



TONGA

Tonga Climate Resilience Transport Project  
Contingency Emergency Response Component

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ENVIRONMENTAL AND SOCIAL  
MANAGEMENT FRAMEWORK

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MINISTRY OF FINANCE – CENTRAL SERVICES UNIT

28 April 2020

## Contents

Abbreviations .....	ii
1. Background .....	1
2. Project Description .....	3
3. Environmental and Social Management .....	4
4. Environmental and Social Screening .....	7
5. Institutional Arrangements, Responsibilities and Capacity Building .....	8
Annex 1. List of Prioritised Activities.....	11
Annex 2 Eligible and Ineligible Activities within the TCRTF ESMF .....	18
Annex 3 Screening Form .....	20
Annex 4 Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings .....	21

## Abbreviations

ADB	Asian Development Bank
CERC	Contingency Emergency Response Component
COVID 19	Coronavirus Disease 2019
CSU	Central Services Unit with the Ministry of Finance (Supports WB Projects in Tonga)
EEZ	Exclusive Economic Zone
DFAT	Australian Department of Foreign Affairs and Trade
EAP	Emergency Action Plan
EHS	Environmental, Health and Safety
EOC	Emergency Operating Centre
E&S	Environmental and Social
ESHS	Environmental, Social, Health and Safety
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
GDP	Gross Domestic Product
GOT	Government of Tonga
HCF	Health Care Facility
HEPA	High Efficiency Particulate Air filter
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
HVAC	Heating, Ventilation and Air Conditioning
HWMS	Healthcare Waste Management System
MOF	Ministry of Finance
MOH	Ministry of Health
MOI	Ministry of Infrastructure
NEOC	National Emergency Operating Committee
OHS	Occupational Health and Safety
PMU	Project Management Unit
PPE	Personal Protective Equipment
PPP	Purchasing Power Parity
SEP	Stakeholder Engagement Plan
TCRTP	Tonga Climate Resilience Transport Project
UN	United Nations
WB	World Bank
WHO	World Health Organisation

## 1. Background

The Kingdom of Tonga (Tonga) consists of 169 Islands, 36 of which are inhabited, and a total population of around 107,000<sup>1</sup>. The country lies in the South Pacific and stretches over a distance of approximately 800 kilometres (kms) from north to south, covering a total land area of 748 square kms with an Exclusive Economic Zone (EEZ) of about 700,000 square kms. Around three quarters of the population are based on the main island of Tongatapu, while other major islands and island groupings include Eua, Ha'apai, Vava'u and the Niua Islands. Tonga's location makes it one of the most geographically remote nations in the world from major centres of economic activity.

Extreme poverty across Tonga is negligible, but significant numbers live in hardship. Gross Domestic Product (GDP) per capita is US\$ 5,320 at 2016 Purchasing Power Parity (PPP). According to preliminary estimates from the 2015/16. Household Income and Expenditure Survey (HIES), 0.95 percent of the population live with less than US \$1.90 per day, with poverty in male headed households (0.97 percent) marginally higher than in female headed households (0.89 percent). While there are very few people in abject poverty in Tonga, "hardship" or lack of cash for basic goods is typically a more widespread concern. Rural populations are more likely to live in poverty than those in urban areas.

The potential for high economic growth in Tonga is constrained by inherent high cost structures. Over the past two decades, per capita GDP has grown by 1.1 percent per year, compared to 2.3 percent globally. This is marginally above the average for the group of small Pacific islands, which on average grew at 0.9 percent over the same period, though lower than any other region across the globe. Small size and remoteness combine to push up the cost of economic activity in Tonga, limiting the competitiveness of its goods and services in world markets. A high dependence on imports also renders the archipelago vulnerable to external economic shocks, such as food and fuel price spikes.

An outbreak of COVID-19 caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic. Similarly, the Government of Tonga on March 20, 2020 declared at state of emergency because of the risks of COVID – 19. As of April 14, 2020, the COVID-19 global outbreak has resulted in an estimated 2,019,320 confirmed cases and 119,483 deaths in 213 countries<sup>1</sup>. Tonga remains one of the less than 20 countries without a confirmed COVID-19 case, but the risks are high that COVID-19 could spread widely and rapidly, should the disease reach the country.

The global COVID-19 outbreak, if it reaches the Kingdom of Tonga, would place considerable constraints on an already challenged health system and cause possible loss of life. Health Services in Tonga are largely publicly funded and delivered by the Ministry of Health (MOH) through a network consisting of one National Referral Hospital, three outer-islands hospitals, and 24 lower level facilities. The Vaiola National Referral Hospital is a 200-bed facility based in the capital city Nuku'alofa, which is on the kingdom's main island, Tongatapu. Seventy three percent of the population of Tonga lives on Tongatapu and roughly a third (35%) of the population live in the greater Nuku'alofa area. Significant disruptions in global and regional supply chains, higher prices, and economic losses in Tonga's market countries will also be felt internally as Tonga relies heavily on imported goods and services. Border closures and travel restriction are also significantly affecting the tourism industry, which Tonga's economy relies on. Most Tongan businesses are small and

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<sup>1</sup> John Hopkins University & Medicine – Coronavirus Resource Centre

medium-sized enterprises, which are especially vulnerable to economic disruptions. Given the current outbreak of COVID-19 pandemic worldwide, the Government of Tonga (GOT) has effectively closed its borders to prevent the virus from entering the country.

Tonga currently has limited ability to prevent, detect and control a COVID19 outbreak. To prepare the country for a possible outbreak of COVID-19 the GOT and World Bank (WB) have activated Component 4 of the GOT, Tonga Climate Resilience Transport Project (TCRTP – P161539) - the Contingency Emergency Response Component (CERC) to immediately assist to reduce the impact of the health crisis and strengthen the health sector. The TCRTP PMU has developed on “Operations Manual for the Contingency Emergency Response Component 4” (March 2020). Additionally, an Emergency Action Plan (EAP) has been developed to assist, manage and direct the activities proposed under the CERC. The COVID-19 pandemic is a unique emergency that is not covered in the TCRTP CERC Environmental and Social Management Framework (ESMF) (July 2018). This document sets out the required safeguards to update the TCRTP CERC ESMF acknowledging the unique requirements of the COVID-19 emergency.

This ESMF will be submitted as standalone document to manage any environmental and social safeguards risks and impacts associated with any activities proposed in the EAP. As such this ESMF will be submitted to the WB to support the EAP. This ESMF should also been seen as a component of the Operations Manual for the Contingency Emergency Response Component 4” (March 2020) for any future or ongoing activities related to COVID-19.

The GOT through the Ministry of Finance (MoF) Central Services Unit (CSU) is implementing the Project in close coordination and cooperation with the Ministry of Health (MOH).

This ESMF is thus prepared by the Safeguards Specialist from the CSU in compliance with the TCRTP CERC ESMF This document addresses item “C” for triggering CERC from the TCRTP Project Operating Manual (POM) which states “*Prepare and disclose all safeguards instruments required under the Environmental and Social Management Framework (ESMF) for said activities, if any, and implement any actions which are required to be taken under said instruments, in accordance with the provisions of Section I.F of Schedule 2 to this Agreement.*” Said activities are assumed to be: “any activities under Component 3a of the Project”.

Main objectives of the ESMF are toto guide the Implementing Agency (IA) and the activities owners (MOH,) to conduct an environment and social (E&S) screening and subsequent assessment of Project activities during implementation, including any relevant management Plans that have to be developed in compliance with the WB’s Environmental and Social Safeguards Policies. Specifically, the ESMF aims to:

- assess the potential E&S risks and impacts of the proposed Project (both positive or negative), and propose mitigation measures which will effectively address these risks/impacts
- to establish clear procedures for the E&S planning, review, approval, and implementation of activities/subprojects, technical assistance (TA), and other activities to be financed under the Project
- to describe specific mechanisms for public consultation and disclosure of E&S documents as well as redress of possible grievances

- to specify roles and responsibilities of agencies responsible for implementation of the proposed E&S measures including identification of priority training, capacity building, and technical assistance, and the ESMF budget.

The scope of the ESMF includes an E&S screening to determine eligibility and activities with E&S risks and identify potential E&S issues and specific Management Plans to be prepared and submitted for WB clearance and/or GOT approval as needed. The key Management Plans relevant to COVID-19 will focus on mitigating the risks due to infectious and hazardous wastes through the application of an Infectious Prevention and Control Plan and a Medical Waste Management Plan as well as infection prevention procedures for medical staff and the general public in relation to the CERC funded activities, in line with the recent guidelines provided by the WB and WHO in response to COVID-19. Due consideration has also been given to ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. This ESMF will be applied to all activities (works, good/services, technical assistance and research activities) to be financed by the CERC EAP.

## 2. Project Description

In response to the COVID-19 pandemic, the GOT has requested the WB to trigger the CERC under TC RTP and allocate approximately US\$ 2.89 million from unallocated funds in the project to strengthen Tonga's health systems.

The specific activities to be financed by the proceeds allocated to the CERC are event and demand driven and the following eligible activities are coordinated and implemented in accordance with WB and the Tonga National Health Strategic Plan and the COVID 19 National Action Plan (MOH, 2020). The EAP has the following objectives:

- a. Leveraging international coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships
- b. Scaling up country preparedness and response operations to:
  - Keep Tonga COVID-19 free for as long as possible
  - Contain and slow down the spread of COVID -19
  - Minimise the adverse health, wellbeing and social impacts of COVID-19
  - Reduce the number of deaths
  - Reduce the economic and social disruption associated with the outbreak.

Key Activities and estimated budget for the CERC and for this ESMF are detailed in Annex 1. The list of activities is in line with Tonga's strategic preparedness and response plan (MOH, 2020) guiding the implementation phases, which in turn are determined by the changing level of threats and incident of infection spreading.

### 3. Environmental and Social Management

In accordance with the World Bank safeguards requirements, the TCRTF is classified as Category B per OP/BP 4.01 on Environmental Assessments. The proposed implementation of the CERC EAP is primarily the procurement of medical equipment (Table 1) which will have significant social benefits including:

- a. Improved access to medical equipment for vulnerable populations (elderly, people living with a disability, children, and women)
- b. Improved access for patients in remote villages on outer islands of Vava'u and Ha'apai
- c. Improved health outcomes for Tongans
- d. Reduced community morbidity and mortality
- e. Reduced social and economic impacts
- f. Improved access to commercial opportunities for suppliers, distributors and health businesses
- g. Prevention and/or management of COVID-19

This ESMF provides a process for managing the safe usage of any medical equipment that will be purchased under the project acknowledging Tongan national requirements and the principles of environment sustainability while minimising potential adverse effects on the local community and the environment. To achieve this the ESMF outlines the mitigation measures required for avoiding or minimising the potential impacts of the equipment and will require the Ministry of Health to provide a monitoring program to confirm effectiveness of the required mitigation measures.

The potential E&S risks and associated mitigation measures required to minimize environmental and social risks and impacts related to the implementation of the CERC are outlined in Table 1.

**Table 1. Environmental and Social Management Framework**

	Risk Impacts	Mitigation Measures	Management Plan	Responsibility
1	Procurement and use of goods will not be sustainable	Undertake due diligence to ensure correct fit for purpose equipment is procured	EAP Procurement Plan	Ministry of Finance/ (MOF) Central Procurement Unit (CPU), Ministry of Health (MOH)
		Undertake due diligence to ensure that suppliers and products meet the regulatory standards of Tonga	EAP Procurement Plan	
		Undertake due diligence to ensure that the suppliers and products are listed within the unified procurement approach	EAP Procurement Plan	
		Undertake due diligence to ensure the suppliers and their wholesalers adhere to the conditions of the Modern Slavery Act 2018	Procurement Plan	
2	Surfaces of imported materials	Projects should ensure that adequate handwashing facilities with soap (liquid), water	Environmental Health and	MOH

	Risk Impacts	Mitigation Measures	Management Plan	Responsibility
	may be contaminated during handling and transportation which may result in the spread of infection	<p>and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly.</p> <p>Also ensure awareness campaigns and reminder signs are regularly posted around sites to encourage workers to regularly wash hands when handling goods, and that they do not touch their face. The awareness campaigns and signs should be produced in different languages and in a manner that is culturally appropriate, and accessible to ethnic minorities groups, vulnerable groups and elderly.</p> <p>If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub</p> <p>A label containing information on how materials/medical facilities/equipment should be safely handled should be available on site.</p>	<p>Infection Prevention and Control Plan</p> <p>CERC ESMF</p>	<p>Customs and Revenue, CSU</p>
3	Incorrect standard or quality of PPE leads to spread of infection to healthcare workers, cleaners and general public	<p>All healthcare workers shall be provided with medical personal protective equipment (PPE) appropriate to the COVID-19 virus including: Medical mask, Gown, Apron, Eye protection (goggles or face shield), Boots/closed work shoes</p> <p>WHO interim guidance on <a href="#">rational use of PPE for coronavirus disease 2019</a> provided further details on the types of PPE that are required for different functions.</p> <p>The project health facilities should establish and apply procedures for use of PPE in line with WHO guidelines and the National guidelines for Infection Prevention and Control. Information and instruction on how PPE should be used safely should be made available on site</p>	<p>Environmental Health and Infection Prevention and Control Plan, Tonga COVID-19 National Action Plan</p> <p>CERC ESMF</p>	<p>MOH Public Health and Environmental Health Sections, CSU</p>
4	Inadequate handwashing facilities are provided for handling.	<p>Project health facilities should ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. If water and soap handwashing facilities are not</p>	<p>Tonga COVID-19 National Action Plan, Environmental Health and Infection</p>	<p>MOH Public Health and Environmental Health Sections.</p>



	Risk Impacts	Mitigation Measures	Management Plan	Responsibility
		possible, alcohol-based hand rubs may be provided. The project health facilities should establish and apply procedures for hand hygiene in line with WHO guidelines and National guidelines for Infection Prevention and Control. Signs on how to do wash hands properly should be placed at each hand washing station	Prevention and Control Plan ESMF CERC	
5	Alcohol-based hand rubs may not be as effective at controlling infection as hand washing with soap and water	Alcohol-based hand sanitizers are not considered as effective as hand washing with soap and water, and should therefore only be used in locations where full hand washing facilities cannot be provided. Advice should be provided to remind users where full handwashing facilities can be found. The project health facilities should establish and apply procedures for hand hygiene by alcohol in line with WHO guidelines and National guidelines for Infection Prevention and Control. Signs on how to wash hands properly should be placed at each hand washing station	Tonga COVID 19 National Action Plan, Environmental Health and Infection Prevention and Control Plan, CERC ESMF	MOH Public Health and Environmental Health Sections.
6	Improper waste disposal leading to further infection	The project health facilities should establish and apply procedures for healthcare waste management in line with WHO guidelines for Safe management of waste from health-care activities and National guidelines for Infection Prevention and Control healthcare facilities All equipment and materials deemed unfit for purpose or unusable to be assessed then redeployed if possible	Environmental Health and Infection Prevention and Control Plan, CERC ESMF Medical Waste Management Plan	MOH Public Health and Environmental Health Sections.
7	Lack of community and worker safety around equipment use leads to injury or further infections	Undertake training of staff to meet standards for the proper operation and use of equipment Undertake community education and develop messaging to reduce anxiety or concern around toxic material handling, use and disposal Implement community education and messaging to reduce anxiety or concern around new medical facilities (if required)	Tonga COVID-19 National Action Plan, Environmental Health and Infection Prevention and Control Plan CERC ESMF	MOH Public Health and Environmental Health Sections, MOF/CSU Safeguards
8	A non-transparent and poorly managed distribution system and practice could	Attention should be given to the distribution system, to ensure effective and efficient use of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.	Tonga COVID-19 National Action Plan Environmental Health and	MOH Public Health and Environmental Health Sections,

	<b>Risk Impacts</b>	<b>Mitigation Measures</b>	<b>Management Plan</b>	<b>Responsibility</b>
	worsen the current shortage situation, affecting the maximum and efficient use of resources.  The disadvantaged and vulnerable groups could face disproportionate difficulties in accessing the available resources, exposing them to greater risks.	Particular attention and efforts should be given to the disadvantaged and vulnerable groups and IP communities to make sure that they have equal if not better access to these resources	Infection Prevention and Control Plan CERC EAP CERC ESMF	MOF/CSU Safeguards
9	Information, advice, guidance and training are not updated regularly as more becomes known about how the virus responds to treatment and is transmitted	Undertake regular review of information and guidance, including WHO, CDC and other governmental websites.  Refer to WHO, CDC websites and other locations as necessary to remain up to date on causes of spread and treatment of infected patients.	MOH Stakeholder Engagement Plan	MOH Hospital services department's
10	MoH staff (particularly in the outer islands) do not have the capacity to utilise the equipment	MOH to implement training and support where it is identified that capacity is lacking to adequately utilise the equipment in a safe manner	MOH Capacity Building	MOH

All Management Plans detailed in Table 1 will be required prior to arrival of the goods and services detailed in Annex 1. These Plans will be developed by the MOH, reviewed by CSU and passed onto the WB for approval. All existing MOH Plans will suffice if they meet WHO guidelines for COVID-19 and are adapted to the specifics of this ESMF and the EAP.

The project will not result in significant social impacts. OP/BP 4.10 on Indigenous Peoples is not triggered, given that Tonga is ethnically homogenous and no communities or groups meet the four defining characteristics of Indigenous Peoples. Moreover, OP/BP 4.12 on Involuntary Resettlement has been avoided in the project design as there are no physical works being supported under the CERC EAP.

#### 4. Environmental and Social Screening

Each activity within the CERC EAP (Annex 1) will require E&S screening. This process should consider the WB eligible and ineligible list of activities that can be financed as

provided in Annex 2. Annex 3 provides a screening form to identify the risks associated with the activities.

Based on the screening, the Implementing agency (IA) in consultation with the MOF CSU will:

- a. ensure that the activities in the “ineligible list” will not be financed by the Project
- b. sign the E&S screening form
- c. prepare and implement the specific E&S Management Plan as needed.

## 5. Institutional Arrangements, Responsibilities and Capacity Building

The Ministry of Finance/CSU as the IA for the CERC will be responsible for the oversight, coordination and implementation of this ESMF in close collaborations with the MOH and the National Emergency Operation Committee (NEOC) which has an overall role of oversight and coordination COVID-19 response.

Although, relevant safeguards are imbedded in the various MOH plans, policies and work programmes, project related safeguards are not fully integrated, thus there are limited institutional arrangements, guidelines and resources allocated for this function. Therefore, the CERC EAP Safeguards will be coordinated and implemented by the MOF/CSU. The CSU Safeguards Specialist will help coordinate training for the MOH staff and has the responsibilities for the implementation of this ESMF. This ESMF provides screening and guidelines for the implementation by MOH officers with regards to managing E&S risks and impacts associated with the CERC.

**ESMF Implementation.** MOF/CSU is responsible for coordination and implementation of the CERC EAP in close collaboration and coordination with the MOH. The MOF/CSU will ensure that activities comply with the CERC ESMF, and any other specific E&S instruments as described in this ESMF.

**Monitoring and Reporting (M&R).** ESMF monitoring, supervision, and reporting is an integral part of the Project implementation. CSU will be responsible for coordinating reporting for activities detailed in this ESMF. The WB E&S specialists will also support and monitor the implementation of E&S activities.

**Consultation and information disclosure.** Consultation and information disclosure are considered part of the implementation and M&R process, as it is a way to reporting back to stakeholder groups. The CERC will have no specific (or budget) consultation and information disclosure role. Overall messaging and disclosure of activities is the responsibility of the Task Force with support from the CSU and WB. A WB guide to public consultation and Stakeholder engagement related to COVID-10 is attached as Annex 4. This document will be disclosed on the Ministry of Infrastructure (MOI) website as a part of the TCRTF and will also be made available on the MOH and CSU websites.

**Table 3 Responsibility of key agencies for ESMF implementation**

ESMF Activities	Responsibility	Consultation/Disclosure
E&S Screening	MOH, CSU	Close consultation with WB and CSU
Preparation of Management Plans WB clearance and/or approval of GOT	MOH, CSU, WB	MOI, MOH and MOF/CSU websites
Stakeholder engagement and public disclosure of the ESMF and associated Management Plans	MOH, Taskforce, CSU	MOI, MOH and MOF/CSU websites
Implementation of the approved Management Plans	MOH, Task Force	MOI, MOH and MOF/CSU websites
Monitoring and reporting	MOH, Task Force, CSU	MOI, MOH and MOF/CSU websites

**Training and Capacity Building.** Experience in many countries has demonstrated that country capacity to manage the risks associated with COVID-19 are extremely challenged especially when the country and people are not well prepared and/or have limited capacity and resources for identification of infected population, isolation/ quarantine, and treatment. Additionally, the communication process with the public or in handling social concerns around COVID-19 (social stigma) as well as the serious impacts on people income and employment as well as normal tradition and practices can also be very challenging therefore the “learning by doing” approach will have to be adopted during the implementation of the Project. The MOH must assume responsibility for ensuring that all staff and agencies have the capacity to utilise the equipment in a safe manner and in compliance with the mitigation strategies within this ESMF.

**Grievance Redress Mechanism (GRM).** A grievance redress mechanism (GRM) is an important element of an ESMF. For CERC-related activities it remains important that such a mechanism is available to address concerns and complaints promptly and transparently. The CERC EAP related GRM will be managed by the MOF CSU. The CSU will:

- Record, categorize and prioritize the grievances (within 24 hours)
- Forward complaint to relevant agency for assessment and action as necessary, including MOF and MOH (within 3 days)
- Respond to stakeholder to communicate decision and check adequacy (within 10 days)
- Settle the grievances via consultation with all stakeholders (within 14 days)
- Forward any unresolved cases to the relevant authority.

Many grievances will be minor and these should be resolved on site by the (primarily MOH) operational staff, who should adopt a good-faith and flexible. Concerns relating to personal or community safety should be given high priority with the MOH adopting a precautionary approach wherever practicable. Complaints will be logged in a Complaints Register which shall record:

- a. details and nature of the complaint
- b. the complainant name and their contact details
- c. date
- d. corrective actions taken in response to the complaint.

It is vital that appropriate signage is erected at the sites of all activities providing the public with relevant information. If the grievance is not remedied to the acceptance of the complainant, the MOF CSU shall convey the complaint details for escalation as appropriate. If in-house escalation does not resolve the issue, the complainant will have recourse to the Tongan legal system and the World Bank Grievance Redress Service (<http://www.worldbank.org/grs>). Details of the GRM to be made available on the MOH and MOF websites.

**Gender Based Violence.** The TCRTTP Gender Based Violence (GBV) Action Plan (November 2019) will apply to activities under the CERC EAP and ESMF. Details of the GBV Action Plan can be found on the MOI website.

## Annex 1. List of Prioritised Activities

National/ WHO Pillars	Brief Description	Suppliers, Country	Purpose/Justification	Total USD	Total TOP
	Medical Equipment, Surgical/ICU Section; 2 Transport Ventilators; Specification - T1 Hamilton/Puritin Bennett PB560	GE Health Care Medspares	For transporting of patients from the outer islands and other health facilities, TI Hamilton preferred model. Some of the staff has been using this model before they prefer using ventilator, they are familiar with	90,125.00	190,107.02
	Medical Equipment, Surgical/ICU Section; 5 Ventilators - Carescope R860 Ventilators	Carescope R860 GE Health Care	To gather for the need of the hospital in case of the outbreak	314,000.00	662,342.34
	Medical Equipment, Surgical/ ICU Section; 50 Vital Sign Monitor;	Medspares	For monitoring of suspected cases vital signs. Monitor to be distributed to the Outer Islands and Vaiola, Talia and Mu'a. GE Health has provided 3 ventilators for Tonga and the staff recommend the same supplier ventilator for standardisation purpose	152,475.00	321,626.27
	Medical Equipment, Surgical/ICU Services; 10 Blood Gas Analyser	Medspares	To measure blood gas, pH, electrolytes, and some metabolites in whole blood specimens.	20,000.00	42,187.42
	Medical Equipment, Surgical/ICU Section; 20 Portable Pulse Oximeter	Medspares, Mediscopes	For transferring of potential cases through health facilities and the outer islands	10,000.00	21,093.71
	Medical Equipment, Surgical/ICU Section; 10 ICU Monitors	GE HealthCare	Measure electrical signal of suspected cases	205,000.00	263,677.10
	1 ICU and Theatre Centralize Monitoring system	GE Healthcare, NBK Cooperation	For remote monitoring of the PEAD, ICU and Operation theatre. Safety for staff.	16,374.96	36,014.44
	10 Paediatric Monitors with Centralize system	Medspares, EBOS	For remote monitoring of the PEAD, ICU and Operation theatre. Safety for staff.	40,210.00	84,817.79
	10 Isolation Monitors with Centralize system	NBK Corporation	For remote monitoring of the PEAD, ICU and Operation theatre. Safety for staff.	40,210.00	84,817.79
	Medical Equipment, Surgical/ICU Section; 100 IV S	Medspares, Mediscopes	For IV therapy of suspected case	10,000.00	21,093.71
	Medical Equipment, Surgical/ICU Section; 10 ECG Machine – Edan SE 1201	Medspares, Mediscopes	Measure electrical signal of suspected cases	43,462.50	91,678.52

National/ WHO Pillars	Brief Description	Suppliers, Country	Purpose/Justification	Total USD	Total TOP
	Medical Equipment, Surgical/ICU Section; 20 Blood Warmer	Medspares Mediscopes	Keep the fluid or blood under desired warm states before transfusion to a subject	30,100.00	63,492.05
	Medical Equipment, Surgical/ICU Section; 50 IR Thermometer Gun	Medspares	Screening of suspected case at the airport, quarantine and isolation site; Non-contact type of measuring body temperature	6,000.00	12,656.22
	Medical Equipment, Surgical/ICU Section; 20 Portable Suction Units	Medspares	For removing of substances such as blood, saliva, mucus, and vomit from a person's airway	20,000.00	42,187.41
	Medical Equipment, Surgical/ICU; 20 Patient Emergency Transfer Bed – 10000 Mediscop	Medspare Mediscopes	For transfer of cases; For transferring of patients within the hospital and other facilities	146,237.00	308,468.01
	Medical Equipment, Surgical/ICU Section; 100 Oxygen Cylinder (L size)	Medspare Pacific, NZ	Oxygen therapy at the quarantine site and isolation	37,090.00	78,236.55
	Medical Equipment, Surgical/ICU Section; 20 Oxygen Concentrator Mobile	Medspares	For oxygen therapy	34,925.00	73,669.76
	Medical Equipment/ICU Section; 100 Oxygen Flow Meter	Medspare Pacific, NZ	For oxygen therapy	7,000.00	14,765.59
	Medical Equipment, Surgical/ICU; 100 Oxygen Gas Regulator with Humidifier	Medspare Pacific, NZ	For oxygen therapy	5,000.00	10,546.85
	Medical Equipment, Surgical/ICU; 50 Infusion Pump	Medspares, Mediscopes	For oxygen therapy	100,000.00	210,937.05
	Medical Equipment, Surgical/ICU Section; 20 Patient Warmer	Medspares	For hyperthermia treatment after major surgery and labour	113,200.00	238,780.74
	Medical Equipment, Surgical/ICU Section; 10 Defibrillation – 6276.25	Medspare, EBOS, Mediscopes	Treatment of Cardiac Arrest patients; Use in emergency medicine to terminate ventricular fibrillation or pulseless ventricular tachycardia	60,750.25	128,144.26
	Medical Equipment, Surgical/ICU Section; 1 Sluice Sink	Medspares, Mediscopes	For safely disposal of human waster	3,450.44	7,588.76
	Medical Equipment, Surgical/ICU Section; 100 Oxygen Pin Index	Medspares, Mediscopes	Oxygen therapy at the quarantine site and isolation	37,090.00	78,236.55
	Medical Equipment; Surgical/ICU; 20 Respiratory Humidifier	Fisher & Paykel Healthcare Limited	To warm and humidify gases delivered to patients requiring mechanical ventilation, positive pressure	37,828.00	79,793.27

National/ WHO Pillars	Brief Description	Suppliers, Country	Purpose/Justification	Total USD	Total TOP
			breathing assistance or other medical gases		
	Medical Equipment, Surgical/ICU Section; 6 Anesthetic Vaporizer	Medspare, EBOS, Mediscopes	For the delivery of anaesthetic agent to the patient during surgical procedure	13,158.45	28,940.18
	Medical Equipment, Surgical/ICU Section; 3 Operating Table - 22444 Sturdy ST-200	Medspare, EBOS, Mediscopes	For surgical and other related procedures	67,332.00	142,028.13
	Medical Equipment, Surgical/ICU; 5 Obstetric Table (Labour) – 3065 MIDEK MC-HO1-00	Medspare, EBOS, Mediscopes	For labour and delivery in the isolation wards at Vaiola and outer island hospitals	15,325.00	32,326.10
	Medical Equipment; Surgical/ICU Section; 20 Operating Light (LED) – Sturdy-SLH-100M	Medspare, EBOS, Mediscopes	For the operation room, very old need to replace. This is needed for new isolation facilities and health clinics	23,275.00	49,095.60
	Supplies/Consumables, Surgical/ICU; 50 Syringe Pump – 795.2	Medspare, EBOS, Mediscopes	For IV therapy of suspected cases in all Health facilities	39,760.00	83,868.57
	Medical Equipment, Surgical/ICU; 5 Operating Light Fixed, 10477.5 – Sturdy SLK-1001	Medspares, Mediscopes EBOS	For operating theatre surgical procedures	52,387.50	110,504.65
	Medical Equipment, Surgical/ICU; 84 Resuscitator Kit	Medspares, Mediscopes EBOS	Resuscitation propose in ER, ICU, Theatre, Isolation etc	25,285.00	53,335.43
	Medical Equipment, Surgical/ICU; 800 Blood Pressure CUFFs for Vital Sign Monitor	Medspare Pacific, NZ, Mediscopes Pioway, EBO	Measuring blood pressure	21,000.00	44,296.78
	Supplies/Consumables, Surgical/ICU Section; 2000 pcs ECG dot	Medspare, EBOS, Mediscopes. Pioway	For measuring electrical signal during ECG procedure	1,000.00	2,109.37
	Medical Equipment, Surgical/ICU Section; 1000 Rebreather Mask	Medspare, EBOS, Mediscopes	for nebulizer therapy	3,000.00	6,328.11
	Medical Equipment, Surgical/ICU; 1000 Oxygen Mask	Medspare, EBOS, Mediscopes	for oxygen therapy	4,000.00	8,437.48
	Medical Equipment, Surgical/ICU; 1000 Nebulizer Cup	Medspare, EBOS, Mediscopes	For treatment of asthma patients	4,000.00	8,437.48
	Medical Equipment, Surgical/ICU; 10,000 Nasal Prong	Medspare, EBOS, Mediscopes	For easy administration of oxygen into the patient nose through two small prongs placed in the nostrils, providing comfort for the patient	4,000.00	8,437.48
	Medical Equipment, Surgical/ICU; 5 Video	Medspares, Mediscopes	Use to views the larynx indirectly allowing for an around the corner view.	17,675.00	37,283.12



National/ WHO Pillars	Brief Description	Suppliers, Country	Purpose/Justification	Total USD	Total TOP
	Laryngoscope with plates 2,3,4,5		As no direct line of sight between the practitioner's eye and the larynx has to be achieved.		
	6 XJ-2 Negative Pressure Upflow (220/240V, 50/60Hz/1)	Air Quality Engineering, US	The XJ-2 quickly and easily converts ordinary patient care rooms into negative pressure isolation rooms for patients with Corona virus or any other type of disease that requires isolation. The XJ-2 is the quietest medical-grade room HEPA air cleaner available that is suitable for hospitals. Optional digital room pressure monitor gives the CDC specified position certification that negative pressure in the isolation room is maintained. The XJ-2's certified HEPA air filter is highly effective in removing microorganism-sized particulate. These 5 items are 2 for Isolation Ward, 1 for Theatre, 1 for Mu'a Health Centre, and 1 for PCR room.	0,816.00	65,002.36
	6 Wall mount kit, XJ-2	Air Quality Engineering US		792.00	1,670.62
	6 Security Cover, for speed controller	Air Quality Engineering, US		1,380.00	2,910.93
	6 Plenum recirculating XJ-2	Air Quality Engineering, US		804.00	1,695.93
	Medical Equipment, Medical Section; 1 Portable Ultrasound – 86672.5	Mediscope Medspares		Uses high frequency sound waves to capture live image from the inside of the human body	50,687.81
	Equipment support, Medical Section; 2 Water Pump System - NX-LAT402-52 2D-e pump for Teral & ANLET	NBK Corporation	Replace the old and aging water pump at Vaiola	12,630.00	26,641.35
	Equipment – support, Medical Section; 1 Eletrical Safety Analyser – SA2010S-Inter	BC Biomedical	Safety test of the medical equipment	3,260.19	7,133.16
	Medical Equipment, Medical Section; 1 ECG Simulator – Fluke Prosim 2 Simulator	Medspares	We have none at the moment	4,020.00	8,479.67
	Supplies/Consumables, Surgical/ICU; 200 Endro traqio tubes size 3.5, 4, 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8	Medspare, EBOS, Mediscopes	For surgical and other related procedures	10,350.00	21,831.98
	Supplies/Consumables, Surgical/ICU; 200, Luryngeal mask sizes 2.5, 3, 3.5, 4.5	Medspare, EBOS, Mediscopes	For elective ventilation to keep the airway open during anaesthesia or unconsciousness	6,105.05	13,929.86

National/ WHO Pillars	Brief Description	Suppliers, Country	Purpose/Justification	Total USD	Total TOP
	Supplies/Consumables, Surgical/ICU; 1000 Spinal Needle – G25 Pencil Point Spinal Needle	Medspare, EBOS, Mediscopes	For anaesthesia procedure	6,366.60	15,073.86
	Supplies/Consumables, Surgical/ICU; 1000 Spinal Needle – G22 Pencil Point Spin Needle	Medspare, EBOS, Mediscopes	For anaesthesia procedure	6,889.46	15,073.86
	Supplies/Consumables, Surgical/ ICU; 1000 Block Needle – Stimuplex Ultra 360 30" 20Gx150	Medspare, EBOS, Mediscopes	For anaesthesia procedure	11,564.44	25,302.54
	Supplies/Consumables, Surgical/ICU; 20 pcs Rapid IV Infusion Bags	Medspare, EBOS, Mediscopes	To administer rapid infusion under a constant pressure to a sick individual or patients	30,500.00	64,335.80
	Medical Equipment, Surgical/ICU; 100 Stethoscope	Medspare, EBOS, Mediscopes	For examination by listening to the internal sounds of the human body	2,485.49b	5,466.48
	Supplies/Consumables, Surgical/ICU; 1000 Closed System Suction – SMZ15015	Medspare, EBOS, Mediscopes	Enable clinicians to clear the lungs of secretions whilst maintaining ventilation and minimising contamination	9,534.52	20,861.14
	Supplies/Consumables, Surgical/ICU; 2000 Arterial Line Catheterization – RA- 04020 Quick Flash Arterial Line	Medspare, EBOS, Mediscopes	Measure blood pressure accurately than in the blood pressure cuffs	23,990.07	52,489.32
	Supplies/Consumables, Surgical/ICU; 2000 Cential Venous different size – Certofix trio v720 7FG 20 CM	Medspare, EBOS, Mediscopes	For operating theatre surgical procedures	72,585.34	158,813.84
	IPC supplies, Surgical/ICU; 5 Bedpan Washer/Sanitizer	Medspare, EBOS, Mediscopes	For Disinfecting and infection control purposes	49,210.40	107,670.40
	Supplies/Consumables, Surgical/ICU; 1000 Nebulizer Mask	Medspare, EBOS, Mediscopes	For delivery nebulizer therapy	5,000.00	10,546.85
	Furniture – medical, Surgical/ICU; 20 Drug Trolley 7500	Medspare, EBOS, Mediscopes	Delivering of drug therapy	150,000.00	316,405.58
	Furniture – medical, Surgical/ICU; 20 Patient Trolley 7500	Medspare, EBOS, Mediscopes	Delivering of drug therapy	34,125.00	71,982.27
	10 Medium Size Sterilizers	Medspare, EBOS, Mediscopes	For disinfecting purposes and infection control of the medical equipment and tools at the quarantine and other health facilities	47,875.00	100,986.11
	Medical Equipment, Medical Section; 100 Medical Air Cylinder	Medspare Pacific, NZ,	For transferring of COVID-19 cases in the Quarantine facility, Health	5,000.00	10,546.85

National/ WHO Pillars	Brief Description	Suppliers, Country	Purpose/Justification	Total USD	Total TOP
		Novair oxyplus	Centres and in the hospital		
Medical Equipment, Medical Section; 100 Medical Air Regulator		Medspare, Novair oxyplus	Supply of gas therapy for ventilation patients.	37,090.00	78,236.55
Medical Equipment, Medical Section; 20 Medical Air Flow Meter Pullnose		Medspare Pacific, NZ	For medical Air therapy	3,300.00	6,960.92
Supplies/Consumables, Surgical/ICU; 50 Syringe Pump – 795.2		Medspare, EBOS, Mediscopes	For IV therapy of suspected cases in all Health facilities	39,760.00	83,868.57
Logistic, Procurement and Supply Management Electrical Generator (KVA 100) Muá and Ha'apai		NBK Corporation	Currently don't have one on sites.	48,292.50	101,866.77
Electrical Generator (KVA 100) Éua and Vavaú		NBK Corporation	To replace the old one with new	48,292.50	101,866.77
Medical Equipment, Medical Section; 4 Sterizers Spare Parts		NBK Corporation	For schedule preventative maintenance of the sterilizer	7,000.00	14,765.59
Furniture – medical, Medical Section; 20 Medical Fridge		Medspare Pacific, NZEBOs, Mediscopes	The refrigerator is intended to be used for storing reagent, vaccine, biological product etc	43,495.99	95,663.36
Dental Equipment, <b>Dental Section</b> ; 1 Table Top Autoclave 2100		Medspare, NZ	For emergency dental services at Mu'a Health Centre	2,100.00	4,429.68
Dental Equipment, <b>Dental Section</b> ; 1 Ultrasonic Cleaner 7500		Medspare, NZ	For emergency dental services at Mu'a Health Centre	7,500.00	15,820.28
Dental Equipment, <b>Dental Section</b> ; 1 Portable Suction 1200		China Compare	For emergency dental services at Mu'a Health Centre	1,200.00	2,531.24
Dental Equipment, <b>Dental</b> ; 1 Automatic Handpiece Maintenance System - 1150		China Compare	For emergency dental services at Mu'a Health Centre	1,150.00	2,425.78
Dental Equipment, <b>Dental</b> , 5 High Speed Handpiece – 1000, 4 hole (W+H)		Medscope	For emergency dental services at Mu'a Health Centre	5,000.00	10,546.85
Dental Equipment, <b>Dental</b> , 5 Slow Speed Handpiece – 63, 4 hole (W+H)		Medscope	For emergency dental services at Mu'a Health Centre	315.00	664.45
Dental Equipment, <b>Dental</b> ; 10 Disinfection solution for surface per bottle-20, DURR FD 333 2.5L		Henry Schien	For emergency dental services at Mu'a Health Centre	116.96	257.25
Dental Equipment, <b>Dental</b> ; 10 Disinfection solution for Suction Cleaner per bottle – 70 DURR MD 55.5, 2.5L		Henry Schien	For emergency dental services at Mu'a Health Centre	409.37	900.36
Handpiece Surface Oil		Ivoclar Vivadent	For emergency dental services at Mu'a Health Centre	280.71	617.39

National/ WHO Pillars	Brief Description	Suppliers, Country	Purpose/Justification	Total USD	Total TOP
	Dental Equipment, Dental; 1 Water Distilled Machine – 80 - Spec=4L, power 750W/220V/50-90 Hz, button LCD, material=304 stainless steel liner, brand=Radiance	Henry Schien	For emergency dental services at Mu'a Health Centre	80.00	168.75
<b>TOTAL</b>				<b>2,568,993.00</b>	<b>5,456, 411,00</b>

## Annex 2 Eligible and Ineligible Activities within the TC RTP ESMF

<p><b>Negative List (Ineligible Activities)</b></p>
<ul style="list-style-type: none"> <li>• Activities of any type classifiable as “High” risk pursuant to the World Policies</li> <li>• Activities that are considered by the World Bank (a) to have potential to cause significant loss or degradation of critical natural habitats whether directly or indirectly or those that could adversely affect forest and forest health; (b) that could affect sites with archaeological, paleontological, historical, religious, or unique natural values; and (c) that will result in adverse impacts on involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households’ use of land and livelihoods.</li> <li>• Use of goods and equipment as considered by the World Bank that meet the following conditions: (a) lands abandoned due to social tension/conflict, or the ownership of the land is disputed or cannot be ascertained; (b) to demolish or remove assets, unless the ownership of the assets can be ascertained, and the owners are consulted; (c) involving forced labour, child labour, or other harmful or exploitative forms of labour; (d) activities that would affect indigenous peoples, unless due consultation and broad support has been documented and confirmed prior to the commencement of the activities; and/or (e) other paramilitary purposes.</li> </ul>
<p><b>Positive list (eligible activities)</b></p>
<p><b>Goods</b></p>
<ul style="list-style-type: none"> <li>• Medical equipment and supplies, including but not limited to rehydration fluids, antibiotics, antivirals, ventilators, respiratory care equipment, IV pumps, referral equipment, isolation area equipment</li> <li>• Cleaning supplies including hand hygiene and disinfectants</li> <li>• Personal Protective Equipment (PPE) stockpiles, including masks, gowns and gloves</li> <li>• Morgue Packs</li> <li>• Non-perishable foods, bottled water and containers</li> <li>• Tents for advanced medical posts, temporary housing, and classroom/day-care substitution</li> <li>• Equipment and supplies for temporary housing/living (gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc.) and school</li> <li>• Gasoline and diesel (for air, land and sea transport) and engine lubricants</li> <li>• Spare parts, equipment and supplies for engines, transport, construction vehicles</li> <li>• Lease of vehicles (Vans, trucks and SUVs)</li> <li>• Equipment, tools, materials and supplies for search and rescue (including light motorboats and engines for transport and rescue)</li> <li>• Tools and construction supplies (roofing, cement, iron, stone, blocks, etc.)</li> <li>• Equipment and supplies for communications and broadcasting (radios, antennas, batteries)</li> <li>• Water pumps and tanks for water storage</li> <li>• Equipment, materials and supplies for disinfection of drinking water and repair/rehabilitate of black water collection systems</li> <li>• Temporary toilets</li> <li>• Groundwater boreholes, cargos, equipment to allow access to affected site, storage units</li> <li>• Any other item agreed on between the World Bank and the Recipient (as documented in an Aide-Memoire or other appropriate formal Project document)</li> </ul>
<p><b>Civil Works</b></p>
<ul style="list-style-type: none"> <li>• Minor physical civil works and retrofitting of isolation rooms and treatment centres in the existing healthcare facilities, establishment of temporary facilities</li> </ul>

<p><b>Services</b></p>
<ul style="list-style-type: none"> <li>• Consulting services related to emergency response including, but not limited to urgent studies and surveys necessary to determine the impact of the disaster and to serve as a baseline for the recovery and reconstruction process, and support to the implementation of emergency response activities</li> <li>• Feasibility study and technical design related to COVID-19 emergency responses.</li> <li>• Technical Assistance in developing TORs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP) related to COVID-19 emergency responses.</li> <li>• Non-consultant services including, but not limited to, infectious and sharp waste management services, drilling, aerial photographs, satellite images, maps and other similar operations, information and awareness campaigns.</li> </ul>
<p><b>Training</b></p>
<ul style="list-style-type: none"> <li>• Training related to effective implementation of the CERC EAO and ESMF and other related E&amp;S measures, especially those related to emergency responses, infectious and other hazardous hospital wastes, and infection and prevention control measures related to COVID-19</li> <li>• Training on rapid needs assessment and other related assessments</li> </ul>
<p><b>Emergency Operating Costs</b></p>
<ul style="list-style-type: none"> <li>• Operating costs” means reasonable costs required for the day-to-day coordination, administration, operation and supervision of CERC EAP activities, including routine repair and maintenance of office equipment, facilities and office premises, fuel, office supplies, consumables, communication expenses (including postage, telephone and internet costs), translation, minor printing and photocopying expenses, bank charges, advertising expenses, CERC EAP-related meeting expenses, related travel, subsistence and lodging expenses, insurance for project staffs, overtime payment to government health workers, salary for additional health workers; per diem and accommodation for volunteers, food and basic supplies for quarantined populations and other administrative costs directly related to the CERC EAP</li> </ul>

## Annex 3 Screening Form

Questions	Answer		Safeguard Instrument
	yes	no	
Does the activity involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities?			ESIA, SEP
Does the activity involve land acquisition and/or restrictions on land use?			RAP/ARAP, SEP
Does the activity involve acquisition of assets to hold patients (including yet-to-confirm cases for medical observation or isolation purpose)?			Infection Prevention and Control Plan
Is the activity associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			Medical Waste Management Plan
Is there sound regulatory framework, institutional capacity in place for healthcare facility infection control and healthcare waste management?			Medical Waste Management Plan Infection Prevention and Control Plan
Does the activity involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?			Infection Prevention and Control Plan
Does the activity involve transboundary transportation of specimen, samples, infectious and hazardous materials?			Infection Prevention and Control Plan
Does the activity involve use of security personnel during construction and/or operation of healthcare facilities?			Infection Prevention and Control Plan
Is the activity located within or in the vicinity of any ecologically sensitive areas?			ESIA/ESMP, SEP
Are there any vulnerable groups present in the activity area and are likely to be affected by the proposed activity negatively or positively?			Vulnerable Groups Plan
Is the activity located within or in the vicinity of any known cultural heritage sites?			ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESIA/ESMP, SEP

## Annex 4 Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings

With the outbreak and spread of COVID-19, people have been advised, or may be mandated by national or local law, to exercise social distancing, and specifically to avoid public gatherings to prevent and reduce the risk of the virus transmission. Countries have taken various restrictive measures, some imposing strict restrictions on public gatherings, meetings and people's movement, and others advising against public group events. At the same time, the general public has become increasingly aware and concerned about the risks of transmission, particularly through social interactions at large gatherings.

These restrictions have implications for World Bank-supported operations. In particular, they will affect Bank requirements for public consultation and stakeholder engagement in projects, both under implementation and preparation. WHO has issued technical guidance in dealing with COVID-19, including: (i) Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response; (ii) Risk Communication and Community engagement (RCCE) readiness and response; (iii) COVID-19 risk communication package for healthcare facilities; (iv) Getting your workplace ready for COVID-19; and (v) a guide to preventing and addressing social stigma associated with COVID-19. All these documents are available on the WHO website through the following link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

This Note offers suggestions to World Bank task teams for advising counterpart agencies on managing public consultation and stakeholder engagement in their projects, with the recognition that the situation is developing rapidly and careful regard needs to be given to national requirements and any updated guidance issued by WHO. It is important that the alternative ways of managing consultation and stakeholder engagement discussed with clients are in accordance with the local applicable laws and policies, especially those related to media and communication. The suggestions set out below are subject to confirmation that they are in accordance with existing laws and regulations applying to the project.

**Investment projects under implementation.** All projects under implementation are likely to have public consultation and stakeholder engagement activities planned and committed as part of project design. These activities may be described in different project documents, and will involve a variety of stakeholders. Commonly planned avenues of such engagement are public hearings, community meetings, focus group discussions, field surveys and individual interviews. With growing concern about the risk of virus spread, there is an urgent need to adjust the approach and methodology for continuing stakeholder consultation and engagement. Taking into account their importance of confirming compliance with national law requirements, below are some suggestions for task teams' consideration while advising their clients:

Task teams will need to review their project, jointly with the PMUs, and should:

- Identify and review planned activities under the project requiring stakeholder engagement and public consultations.



- Assess the level of proposed direct engagement with stakeholders, including location and size of proposed gatherings, frequency of engagement, categories of stakeholders (international, national, local) etc.
- Assess the level of risks of the virus transmission for these engagements, and how restrictions that are in effect in the country / project area would affect these engagements.
- Identify project activities for which consultation/engagement is critical and cannot be postponed without having significant impact on project timelines. For example, selection of resettlement options by affected people during project implementation. Reflecting the specific activity, consider viable means of achieving the necessary input from stakeholders (see further below).
- Assess the level of ICT penetration among key stakeholder groups, to identify the type of communication channels that can be effectively used in the project context.

Based on the above, task teams should discuss and agree with PMUs the specific channels of communication that should be used while conducting stakeholder consultation and engagement activities. The following are some considerations while selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings.
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including Webex, zoom and skype.
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions.
- Where direct engagement with project affected people or beneficiaries is necessary, such as would be the case for Resettlement Action Plans or Indigenous Peoples Plans preparation and implementation, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators.
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- An appropriate approach to conducting stakeholder engagement can be developed in most contexts and situations. However, in situations where none of the above means of communication are considered adequate for required consultations with

stakeholders, the team should discuss with the PMU whether the project activity can be rescheduled to a later time, when meaningful stakeholder engagement is possible. Where it is not possible to postpone the activity (such as in the case of ongoing resettlement) or where the postponement is likely to be for more than a few weeks, the task team should consult with the OESRC to obtain advice and guidance.

**Investment projects under preparation.** Where projects are under preparation and stakeholder engagement is about to commence or is ongoing, such as in the project E&S planning process, stakeholder consultation and engagement activities should not be deferred, but rather designed to be fit for purpose to ensure effective and meaningful consultations to meet project and stakeholder needs. Some suggestions for advising clients on stakeholder engagement in such situations are given below. These suggestions are subject to the coronavirus situation in country, and restrictions put in place by governments. The task team and the PMU should:

- Review the country COVID-19 spread situation in the project area, and the restrictions put in place by the government to contain virus spread.
- Review the draft Stakeholder Engagement Plan (SEP, if it exists) or other agreed stakeholder engagement arrangements, particularly the approach, methods and forms of engagement proposed, and assess the associated potential risks of virus transmission in conducting various engagement activities.
- Be sure that all task team and PIU members articulate and express their understandings on social behavior and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices.
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people.
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including Webex, zoom and skype meetings.
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders.
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently. Such channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions.
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project. Webex, Skype, and in low ICT capacity situations, audio meetings, can be

effective tools to design virtual workshops. The format of such workshops could include the following steps:

- *Virtual registration of participants:* Participants can register online through a dedicated platform.
- *Distribution of workshop materials to participants, including agenda, project documents, presentations, questionnaires and discussion topics:* These can be distributed online to participants.
- *Review of distributed information materials:* Participants are given a scheduled duration for this, prior to scheduling a discussion on the information provided.
- *Discussion, feedback collection and sharing:*
  - Participants can be organized and assigned to different topic groups, teams or virtual “tables” provided they agree to this.
  - Group, team and table discussions can be organized through social media means, such as Webex, skype or zoom, or through written feedback in the form of an electronic questionnaire or feedback forms that can be emailed back.
  - *Conclusion and summary:* The chair of the workshop will summarize the virtual workshop discussion, formulate conclusions and share electronically with all participants.
- In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.
- *Engagement with direct stakeholders for household surveys:* There may be planning activities that require direct stakeholder engagement, particularly in the field. One example is resettlement planning where surveys need to be conducted to ascertain socioeconomic status of affected people, take inventory of their affected assets, and facilitate discussions related to relocation and livelihood planning. Such survey activities require active participation of local stakeholders, particularly the potentially adversely affected communities. However, there may be situations involving indigenous communities, or other communities that may not have access to the digital platforms or means of communication, teams should develop specially tailored stakeholder engagement approaches that will be appropriate in the specific setting. The teams should reach out to the regional PMs for ENB and Social Development or to the ESSA for the respective region, in case they need additional support to develop such tailored approaches.
- In situations where it is determined that meaningful consultations that are critical to the conduct of a specific project activity cannot be conducted in spite of all

reasonable efforts on the part of the client supported by the Bank, the task team should discuss with the client whether the proposed project activities can be postponed by a few weeks in view of the virus spread risks. This would depend on the COVID-19 situation in the country, and the government policy requirements to contain the virus spread. Where it is not possible to postpone the activity (such as in the case of ongoing resettlement) or where the postponement is likely to be for more than a few weeks, the task team should consult with the OESRC to obtain advice and guidance.