



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Solomon Islands	EAST ASIA AND PACIFIC	P173933	
Project Name	Solomon Islands COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/17/2020	4/30/2020
Borrower(s)	Implementing Agency(ies)		
Solomon Islands	Ministry of Health and Medical Services		

Proposed Development Objective(s)

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

Financing (in USD Million)	Amount
Total Project Cost	5.00

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

No

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

The Project under the Global MPA will support the country’s COVID-19 response and to strengthen the health system for public health emergencies. The project components and activities under each component are designed to support critical gaps identified through the Consolidated National Preparedness and Response Plan for COVID-19 (issued on 12 March 2020) and complement activities that have already been committed by other DPs, including DFAT, WHO, UNICEF and the Asian Development Bank among others. The project coverage will be national in scale, but also includes support to selected Provinces. The project will comprise the following three components:



Component 1. Emergency COVID-19 Preparedness and Response: Carrying out activities to assist the Recipient to prevent, prepare for and respond to COVID-19 including: (a) response coordination activities including supporting the Emergency Operations Committee; (b) improving infection prevention and control measures by providing relevant supplies and consumables; (c) enhancing case detection, confirmation and contact tracing capabilities by providing laboratory reagents and consumables; (d) if necessary, supporting quarantine and isolation costs, as agreed with the Association, for Quarantined Persons; and (e) mobilizing contractual health care workers as may be required to respond to a surge in demand for health care services.

Component 2. Health System Strengthening: Carrying out activities to strengthen the Recipient’s health care system by enhancing clinical care capacity to manage COVID-19 cases and sustain routine health service delivery, including: (a) minor renovations and upgrades to intensive care units in four provinces; (b) supporting health care waste management including provision for waste disposal transportation, health care waste management system upgrades and training for health care workers; and (c) enhancing referral capacity and transportation of cases.

Component 3. Implementation Management and Monitoring and Evaluation: Providing technical and operational assistance to the Recipient on Project management and implementation, including supporting monitoring and evaluation activities, capacity building of Ministry of Health and Medical Services (MHMS) staff and establishing and supporting the Project Management Unit.

The MHMS of Solomon Islands will be the project’s implementing agency and will have the overall implementation responsibility for the Project, including the responsibility for carrying out day-to-day management and implementation of the project and coordinating with other government ministries/agencies and stakeholders on all aspects of project implementation as required. The project is expected to benefit the general population, including at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The Solomon Islands is a Lower Middle-Income Country comprised of more than 900 islands grouped in nine provinces, with a total land area of 28,400 km² over 1.3 million km² of Pacific Ocean. The population of 680,809 (2019 estimate) is largely rural (81%) and is dispersed across 90 inhabited islands. The country has among the lowest population densities (20.8 persons/km²) and urbanization rates in the world. Distances between islands are significant: the north western Choiseul group is approximately 1,500 km from the southeastern Santa Cruz Islands. The annual urban growth rate for the Solomon Islands is 4.7 percent. In terms of total population, an estimated 23% of the country’s population resides in Malaita, the most populated province, followed by 22% in Guadalcanal and 14% in Western Province, whereas Rennell-Bellona, the least populated province, accounts for less than 1% of the total population. These country characteristics all contribute to a challenging service-delivery environment, including health-service delivery.

Many population health outcomes have improved significantly in Solomon Islands in the last two decades, for example, a marked decline in the prevalence of malaria and tuberculosis and the improvement of overall immunization coverage. However, the country still faces significant challenges. Recent outbreaks suggest immunization coverage is still insufficient. Poor sanitation continues to be a serious issue, and tuberculosis and



chronic respiratory infections remain a significant share of the disease burden. Ongoing challenges with communicable diseases and maternal, neonatal, and nutritional health persist. The Solomon Islands is suffering the classic “double burden of communicable and non-communicable diseases” not dissimilar to most other countries in the region, requiring society to adapt rapidly to the challenge of coping with a heavy and growing case-load of communicable and non-communicable disease simultaneously.

This emergency operation will be implemented at both national and provincial levels, with the four participating provinces currently being Western Province, Malaita, Choiseul and Makira. The project-supported activities will include purchase of goods (e.g., medical equipment, Personal Protective Equipment (PPE), laboratory equipment and consumables, essential pharmaceutical products, patient transport vehicles, waste management equipment) and provision of training and operational costs for rapid response and surveillance. Only minor civil works will be supported to expand treatment capacity by refurbishing existing ICU facilities at 5 hospitals in four provinces. Among others, the purchase of consumables is expected to cover all provinces under the central coordination of Ministry of Health and Medical Services (MHMS); while the infrastructure investments will largely focus on the provinces of Malaita, Choiseul, Makira and Western Province.

Regarding healthcare waste management in Solomon Islands, the MHMS drafted a national healthcare waste policy in 2008; however, not much progress was made on its implementation according to the 2014 baseline assessment conducted for SPREP (Secretariat of the Pacific Regional Environment Program) PacWaste project covering six hospitals in the country. All hospitals and healthcare centers have to resort to their own waste management initiatives; some were equipped with incinerators which typically suffered from poor maintenance and malfunctioning. The baseline study also identified the following inadequacies: 1) Lack of documented waste management planning system; 2) sub-standard healthcare waste segregation and containment practices; 3) inadequate facilities for storage of healthcare waste before treatment; 4) treatment infrastructure incapable of definitively destroying the healthcare waste infection risk; 5) Inappropriateness and irregular use of Personal Protective Equipment (PPE); and 6) no structured training programs for healthcare waste management stakeholders.

D. 2. Borrower’s Institutional Capacity

The Ministry of Health and Medical Services (MHMS) will be the implementing agency for the Project. MHMS will establish a Project Management Unit (PMU), led by the Undersecretary Administration and Finance (USAF). The PMU, who will directly report to the Undersecretary Administration and Finance, will be staffed with a core team with expertise in project management, procurement, financial management, environment and social risk management, and M&E. The PMU will be responsible for the day-to-day management of the project, including financial management, procurement, safeguard preparation, consolidation of work plan and budget, financial audit, ensuring compliance with environmental and social framework (ESF) of the World Bank, and monitoring and evaluation. Individual consultants with specific skill sets will be recruited to provide support to the PMU as needed. Because, recruitment of personnel and establishment of the PMU will require some time, and given the emergency nature of this project, an interim arrangement (envisaged for the first six months) will be necessary. For the interim PMU, while recruitment is underway, the following project implementation support is proposed: (a) the MHMS will appoint a staff to oversee the overall operation of the project, (b) utilize existing project staffs (Financial Management, Environmental and Social Risk Management, and Procurement and Contract Management Officers) from an on-going World Bank financed project (likely to be Solomon Islands Road and Aviation Project), and (c) hands on support from World Bank staff on the ground in Honiara



Whilst MHMS has no prior experience with the World Bank’s safeguards policies, the interim PMU staff is very familiar working on projects using these policies. However, this will be the first World Bank-financed project subject to the Environmental and Social Framework (ESF) in Solomon Islands. During an interim period of up to six months, the Safeguards Officer of the interim PMU will take up day-to-day environmental and social risk management of the project activities. The Safeguards Officer has the time and ability to take on the extra work associated with supporting the Project.

Commitments have been made by MHMS to recruit a full-time, local Environmental, Social and Health and Safety and Community Engagement (ESHS&CE) Specialist within 6 months of project effectiveness, as part of the permanent PMU, who will initially be supported by the Safeguards Officer in the interim PMU. In addition, an international part-time Environmental, Social and Health and Safety (ESHS) expert will be engaged upon Project Approval to develop the Environmental and Social Management Framework (ESMF), the revised Stakeholder Engagement Plan (SEP) and other applicable E&S instruments, provide training to the local environmental and social specialist and PMU staff and provide continued guidance and monitoring of the project’s environmental and social performance on an as-required basis. As part of the project ESMF, a capacity assessment will identify where training and further capacity building will be needed. Extensive training of hospital medical, laboratory and waste management personnel will be envisaged and funded under the project, in addition to investments in waste management equipment. It is also expected that enhanced oversight from the Bank E&S team will be required.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project is developed to support Solomon Islands to respond to the COVID-19 pandemic and to strengthen its health system for public health emergency, which is thus expected to result in long-term positive environmental and social impacts. In the short to medium term, however, environmental risks are assessed to be Substantial. The project investments will focus on the provision of equipment, surveillance, case management, and capacity building activities. Only minor civil works will be undertaken for the renovation and expansion of ICU capacity within existing facilities. The negative environmental impacts directly associated with construction activities will be minor and can be readily mitigated. The main operational environmental risks identified are: (i) Occupational, Health and Safety (OHS) issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) OHS issues for medical staff and employees related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste. Recent outbreaks in the country (e.g. dengue in 2013 and measles in 2014), low coverage and investment in essential health services, and lack of properly trained healthcare workers exacerbate the environmental risks associated with COVID-19 interventions, despite the availability of readily implementable and effective mitigation measures in the form of WHO guidance, World Bank Environmental Health and Safety (EHS) Guidelines and other good international industry practice (GIIP).

Regarding healthcare waste management in Solomon Islands, a baseline study was conducted in 2014 under the EU-funded PacWaste project, which identified the inadequacies on health care waste segregation, containment, storage,



treatment and disposal, staff training, Personal Protective Equipment (PPE) availability and other OHS management aspects, even in the six priority hospitals covered by the study. Many of these identified issues were expected to be addressed by the PacWaste project and JICA investments, including the preparation of a national healthcare waste management strategy (already drafted, but yet to be endorsed at the ministerial level); however, there will continue to be a need for additional interventions to further reduce the public health risks resulting from healthcare waste management (e.g. hospitals not covered by PacWaste, poor maintenance and dysfunction of existing incinerators, etc). It is understood that MHMS is still working with development partners on support for this area; however, the task team were not able to verify specific status of current progress made in actioning the many recommendations from the study, particularly in different provinces. Although the COVID-19 emergency operation is not expected to generate large incremental volumes of medical waste with high population proximity exposed to this waste; and the probability of serious adverse effects to human health from exposure to medical waste is low, the project’s environmental risks are considered Substantial due to the prevailing environmental, health and safety risk management capacity constraints in the health sector and the country in general.

During implementation, the above-mentioned project-related environmental risks will be revisited upon the availability of more project information to support the preparation of a project-specific ESMF. The availability and adequacy of healthcare waste management system in the selected provinces will be further reviewed, and corresponding risk mitigation measures will be included in the project design and ESMF as needed. Some budget has been allocated to improve existing healthcare waste management system in the project supported healthcare facilities in line with the ESMF recommendations.

Social Risk Rating

Substantial

The project is expected to have overall positive impact at a national scale. The social risks are considered Substantial even as some social risks and impacts (for example quarantine and isolation units, distribution of PPE, medical supplies) are considered temporary, predictable, and readily managed through project design features and mitigation measures.

No land acquisition or involuntary resettlement impacts are expected. The project will include some civil works such as renovation and upgrading of existing facilities for intensive care units (ICU). The project will rent and lease quarantine and isolation facilities using market mechanisms, should there be any outbreaks. The project is national in scale with some activities targeted to selected provinces. The plan is to rent/lease guest houses/hotels, school premises to function as quarantine/isolation facilities. This is currently being done in Honiara and the facilities follow WHO guidelines on establishment and set up. The government will support the project by providing private or government security personnel, to provide safety to the people in quarantine facilities, in this instance the project will ensure that the security personnel follows strict code of conduct and avoid any escalation, taking into consideration protocols that will be included in the ESMF, materially consistent with the ESF and the guidance provided in the World Bank’s technical note on the “use of military forces to Assist in COVID-19 Operations: suggestion on How to Mitigate Risks.”

A key social risk is the potential for inequitable access to project supported facilities and services particularly for vulnerable and high-risk social groups (poor, disabled, elderly, isolated groups). The social stigma associated with the emerging COVID-19 has the potential to contribute to more severe health problems, ongoing transmission, difficulty in controlling infectious diseases, particularly targeting vulnerable people. Real or perceived inequities also have the potential to lead to social tensions, conflict and civil unrest. To mitigate this risk MHMS, in the ESCP, will commit to

Public Disclosure



the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement.

While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility operation through to on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities, or people who will be quarantined or placed in isolation units, may be exposed to risks of gender-based violence, sexual exploitation/sexual harassment. Clear communication of risks and prevention measures will be included within training and stakeholder engagement activities.

Social risks associated with the project will be addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Mechanism - GM) and Labor Management Procedure (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF). The project is expected to result in positive environmental and social impacts as it is by design to address critical gaps identified through the national COVID-19 preparedness and response plan of Solomon Islands and to strengthen the country's health system for public health emergency. However, the environmental and social risks for the project are deemed Substantial, particularly in relation to: (i) Occupational, Health and Safety (OHS) management of healthcare workforce, including laboratory technicians; (ii) environmental pollution and community health and safety issues related to the handling, transportation and disposal of healthcare waste; (iii) lack of capacity and experience of the project implementation agency on the World Bank's policy requirements for environmental and social risk management; (iv) real or perceived inequities to the delivery of services; and (v) potential for sexual exploitation and abuse/sexual harassment (SEA/SH) in quarantine/isolation facilities.

To manage these identified risks, the MHMS will prepare the following instruments:

Environmental and Social Management Framework (ESMF) - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank Environmental, Health and Safety (EHS) Guidelines and other good international industry practices (GIIPs). The ESMF will include a Code of Environmental Practice (CoEP) for minor works associated with renovation of ICUs within existing hospital facilities; Infection Prevention and Waste Management Plan (IP&WMP) for all facilities including laboratories and healthcare centers and other facilities for quarantine and isolation; Labor Management Procedures (LMP) for PMU and contracted workers to ensure proper working conditions and management of worker



relationships, OHS management, and to prevent sexual exploitation and abuse and sexual harassment; and a chapter on institutional capacity assessment to identify where training and further capacity building will be needed, including the coordination approaches with other development partner (for example, ADB, DFAT, and other UN agencies) who are funding complementary activities will be pursued. The ESMF will be prepared to a standard acceptable to the World Bank and disclosed on the MHMS website [www.solomons.gov.sb] and on the World Bank website within 1 month after the Effectiveness Date. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.

Stakeholder Engagement Plan (SEP, including the Grievance Mechanism (GM)) – to establish a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19.

To achieve the anticipated environmental and social benefits of the project, the aforementioned areas of risks must be addressed and mitigated as discussed below:

Medical Waste Management and Disposal. Wastes that may be generated from labs, screening posts, quarantine and isolation units and treatment facilities to be supported by the project, which could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation facilities, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. For Solomon Islands, healthcare waste management remains an issue and consequently, the health and environmental risks due to poor management of healthcare waste from the project are deemed to be substantial. During the preparation of ESMF, more specific assessment will be conducted upon the final confirmation of project locations to evaluate the adequacy and enforcement of hazardous waste management policy, legislation and guidelines, the management and maintenance of healthcare waste handling, treatment and disposal facilities, the availability of financial resources, and the status of personnel capacity building in the project areas. Based on the assessment findings, the Project will invest in necessary procedures, equipment (e.g., containers, PPE, high pressure autoclaves and/or incinerators) and training (for medical, laboratory and waste management personnel) to ensure compliance with the IPC&WMP, WHO guidance and other available GIIPs. This will be documented in the IP&WMP as part of the ESMF.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and death among healthcare and laboratory workers. The IP&WMP will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. In addition, the LMP will cover OHS provisions to protect healthcare workers, in addition to proper working conditions and management of worker relationships.



Community Health and Safety. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers (including quarantine and isolation facilities) have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. The project’s ESMF will outline procedures for each project activity commensurate to the risk. The IP&WMP to be developed will contain detailed procedures, based on WHO guidance, for the safe operation of health facilities and protection of the public from exposure to the virus as a result of these operations. In addition, the project’s Stakeholder Engagement Plan (SEP) will ensure widespread engagement with communities - and its more vulnerable groups - to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.

Vulnerable Groups Access to Project Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. The social stigma associated with the emerging COVID-19 has the potential to contribute to more severe health problems, ongoing transmission, difficulty in controlling infectious diseases, particularly targeting vulnerable people. Real or perceived inequities also have the potential to lead to conflict and civil unrest. To mitigate this risk MHMS, in the ESCP, will commit to the provision of services and supplies to all people, regardless of their social status based on the urgency of the need, in line with the latest data related to the prevalence of the cases.

Gender-based Violence. Solomon Islands has high background rates of Gender-based Violence. The project will include a large workforce of health care workers (direct, contract and community workers). Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) risks will be assessed and addressed during implementation through the ESMF, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The MHMS, in the ESCP will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention.

ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for effective and inclusive engagement with all of the relevant stakeholders and the population at large. A Stakeholder Engagement Plan (SEP) has been prepared for engaging with stakeholders on the E&S risks of the project and will be disclosed on the MHMS’ official website [www.solomons.gov.au]. The SEP identifies and analyses key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents. The SEP also outlines the Project’s Grievance Mechanism (GM) which will enable stakeholders to raise project related concerns and grievances.

The MHMS will update the SEP during project implementation, and no later than 1 month after project effectiveness. The updated SEP will ensure consistency with ESS7, promoting the inclusion of Indigenous Peoples, and outlining culturally appropriate approaches for consultation and information dissemination. The SEP will also acknowledge the particular challenges with marginalized and vulnerable social groups, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to suffer the E&S risks of the Project, or benefit



from project efforts to slow the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance. The GM will also be operationalized ensuring core elements are in place to enable affected people and the project workforce to raise concerns and complaints - including adequately trained staff with GM responsibilities, community awareness tools, grievance lodgment tools, and investigation and feedback processes.

The final SEP (and GM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). The SEP (and GM) will also be disclosed on the MHMS's website and printed copies will be placed in health centers in all provinces and hospitals.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

The project components (Component 1-and Component 2) will finance activities to strengthen the preparedness and capacity of healthcare workforce and contractual staff through infection prevention and control measures, provision of Personal Protective Equipment (PPE), and training opportunities. It will enhance human resource capacity in diagnosing and treating the novel coronavirus (COVID-19) and conduct epidemiological and clinical research. It will include training and other capacity building activities related to interpersonal communication by health workers related to COVID-19, infection prevention and control, testing, waste management and clinical management of patients with mild symptoms in primary care settings.

The project workforce is expected to include: i) direct workers including government staff and consultants engaged directly by the MHMS (i.e. project management personnel, medical staff etc); and ii) contracted workers employed or engaged through third parties such as UN agencies and NGOs (i.e. training and service providers), including contractors that will carry out the renovation works. Elements of the project activities may also include use of Community Workers (on a volunteer basis).

The key risk for the project workers (primarily direct and contracted healthcare workers) is infection with COVID-19 or other contagious illnesses which can lead to illness and death of workers. Risky environments include laboratories, hospitals and health care centers, quarantine and isolation facilities and the broader community where project workers may be exposed to the virus. Project workers are also at serious risk of psychological distress, fatigue and stigma due to the nature of their work.

MHMS, via the ESCP, has committed to the preparation of Labor Management Procedures (LMP) as part of the ESMF which (i) respond to the specific health and safety issues posed by COVID-19, (ii) protect workers' rights as set out in ESS2, and (iii) create a GM for project workers to raise complaints or queries. Health and safety issues associated with project financed activities will be managed through the ESMF which will incorporate the WHO guidance tools for COVID-19 preparedness and response including the Risk Communication Package for Healthcare Facilities which provides healthcare workers (HCWs) and healthcare facility management with the information, procedures, and tools required to safely and effectively work.



In accordance with ESS2 and national law, due to the hazardous work situation, children under the age of 18 will not be allowed to work on the project. The use of forced labor or conscripted labor on the project is also prohibited.

ESS3 Resource Efficiency and Pollution Prevention and Management

Wastes may be generated from labs, screening posts and treatment facilities to be supported by the project, which could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs, quarantine and isolation facilities, etc.) that require special handling and awareness. They may also pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to further spreading of the virus to nearby communities.

As documented under ESS1, measures to manage the risks from health care waste management will be documented in the IP&WMP as part of the ESMF.

ESS4 Community Health and Safety

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

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

Conflict or Civil Unrest. Real or perceived inequities regarding access to project health services have the potential to lead to conflict or civil unrest. To mitigate this risk, in the ESCP, MHMS will commit to the provision of services and supplies to all people, regardless of their social status based on the urgency of the need, in line with the latest data related to the prevalence of the cases. The project's stakeholder engagement activities will ensure that clear information is provided to the public.

Quarantine/ Isolation Centers. The operation of quarantine/ isolation centers needs to be implemented in a way that both the wider public, as well as the patients, are treated in line with international best practice as outlined in WHO guidelines, this includes for example appropriate quarantine arrangement measures which provide a suitable level of comfort including the provision of food, water and hygiene facilities, adequate ventilation and air filtration. Patients in quarantine will be expected to practice respiratory hygiene (covering nose and mouth with bent elbow when



coughing or sneezing) and practice good hand hygiene. Patients should be treated with respect for their dignity, and fundamental freedoms and minimize any discomfort or distress associated with such measures taking into consideration their gender, sociocultural, ethnic or religious needs.

Gender-based Violence. Solomon Islands has high background rates of Gender-based Violence. Some project activities like the quarantine and isolation facilities may give rise to the risk of Gender Based Violence (GBV), in particular, Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. The ESMF will include a GBV risk assessment and preventive measures. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructure such as segregated toilets. The project will also ensure that quarantine and isolation centers are operated effectively throughout the country, including in remote areas.

There will be no security forces funded by the project, however there may be security present on sites where project activities take place such as the quarantine facilities. The security personnel will be engaged by the Solomon Island government with limited to general security functions related to the COVID-19 response. In this instance, if security forces or security personnel are mobilized as part of the government’s response to the emergency, the Project shall take measures to ensure that, prior to deployment such personnel are (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not considered Relevant. Project activities are not expected to involve land acquisition, physical or economic displacement, or restriction of access to natural resources. Works/infrastructure activities will be limited to minor civil works to renovate and upgrade existing intensive care units and rent/ lease quarantine facilities in targeted provinces using market mechanisms. The project’s ESMF will outline a screening, due diligence and public consultation process to ensure proposed project sites can be utilized for project infrastructure activities.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not considered Relevant, as the project will only involve minor civil works to expand isolation capacity by refurbishing existing facilities.

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

Solomon Islands has 992 islands with 70 languages spoken across the country. ESS7 is relevant and the standard applies for this project since ethnic groups (Indigenous Peoples - IPs) possessing the characteristics listed in para 8 of ESS7 are present in the project area.

Indigenous Peoples are expected to be the sole or the overwhelming majority of direct project beneficiaries. Accordingly, a separate Indigenous Peoples Planning Framework (IPPF) will not be prepared. Rather, in accordance with the provisions of ESS7, the elements of an IPPF have been included in the overall project design and the above-



mentioned SEP. The SEP requires that IPs are consulted about the project in a culturally-appropriated manner to identify and address any economic or social constraints that may limit opportunities to benefit from, or participate in, the project. In addition to the proposed plan to integrate elements of IPPF into overall project design and Stakeholder Engagement Plan (SEP), where appropriate, key elements of risk mitigation and culturally appropriate benefits should be included in the ESMF.

Project activities are required to include adequate preparedness actions targeted to disadvantaged and vulnerable groups (elders, women/children, people with disability) through adopting WHO guidance which are designed to support risk communication, community engagement staff and first responders working with national health authorities. No activities under this project will require obtaining FPIC as defined under the standard.

ESS8 Cultural Heritage

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

ESS9 Financial Intermediaries

This standard is Not Relevant to the proposed project interventions, as no financial intermediaries will be used.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
The interim PMU shall supply the services of its Safeguards Officer for a period of up to 6 months or until the ESHS&CE specialist has been recruited.	06/2020
Recruit full-time Local Environmental, Social and Health and Safety and Community Engagement Specialist (full-time), within 6 months after the effective date of the Financing Agreement for the Project (Effective Date) and maintained throughout Project implementation.	10/2020

Public Disclosure



An additional part time international Environmental, Social and Health and Safety Specialist shall be recruited/appointed upon Project Approval and retained on an as-required basis.	
Environmental and Social Management Framework (ESMF) Timeline: The ESMF will be prepared, disclosed and adopted no later than 1 month after effective date. Assessments to be conducted prior to the carrying out of the relevant Project activities. Until the ESMF is approved, the Project will apply the WHO standards on COVID-19 response in a manner consistent with ESS1.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Updated Stakeholder Engagement Plan (SEP) Timeline: The SEP will be updated, disclosed and adopted no later than 30 days after the Effective Date. The SEP will then be continuously updated during project implementation.	06/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures prepared, disclosed and adopted as part of the ESMF, Timeline: no later than 1 month after the Effective Date and before the carrying out of the relevant Project activities.	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Infection Prevention and Waste Management Plan (IP&WMP) Timeline: The IP&WMP will be prepared, disclosed and adopted as part of the ESMF, no later than one month after Effective Date	06/2020
ESS 4 Community Health and Safety	
ESMF to be prepared, disclosed and adopted no later than 1 month after the project effectiveness and prior to commencement of relevant Project activities. Until the ESMF is approved, the Project will apply the WHO standards on COVID-19 response	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
No land will be acquired but minor civils works will take place within existing government owned buildings, for refurbishment and upgrade of existing ICU facilities.	06/2020
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
Not relevant	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Update, disclose, and adopt the preliminary SEP no later than 1 month after the Effective Date, and implement the SEP throughout the Project implementation period. Elements of a IP Plan to be integrated into updated SEP.	06/2020

Public Disclosure



ESS 8 Cultural Heritage

Chance Find Procedure (CFP)

Timeline: The CFP will be prepared, disclosed and adopted as part of the ESMF no later than 1 month after Effective Date

06/2020

ESS 9 Financial Intermediaries

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

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

The project will not use Borrower Framework.

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Solomon Islands

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Medical Services

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Netsanet Walelign Workie

Practice Manager (ENR/Social) Valerie Hickey Cleared on 21-Apr-2020 at 09:28:21 EDT

Public Disclosure



Safeguards Advisor ESSA

Nina Chee (SAESSA) Concurred on 21-Apr-2020 at 13:48:0 EDT

Public Disclosure