



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 09/27/2021 | Report No: ESRSC02309



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Marshall Islands	EAST ASIA AND PACIFIC	P177329	
Project Name	RMI Multisectoral ECD - II		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	2/14/2022	3/30/2022
Borrower(s)	Implementing Agency(ies)		
The Republic of the Marshall Islands	Ministry of Culture and Internal Affairs, Ministry of Education, Sports and Training, Ministry of Health and Human Services		

Proposed Development Objective

To improve coverage of multisectoral early childhood development services in the Republic of the Marshall Islands.

Financing (in USD Million)	Amount
Total Project Cost	10.00

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

Under the Project, essential ECD services target the period between pregnancy and the transition to kindergarten (at age 5); families with at least one member in this target group will be considered “early years families.” Essential ECD



services include: (i) essential RMNCH-N services focused on the first 1,000 days of life between pregnancy and age two; and (ii) essential stimulation and early learning services to children’s cognitive and socio-economic development and facilitate children’s readiness to enter primary school. Vulnerable early years families will be identified using a contextually-adapted hardship targeting mechanism developed under the Project.

The PDO will be achieved through four main components: (1) improving the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2); (2) expanding access to stimulation and early learning services by extending pre-schools to children aged 3-4 years, strengthening an existing program of home visits for vulnerable families and promoting community engagement; (3) introducing a conditional cash transfers pilot for vulnerable early years families as a means to increase uptake of essential ECD services and change behaviors; (4) establishing systems and functions to sustain an effective multisectoral programs and Project management. The Project will also include component 5 with zero allocation for Contingency Emergency Response.

Because the essential maternal and child nutrition and early stimulation services are largely absent from RMI’s current service package, the Project will focus on leveraging facility and community platforms across components to increase the dose and intensity of these interventions and messages.

The primary beneficiaries of the Project are the pregnant women, children under the age of 5 (0-59 months) and their caregivers facing hardship, and women of reproductive age in the RMI. The Project will finance activities in the entire RMI, including all populated atolls and islands of the RMI, although some piloting will be done in targeted locations in the early stages of the program. Secondary beneficiaries of the Project are the implementing agencies and their staff - Government, private and non-governmental organizations - receiving TA and capacity building to strengthen the provision and M&E of ECD services in the RMI.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The Republic of the Marshall Islands (RMI) is one of the world’s smallest, most isolated, and vulnerable nations. The country consists of 29 atolls and five isolated islands (24 of which are inhabited) and has a total land mass of just 181 km² set in an area of over 1.9 million km² in the Pacific Ocean. The population of the RMI was estimated at 53,066 in 2016, of which the two largest urban centers, Majuro (the nation’s capital) and Ebeye, have populations of 28,000 and 9,614, respectively, with the remainder of the population inhabiting rural outer islands. The RMI was consolidated into the Trust Territory of the Pacific Islands governed by the United States during the Second World War and achieved formal independence in 1986.

The Early Childhood Development Project – I (P166800) was approved under the Safeguards Policies and is no longer eligible for additional financing due to the expiration of the waiver for scale-up additional financing to projects approved under the old regime. Therefore, the requested additional financing will be processed as a new project (ECD – II). This will better enable the Bank to apply the Environmental and Social Framework (ESF) to the project and provide more robust support for establishing and implementing environmental and social commitments.

Component 1 aims to improve the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2). The project will continue support for immunization systems strengthening as under the parent (cold chain, HR, waste management) though these will not necessarily be used for COVID-19 vaccine deployment. This includes supporting the logistics for



medical services and there is a proposal to support the purchase of small vessels and cold chain equipment. Small renovations to medical facilities are proposed. Component 2 aims to improve children’s cognitive and socio-emotional development and facilitate children’s readiness for on-time transition to primary school through expanding access to stimulation and early learning services. Small to moderate size renovations within school campuses are proposed. Component 3 will continue its support to the GRMI to introduce a conditional cash transfer (CCT) pilot to provide economic support to vulnerable households and improve care practice and utilization of ECD services.

The project will include activities in Majuro and Ebeye as well as the outer islands. Physical works will be limited to renovations / reconstruction of existing government buildings (health and education sector) on Government leased land in urban areas and villages. The project may fund equipment such as small vessels and cold chain equipment to support medical services. The project will benefit families with children under 5, pregnant women and women of reproductive age. The Contingent Emergency Response Component, if required, could be used to fund activities across RMI.

D. 2. Borrower’s Institutional Capacity

The Ministry of Finance (MOF), Ministry of Health and Human Services (MOHHS), Ministry of Education, Sports and Training (MOEST) and Minister of Culture and Internal Affairs (MOCIA) and their relevant divisions will be the implementing agencies for the core Project activities as follows: (a) MOHHS for component 1; (b) MOEST/Public School System (PSS) for component 2; (c) MOCIA for Component 3; and (d) MOF and the Office of Chief Secretary (OCS) for components 4 and 5, as well as the disbursement and replenishment of the program’s Designated Account (DA).

The ECD – II project will follow the governance arrangements of ECD – I: (a) a High Level ECD Cabinet Committee to provide overall strategic leadership and guidance for the RMI’s flagship ECD Program and to take high-level policy decision related to ECD; (b) an ECD Program Steering Committee (PSC), comprising of heads of the relevant line ministries and chaired by the Chief Secretary to provide oversight, coordination, and implementation support for the RMI’s flagship ECD Program and other efforts in this area; (c) an ECD Working Group, chaired by the ECD Program Manager, that will include relevant technical focal points from the implementing line ministries and other relevant agencies (e.g. Economic Policy Planning and Statistics Office, national training institute), staff from the WB-financed PIU, WB, and other development partners/stakeholders. The ECD Working Group will facilitate coordination across the RMI’s ECD program and will provide technical inputs to the PSC.

A PIU will be established within OCS responsible for overall coordination, results monitoring, and communicating with the WB on Project implementation. As with other WB projects in the Republic of the Marshall Islands, the Centralized Implementation Unit (CIU) in the Division of International Development Assistance (DIDA), MOF, will support the PIU and implementing agencies in safeguards, procurement, and FM functions associated with the Project implementation. The CIU has two part time International Specialists (one Environmental, one Social) providing remote support and one Environmental Safeguards Advisor based in Majuro. The support to ECD I to date has been moderately satisfactory. Simple ESMPs have been prepared by the CIU for small scale office and school renovations and the CIU have been providing support for improvements to the Grievance Redress Mechanism for Conditional Cash Transfers and gender-based violence and sexual exploitation and harassment. Integration between the CIU and PIU requires improvement as safeguards assessment and input is not always timely or prioritized. CIU support will include training of the project workers in the PMU and implementing agencies, the appointment of E&S consultants for surge support, review of documentation and ongoing support during project implementation. With improvements to the



project management of ECD and the integration of the CIU into the work programming, this capacity and capability is considered adequate to support the integration of environmental and social risk management. The CIU is familiar with Bank policies and ESF from the preparation and implementation of previous projects. The CIU has a full time, experienced, Environmental Safeguards Specialist, a local Environmental Safeguards Advisor. CIU support will include support to appoint E&S consultants, review of documentation and ongoing support during project implementation. This capacity and capability is considered adequate to support the integration of environmental and social risk management.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The environmental risks are similar to ECD-I and relate primarily to the renovation of existing education and health buildings. Waste management is difficult in atoll islands; there are no engineered, sanitary landfills in RMI and the Majuro and Ebeye landfills. Medical waste is incinerated in small medical waste incinerators in Ebeye and Majuro. Under ECD-I the typical volume of waste from each renovation has been very small, however cumulatively many small renovations can add up to contributing moderate volumes to landfill. In outer islands, any waste disposal will have pollution impacts because of rudimentary facilities. The reuse of good quality building material is common and this will be encouraged. Offshore recycling and disposal is an option for large volumes of waste or for hazardous waste. Renovations should not include medical waste and the ESMF will ensure this is a contract requirement for construction contracts. Typically, construction materials are all imported except for some sand and rock which are mined from the beaches and coastal reefs and increase coastal erosion and habitat destruction. SPC is currently undertaking a survey of local lagoon aggregates and there is the possibility that suitable sources may be available and meet World Bank ESF requirements, during period of this project. Small scale renovations for ECDII may not require bricks or concrete, and only require imported materials. The potential scale of aggregate demand will be assessed during project preparation. No sources of unsustainable local aggregates will be used and the ESMF will have clear guidance on the assessment of local aggregate sources and otherwise require imported aggregates where necessary. The risks to the community and workers during renovations relate to dust, noise and health and safety hazards from construction related activities and disruptions to building use. There is low potential to find asbestos in buildings but due to health risks this issue will require screening for every renovation project. Dust and noise may be a nuisance to building occupiers and visitors during renovations and mitigation measures will be included in the activity ESMP. The risks of purchasing and deploying vessels for outer island service delivery relate to safety at sea. The Marine Resources Authority of Marshall Islands has standard operating procedures for safety in vessels and they can be applied to this Project. Health and safety equipment will be procured with the boats (e.g. lifejackets, communications equipment) and SOPs training will be given to boat operators and travelling medical personnel. All other technical advisory services and the implementation of health services, education services and outreach to communities are unlikely to have any significant environmental impacts, but may have small amounts of medical waste. This will be confirmed prior to appraisal. Activities funded by the CERC may have environmental impacts; typically these relate to resource use and waste management but will be specific to the emergency event and the response that will be funded under the component. A moderate risk rating is proposed primarily because the project is not complex and/or large, does not involve activities that have a high potential for harming people or the

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environment, and will be located on school or medical campuses in urban areas or government land on islands, away from environmentally or socially sensitive areas. No land acquisition will be undertaken as part of the project. An Environmental and Social Management Framework will be prepared (updated from the ECD-I Project) and will include risk screening processes, templates and other tools to manage risks and impacts from all Components, including eligible activities under the CERC and technical advisory services. A Labor Management Procedure, Stakeholder Engagement Plan and Environmental and Social Commitment Plan will also be prepared prior to appraisal.

Social Risk Rating

Moderate

The potential socio-economic benefits of improving ECD outcomes in RMI are noteworthy; the project will improve reproductive health and nutrition for early years’ families with women of reproductive age, new born, children and adolescents, improve capacity of MOHHS care workers and field staff, provide mothers/ primary caregivers with enhanced skills, prepare children to enter primary school, increase financial capacity for early years’ families and reduce maternal and newborn deaths. The risk of poor E&S risk management because of weak institutional capacity and lack of coordination between PIU and CIU could undermine the project’s risk management strategy, particularly as the project will expand to the outer islands making E&S risk management logistically more challenging both in terms of implementation and monitoring. The risk of social exclusion to eligible, vulnerable or marginalized persons without typical means to access healthcare, educations and CCT benefits. For example, vulnerable children may not access benefits due to the time pressures of poorer mothers/primary caregivers who do not have “spare” time to attend project activities or access services. Misuse of cash transfer by adult family members (for vices or entertainment) could result in adverse health outcomes for children who miss out. Vulnerable persons who are relatively disadvantaged but do not meet the thresholds for eligibility may experience stress and friction in homes and small communities. Exclusion and inclusion errors could occur in targeting of beneficiaries. Pregnant women may furthermore forego care because they are not comfortable receiving care from a male provider, particularly in the outer islands. The risk of project worker illness as a result of implementation demands. Increased demand on project workers in the health, education of social protection activities may result in burnout and reduced quality services. For example, excessive demands on time availability of limited numbers of health workers may result in worker fatigue and worsening of medical care quality (e.g., increased risks in morbidity, mortality of mothers and infants, etc.), teachers may experience overcrowding in the classroom and increased workloads as a result of project activities. Inefficiencies may be caused by low morale of and overburdened government personnel designated to undertake project activities. Workers may be exposed to COVID19 through their daily activities and spread the virus to beneficiaries. The risks of rolling put of CCT program relate to increased gender-based violence (GBV) perpetrated between workers, between workers and project beneficiaries and beneficiaries within their own home (intimate partner violence). On the latter of these, domestic violence may increase due to family tensions associated with resentment over mothers’ time allocation to training or possession of cash transfers. Domestic conflicts may also arise from target of cash advances and cultural practices of male spouse or other male (or female) household members controlling family’s finance. Increased domestic conflict may also increase between families who receive cash transfer and those who do not. Activities funded by the CERC may present social exclusion and stakeholder engagement risks specific to the emergency event and the response that will be funded under the component. Moderate risk is justified because social risks will be integrated into project design to avoid and minimise harm. Opportunities to improve resourcing of, and coordination between, the PIU and CIU will be assessed during preparation. An ESMF will be prepared (updated from the ECD-I Project) and will include risk screening processes, templates and other tools to manage risks and impacts from all Components, the CERC and technical advisory

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services. A Labor Management Procedure, Stakeholder Engagement Plan and Environmental and Social Commitment Plan will also be prepared prior to appraisal.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The screening of risks and impacts is based on the findings from the implementation of the ECD-I project to date, desk top research, interviews with the CIU safeguards team and the existing knowledge on the state of waste management in RMI and the availability of raw materials and energy from previous project implementation missions to RMI.

ESS1 applies primarily to the renovation of public buildings, provision of boats and cool chain equipment, small amounts of medical waste, and eligible emergency response activities funded by the CERC. The typical volume of waste from each renovation is anticipated to be very small, however cumulatively many small renovations can add up to contributing moderate volumes to landfill. In outer islands, any waste disposal will have incremental pollution impacts because of rudimentary facilities. The reuse of good quality building material is common and this will be encouraged. Offshore recycling and disposal is an option for large volumes of waste or for hazardous waste. Construction materials are all imported except for some sand and rock which are mined from the beaches and coastal reefs and increase coastal erosion and habitat destruction. Small scale renovations may not require bricks or concrete, and only require imported materials. The potential scale of aggregate demand will be assessed during project preparation.

The risks to the community and workers during renovations relate to health and safety from construction related activities and disruptions to building use.

The risk of poor E&S risk management because of weak institutional capacity and lack of coordination between PIU and CIU. The risk of social exclusion to eligible, vulnerable or marginalized persons without typical means to access healthcare, educations and CCT benefits. The risks of rolling put of CCT program relate to increased gender-based violence (GBV) perpetrated between workers, between workers and project beneficiaries and beneficiaries within their own home (intimate partner violence). The risk of project worker illness as a result of implementation demands.

The ECD II project will continue to support immunization services, similar to the ECD project (cold chain equipment and management potentially including vessels, human resources and waste management). This is not necessarily for COVID-19 vaccinations. The E&S risks of purchasing and deploying vessels for outer island service delivery relate to safety at sea. The Marine Resources Authority of Marshall Islands has standard operating procedures for safety in vessels and they can be applied to this Project. Health and safety equipment will be procured with the boats (e.g. lifejackets, communications equipment). The CIU Safeguards Advisor is familiar with the SOPs and has been involved in rolling out SOPs training under the PROP Project (P151760).



There is low risk of human harm from using and maintaining cool chain equipment as per standard operating procedures. If these are not followed there is a small risks that vaccines are spoilt and unable to be used or used in a way that compromises patient safety, or that medical personnel are harmed through exposure to coolants.

Health services may produce small amounts of medical waste. Medical waste management in Majuro and Ebeye has been reviewed under the COVID-19 Project (173887). The CIU conducts monthly audits under the project and is familiar with the procedures. In these main urban centers, waste management training is regularly done in the hospitals and waste is segregated and taken to incinerators for destruction. The hospitals have infection prevention and control systems in place and staff are trained regularly. For outer islands there are no dedicated incinerators for medical waste. Medical waste is separated from non-hazardous waste and burned in drums. This is commensurate with risk and complies with WHO guidelines. Medical teams from Majuro that travel to outer islands for vaccination roll outs or other measures return the waste to Majuro for incineration.

No other environmental or social risks have been identified in the concept-stage screening technical advisory services or the provision of health and education services, including conditional cash transfers. This will be confirmed by appraisal.

An Environmental and Social Management Framework (ESMF), Environment and Social Commitment Plan (ESCP), Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP) will be prepared prior to appraisal. The ESMF will be updated from the ECD-I ESMF, and it is proposed to use the same instrument for both projects. The ESMF will provide risk screening processes, including eligible activities under the CERC and technical advisory services.

The ESMF will include land access procedures for land leasing if necessary. Issues associated with vulnerability and exclusion will principally be addressed in Project design but if necessary, the ESCP will also include relevant measures to ensure access for all. The ESMF will also include a Gender Based Violence Assessment to determine SEA/SH and DV risks to be avoided and mitigated under the project. The ESMF will include guidance and templates to manage construction-related impacts.

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

Although the anticipated impacts are low, the Borrower’s E&S Framework will not be relied upon because of a number of gaps in the legislation and capacity to meet World Bank Standards.

ESS10 Stakeholder Engagement and Information Disclosure

The key stakeholders are Marshallese mothers/ primary care givers, children and babies under 5, youths and their families, mothers in reproductive age, vulnerable groups who either due to remoteness or other constraints (poverty, disability etc.) may not be able to access the services, the health, social protection and education sectors and the civil service more broadly in RMI. Stakeholder engagement is critical in the development of the Project to understand the opportunities and risks relating to the proposed components. Stakeholder engagement activities will be undertake as part of the updating and preparation of the ESMF, and throughout the life of the Project.



Consultations will be carried out in English and Marshallese and in culturally appropriate formats. Where necessary, consultations may be gendered to identify specific health, education or social protection issues relating to gender and SEA/SH. Face to face consultation has been difficult recently due to domestic travel restrictions to prevent the spread of dengue fever and corona virus disease. Alternative consultation, feedback and disclosure methods using social media and other technology may be used if necessary, targeted at the communication needs of beneficiaries and stakeholders and using existing communication methods used by the by the implementing agencies. Consultation summaries will be detailed in the ESMF. A SEP, including grievance mechanism, will be prepared prior to appraisal and operational by project effectiveness.

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

ESS2 is relevant to several aspects of the Project. The Project will require contractors to renovate existing buildings. The workforce may be Marshallese or foreign, depending on the size of the contracts and nature of the building projects. There is no expectation of community workers. The Project will fund strengthening of workforce planning in the RMI social protection, health and education sectors, which may include changes updates to human resources planning processes, recruitment and selection processes, remuneration frameworks, performance management framework, learning and development.

An assessment of labor rights and laws as well as occupational health and safety legislation and implementation arrangements will be undertaken during project preparation. The Labor Management Procedures (LMP) will be prepared based on the assessment. It is proposed that the LMP be included in a specific section of the ESMF and will describe the findings of the national labor policies and practices, the types of project workers that are likely to be involved, the procedures to apply ESS2, any specific requirements relating to employment matters under the project component, including the need for a project worker grievance mechanism. ESS2 requirements will be mandated for building contractors through the project ESMF and associated ESMPs, bid documents, contracts, and supervised by the CIU Safeguards Team. Contractors will be required to perform site specific risk assessments and prepare and implement occupational health and safety risk registers and management plans and provide all relevant personal protective equipment and other equipment to maintain a safe work place. OSH will be assessed through the ESMF, including consideration of issues within WBG EHS general guidelines for Occupational Health and Safety and Construction and Decommissioning. The LMP will establish the mechanism and procedure for addressing project worker grievances consistent with ESS2.

ESS3 Resource Efficiency and Pollution Prevention and Management

Waste management is difficult in atoll islands; there are no engineered, sanitary landfills in RMI and the Majuro and Ebeye landfills. Geographic constraints in the RMI, primarily related to limited land availability and sensitivity of coastal areas to pollution, mean that any improper disposal of waste has potential environmental or social impacts. Under ECD-I the typical volume of waste from each renovation has been very small, however cumulatively many



small renovations can add up to contributing moderate volumes to landfill. In outer islands, any waste disposal will have pollution impacts because of rudimentary facilities. The reuse of good quality building material is common and this will be encouraged. Offshore recycling and disposal is an option for large volumes of waste or for hazardous waste. Waste from the activation of the CERC is unknown but could be building waste, infrastructure waste or vegetation. Finally, the increase in access to medical services may increase medical waste. Medical waste management in Majuro and Ebeye has been reviewed under the COVID-19 Project (173887). The CIU conducts monthly audits under the project and is familiar with the procedures. In these main urban centers, waste management training is regularly done in the hospitals and waste is segregated and taken to incinerators for destruction. Ash is disposed to landfill. The hospitals have infection prevention and control systems in place and staff are trained regularly. For outer islands there are no dedicated incinerators for medical waste. Medical waste is separated from non-hazardous waste and burned in drums. Ash is then disposed to ground with other island waste. This approach in the outer islands is commensurate with risk and complies with WHO guidelines. Medical teams from Majuro that travel to outer islands for vaccination roll outs or other measures return the waste to Majuro for incineration.

The ESMF will include waste minimisation and management procedures for construction waste, medical waste and emergency response waste, based on World Bank Group Environmental, Health and Safety Guidelines and WHO guidelines.

Construction materials are all imported except for some sand and rock which are mined from the beaches and coastal reefs and increase coastal erosion and habitat destruction. Small scale renovations may not require bricks or concrete, and only require imported materials, whereas moderate scale renovations may need foundations, brick-work etc. The potential scale of aggregate demand will be assessed during project preparation and the ESMF will include guidance relating to sustainable sources of aggregates.

Increases in energy and water use is not anticipated as a result of renovations and the education and health buildings are not significant water or energy users. However, both energy and freshwater are scarce on atolls, and the ESMF will include resource efficiency guidance from the World Bank Group Environmental, Health and Safety Guidelines ensure the opportunities to increase energy and water use efficiency is considered. For example, under ECD-I old lighting is replaced with energy efficient lighting.

Emissions to air, including greenhouse gas emissions are not relevant for building renovations, emergency response activities, technical advisory, conditional cash transfers or education and health services.

ESS4 Community Health and Safety

The project will involve use of public buildings in Ebeye, Majuro and other islands, some of which may require refurbishment or reconstruction or the addition of play equipment. Audit of each building's adequacy for use in the project, including available space, asbestos, other safety considerations, and sanitation, will be carried out during implementation, and management plans for safety, waste and other risks included in the works contract and implemented by the contractor. The ESMF will be updated to include this process and include guidance for management plans, referring to the World Bank Group Environmental, Health and Safety Guidelines.



Construction activities can create health and safety issues for building occupiers, workers and visitors, for example ECD-I works required safeguards to protect workers, patients and visitors from dust, noise and privacy issues for a ward renovation in Majuro and works in primary schools were conducted during school holidays to avoid risks to teachers and students. The ESMF will contain requirements to prepare ESMP to identify risks and mitigation measures for Contractors to follow to protect community health and safety from renovation work, referring to the World Bank Group Environmental, Health and Safety Guidelines. There is no COVID-19 in Marshall Islands and the borders are closed. Once travel resumes there is a risk that workers may bring COVID-19 to Marshall Islands, or be susceptible if an outbreak were to occur. The ESMF will also include COVID-19 guidance, consistent with the World Bank's Interim Note on COVID-19 Considerations in Construction/Civil works Projects and other relevant WHO and RMI Government guidance for worker safety.

The project will apply the principles of universal access.

The purchase of vessels will require safety risk assessments, training, provision of safety equipment and other protocols. RMI has recently purchased small vessels using World Bank funds and the CIU has guidelines and training materials that could be adapted for this project. The risks relate to ensuring the vessels are seaworthy and fit for purpose, trained operators, operations and maintenance routines and safety equipment are available and fit for purpose.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant for the project. The project will not involve any land acquisition, involuntary restrictions on land use or involuntary resettlement. The ESMF will include screening of the land access and confirm that there will be no need for any involuntary land acquisition or use of land that is outside existing sites. Land screening will further verify that there are no vulnerable squatters and no involuntary displacement/ relocation or related loss of livelihood. No new lease arrangements are required and as a result, no land access instrument has been prepared. Management of works, including timing, segregation from non work sites and any temporary displacement will be managed under ESS1 and appropriate mitigation is included in the ESMF, and a process for confirm acceptable lease arrangements are in place.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not relevant. The project will not involve physical investments or other activities that may impact natural habitats. Physical works will be within existing Government land / compounds. No technical advisory services for health or education will impact on natural habitats under the project or in the future.

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



ESS7 is not currently relevant for the project. The majority of people in RMI are Marshallese and will be the overwhelming beneficiaries of the project. The preparation and updating of the ESMF and project consultations will be conducted in accordance with ESS7 and the cultural needs of the people. There are no minority groups that meet the definition of Indigenous Peoples as per ESS7.

ESS8 Cultural Heritage

ESS8 is relevant to the project. Buildings or renovations will be within school and health sector precincts on Government-leased land. These precincts may include cultural heritage structures or artifacts such as churches, chapels, graves or World War II relics. The ESMF will identify any relevant mitigation measures to identify cultural heritage sites during the concept design phase and avoid or mitigate impacts on cultural heritage, including consultation. It will identify any key sites as necessary, and the implementation of chance find procedures within the ESMF.

ESS9 Financial Intermediaries

This standard is not relevant to the project, as no financial intermediaries will be involved in the operations.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

none.

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

- Instruments to be Prepared and Disclosed prior to appraisal:
- Environmental and Social Management Framework, updated from the ECD-I ESMF (incorporates GBV assessment recommendations)
- Preparation and disclosure of a Stakeholder Engagement Plan.
- Preparation and disclosure of a Labor Management Procedure.
- Preparation and disclosure of an Environmental and Social Commitment Plan.

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Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

Implementation of the safeguard instruments and Stakeholder Engagement Plan throughout the project. The preparation of contractor’s bid documents to include the ESMF/ESMP and requirements of the Bank’s Environmental and Social Standards (in particular ESS1, ESS2, ESS3, ESS4 and ESS10).

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS

28-Jan-2022

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: The Republic of the Marshall Islands

Implementing Agency(ies)

Implementing Agency: Ministry of Culture and Internal Affairs

Implementing Agency: Ministry of Education, Sports and Training

Implementing Agency: Ministry of Health and Human Services

V. FOR MORE INFORMATION CONTACT

Public Disclosure



The World Bank

RMI Multisectoral ECD - II (P177329)

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VI. APPROVAL



Task Team Leader(s):	Sandor I. Karacsony, Anne Marie Provo, Deborah Newitter Mikesell
Practice Manager (ENR/Social)	Susan S. Shen Recommended on 21-Sep-2021 at 23:30:31 GMT-04:00
Safeguards Advisor ESSA	Nina Chee (SAESSA) Cleared on 27-Sep-2021 at 15:30:12 GMT-04:00