coordinator	455-6060 chinilla@hawaii.edu	11 Nov 2018 3pm
2. Russell Langrine	MALGOV	Director Health, Education, and Social Affairs	455-8808 russell.langrine@gmail.com	9 Nov 2018, 2pm
3. Nora Lieman	Marshall Islands Hospital, Majuro	Head Nurse Maternity and Neonatal Ward	-	9 Nov 2018, 11am
4. Miriam De Brum	WUTMI	Ajri Ibwinnini Coordinator	455-1119 modebrum@gmail.com	8 Nov 2018 2:30pm
5. Marie Maddison	WUTMI	Interim Executive Director	625-4296 wutmi126@gmail.com	8 Nov 2018 2:30pm
6. Kakom J. Paul	Bank of Marshall Islands	Assistant Manager	kakom@bomi.biz	8 Nov 2018 11am
7. Karina de Brum	MOCIA-Social	Human Rights Officer	692-625-8718 humanrightRMI@gmail.com	7 Nov 2018 9:30am

	and Human Rights			
8. Joy Kawakami	MOCIA-Social and Human Rights	Child Rights Officer	625-8240 mociacrc@gmail.com	7 Nov 2018 9:30am
9. Angela Saunders	IOM	Head of Office	aksaunders@iom.int	5 Nov 2018 4pm

6: List of Mothers, and Other Community Members Consulted in 10 to 11 November 2018

Name	Address	Contact Details
1. Roxciana Lakniej	Delap, Majuro	Box 1061, 692 456-8648
2. Kelynn Atnel	Delap, Majuro	Box 1061, 692 456-8646
3. Danica Jotdi	Delap, Majuro	Box 1452, 692 456-4447
4. Jabot Latdik	Delap, Majuro	Box 1061, 692 455-2025
5. Rosecillia Rilometo Kaious	Delap, Majuro	Box 1693, 692 455-6354
6. Julina Hesa	Delap, Majuro	Box 1061, 692 456-4361
7. Axal Bationg	Delap, Majuro	692 456-2723
8. Lora Timison	Delap, Majuro	692 455-1140
9. Eonbwij Obet	Delap, Majuro	Idoet@gmail.com
10. Kemta Enos	Delap, Majuro	Box 1452, 692 456-4447
11. Neipo Peterson	Delap, Majuro	Box 4009, 692 455-8574
12. Honey Leban	Delap, Majuro	-
13. Jina Kejai	Delap, Majuro	Box 1452, 692 456-4447
14. Mening Aine	Delap, Majuro	Box 3760, 692 455-1190
15. Kirte Jomi	Delap, Majuro	Box 3064, 692 456-0925
16. Rebecca Langrine	Delap, Majuro	relangrine2018@gmail.com
17. Stanley	Delap, Majuro	relangrine2018@gmail.com

7: Photo Documentation for Social Impact Assessment of RMI EARLY CHILDHOOD DEVELOPMENT AND NUTRITION PROJECT

Consultation meeting with mothers in Delap Majuro

Mini survey of mothers in Delap Majuro

Another photo of consultation meeting in Delap Majuro

Evening meeting in Delap Majuro

Ms A, Saunders (IOM), Social Expert, and Mr Garry Venus of DIDA-MOF

Mr Garry Venus (DIDA-MOF), Ms. Anastasia Dujmovic (DIDA-MOF), Mses De Brum and Kawakami of MOCIA

Social expert with Ms. Kakom J. Paul of BOMI

Road section in the community of Delap Majuro

House made of light and salvaged materials

Road section in Delap with trash bins at the foreground

Tank for rainwater collection of house

Another residence made of salvaged materials

House made of sturdier but light materials

Solar lighting by the roadside and near house

House made of sturdy mixed materials of wood, and concrete

House made of light materials and with G.I. sheets for roofing

7:

Annex 4: Stakeholders Consulted During Project Inception

November 13 -15, 2017

Name	Ministry/Organization	Title
Amenta Matthew	Ministry of Culture and Internal Affairs	Minister
Benjamin Graham	Chief Secretary's Office	Chief Secretary
Kino Kabua	Chief Secretary's Office	Deputy Chief Secretary
Maybelline Bing	Ministry of Finance, Banking and Treasury (MoF)	Secretary
Jennifer Y. Tseng	Division of International Development Assistance (DIDA)	Director
Julia Alfred	Ministry of Health and Human Services (MoHHS)	Secretary
Neri Wase	MoHHS	Finance Director
Chinilla T. Peter	MoHHS	Early Hearing Detection Intervention Program Director
Marita Edwin	MoHHS	Mental Health
Arata Nathan	MoHHS Outer Island Health Care Services (OIHCS)	Outer Island Health Care Services (OIHCS) Director
Chris Yankello	MoF/Economics, Policy, Planning and Statistics Office (EPPSO)	Advisor
Kanchi Hosia	Public Schools System (PSS)	Commissioner
Gee Leong Bing	PSS	Associate Commissioner for Human Resources
Teikla Enos	PSS	Early Childhood Special Head Specialist
Norma Andrike	PSS	Social Studies Specialist
Beney Kelen	PSS	Kindergarten Specialist
Sandy Dismas-Konelios	PSS	Director for Staff Development
Molly Helkena	Ministry of Culture and Internal Affairs (MoCIA)	Assistant Secretary
Karina de Brum	Ministry of Culture and Internal Affairs	Deputy for Human Rights
Kathryn Relang	Women's United Together Marshall Islands (WUTMI)	Executive Director
Malie Tarbwillin	DIDA	Aid Coordinator
Janet Nemra	KUMIT – NGO	Director
Rose Kabua	Youth to Youth in Health	Crises Manager
Kainok Jospeh	Youth to Youth in Health	Finance Officer
Cathleen Ledkia	Youth Smart Program	Tutor
Sheldon Yett	UNICEF	Representative, Pacific Island Countries
Wendy Erasmus	UNICEF	Chief of Child Survival and Development
Pete John Biscarra	UNICEF	Nutrition Consultant
Michael Samson	UNICEF	Consultant

April 2-11 2018

Name	Title	Ministry/Dept
Government		
John Silk	Acting President/Minster of Foreign Affairs and Trades	MOFAT
Amenta Matthew	Minister of Culture and Internal Affairs	MOCIA
David Paul	Minister in Assistance to the President and Environment	Office of the President
Benjamin M. Graham	Chief Secretary	Office of Chief Secretary
Abacca Anjain	Deputy Chief Secretary	OCS
Richard Bruce	Secretary	Public Service Admission
Ville Peltoruori	Fiscal & Economic Advisor	OCS
Jennifer Tseng	DIDA Director	MOF/DIDA
Maybelline Bing	MOF Secretary	MOF
Julia Alfred	MOH Secretary	MOH

Neri Wase	MOH Finance Director	MOH
Chinilla T. Peter	EHDI Program Coordinator	MOH
Marita Edwin	MOH Mental Health	MOH
Arata nathan	OIHCS	MOH
Chris Yankello	EPPSO/MOF Advisor	EPPSO/MOF
Kanchi Hosia	PSS Commissioner	PSS
Gee Leong Bing	PSS Representative	PSS
Teikla Enos	PSS Representative	PSS
Norma Andrike	PSS Representative	PSS
Beney Kelen	PSS Representative	PSS
Sandy Dismas-Konelios	PSS Representative	PSS
Molly Helkena	MOIA Assistant Secretary	Ministry of Internal Affairs
Kathryn Relang	WUTMI Executive Director	WUTMI
Malie Tarbwillin	DIDA Aid Coordinator	MOF/DIDA
Francyne Wase	Assistant Secretary, Office of Health Planning, Policy & Epidemiology	MOH
Chinilla T. Peter	EHDI Program Coordinator	MOH
Noatia Siofilisi	Medical Records Director	MOH
Caroline Johnny	Program manager	MOH
Ingrid Wang	Coordinator	Taiwan Health Center
Tanner Smith	Director	Wellness Center
Arata nathan	OIHCS	MOH
Herman Schmich	Director, Vital Stats	MOh
Hillia Langrine	Chief Nurse	MOH
Paul Alee	Health Promotion Director	MOH
Ramson Kios	Coordinator, MCH	MOH
Kanchi Hosia	PSS Commissioner	PSS
Karina Debrum	Human Rights Officer	MOIA
Asena Kuricivi	Director of Curriculum	PSS
Hannah Lafita	Associate Commissioner	PSS
Stanley Heine	Associate Commissioner	PSS
Cassiano Jetnil	Associate Commissioner Property and Maintenance	PSS
Junior Paul	Associate Commissioner	PSS
Rebecca Lorennij	Assistant Secretary	MOCIA
Joy Kawakami	CR Project Coordinator	MOCIA
Shia Kedi	NCD Coordinator	MOHHS
Tolina Tomeing	Program Coordinator	MOHHS
Rim Nour		UNICEF
Charles Lomae	Immunization Program Nurse	MOH
Joni Nashion	Nursing Department, Chief Nurse	MOH
Penny Kabua	Referral Director	MOH
Rosebella Jenet	Immunization/Prenatal Hep B Coordinator	MOH
Uma Palaniappan		UNICEF
Vathinee Jitjaturunt	Dep. Representative	UNICEF
Ramona Strauss		WUTMI
Marie L Maddison	WUTMI	WUTMI
Miriam deBrum	WUTMI	WUTMI
Trannie Bion	WUTMI	WUTMI
Jonita Alik	WUTMI	WUTMI
Christy McKay	WUTMI	WUTMI
Wean Elmer	WUTMI	
Rebecca Winchester	Preschool Teacher	LDS Church
Angela Saunders	Head of Office	International Organization for Migration (IOM)
Ellen Milne Paul	ADB	DC Officer
Fred deBrum	Director	EPPSO
Scott Keju	Statistical/ Collection and Analysis Officer	EPPSO
John Henry	Statistician	EPPSO
Stewart Karen	Ambassador	US Embassy

Frederick Nysta	Grants Management Specialist	US DOI
Private Sector		
Patrick Chen	CEO	Bank of Marshall Islands
James McLean	Chamber of Commerce Rep	Chamber of Commerce
Dwight Heine	Director	Office of Commerce and Investment
Jerry Kramer	CEO	PII
Ebeye		
Capelle Antibo	City Clerk	KALGOV
Andy Ordonel	Finance Officer	KALGOV
Jiji Kabua	Quarantine	OCS
Yumi Crisostomo	Deputy Team Leader	KAJUR
Denis Yates	Director	WELLNESS
Monica Kemem	Project Officer	Youth to Youth
BJ Kabua	MISSA/CHC Board	
Romeo Alfred	Chair/General Manager	KDC/KAJUR
Paz Estoesta	Ebeye HIVP	MOH
Glorine Jeadrik	Assistant Secretary	MOH
Joaquin Nasa Jr	Chief of Staff	MOH
Cho Cho Thein	Medical Director	MOH