

**Environmental   
and Social Management Framework**

**February 15 2022**

**Republic of the Marshall Islands**

**Multisectoral Early Childhood Development Project**

**ECD-I**

**&**

**FINAL**

**ECD-II**



**RMI Multisectoral Early Childhood Development II Project**

**ECD-I & ECD-II**

**World Bank Project P166800**

**World Bank Project P177329**

**Environmental and Social Management Framework (ESMF)**

**FINAL**

Prepared for World Bank and the Government of the Republic of Marshall Islands by the Centralized Implementation Unit of the RMI Division of Development Assistance (DIDA)

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# Acronyms and Abbreviations

|  |  |
| --- | --- |
| ANC | Antenatal Care |
| AP | Affected Persons (as in Project affected people/parties) |
| BOMI | Bank of Marshall Islands |
| CC | Cabinet Committee (on ECD) |
| CCT | Conditional Cash Transfer |
| CERC | Contingent Emergency Response Component |
| CFA | Compact of Free Association |
| CGM | Community grants manual |
| CIU | Centralized Implementation Unit |
| CSGs | Compact Sector Grants |
| CSO | Civil Society Organization |
| CTF | Compact Trust Fund |
| DA | Designated Account |
| DCO | Disability Coordination Office (MOICA) |
| DIDA | Division of International Development Assistance |
| DVPPA | Domestic Violence Prevention and Protection Act 2011 |
| EAP | Emergency Action Plan |
| ECD | Early Childhood Development |
| ECD-CC | Early Childhood Develop Cabinet Committee |
| ECD-I | (RMI Multisector) Early Childhood Development Project (P166800) |
| ECD- II | (RMI Multisector) Early Childhood Development Project Phase II (P177329) |
| EHDI | Early Hearing Detection Intervention |
| ESIA | Environmental and Social Impact Assessment |
| EHS/G | Environmental Health and Safety / Guidelines |
| EPPSO | Economic Policy, Planning and Statistics Office |
| E&S | Environmental and Social |
| ESCP | Environmental and Social Commitment Plan |
| ESF | Environment and Social Framework (World Bank) |
| ESMF | Environmental and Social Management Framework |
| ESMP | Environment and Social Management Plan |
| ESS | Environment and Social Standard |
| FA | Finance Agreement |
| FBO | Faith-Based Organization |
| FM | Financial Management |
| FMIS | Financial Management Information System |
| GBV | Gender-Based Violence |
| GESI | Gender Equity, Social Inclusion |
| GoRMI | Government of the Republic of the Marshall Islands |
| GRM | Grievance redress mechanism |
| GRS | Grievance redress service |
| HCP | Human Capital Project |
| HDI | Human Development Index |
| HESA | Health, Education and Social Affairs |
| HIES | Household Integrated Economic Survey |
| HPA | Historic Preservation Act |
| HT | Human Trafficking |
| IA | Implementing Agency |
| ICHNS | RMI Integrated Child Health and Nutrition |
| IDA | International Development Association |
| IEC | Information, Education, and Communication |
| IQBE | Improve the Quality of Basic Education |
| JSA | Job Safety Analysis |
| KALGOV | Kwajalein Atoll Local Government |
| KRA | Key Results Area |
| L&NA | Loss and Needs Assessment |
| LMP | Labor Management and Health & Safety Procedures (LMP) |
| M&E | Monitoring and Evaluation |
| MALGOV | Majuro Atoll Local Government |
| MEAL | Monitoring, Evaluation and Adaptive Learning |
| MEL | Monitoring, Evaluation, Learning |
| MCH | Maternal and child health |
| MIDPO | Marshall Islands Disabled Persons Organization |
| MIS | Management Information System |
| MISSA | Marshall Islands Social Security Administration |
| MOCIA | Ministry of Culture and Internal Affairs |
| MOE | Ministry of Education |
| MOF | Ministry of Finance |
| MOHHS | Ministry of Health and Human Services |
| MOUs | Memoranda of Understanding |
| MWIU | Ministry of Works, Infrastructure, and Utilities |
| NCD | Non-communicable disease |
| NDMO | National Disaster Management Office |
| NEPA | National Environmental Protection Act |
| NDO | National Disability Organization |
| NGO | Non-governmental Organization |
| NI | Neighboring Islands |
| NOL | No Objections Letter |
| NSP | National Strategic Plan |
| OCS | Office of the Chief Secretary |
| OHS/p | Occupational Health and Safety / Plan |
| PAD | Project Appraisal Document |
| PAT | Parents as Teachers |
| PBF | Performance Based Financing |
| PDO | Project Development Objectives |
| PEA | Preliminary Environmental Assessment |
| PEARL | Pacific Early Age Readiness and Learning Program |
| PICs | Pacific Island Countries |
| PIU | Project Implementation Unit |
| PLWD | People Living with Disabilities |
| POM | Project Operations Manual |
| PPE | Personal Protective Equipment |
| PPM | Project Preparation Mission |
| PSC | Program Steering Committee |
| PRC4ECCE | Pacific Regional Council for Early Childhood Care and Education |
| PSS | Public School System |
| RH | Reproductive Health |
| RMI | Republic of the Marshall Islands |
| RMNCH-N | Reproductive, maternal, newborn and child health and nutrition |
| RPF | Regional Partnership Framework |
| SBCC | Social and Behavior Change Communication |
| SDGs | Sustainable Development Goals |
| SEP | Stakeholder Engagement Plan |
| SEA/SH | Sexual Exploitation and Abuse / Sexual Harassment |
| SIA | Social Impact Assessment |
| SP | Social Protection |
| VAC | Violence against Children |
| TA | Technical Assistance |
| TORs | Terms of Reference |
| TWG | Technical Working Group |
| VNR | Voluntary National Review |
| WB | World Bank |
| WB-EHSG | World Bank Environmental, Health and Safety Guidelines |
| WUTMI | Women United Together Marshall Islands |

# Glossary of Terms and Concepts

|  |  |
| --- | --- |
| Early Childhood Development (ECD) | ECD is an integrated concept that cuts across multiple sectors – including health and nutrition, education, and social protection – and refers to the physical, cognitive, linguistic, and socio-emotional development of young children. The definition of ECD includes children up to age 8 on the premise that a successful transition to primary school depends not only on the child’s school readiness, but also on the readiness of schools to adapt to the specific needs of young learners in the early grades. ECD is also known as early childhood care and development (ECCD) and encompasses early childhood education (ECE), early childhood care and education (ECCE), and other designations.  *Source - UNESCO: http://www.ibe.unesco.org/en/glossary-curriculum-terminology/e/early-childhood-development-ecd* |
| Conditional Cash Transfer (CCT) | Conditional cash transfer programs give money to households on the condition that they comply with certain pre-defined requirements. These conditions can include, for example, up-to-date vaccinations, regular visits to a health care facility, regular school attendance by children, and complying with health and nutrition promotion activities (e.g., attending education sessions, taking nutritional supplements, etc.). Conditional cash transfer programs are aimed at reducing poverty as well as breaking the cycle of poverty for the next generation through the development of human capital.  *Source - World Health Organization: https://www.who.int/elena/titles/cash\_transfer/en/* |
| Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCAH-N) | Aligned with the SDGs, the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) represents a significant shift in the prioritization of actions designed to help families live healthy, secure lives and fulfil their economic potential. The reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) agenda is broader and more complex than it was during the Millennium Development Goal (MDG era), creating a need for more holistic, systems-oriented data and analysis.  *Source - UNICEF: https://data.unicef.org/resources/measurement-of-reproductive-maternal-newborn-child-health-nutrition/* |
| Social and Behavior Change Communications (SBCC) | SBCC uses communication strategies that are based on behavior science to positively influence knowledge, attitudes and social norms among individual, institutions and communities. It is a process of interactively communicating with identified groups of people as part of an overall programme of information dissemination, motivation, problem solving and planning. SBCC uses a variety of communication channels to drive and sustain positive behavior and employs a systematic process that includes formative research and behavior analysis; communication planning, implementation, and monitoring; creating an environment that supports desired outcomes; and evaluation.  *Source - https://www.centreforsbcc.org/what-is-sbcc/* |
| Disadvantaged, Vulnerable and Marginalized People | Disadvantaged, vulnerable and marginalized individuals and groups or people include those who are more likely to be adversely affected by project activities, the impact of those activities, and/or less likely than others to benefit from the project. These people are also more likely to be excluded from, or unable to fully participate in public consultation process which means they may need specific measures or assistance. For the project, this means planning stakeholder engagement that takes into full account of exclusionary factors related to age, gender, disability, social status, education and literacy, power and influence, scheduling and location of consultation sessions including safety and logistical factors.  *World Bank https://www.worldbank.org/en/projects-operations/environmental-and-social-framework* |
| Gender Equality and Social Inclusion (GESI) Mainstreaming | GESI mainstreaming is a strategy used to ensure that factors undermining gender equality and social inclusion are: i) explicitly considered in all aspects of project/activity design, implementation, monitoring, evaluation and management/ governance arrangements, and ii) that the views and needs of all members of that society (including people who are disadvantaged, vulnerable or marginalized) are equally addressed through mainstreaming (or integrating) these needs in all aspects of project implementation and management. If additional measures are required to ensure that specific beneficiary groups benefit equally, “targeted” interventions can be provided. For example, this could include women’s only training sessions or customed support for people with disabilities. |
| Gender Based Violence (GBV) | GBV is an umbrella term for any harmful act that is perpetrated against a person’s will; it is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.  These acts can occur in public or in private. Whilst women and girls in the RMI are significantly more likely to be targets of GBV, men and boys can also be targeted. The term is also inclusive of targeted violence against LGBTQI+ individuals and communities. GBV exists in many forms including child abuse, femicide, sexual violence, human trafficking, female genital mutilation and online and digital violence. The most common type of GBV existing in the RMI is domestic or intimidate partner violence.  *UN Women, Key Terms: Gender Based Violence. https://www.unwomen.org/en/what-we-do/ending-violenceagainst-women/faqs/types-of-violence* |
| Meaningful Stakeholder Consultation and Engagement | ESF/ESS10 states that meaningful stakeholder engagement is a ‘two-way process’ that must begin early in the project planning process to get essential feedback on key concepts including potential impact - both positive and negative and suggested mitigation strategies. Stakeholder engagement must continue on an ongoing basis, as risks and impacts arise, and be based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations with stakeholders, in a culturally appropriate format, in relevant local language(s).  *World Bank https://www.worldbank.org/en/projects-operations/environmental-and-social-framework* |
| Project Affected Persons (PAPs) | Includes any person, households, entity, organizations, firms or private institutions who, on account of changes that result from the project will have their (i) standard of living adversely affected, (ii) right, title, or interest in any house, land (including residential, commercial, agricultural, forest, plantations, grazing, and/organizing land), water resources, communal fishing grounds, annual or perennial crops and trees, or any other moveable or fixed assets acquired, possessed, restricted, or otherwise adversely affected, in full or in part, permanently or temporarily; and/or (iii) business, occupation, place of work or residence, or habitat adversely affected, permanently or temporarily, with or without displacement.  *World Bank https://www.worldbank.org/en/projects-operations/environmental-and-social-framework* |

# EXECUTIVE SUMMARY

***Introduction***

The World Bank (WB) funded Republic of the Marshall Islands (RMI) ‘*Multisectoral Early Childhood Development Project” (*P166800), designated herein as “**ECD-I**”, was prepared, consulted and appraised in 2018; approved by the WB on February 28, 2019; and is scheduled for completion on December 31, 2024. The Government of the RMI (GoRMI) has requested WB support to expand ECD-I to better meet the needs of vulnerable ‘early years families’ throughout the country.

Accordingly, preparation is now underway for a new WB project: “*Phase II of the RMI Multisectoral Early Childhood Development Project” (*P177329), designated herein as “**ECD-II**”. Existing project activities under ECD–I will be incorporated into ECD-II, along with new and expanded activities, including a new Contingent Emergency Response Component (CERC).

ECD-I program details have been updated and further consultation undertaken in 2021 to inform preparation of ECD-II.

ECD-I will now close by Dec 2022, with ECD-II being scheduled to commence in 2022 and operate until 2026.

This Environmental and Social Management Framework (ESMF) applies to ECD-I activities until closure in 2022, and to ECD-II activities from implementation in 2022.

The combination of ECD-I in 2022 up to closure plus ECD-II from implementation in 2022 is designated herein as “the **Project**”. Separate reference is made to ECD-I and to ECD-II as necessary for clarity.

This ESMF, which applies to both ECD-I and ECD-II, was prepared by the Centralized Implementation Unit (CIU) Environmental and Social (E&S) Safeguards Team under the GoRMI Division of International Development Assistance (DIDA) MoF in consultation with the ECD-I Project Implementation Unit (PIU) and IAs. This EMSF:

* Builds on the ECD-I ESMF, with updates as required to comply with the *WB ESF 2017* and encompass new and expanded activities. The Social Impact Assessment (SIA) conducted during preparation of Phase 1 is attached as Annex 9, with changed circumstances noted in Section 2.
* Highlights potentially harmful environmental and social impacts associated with project activities - including any project-related gender-based violence (GBV), sexual exploitation, abuse or harassment (SEA/SH), violence against children (VAC) and Human Trafficking (HT) - and identifies project-wide risk management strategies. (As needed, activity specific ESMPs will be prepared when scope is further defined, and prior to implementation of any civil works or high-impact activities).
* Overviews project stakeholder engagement requirements and identifies the framework for the updated Stakeholder Engagement Plan (SEP), and
* Identifies the Grievance Redress Mechanism for the Project.

***Project Objectives and Components***

Table 1 shows the Project Development Objective (PDO), components and sub-components....

**Table 1: Project Development Objective**

|  |
| --- |
| *The PDO for ECD-I is: to improve coverage of multisectoral early childhood development services.*  *The PDO for ECD-II is: To improve coverage of multisectoral early childhood development services in the Republic of the Marshall Islands and, in the event of an Eligible Crisis or Emergency, to provide an immediate response to the Eligible Crisis or Emergency..* |
| **Components & Sub-Components** |
| **Component 1:  Improved coverage of essential health and nutrition services**  1.1: Strengthening MOHHS management and stewardship capacity to deliver essential RMNCH-N services  1.2: Enhancing delivery of essential RMNCH-N services  **Component 2: Improved coverage of stimulation and early learning activities**  2.1 Strengthening MOEST management and stewardship of ECD services  2.2 Enhancing delivery of early stimulation and learning activities  **Component 3: Social assistance for early years families**  3.1: Strengthening Government of RMI’s capacity to establish and deliver social assistance program for ECD  3.2: Provision of cash transfers to early years’ families in selected areas  *3.3: Livelihood support to early years families through public works (TBC)*  **Component 4: Strengthening the Multisectoral ECD System**  4.1 National Multisectoral ECD Strategy, Governance**,** Monitoring, and Evaluation  4.2 ECD Awareness and Social and Behavior Change Communication (SBCC) Campaign  4.3 Project Management  **Component 5: Contingent Emergency Response Component (ECD-II only) (ECD-II only)** |

***Institutional Arrangements***

Project implementing agencies (IAs) are as follows:

* Component 1: Ministry of Health and Human Services (MOHHS)
* Component 2: Ministry of Education, Sports and Training (MOE), Public School System (PSS)
* Component 3: Ministry of Culture and Internal Affairs (MOCIA)
* Component 4: Office of the Chief Secretary (OCS)
* Component 5: (ECD-II only) OCS through National Disaster Management Office (NDMO); MOHHS/PSS/MOCIA

The ECD Program Steering Committee (PSC), comprised of Secretaries from the relevant line ministries and chaired by the Chief Secretary will provide oversight during implementation.

The Project Implementation Unit (PIU), housed within the OCS, will be responsible for overall coordination, results monitoring, communications and E&S management. The MoF-based CIU will provide support to the PIU and IAs with fiduciary, procurement, and E&S risk management functions. This will involve the CIU Safeguards Team providing assistance to the PIU and IAs with implementation of this EMSF in relation to environmental and social aspects of the Project, including labor management and health & safety procedures related to building works and contractor engagement. Regular reports will be provided to the PIU and WB in regard to implementation progress. .

.***Enabling Environment***

There is widespread agreement within the GoRMI about the need to invest in the foundations of human capital required to boost the productivity, competitiveness, and wellbeing of the Marshallese population. In this regard, the Project is aligned with the RMI’s vision and objectives as stated in the *National Strategic Plan (NSP) 2020-2030* through multiple development objectives, including strengthening health systems, improving education outcomes and enhancing the capacity of youth and vulnerable peoples to meet their full potential.

The RMI is one of the only Pacific Island Countries (PICs) without a national policy on early childhood care and education, or early learning and development standards[[1]](#footnote-2). The RMI *Public School System Act 2013,* however, does stipulate that educational standards are to be set by local government jurisdictions (§311.4) and are to be reviewed annually through a national assessment (§315.1).

The RMI *Child Rights Protection Act 2015* enshrines the rights of children in the RMI and details state civil intervention powers to protect children and/or remove them from homes where they are at risk of or being harmed. While this Act demonstrates RMI’s commitment to children’s rights as required under the UN *Convention on the Rights of the Child* (CRC), it does not mention children’s right to early childhood development services[[2]](#footnote-3).

According to the Pacific Regional Council for Early Childhood Care and Education (PRC4ECCE), national policies and legislation are essential for monitoring the provision of quality ECCE services – which are critical to children, and society in general, achieving their full growth potential.[[3]](#footnote-4)

RMI legislation relevant to the Project includes:

Human Rights Committee Act of 2015

Rights of Persons with Disability Act of 2015

Gender Equality Act 2018

Birth, Death and Marriage Registration Act of 2016

Prohibition of Trafficking in Persons Act of 2017

National Environmental Protection Act 1984 and EIA Regulation 1994

RMI Solid Waste Regulations 1989.

***World Bank Operational Policies***

ECD-I is covered under the WB Operational Policies rather than the ESF as a consequence of the timing of ECD-I implementation. Under these policies, ECD-I is classified as Category B, and Safeguards Policy OP 4.01 Environmental Assessment is triggered.

This ESMF is consistent with protocols followed for OP 4.01.

***World Bank E&S Risk Assessment***

For ECD-II, ESS1, ESS2, ESS3, ESS4, ESS8 and ESS10 of the World Bank Environmental and Social Framework (ESF) are relevant, requiring environmental and social (E&S) risk management instruments to guide detailed planning once sub-projects are more clearly identified at a later stage of Project planning. This ESMF is an integral part of compliance with ESS1.

While construction of new facilities to support ECD services are not planned for financing under ECD-I or ECD-II, the Project will involve use of public buildings in Ebeye, Majuro and the neighboring islands some of which may require refurbishment or reconstruction. Physical works, if any, will avoid use of privately owned building, therefore no resettlement will be necessary.

***Significant Potential Environmental and Social Impacts and Mitigation Measures***

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

***Environmental and Social Management Process***

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

Broadly, these impacts would be expected to arise from sub-projects that involve externalities such as building works; or potential adverse impacts on institutional capacity due to project interventions; or sub-projects that could lead to adverse social interactions among family members or within communities.

***Stakeholder Consultation***

Meaningful stakeholder engagement is a ‘two-way process’ that must begin early in the project planning process to ensure that design is informed by the actual views, need and priorities of intended beneficiary groups. Early consultation focuses on obtaining feedback on key concepts, including potential impacts - both positive and negative, and suggested mitigation strategies. Hereafter, stakeholder engagement must continue on an ongoing basis, as risks and impacts arise, and is premised on prior disclosure and dissemination of project information that is relevant, transparent, objective, and easily understandable and accessible to all groups of stakeholders. Project information also needs to be provided in a timely manner that enables stakeholder’s adequate opportunity to have real input in project decision-making throughout implementation.

To date, stakeholder consultation on the preparation of ECD-II has been limited, although numerous consultations are planned in Q1 2022 with key informants from the Neighboring Islands, Ebeye and Majuro.

This ESMF summarizes protocols for stakeholder engagement and grievance redress as detailed in the standalone Stakeholder Engagement Plan (SEP). An important feature of the Project is that it is based on an adaptive management approach and therefore explicit feedback and review measures have been incorporated in stakeholder engagement and grievance redress procedures.

***Institutional Arrangements for Implementing E&S Risk Management***

The RMI Government has carried out key agency consultations and commenced community-level engagement, which is on-going, during Project preparation and has prepared this ESMF to manage potential residual social and environmental impacts from the project. The Ministries involved do not have E&S risk management experience, however the Project Implementation Unit (PIU) established to deliver the project will include international and local staff dedicated to social and behavior change and advocacy who will have the capacity and capability to implement the consultations and social mitigation measures outlined in this Framework. The PIU will also draw on the support and experience of the CIU Safeguards Team.

In addition to the Implementing agencies (MOHHS, MOEST,MOCIA, MOF, OCS), a number of Memoranda of Understanding (MOUs), will be signed with relevant agencies to support specific project activities, including the CCT and SBCC campaign. Among others, this will involve the Majuro Atoll Local Government (MALGOV), the Kwajalein Atoll Local Government (KALGOV), the Marshall Islands Social Security Administration (MISSA), the Bank of the Marshall Islands (BOMI), Women United Together Marshall Islands (WUTMI) and UNICEF.

The SBCC advocacy role involves responsibilities relating to outreach, communications, engagement, M&E etc. for the overall project, and includes management of grievances and feedback. This will facilitate the adaptive learning basis of the Project. The ESMF provides an indicative non-staff budget for implementing the elements of this ESMF, based on best estimates with assumptions of the kind of activities likely to be undertaken in the Project. This ESMF will also guide development of the Project Operations Manual (POM) and preparation of required E&S risk management tools and instruments for selected sub-projects funded under the Project.

# INTRODUCTION

## Overview

The World Bank (WB) funded Republic of the Marshall Islands (RMI) ‘*Multisectoral Early Childhood Development Project” (*P166800), designated herein as “**ECD-I**”, was prepared, consulted and appraised in 2018; approved by the WB on February 28, 2019; and is scheduled for completion on December 31, 2024. The Government of the RMI (GoRMI) has requested WB support to expand ECD-I to better meet the needs of vulnerable ‘early years families’ throughout the country.

Accordingly, preparation is now underway for a new WB project: the “*RMI Multisectoral ECD-II” (*P177329), designated herein as “**ECD-II**”. Existing project activities under ECD–I will be incorporated into ECD-II, along with new and expanded activities, including a new Contingent Emergency Response Component (CERC).

ECD-I program details have been updated and further consultation undertaken in 2021 to inform preparation of ECD-II.

ECD-I will now close by Dec 2022, with ECD-II being scheduled to commence in 2022 and operate until 2026.

This Environmental and Social Management Framework (ESMF) applies to ECD-I activities until closure in 2022, and to ECD-II activities from implementation in 2022.

The combination of ECD-I in 2022 up to closure plus ECD-II from implementation in 2022 is designated herein as “the **Project**”. Separate reference is made to ECD-I and to ECD-II as necessary for clarity.

Project implementing agencies include: Ministry of Education, Sports and Training (MOE) - Public School System (PSS), the Ministry of Health and Human Services (MOHHS), and the Ministry of Culture and Internal Affairs (MOCIA) with technical and management support provided by the Project Implementation Unit (PIU) housed at the Office of the Chief Secretary (OCS). The Centralized Implementation Unit (CIU) within the Division of International Development Assistance (DIDA) at the Ministry of Finance Banking and Postal services (MoF), will continue to provide project services to the Project in the areas of procurement, finances and E&S support.

## World Bank Environmental and Social Protocols for ECD-I and ECD-II

As a consequence of the timing of ECD-I implementation, ECD-I was appraised under the World Bank’s Safeguards Policies, where the only triggered policy is OP 4.01 (Environmental Assessment).

ECD-II will be appraised under the more recent World Bank Environmental and Social Framework 2017 (ESF) where the following Environmental and Social Standards (ESS) apply:

ESS 1: Assessment and Management of Environmental and Social Risks and Impacts

ESS 2: Labor and Working Conditions

ESS 3: Resource Efficiency and Pollution Prevention and Management

ESS 4: Community Health and Safety

ESS 8: Cultural Heritage

ESS 10: Stakeholder Engagement and Information Disclosure

This distinction is recognized throughout this ESMF, where relevant requirements under OP 4.01 (for ECD-I) and the WB ESF 2017 (for ECD-II) are set out as appropriate.

## ESMF Status, Preparation, Purpose and Scope

### Status

This Environmental and Social Management Framework (ESMF) applies to ECD-I activities until closure in 2022 and to ECD-II activities from implementation in 2022, including activities carried over from ECD-I, along with new and expanded activities. ECD-II also includes a new Contingent Emergency Response Component (CERC), which can be triggered under specific conditions at the request of the Government of the RMI (GoRMI) and agreement of the WB. The combination of ECD-I & ECD-II is designated “**the Project**” in this ESMF. Separate reference is made to ECD-I and to ECD-II as necessary for clarity.

### Preparation

This ESMF was prepared by the MOF-CIU Safeguards Team based on in-depth discussions during the ECD-II Project Preparation Mission (PPM) 3-12 November 2021, regarding potential environmental and social impacts, risks and opportunities associated with project activities. These discussions included the active engagement of ECD-I implementing agencies, PIU and CIU representatives, WB Project Task Team members and external stakeholders.

The role of an ESMF is to examine the environmental and social risks and impacts of a project when the project consists of a program and/or series of subprojects, and the risks cannot be determined until the program or subproject details have been identified[[4]](#footnote-5). This is the case for the Project as specific works will not be determined until implementation. As such, this ESMF can be updated as more detailed activity-level information becomes available. In addition[[5]](#footnote-6), sub-project ESMPs will be prepared, proportionate to potential risks and impacts for specific works and subprojects.

### Purpose

This document will identify broad GoRMI and WB environment and social (E&S) risk management requirements that are applicable to the Project and provide guidance to implementing agencies on the application of these measures. In addition to whole-of-project E&S requirements, this ESMF sets out the process for screening sub-projects during Project implementation, using an established risk assessment process.

This ESMF also provides an overview of the Project Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM) and sets out provisions to: i) prevent gender-based violence (GBV) including sexual exploitation, abuse or sexual harassment (SEA/SH) related to the project, and ii) to ensure the project responds appropriately should GBV occur – that is, in line with WB requirements, GoRMI legislation and procedures, and international best practice. It also provides an overview of project implementation arrangements and the E&S management responsibilities of all parties including IAs, the PIU and the CIU Safeguards team.

### Scope

This ESMF outlines the principles, rules, guidelines and procedures to assess project environmental and social risks and impacts, as well as measures and plans to reduce, mitigate and/or offset adverse risks and impacts during the implementation of ECD-I and II.

This ESMF applies to the whole of ECD-I & II..

The ESMF provides the following information:

* Overview of the project development objective, components and activities
* Screening processes used to determine the type of environmental assessment required under RMI law and the World Bank ESF
* Processes for E&S risk management during project implementation, including how ECD-I activities and ECD-II activities will be addressed differently pursuant to requirements of OP 4.01 and the ESF respectively.
* Integration of policy into the project screening and implementation
* Description of project implementation arrangements, including the roles and responsibilities of the PIU, IAs, consultant and the CIU safeguard team for E&S management
* Outline of the Project Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM)
* Indicative budget for key E&S risk management activities.

### Links with Other Documents

This ESMF is one of several ‘safeguard’ instruments developed to support the effective management of environment and social aspects of the Project. The ESMF applies to both ECD-I and to ECD-II.

Other E&S documents prepared for project appraisal include:

* Labor Management and Health & Safety Procedures (LMP) - only applies to ECD-II
* Stakeholder Engagement Plan (SEP), which includes the Project Grievance Redress Mechanism (GRM) - applies to both ECD-I and to ECD-II, and
* Environmental and Social Commitment Plan (ESCP) - only applies to ECD-II

# BACKGROUND AND RATIONALE

## Country Context

### Background

The Republic of Marshall Islands (RMI), located in the Central Pacific Ocean, consists of 29 atolls and 5 isolated islands (24 of which are inhabited) and has a total land mass of just 181 km² spread over 1.9 million km2. The total sea and land area of the country is approximately 1.94 million square kilometers and 181 square kilometers respectively, with land comprising less than 0.01% of the total surface area. The RMI shares maritime borders with Kiribati, the Federated States of Micronesia, Nauru, and Wake Island. Both sea and land are of central importance to Marshallese culture and livelihoods.

The Marshallese culture is overall homogeneous, with minor cultural and linguistic differences between Ratak and Ralik chains. The Marshallese are a matrilineal society where family ties and mutual reciprocity remain very strong despite modern influences. Christianity, brought to the RMI in the 1830s by missionaries, has played a significant role in shaping the attitude and behavior of the people. Until 1986, when the country gained independence, it was part of the Trust Territory of the Pacific Islands established during World War II by the USA.

The RMI is one of the world’s smallest, most isolated, and vulnerable nations in the world. Based on preliminary data from the 2021 Census, the RMI total population is approximately 40,000 with over 50 percent living in the rapidly urbanizing areas of Majuro (Majuro atoll) and Ebeye (Kwajalein atoll). The population of the neighboring islands (NI) is declining due to increased migration to the urban centers and to the USA. The country is spread across 29 coral atolls and five islands covering a total ocean area over 1.9 million square kilometers.

### Vulnerabilities

By all counts, the percentage of people considered “vulnerable” in the RMI remains high for a number of external and internal reasons, despite the considerable efforts of the GoRMI, civil society organizations (CSOs), international/regional development agencies and donor partners to readdress inequalities and the marginalization of certain groups. External factors affecting vulnerability are tied to the country’s location, size, geography, climate and macroeconomic issues, while internal influences relate more to the socio-cultural, economic and political context, and the adequacy of service delivery systems to meet the collective needs of society.

The prevalence of ‘hardship’[[6]](#footnote-7) in RMI is among the highest for Pacific Island Countries (PICs). Across most PICs, 20 to 30 percent of the population lives below the nationally defined hardship threshold; for RMI, hardship is experienced by 51.1 percent of the population.

In addition to climate change, urban migration, macro-economic challenges associated with limited domestic markets and viable export commodities (leading to a perpetually high unemployment rate) and COVID-19 there are a number of internal factors that also affect vulnerability. For example, traditional diets consisting of breadfruit, coconut, *pandanus*, taro, fish, chicken, and pork have been replaced with less nutritious processed foods resulting in significant obesity rates and high prevalence of **non-communicable diseases** (NCDs) including diabetes. In addition, the increasing use of alcohol, tobacco, and other harmful substances, particularly amongst youth, is also contributing to health issues, as well as family breakdown, crime and violence in homes and communities.

A key factor underlying vulnerability in the RMI relates to the high prevalence of **gender-based violence** (GBV) which exists in many forms and has detrimental physical, psychological, social, and economic consequences for individuals, families, and communities across the RMI. While up-to-date, reliable GBV data is lacking, the Family Health and Safety Survey (FHSS) showed: (i) that rates of intimate partner violence and non-intimate partner violence toward women are high; and (ii) attitudes held by men, and women, support and excuse GBV. The extent to which exploitation, abuse or sexual harassment (SEA/SH) also occurs in workplaces, schools and communities cannot be assessed due a lack of data.

The GoRMI recognizes that people are vulnerable, disadvantaged and marginalized for many reasons including: their gender, age, place or residence, level of education, employment status, if they have a disability or a chronic illness, are young parents without support, live in a single-headed household, are survivors of gender-based violence, as well as those who lack of access to land, services, housing, and voice in public decision-making processes- especially women. As such, a central platform of RMI national development policies and plans is to ensure that “**no one is left behind**” in the pursuit of social and economic progress. This objective is a key reason for expanding the ECD-I Project.

## Sector Context

### Early Child Development

Data from the 2017 Integrated Child Health and Nutrition Survey (ICHNS) showed that the formation of human capital is at risk in the RMI due to three primary factors: i) poor early life health and nutrition, ii) lack of early stimulation and learning, and iii) childhood exposure to poverty and severe stress. Child stunting (or low height-for-age), an indicator of chronic malnutrition, affects about 35 percent of children under age 5 in the RMI, while 1 in 10 children are severely stunted. Further, 12 percent of recently born children aged 0-59 months had low birth weight. Physical health and growth, literacy and numeracy skills, socio-emotional development, and readiness to learn are vital domains of a child’s overall development.

Factors undermining child development in the RMI include, among others:

limited access to a nutritious diet - especially children from vulnerable families

inadequate access to high quality maternal and child health (MCH) services including immunization coverage - especially in the neighboring islands (see Section 4)

insufficient opportunities for early stimulation and early learning

high rate of teenage pregnancy and early childbearing

poor parent/caregiver interaction with children at home

low-level public awareness on the importance of early child stimulation, health and nutrition

lack of government pre-school system, contributing to access and affordability issues

lack of a national ECD Policy and Standards on early childhood care and education.

In addition, there is no formalized social protection (SP) system in the RMI, apart from a benefit pension scheme available to retired formal sector workers, and a feeding program for primary school children in Majuro. As such, vulnerable groups of people - including families living in poverty, teenage parents, the elderly, persons with disabilities (PWDs), and those in abusive situations, have no access to financial support outside of what is provided from family or friends.

Only 5 percent of children aged 36-59 months attend an organized early childhood education program (ICHNS 2017).[[7]](#footnote-8) Enrollments in elementary school have been static for several years at around 83-86 percent, and they drop off again in secondary school to 48-58 percent.[[8]](#footnote-9) Enrollment rates have increased in urban areas and decreased in the NI probably as a consequence of migration. Low school enrollments, high dropout rates, and low educational outcomes are of great concern to the Public School System (PSS), and test scores from the national RMI Standards Assessment Test series highlight poor outcomes for those in school. There is a commitment to create primary and secondary level curriculum that reinforces positive gender stereotypes and promote gender equality and human rights.

Parent/caregiver interaction and the household environment in RMI do not compensate adequately for the lack of formal or community-based early childhood development (ECD) services. Nationwide, 72 percent of children aged 36-59 months were engaged by adults in four or more activities in the previous three days,[[9]](#footnote-10) children were more likely to have their mothers engaged in these activities (59 percent) than their fathers (2 percent). Adult engagement with children varies most widely by the education level of the child’s caregiver: it is as low as 50 percent among children whose caregivers’ highest level of education is primary school compared to 85 percent among children with caregivers who attended higher education. Children are less likely to have their biological mother engaged in learning when the mother is under age 20 (42 percent) compared to age 35 and over (53 percent). Less than one-fifth (18 percent) of children aged 0-59 months live in families with 3 or more children’s books, with large variations by income.

In addition to the absence of an effective ECD system and formalized SP, the RMI health system lacks many of the core building blocks needed for universal access to good quality primary health care services. Primary health care includes a public health “zone nurse” system aligned with each urban center hospital, a network of health centers,[[10]](#footnote-11) and Neighboring Island mobile health missions. However, MOHHS faces significant challenges in providing a sufficient number of qualified health workers, especially for rural locations, facilitating communication across programs and providers, and ensuring adequate supervision. Likewise, there are limited options for address poor health and nutritional behaviors through child caregivers in the community.

In 2017, only 55 percent of 9-35-month-olds received complete immunization, and only two in five mothers breast fed exclusively babies in the first six months (as recommended by WHO).[[11]](#footnote-12) Stunting is also an issue in children. Children attending ECE is low (28 percent in 2017).[[12]](#footnote-13)

The RMI is a member of the Pacific Regional Council for Early Childhood Care and Education (PRC4ECCE), which advocates that clear national policies and legislation are essential for monitoring the provision of quality ECCE services, and critical for individuals and societies to achieve their full growth potential.[[13]](#footnote-14)

### Gender Equality and Social Inclusion (GESI)

Traditionally, RMI is a matrilineal society and land rights are passed down from mother to daughter. Western gender norms have become been influential, however, and as in other PICs, Marshallese women and girls face multiple GESI barriers, including violence, insecure or un-employment, limited access to justice, and poor health and health care services. NCDs are at epidemic levels[[14]](#footnote-15) while 94 percent of rural women and 79 percent of urban women report problems accessing health care.[[15]](#footnote-16) Obesity, diabetes-related issues, and upper respiratory infections are common ailments amongst women. About half of women report experiencing gender-based violence, yet half of women who have experienced it claim not to have reported it[[16]](#footnote-17). Women are increasingly entering the work force, yet 93 percent (2017) of them work in service industries.[[17]](#footnote-18) There is low representation of women in the legislature.

## Legislative and Policy Context

The GoRMI recognizes that the Marshall Island is one of the only Pacific Island Countries (PICs) without a national policy on early childhood care and education and associated standards and has identified this has a high priority for Project assistance.

In 2015, the GoRMI passed the *Child Rights Protection Act*, demonstrating its commitment to protecting and promoting children’s rights as required under the United Nations (UN) *Convention on the Rights of the Child* (CRC) ratified by the GoRMI in 1993. This Act, however, does not refer to children’s rights to high quality ECD services.

In 2006, the RMI government ratified the *Convention on the Elimination of Discrimination Against Women (CEDAW)* and subsequently endorsed a national gender policy in response to the fact that over 51% of Marshallese women reported experiencing intimate partner violence and 61-62% of children experiencing physical violence[[18]](#footnote-19).

In 2015 the RMI government introduced the *National Gender Mainstreaming Policy* to assist in preventing and mitigating GBV and to address other key barriers to equality, including women’s lack of voice in public decision-making processes and discrepancies in employment and wages. This policy provides guidance to the government in mainstreaming gender perspectives across its policies, strategies and programs, and promotes partnership with organizations such as Women United Together Marshall Islands (WUTMI), traditional leaders and the public sector.

The Project is consistent with RMI legislation related to ECD and GESI as outlined below , along with relevant WB requirements. Further information on the enabling environment can be found in Section 4.

### GESI / Human Rights

*Child Rights Protection Act 2015*

*Gender Equality Act 2018*

*Public School System Act 2013*.

*Rights of Persons with Disability Act of 2015*

*Domestic Violence Prevention and Protection Act 2011* (DVPPA)

*Birth, Death and Marriages Registration Act 2016*

*Prohibition of Trafficking in Persons Act of 2017*

### Environmental Protection

*National Environmental Protection Act 1984 and the EIA Regulation 1994*

*Solid Waste Regulations 1989*

### Construction

RMI Building Code (under development) relates to the requirement for potential building works associated with the project

RMI does not currently have occupational health and safety (OHS) legislation and therefore OHS aspects of the Project will be regulated through the WB’s *Environmental, Health, and Safety Guidelines*

Earthworks associated with any construction activities undertaken in relation to the Project would likely be deemed to be minor but may need an Earthmoving Permit and associated activity-level Environment and Social Management Plan (ESMP)

All workers engaged on the Project will need to be covered under the terms of the WB EHS Guidelines; receive a proper work safety orientation and be required to sign the Contractor Code of Conduct (see Annex 5).

## Relevance to Higher Level World Bank and Government Objectives

The GoRMI recognizes the immense importance of investment in early childhood development as evidenced by the strong inclusion of ECD-I in the *National Strategic Plan (NSP) 2020-2030* across multiple development objectives, including strengthening health systems, improving education outcomes and enhancing the capacity of youth and vulnerable peoples to meet their full potential. The NSP commits to inclusive and equitable education and lifelong learning opportunities for all through improved early childhood and maternal health and nutrition.

Text

Description automatically generated**RMI National Strategic Plan 2020-2030**

*RMI NSP, Pg. 7*

The NSP commits to inclusive and equitable education and lifelong learning opportunities for all through improved early childhood and maternal health and nutrition. The plan specifically mentions its commitment to health, nutrition, and care in the first 1,000 days of life. The GoRMI also seeks to address the shortage of qualified teachers, especially in the outer islands, and ensure well-equipped facilities and resources. One strategy to enhance a more effective learning environment is by maintaining and preserving traditional Marshallese culture and language.

The former RMI President established a Cabinet Committee (CC) on ECD (ECD-CC) to provide high-level leadership and guidance for the RMI’s flagship ECD Program, and the current President has emphasized the GoRMI’s continuing commitment to improve early childhood development including stunting and other nutritional issues through development of a National ECD Policy and Action Plan. The Chief Secretary is currently the Chair of the Program Steering Committee (PSC), a role which may be assumed by an IA Minister in future.

From a regional and international development perspective, ECD-I is seen a critical to long-term individual and societal prosperity. For example, a 2017 Pacific regional study reported on the far-reaching economic impact of ECD-I investments, indicating a possible “*return as high as $17 for every $1 invested, with benefits accruing to society in the form of higher incomes, better health, and lower crime rates.”*[[19]](#footnote-20)

When launching the Sustainable Development Goals (SDGs) in early 2016, former UN Secretary-General Ban Ki-moon stated, “*Early childhood development can help drive the transformation we hope to achieve [by 2030].” By ensuring the development of young children is on the national development agenda, governments can achieve the ambitious goal SDG target 4.2 sets forth, that by 2030, all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.”*

From the perspective of the World Bank, the Project is in line with three of the four Focus Areas of the Bank’s Regional Partnership Framework (RPF) for fiscal years 2017-21 for 9 PICs, including the RMI. RPF Focus Areas #1: *Fully exploiting the available economic opportunities*, and #2 *Enhancing access to employment opportunities, with key interventions on improving education outcomes* are directly strengthened through interventions in ECD, which in turn improves education outcomes. RPF’s Focus Area #3: Protecting incomes and livelihoods, with interventions to help countries strengthen health systems and address non-communicable diseases, will also be supported through Project interventions to improve availability and quality of essential health and nutrition services for key target groups including vulnerable women and their children.

# PROJECT DESCRIPTION

## Project Development Objective, Indicators and Components

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

The Project Development Objective (PDO) for ECD-I is:

*To improve coverage of multisectoral early childhood development services in the RMI.*

The Project Development Objective (PDO) for ECD-II is:

*To improve coverage of multisectoral early childhood development services in the RMI and, in the event of an Eligible Crisis or Emergency, to provide an immediate response to the Eligible Crisis or Emergency. .*

The PDO will be achieved through the following components:

*Component 1:* *Improve coverage of essential RMNCH-N services, under the MOHHS*

*Component 2:* *Improve coverage of stimulation and early learning activities, under the PSS*

*Component 3: Social assistance for early years’ families, under the MOCIA*

*Component 4: Strengthening the multisectoral ECD system and Project Management, under the OCS*

*Component 5: Contingent Emergency Response Component, under the OCS (NDMO), MOHHS, PSS and MOCIA (ECD-II only),*

Activities under these components and their sub-components are summarized below. Potential environmental and social risks and management requirements related to these activities are set out in Section 5.

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.

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

Activities under Component 1 are shown in the following table. Note: Items in *underlined italics* are newly added to the ECD–II design.

| **Activities Supported Under Component 1** | | |
| --- | --- | --- |
| **Dimension** | **Sub-component 1.1:** *Strengthen MOHHS management and stewardship capacity to deliver essential RMNCH-N services* | **Sub-component 1.2:** *Enhance delivery of essential RMNCH-N services* |
| **RMNCH-N Service Package** | * TA to define essential service package and delivery options * *TA on innovation for NIs service delivery* | * Operational cost for MOHHS in the delivery of revised RMNCH-N package in Majuro/Ebeye * *Operational cost for multi-disciplinary NI teams (including Wa Kuk Wa Jimor-multisectoral mobile unit)* * *Contracting providers/purchasing vessels for NI service delivery* * *MedEvac* * *Developmental screening and disability services* * *GBV treatment and support* |
| **Human Resources** | * Human Resource Needs Assessment * Development of capacity building and training packages (especially for maternal, infant, and young child nutrition counselling and early stimulation) | * Contract service delivery providers (health facility staff) to optimize number and skill mix * *Pilot grants to NI to support improved performance and accountability* * Delivery of comprehensive training and capacity building packages |
| **Infrastructure Equipment and Supplies** | * TA on forecasting, purchasing, procurement, and commodity management * *TA on climate smart cold chain and infrastructure* | * Rehabilitation and renovation of hospitals/clinics, offices, *and NI dispensaries* * *Enhanced immunization cold chain equipment (as per UNICEF effective vaccine management assessment)* * Small facility equipment and supplies to ensure readiness to deliver RMNCH-N package |
| **Data and Information** | * Development/revision of databases, indicators to meet monitoring and evaluation (M&E) needs associated with revised RMNCH-N package | * Upgrading the ICT system (MHIS) to include improved sexual, reproductive, maternal and child health modules |

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

Activities under Component 2 are shown in the following table. Note: Items in *underlined italics* are newly added to the ECD–II design.

| **Activities supported under Component 2** | | |
| --- | --- | --- |
| **Dimension** | **Sub-component 2.1: *Strengthening MOEST management and stewardship of ECD services*** | **Sub-component 2.2: *Enhancing delivery of early stimulation and learning activities*** |
| **Assessments,**  **planning &**  **strategy** | * Finalize assessments of existing capacity and developing plans and strategies to strengthen MOEST * Assessment of human resource capacity for public pre-schools including a*ssessment of multi-lingual, multi-level teaching policy, practice and support* * Assessment of venue requirements/infrastructure availability for public pre-schools *including plans for establishing and operationalizing public pre-schools in NIs* * Finalizing SBCC activities to be delivered through MOEST * *Strengthen Gender Equality & Social Inclusion (GESI) and support for children with disabilities, National maternity policy, neighboring islands, & empowering responsive male caregivers* * *Strategy paper on the development of a culture of literacy among Marshallese, including active use of books and title development* | * *Monitoring and assessing the first year of project-supported caregiver education home visits* * *Identifying alternative providers in NIs to deliver early stimulation and learning activities* * *Plan for introducing continuity of learning approaches- technology enabled school in a box, edutainment, alternative venues and community playgroups* |
| **Capacity Building/ training** | * Developing training plans for MOEST staff | * Recruiting, maintaining and training service delivery providers (teachers, teacher aides, home visit provider) to deliver preschool and other early learning activities * *Capacity building, data collection and training for providers on children with disabilities* * *Training and sensitization on use of reading materials, engagement of male caregivers* |
| **Service delivery, infrastructure and supplies** | * *Reviewing and strengthening the regulatory framework for ECD* * *Preschool expansion based on selection criteria and CCT roll out strategy* | * Rehabilitation and renovation of pre-school classrooms and *NI pre-school venues* * More and better local language books, toys, materials   + *collection and publication of original works by Marshallese storytellers/authors/illustrators*   + *reading materials for children aged o to 8 years.*   + *Include active use of books & title development (missing from RMI Book Supply Chain Analysis report)* * *Strengthening gender equality and social inclusion (GESI) by extending interventions to children with disabilities, neighboring islands and male caregivers* * *Improve and expand home stimulation program to up to additional 2,000 families.* |

**Component 3: Social assistance for early years’ families**

Activities under Component 3 are shown in the following table. Note: Items in *underlined italics* are newly added for the ECD–II design, including the expansion of the CCT program to the neighboring islands.

| **Activities supported under Component 3** | | | |
| --- | --- | --- | --- |
| **Dimension** | **Sub-component 3.1:** *Strengthening GRMI capacity to establish and deliver SA programs* | **Sub-component 3.2:** *Provision of CCT to EY families in selected areas* | ***Sub-component 3.3:*** *Livelihood support to EY families through public works (tentative)* |
| **Service delivery** | * TA to develop operational manuals (OMs), training modules and management information system (MIS) investments (software and hardware) for SP delivery system: * Outreach, intake, registration * Eligibility criteria and processes * Compliance verification, payment, graduation, GRM * *Systems development to house a future social registry* * *Development of payment system solutions in neighboring islands* |  | * *TA to develop a standard package of income generating activities, through public works, to benefit EY families, to be developed in partnership with local governments* * *TA to develop OM and MIS module for program management and administration* |
| **Capacity building or training** | * Training activities on service delivery processes and MIS in GRMI and local government counterparts |  | * *Capacity building and training activities related to livelihood support* |
| **Cash transfers or grants** |  | * Provision of *enhanced* CTs to *up to 2,000* vulnerable EY families in Majuro, Ebeye *and neighboring islands* | * *Small grants to be disbursed to local governments and / or wage payments provided to program beneficiaries directly* |

**Criteria for Targeting Neighboring Islands**

These include:

1. poor outcomes in health and education (performance in PILNA or MISAT, survival rates, completion rates, stunting and immunization rates)
2. ownership or demand from community leadership
3. population
4. socio-economic status
5. logistics (transportation costs, internet connectivity, access to BOMI financial services), and
6. climate crisis risk.
7. Additional considerations include service readiness given the linkages between health and education service delivery and CCT conditionalities.

While data on some indicators are available, others will require engagement with community leaders and BOMI, and analysis of household survey data and climate resilience assessments. Data on socio-economic status can be projected using the previous population census but this will be dated (data collected in 2011). A new population census is currently being collected; however, it is unclear if datasets are available yet. The neighboring islands have not yet been selected or prioritized. This will happen during project implementation.

**Component 4: Strengthening the multisectoral ECD system and Project Management**

Activities under Component 4 are shown in the following table.

| Activities supported under Component 4 | |
| --- | --- |
| **Component 4.1: *National Multisectoral ECD Strategy and Governance*** | **Component 4.2: *ECD Awareness and SBCC Campaign.*** |
| **Sub-component 4.1** will finance TA to develop RMI’s National Strategy for ECD. The strategy will define clear objectives for the national ECD program, describe key activities and interventions, and clearly delineate the roles and responsibilities of the main actors and governance mechanisms. It will further support OCS and the CC in leading ECD program governance and coordinating implementation across key line ministries including MOF, MOE/PSS, MOCIA and MOHHS. This sub-component will finance the TA and operational costs needed to develop the strategy and conduct periodic implementation reviews, as per agreed governance arrangements.  **Sub-component 4.1** will also finance the development and operationalization of a comprehensive ECD monitoring, evaluation, and learning (MEAL) framework. MEAL activities will assess the performance of the ECD program using adequacy and/or plausibility evaluation and promote adaptive learning throughout program implementation over time. The MEAL platform will consolidate indicators of service provision, quality, utilization rates, drawing from the three implementing line ministries’ (MOHHS, MOE, MOCIA) routine data collection systems to the extent possible.  **Sub-component 4.1** will finance activities and inputs above and beyond investments in line ministry data and information systems under components 1-3, including activities to enable EPPSO to support ECD program monitoring and evaluation.  The sub-component will finance a MEAL Coordinator to support the Project Implementation Unit (PIU) and: (i) develop the MEAL framework; (ii) convene regular MEAL reviews; and (iii) build line ministry capacity to produce quality ECD program data. Further, it will finance monitoring of child development outcomes in cohorts over time, either through surveillance methods or appending appropriate child health, nutrition, and development modules to population-based surveys, as feasible[[20]](#footnote-21).  This sub-component will finance technical assistance to each line ministry to conduct rapid/ process/ qualitative assessments during implementation, including beneficiary assessments of knowledge and practice. These assessments will aim to document program challenges and successes and incorporate feedback loops that can contribute to continuous improvement of intervention design and implementation. | **Sub-component 4.2** will finance communications, advocacy, and awareness- raising activities for the ECD program. A centralized approach to the development of communications and advocacy materials is intended to promote linkages across the components and ensure consistency of messages.  **Sub-component 4.2** will finance: (i) a SBCC and Advocacy Coordinator to provide centralized strategic and technical leadership to the development, implementation, coordination, and monitoring of ECD advocacy, awareness raising, and SBCC activities; and (ii) development of a SBCC strategy and associated campaign content intended to increase the intensity of intervention and exposure to campaign messages. The SBCC and Advocacy coordinator will work with the relevant line ministries to ensure buy-in and consistency of messages and activities across channels.  Achieving optimal child health, growth, and development in RMI is dependent on changing behaviors. Evidence indicates that a multichannel approach, including mass media, interpersonal communication and counselling, community-based interventions, and community and social mobilization can be effective in changing behaviors related to infant and childcare and nutrition. To support this, a robust, contextually/culturally/ linguistically relevant SBCC strategy and associated campaign content developed to increase the intensity of intervention and exposure to campaign messages. It is anticipated the SBCC will be comprehensive, with content including elements such as maternal, infant, and young child nutrition; water, sanitation and hygiene; health care seeking; parenting; early stimulation; and early learning, with messages defined based upon delivery channel.  Development and coordination of SBCC activities for ECD will be the responsibility of the OCS with support from the ECD PIU and SBCC & Advocacy Coordinator.  **Sub-component 4.2** will support the development of the SBCC strategy and campaign content; delivery of SBCC through mass media channels; and cross-sectoral coordination and monitoring. Sub-component can also finance additional formative research required to improve the relevance of messages and implementation approaches. Each implementing line ministry will be responsible for implementing SBCC activities through their respective channels. Attention will be paid to ensure that there are links and reinforcement of nutrition and stimulation messages across components 1 and 2.  The component will finance a food systems assessment that will support the Government in developing policies and interventions to improve the availability, accessibility, affordability, and desirability of a nutritious diet in the RMI. Other TA needs that arise during implementation may also be considered under this component. |

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

## Component 5: Contingent Emergency Response Component

A Contingent Emergency Response Component (CERC) is now included in the Project[[21]](#footnote-22) to enable Project funds to be quickly reallocated in the event of an “Eligible Crisis or Emergency”[[22]](#footnote-23). While there are CERCs in other WB projects in the RMI, the ECD-II CERC will allow for emergency response activities through the MOHHS, PSS, and MOCIA, which are not currently CERC implementing agencies. As such, this will provide an efficient mechanism for addressing the emergency health, education and social assistance needs of vulnerable families.

Activities under Component 5 would be governed by the World Bank Directive: *Contingent Emergency Response Components (CERC), October 2017*. This could include, but not be limited to events created by a cyclone; earthquake; storm surge or strong waves; tornado; tsunami; volcanic eruption; flood or inundation; drought; severe weather and extreme temperature; high winds; any other natural disaster; as well as health and welfare related emergencies.

Disbursement of emergency financing under the CERC will be contingent upon:

a) the recipient establishing a nexus between the disaster event and the need to access funds to support recovery and reconstruction activities (an “eligible event”), and

b) submission to and no objection granted by the World Bank of an Emergency Action Plan (EAP) which will include a list of activities, procurement methodology and E&S risk management procedures.

The EAP will require consideration of E&S risk management implications for any proposed emergency supplies procurement or reconstruction activities. The World Bank, through the no objection process, will closely examine the nature of the proposed activities, particularly those involving civil works, to ensure that: (i) they are not prohibited under the ‘negative list’ (see Section 3.8) ,and (ii) the recipient is aware of the required E&S risk management compliance documentation before initiating the process by which the proposed works will be prepared and implemented.

Emergency activities financed under the CERC will involve financing the provision of critical goods or emergency recovery and reconstruction works. Activities involving procurement of emergency supplies - such as medicine and water, will not require the application of E&S risk management instruments, post-screening or assessment. Other emergency supplies - such as fuel products, will require E&S risk management instruments to ensure procurement, storage and dispensing procedures are adequate. This could involve preparation of Environmental Codes of Practice or EMPs.

Preparation of the EAP will have regard to this ESMF, and E&S risk management instruments will require World Bank approval prior to commencement of activities. Importantly, the EAP will need to include procedures for:

Consultation and disclosure

Integration of mitigation measures and performance standards into contracts

Supervision/monitoring and reporting measures to ensure compliance.

To ensure that CERC subproject activities comply with the requirements of the WB ESF, “positive and negative” lists have been developed to provide guidance on critical imports and/or for emergency works, goods or services which may be eligible for financing. The negative list and screening process will be retained but will need to allow for a degree of flexibility and efficiency in processing potential sub-projects. Further guidance will be detailed in the Finance Agreement (FA) and CERC Operations Manual.

### CERC Positive List

The purpose of the positive list is to identify the types of critical imports and emergency works that would be acceptable to the Bank, following a Loss and Needs Assessment (L&NA), for financing under Component 5 (CERC). Project funds allocated to the CERC Disbursement Category may be used to finance any expenditure of the Recipient that is consistent with the FA provisions.

The following subprojects or activities will be deemed eligible under the CERC:

* Critical Imports: Eligible expenditures on critical goods/equipment/supplies required by the public/private sectors (imported or locally manufactured) under the CERC include:
* Health emergencies and the purchases of health-related goods and services
* Support for health and education infrastructure and necessary equipment and supplies
* Construction materials, equipment and industrial machinery
* Water, air, land transport equipment, including spare parts
* Purchase of petroleum and other fuel products
* Repair or reconstruct streets, roads, bridges, transportation and other infrastructure damaged by the event
* Reestablish telecommunications infrastructure damaged by the event
* Reestablish drainage systems damaged by the event
* Remove and dispose of debris associated with any eligible activity
* Stabilize heavy erosion along waterfronts; and
* Any other item agreed to between the WB and the GoRMI as documented in an Aide-Memoire or other appropriate Project document.

### CERC Negative List

Sub-projects with the following attributes will not be eligible for financing under the CERC component or the parent project:

* Involve significant conversion, clearance or degradation of critical natural habitats, forests, environmentally sensitive areas, significant biodiversity and/or protected conservation zones
* Will cause, or have the potential to result in, permanent and/or significantly damage to nonreplicable cultural property, irreplaceable cultural relics, historical buildings and/or archaeological sites
* Will negatively affect rare or endangered species
* Will result in involuntary land acquisition or physical displacement of affected communities, or relocation of Indigenous Peoples that would restrict or cease their access to traditional lands or resources
* Do not meet minimum design standards with poor design or construction quality, particularly if located in vulnerable areas.
* Will lead to potential adverse social impacts

Sub-projects which require or involve:

* Purchase, application or storage of pesticides or hazardous materials (e.g., asbestos)
* Building structures that will alter coastal process or disrupt breeding sites such as retaining walls or seawalls
* Sand/aggregate mining or land reclamation
* Land that has disputed ownership, tenure or user rights
* Land that is considered dangerous due to presence of UXO
* Political campaign materials or donations in any form
* Weapons
* Any activity that supports drug crop production, processing or distribution, or
* A higher proportion of funding than is available.

# POLICY, LEGAL AND ADMINISTRATION FRAMEWORK

## Policies and Plans

### Early Child Development

The RMI is still one of the only Pacific Island Countries (PICs) without a national policy on early childhood care and education or early learning and development standards. The Public School System Act (2013) stipulates that educational standards are to be set by local government jurisdictions (§311.4) and be reviewed annually through national assessments (§315.1).

In order to assess RMI’s progress in meeting NSP ECD objectives as well as Sustainable Development Goal #4 (SDG4): *Quality Universal Pre-Primary Education, Early Learning and Development*, standardized measures are necessary to enable accurate island and national level assessment. This requirement will be addressed through Component 1, Sub-component 4.1 activities.

The GoRMI three-year rolling *Health Sector Strategic Plan 2017-2019* provides the framework to strengthen health care delivery in RMI, with the goal of having all health care centers permanently staffed by full-time health assistants who provide health services and work with Community Health Councils to promote and foster the concept of shared responsibility for health. Of relevance to the Project is the focus on strengthening capacity to deliver high quality maternal, infant, child & adolescent health and community-based interventions for family resource management and secure high quality health care in the outer islands, conduct community awareness, promote early booking of mothers before 12 weeks of gestation and get mothers to attend at least 4 Pre-Natal clinics before delivery, and enhance community awareness on the effectiveness of breastfeeding.

As indicated previously, the GoRMI has established a Cabinet Committee (CC) on ECD to guide direction in development of the first national ECD policy in the RMI.

### Gender Equality and Social Inclusion

In 2006, the RMI government ratified the *Convention on the Elimination of Discrimination Against Women (CEDAW)* and subsequently endorsed a national gender policy in response to the fact that over 51% of Marshallese women reported experiencing intimate partner violence and 61-62% of children experiencing physical violence.[[23]](#footnote-24)

In 2015, the GoRMI introduced the *National Gender Mainstreaming Policy* to assist in preventing and mitigating GBV and to address other key barriers to equality, including women’s lack of voice in public decision-making processes and discrepancies in employment and wages. This policy provides guidance to the government in mainstreaming gender perspectives across its policies, strategies and programs, and promotes partnership with organizations such as Women United Together Marshall Islands (WUTMI), traditional leaders and the public sector.

In 2019, the GoRMI passed the Gender Equality Act, which covers a broad range of gender and social inclusion issues in the country.

## Legislation and Regulations

Legislation relevant to the design and implementation of the Project includes the following:

### GESI / Human Rights

***Child Rights Protection Act 2015*** enshrines the rights of children in the RMI and details state civil intervention powers to protect children and/or remove them from homes where they are at risk of or being harmed. While this Act demonstrate RMI’s commitment to children’s rights as required under the UN Convention on the Rights of the Child, it does not refer to ECD.

***Gender Equality Act 2018***establishes gender equality as a central priority in political economic, and social spheres; incorporates the *UN Convention on the Elimination of all forms of Discrimination against Women* (CEDAW) into domestic law, recognizes and upholds all human rights obligations related to women and girls in all of their diversities, including those with disabilities, as per the Universal declaration of Human Rights and the *RMI Human Rights Committee Act 2015.* The purpose of this act is to promote and enforce gender equality and non-discrimination for all Marshallese women and girls on an equal basis with men and boys. It supports women as equal partners in national and local development; it holds Government, the private sector, and civil society accountable for upholding gender equality through appropriate special measures, policies, and legislation that protects women and girls from harmful stereotypes and practices and gender-based violence. The Act provides equal access to justice, participation in political and public life, education, employment and economic empowerment, health services. The Act also mandates administrative practices, such as gender mainstreaming, gender-responsive budgeting, and sex disaggregated data collection procedures that support and provide evidence of the successful achievement of gender equitable practices.

Under the Education Section, the Act calls for special measures targeting expectant and new mothers in educational settings and supporting them through nutrition, on-site breastfeeding and childcare facilities, and time flexibilities, allowing for health care visits during school hours, and rescheduling homework and exams’ respect to ECD, the Act states, under subsection (5), the need for targeted support to safeguard the health and welfare of mother and child including (a) prenatal and postnatal checkups during school hours, (b) free school lunches for pregnant and breastfeeding mothers; (c) breastfeeding and childcare facilities within the educational system(d) adjustment of rules relating to homework, examinations, sport and other activities as may be required.

***Public School System Act (2013)*** stipulates that educational standards are to be set by local government jurisdictions (§311.4) and be reviewed annually through national assessments (§315.1). However, in order to assess RMI’s progress against Sustainable Development Goal 4 (SDG 4): Quality Universal Pre-Primary Education, Early Learning and Development, standardized measures are necessary to enable accurate island and national assessments.

***Rights of Persons with Disability Act of 2015*** serves to declare the equal rights and freedoms of all persons with disabilities and provide for the protection, promotion and enforcement; of those rights and freedoms, as a step towards implementing the legal obligations of the Marshall Islands, as a State Party to the United Nations Convention on the Rights of Person with Disabilities; and to make related provisions. Although there is no mention of ECD-related requirements in the Act, children with disabilities are entitled to reasonable accommodations to an inclusive education beginning in primary school. There is also a provision for “early identification of impairments and appropriate intervention services in particular for children” that might provide developmentally appropriate assistance for some children.

***Domestic Violence Prevention and Protection Act 2011*** (DVPPA) criminalizes domestic violence and introduces provisions for the safety of survivors. This includes but is not limited to attaining protection orders. Sexual offences outside of family relationships remain a crime under the Criminal Code 2011.

***Birth, Death and Marriages Registration Act 2016*** raised the legal age for marriage of girls from 16 to 18 (whereas it was already 18 for boys). The new Act complies with the United Nations Convention on the Rights of the Child (CRC). While teen pregnancies have been declining since 2014, raising legal marriage age will be one additional factor in discouraging teen motherhood,

***Prohibition of Trafficking in Persons Act of 2017*** prohibits all forms of trafficking in persons in RMI and ensures the protection of women, children, men from the revictimization of trafficking in persons. Regarding children, the Act prohibits sexual exploitation as well as physical exploitation in forcing children into labor and employment not suitable for their age, regardless of their parent or guardian’s consent.

### Environmental Management

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

***EIA regulations require*** a preliminary proposal for every development activity and applies a two-step assessment process to determine the level of assessment required. For projects involving earthmoving, the development proposal is submitted to the RMIEPA via a Major or Minor Earthmoving Permit Application.  It is reviewed through a Preliminary Environmental Assessment (PEA) process. Step 1 is an initial evaluation of the PEA to determine if the activity has the potential for significant effect on the environment. Step 2 is either the issuance of an Earthmoving Permit with conditions (e.g., Minor and some Major applications), or a requirement for an EIA in the case of proposals (e.g., Major applications) assessed to have potential significant impact which will be reviewed and form the basis of an approved decision with conditions, or a not-approved decision.

*Conditions pre- or post-EIA may include a requirement for an Environmental Management Plan (EMP).*In cases where a proponent ESMP has been drafted prior to the submission of an Earthmoving Permit Application, it may require modification to meet the conditions of approval.

***Solid Waste Regulations 1989*** establish minimum standards governing the design, construction, operation and maintenance of solid waste storage, collection and disposal systems. The Regulations cover the management of bulky waste such as appliances, tree branches or other oversize waste such as interior building cladding. The Regulations also define hazardous waste as any waste or combination of wastes which pose a substantial present or potential hazard to human health or living organisms because such wastes are nondegradable, or persistent in nature, or because they can be lethal, or because they may otherwise cause or tend to cause detrimental cumulative effects. The Regulations list the general requirements for the storage of solid waste as well as detailing the type of containers that may be used to store solid waste. The Regulations also govern the handling of hazardous waste within RMI.

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

### Construction

* ***RMI Building Code.*** Efforts to develop a national building code commenced in 2016 as part of the RMI Agenda 2020 Framework on top government priority reform to improve infrastructure planning and development and management. This work culminated in *“The National Building Code of the Republic of the Marshall Islands 2021 Edition”*, which is currently being reformatted to better suit the need so the RMI and ensure compliance with international requirements. Once finalized the Code will be rolled out under MWIU for implementation by the GoRMI

Earthworks associated with any construction activities undertaken in relation to the Project would likely be deemed to be minor but may need an Earthmoving Permit and associated activity-level Environment and Social Management Plan (ESMP)

All workers engaged on ECD-I[[24]](#footnote-25) & ECD-II[[25]](#footnote-26) will need to be covered under the terms of the World Bank Environmental, Health, and Safety Guidelines[[26]](#footnote-27) (WB-EHSG) ; receive a proper work safety orientation and be required to sign the **Contractor Code of Conduct (see** Annex 6).

### Occupational Health and Safety

RMI currently does not have occupational health and safety (OHS) legislation, so in the absence of national legislation, t the WB-EHSG will be applied to the OHS aspects of the Project

Under the WB-EHSG, project contractors will need to adhere to works-specific Occupational Health and Safety(OHS) procedures, prepared by the contractor and approved by the PIU and CIU Safeguard team, which outline labor and working conditions. This requirement is included in the ESMF.

The Ministry of Works, Infrastructure and Utilities (MWIU) incorporates project specific OHS provisions in standard bid documents which will need to be included in Contractor ToRs **(**see Annex 4**).**

The World Bank General Environmental, Health, and Safety Guidelines represent good international practice for managing occupational health and safety risks. The EHS Guidelines contain the performance levels and measures that are generally considered to be achievable in new facilities by existing technology at reasonable costs. The fundamental premise for OHS under the EHS Guidelines is that “Employers and supervisors are obliged to implement all reasonable precautions to protect the health and safety of workers” and that “Companies should hire contractors that have the technical capability to manage the occupational health and safety issues of their employees…”.

The overall OHS philosophy embodied in the WB-EHSG is as follows:

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

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

The EHS Guidelines for Health Care Facilities applies to all medical waste and the exposure of staff and community to infections, diseases, hazardous materials and waste. Annex 2 (minor scale of works) and Annex 3 (more-than-minor scale of works) sets out indicative contents of Project-related ESMPs which will include an OHS Plan.

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

## RMI Institutional Arrangements

The MOCIA Gender and Development Office serves as the gender focal point for the GoRMI and acts in an advisory and coordinating capacity to various levels of government to ensure gender inequality and women’s human rights issues are mainstreamed and addressed across sectors. This Office also supports monitoring and reporting on process of the *National Gender Mainstreaming Policy* and other regional and international commitments promoting gender equality, and identifies areas requiring further action.

The Chief Secretary is Chair of the Human Rights Committee, which oversees protection of children, the rights of PWD,and the elderly. The Disability Coordination Office (DCO) within MOCIA work**s** with Marshall Islands Disabled Persons Organization (MIDPO), and other relevant stakeholders.

The MOEST includes, among other functions, responsibility for the Public School System (PSS) and the National Board of Education. The structure of the education system in RMI consists of early childhood education (ECE) - which lacking a comprehensive policy or plan, kindergarten (for 5-year-olds) which replaced the Head Start program. The Government provides free and compulsory primary and secondary schooling across the islands for all children aged 5 to 18 , although not in all locations.

The MOHHS has instituted a strategic plan to secure high-quality health care in the outer islands and strengthen national capacity to deliver high-quality maternal infant, child, and adolescent health care. It also conducts missions to the neighboring islands and has invested in 8 satellite communication stations to expedite health service to the NI. The MOHHS also collaborates with the College of the Marshall Islands (CMI) to train nurses to work with rural women on reproductive health and nutrition issues.

The Women United Together in Marshall Islands (WUTMI) - *Weto in Mour* program is the primary provider of gender-based violence (GBV) services in the RMI. WUTMI is headquartered in Majuro and offers services in Ebeye and a growing number of the neighboring islands. Figure 2 shows the institutional Arrangements for addressing Gender-Based Violence in the RMI.

**Figure 2: Institutional Arrangements for addressing Gender-Based Violence in the RMI**Diagram

Description automatically generated

*Source: International Office of Migration (IOM)* Republic of the Marshall Islands Gender Based Violence Service Directory and Referral Tool, 2021

## World Bank E&S Risk Management

### World Bank Operational Policies

ECD-I is covered under the WB Operational Policies rather than the ESF as a consequence of the timing of ECD-I implementation. Under these policies, ECD-I is classified as Category B, and OP 4.01 Environmental Assessment is triggered.

This ESMF followed for OP 4.01.

### World Bank Environmental and Social Framework

ECD-II has been assigned an E&S risk rating of Moderate.

For ECD-II, the following WB ESF standards are relevant: ESS1, ESS2, ESS3, ESS4, ESS10 and ESS8, requiring environmental and social (E&S) risk management instruments to guide detailed planning once sub-projects are more clearly identified at a later stage of Project planning. This ESMF is an integral part of compliance with ESS1.

While construction of new facilities to support ECD services are not planned for financing under ECD-I or ECD-II, the Project will involve use of public buildings in Ebeye, Majuro and the neighboring islands some of which may require refurbishment or reconstruction. Physical works, if any, will avoid use of privately owned building, therefore no resettlement will be necessary.

The risk management approach set out here applies to all Project activities[[27]](#footnote-28), and provides for analysis and planning to ensure the environmental and social impacts and risks of a project are identified, avoided, minimized, reduced or mitigated. E&S assessment is proportionate to the potential risks and impacts of the Project and its sub-projects, taking account of all relevant direct, indirect and cumulative environmental and social risks and impacts of the project, throughout the project life cycle.

Specific E&S risk elements[[28]](#footnote-29) are set out below: :

| **Environmental and Social Impact Category** | **Relevance to Project Activities** |
| --- | --- |
| **(a) Environmental impacts and risks:** | |
| those defined by the EHSGs | Addressed under OHS |
| those related to community safety; | Addressed under OHS |
| those related to climate change and other transboundary or global risks and impacts | See below |
| any material threat to the protection, conservation, maintenance and restoration of natural habitats and biodiversity | n/a |
| those related to ecosystem services and the use of living natural resources, such as fisheries and forests | n/a |
| transboundary and global risks and impacts, such as impacts from effluents and emissions | n/a |
| emissions of short- and long-lived climate pollutants | n/a |
| climate change mitigation, adaptation | Component 1 includes resilience in building design; Component 3 and 5 can provide support to vulnerable families following natural disasters. n/a |
| impacts on threatened or migratory species and their habitats. | n/a |
| **(b) Social impacts and risks:** | |
| threats to human security through the escalation of personal, communal or interstate conflict, crime or violence | n/a |
| risks that project impacts fall disproportionately on individuals and groups who, because of their particular circumstances, may be disadvantaged or vulnerable | Addressed in this ESMF |
| any prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable | Addressed in this ESMF |
| negative economic and social impacts relating to the involuntary restrictions on land use | n/a |
| risks or impacts associated with land and natural resource tenure and use | n/a |
| impacts on the health, safety and well-being of workers and project-affected communities | Addressed under OHS |
| risks to cultural heritage. | Addressed for ECD-II in this ESMF; Not acceptable for ECD-I activities with impacts on physical cultural heritage as OP 4.11 was not triggered for ECD-I. However, if any of the ECD I activities are concurrently undertaken with EDC II, then the ECD-II approach should apply for consistency in application to same E&S risks. |

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

**Construction of new ECD facilities is not planned for financing under the Project.** However, the Project will involve use of public buildings in Ebeye, Majuro and Neighboring Islands, some of which may require refurbishment or reconstruction and access to land to conduct the work. Physical works, if any, will avoid privately owned or used land, and no involuntary or permanent resettled will be required. All activity specific ESMPs developed in advance of initiatives involving civil works, will fully assess the need for access to land and any temporary (during construction) relocation of public services or infrastructure and impacts on private businesses and/or personal assets. If required, these aspects will be managed in compliance with WB land acquisition requirements[[29]](#footnote-30).

In broad terms, environmental and social impacts are rated as moderate and a range of measures to ensure proper mitigation have been identified (See Section 5).

## Gap Assessment – RMI Legislation vs WB Protocols

### Comparison against OP 4.01 – Applicable to ECD-I

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

| **Bank Safeguards Policies**  **OP/BP 4.01**  **Requirement** | **RMI Equivalent**  . | **Equivalence** |
| --- | --- | --- |
| Environmental Screening. Projects categorized as A, B or C. | The EIA Regs address a number of these matters [screening, mitigation, monitoring, consultations] in regard to earthworks and infrastructure activities. If these activities are undertaken as part of the project, they will be subject to the EIA regulations. Otherwise, the legislation is silent in regard to activities contemplated for the ECD-I. | The ESMF follows OP 4.01. All subprojects will be managed as per the ESMF, which integrates the requirements of RMI EIA regulations.  Note that OP 4.11 - Physical Cultural Resources – is not triggered under ECD-I and therefore any works affecting cultural heritage may not be funded under ECD-I. |
| Category B projects require a ‘limited’ environmental assessment (which includes a social assessment) and requires a safeguards instrument (ESIA, ESMP etc.) depending on the nature and scale of impacts. |
| An ESMP that includes mitigation measures, allocation of responsibilities, costs and reporting requirements. |
| Monitoring is required that includes a monitoring framework that allocates location, frequency, costs and responsibilities. |
| Public consultation required for Category A and B projects |
| Disclosure is required |
| Institutional capacity and training requirements are assessed. |
| Protection of cultural heritage |
| Occupational Health and Safety | No RMI OHS legislation | For OHS, WB-EHSG apply to ECD-I under OP 4.01. |

## Comparison against ESF – Applicable to ECD-II

There are a number of gaps between the RMI framework and the World Bank ESF as set out in Table 2, which identifies environmental and social risk management tools relevant to ECD-II.

**Table 2: RMI Gaps and compatibilities WB E&S instruments vs existing RMI legislative and regulatory instruments**

|  |  |  |  |
| --- | --- | --- | --- |
| **WB Environmental & Social Instrument** | **Relevant Legislation** | **Equivalence** | **Gap Filling** |
| Environmental and Social Impact Assessment (ESIA) | EIA Regs 1994; Earthmoving Regs 1988,1994,1998; Historic Preservation Act 1991 | The EIA Regulations require EIAs to be prepared for proposals with potential significant impact. The EIA follows a prescribed format and content, includes extensive and inclusive consultations with all stakeholders, and forms the basis of any approval.  Projects remain subject to regulatory and permitting requirements set out in the NEPA, Coast Conservation Act, and the Historic Preservation Act.  The prescribed format and content are not as comprehensive as the content of the ESIA set out in ESS1 (with no reference to efficiency and pollution prevention, nor to community health and safety) and therefore there is only partial equivalence. | Both ESS1 and RMI national requirements would need to be followed for ESA and preparation of instruments. Where possible, instruments will be prepared to satisfy both WB and RMI requirements. In some instances, separate instruments will be prepared (for example where the timing or scale of the assessment is significantly different).  Consideration to also address matters covered under:  ESS3 - Efficiency and Pollution Prevention and Management  ESS 4: Community Health and Safety |
| Environmental and Social Commitment Plan (ESCP) | EIA Regs 1994; Earthmoving Regs 1988,1994,1998; Historic Preservation Act 1991 | The ESCP, ESMP and ESMF are not explicitly covered under RMI Legislation.  The Earthmoving Regulations require preparation of an erosion and sediment control plan which continues through project construction works but this plan largely focuses on physical aspects relating to erosion and sediment and makes no reference to social impact issues. Common practice is for applicants for major developments to submit an Environmental Management Plan (EMP) with the application.  The RMIEPA may impose conditions on approvals. Conditions pre- or post-EIA may include a requirement for an EMP. In cases where a proponent EMP has been drafted prior to the submission of an Earthmoving Permit Application, it may require modification to meet the conditions of approval. | ESCP, ESMP and ESMF will need to be prepared in accordance with ESS1 requirements. |
| Environmental and Social Management Plan (ESMP) |
| Environmental and Social Management Framework (ESMF) |
| Stakeholder Engagement Plan | EIA Regs 1994 | The EIA Regulations require “extensive and inclusive consultations with all stakeholders.” However, there is no prescription of the format of such consultation.  The regulations provide that at any time during the permitting process, the RMIEPA may convene a public hearing for the purpose of determining the facts on which to base a decision. They must give adequate notice of the hearing or hearings to the community and provide an adequate opportunity to community members to appear and be heard at such a hearing. Interested persons may also provide written comments and the RMIEPA must give adequate opportunity for this to occur. | Provisions have been included in the SEP to comply with ESS10 requirements, and with national legislation on public consultation, project information disclosure and grievance mechanisms |
| Procedures for protection of Cultural Heritage | Historic Preservation Act 1991 | The Historic Preservation Act (HPA), Regulations Governing Land Modification Activities 1991, and Regulations Governing the Disposition of Archaeologically Recovered Human Remains 1991 set out a range of obligations on developers whose earthmoving activities may affect cultural resources. These obligations include obtaining a permit from the Historic Preservation Office. Approvals under the EIA Regulation are subject to the HPA and associated Regulations. | ESS8 requirements will be followed where there are gaps in local legislation.  Provisions have been included in this ESMF to address potential risks and impacts to ensure compliance with ESS8 for ECD-II. |
| Community Health and Safety Plan | EIA Regs 1994 | EIA approval by the RMIEPA is subject to application of practicable alternatives or practicable mitigation measures to substantially lessen significant impacts; and any remaining, unavoidable significant impacts deemed acceptable.  Arguably this applies to community threats, however, the EIA Regulations are not explicit in this regard. | ESS4 requirements will be followed where there are gaps in local legislation, including preparation of safety plans and emergency response measures. |
| Occupational Health and Safety Plan | n/a | No legislation in RMI addresses occupational health and safety | ESS2 requirements will be followed where there are gaps in local legislation, including preparation of OHS plans.  WB-EHSG apply to ECD-II under ESS2. |
| Labor Management Procedures (LMP) | n/a | Legislation in RMI does not address the labor management issues set out in ESS2, nor is there reference to labor grievance redress mechanisms. | ESS2 requirements will be followed where there are gaps in local legislation, including preparation of the ECD-II LMP |
| Labor Grievance Redress Mechanism (LGRM) |

# POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS AND MITIGATION MEASURES

## Project Subcomponents and Activities

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

Project activities under Component 1 (C1) focus on improving coverage of RMNCH-N services in the Majuro/Ebeye Hospitals. The component will also support a suite of technical assistance (TA) activities to identify strategic shifts in service delivery in order to inform further scale-up beyond the initial phase focused on enhanced frontline service delivery in Majuro, Ebeye, and the neighboring islands. E&S considerations related to TA are discussed in Section 5.1.6.

While this component is largely about ECD service delivery and enhancing strategy and capacity, minor rehabilitation and renovation of hospitals/clinics, offices and NI dispensaries will also be undertaken. Design of any such works will take account of and minimize environmental and social risks described in this ESMF and for ECD-II will incorporate design-related E&S risk management as per ESS3 and ESS4 (universal access, fire and life, climate resilience, energy and water efficiency). While the details of specific works are not yet known, it is expected that some disruption to current operations will occur and there will be potential environmental and social risks depending on the location, timing and extent of works. Issues could arise from waste disposal and potential community health and safety (noise dust) through proximity of works to communities and interaction with the workforce. In addition, works could disturb patients and medical staff where works are undertaken in or adjacent to operational health facilities. Site-specific Environment and Social Management Plans (ESMPs), commensurate with the nature of the work, will be developed by the CIU Safeguard Team, in collaboration with the Ministry of Works, Infrastructure, and Utilities (MWIU) or relevant parties in the NI, in advance of any construction works to ensure proper management and mitigation of potential risks. These ESMPs will include stakeholder consultation, grievance redress procedures, labor management and occupational health and safety (OHS) requirements. Any contractors engaged for project works will be required to sign a Code of Conduct, and undergone a briefing on SEA/SH, violence against children (VAC) and Human Trafficking (HT) organized by the CIU and/or PIU.

In addition, project workers may need to be transported to and around NIs by small boat, which will require adherence to standard safety operating procedures which have been developed for other WB-RMI projects.

Disposal of any medical wastes associated with the project will follow MOHHS procedures which entail segregation and destruction by incineration at Majuro. On the Neighboring Islands (NIs) medical waste will be 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 will return the waste to Majuro for management and disposal.

Work under this component may create additional workload pressures on health sector staff and resources, which will need to be carefully monitored.

During the design of ECD-I, the Social Impact Assessment (SIA) (Annex 9) identified the following issues that could arise in relation to C1 work:

1. Women could resist male health service providers or other medical resources that are associated with male production
2. If husbands are encouraged to accompany women to check-ups, they could begin to defer to husband’s opinions, or husbands could assume expertise that could cause complications
3. Too many groups involved may be challenging to project management
4. Possible over-lapping functions
5. Or non-performance due to lack of clarity, or lack of buy in, etc.
6. Conflicting views about developing a national ECD policy,
7. Competing interests from other projects
8. Lack of capacity.

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

Project activities under C2 are directed at strengthening existing early learning/pre-school service platforms and supporting the expansion of existing PSS-financed home visiting program to increase service coverage and quality.

Similar to C1 upgrade and refurbishment work in select health service facilities, rehabilitation and renovation of pre-school classrooms and NI pre-school venues will be undertaken under Component 2. New classrooms might also be built at Uliga, Long Island and Ajeltake (Majuro), Jaluit, Wotje and Ebeye. Design of any such works will take account of and minimize environmental and social risks described in this ESMF. While the specific details of this work are also not known as yet, some disruption to existing learning environments could occur depending on the location, timing and extent of works. Issues could arise from waste disposal and potential community health and safety (noise dust) through proximity of works to communities and interaction with the workforce. In addition, works could disturb students and education staff where works are undertaken in or adjacent to operational facilities.

Design of any such works will take account of and minimize environmental and social risks described in this ESMF and for ECD-II will incorporate design-related E&S risk management as per ESS3 and ESS4 (universal access, fire and life, climate resilience, energy and water efficiency).

As with activity specific ESMPs for civil works under C1, E&S management plans will be developed by the CIU Safeguard Team, in collaboration with the MWIU or relevant parties in the NI in advance of any construction work and include the same features as noted above.

Wherever possible, project works will be undertaken during school holiday periods to minimize disruption for staff, parents and students.

C2 work will involve engagement of TA, including for the ‘Assessment of venue requirements/infrastructure availability for public pre-schools including plans for establishing and operationalizing public pre-schools in NIs’. It will be important that this evaluation takes into account WB and GoRMI E&S management requirements related to facilities and staffing.

C2 activities are expected to make a significant contribution to achieving GESI outcomes by expanding home stimulation program for up to additional 2,000 early years families; strengthening and extending interventions for vulnerable pregnant women residing in urban areas and the Nis; providing services to children with disabilities and their families and working with male caregivers.

Early learning initiatives under C2 may involve changes to existing education regimes, with potential associated impacts on resourcing of existing programs. As such, these factors will be carefully considered when preparing activity level ESMPs.

During the design of ECD-I, the SIA identified the following issues that could arise in relation to C2 work:

1. Time poverty prevents mothers from engaging in project
2. Lack of staff capability, willingness to do early learning activities with children
3. Resentment from male partners and fathers about time commitment mothers must make to training and ECD activities
4. Anticipated pressure on PSS-MOE, public school teachers and facilities accommodating 3- and 4-year-old children in formal pre-school.

### Component 3: Social assistance for early years’ families

Component 3 aims to increase utilization of key ECD services using conditional cash transfers (CCT) as a means to modify ECD-related care practices and behaviors. Under C3.2, the Project will provide *“enhanced CTs”* for up to 2,000 vulnerable EYs families in Majuro, Ebeye and the NIs. In addition, CS work may also involve livelihood support to EY families developed in partnership with local governments, and TA to design standard income generating activity packages and deliver relevant training and capacity building support. When livelihood activities are defined, an E&S management assessment will be conducted by the CIU safeguard team and applied by the PIU and implementing agencies through an MOU arrangement.

While work undertaken through this component is expected to provide significant benefits to vulnerable early years families, there is also potential for adverse social impacts on beneficiaries and communities especially in relation to the CCT. The following potential issues and risks have been raised during consultations and project preparation meetings.

1. Conflict amongst community members over who does and does receive cash
2. CCTs are spent on unintended goods and services which do not benefit children
3. Male partners resenting wives/child caregivers receive the cash
4. Families from OIs to migrate to urban centers
5. Families from OIs will send children to live with relatives in urban centers (who are receiving CCTs)
6. Lack of MOCIA personnel to manage cash transfer component
7. Lack of experience, and capacity of MOCIA to implement and manage cash transfer component.

### Component 4: Strengthening the multisectoral ECD system and Project Management

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

### Component 5: CERC

The CERC only relates to ECD-II. Potential impacts related to the CERC will be assessed if the CERC is triggered. At that point, an ESMF will be developed prior to any Project funded intervention.

To ensure that CERC subproject activities comply with the requirements of the WB ESF, “positive and negative” lists have been developed to provide guidance on critical imports and/or for emergency works, goods or services which may be eligible for financing. The negative list and screening process will be retained but will need to allow for a degree of flexibility and efficiency in processing potential sub-projects. Further guidance will be detailed in the Finance Agreement (FA) and CERC Operations Manual.

### Use of Technical Advisory Services

All Project components are likely to involve engagement of Technical Advisory (TA) services to support project implementation, which may influence environmental and social benefits and risks in downstream decision-making, planning and implementation of project outputs - and more broadly with ECD service delivery in the RMI over the long-term

TA support will include developing RMNCH-N service packages, human resources, infrastructure and improving equipment and supplies (Component 1); conducting assessments and preparing sector strategies, capacity development and training (Component 2); service delivery assistance in multiple aspects of conditional cash transfers or grants (Component 3), and project management, including monitoring, evaluation and adaptive learning (MEAL) consultancies (Component 4).

While numerous positive downstream impacts of TA supported ECD assessments, policies and capacity building are anticipated - with direct benefits accruing for vulnerable children - TA initiatives also need to take into account E&S risk management factors. For example, this means ensuring that project systems and activities can be sustained over the long-term in view of limited financial and human resource that may be available for future ECD work, including the CCT.

## Assessment of Social and Environmental Impacts

### Positive and beneficial impacts

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

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

Relatively modest investments in the supply of RMNCH-N services and early learning activities will pay large economic dividends. There is evidence to suggest that early childhood stimulation and play-based learning can both help the transition into the workforce later in life and increase wage earnings by up to 25 percent. The economic returns to these investments, compared to the cost-of-service provision, is significant across all countries where rigorous impact evaluations have been undertaken.

A 2017 Pacific regional study reported on the far-reaching economic impact of ECD-I investments, indicating a possible “*return as high as $17 for every $1 invested, with benefits accruing to society in the form of higher incomes, better health, and lower crime rates.”*[[30]](#footnote-31)

### Environmental Risks and Impacts

Potential environmental risks relate primarily to the renovation of existing education and health buildings, and potential waste disposal including disposal of wastes associated with medical assistance on NIs (including 0cludingwastes associated with vaccine storage and use[[31]](#footnote-32)). Design of works will be directed to avoid or minimize E&S risks.

Waste management is difficult in atoll islands; there are no engineered, sanitary landfills in RMI, although there are managed dumpsites at Majuro and Ebeye. Medical waste from Majuro, and medical waste shipped from Ebeye is incinerated by a contractor in a small medical waste incinerator in Majuro. Project-related medical wastes from NI Project activities will be returned to Majuro for management and disposal.

The typical volume of waste from building renovations is small, however cumulatively many small renovations can add up to contributing moderate volumes to landfill.

In the neighboring islands (NI) islands, any waste disposal will have potential pollution impacts because of rudimentary disposal facilities. The reuse of good quality building material is common and is encouraged. Renovations will not include medical waste and waste disposal is covered under contract requirements for construction contracts. Typically in RMI, 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 an investigation into sustainable sources of aggregates in Majuro and Ebeye lagoon and there is the possibility that suitable sources may be available and meet World Bank ESF requirements, during the period of this project. Small scale renovations for the Project will minimize the amount of aggregate used in refurbishment works; use recycled materials where possible; only use aggregates from approved sustainable sources; and, if locally sustainable source are not available, obtain aggregates from overseas (imported) sources. This ESMF sets out guidance on the assessment of local aggregate sources and otherwise requires imported aggregates where necessary.

Risks to the community and OSH risks to workers during renovations relate to dust, noise and health and safety hazards from construction related activities and disruptions from 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. Asbestos will not be used in the Project for any building/extension works pre MWIU procurement procedures. Dust and noise may be a nuisance to building occupiers and visitors during renovations and mitigation measures are included in the activity ESMP.

The main E&S risk of purchasing and deploying vessels for NI service delivery relate to operator and passenger safety. The Marshall Islands Marine Resources Authority (MIMRA) has developed standard operating procedures for safety in vessels and these have been adapted to the 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 likely to have no significant environmental impacts. Small amounts of medical waste will need to be disposed of appropriately.

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.

The Project is confirmed to have a Moderate E&S risk rating, primarily because the project is not complex and/or large, does not involve activities that have a high potential for harming people or the 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.

This ESMF includes 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 (for ECD-II only), Stakeholder Engagement Plan and Environmental and Social Commitment Plan (for ECD-II only) have also been prepared.

### Social Risks and Impacts

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, newborn, 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 overall social risk of the Project is rated as Moderate because social risks will be integrated into project design to avoid and minimize harm.

Potential social risks include the risk that poor E&S risk management arising from 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.

### Summary of E&S Risks and Mitigation

Table 3 provides a summary of Project social and environmental impacts and associated mitigation measures based on experience and lessons from ECD-I to date. The Social Impact Assessment (SIA) prepared for ECD-I is appended to this ESMF as Annex 9.

**Table 3: Assessment of Environmental and Social Impacts of the Project (applies to ECD-I & ECD-II)**

| **Component/Sub-component** | **Positive Impacts** | | **Enhancement** | **Negative Impacts** | **Potential Mitigation** |
| --- | --- | --- | --- | --- | --- |
| **CI: Improved coverage of essential RMNCH-N services** | | | | | |
| Revised RMNCH-N Service Package | Improved reproductive health and nutrition for early years’ families\* with women of reproductive age, newborn, children and adolescents  Reduced maternal and newborn deaths | Raise awareness of women of reproductive age on pre- and post-natal care  Carry out relevant disease surveillance as a way of monitoring changes or improvements resulting from the project | | 1. Pregnant women, particularly in the NI may forego care because they are not comfortable receiving care from a male provider, thus failing to benefit from the revised RMNCH-N package. 2. Promoting greater use of RMNCH-N services may put pressure on current staff, and facility capacity at health facilities in Majuro and Ebeye. 3. Vulnerable persons or those without typical means to access healthcare might miss out. | 1. Encourage qualified females to apply as health assistants by improving the compensation, and benefits package (e.g., housing allowances in the OIs) through MOUs between MOHHS and mayors’ offices. 2. Intensive and effective information, and education campaigns (IEC) for the target early years families on the revised RMNCH-N, focusing on attitude and behavioral change 3. Consider developing birthing facilities in the NI clinics 4. Target delivery at the vulnerable or those without typical means to access healthcare. 5. Design gender sensitive, popular, and culturally appropriate IEC materials |
| Operations and management  Operations and management (cont.) | Better trained health workers –increase in number of capable health workers  Improved capacity of MOHHS field personnel to undertake project activities on the ground | Recruit better trained health workers  Enhance capacity of current health workers to work under the revised RMNCH-N through training | | 1. Excessive demands on time availability of limited numbers of health workers 2. Overloading of medical facilities for the revised RMNCH-N (e.g., inadequate structures, and medical equipment, etc.). 3. Health and nutrition status of mothers and children may not improve with present level of knowledge and skills of health/medical personnel 4. Insufficient medical personnel, and maternity and neo-natal hospital facilities to address the needs of mothers, and infants may be associated with worsening of care quality (e.g., increased risks in morbidity, mortality of mothers and infants, etc.) 5. Low awareness on mother, and well-baby care that increase risks in maternal and infant mortality and morbidity 6. Environmental and safety effects associated with any building works. 7. Potential safety risks associated with use of small boats on Neighboring Islands | 1. Provide surge support through project to relieve burden on existing health workers until more are recruited. 2. Project financing for equipment and supplies. 3. Enhance capacity of current health workers to work under the revised RMNCH-N 4. Partner with College of the Marshall Islands to provide training and coaching by MOHHS 5. Upgrading of health facilities (e.g., village clinics, updating equipment, etc.). Any upgrades to be undertaken in accordance with ESMP. 6. Conduct training needs assessment, and upgrade, and update knowledge, and skills of health assistants, and other medical personnel 7. Increase capability of staff to monitor and assess health, and nutrition status by identification of appropriate indicators, and installation of a monitoring and evaluation system 8. Provide surge support through project to relieve burden on existing health workers until more skilled, and trained nurses, midwives and doctors are recruited. 9. Close coordination with College of Marshall Islands to strengthen nursing program by increasing number of training hours in actual hospital work 10. Dedicate easily accessible, and comfortable room for pre- and post-natal counselling 11. Develop, and effectively disseminate SBCC materials for pregnant, and lactating mothers as well as for well-baby care 12. Building works (if any) - Environmental and Health and Safety issues to be managed as set out in ESMP (Annex 2 & Annex 3). 13. Adopt standard operating procedures for safety in vessels. Health and safety equipment to be procured with the boats (e.g., lifejackets, communications equipment) and SOPs training will be given to boat operators and travelling Project personnel as set out in Annex 5. |
| Waste disposal |  |  | | 1. Increased activity results in increased medical waste disposal requirements – potential for improper disposal of medical waste including sharps generated by the Project, with associated risk to anyone coming into contact with such wastes. | 1. Disposal of any medical wastes associated with the project will follow MOHHS procedures which entail segregation and destruction by incineration at Majuro. On the Neighboring Islands (NIs) medical waste will be 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 will return the waste to Majuro 2. World Bank Group EHS Guidelines for Health Care Facilities to be followed. |
| Building refurbishment works | Provision of improved physical facilities |  | | 1. Aggregate for use in refurbishment works might be derived from unsustainable sources. 2. Asbestos in buildings creating health risks. 3. Dust and noise may be a nuisance to building occupiers and visitors during renovations | 1. Minimize amount of aggregate used in refurbishment works; use recycled materials where possible; only use aggregates from approved sustainable sources; obtain aggregates from overseas (imported) sources if locally sustainable source are not available. 2. Refer to SPREP survey[[32]](#footnote-33) which confirms absence of asbestos in RMI; screen for asbestos presence in any case; avoid using asbestos products in refurbishment works (per MWIU procedures). 3. Follow dust and noise mitigation and solid waste management measures in ESMP. 4. Design of works to take account of and minimize environmental and social risks described in this ESMF and for ECD-II will incorporate design-related E&S risk management as per ESS3 and ESS4 (universal access, fire and life, climate resilience, energy and water efficiency). 5. Contractors to implement Chance Find Procedures in event of encountering unexpected cultural heritage items during building works (See Annex 8). |
| **C2. Improve coverage of stimulation and early learning activities** | | | | | |
| Enhancing delivery of early stimulation and learning activities | More early years’ families are covered by project activities  More mothers/ primary caregivers have enhanced skills in providing stimulation and early learning to children  More children below 5 years old are developing to be better prepared to enter primary school level | Recruitment of capable teaching aides. | | 1. ECD training initiatives taking up time for mothers/primary caregivers and potentially intruding on daily routines (notwithstanding that training is proposed to occur only twice per month). 2. Vulnerable children not being able to access benefits due to the time pressures of poorer mothers/primary caregivers who may not have “spare” time. 3. Increased family tensions associated with resentment over mothers’ time allocation to training (potential GBV issues). | 1. Training through home visits to be carried out in flexible time table and plan ahead with caregivers to be as minimally intrusive as possible to the daily routine or mothers/primary caregivers, and other family members. 2. Agreement in the family for other family members to take on some responsibilities of the mother/primary caregiver to free some time for training. 3. Design gender sensitive, popular, and culturally appropriate IEC materials 4. Ensure adequate early childhood education is available to meet anticipated demand. 5. Gender-sensitivity seminars conducted for fathers that may help support understanding of the importance of training 6. Fathers encourage to participate in the ECD training |
| Strengthening PSS management and stewardship of ECD services | Trained parent educators to undertake activities with caregivers.  Enhanced capacity of current educators who do stimulation and early learning teaching to mothers  MOE better familiarity with World Bank system for supported countries | Investing in better capacitated trainers for Caregivers with children below 5  Mothers expected to do activities learned from educators in their respective homes | | 1. Unacceptable increase in teacher workloads. 2. Overcrowding in classrooms. 3. Potential occupational and community safety issues associated with building renovation/construction. 4. Potential safety risks associated with use of small boats on Neighboring Islands | 1. Recruit teachers trained on stimulation and early learning 2. Enhance capacity of current teachers through further training, and mentoring 3. Partner with College of the Marshall Islands/USP to strengthen program; graduates to be employed by MOE 4. Construction or upgrading of structures used to undertake activities. 5. Utilize Government land for facility expansion and/or improvement to avoid resettlement. 6. Occupational Health and Safety to be addressed in ESMP 7. Adopt standard operating procedures for safety in vessels. Health and safety equipment to be procured with the boats (e.g., lifejackets, communications equipment) and SOPs training will be given to boat operators and travelling Project personnel as set out in Annex 5. |
| Building refurbishment works | Provision of improved physical facilities, including extensions to pre-schools |  | | 1. Aggregate for use in refurbishment works might be derived from unsustainable sources. 2. Asbestos in buildings creating health risks. 3. Dust and noise may be a nuisance to building occupiers and visitors during renovations | 1. Minimize amount of aggregate used in refurbishment works; use recycled materials where possible; only use aggregates from approved sustainable sources; obtain aggregates from overseas (imported) sources if locally sustainable source are not available. 2. Refer to SPREP survey[[33]](#footnote-34) which confirms absence of asbestos in RMI; screen for asbestos presence in any case; avoid using asbestos products in refurbishment works (per MWIU procedures). 3. Follow dust and noise mitigation and solid waste management measures in ESMP. 4. Design of works to take account of and minimize environmental and social risks described in this ESMF and for ECD-II will incorporate design-related E&S risk management as per ESS3 and ESS4 (universal access, fire and life, climate resilience, energy and water efficiency). 5. Contractors to implement Chance Find Procedures in event of encountering unexpected cultural heritage items during building works (See Annex 8). |
| **3. Social assistance for early years’ families** | | | | | |
| Provision of cash transfers to early years’ families | Increased financial capacity to: (i) access services from RMNCH-N, and stimulation and early learning activities (e.g., transportation expenses, clothes, etc.); and (ii) purchase more nutritious food that will help improve health and nutrition for the targeted children 0 to 59 months age.  Improved knowledge, and skills of mothers/child caregivers re health and nutrition, and stimulation and early learning  Improved health and nutrition of children 0-59 months of age  Can cover lost income due to time spent for project activities instead | Project to conduct baseline survey, and studies identifying targeted early years families. | | 1. Adverse health outcomes for children if cash transfer is spent for other family’s needs and expenditures unrelated to nutrition, and health, (e.g., vices, entertainment, etc.) of mother, and children 2. Increase in occurrence of violence (gender-based violence “GBV”) on mothers/child caregivers to take possession of cash transfers 3. Domestic conflicts arising from target of cash advances and cultural practices of male spouse or other male (or female) household members controlling family’s finance. 4. Increased domestic conflict between families who receive cash transfer and those who do not. 5. Conflict among family members residing at the same property between those who receive cash and those who do not. 6. Vulnerable persons miss out on benefits and are relatively disadvantaged because they don’t meet the thresholds for eligibility - leads to stress and friction in homes and small communities. 7. Family overcrowding from migration to Ebeye/Majuro by new mothers/pregnant women seeking cash disbursements. | 1. Implement effective SBCC as part of social preparation to explain that only the selected needy and cash-strapped will be given the assistance that would help improve specifically maternal and child health. 2. As part of social preparation within the community, plan and implement effective SBCC among families of the same clan carefully explaining the purpose of the cash transfer targeting the most needy and vulnerable. 3. Design gender sensitive, popular, and culturally appropriate IEC materials 4. Set conditionalities on selected beneficiaries for them to be selected and remain in the project. 5. Develop transparent criteria for recipients to meet in order to receive cash; and try to avoid worthy groups / individuals missing out due to their inability to meet the criteria (disability, mother doesn’t live with the child, remote outer island, unregistered child, other vulnerable groups, etc.). 6. Explore possibility of using vouchers instead of cash to exchange for goods and services to be availed 7. Consider feasibility of adopting a monitoring system of use of cash disbursed or vouchers distributed 8. Conduct practical financial management training to mothers, fathers and other male/female household members 9. Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable. |
| Strengthening establishment and delivery | Capable ministry personnel, and local government representatives to implement project from planning, implementation, and monitoring  Opportunity for capable local financial institutions to serve as government arm to disburse fund directly to target families | Enhance capacity of ministry, and local government responsible to: (i) conduct baseline, and studies through training, and mentoring; and (ii) project planning, implementation, and monitoring  Enhance capacity of local financial institutions to become partners in project planning, implementation, and monitoring | | 1. Exclusion and inclusion errors in targeting of beneficiaries. 2. Poor distribution outcomes owing to financial institution limitations to disburse cash transfers, or in case of use of vouchers, no institution available to serve as arm of government to act as intermediary. | 1. Implement affective SBCC on correct spending or sound financial management. 2. MOCIA to monitor the spending and institute checks on targeting as well as to mothers or family spending. 3. Recruit, and train ministry personnel, and local government representatives to undertake activities in all phases of the project cycle. 4. Partner with BOMI to ensure efficient cash disbursements; and ensure BOMI meets commitments to waive bank charges, and other fees that can burden the beneficiaries; offered to conduct social preparation intervention for beneficiaries by way of orientation sessions 5. Strengthen MOCIA capacity to manage, and implement cash transfer component through training, and mentoring. |
| **C4. Strengthening the multisectoral ECD system and Project Management** | | | | | |
| Early childhood development (ECD) coordination and institutional strengthening | Shared national Early Child Development strategy among participating ministries and offices  More visibility of ministry and/or local government personnel undertaking work for the targeted community mothers and children on early childhood development resulting to increased confidence of the community to the government  Strong working relationships between ministries with the Offices of the President and the CS in the lead  Familiarity with World Bank systems and requirements that may pave the way for more support in the future | Office of the Chief Secretary and Ministry of Finance supported by the Consultants to lead in orientation, training, and guidance of MOE, MOHHS, and MOCIA personnel among others to strengthen coordination work, reporting of progress, and identify and collectively address issues and constraints that may crop up during projects implementation | | 1. Inefficiencies caused by low morale of and overburdened government personnel designated to undertake project activities. 2. Family’s anxiety over the impending end of project (under RMNCH-N, early learning interventions, and cash transfers). 3. The risk of poor E&S risk management arising from weak institutional capacity and lack of coordination between PIU and CIU. | 1. Explore the possibility of providing allowances to designated personnel as incentive 2. Early on in the project, plan and design project exit in terms of determining when beneficiary families will graduate from the program. 3. Implement frequent and regular coordination meetings between PIU and CIU to inform CIU of upcoming and ongoing activities and enable coordination of E&S measures, with particular recognition of E&S risks associated with activities in the neighboring islands. |
| Project management and coordination (PIU) | Availability of personnel of mandated ministries, and more importantly presence of Office of the Chief Secretary to head the implementation of the project  Access to development assistance funds for child early development and nutrition  Opportunity to partner with NGOs and civil society organizations (CSOs) to be involved in the entire project cycle | -organize PIU with members from consultants and government counterparts with clear delineation of roles and responsibilities, and assurance of funding, and counterpartying, if so warranted  -establish mechanism of coordination such as an inter-agency coordination (IAC) committee with clear roles and responsibilities of each member, plan of action, and milestones | | 1. Added competition among the various projects/programs of the Office of Chief Secretary competing for attention, and personnel allocation 2. Added demands on low-capacity offices and ministries involved in the implementation of the project 3. Inefficiencies caused by uncoordinated efforts of offices and ministries involved. 4. Ebeye Project service provision may be jeopardized as a consequence of remoteness. | 1. Offices, and ministries to appoint dedicated personnel to carry out project activities where individual outputs are spelled out in each of the personnel’s key result areas (KRA) for every quarter 2. Strengthen capacity of designated ministry and/or local government personnel to undertake project activities. 3. Employ strengthening activities for Inter Agency Coordination such as regular periodic meetings on project implementation progress 4. Ebeye Coordinator to be included in Project – perhaps an Ebeye sub-committee. |
| **Cross-Cutting Issues** | | | | | |
|  | Appropriate attention given to GBV, stakeholder engagement and OHS issues associated with Project elements. | Clear delineation of responsibilities associated with GBV, stakeholder engagement and OHS across all Project elements. | | 1. Inefficiencies and confusion caused by uncertain allocation of responsibilities for GBV, stakeholder engagement and OHS. 2. The risk of poor E&S risk management arising from lack of coordination between PIU and CIU. | 1. Develop GBV response and management measures 2. Stakeholder engagement 3. Health and safety of workers from works, services and TA activities. 4. Health and safety of community from works, services and TA activities. |

## Roles and Responsibilities and Timing

Table 4 provides a framework for indicating who will be responsible for implementation of mitigation measures.

Responsibilities, comments and dates in Table 4 will be updated by PIU the PIU, Project Manager and SBCC Advocacy person with the support of the CIU as the project develops.

**Table 4: E&S Impact Mitigation Measures associated with the Proposed RMI Multisectoral Early Childhood Development Project**

| **Dimension** | **Mitigation measure** | **Responsible Agency/Person** | **Comments** | **Due Date** |
| --- | --- | --- | --- | --- |
| **Component 1: Improve coverage of essential RMNCH-N services** | | | | |
| Revised RMNCH-N Service Package | 1. Encourage qualified females to apply as health assistants by improving the compensation, and benefits package (e.g., housing allowances in the OIs through MOUs between MOHHS and mayors’ offices. | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Intensive and effective information, and education campaigns (IEC) for the target early years’ families on the revised RMNCH-N focusing on attitude and behavioral change | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Consider developing birthing facilities in the NI clinics | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Target delivery at the vulnerable or those without typical means to access healthcare. | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Design gender sensitive, popular, and culturally appropriate IEC materials | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| Operations and Management | 1. Provide surge support through project to relieve burden on existing health workers until more are recruited. | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Project financing for equipment and supplies. | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Enhance capacity of current health workers to work under the revised RMNCH-N | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Partner with College of the Marshall Islands to provide training and coaching by MOHHS | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Upgrading of health facilities (e.g., village clinics, updating equipment, etc.). Any upgrades to be undertaken in accordance with ESMP. | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Conduct training needs assessment, and upgrade, and update knowledge, and skills of health assistants, and other medical personnel | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Increase capability of staff to monitor and assess health, and nutrition status by identification of appropriate indicators, and installation of a monitoring and evaluation system | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Provide surge support through project to relieve burden on existing health workers until more skilled, and trained nurses, midwives and doctors are recruited. | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Close coordination with College of Marshall Islands to strengthen nursing program by increasing number of training hours in actual hospital work | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Dedicate easily accessible, and comfortable room for pre- and post-natal counselling | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Develop, and effectively disseminate SBCC materials for pregnant, and lactating mothers as well as for well-baby care | PIU/MOHHS | 6 month progress review | Ongoing from Project Implementation |
| 1. Building works (if any) - Environmental and Health and Safety issues to be managed as set out in ESMP (Annex 2 & 3). | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Adopt standard operating procedures for safety in vessels. Health and safety equipment to be procured with the boats (e.g., lifejackets, communications equipment) and SOPs training will be given to boat operators and travelling Project personnel. Workers to be trained in and follow Small Boat Safety Protocol as set out in Annex 5. | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Disposal of any medical wastes associated with the project will follow MOHHS procedures which entail segregation and destruction by incineration at Majuro. On the Neighboring Islands (NIs) medical waste will be 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 will return the waste to Majuro | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. World Bank Group EHS Guidelines for Health Care Facilities to be followed. | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Minimize amount of aggregate used in refurbishment works; use recycled materials where possible; only use aggregates from approved sustainable sources; obtain aggregates from overseas (imported) sources if locally sustainable source are not available. | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Refer to SPREP survey[[34]](#footnote-35) which confirms absence of asbestos in RMI; screen for asbestos presence in any case; avoid using asbestos products in refurbishment works (per MWIU procedures). | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Follow dust and noise mitigation and solid waste management measures in ESMP. | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Design of works to take account of and minimize environmental and social risks described in this ESMF and for ECD-II will incorporate design-related E&S risk management as per ESS3 and ESS4 (universal access, fire and life, climate resilience, energy and water efficiency) – include reference in design bid documents. | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
|  | 1. Contractors to implement Chance Find Procedures in event of encountering unexpected cultural heritage items during building works (See Annex 8). | PIU/MOHHS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| **Component 2: Improve coverage of stimulation and early learning activities** | | | | |
|  | 1. Training through home visits to be carried out in flexible timetable and plan ahead with caregivers to be as minimally and seminars to be carried out as less intrusive as possible to the daily routine or mothers/primary caregivers, and other family members. | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| **Enhancing delivery of early stimulation and learning activities** | 1. Agreement in the family for other family members to take on some responsibilities of the mother/primary caregiver to free some time for training. | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| 1. Design gender sensitive, popular, and culturally appropriate IEC materials | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| 1. Ensure adequate early childhood education is available to meet anticipated demand. | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| 1. Gender-sensitivity seminars conducted for fathers that may help support understanding of the importance of training | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| 1. Fathers encouraged to participate in the ECD training | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| 1. Recruit teachers trained in stimulation and early learning | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| **Strengthening PSS management & stewardship of ECD services** | 1. Enhance capacity of current teachers through further training, and mentoring | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| 1. Partner with College of the Marshall Islands/USP to strengthen ECE Certificate program; graduates to be employed by MOE | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| 1. Construction or upgrading of structures used to undertake activities. | PIU/PSS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Utilize Government land for facility expansion and/or improvement to avoid resettlement. | PIU/PSS | 6 month progress review | Ongoing from Project Implementation |
| 1. Occupational Health and Safety to be addressed in ESMP [Annex 2 & 3] | PIU/PSS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Workers to be trained in and follow Small Boat Safety Protocol as set out in Annex 5. Adopt standard operating procedures for safety in vessels. Health and safety equipment to be procured with the boats (e.g., lifejackets, communications equipment) and SOPs training will be given to boat operators and travelling Project personnel. | PIU/PSS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Minimize amount of aggregate used in refurbishment works; use recycled materials where possible; only use aggregates from approved sustainable sources; obtain aggregates from overseas (imported) sources if locally sustainable source are not available. | PIU/PSS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Refer to SPREP survey[[35]](#footnote-36) which confirms absence of asbestos in RMI; screen for asbestos presence in any case; prohibit using asbestos products in refurbishment works (per MWIU procedures). | PIU/PSS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Follow dust and noise mitigation and solid waste management measures in ESMP. | PIU/PSS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Design of works to take account of and minimize environmental and social risks described in this ESMF and for ECD-II will incorporate design-related E&S risk management as per ESS3 and ESS4 (universal access, fire and life, climate resilience, energy and water efficiency) – include reference in design bid documents.. | PIU/PSS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
|  | 1. Contractors to implement Chance Find Procedures in event of encountering unexpected cultural heritage items during building works (See Annex 8).. | PIU/PSS with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| **Component 3: Social assistance for early years’ families** | | | | |
| **Provision of cash transfers to early years’ families** | 1. Implement effective SBCC as part of social preparation to explain that only the selected needy and cash-strapped will be given the assistance | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. As part of social preparation within the community, plan and implement effective SBCC among families of the same clan carefully explaining the purpose of the cash transfer targeting the most needy and vulnerable. | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Design GESI-sensitive and culturally appropriate IEC materials. | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Set conditionalities on selected beneficiaries for them to be selected and remain in the project.25. Design gender sensitive, popular, and culturally appropriate IEC materials | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Develop transparent criteria for recipients to meet in order to receive cash; and try to avoid worthy groups / individuals missing out due to their inability to meet the criteria (disability, mother doesn’t live with the child, remote outer island, unregistered child, other vulnerable groups etc.). | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Explore possibility of using vouchers instead of cash to exchange for goods and services to be availed | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Consider feasibility of adopting a monitoring system of use of cash disbursed or vouchers distributed | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Conduct practical financial management training to mothers, fathers and other male/female household members | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| **Strengthening establishment and delivery** | 1. Implement affective SBCC on correct spending or sound financial management. | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. MOCIA to monitor the spending and institute checks on targeting as well as to mothers or family spending | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Recruit, and train ministry personnel, and local government representatives to undertake activities in all phases of the project cycle. | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Partner with BOMI to ensure efficient cash disbursements; and ensure BOMI meets commitments to waive bank charges, and other fees that can burden the beneficiaries; offered to conduct social preparation intervention for beneficiaries by way of orientation sessions | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| 1. Strengthen MOCIA capacity to manage, and implement cash transfer component through training, and mentoring. | PIU/MOCIA | 6 month progress review | Ongoing from Project Implementation |
| **4. Strengthening the multisectoral ECD system and Project Management** | | | | |
| **ECD coordination & institutional strengthening** | 1. Explore the possibility of providing allowances to designated personnel as incentive | PIU | 6 month progress review | Ongoing from Project Implementation |
| 1. Early on in the project, plan and design project exit in terms of determining when beneficiary families will graduate from the program. | PIU | 6 month progress review | Ongoing from Project Implementation |
|  | 1. Implement frequent and regular coordination meetings between PIU and CIU to inform CIU of upcoming and ongoing activities and enable coordination of E&S measures, with particular recognition of E&S risks associated with activities in the neighboring islands. | PIU/CIU | 6 month progress review | Ongoing from Project Implementation |
| **Project management and coordination (PIU)** | 1. Offices, and ministries to appoint dedicated personnel to carry out project activities where individual outputs are spelled out in each of the personnel’s key result areas (KRA) for every quarter | PIU | 6 month progress review | Ongoing from Project Implementation |
| 1. Strengthen capacity of designated ministry and/or local government personnel to undertake project activities. | PIU | 6 month progress review | Ongoing from Project Implementation |
| 1. Employ strengthening activities for Inter Agency Coordination such as regular periodic meetings on project implementation progress. | PIU | 6 month progress review | Ongoing from Project Implementation |
| 1. Ebeye Coordinator to be included in Project – perhaps an Ebeye sub-committee. | PIU | 6 month progress review | Ongoing from Project Implementation |
| **Cross cutting Issues** | 1. Develop GBV response and management measures | PIU with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Stakeholder engagement | PIU with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Health and safety of workers from works, services and TA activities. | PIU with CIU Support | 6 month progress review | Ongoing from Project Implementation |
| 1. Health and safety of community from works, services and TA activities. | PIU with CIU Support | 6 month progress review | Ongoing from Project Implementation |

## Environmental and Social Management Process

### Sub-project, TA or Services - Screening & E&S Risk Management Implementation Process

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

Screening of Project activities to determine their associated level of E&S risk is a core purpose of the ESMF, with activities rated **Low**, **Moderate**, **Substantial** and **High** as set out in Annex 2[[36]](#footnote-37):

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

Any sub-projects and associated elements developed during the Project should be evaluated according to the screening process set out in below. Timeline

Description automatically generated

Broadly, impacts associated with sub-projects and associated elements would be expected to arise from building (refurbishment) works which could give rise to construction-related impacts; and from TA and project activities which could create potentially adverse impacts on institutional capacity and adverse social interactions among family members and community groups.

**Step 1: Screening Review and Determination of E&S Risk Management Instruments**

ECD Project Manager to advise CIU Safeguards Team that specific sub-project, TA Terms of Reference (TOR) or social/health/education initiative are being developed and ask the CIU Safeguards Team to undertake screening.

* Activities associated with each sub-project and associated elements will be screened by the CIU Safeguards Team (with the support of the PIU Project Manager or delegate)) using the simplified screening checklist set out in Annex 2 to assess whether the subproject/activity will create any of the environmental and social risks identified in Table 3. or new risks
* This screening shall be undertaken at the point at which TOR/scope of work are prepared for the sub-project or associated element. This will ensure all relevant matters can be taken into account when TOR/scope of work are finalized.
* Primary environmental focus will be on activities with externalities such as building design and physical works and services that create waste; primary social impact focus will be on activities giving rise adverse impacts on institutional capacity; or activities which are likely to result in adverse social interactions among family members.
* Any new impacts not already identified in the ESMF LMP and SEP shall be noted and evaluated against the WB OP 4.01 for ECD-I and WB ESS for ECD-II, and associated mitigation measures shall be developed.
* Each sub-project or associated element will be screened for categorization (low, moderate, substantial, high) since the detailed nature and scale of subprojects are not known at the time of project preparation.
* If screening indicates potential impacts are moderate, substantial or high, consideration shall be given by the PIU Project Manager to modifying the TOR to achieve a low rating.
* This is an adaptive management project, and consequently there is the possibility that the project could diverge away from what has been screened in this ESMF.

While this ESMF recognizes the need for some flexibility, “sub-project and associated element categorization” ensures that all project activities meet WB requirements (OP 4.01 for ECD-I and ESF for ECD-II) including preparation of an ESMP, waste management plan, inclusion of OHS clauses in contracts and TORs.

For TA, the minimum requirement is to ensure compliance with WB policies, and that ESF and relevant instructions or clauses are included in all relevant contractor/consultant/advisor TORs.

Specific clauses may be required to ensure mitigation measures from Table 3 are included in the outputs / recommendations or approaches.

**Step 2: Preparation of E&S Risk Management Instruments**

After each element is assessed in Step 1 against the impacts identified in Table 3 of the ESMF and associated mitigation steps, relevant E&S risk management instruments are identified in Annex 2 Form 2 and noted on Form 3. Instruments are prepared as appropriate .

* For Project activities or works categorized as Low Risk AND where all risks are assessed as less than minor no explicit E&S documentation will be required.
* All other Project activities with risk ratings of low, moderate, substantial or high will be subject to preparation E&S risk management actions and / or documentation as set out in Annex 2 Form 3.
* Stakeholder consultations will be necessary during the design and implementation of all project activities, commensurate with the level of E&S risk.
* For services with hazardous/medical waste a Waste Management Plan will be required.

The CIU Safeguards Team with the support of the PIU will be responsible for preparing relevant E&S risk management documentation and for undertaking stakeholder consultations as necessary. The PIU will be responsible for ensuring that environmental and social risk actions, such as consultations, focus on vulnerable groups, health and safety operational procedures for workers, etc., are incorporated into Project design.

For works with a Low Risk, the Generic EMSP provided in Annex 3 will be used.

For works with a Moderate Risk an ESMP (using the template set out in Annex 4) will be prepared.

Works with a Substantial or High Risk to be redesigned and rescreened to reduce the risk back to Moderate.

**Step 3: (Works Only) Submit Prepared E&S Risk Management Instruments to WB and Attach to Bid Documents**

For **Low Risk works**, the CIU Safeguards Team with the support of the PIU will follow the “minor works” ESMP in the Annex. This will not need to be reviewed by WB or disclosed.

For works with a Moderate Risk, the CIU Safeguards Team with the support of the PIU , will submit any prepared instruments to the WB for clearance. Once cleared, the CIU will proceed with disclosing the instruments locally. Disclosure is intended to support the decision making by RMI and the Bank by allowing the public access to information on the environment and social aspects of projects. The Bank will also disclose the same instruments on its website.

For all works, the relevant ESMP (generic or site specific) will be appended to Bid Documents.

Works with a Substantial or High Risk to be redesigned and rescreened to reduce the risk back to Moderate.

**Step 4: Implementation and Monitoring**

Works Only: Projects are implemented according to ESMP and supervised by MWIU. . Roles and responsibilities are clearly explained, CIU will provide training as relevant, and suitable budgets are allocated.

All Components: During project implementation, the CIU Safeguards Team with the support of the PIU will monitor progress and report to the World Bank on:

* compliance with measures agreed with the Bank on implementation of any ESMP, as set out in the project documents
* the status of mitigation measures, and
* the findings of monitoring programs.

Supervision of the Project’s environmental and social aspects is based on the findings and recommendations of the EA, including measures set out in the legal agreement, any activity-level ESMP, and other project documents.

PIU monitoring will track progress of these measures and addressing all recommendations and concerns as soon as possible.

# STAKEHOLDER ENGAGEMENT

## Introduction

Stakeholder consultation is a ‘two-way process’ in which beneficiaries provide advice, input and feedback on the design and implementation of project activities that affect their lives, and projects use this information to improve activities and approaches. In addition to consultation, effective stakeholder engagement involves the dissemination of timely, relevant, transparent and accessible information about the project and how affected parties can raise concerns or complaints. In relation to a project accessing or using land and other assets that belong to stakeholders and beneficiaries.

Key stakeholders were consulted throughout the implementation of ECD-I to date, as well as during preparation of ECD-II. These discussions involved GoRMI agencies and authorities; civil society organizations (CSOs) including community-based organizations (CBOs) and faith-based organizations (FBOs) in Majuro, Ebeye and some NIs - including those that work with vulnerable early years families; church and traditional leaders; media outlets; banking service providers, the private sector, as well as potential and actual beneficiaries.

Stakeholder engagement is critical to the successful implementation of numerous project activities including development of a relevant “locally owned” National ECD Policy, rollout of the pilot CCT scheme, and the creation of effective SBCC materials. In addition, any construction and refurbishment work supported by the project requires pre-consultation with ‘project affected parties’ (see Glossary of Terms and Concepts) in the preparation of activity-specific ESMPs.

The results of consultations during ECD-I implementation and ECD-II preparation were used to inform the Project Stakeholder Engagement Plan (SEP). This SEP is a ‘living document’ that will need to be reviewed and updated by the PIU/ IAs and CIU on a regular basis to reflect changes in activities and approaches based on implementation experience. In this regard, the GRM complaints register (along with implementation experience) will be used to trigger SEP reviews.

## Stakeholder Engagement during Preparation and Implementation

Consultations during project preparation, undertaken in the context of a tight timeframe for instrument preparation and the limitations associated with COVID 19, have been delayed and constrained. However, stakeholder engagement is currently underway in the NIs - in conjunction with the delivery of ECD-I activities by the relevant IA teams, and additional consultations are planned over the coming weeks with representatives from government agencies, CSOs, local leaders, women’s group representatives (WUTMI) and a range of ECD services providers. As such, the SEP will be updated prior to ECD-II implementation to provide further details on engagement strategies.

During the remainder of ECD-I, the monitoring, evaluation and adaptive learning (MEAL) system will be established to identify project successes and obstacles, including in the area of stakeholder engagement, information disclosure and the grievance management (GM). It is expected that the Project Grievance Redress Mechanism (GRM) (see Section 7) will provide a useful source of information about stakeholder/beneficiary responses to project activities.

## Stakeholder Engagement Plan

An updated Stakeholder Engagement Plan (SEP) was prepared during preparation of the second phase of the Project, which will apply to both ECD-I and to ECD-II*[[37]](#footnote-38)*. It builds on consultation and communication strategies used during implementation of ECD-I and incorporates lessons learned in this regard.

### Key ECD-I & II Stakeholders

The process of identifying and engaging with project beneficiaries – including affected persons and agencies to assess the impacts of project activities – including positive outcomes and potential risks will continue throughout the life of the project. Direct and indirect beneficiaries identified to date include:

**Project affected Persons (Individuals, Families, Groups, Local Communities and ECD workers)**

* Early years families, including parents, female and male caretakers and children
* Community and island committees (i.e., health and education)
* Island and community organizations that focus on the welfare of families, women and children
* Island and community leaders including traditional, local government and church representatives
* Landowners and facility occupiers
* ECD teachers and students
* Maternal and infant health care workers and patients
* Child welfare workers
* Disability workers and advocates

**Disadvantaged and Vulnerable Groups**

* Children with disabilities and their parents, families and caregivers
* Early years families “at risk” due to household violence, abuse, neglect impoverished conditions, isolation etc.
* Young, single parents with limited support and resources

**Other Interested Parties**

* Cabinet ECD Committee (ECD-CC)
* Ministry of Works, Infrastructure, and Utilities (MWIU)
* Economic Policy and Planning Statistics Office (EPPSO)
* Bank of Marshall Islands (BOMI)
* Public Service Commission (PSC)
* Marshall Islands Social Security Administration (MISSA)
* Marshall Islands Mayors’ Association
* Majuro Atoll Local Government (MALGOV)
* Kwajalein Atoll Local Government KALGOV)
* Marshall Islands Disabled Persons Organization (MIDPO)
* Chambers of Commerce, Majuro and Ebeye branches (CoC)
* National Youth Council (NYC)
* Civil society organizations (including NGOs, FBOs and CBOs) that work with families, youth and children
* College of the Marshall Islands (CMI)
* University of the South Pacific (USP)
* National Training Council (NTC)
* Women United Together Marshall Islands (WUTMI)
* Marshall Islands Council of NGOs (MICNGO)
* Media and communication outlets
* Pacific Regional Council for Early Childhood Care and Education
* Pacific Regional Education Laboratory (PREL).

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### Approaches to Engagement

The Project SEP indicates that a variety of mechanisms should be used to consult with different stakeholder groups during implementation such as:

* Conducting community meetings involving women, men, youth and elders
* Holding separate meetings with specific interest groups and their representatives including women, youth, seniors, people with disabilities, vulnerable households, parents, teachers, health care workers, child welfare officers, civil society workers etc.
* Arranging key informant interviews with staff from stakeholder agencies and community/ traditional leaders
* Holding briefing and debriefing meetings with ECD contractors, consultants and advisors
* Working through local service providers, churches, CSOs etc. to establish stakeholder relationships and targeting vulnerable groups through their representative organizations.
* Initiating and maintaining communication via mainstream and social media
* Conducting consultations in local languages and culturally appropriate formats.
* Ensuring stakeholder consultations are undertaken at times and locations that are convenient and accessible to all attendees, and do not disadvantage particular groups of people including women, PWDs and vulnerable households.
* Ensure environmental and social instruments are publicly disclosed by the World Bank and IAs prior to project works.
* Take COVID-19 restrictions and precautions into account and make use of non-face-to-face methods where appropriate. This could include email, radio, social media and other online tools to provide information about the project, to seek feedback, and/or to disclose environmental and social management instruments.

### Engagement to Date

The ECD-I team is currently conducting consultations in the neighbouring islands to further assess stakeholder priorities and concerns and gather more detailed information for activity design and implementation. This includes data on required construction and renovation works, CCT disbursement and institutional arrangements: It is expected these consultations will be completed by March 2022.

At the time this ESMF was prepared, stakeholder consultations were still ongoing to further define the scope of some project activities, especially in relation to the CCT, a potential livelihoods initiative and small grant mechanism for the NIs under Component 3. As such, IA and PIU staff conducting these consultations will update the draft list of stakeholders consulted (Annex 1) at island and community level, the topics discussed, and key issues raised prior to Project commencement.

# GRIEVANCE REDRESS MECHANISM

## Introduction

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

To record and address any complaints that may arise during the implementation of the project and/or any future operational issues that could be mitigated during the life of the project.

To act as a feedback mechanism to help with the adaptive management of the Project.

The GRM will address any concerns and complaints related to the project in a prompt, fair and transparent manner without cost, discrimination or exposure of the complainant or the affected parties The GRM will work within the existing legal and cultural framework and provide an opportunity to resolve grievances at local/project level.

Any individual or group of people who believe they are being adversely affected by a World Bank supported project may submit their complaint(s) through the grievance process outlined in the GRM.[[38]](#footnote-39)

Given the range and diversity of activities supported under the Project, separate GRM procedures are being developed by the PIU to deal with concerns related to the Conditional Cash Transfer (CTT) program due to the complexities involved with piloting this initiative in the RMI. Once complete, this will be disclosed[[39]](#footnote-40). These procedures are in draft form as of February 2022 and are expected to be finalized along with the CTT designs post-appraisal. The commitment to update relevant instruments once the CTT designs are finalized is included within the projects ESCP.

The Project GRM also includes a specific pathway to deal with any violence against children (VAC) and gender-based violence - including sexual exploitation, abuse or harassment (SEA/SH) related to the Project. SEA/SH related grievances will be dealt with using a “survival centered approach” and referred to WUTMI. Persons responsible for reporting and receiving SEA/SH related grievances receive training on handling and referring such grievances.

The key objectives of the GRM are to:

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

The GRM will be managed in a similar way to other WB supported projects in the RMI. This means it will be administered centrally by the PIU with assistance and oversight by the CIU Safeguards Team. For construction works, the CIU will support the contractors and the PMU to resolve issues and otherwise elevate the grievances to the Program Steering Committee.

The Project GRM will be updated during implementation to account for CCT.

The GM process and contact details will be published online and widely communicated during stakeholder consultations.

## RMI Judiciary Level Grievances

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

## Grievance Redress Mechanism

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

Complaints and feedback may be submitted in person, via telephone, electronically, in letter to the Implementing Agencies, or the PIU or DIDA. Anonymous feedback and complaints may be received. For particular programs or campaigns, feedback may be collected via surveys, interviews or other mechanisms. The mechanism will be flexible enough to collect feedback and complaints by any of these means.

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

**Feedback**

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

**Complaints or Grievances**

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

The complaint shall be forwarded to the ECD Advisor for the relevant Implementing Agency(s), who shall screen the complaint to determine whether it relates to the Project, in which case the following procedure will apply; or whether it relates to another matter in which case the IA ECD Advisor shall refer the complainant to an external complaints procedure (such as WUTMI Domestic Violence protocol or the PSS Child Protection Policy procedures,each of which are implemented by the those two entities). ). The details of the referral pathway, implementing arrangement and procedure is yet to be confirmed and will form part of the GBV analysis and plan committed under the ESCP.

Key features of the grievance redress mechanism are noted below, with further details provided in the disclosed, stand-alone GRM.

For complaints about the Project, the ECD Advisor from the respective IA shall endeavor to resolve the complaint within two (2) weeks, working through existing IA complaint procedures where these exist.

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

If the Project Manager is unable to resolve the complaint to the satisfaction of the aggrieved party, the complaint will then be referred to the Program Steering Committee (PSC) for resolution within 1 month of referral.

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

**Disclosure**

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

**Grievance/Feedback Follow-up and Resourcing**

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

# INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTATION OF E&S RISK MANAGEMENT

The institutional arrangements set out here apply to both ECD-I and to ECD-II, with the exception of Component 5 which only relates to ECD-II.

## Project Institutional and Implementation Arrangements

Project implementing agencies (IAs) are identified below by component:

* Component 1: Ministry of Health and Human Services (MOHHS)
* Component 2: Ministry of Education, Sports and Training (MOE), Public School System (PSS)
* Component 3: Ministry of Culture and Internal Affairs (MOCIA)
* Component 4: Office of the Chief Secretary (OCS)
* Component 5: OCS through National Disaster Management Office (NDMO)

The PIU (Component 4), housed within the OCS, is responsible for overall Project coordination, results monitoring, communications and E&S management.

Project management operates under direct guidance of the ECD PSC, which is comprised of Secretaries from the relevant line ministries and chaired by the Chief Secretary to provide oversight during implementation.

The PIU is relying heavily on international TA to assist with Project establishment, with the understanding that many of these functions will be transferred to line ministry staff during the ECD-II phase of the Project.

The PIU comprises (a) Project Manager, internationally recruited, and (b) locally engaged support staff. Recruitment is presently underway for (c) an M&E expert; and (d) SBCC and Advocacy coordinator(s), international and national. The PIU’s functions are directed by the OCS.

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

The MoF-based CIU provides support to the PIU and IAs with fiduciary, procurement, and E&S risk management functions in relation to environmental and social aspects of the Project (the CIU Safeguards Team comprises an International Environmental Safeguards Advisor and an International Social Safeguards Advisor, both currently operating remotely due to COVID travel restrictions, and one (1) Safeguards Officer based in Majuro, RMI). This includes grievance procedures, labor management and health & safety requirements related to building works and contractor engagement. The CIU provides regular reports to the PIU, Program Steering Committee (PSC) and the WB Task Team in regard to implementation of E&S risk management systems.

## E&S Risk Management Implementation Arrangements

The Project Manager is responsible for implementing this ESMF and integrating all requirements into program delivery, with guidance and support provided by the CIU Safeguards Team as needed.

The CIU will provide general support to the PIU and IAs on E&S risk matters associated with the Project, In particular the CIU Safeguards Team will:

* Attend regular PIU meetings to maintain awareness of Project activities from an E&S risk perspective.
* Assist the PIU and IAs with implementation of this EMSF in relation to environmental and social aspects of the Project, including labor management and health & safety procedures related to building works and contractor engagement.
* Provide input into preparation of the POM to ensure that E&S risk management areas are suitably addressed,
* Manage the appointment and conduct of E&S consultancy services as surge support for PIU/IA as required.
* Provide regular reports to the PIU and WB in regard to Project E&S risks and ESMF implementation progress.

Approve works-specific Occupational Health and Safety(OHS) procedures, prepared by Contractors,

Prepare site-specific Environment and Social Management Plans (ESMPs), commensurate with the nature of the work and in accordance with the risk screening, in collaboration with the MWIU or relevant parties in the NI, in advance of any construction works to ensure proper management and mitigation of potential E&S risks. ESMPs to include stakeholder consultation, grievance redress procedures, labor management and occupational health and safety (OHS) requirements.

Verify that all contractors engaged for project works are aware of and sign a Code of Conduct,

Organize briefings to Contractors on SEA/SH, violence against children (VAC) and Human Trafficking (HT).

Under Component 3 CCT - once livelihood activities are defined, conduct an E&S management assessment for application by the PIU and implementing agencies through an MOU arrangement.

* Receive information from the ECD Project Manager on every specific sub-project, TA Terms of Reference (TOR) or social/health/education initiatives being developed and undertake screening of activities in accordance with this ESMF.
* For works with a Moderate Risk, submit any prepared instruments to the WB for clearance. Once cleared, the CIU proceed with disclosing the instruments locally.
* For any project activity with a Substantial or High Risk the CUI will inform the PIU that the activity requires redesign to meet the definition of Moderate risk and support the PIU to discuss the eligibility of such activities with the World Bank (and whether Project restructuring may be required).
* Verify the relevant ESMP is appended to Bid Documents.
* Ensure Contractor’s bid documents include the ESMP and supervise contractors to ensure implementation.
* Monitor progress and report to PIU on:
  + compliance with measures agreed with the Bank on the basis of the findings and results of the EA, including implementation of any ESMP, as set out in the project documents
  + the status of mitigation measures, and
  + the findings of monitoring programs.

Work collaboratively with the SBCC person to ensure effective SEP implementation.

Review and update the SEP on a regular basis to reflect changes in project delivery and approaches to stakeholder engagement based on implementation experience. Use any GRM complaints to trigger SEP reviews.

Assist PIU with management of the GRM

For construction works, support the contractors and the PMU to resolve issues and otherwise elevate the grievances to the Program Steering Committee.

Provide regular reports to the PIU, Program Steering Committee (PSC) and the WB Task Team in regard to implementation of E&S risk management systems.

Ensure the ESMF and all other instruments are publicly disclosed.

# DISCLOSURE

The CIU Safeguards Team will ensure that subsequent to approval by the government of Marshall Islands and the World Bank, the ESMF is publicly disclosed, and the World Bank Task Team will enable disclosure on the WB system. Other Project disclosure activities will occur as per the Stakeholder Engagement Plan.

# ESMF MONITORING EVALUATION AND REPORTING

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

# ESMF CAPACITY BUILDING

The IAs do not have E&S risk management experience, however the PIU includes international and local staff dedicated to social and behavior change and advocacy who will have the capacity and capability to implement consultations and social mitigation measures required under this ESMF. In addition, the PIU will draw on the guidance and support of the MOF-DIDA CIU Safeguards Team.

The CIU Safeguards Team with the support of the PIU will, within three (3) months of ECD-II Project effective date, develop and administer an Environment and Social (E&S) management training needs survey (TNS) for Project workers and IA to assess capacity building requirements and design a responsive training program. This could include stakeholder mapping and engagement, analysis of E&S issues; occupational health and safety, emergency preparedness and response; management of GBV and child safety issues etc.

The CIU with PIU support will then develop a training package and schedule based on results of the TNS and provide targeted capacity building support throughout implementation.

In addition, the SBCC Specialist role involves responsibility for stakeholder outreach, communications, engagement and MEAL functions as well as coordinating of grievance processes to facilitate the underlying the Project’s adaptive learning management approach.

The Project’s approach to mitigating institutional-level capacity risks is an initial heavy investment in TA capacity building aimed at establishing functional ECD multi-sector approaches, systems and procedures and providing mentoring support by international advisors with relevant ECD technical knowledge and hands-on experience from other countries operating CCTs within a SBCC framework. A key element of the Terms of Reference for the international advisors is to train and nurture RMI nationals in the different areas of ECD ESMF Implementation.

# BUDGET

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

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

**Annex 1:** List of Stakeholders Consulted during Project Preparation

| **Name** | **Title** |
| --- | --- |
| Arata Nathan | Director, Outer Island Dispensary Services |
| Ashish Joshi | MIS Advisor, MOCIA |
| Cheryl English | Public School Systems/ Finance Dept |
| Dr. Chocho Thein | Medical Doctor, Ebeye Hospital |
| Edlen Anzures | Health Informatics Director, Office of Health Planning, Policy, Preparedness, and Epidemiology, MOHHS |
| Eseta Cama-Joel | EPSSO Officer |
| Francyne Wase-Jacklick | Deputy Secretary, MOHHS |
| Dr. Frank Underwood | Director of Public Health |
| Frederick Muller | National ECD Coordinator (MoCIA) |
| Glorine Jeadrik | Deputy Sectary of Kwajalein Atoll Healthcare/Ebeye |
| Gee Bing | Asst. Commissioner and HR Management, PSS |
| Dr. Ivy Laipez | OBGYN |
| Jack Niedenthal | Secretary, Health and Human Services |
| Dr. Jake Nasa | Chief of Staff, Ebeye Hospital |
| Joy Kawakami | Child Rights Office, MOCIA |
| Kanchi Hosia | Commissioner, PSS |
| Kim Blowes | MOCIA /Child Protection |
| Kino Kabua | Chief Secretary, OCS |
| Lori Clanre | Office of Chief Secretary/ Sectary to CS |
| Mailynn Konelios-Langinlur, | Deputy Secretary of Primary Health Care |
| Malie Tarbwilin | Assistant Secretary, DIDA, MoF |
| Marcella Sakaio | ECD National Coordinator, Ebeye |
| Dr. Mary Jane Cancio | Pediatrician |
| Melaia Lawanivalu | Immunization Nurse |
| Patrick Chen | CEO, Bank of Marshall Islands |
| Patrick Langrine | Secretary, MoF |
| Rachel Bigler | ECD National Coordinator C1 |
| Rebecca Lorennij | Assistant Secretary, MOCIA |
| Dr. Robert Maddison | Chief of Staff |
| Rose Bobo | Director |
| Sage Debrum | MIS Specialist, MOCIA |
| Velma Edwards | Bank of Marshall Islands, Majuro Branch Manager |
| Walid Madhoun | Consultant, WBG |
| Wallace Peter | Secretary, MOCIA |
| Zinaida Korableva | Operations Analyst, WBG |
| Dr. Mary Jane Cancio | Pediatrician |
| Melaia Lawanivalu | Immunization Nurse |
| Michael Graeme Osborne | Snr. Procurement Specialist, WBG |
| Molly Helkena | National ECD Advisor |
| Patrick Langrine | Secretary, MoF |
| Racheal Bigler | National ECD Coordinator (Health) |
| Rebecca Lorennij | Assistant Secretary, MOCIA |
| Dr. Robert Maddison | Chief of Staff |
| Velma Edwards | Bank of Marshall Islands, Majuro Branch Manager |
| Wallace Peter | Secretary, MOCIA |

Annex 2: Environment and Social Impact Screening

**FORM 1 – Environmental and Social Screening**

*(To be completed by the CIU Safeguards Team with inputs from PIU)*

*Timing: To be completed prior to finalization of Bid Documents for Project Works; prior to final TOR, prior to final scope of work and budget.*

*Purpose: 1) To scope potential environmental risks from proposed works and TA activities (Form 2)*

*2) (\*Works only)To Inform E&S Assessment and Management Plan Requirements/Inclusion on Bid Document (Form 3)*

|  |  |
| --- | --- |
| **Name of Works/TA Activity:** |  |
| **Location of Works/TA Activity:** |  |
| **Date of Form Completion:** |  |
| **Name of Person Completing Form:** |  |
| **Date of Site Visit (if applicable):** |  |
| **Agencies or People consulted to date (to inform completion of form):** |  |
| **Attached concept description (circle one)** | Yes / No |

**Risk Rating**

E&S risks associated with sub-projects, TA and social/health/education services provided under the Project will be evaluated according to Form 2 and rated **Low**, **Moderate**, **Substantial** and **High** based on the following four elements[[40]](#footnote-41).

1. Sensitivity of E&S receptors and scale of works, operations, demand for resources, creation of waste and emissions, sensitivity of vulnerable persons;
2. The nature and magnitude of impacts (duration, intensity, reversibility, complexity) and possibility of mitigation measures;
3. Capacity of the PIU and CIU, RMI legislation and availability of resources to manage E&S risks;
4. Contextual risks – COVID-19, remoteness from markets for expertise, equipment or services;

The CCT element of the Project will be addressed separately under the auspices of the CCT Grievance Mechanism.

Risk Ratings will be applied using the activity risk ratings for Forms 2 and 3 as follows:

| **Criteria for Screening Forms 2 and 3** | **Sub-*Project* Risk Rating**  (Highest risk rating applies) |
| --- | --- |
| Minor or less than minor risk to E&S receptors incl. vulnerable persons (not including SEA/SH risks – see below); minor scale operations; (unmitigated) | Low |
| More than minor risks to sensitive E&S receptors incl. vulnerable persons; minor scale operations; but all risks can be suitably mitigated (except as identified below | Moderate |
| Large Scale Earthworks (unmitigated) | Substantial |
| Biodiversity risks – more than minor - (unmitigated) | Substantial for ECD-II (not supported unless discussed with WB and ESS6 review completed); Not able to proceed for ECD-I (OP 4.04 not triggered) |
| Cultural heritage risks (unmitigated) | Substantial for ECD-II; Not able to proceed for ECD-I (OP 4.11 not triggered) |
| Issues with land, assets and / or livelihoods that may lead to social conflict. | Substantial |
| Large scale impacts on land owners and occupiers and asset owners/users. | High. |
| Any SEA/SH, GBV, VAC or other risk for vulnerable persons. | High |

**Form 2 – E&S Risk Screening**

| **Potential Impact** | | **Potential Impact (without mitigation) (✓)** | | | | **Describe/Comment on significance** |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **Low** | **Moderate** | **Substantial** | **High** |  |
| **1.0** | **Physical Works** | | | | | |
| 1.1 | Does design of proposed works incorporate design-related E&S risk mitigation wherever possible? |  | | | | * Yes * No   If “YES” continue to next rows in this Table.  If “NO” Revert to designer to ensure building design has taken into account E&S Risk mitigation. |
| 1.2 | Do proposed works/services entail construction activities or physical works? |  | | | | * Yes * No   If “YES” continue to next rows in this Table.  If “NO” proceed to Social Impact Screening (Part 3 of this Table) |
| 1.3 | Dust / noise / vibration impacts on sensitive receptors (e.g. hospital patients, school children, residential communities, businesses, essential services etc). |  |  |  |  |  |
| 1.4 | Generation and discharge of solid and liquid waste (e.g. spoil, refuse, domestic waste/ wastewater, hazardous substances etc). |  |  |  |  |  |
| 1.5 | Is construction material required for the design (e.g., rock/ aggregate/ cement) able to be sourced locally from an approved sustainable sources; Otherwise obtain aggregates from overseas (imported) sources.  [[41]](#footnote-42). |  | | | | * Yes * No |
| *Describe:* |
| **2.0** | **Ecological** | | | | | |
| 2.1 | Loss of terrestrial, coastal, or aquatic vegetation and/or habitat (incl. riparian vegetation). |  |  |  |  | Note – activities/works under ECD-I may not proceed as OP 4.04 is not triggered for ECD-I. |
| 2.4 | Could an alternative design be explored to decrease / avoid ecological impacts or improve ecological outcomes. |  | | | | * Yes * No |
| *Describe:* |
| **3.0** | **Social Impacts** | | | | | |
| 3.1 | Will proposed works be undertaken on land for which appropriate legal occupation rights are held? |  | | | | * Yes * No   If “YES” provide copy of documentation.  If “NO” do not proceed |
| 3.2 | Potential for works/TA/Social, Health and Education Services to lead to SEAH/SH impacts |  |  |  |  |  |
| 3.3 | Potential for outcome of TA activities to lead to SEAH/SH impacts or GBV |  |  |  |  |  |
| 3.4 | Disproportionate impacts on vulnerable groups, including women, children and people with disabilities, including any potential disruption to services. |  |  |  |  |  |
| 3.5 | Risks to community health & safety from proposed works (i.e., communities near work site), from waste management, management of medical wastes . |  |  |  |  |  |
| 3.6 | Risks posed to the community from the construction workforce (e.g., imported/migrant labour related risks), including SEA/SH and VAC |  |  |  |  |  |
| 3.7 | Potential negative impacts on community relations (i.e., conflict) due to Project works or outcomes? |  |  |  |  |  |
| 3.8 | Risk to cultural heritage sites or resources |  |  |  |  | Note – activities/works under ECD-I may not proceed as OP 4.11 is not triggered for ECD-I. |
| **4.0** | **Resource Efficiency and Pollution Prevention (applies to ECD-I (OP4.01) and ECD-II (ESS3).** | | | | | |
| 4.1 | Do works/activity involve or promote the sustainable use of resources, including energy, water and raw materials. |  | | | | * Yes * No |
| *Describe:* |
| 4.2 | Do works/activity avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing pollution from Project activities. |  | | | | * Yes * No |
| *Describe:* |
| 4.3 | Do works/activity avoid or minimize Project-related emissions of short and long-lived climate pollutants. |  | | | | * Yes * No |
| *Describe:* |
| 4.4 | Do works/activity avoid or minimize generation of hazardous and non-hazardous waste. |  | | | | * Yes * No |
| *Describe:* |
| 4.5 | Do works/activity minimize and manage the risks and impacts associated with pesticide use. |  | | | | * Yes * No |
| *Describe:*  *Note: Any project under ECD-I involving pest management would trigger OP4.09 and would be ineligible.* |
| **5.0** | **Overall Determination of Risk Status** | | | | | |
|  | *Notes:*  *1. Describe overall works/activity risk status and identify any particular risk areas of significance*  *2. Identify instruments required*  *3. On completion move to Form 3.* | | | | | |

**FORM 3 (WORKS ONLY) – Agreed Environmental and Social Documents Required**

*(To be completed by CIU Safeguards Team, with the support of PIU where appropriate)*

*Timing: To be completed after completion of Form 2*

*Purpose: 1) To confirm which ESMPs are to be prepared and/or implemented for the works;*

*2) To confirm which additional management plans are to be prepared by the Contractor (as informed by the ESMF).*

|  |  |
| --- | --- |
| **Name of Works:** |  |
| **Location of Works:** |  |
| **Date of Form Completion:** |  |
| **Name of Person Completing Form:** |  |
| **Name of Person Approving:** |  |

For Project activities or works categorized in FORM 2 as Low Risk AND where all risks are assessed as less than minor no explicit E&S documentation will be required.

As per the Project ESMF the following safeguard documents are to be prepared/required in Bid Documents for the above Project works of TA activities:

* Generic ESMP for Low Risk Works (where risks are assessed as minor or below)
* Works specific ESMP for Moderate Risk Works
* Works specific SEP for Moderate Risk Works

Works with a Substantial or High Risk to be redesigned and rescreened to reduce the risk back to Moderate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Signature:** |  |
| **Signed by:**  *(Completed Form)* |  | **Signed by:**  *(Approver)* |  |
| **Date:** |  | **Date:** |  |

**Annex 3**: ESMP template – Low Risk Works

**Environment and Social Management Plan**

**[Name of Sub-Project]**

**Final/Draft**

**Revision #**

**1 INTRODUCTION**

Under the Multi-sectoral ECD-I & ECD-II program [**Name of Implementing Agency**] is undertaking [**type of works]** in the [**Location**].

This Environmental and Social Management Plan (ESMP) relates to these works as set out in the following Table.

Works in the [**Location**] are small scale and will take place where possible whilst those areas remain operational, or will be undertaken whilst those areas are non-operational, or a sequence of works will be deployed so as to not interrupt the operation of these areas.

|  |
| --- |
| *[Insert detailed description of works from TOR or bid documentation]* |

Works will be undertaken by contractors commissioned by [**Name of Implementing Agency**] under the supervision of the MWIU Project Management Unit.

These internal activities are all considered to have minor environmental, social and health and safety risks and impacts..

**2. SCOPE OF THIS ESMP**

This ESMP addresses all environmental, social and health and safety risks associated with the works.

The ESMP is to be attached to and be part of the bid documents for the Project works and the Contractor is accordingly required to comply with the ESMP.

Many of the matters raised in the ESMP are already included in conditions of Bid Documents for the Project. The ESMP provides clear guidance for key areas to be addressed under those Bid Document conditions.

The Bid Documents provide no explicit guidance in regard to consultation/grievance management, and this is covered in this ESMP.

In the event of any environmental and social safeguards conflict between this ESMP and the Bid Documents, this ESMP takes precedence,

**3. ENVIRONMENTAL AND SOCIAL MANAGEMENT ROLES AND RESPONSIBILITIES**

Names and Roles of Responsible People:

**Management of Works**

Melvin Dacillo  
Project Management Unit (PMU- Manager)  
RMI Ministry of Works, Infrastructure, and Utilities  
PO Box 1727, Majuro MH 96960  
Email: [architectpmurmi2005@gmail.com](mailto:architectpmurmi2005@gmail.com)  
Phone: 692-6257407, 625-8911/8931

**Environmental and Social Impact Oversight**

Jessica Zebedee  
CIU Safeguards Officer  
RMI Ministry of Finance  
Phone: (692) 625 5968  
Email: [jess.zebedee@gmail.com](mailto:jess.zebedee@gmail.com)

Colleen Peacock-Taylor  
CIU Social Safeguards Advisor  
RMI Ministry of Finance  
Phone: (692) 625 5968  
Email:  [colleen@tautai.com](mailto:jess.zebedee@gmail.com)

Garry Venus  
CIU Environmental Safeguards Advisor  
RMI Ministry of Finance  
Phone: (692) 625 5968  
Email: [gazza700@gmail.com](mailto:gazza700@gmail.com)

**ECD Project Advisor**

[**Name and Contact Details of Implementing Agency Person Responsible**]

**Contractor**

**Name: To be confirmed**. Responsible for undertaking Project works pursuant to requirements set out in contract documents, including this ESMP.

**4. SUMMARY OF ENVIRONMENTAL, SOCIAL AND HEALTH AND SAFETY RISKS**

Environmental, social and health and safety risks associated with the Project risks are summarized as follows.

**4.1 Worker/public exposure to asbestos during construction and in relation to use of new products**

The Secretariat of the Pacific Regional Environment Programme (SPREP) undertook a comprehensive asbestos survey across Majuro in 2014[[42]](#footnote-43). In this survey, no evidence was reported of any asbestos. Contractors will nevertheless screen for asbestos in buildings to be refurbished and advise MWIU and RMIEPA is any are found. MWIU/RMIEPA to advise on asbestos handling and disposal protocols. New works shall avoid use of asbestos containing products per MWIU requirements.

**4.2 Unlawful land access or land acquisition**

All works are to be undertaken within the existing footprint of government buildings and are covered under leases for those buildings.

**4.3 Occupational Safety and Community Health and Safety**

All works are inside existing buildings so there is no risk to the general community outside the building.

**CONFIRM WHETHER**

Works to be undertaken in an operational hospital or schools - [**Identify Risk Areas**].

There is a potential risk that sensitive persons will be disturbed or put at health risk by the activities.

**INDENTIFY**

key mitigation measures in regard to occupational safety and community health and safety.

Note that reliance on contractual provisions set out in MWIU Bid Documents including in particular Contractor Sections GC 36.1 and C1.10 both of which relate to development of Health and Safety Plans with oversight by MWIU.

ESMP to set out specific matters to be included in the above Health and Safety Plans including the need to

Implement all reasonable precautions to prevent and reduce accidents and injuries to staff and workers and protect the health and safety of the community including patients and staff in the hospital/school/facility.

Provide and maintain construction plant, equipment and systems of work that are safe and without risks to health.

Provide appropriate protective clothing and safety equipment to all staff and labor engaged on the Works to the satisfaction of the Engineer/MWIU Supervisor.

Undertake hazard identification prior to commencing works; assessing risks and establishing procedures to avoid or reduce risks.

Ensure that all the Contractor 's personnel, before commencing work, are advised of risks and hazards on site.

Deployment of signage to explain there are construction works in place and to stay out/away from the construction zone.

Ensure patients, visitors and staff are kept safe during construction.

Consult with [IA] and Hospital/School/Other Staff to ensure that hours of operation (nominally 07:00 to 19:00) are acceptable under operational and patient/student safety requirements; and modify working hours on a case by case basis if advised by [IA]/Hospital Staff/School Staff to do so for reasons of patient/hospital worker/student/teacher comfort and safety.

Ensure that no materials containing asbestos are procured for, or installed on, this Project. The Contractor is to provide records to comply with this condition.

Implement a procedure to investigate incidents (including near miss incidents) and to identify associated corrective actions,

Allow workers to refuse unsafe work environments with no repercussions.

Develop a system of managing complaints and grievances and respond swiftly to complaints to avoid or mitigate health and safety incidents.

**4.4 Waste Management**

There will be some packaging waste from new system components and there may be quantities of residual demolition material for disposal.

The key mitigation measure in regard to waste management is reliance on contractual provisions set out in MWIU Bid Documents including in particular Section C1.13 which requires the Contractor to prepare and submit an Environmental Management Plan to the MWIU Project Manager for review within 2 Weeks of the Date of Acceptance of Tender. Such plan shall identify the measures and the sequences of operations to be adopted by the Contractor, in order to satisfy the applicable regulations and constraints.

The Environmental and Social Management Plan is to cover a full range of matters including construction waste disposal, including the need to

Store, handle and dispose of all waste securely.

Dispose of small volumes (as determined in agreement with CIU Safeguards Team) only to the Majuro landfill in accordance with landfill operator’s requirements and conditions. Contractor to provide evidence of satisfactory waste disposal (e.g. receipts).

Before considering disposal, ensure that waste generation is minimized and waste is recycled/reused where possible by the Contractor private sector or community..

Segregate hazardous waste (such as tube lightbulbs) from non-hazardous solid waste and any potentially hazardous wastes should be declared to the waste contractor or landfill operator.

**4.5 Consultation and Grievance Management**

The requirements for consultation and grievance management are not explicitly covered under MWIU Bid Documentation and therefore specific measure will need to be established. Consultation and grievance procedures should include the following matters to mitigate risk of stakeholders being unable to communicate/raise grievances with Project personnel (SEE Section 5.4 of this Generic ESMP below).

Installation of signage.

Develop process for receiving and managing complaints that is consistent with this ESMP.

**5 ENVIRONMENTAL, SOCIAL, HEALTH AND SAFETY REQUIREMENTS**

The following environmental, social, health and safety matters shall be addressed in the Contract Bid documents for any contractor works for the refurbishment. Contractor shall comply with these requirements. Reference is made as appropriate to General Conditions of MWIU Standard Bid documents.

**5.1 General**

|  |  |
| --- | --- |
| **Requirement** | **MWIU Standard Bid Document Status** |
| The Contractor shall comply with this ESMP. This ESMP will form part of the Bid Documents and Contract. | Compliance with individual items noted below in this section. |
| The Contractor shall comply with the Statutory Regulations in force in Republic of the Marshall Islands regarding environmental protection and waste disposal and shall liaise with the responsible national environmental authorities. | Covered under MWIU Bid Document Section GC 31 and GC 36 |

**5.2 Occupation and Community and Worker Health and Safety**

|  |  |
| --- | --- |
| **Requirement** | **MWIU Standard Bid Document Status** |
| The Contractor shall at all times implement all reasonable precautions to prevent and reduce accidents and injuries to staff and workers and protect the health and safety of the community, including patients and staff in the hospital/school (with particular reference to avoiding adverse impacts on patients/students and staff arising from noise, dust, trip hazards, privacy, access to services without constraint or risk to wellbeing). | Covered under MWIU Bid Document Section GC 36.1 and C1.10.  PIU to provide liaison in respect of appropriate working hours. |
| Consult with [IA] and Hospital/School Staff prior to works commencing to agree on measures to maintain and protect patient and staff safety, comfort and privacy during works.  Notwithstanding the above, the Contractor shall take all reasonable steps to ensure patients, visitors and staff are kept safe, comfortable and private during construction.  Particular consideration will be given to the fact that workers will likely be men and patients will likely be women – specific consideration must be given by the Contractor to requiring workers respect patients’ privacy at all times. |
| Consult with [IA] and Hospital/School Staff to ensure that hours of operation (nominally 07:00 to 19:00) are acceptable under Hospital/School operational and patient/student safety requirements; and modify working hours on a case-by-case basis if advised by [IA] and Hospital/School Staff to do so for reasons of patient/hospital worker/school comfort and safety. |
| The Contractor shall ensure that no materials containing asbestos are to be procured or installed on this Project. The Contractor is to provide records to comply with this condition. |
| The Contractor shall at all times provide and maintain construction plant, equipment and systems of work that are safe and without risks to health. This shall include maintaining equipment, engines, and related electrical installations in good working order; maintaining a clean and tidy work space; providing guards and rails, signals and lighting; providing work site rules, safe working procedures and allocating appropriate places to carry out the work. |
| The Contractor shall provide, at his/her own expense, appropriate protective clothing and safety equipment to all staff and labor engaged on the Works to the satisfaction of the Engineer/MWIU Supervisor. |
| All the Contractor 's personnel shall, before commencing work, be advised of risks and hazards on site. |

**5.3 Waste Management**

|  |  |
| --- | --- |
| **Requirements** | **MWIU Standard Bid Document Status** |
| The Contractor shall at all times keep the construction area including storage areas used free from accumulations of waste materials or rubbish. | Covered under MWIU Bid Document Section GC 50.1 and Section C1.13 |
| The Contractor shall, before considering disposal, ensure that waste generation is minimized and waste is recycled/reused where possible by the Contractor private sector or community. |
| All residual waste shall be stored handled and disposed to Landfill in accordance with landfill operator’s requirements and conditions. Contractor to provide evidence of satisfactory waste disposal at landfill (e.g., receipts). |
| Regulation 34(b) of the Solid Waste Regulations 1989 require that hazardous waste is supposed to be managed separately at landfills. The Contractor should segregate hazardous waste (such as tube lightbulbs) from non-hazardous solid waste and any potentially hazardous wastes should be declared to the waste contractor or landfill operator. |

**5.4 Consultation and Grievance Management**

|  |  |
| --- | --- |
| **Requirement** | **MWIU Standard Bid Document Status** |
| The Contractor shall install signs in the vicinity of the construction area to explain there are construction works in place and advise people to stay out/away from the construction zone.  The signs will also provide contact details for any third parties who might wish to raise complaints or issues about the works.  The Contractor shall have a process for receiving and managing complaints that is consistent with this ESMP and the Project ESMF.  The Contractor Supervisors shall promptly record, address and close out any complaints or grievances received and report all records to the MWIU supervisor. MWIU Supervisor shall forward these records to the CIU Safeguards Advisors on a weekly basis.  The Contractor Supervisor shall escalate significant grievances to the CIU or MWIU PMU as relevant. | Not explicitly covered under MWIU Bid Documentation.  This ESMP is part of the Bid Documentation to which the Contractor must comply with particular regard to matters set out in Section 6 below.  PIU will provide an audit role to verify compliance with Section 6 |

**6. CONSULTATION AND GRIEVANCE REDRESS MECHANISM**

**6.1 Stakeholder Engagement**

Subject to the written approval MWIU, signs will be installed at the site entrance and adjacent to the works areas to explain there are construction works in place and advise people of timing of works and directing people to stay outside or away from the construction zone.

These signs will also provide contact details for any parties who might wish to raise complaints, issues or concerns about the works. Contact details (phone, email) will be provided for construction supervisor, MWIU management and CIU Safeguards. Any comments complaints or issues received shall be escalated in the Project grievance process set out below.

**6.2 Grievance Redress Mechanism**

Complaints may be raised directly with Contractor’s staff who will endeavor to address complaints immediately. If this is not possible the complaint will be escalated to the ECD Advisor. All direct complaints will be notified to the ECD Advisor by Contractor’s staff within 6 hours of the complaint being received.

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

The complaint shall be forwarded to the ECD Advisor at the relevant Implementing Agency, who shall screen it to determine whether it relates to the Project, in which case this procedure will apply; or whether it relates to another matter in which case the ECD Advisor shall refer the complainant to a relevant external complaints procedure.

For Complaints about the Project, the ECD Advisor shall endeavor to resolve the complaint within one (1) day for complaints about day to day works and in any event within two (2) weeks.

Should any complainant remain unsatisfied with the response of the ECD Advisor after two weeks, the complaint will be referred to the ECD Project Manager who will take earnest action to resolve complaints at the earliest time possible by liaising directly with representatives of the IA as appropriate. The aggrieved party should be consulted and informed of the course of action being taken, and when a result may be expected. Reporting back to the complainant will be undertaken within a period of two weeks from the date that the complaint was received.

If the Project Manager is unable to resolve the complaint to the satisfaction of the aggrieved party, the complaint will then be referred to the Program Steering Committee (PSC) for resolution within 1 month of referral.

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

**7. RECORD KEEPING, MONITORING AND REVIEW**

**7.1 General**

The Contractor will complete MWIU’s Standard Project Audit Form as set out in Annex 1 and provide the completed form to MWIU for verification on a weekly basis.

**7.2 Community Health and Safety Risks**

In addition to the Form referred to in Section 7.1, the Contractor will provide MWIU with information on a weekly basis relating to any issues with noise, dust, privacy breaches and other risks to patients and health care professionals.

**7.3 Incident Recording and Reporting**

**7.3.1 Fatalities and Lost Time Incidents**

The Contractor will report lost time harm incidents to the MWIU and PMU within 24 hrs, and Project-related fatalities immediately. The PMU will report such incidents to the Bank within the same timeframes.

**7.3.2 General Reporting**

The Contractor will keep the following records (in a site diary or similar) and will forward to the PMU Manager each week:

Number and type of environmental, social or health or safety incident or significant ‘near miss’ and follow up / close out of the incident.

Number and type of complaints received and follow up / close out of the complaint.

MWIU through PMU Manager or delegate will verify compliance with this ESMP during each site visit and with each progress meeting. Specific audits will include:

Verify that any cement board is free from asbestos through an audit of the supply chain.

Verify that waste is stored correctly, recycling and hazardous materials are separated from solid waste and records are kept of waste going to landfill.

Verify that the correct safety risks have been identified and controls have been put in place to avoid and minimize harm, as per contract clauses listed above.

Verify Contractor’s records of incidents and complaints.

Where necessary MWIU through the PMU Manager or delegate will consult and seek advice from the CIU Safeguards Team.

The PMU Manager will include the compliance checks in the regular reporting to the ECD Project Manager and will be included in the six-monthly report to the World Bank.

**7.4 Review and Monitoring**

The Contractor will assist the CIU with reviews of environmental and health and safety management at operational sites, with such reviews addressing compliance with this ESMP. Reviews will be undertaken once within 7 days of works commencing and at one-month intervals thereafter.

**Annex 4**: ESMP template – Moderate Risk Works/Activities

This template is relevant for construction/building activities associated with a risk rating of Moderate, under ECD-I & ECD-II that requires an ESMP.

Use this template as a guide for preparing an ESMP that will satisfy World Bank OP 4.01 and ESF requirements.

**1. INTRODUCTION**

**2. OVERVIEW**

* A brief overview of the Project, environmental and social context and purpose of the ESMP.

**3. PROJECT DESCRIPTION**

**4. REGULATORY CONTEXT**

* Marshall Islands Legislation - Solid Waste Regulations 1989
* World Bank ESF or OP 4.01

**5. OCCUPATIONAL HEALTH AND SAFETY**

**5.1 Republic of the Marshall Islands**

* In the absence of local legislation, OHS under this Project will be regulated through the World Bank Group’s Environmental, Health, and Safety Guidelines.

**5.2 World Bank General Environmental, Health, and Safety Guidelines**

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

1. **ENVIRONMENTAL AND SOCIAL MANAGEMENT ROLES AND RESPONSIBILITIES**

**6.1 Environmental and Social Training**

1. **POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS AND RISKS**

**7.1 Asbestos Containing Material**

* The Secretariat of the Pacific Regional Environment Programme (SPREP) undertook a comprehensive asbestos survey across Majuro in 2014[[43]](#footnote-44). In this survey, 23 non-residential buildings were visited and inspected for asbestos. No evidence was reported of any asbestos fibers present.
* Refer to this study to determine relevance
* Contractors to nevertheless screen for asbestos in buildings to be refurbished and advise MWIU and RMIEPA is any are found. MWIU/RMIEPA to advise on asbestos handling and disposal protocols. No new works are to involve use of asbestos-containing materials.

**7.2 Land Access**

* All works are to be undertaken within the existing footprint of Government land for which a valid lease must be cited. No land acquisition is provided for under ECD-I & ECD-II.

**7.3 Community and Occupational Health and Safety**

**7.3.1 Community Health and Safety**

* The potential risks to community health and safety are associated with the Project’s construction phase and would mainly comprise minor dust and noise impacts and pedestrian/traffic hazards. The excavation works required for the cable installations are relatively minor and will be limited in duration at any one locality and most of the works will be undertaken. Hence, dust and noise impacts are unlikely to be significant.
* Particular attention to be given to impact and nuisance to sensitive parties including hospital patients and schoolchildren.

**7.3.2 Occupational Health and Safety**

* The extent and duration of works, the likely workforce involved, and the traffic volumes suggest that the OHS hazards from construction activities are relatively low.

**7.4 Waste Management**

* Any management of waste will need a specific waste management plan prepared, with minimization and recycling/reuse as well as treatment and disposal. This is for construction or for services where waste will be produced.
* The quantities of waste generated from Project activities are likely to be small. There will be some packaging waste from system components and there may be small quantities of residual excavated material from the building activities (if they are undertaken). While the waste quantities are expected to be limited it is important that all waste is stored, handled and disposed of securely to ensure no leakage into the environment. No hazardous waste is anticipated, with the exception of asbestos waste which is unlikely to be encountered.
* Medical waste will be disposed of in accordance with existing RMI MOH protocols and World Bank Group EHS Guidelines for Health Care Facilities. RMI MOH protocols involve retention or collection of general medical wastes and incineration in local incinerators on outer islands or at the main Majuro incinerator for Majuro wastes. Needles are recovered and returned to Majuro for destruction. The Ebeye Hospital incinerator has not been working since September 2018. Parts have been ordered, and hospital staff have been working with the vendor to expedite delivery.
* If the Ebeye Hospital Incinerator is still not working by the time the programme commences, all medical wastes derived from the Project will need to be separately collected and stored for transport pending disposal at Majuro or other authorized disposal site consistent with World Bank Group EHS Guidelines and RMI laws and regulations. Given the uncertainty around timing of repairs to the Ebeye Hospital incinerator, a specific step in developing the waste management plan under this ESMP will be to identify and select a valid authorized disposal option for Project-related medical wastes.

**7.5 Water Quality Impacts**

* Evaluate potential for water quality impacts.

**7.6 Vegetation Impacts**

* Evaluate potential for vegetation impacts.

1. **MITIGATION**

**8.1 Generic Measures**

|  |  |
| --- | --- |
| Worker/public exposure to asbestos during construction | Where there are “chance finds” of suspected asbestos containing material, construction works should cease immediately at the location and the contractor must seek advice from the CIU Safeguards Team on appropriate management measures. |
| Unlawful land access or land acquisition | Determine the location of any customary land  Works to avoid customary land |
| Community health and safety incidents during construction | Undertake community and stakeholder consultation prior to construction commencing so residents, employees and business owners are aware of forthcoming works and associated risks. |
| Worker health and safety incidents during construction | Contractor prepares and implements Worker Health and Safety Management Plan. |
| Construction waste deposited into the environment | Contractor to manage all waste in accordance with the relevant provisions of Solid Waste Regulations 1989 including requirements for the storage of solid waste such as type of containers. Contractor to provide evidence of satisfactory waste disposal (e.g. receipts |

**8.2 Contractor Bid Document Environmental, Social, Health and Safety Clauses**

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

**8.2.1 General**

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

**8.2.2 Potential Asbestos Containing Material**

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

**8.2.3 Community and Worker Health and Safety**

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

The Contractor shall enable workers to refuse unsafe work environments with no repercussions.

* The Contractor shall prepare and implement and Traffic and Pedestrian Management Plan to ensure that any hazards caused by the works are adequately managed.

**8.2.4 Waste Management**

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

**8.2.5 Prevention of Water and Air Pollution**

* The Contractor’s construction activities shall be performed by methods that will prevent entrance, or accidental spillage, of solid matter, contaminants, debris, and other pollutants and wastes into marine waters and underground water sources. Such pollutants and wastes include, but are not restricted to, refuse, garbage, cement, sanitary waste, and oil and other petroleum products.
* Excavated materials or other construction materials shall not be stockpiled or deposited near or on waterbody perimeters or in a position where stormwater runoff can entrain sediment and cause turbidity in waterbodies.
* Wastewaters from concrete preparation, or other construction operations, shall not enter waterbodies without the use of control methods such as sediment filters.
* During the conduct of construction activities and operation of equipment, the Contractor shall utilize such practicable methods and devices as are reasonably available to control, prevent, and otherwise minimize atmospheric emissions or discharges of air contaminants.
* Equipment and vehicles that show excessive emissions of exhaust gases due to poor engine adjustments, or other inefficient operating conditions, shall not be operated until corrective repairs or adjustments are made.
* During the performance of the construction works the Contractor shall carry out proper and efficient measures wherever and as often as necessary to reduce the dust nuisance, and to prevent dust which has originated from its operations from damaging dwellings, or causing a nuisance to persons.

**8.2.6 Preservation of Vegetation**

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

**8.2.7 Construction Facilities**

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

1. **CONSULTATION AND GRIEVANCE REDRESS MECHANISM**

**9.1 Stakeholder Engagement Plan**

* See ESMF Section 6.

**9.3 Grievance Redress Mechanism**

* See ESMF Section 7.

**Annex 5: MWIU Contractor Health and Safety Audit Form**

|  |  |  |
| --- | --- | --- |
|  | **A picture containing text, ceramic ware, porcelain  Description automatically generatedRepublic of the Marshall Islands**  Compact Infrastructure Program  **Contractor Health and Safety Audit** | |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Name: | [Project Name] | | |
| Project Code: | [Project Code] | | |
| Audit/Inspection Completed By: |  | Person(s) Seen: |  |
| Contractor/Area Audited: |  | Date: |  |

**Key:**

**OK** Meets requirements **CAR** Corrective Action Required

**N/A** Not Applicable **NC** Not Checked

| **Item No** | **Element, Checks and Records** |  | **Comments and Rating** |
| --- | --- | --- | --- |
| 1 | **Site Specific Health & Safety Plan** | HSE Plan Reviewed |  |
| 2 | Significant hazards identified with controls in place |  |
| 3 | **Inductions** | Site inductions of staff completed |  |
| 4 | **Toolbox Talks** | Regular toolbox talks taking place |  |
| 5 | **Training** | Competence of Plant Operators adequate |  |
| 6 | Competence of General Staff adequate |  |
| 7 | **PPE** | Minimum PPE requirements observed |  |
| 8 | Additional PPE worn where required |  |
| 9 | **Access / Egress** | Site signing in/out procedure available and in use |  |
| 10 | Access routes clearly defined |  |
| 11 | Access routes clear from obstructions |  |
| 12 | Housekeeping |  |
| 13 | Work area adequately fenced or taped off |  |
| 14 | Lighting - adequate for operations in place |  |
| 15 | **Mobile Plant** | Daily maintenance checks being undertaken |  |
| 16 | Guarding, seat belts, ropes etc. in place and used |  |
| 17 | **Work at Height** | Are measures in place to prevent falls from height and/or falling materials and are they adequate (e.g. work platforms with suitable edge protection / safety harnesses etc.) |  |
| 18 | Scaffolding - weekly inspections completed |  |
| 19 | Rescue procedure available and communicated to those involved |  |
| 20 | **Excavations** | Adequately supported or battered back and fenced |  |
| 21 | Access / egress into excavation |  |
| 22 | Records of daily / weekly inspections |  |
| 23 | **Tools and Equipment** | Electrical equipment tagged and tested in last 3 months |  |
| 24 | General condition of tools and equipment e.g., cables, splinters etc. |  |
| 25 | Lifeguards or similar in use |  |
| 26 | **Manual Handling** | If staff lifting heavy items, has this been considered in work planning and briefing |  |
| 27 | **Noise** | If noisy operations in progress, is hearing protection being worn and assessments prepared |  |
| 28 | **Hazardous Substances** | Storage of materials - safe, prevent loss, damage or contamination |  |
| 29 | Hazard Data Sheet available for each product and precautions being complied with |  |
| 30 | **Environmental Issues** | If the activity is adjacent to water, are silt, concrete, and fuel pollution prevention effective |  |
| 31 | Dust suppression - if dust is a problem is it being adequately controlled |  |
| 32 | Drip trays in place for static plant |  |
| 33 | Availability and location of Emergency Spill kit |  |
| 34 | Refueling operations controlled |  |
| 35 | **Waste** | Waste disposal - transfer notes in place (traceability) |  |
| 36 | Specified waste being recycled |  |
| 37 | Copy of Tip / Transfer Station license available |  |
| 38 | **Welfare** | Minimum facilities in place |  |
| 39 | **Emergency** | Fire Extinguishers available and tested |  |
| 40 | Procedures visible for all to see |  |
| 41 | Emergency procedures tested including alarms |  |

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| **Action/Comment Sheet** | | | | | | |
| Date Issued: | | [Date] |
| To be completed by Auditor: | | | | | To be completed by Person Responsible for Action: | |
| Item № | Problem Observed/Comments (Note any specific Document Reference where relevant) | | | Person Responsible for Action | Corrective Action Taken/ Comments (If applicable) | Action Complete (Initials) |
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| Good Working Practices |
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**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annex 6: Small Boat Safety Protocol**

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**Appendix 1:** SMALL BOAT FLOAT PLAN

1. INTRODUCTION
   1. Purpose

Small boat operations involve certain safety risks that must be addressed prior to use of boats. Knowing what equipment is required to be on the boat and relevant operating rules, understanding the weather and its effects on the marine environment, and even the variations in operating one type of boat compared to another are all obstacles that must be overcome in order to minimize the risks to those on board.

The purpose of this SOP is to establish good boating practices, to ensure that all boating is conducted in a safe and efficient manner, and to familiarize operators with the basic procedures that affect their own safety and the safety of their fellow users.

* 1. Applicability

All small boat operators and passengers using World Bank (WB) funded boats and engines are required to observe the provisions of this SOP. [Implementing Agency] will use best endeavours to apply this SOP to other small boats in the Implementing Agency fleet.

For the purposes of this program, a small boat is any boat less than or equal to 27 feet in length and fitted with an outboard engine.

Small boats are strictly for use within lagoons or for immediately adjacent oceanside fishing.  
Small boats may not be used for interisland travel.

1. RESPONSIBILITIES

[Implementing Agency] Director/Secretary/Board (as appropriate) have overall responsibility for safe operation of [Implementing Agency] activities.

[Implementing Agency] Nominated Senior Manager has overall responsibility for this SOP and delegates responsibilities and authorities to those individuals identified. Also has responsibility for reporting 6-monthly to [Position] on progress with implementation of this SOP and reporting to the Director/Secretary immediately in respect of any incident.

Managers of [Implementing Agency] [Facilities] - are responsible for overall implementation of this SOP in relation to boats operating out of each Facility and for management of safety equipment at fishing bases and on boats.

Boat Operators are responsible for implementation of this SOP in regard to individual boat activities. These responsibilities include, but are not limited to:

1. The safe navigation of the vessel to and from the site(s) of operation.

2. The safe operation of the vessel.

4. Ensuring that all required operational and safety equipment is on board before getting underway and properly stowed upon return.

5. Enforcing safe behavior of all persons on board.

6. Acquainting all passengers with safety equipment, its proper use, potential hazards and an emergency action plan before departure.

Boat Passengers are responsible for following the requirements of the SOP and instructions of the Boat Operator as appropriate.

1. PROCEDURES
   1. Introduction

This section sets out a series of PROCEDURES developed as a comprehensive safety checklist in respect of small boat use by personnel. Figures 1 and 2 set out the operational and maintenance procedures respectively.

* 1. Planning and Administration

Managers of [Implementing Agency] Facilities shall:

1. Be responsible for safe storage of all safety equipment.
2. Ensure that safety equipment is available and situated on boats prior to boat departure.
3. Ensure that Boat Operators meet the minimum age and SOP/Manual awareness requirements set out below and have completed an approved safe boating course.
4. Maintain a log for each boat setting out details from Float Plan and any records of damage from “After Return” reports.
5. Ensure each boat is maintained in a safe condition and that engine maintenance has been undertaken in accordance with Section 3.4 of this SOP.
6. Ensure each boat has adequate fuel and has been inspected prior to handing over to boat operators.
7. Always check weather forecast before boat is released for departure.
8. Only clear boat for departure if satisfied that all safety measures set out in this SOP have been complied with.

Boat Operators shall:

1. Be at least eighteen 18 years of age.
2. Be familiar with the Small Boat Safety Manual and Small Boat Safety SOP
3. Complete a CIU Safeguards approved safe boating and first aid course.
   1. Small Boat Operation

Boat Operators shall:

1. Always have a crew of at least 2 (including the operator) on board the boat.
2. Ensure no children under the age of 15 are passengers on the boat unless there is an emergency.
3. Ensure no passengers travel on board under the influence of alcohol and/or drugs that impair function.
4. Brief crew and passengers before departure on the location and proper use of all safety and communication equipment.
5. Be responsible for safe vessel operation and compliance with all safety requirements.
6. Continue to monitor weather conditions throughout the trip.
7. Be familiar with operation of all safety equipment on the boat.
8. Ensure that all non-swimming passengers wear personal flotation devices (PFD) at all times.
9. Follow “pre-departure” responsibilities:
   1. Fill out Float plan and submit to the Manager of [Implementing Agency] Facility
   2. Double check fuel - operator to ensure vessel has enough fuel to provide a reasonable margin of safety for return trip.
   3. Complete a Radio Check prior to departure
10. Follow “after returning” responsibilities:
    1. Rinse engine
    2. Scrub boat with deck brush.
    3. Log fuel use in logbook.
    4. Note any damage or boat/motor problems in logbook.
    5. Update log book for each boat upon completion of each trip:

Boat Passengers shall

1. Follow instructions of boat operator.
2. Advise boat operator if unable to swim
3. If unable to swim wear a flotation device at all times
4. Report any hazards to the boat operator
5. Not travel on board under the influence of alcohol and/or drugs that impair function.
   1. Maintenance of Boats and Motors

Managers of Fishing Bases shall ensure that the following maintenance regime is applied to outboard motors:

1. **Before every departure** check that the following items are in an acceptable status/quantity and fit for purpose for the intended journey: fuel, water, oil, tools, plugs, fuel filter, impellor, hull integrity, safety gear.
2. **Monthly inspection and service** (based on 100 engine hours) – inspect fuel system for leaks, cracks or malfunction; clean engine fuel filter; flush cooling system with fresh water; gear-box oil should be changed every 100 hours of operation or six monthly, whatever comes first; inspect and replace spark plugs as required; check hull for cracks/leaks and fix as necessary.
3. **Three-monthly inspection and service** (based on 300 engine hours) – as above plus: marine grease should be injected through the specified points (grease nipples) on the outboard motor; water pumps inspected and the pump impeller changed every 300 hours of operation or once a year, whatever comes first; propeller pulled off and the propeller shaft greased; zinc anode pulled off and scrubbed.
4. **Six-monthly inspection and service** (based on 600 engine hours) – As above plus: clean portable fuel tank and its filter.
5. SAFETY EQUIPMENT

Boats shall contain at least one (1) of each of the following items of safety equipment:

1. Life jacket or personal floatation device for each person on board.
2. Throwable flotation device - can be thrown to individual in the water in case of trouble.
3. Visual distress signalling device – for day and night use. [Streamer, mirror, laser, strobe flashlight, light, spare batteries etc. to be accessible and stored in a dry location. Crew and passengers to be made aware of their location and safety rules for proper usage.]
4. Medical kit for cuts, scrapes, seasickness or small emergencies; emergency blankets.
5. Anchor with line to hold your boat in place while you wait for help to arrive
6. Bailing device or bucket to dewater and stay afloat
7. Personal Locator Beacon
8. Hand held GPS and/or maritime charts of the area
9. Compass
10. Sea anchor
11. Oars or paddles if the engine quits
12. [VHF radio](https://www.discoverboating.com/resources/how-to-use-a-vhf-radio) in a waterproof dry bag to call for help
13. Knife to cut a line around a fouled propeller
14. Sound Producing Devices – horn capable of producing 4 second blast audible for at least ½ mile; attach a whistle to each life jacket
15. Tools and Spares
16. Basic toolbox with tools appropriate for the boat.
17. SMALL BOAT FLOAT PLAN

All Boat Operators of boats must leave a float plan with a responsible party on shore (Appendix I).

1. TRAINING

All [Implementing Agency] Facility Managers and potential small boat operators will undertake training in small boat safety and maintenance through a [Implementing Agency] approved course prior to small boats and outboard motors being deployed.

1. EMERGENCY RESPONSE

In the event of an emergency relating to [Implementing Agency] small boat operations

Managers of [Implementing Agency] Facility shall:

1. Log details of the emergency in the boat log.
2. Instruct boat operator to identify location, deploy safety equipment including life jackets and floatation aids and remain in contact.
3. Contact local community (police, local government, red cross etc.) to send assistance.
4. If safe take out another [Implementing Agency] boat to assist with response

Boat Operators shall:

1. Ensure crew and passengers are safe.
2. Provide first aid as required.
3. Communicate with [Implementing Agency] Facility or other party – but make sure “other party” advises [Implementing Agency] Facility
4. Ensure crew and passengers remain with boat subject to personal safety.
5. Use emergency signalling equipment in Grab Bag as necessary.
6. STAKEHOLDER ENGAGEMENT

The **[Implementing Agency] Designated Senior Person** will be responsible for distribution of the SOP to all relevant stakeholders – including board, management and Majuro-based staff; [Implementing Agency] Facility Managers; and for arranging awareness training on an as-required basis.

**[Implementing Agency] Facility Managers** will be responsible for distributing this SOP to all potential boat operators and ensuring that potential boat operators are aware of the contents of the SOP as they relate to themselves.

1. RECORD KEEPING AND ACCIDENT REPORTING
   1. Routine Records

The [Implementing Agency] Facility Manager shall keep a file of usage for all [Implementing Agency] small boats, including a log of scheduled and unscheduled maintenance for boat and outboard engines.

* 1. Accident Reporting

Any accident and or incidents no matter how minor are required to be reported to the [Implementing Agency] Facility and/or [Implementing Agency] Senior Manager within 12 hours of occurrence. The Boat Operator will be required to give a full written accounting of the accident/incident.

Any accident resulting in a fatality must be reported to the Senior Manager immediately after emergency personnel have been contacted or emergency response has been provided.

* 1. Definitions:

**Incidents** are defined as events that result in minor injuries (cuts and scrapes) or “cosmetic” damage to vessels (dents and scratches that don’t affect the operation of the vehicle or vessel.)

Incidents also include near misses, such as when a situation occurred that could have led to an accident, which should be reported as well.

**Accidents** are defined as events in which a serious injury requiring medical attention beyond basic first aid or death occurred. An accident is also defined as a situation where major property damage occurred.

1. INDEMNITY

[Implementing Agency] will not be liable for any matter associated with unauthorized use of small boats.

1. VARIATIONS

This SOP may be varied under the Authorization of the [Implementing Agency] Senior Manager.

Timeline

Description automatically generated

Timeline

Description automatically generated

**Appendix 1: SMALL BOAT FLOAT PLAN**

Fill out this form as completely as possible and leave it with the [Implementing Agency] Facility Manager on shore prior to departure. In the event your return is delayed, and communications are lost, the Facility Manager should activate a response based on details in this form.

**TRIP DETAILS**

|  |  |
| --- | --- |
| Vessel Operator Name and mobile phone number: |  |
| Vessel ID Number or name: |  |
| Date of trip |  |
| Time of Departure |  |
| Travelling to: |  |
| Estimated Time and Date of Return |  |

**OTHER PEOPLE ON BOARD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and phone number** | **Gender** | **Age** | **Emergency Contact Details** |
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**Annex 7: Sample Contractor Code of Conduct**

**CODE OF CONDUCT**[[44]](#footnote-45)

The [**INSERT NAME OF PROJECT**] (the Project) has a duty to implement measures to address environmental and social risks related to the Works including the risks of sexual exploitation and abuse (SEA) and sexual harassment (SH).

This Code of Conduct is part of measures required under the Project to deal with potential environmental and social risks related to construction works and other activities undertaken under the Project. It applies to all [**INSERT NAME OF IMPLEMENTING AGENCY**] and Project Implementation Unit (PIU) staff and individual consultants engaged on the Project; consultant firms providing technical advisory services; and contractors engaged on civil works for the Project. It also applies to the personnel of each subcontractor and any other personnel assisting the contractor in the execution of the Works. All such persons are referred to as “Contractor/Employer’s Personnel”” and are subject to this Code of Conduct.

This Code of Conduct identifies the behavior that the Project requires from all Contractor/Employer’s Personnel.

The workplace is an environment where unsafe, offensive, abusive, or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

**REQUIRED CONDUCT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that adhering to environmental, social, health and safety (ESHS) standards and the Project’s occupational health and safety (OHS), and sexual exploitation and abuse (SEA) and sexual harassment (SH) requirements are important.

I agree that while working on the Project I will:

1. Comply with this Code of Conduct and all laws of the Republic of Marshall Islands, regulations, and other requirements, including protecting the health, safety and well-being of other Contractor/Employer’s Personnel and any other persons.
2. Consent to a background check in any place I have worked for more than six months.
3. Attend training courses related to ESHS, OHS, and SEA and SH as requested by my employer.
4. Carry out my duties competently and diligently.
5. Avoid and declare any conflicts of interest (such as benefits, contracts, or employment, or any preferential treatment or favors are not provided to any person with whom there is a financial, family, or personal connection).
6. Ensure the proper use of all worksites including not engaging in theft, carelessness, or waste.
7. Use specified sanitary facilities provided by the employer and not open areas.
8. Maintain a safe working environment including by:

Ensuring that workplaces, machinery, equipment, and processes are safe.

Wearing personal protective equipment when required at Project Site.

Using appropriate protective measures relating to chemical, physical, and biological substances and agents.

Following applicable emergency operating procedures.

Reporting work situations that are not safe or healthy.

Removing myself from a work situation which is an imminent and serious danger to my life or health.

1. Not consume alcohol or use of narcotics, drugs or other substances which can impair faculties during work activities, including attending work under the influence of these substances.
2. Not discriminate against any person based on family status, ethnicity, race, gender, sexual orientation and identity, age, language, religion, marital status, political or other opinion, national origin, disability, health, or other status.
3. Treat all members of the community(ies) and any affected person(s) with respect, including to respecting their religion, culture, beliefs, and traditions.
4. Not use language or behavior toward any person that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
5. Comply with all laws of the Republic of the Marshall Islands, including but not limited to, not perpetrating any form of physical or sexual violence.

Not exploit or sexually exploit or abuse (SEA) any person.[[45]](#footnote-46)

1. Not engage in any form of sexual harassment including unwelcome sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature toward Contractor/Employer’s Personnel other Contractors, visitors to Project Sites or any other persons at or around the Project Sites.
2. Not engage in sexual favors with any Contractor/Employer’s Personnel or members of the community.
3. Not use prostitution in any form at any time.
4. Not engage in Rape.[[46]](#footnote-47)
5. Not engage in Sexual Assault.[[47]](#footnote-48)
6. Not engage in human trafficking of any person or exploit a trafficked person.
7. Not participate in sexual contact or activity with children under the age of 18, except in the case of a pre-existing marriage. Mistaken belief regarding the age of a child or “consent” from the child are not a defense or excuse.
8. Unless there is the full consent[[48]](#footnote-49) by all parties involved, not have sexual interactions with any person.
9. Ensure the protection and safety of children under the age of 18 by:

Informing my manager of the presence of any children on the Project Site or who are engaged in hazardous activities as part of the Project.

Wherever possible, ensuring that another adult is present when working close to children.

Not inviting unaccompanied children, who are not my family, into my home.

Not accessing child pornography.

Refraining from physical punishment or discipline of children.

Taking appropriate caution when photographing or filming children for work-related purposes.[[49]](#footnote-50)

1. Report through the GRM or to my manager any breaches of this Code of Conduct.
2. Not retaliate against any person who reports violations of this Code of Conduct.

I understand that:

1. failures to comply with this Code of Conduct constitute acts of gross misconduct and are therefore grounds for sanctions, penalties, and/or potential termination of employment. Prosecution by the police of those who break the law of the Republic of Marshall Islands may be pursued if appropriate.
2. if I breach this Code of Conduct, my employer will take disciplinary action which could include:

* Informal or formal warning.
* Additional training.
* Loss of up to a salary for a period of time.
* Suspension of employment (without payment of salary), for a period of time.
* Termination of employment.
* Report to the police or other relevant authorities.

I do hereby acknowledge that I have received and read this Code of Conduct in a language that I comprehend, I agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, and SEA and SH.

**CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT**

Any violation of this Code of Conduct by Contractor’s Personnel may result in serious consequences, up to and including termination and possible referral to legal authorities.

I understand that any action inconsistent with this Code of Conduct or failure to act mandated by this Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex 8: Chance Find Procedures – Cultural Heritage**

When a person working on the project discovers a cultural heritage site or item the following procedures should be followed.

1. Stop the activities in the area of the chance find;
2. Delineate the discovered site or area (e.g. fencing);
3. Secure the site to prevent any further disturbance, damage or loss.;
4. Prohibit the collection of objects by any person;
5. In cases of human remains, arrange for a guard to watch the site until the police, local government and / or person with delegated authority takes over
6. Notify the local government and RMI Historic Preservation Office within 24 hours (and police if it is human remains);
7. Any objects that are found must be handed over to the Historic Preservation Office.
8. Project works can resume only after instruction is provided from the Historic Preservation Office.

**Annex 9: List of Stakeholders Consulted**

Note: Stakeholder engagement associated with the design of ECD-II will continue over the upcoming months and include project partners and beneficiaries in Majuro, Ebeye and the Neighboring Islands. These consultations are being conducted by the ECD-I team and implementing agencies.

| **Stakeholder Group** | **Name, Position & Organization** | **Purpose and Topics of Consultation** | **Follow-up Required** |
| --- | --- | --- | --- |
| Component 1 Consultations:  Health and Nutrition  Practitioners and Policy Makers | * Arata Nathan, Director, Outer Island Dispensary Services * Mailynn Konelios-Langinlur, Deputy Secretary of Primary Health Care * Dr. Chocho Thein, Medical Doctor, Ebeye Hospital * Edlen Anzures, Health Informatics Director, Office of Health Planning, Policy, Preparedness, and Epidemiology, MOHHS * Francyne Wase-Jacklick, Deputy Secretary, MOHHS * Dr. Frank Underwood, Director of Public Health * Glorine Jeadrik, Deputy Sectary of Kwajalein Atoll Healthcare, Ebeye * Dr. Ivy Laipez, OBGYN * Jack Niedenthal, Secretary, Health and Human Services * Dr. Jake Nasa, Chief of Staff, Ebeye Hospital * .Dr. Mary Jane Cancio, Pediatrician, MoHSS * Melaia Lawanivalu, Immunization Nurse, MoHSS * Dr. Robert Maddison, Chief of Staff * Rose Bobo, Assistant Director * ECE-I Component 1 Advisor Mark Durand and Implementation Team, ECD-I PM Pablo Stansbery * Health care workers including male and female immunization officers, maternity, pre-natal and post-natal care in selected Neighboring Island (names to be added to the ECD-II Stakeholder Registry) | ECD-I staff have held ongoing consultations with MOHHS administrations and health care staff in Majuro and Ebeye to establish and roll out project activities. This has involved identification of service effectiveness and efficiency challenges, gaps in services, parental attitudes and behaviours regarding reproductive, maternal, newborn and child health and nutrition (RMNCH-N) constraints to accessing maternity, pre-natal and post-natal services, immunization, nutritional issues etc. Issues and suggestion raised during these consultations have been incorporated in the implementation of ECD-I and design of ECD II.  ECD-I staff have now initiated consultations with health care providers in identified neighboring islands to identify key issues in early childhood health care and strategies to strengthen multi-sector approaches. These consultations revolved around understanding current operational practices, service delivery constraints, capacity building requirements, supply chain issues, communication and logistical challenges.  MOHHS staff have also been extensively engaged in developing the new RMI EDC Policy framework and determining social and behavior change communication (SBBC)  Inspections of health care centers that will be refurbished under the project have been done in conjunction with facility occupiers to determine ESS risks (refer to the ECD-II ESSF for more information) | Regular meetings between the MoHHS (the IA for Component 1), ECD-II staff and health care workers in all project locations to monitor activity effectiveness and impacts.  Ongoing consultation with WUTMI and other project partners supporting RMNCH-N efforts  Share summary of six-month WB reports with MOHSS including achievements and lessons learned re direct work with EYFs as well as progress on ECD policy development, institutional strengthening and SBBC efforts.  . |
| Component 2 Consultations:  Education and Early Learning Practitioners and Policy Makers | * Kanchi Hosia, Commissioner, PSS * Gee Bing, Asst. Commissioner and HR Management, PSS * Cheryl English, Public School Systems/ Finance Dept * Marcella Sakaio and Theresa Kijiner, PSS * ECD-I Education Advisor Kate McDermott and all members of the ECD-I Implementation Team * School administrators, teachers and teaching assistants, early education workers in Majuro, Ebeye and the NI (names to be added to the ECD-II Stakeholder Registry | ECD-I staff have held ongoing consultations with MOEST/PSS administration and early childhood teaching staff in Majuro and Ebeye to establish and roll out project activities. This has involved identification of service effectiveness and efficiency challenges, gaps in services, parental attitudes and behaviours regarding early childhood learning, constraints to accessing pre-school education etc. Feedback provided throughout the meetings have provided the basis for detailed activity design of ECD-I and ECD-II programs.  Issues and suggestion raised during these consultations have been incorporated in the implementation of ECD-I and design of ECD II.  ECD-I staff have now initiated consultations with schools and community groups in the neighboring islands who are providing or interested in providing early childhood learning programs.  These consultations revolved around understanding current early learning services, challenges and constraints, capacity building requirements, facility needs and limitations issues and training for early education workers.  MOEST/PSS staff have also been extensively engaged in developing the new RMI EDC Policy framework and determining social and behavior change communication (SBBC) strategies.  Inspections of school buildings that will be refurbished under the project have been done in conjunction with facility occupiers to determine ESS risks (refer to the ECD-II ESSF for more information) | Regular meetings between the PSS (the IA for Component 2), ECD-II staff and early childhood educators in all project locations to monitor activity effectiveness and impacts.  Share summary of six-month WB reports with PSS including achievements and lessons learned re direct work with EYFs as well as progress on ECD policy development, institutional strengthening and SBBC efforts.  Ensure mechanisms are in place for parents and caretakers to provide feedback on project activities |
| Component 3 Consultations:  Child Welfare/Social Assistance Practitioners and Policy Makers | * Ashish Joshi, MIS Advisor, MOCIA * Frederick Muller, National ECD Coordinator (MoCIA) and ECD I Component 3 Coordinator * Eseta Cama-Joel, EPSSO Officer * Joy Kawakami, Child Rights Office, MOCIA * Kim Blowes, MOCIA /Child Protection * Molly Helkena, National ECD Advisor * Rebecca Lorennij, Assistant Secretary, MOCIA * Disability Coordination Office, MOICA * Marshall Islands Social Security Administration Director and Staff * Patrick Chen, Bank of Marshall Islands * Wallace Peter, Secretary, MOCIA * Velma Edwards * Bank of Marshall Islands, Majuro Branch Manager * Sage Debrum, MIS Specialist, MOCIA * Mayor’s Association and mayors for Majuro, Ebeye and Neighboring Islands * WUTMI – national and branch office staff * Penelopa Gjurchilova, GBV Specialist, CIU * EPPSO Director and staff * KALGOV and MALGOV representatives * Women and youth church group leaders in the neighboring islands; names to be added to the ECD-II Stakeholder Registry | ECD-I staff have held ongoing consultations with MOCIA administration and child protection staff in Majuro and Ebeye to establish and roll out child and family welfare activities, including for children with disabilities. This has included female workers in branch offices in the neighboring islands where the program will operate  WUTMI, the national women’s non-state organization, has also been actively engaged in preparing the TOR to support the CCT through parenting skills development.  ECD-I staff have also met extensively with the Marshall Islands Social Security Administration, the BOMI, local governments and community leaders regarding the design of the CCT program and logistical arrangements. This includes the development of the GRM and protocols surrounding incidents of GEB, AC and SEA/SH.  These consultations have focused on both strategic and logistical issues related to conditional cash transfer programs and the need to contextualize in response to RMI socio-cultural factors and existing operational systems. The outcomes of these discussions have been incorporated in the design of the CCT to be rolled out in ECD-II.  ECD-I staff have also initiated consultations with local governments and community leaders in the neighboring islands regarding the benefits and risks related to the CCT and how these will be addressed. These consultations have revealed the need to tailor the CCT to the specific needs of early years families in the NIs and to determine funding allocations based on cost differentials in different parts of the RMI.  MOCIA staff have are engaged in developing the new RMI EDC Policy framework and determining social and behavior change communication (SBBC) strategies | Regular meetings between the MOCIA (the IA for Component 3), ECD-II staff, WUTMI, MISSA, BOMI in collaboration in other project components representatives to monitor activity effectiveness and impacts.  Share summary of six-month WB reports with MOCIA including achievements and lessons learned re direct work with EYFs throughout the CCT and other family/child welfare support and SBBC efforts.  Ensure mechanisms are in place for early years families, especially those who are most vulnerable and isolated to provide feedback on project activities |
| Component 4 Consultations:  Institutional Strengthening | * Kino Kabua, Chief Secretary, OCS * Lori Clanre, Office of Chief Secretary * Malie Tarbwilin, Assistant Secretary and Nathan,Jerry, CIU Manager DIDA, MoF * Patrick Langrine, Secretary, MoF * Secretary and Assistant Secretary, MOEST * Secretary and Assistant Secretary, MOHSS * Secretary and Assistant Secretary, MOISA * National Training Council * College of the Marshall Island | ECD-I staff have held numerous discussions with all project IAs to assess current policy/ institutional/ human resource capacity issues and identify specific areas when support is needed across government, and in collaboration with civil society. issues etc. Issues and suggestion raised during these consultations have been incorporated in the implementation of ECD-I and design of ECD II.  This has involved identification of ECD service effectiveness and efficiency challenges, gaps, attitudes and behaviours undermining children’s early development in the RMI | Regular meetings with the OCS and PSC and to monitor activity effectiveness and impacts of all ECD-II activities with particular focus on inter-ministry and inter-agency collaboration |
| Component 5 :  Consultations:  CERC | * Kino Kabua, Chief Secretary, OCS * NDMO Director * PREP 2 Project workers * Other groups consulted to be added to the ECD-II Stakeholder Registry | As needed | As needed |

**Annex 10: Social Impact Assessment Report Prepared for ECD-I.**

**Social Impact Assessment**

**RMI Multisectoral Early Childhood Development Project**

**23 November 2018**

|  |  |  |
| --- | --- | --- |
| **I.**  **II.**  **III.**  **IV.**  **V.**  **VI.**  **VII.**  **VIII.**  **IX.**  **X.** | TABLE OF CONTENTS **Executive Summary**  **RMI Geography, Some Physical Characteristics, and History**  **Population**  **Traditional Land Ownership**  **Political Structure**  **Culture and Lifestyle**  **Legal Framework**  **Need for the Project**  **The Proposed Project: RMI Multisectoral Early Childhood**  **Development Project**  **Positive Social Impacts of Project and Enhancement Measures**  **Assessment of Issues, Impacts, and Proposed Mitigation Measures** | Page  2  3  3  3  4  4  5  5  9  10 |

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

##### Executive Summary

In July 2018, a World Bank (WB) Mission visited the Republic of the Marshall Islands (RMI) to discuss with the Government a grant assistance to increase coverage and utilization of essential services to improve nutrition and child development. A Project Appraisal Document (PAD) was subsequently crafted to refocus on the objective: to improve coverage[[50]](#footnote-51) of multisectoral early child development services in the RMI. The Project is to be called RMI Multisectoral Early Childhood Development Project.

According to WB appraisal in October 2018, human capital formation is at risk in RMI due to (1) poor early life health and nutrition, (2) lack of early stimulation and learning, and (3) childhood exposure to poverty and severe stress. Opportunities for child development are undermined by the following, among others: (1) limited availability, affordability, and consumption of nutritious diets, especially for children from vulnerable households, (2) inadequate access to effective and quality maternal and child health (MCH) services including immunization coverage especially in the outer islands (OIs), (3) insufficient opportunities for early stimulation and early learning, and (4) lack of support through formalized social protection (SP). The proposed Project will therefore seek to promote universal coverage of multisectoral early child development (ECD) services by: (1) supporting the government to expand public sector delivery of essential ECD services; (2) providing targeted support to increase coverage and intervention intensity of these services for vulnerable early years families; and (3) strengthening the public sector systems necessary to institutionalize and sustain a multisectoral ECD program.

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

Project components such as coverage expansion of the Reproductive, Maternal, Neonatal, and Child Health and Nutrition, Stimulation Activities for Early Child Development, and Social Assistance through Conditional Cash Transfers (CCTs) are desired by target mother-beneficiaries, as well as by the ministries, and institutions that will be given the task to implement. The mothers believed that an expanded RMNCH-N will improve their health condition especially their knowledge on how to take care of themselves, and their children. The health personnel on the other hand believe that more knowledge, and skills will definitely reduce risks of maternal, and newborn mortality, and morbidity. To enhance the benefits that can be derived, activities to raise awareness of women of reproductive age particularly on pre- and post-natal care are suggested to be carried out.

Under the planned improvement of coverage of the early stimulation and learning activities, (1) current teachers will be able to acquire knowledge and skills on ECD for 3- to 4-year-old children through training, (2) there will be job opportunity for new teachers with ECD teaching, (3) expansion of ECD to cover children of families under hardship, as well as to the families in OIs, and (4) upgrading of classrooms that will be devoted to ECD. Cash transfers that would augment family budget for their daily needs, while requiring strict qualifications from potential beneficiaries, is projected to improve the financial capacity of mothers from early years families to maximize benefits that can be derived from RMNCH-N learnings, and ECD-I interventions. Available and capacitated personnel, active participation of other stakeholders in project activities, and effective social and behavior change communication (SBCC) are 3 of the important factors instrumental to achieve CCT project objectives.

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

The last 2 components of the project, the (1) multisectoral ECD formation, and (2) project management through the establishment of the Project Implementation Unit (PIU) are both necessary requirements to help ensure that project milestones are accomplished within the 10-year project life. Sustainability of activities, and benefits for the target families is likewise an important task of the institutions to be established and assisted.

##### I. RMI Geography, Some Physical Characteristics, and History

The Republic of Marshall Islands (RMI) is located in the Central Pacific Ocean. It consists of 29 atolls and 5 isolated islands (24 of which are inhabited) and has a total land mass of just 181 km² set in an area of over 1.9 million km2 in the Pacific Ocean. It is one of the world’s smallest, and most isolated countries. It is vulnerable to climate, and tidal changes. The total sea and land area of the country is approximately 1.94 million square kilometers and 181 square kilometers respectively. The land area is less than 0.01% of the total surface area. RMI share maritime borders with Kiribati, the Federated States of Micronesia, Nauru, and Wake Island. Both sea, and land are chiefly important to the people for livelihood. The climate is tropical ocean.

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

##### II. Population

RMI population was estimated at 53,0661[[51]](#footnote-52) in 2016. Average family size is 7.8 persons, the highest among the central pacific countries. Population is concentrated in Majuro, the capital registering at 28,000 while Ebeye the other urban center has a population of 9,614.

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

##### III. Traditional Land Ownership

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

##### IV. Political Structure

The political structure consists of the executive, legislative, judiciary, and public services. The President, and the Cabinet compose the Executive. The Iroji branch of the legislature is responsible for checking filed bills of the Nitijela legislative branch if these are in harmony or in conflict with traditional or customary law; Iroji is responsible for approving the bill into law. Traditional law appears to operate side by side with the “modern” legislated law. A traditional rights court is consulted by the judiciary branch for rulings on cases. The public service assists the Cabinet in exercising its executive authority. It is headed by the Chief Secretary, and includes the Attorney General, Chairmen of the Public Service Commission, Permanent Secretaries, and all other public servants. Although outnumbered to 40 out of 393 council members in RMI in 2002, women have become Mayors in Majuro, Ebon, Jaluit, and Wotje islands/atolls.

##### V. Culture and Lifestyle

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

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

##### VI. Legal Framework

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

RMI government has enacted The Domestic Violence Prevention, and Protection Act 2011, the law against domestic violence in the Marshall Islands. It includes the “no drop” policy that says when an incident of domestic violence is reported to the police, an investigation should be undertaken, and pressing of charges is done on the basis of evidence. The investigation, and eventual prosecution of the case is done by authorities (by police and court), with or even without the consent of the complainant. A woman-complainant can file a protection order issued the court that would compel the perpetrator to (i) vacate their common abode, (ii) to stay away from the complainant within a certain distance (e.g., 100 feet away), (iii) refrain from damaging or taking property, and (iv) give up any weapon. Support for women is provided by the following: (i) WUTMIs[[52]](#footnote-53) Weto in Mour: violence against women support service, (ii) Domestic Violence Prevention Unit (National Police), (iii) Ministry of Health and Human Services (MOHHS) Emergency Department, (iv) Ministry of Culture and Internal Affairs – Child Rights Office, (v) Micronesian Legal Service Corporation, and (vi) the International Organization for Migration. Each office provides a hotline number where the aggrieved can lodge a complaint. WUTMI has produced leaflets on Domestic Violence and Women’s Rights, and on profile and mission of the Weto in Mour as part of public awareness campaigns, and social and behavior change communication (SBCC).

##### VII. Need for Project

Preliminary assessment in the World Bank project appraisal (October 2018) with reference to data from 2017 Integrated Child Health and Nutrition Survey (ICHNS) shows that human capital formation is at risk in RMI due to (i) poor early life health and nutrition, (ii) lack of early stimulation and learning, and (iii) childhood exposure to poverty and severe stress. Child stunting, or low height-for-age and an indicator of chronic malnutrition, affects over one-third (35 percent) of children under age 5 while 1 in 10 children are severely stunted. Twelve percent (12%) of recently born children aged 0-59 months were estimated to have low birth weight at birth. Physical health and growth, literacy and numeracy skills, socio-emotional development, and readiness to learn are vital domains of a child’s overall development. Opportunities for child development are undermined by the following, among others: (i) limited availability, affordability, and consumption of nutritious diets, especially for children from vulnerable households, (ii) inadequate access to effective and quality maternal and child health (MCH) services including immunization coverage especially in the outer islands (OIs), (iii) insufficient opportunities for early stimulation and early learning, and (iv) lack of support through formalized social protection (SP). Apart from the benefit pension scheme for formal sector workers, and primary school children feeding program in Majuro, there are no formal social protection (SP) programs to support vulnerable groups (the poor, informal sector elderly, disabled etc.). The assessment further notes that, the prevalence of ‘hardship’[[53]](#footnote-54) in RMI is among the highest for Pacific Island Countries (PICs). Across most PICs, 20 to 30 percent of the population lives below the nationally defined hardship threshold; for RMI, hardship is experienced by 51.1 percent of the population.

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

In the same assessment report, RMI health system is lacking in many of the core building blocks needed to ensure access to effective and good quality primary health care services. Primary health care includes a public health ‘zone nurse’ system aligned with each urban center hospital, 54 community health centers[[54]](#footnote-55), and Outer Islands’ (OIs) mobile health missions. However, the Ministry of Health and Human Services (MOHHS) staff report challenges in the availability and distribution of human resources, in facilitating communication across programs and providers, and ensuring adequate supervision. Likewise, there are limited options to address poor health and nutrition behaviors through childcare givers in the community.

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

##### VIII. The Proposed Project

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

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

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

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

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

The PDO will be achieved through four main components:

Component 1: Improve Coverage of Essential RMNCH-N Services

Component 2: Improve Coverage of Stimulation And Early Learning Activities

Component 3: Social Assistance for Early Years Families

Component 4: Strengthening the Multisectoral ECD System

More specifically:

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

**Component 2**: Improve Coverage of Stimulation And Early Learning Activities. This aims **to improve children’s cognitive and socio-emotional development and facilitate children’s readiness for on-time transition to primary school through expanding access to stimulation and early learning services.** In the absence of a national program for children under five years old, component 2 will work with the PSS to strengthen their mandate and capacity to implement and scale up two interventions focused on improving the school readiness of children. This component will strengthen existing service platforms through the delivery of home visits to the most vulnerable families[[55]](#footnote-56) with children ages 0 to 59 months, and the creation of public preschools for 3- and 4-year-old children. Component 2 has two sub-components, one aimed at directly improving delivery of early learning and stimulation services and the other aimed at strengthening stewardship and management capacity of Government for this sub-sector.

**Component 3**: Social Assistance for Early Years Families. This aims **to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services.** Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[[56]](#footnote-57), but also be instrumental in addressing cultural knowledge and motivational barriers to accessing health and education services in the longer term. This component would also begin the process of building up a social assistance system in the RMI to drive the ECD agenda. Component 3 has two sub-components, one aimed at the provision of cash transfers to beneficiary families, and the other aimed at providing TA to establish the social assistance system.

**Component 4**: Strengthening the Multisectoral ECD System and Project Management. This **will finance the systems functions and activities necessary to sustain an effective multisectoral ECD program.** These functions include: (a) development of a multisectoral national ECD strategy and approach to program implementation; (b) development of a national monitoring, evaluation, and learning framework and implementation of the system; and (c) the preparation of a national communication strategy for ECD and the delivery of public awareness and social and behavior change (SBCC) campaigns. The component will support the OCS in leading and coordinating an ECD program based on evidence-based best practice through TA activities and support for operational costs. It will aim to increase program effectiveness by: ensuring line ministry activities are underpinned by a strategic approach to program implementation; creating and using data for decision-making; and harmonizing communication activities and messages across various channels. The component will likewise finance a food systems assessment that will support the Government in developing policies and interventions to improve the availability, accessibility, affordability, and desirability of a nutritious diet in the RMI. Other TA needs that arise during implementation may also be considered under this component. The Component also includes Project Management wherein a PIU will be established with specific responsibilities to support and coordinate implementation of Project activities. The PIU will work in coordination with the Central Implementing Unit (CIU) of Division of International Development Assistance (DIDA) within the MOF for FM, procurement, safeguards, communications, and monitoring. The sub-component will finance (a) external consultancies required for ongoing Project staffing; (b) technical consultancies required for adherence to program operations and procedures; (c) office and other equipment; (d) training for PIU and CIU staff, as needed; and (e) travel and operational costs.

The Table below shows the proposed project strategies and target beneficiaries:

**Proposed Project Strategies and Target Beneficiaries**

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

**IX. Positive Social Impacts of Project and Enhancement Measures**

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

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

Majuro maternity, and neonatal ward officers, and personnel representing MOHHS, as well as the group of mothers consulted agreed that they will all benefit from the proposed expansion of coverage of the RMNCH-N. The mothers believed that it would improve their health condition especially their knowledge on how to take care of themselves, and their children. The health personnel on the other hand believe that more knowledge, and skills will definitely reduce risks of maternal, and newborn mortality, and morbidity.

To enhance the benefits that can be derived, activities to raise awareness of women of reproductive age particularly on pre- and post-natal care are suggested to be carried out. The project is an opportunity for the MOHHS to expand their services by: (i) hiring additional personnel trained on RMNCH-N both at the ministry-level as well as those to be based in communities, (ii) upgrading of facilities, and (iii) providing counseling services to mothers both in hospitals, and community clinics in the OIs. The capacities of existing health assistants in community clinics are expected to be upgraded and strengthened likewise through more training in the realm of primary health care focusing on mothers, and the ECD of children. As a way of supporting the endeavors, the health personnel would have to diligently carryout relevant disease surveillance as a way of monitoring changes or improvements from the project. Also with the project, MOHHS will be gaining knowledge, and experience on the World Bank system of administering projects which can be applied to future projects multilaterally funded international projects.

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

RMI has no organized or formalized stimulation and early learning initiatives for children below 5 years old. A few private schools in Majuro offer pre-school classes for a fee. Families who are vulnerable, or those who may be referred to as under “hardship”, and those living in the OIs are unable to send their children to such pre-schools. With the project, (i) present teachers will be able to gain, through training, the knowledge, skills, and experience on ECD with early learning methodologies for children below 5 years old, (ii) the strategy of home visits will give opportunity for mothers to learn, and experience ECD activities that they will apply to their own children, and to teach ECD to other mothers, and child caregivers in the community, and (iii) for the prospect of expanding kindergarten, and for the planned home visits, the project will be a means to hire new teachers who have ECD training, and experience, or those who do not have but are willing and interested to be trained.

To be able to support project benefits to the schools, and families, (i) track child enrolment rates, and learning progress in expanded kindergarten, (ii) track the school performance of those who have entered level 1 of primary school from the expanded kindergarten, and (iii) track the school performance of children who have benefitted from home visits – all three employed as possible monitoring means, and measures of project performance. Also, PSS/MOE should ensure that additional classrooms for the expanded kindergarten are comfortable, well-equipped with appropriate learning materials, safe, and secured. As with the MOHHS, PSS/MOE will gain knowledge, and experience with managing World Bank-assisted projects.

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

CCTs, with anticipated strict criteria for beneficiary selection, and conditionalities set for beneficiaries to remain in the program, appear to be the most acceptable among prospective beneficiaries as it stands to augment family budget for daily needs. If project Component 3 succeeds in modifying child care practices, and behaviors among mothers, and child care givers, implementers can safely say that objectives of Components 1 and 2, are likewise achieved. CCTs for the most vulnerable, and for families who are facing hardship will facilitate greater financial capacity to, among others: (i) buy more nutritious food for mothers, and children, (ii) spend for transportation needs should children under 5 years old enroll in the expanded kindergarten, and (iii) recoup (as to what degree needs more investigation) opportunity costs of spending time for health, nutrition, and ECD activities. This supports the intended overall improvement of the target mothers, and children in terms of health, and nutrition status as well as the prospects of children under 5 years old to be mentally, physically, and emotionally more prepared to enter primary school.

The CCT component, however, is potentially the most complicated to implement with the big preparatory work that needs to be accomplished – (i) beneficiary selection should be based on a sound, and reliable data, as well as (ii) the active participation of government, non-government, private, and community members themselves in planning, and decision-making for the project. An effective and the keen monitoring, and evaluation of CCT project progress combines all of the success indicators of Component 1 RMNCH-N, and Component 2 ECD, and therefore there is the need for close coordination of MOCIA, the chief CCT implementer with MOHHS, and PSS/MOE.

CCT work will provide the opportunity for MOCIA to enhance its personnel skills, with the support of the Project Implementation Unit (PIU) composed of expert-consultants: (i) in applied social research, and establishment of data base; (ii) project planning, implementation, and management including defining a working grievance redress mechanism (GRM); (iii) focused training for field, and office-based staff; (iv) SBCC crafting, and execution; and (v) benefits monitoring, and evaluation (M&E), among others. As with the MOHHS, and PSS/MOE, MOCIA will gain knowledge, and experience with managing World Bank-assisted projects.

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

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

Component 4 also includes a Project management sub-component which will create a Project Implementation Unit (PIU) whose important task is to ensure that project development goal of “improving coverage[[57]](#endnote-2) of multisectoral early child development services in the RMI”, is achieved. Consultants comprising the PIU will provide the necessary technical support that will expectedly result to, among others: (i) capacitated ministries, and other stakeholder groups involved in the project through training, workshops, etc.; (ii) active, and highly involved PSC for policymaking, and TWG for field- and office-based activities, and (iii) a practical overall project M&E system understood by, and useful for all project stakeholders.

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

Adverse social impacts presented and discussed in this section are essentially (i) those that may happen should project activities are carried out, and (ii) those that are bound to happen should there be issues, and problems identified early on when left unaddressed in project preparation, and implementation, will prevent the achievement of project goals. Mitigation measures for both cases are proposed for incorporation in project plans, and design.

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

Interviews with maternal, and childcare personnel in Majuro, revealed that around 90% of women giving birth in RMI are assisted in the Majuro, and Ebeye hospitals (the bulk in Majuro). This is because of the absence of birthing facilities, as well as the lack of trained medical personnel in the Outer islands (OIs). Women of reproductive age in OIs bear the high cost of transportation for child delivery, as well as face the risks to life when transiting to either Majuro or Ebeye. While there are community clinics, the health assistants who are mostly males, do not have the skills for assisting births. Also, there is strong hesitation on the part of pregnant mothers to seek the services of a male health assistant in the community clinic even for medical advice. In times of natural disasters where affected families are assisted, the women were said to have refused feminine hygiene kits specially prepared for them along with the relief goods distributed because these were touched/prepared by male relief workers, and volunteers.

These instances indicate that gender of prospective medical personnel is a factor for a more responsive delivery of medical service to women. Project should consider facilitating recruitment of more female health assistants for the OIs if it plans to step up the RMNCH-N services in the areas. If the health assistant in a community clinic is male (or even female), the husbands or male partners should be encouraged to accompany their pregnant wives/partners during consultations as a means of confidence, and trust building on available medical personnel. Pre- and post-natal advice service is practically absent in the OIs. Failure to strengthen the services of community clinics through among others, training on RMNCH-N will continue to put pressure on the Majuro, and Ebeye hospitals for maternal, and child health needs. Personnel of the Majuro hospital maternity ward said that the ward has 16 beds capacity for pregnant mothers, and 8 incubators for pre-mature babies. These are said to be inadequate for the actual needs of the ward. Many times, the mothers that are about to give birth have to line up in the sitting areas outside of the ward waiting for their turn to be attended and for the occupied beds to be vacated.

There are 12 nurses and midwives, and 2 obstetrician-gynecologists manning the ward. Normal delivery is attended by the nurses and midwives while the 2 doctors perform only the C-section deliveries and tend to other complicated birthing cases. It was noted too, that in the maternity ward of the Majuro hospital where supposedly the best maternal and childcare is available, there are no social and behavioral change communication (SBCC) materials posted or distributed on maternal and childcare.

It is very likely that project support for SBCC will effectively get across messages on RMNCH-N. If aforementioned issues are not addressed, there will still be low number of women benefitting from an “invigorated” RMNCH-N from hospitals, and health clinics due to lack of personnel and facilities, and consequently no improvement in health, and nutrition status of mothers and children, as desired by the project.

Other mitigation measures for expected adverse impacts include: (i) better compensation and benefits package for prospective female health assistants. (ii) increase bed capacity of Majuro hospital maternity ward, (iii) conduct of training needs assessment of present medical personnel doing RMNCH-N, results of which will feed into the design of capacity building sessions, (iv) strengthen capacity of RMNCH-N personnel in monitoring, and evaluation (M&E) by identifying appropriate health, and nutrition indicators, and installation of a M&E system, (v) consider possibility of establishing birthing personnel and facility in OIs with significant number of women of reproductive age, and (vi) coordinate/partner with the College of Marshall Islands (CMI) to assist in the supply-side of nursing graduates to fill in positions of additional health personnel for the project. Table below shows the summary of issues, impacts, and suggested mitigation under Component 1:

| **Component 1:** *Improve Coverage of Essential RMNCH-N Services. This aims to improve the availability and coverage of an evidence-based package of essential RMNCH-N and stimulation services for the first 1,000 days (pregnant and lactating women and children up to age 2).* | | | |
| --- | --- | --- | --- |
| **Sub-component** | **Issue** | **Impact** | **Mitigation** |
| ***Sub-Component 1.2 Enhancing delivery of essential RMNCH-N services.*** The objective of this sub-component is to scale up access to and coverage of a package of essential RMNCH-N services as well as simulation and early learning services for young children and their caregivers. | -Pregnant women are hesitant to consult with the predominantly male health assistants assigned in community clinics in the OIs | -Low number of women seeking pre-natal or post-natal advice in their respective community clinics in the OIs due to lack of appreciation of the RMNCH-N, and because of the predominantly male health assistants that pregnant women tend to shy away from  -No improvement in health and nutrition status of mothers and children with inadequate knowledge and skills of health/medical personnel  -Incidences of stunting, malnutrition, and sickly children remain as in pre-project situation | -Encourage husbands or male partners to be present on health, nutrition, and ECD counseling  -Encourage presence of husband or partner during delivery  -Intensive and effective social and behavior change communication campaigns (SBCC) for the target early years families on the essential RMNCH-N  -Design gender sensitive, popular, and culturally appropriate SBCC materials on maternal and childcare |
| -In pre-project situation, around 90% of pregnant women in OIs go to Majuro, and Ebeye hospitals to give birth – pregnant women/families bear costly transportation, and face the risks associated with travel |
| --Existing health assistants lack ECD knowledge and skills to teach mothers, and child caregivers |
| ***Sub-Component 1.1 Strengthening MOHHS management and stewardship capacity to deliver essential RMNCH-N services.***The objective of this sub-component is to strengthen the management and stewardship capacity of the MOHHS to scale up access to the package of essential RMNCH-N services. | -Should RMNCH-N happen only in Majuro, there will be pressure on current staff, and facility capacity of Majuro hospital | -Inadequate number of nurses, midwives, and support medical personnel in Majuro, and Ebeye for the essential RMNCH-N  -Inadequate medical facilities for the expected additional health and nutrition services for the strengthened RMNCH-N (e.g., inadequate space, and medical equipment, etc.)  -Low awareness among mothers on maternal, and well-baby care that increase risks in maternal and infant mortality and morbidity    -Hospital and community clinic in Ebeye will be unable to increase coverage, and improve of RMNCH-N services due to lack of space | -Increase bed capacity for birthing mothers, and sick infants in Majuro, and Ebeye hospitals  -Encourage qualified females to apply as health assistants, and midwives in OIs by improving the compensation, and benefits package  -Dedicate easily accessible, and comfortable room for pre- and post-natal counseling in hospitals, and community clinics  -Develop, and effectively disseminate SBCC materials for pregnant, and lactating mothers as well as for well-baby care  -Conduct training needs assessment, and upgrade, and update knowledge, and skills of maternity and neonatal ward personnel, as well as health assistants l  -Develop capability of medical staff of RMNCH-N to monitor and assess health, and nutrition status by identification of appropriate indicators, and installation of a monitoring and evaluation system  -Partner with College of the Marshall Islands to jointly undertake strengthening nursing degree program; graduates to be employed by MOHHS; for CMI to improve nursing program by increasing the number of training hours in actual hospital work  -Consider developing birthing facilities in OIs that have young couples, or families where a significant number of women are of child-bearing age  -Recruit skilled, and trained nurses, and midwives as well as consider increasing number of doctors  - Government may have to negotiate with landowners to allow expansion of community clinics in Majuro, and OIs  -Government may have to plan for more efficient use of present health facility in Ebeye or find additional space to rent or lease |
| -Perceived lack of knowledge and skills on maternal and child health counseling of health assistants in OIs |
| -Lack of social and behavior change communication (SBCC) on maternal and childcare in hospitals, and community clinics |
| -Ebeye has no available land for expansion of present health facility as may be required by the intensified RMNCH-N services |
|  |

Component 2: Improve Coverage of Stimulation and Early Learning Activities

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

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

Table below identifies in capsule, the issues, and impacts, and the corresponding mitigating action under Component 2:

| ***Component 2:*** *Improve Coverage of Stimulation and Early Learning Activities. This aims to improve children’s cognitive and socio-emotional development and facilitate children’s readiness for on-time transition to primary school through expanding access to stimulation and early learning services.* | | | |
| --- | --- | --- | --- |
| **Sub-component** | **Issue** | **Impact** | **Mitigation** |
|  |  |  |  |
| ***Sub-Component 2.1 Activities under this sub-component will focus on strengthening existing platforms of ECD services for caregivers and children up to 59 months old.*** Two interventions with supporting global evidence of positive impacts on outcomes for children will be implemented and scaled up: a home visit program targeted at the most vulnerable families, and an expansion of public kindergartens to include children ages three and four years old. | -Target mothers not responsive to project activities due to lack of time | -Low number of mothers allocating time for teacher home visits and as a result ECD opportunity for children is missed  -No ECD activities for children are done by mothers, and childcare givers  -Conflict or tension between husband and wife may happen if former does not appreciate and/or understand importance of time allotted by wife or childcare giver to training, and ECD sessions | -Intensive, and effective social and behavior change communication campaigns (SBCC)  for the target early years families on benefits of stimulation and learning activities for children of pre-primary school age  -Design gender sensitive, popular, and culturally appropriate SBCC materials  -Facilitate recruitment and training of male and female teachers to build capacity and good attitude toward ECD  -Home visits to be carried out as less intrusive as possible to the daily routine or mothers, and other family members  -Agreement in the family for other family members to take on some responsibilities of the mother to free some time for training, bringing children to classes, and time for ECD activities  -Gender-sensitivity seminars conducted for fathers that may help support understanding of the importance of training, and time allotted for ECD  -Fathers may be encouraged to participate in the ECD training |
| -Male and female teachers or project staff lack capability, and “favorable” attitude to do stimulation and early learning activities for children |
| -Husbands or fathers may resent time of mothers or child caregivers for training, and allocating time for ECD activities |
| ***Sub-Component 2.2 Strengthening PSS management and stewardship of ECD services.*** The objective of this sub-component is to strengthen the management and stewardship capacity of Ministry of Education (MOE)/PSS. This will involve strengthening the institutional capacity and regulatory framework of ECD programs in the RMI, including budgeting and allocation of resources across concerned agencies, and enhancing the availability and capacity of skilled cadres to support delivery of ECD services. | Anticipated pressure on PSS-MOE, public school teachers, and facilities in accommodating 3- and 4-year-old children in formal pre-school | -Lack of capable teachers/personnel to carry out the training/orientation for mothers for home visits  -Insufficient knowledge, and skills to teach 3- to 4-year-old children, as well as possibility of negative attitude of current teachers in the formal school system who may be re-assigned in ECD  -Low capacity of concerned ministry to implement, supervise, and monitor the ECD activities  -Inadequate classrooms for stimulation and early learning activities  - No available space in current public schools within which to undertake ECD project activities especially in Ebeye  -Failure to hire additional teachers for ECD, and/or upgrade capacity of present teachers on ECD may result to project failure of ECD component as far as the integration of pre-schooling in the formal education system  -Insufficient number of classrooms for the 3 to 4 years old as a result of integration of ECD-I in formal school | -Recruit trained teachers on learning stimulation and ECD  -Enhance capacity of current teachers on ECD through further training, and mentoring  -Partner with College of the Marshall Islands to strengthen education degree program to include ECD; graduates to be employed by PSS/MOE  -Government to upgrade classrooms for use of 3- to 4-year-old children  -Government may have to negotiate with landowners for construction of additional classrooms for the ECD classes for 3- to 4-year-olds  -Government may have to rent or lease additional spaces or rooms for ECD classes for children in Ebeye |

##### Component 3. Social Assistance for Early Years Families

Among the 5 sub-components of the project, all mothers met are in agreement that the social assistance in the form of cash transfer is the one that is difficult to refuse. Opportunities that will add to every family’s budget gain wide social acceptability.

It is expected however, that Component 3 can be the most controversial, and complicated to implement. MOCIA, the direct implementer of social assistance may experience the most difficulty in the initial year of the project, as well as towards the closing years as it will have to find out if it has achieved its goal of supporting the expansion of coverage of RMNCH-N and ECD-I in RMI. MOCIA will be in need of strong support from the local governments, other RMI ministries, non-government organizations/civil society organizations (NGOs/CSOs), private sector, clan leaders, and most especially the community members at large of Majuro, and Ebeye.

Starting from (i) the needed SBCC for informing, and initiating positive attitude and action from the community for understanding why the most vulnerable families are targeted, (ii) eliciting participation of every project stakeholder to provide support on the conduct of profiling of families to carefully select the “rightful” beneficiaries, (iii) involvement of local authorities to appeal for peace, and order, and the expectation that the community at large heeds the call during beneficiary selection, and actual disbursement of cash benefits, up to the (iv) monitoring of spending patterns of recipient-families, (v) and assessment of benefits (or the lack of it) accruing to the recipients – are just some of the important points that should be taken into consideration under Component 3.

Cash transfers, if not managed well, may cause conflicts among families from different clans, and among families of the same clan. Jealousy, and comparisons of hardship levels may happen among families that are selected, and those who are not. Senior clan members, and young mothers explained during consultation meetings that 1 household in the context of Marshallese culture, can be composed of more than 1 or a number of families. The families in the household may or may not contribute for the household expenses depending on the circumstances of the husband and wife in a family. If the husband or wife has a job or income source, they contribute. If they have no income, they are not obliged to contribute.

The head of the household/clan, and other families with income are expected to support those who cannot contribute to the household kitty. This can pose a problem to project implementers because while they choose a mother, and child in 1 family as recipient of cash transfer, fund flow does/may not stop at the mother but to the female spouse of the household/clan head who handles the budget for the whole household composed of many families.

Another issue that may be closely related to fund flow within the family, is the spending for the intended goods and services. MOCIA should be capable in monitoring the families spending practices. There is a large burden for the SBCC support in terms of the recipient-families imbibing the sense of responsibility, and honesty to declare where the money is spent. Monitoring will likewise entail the validation of information with relatives of the recipient-families, and the other concerned members of the community. While there can be discord among families who receive, and those who do not, there is also that possibility when families within the same clan protect each other (rightly or wrongly) in terms of providing the information on misuse of cash received from the project (making monitoring of spending difficult to do).

On the possibility of husbands or male partners resenting the idea of the wife or mother (or female child caregiver) receiving cash which is feared to result to gender-based violence (GBV), the women interviewed said that the general practice among the Marshallese is that the female spouse or partner handles the budget for the day-to-day needs of the family (or clan) and is usually free to allocate the budget for the different expense items. Otherwise, the female spouse can discuss with the male spouse and can come to an agreement on spending.[[58]](#footnote-58) Another cause of concern among families in Majuro, is that because of close family ties, relatives in the OIs may send their young children to live with relatives in Majuro who are beneficiaries of the cash transfer; this may negate the objective in improving the health, and nutrition condition of the target mother, and child/children. As a practice, families do not refuse such requests from relatives who need assistance in child support. There is a chance also that, knowing of such project in Majuro, and Ebeye, families in OIs may flock to the said centers where project roll out is planned.

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

Other mitigation measures that can address the issues identified are: (i) on beneficiary selection – consider selecting all eligible families in 1 clan, and not just 1 family in the midst of other eligible family not chosen in the same clan; this way chances of discord among the families are eliminated or at least reduced, (ii) SBCC should be directed likewise to the whole community where the selected families belong as it will take a deep appreciation and understanding of the rationale behind the selection process to avoid conflicts, (iii) for the possibility that the male spouse, or partner is the decision-maker on finances in the family, there should be specific SBCC, and gender-sensitivity awareness raising for them to fully understand the objective of the cash transfer component, (iv) set conditionalities (not only at the beginning of the project when criteria for selection is agreed upon by all stakeholders) for the families to stay as cash recipients, and (v) for the project to set-up a grievance redress mechanism (GRM) to address complaints such as non-inclusion as beneficiaries, non-payment of cash expected, etc.

Some of the conditionalities that can be set for beneficiaries to remain in the project are: (i) 75% attendance of their children in the expanded kindergarten classes, (ii) complete or 100% attendance of mothers during training, seminars, and sessions under RMNCH-N, and ECD activities, (iii) improvement in the weight by height, and age health status of the target child/children, (iv) submission of birth certificates of all family members, and (v) the family having a sanitary toilet for use to ensure that improvements in mother and child health and nutrition is not impeded by water- and poor sanitation-related diseases. The table below shows the summary of issues, impact, and possible mitigation measures under Component 3 of the project:

| *Component 3: Social Assistance for Early Years Families aims to introduce conditional cash transfers (CCTs) as a means to modify care practices and behaviors and promote uptake of ECD services. Cash transfers would not only directly address financial barriers to accessing key ECD services (e.g., transport and opportunity costs)[[59]](#footnote-59), but also be instrumental in addressing cultural knowledge and motivational barriers to accessing health and education services in the longer term.* | | | |
| --- | --- | --- | --- |
| **Sub-component** | **Issue** | **Impact** | **Mitigation** |
| ***Sub-Component 3.1 Provision of cash transfers to early years families in selected areas.* *Families in selected areas of Majuro and Ebeye with pregnant women and children aged between 0-59 months who are facing hardship would be eligible to enroll and benefit from the program.*** During the Project life, the CCT program will aim to target the most vulnerable families living in Majuro and Ebeye by developing a localized vulnerability and hardship criteria, which would target 10 percent (approximately 550 families) of total families living in the target areas. | -Conflict among families from different clans that receive cash transfer and those who do not | - Risk of occurrences of conflicts among families of different clans, that may breakdown harmonious relationships among clans  -Risk of occurrences of conflicts among families within the same clan (families that are selected to receive, and those that will not receive cash) because of jealousy that may lead to breakdown of harmonious inter-family relations that exist before the proposed project  -Low number of beneficiaries that spend for goods, and services intended for them to maximize the benefits from the intensified RMNCH-N, and ECD activities  -No improvement on health and nutrition status of target mothers, and children  -Low number of children will get to benefit from ECD under the project  -Increase in occurrences of violence (gender-based violence) or GBV) on mothers/child caregivers to take possession of cash transfers  -Increased number of families to transfer residence to Majuro, and Ebeye that will put pressure on the atolls’ physical carrying capacity  -Additional cash received from the CCT component will be spread thinly resulting to no improvement in health of the target mothers, and children  -MOCIA unable to implement effectively and efficiently the cash transfer component  -MOCIA unable to implement effectively and efficiently the cash transfer component | -Implement effective SBCC as part of social preparation to families across clans that only the selected eligible/cash-strapped will be given the assistance that would specifically help improve maternal and child health  -As part of social preparation, plan and implement effective SBCC among families of the same clan explaining carefully the purpose of the cash transfer targeting the most needy and vulnerable family  -on selection of beneficiary- families, project may consider to include as CCT beneficiaries all eligible young families in the same clan, and not just 1 eligible family in a clan, leaving out a family that is also assessed to be eligible too but not chosen to receive cash  -intensive, and effective social and behavior change communication campaigns (SBCC) for the target early years families, as well as to non-beneficiaries to explain intention of project, and objectives  -Design gender sensitive, popular, and culturally appropriate SBCC materials  -Set conditionalities on selected beneficiaries for them to remain in the project  -Explore possibility of using vouchers instead of cash to exchange for goods and services to be availed  -Install monitoring system of use of cash disbursed or vouchers distributed  -Conduct practical financial management training to mothers, and/or fathers or male household members  -Conduct gender sensitivity training to male spouses/male household members  -Ministry and local government officials to establish grievance redress mechanism (GRM) to address possibility of gender-based violence (GBV) and other project related issues such as complaints on non- inclusion as beneficiaries, stricter policy penalizing GBV, non-payment from CCT, etc.  -Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable  -Implement effective SBCC on the plan to cover the whole of RMI during the project duration, and cash transfer component targeting to assist the most vulnerable  -Implement effective SBCC on correct spending or sound financial management  -MOCIA to monitor the spending and institute checks to mothers or family spending |
| -Conflict among families that receive cash and families who do not of the same clan (especially those residing in the same compound) |
| -Cash transfer may be spent for other household needs and expenditures unrelated to nutrition, and health, (e.g., vices, entertainment, payment of debts incurred earlier etc.) of mother, and children |
| -Husbands or male partners may resent that wives or child caregivers are the ones receiving cash |
| -Families from OIs to migrate to Majuro and Ebeye |
| -Families living in OIs will send their children to live with of their relatives in Majuro and Ebeye who receive CCT |
| ***Sub-Component 3.2 Strengthening Government of RMI’s capacity to establish and deliver social assistance program for ECD.*** This sub-component will finance a suite of TA activities to support the development of (a) a registry of program beneficiaries; (b) a sound MIS for enrollment, compliance verification of conditionalities, payments of the CCT program, and case management; (c) a grievance redress mechanism (GRM); (d) setting out the guidelines for an M&E framework; (e) a communications strategy for the social assistance program including SBCC and the implementation of it; and (f) support to administrating the program in Majuro and Ebeye including a training strategy and plan for MOCIA staff and field officers | -Lack of MOCIA personnel to manage cash transfer component  -Lack of experience, and capacity of MOCIA to implement, and manage cash transfer component | - MOCIA unable to implement effectively and efficiently the cash transfer component  -No financial institution available, and willing to disburse cash transfers, or in case of use of vouchers, no institution that can serve as arm of the government to act as intermediary | -Recruit, and train MOCIA personnel to undertake management and other project activities on the ground in all phases of the project cycle    -Partner with Bank of Marshall Islands (BOMI) for efficient cash disbursements; said bank committed to waive bank charges, and other fees that can burden the beneficiaries; offered to conduct social preparation intervention for beneficiaries by way of orientation sessions |

###### **Component 4. Strengthening the Multisectoral ECD System**

Technically, Component 4 deals with institutional development and strengthening. In the broad coverage of social assessment however formation of organizations that deliver interventions invariably impact groups such as the communities and the people directly served by projects – in this case the families under the ECD project.

While the first 3 project components synergize to effect ECD for RMI, each call for diverse sets of activities in improving (i) health and nutrition of mothers and children, (ii) nurturing of the young to achieve the best possible performance in school, and in coping with adult life, and (iii) the family budget for the mother, and childcare givers to increase the chances of maximizing the benefits derived from ECD. At least 6 government line ministries, and agencies: MOHHS, PSS of MOE, MOCIA, MOF, OCS, MISS, and not to mention MALGOV, and the local governments of Ebeye, and OIs, as well as the prospective NGOs, and private sector partners for the project needing to work together; indeed, the situation calls for a specific project component that that will have to focus on orchestrating the various but complementing activities.

In the meetings with the agencies/offices carried out, the following issues have emerged:

1. too many sectors, and groups involved post challenges in project management
2. (possibility of overlapping functions (even with specific mandates) because what has not been done by a mandated agency in the present time, another office is doing the job[[60]](#footnote-60) due to demand from the clientele
3. conversely, non-performance of project duties among the personnel of the different offices, and institutions due to unclear roles, and responsibilities, and/or sheer complacency, and lack of commitment
4. conflicting views among agencies, and offices on how to proceed with the crafting of a national ECD policy, and strategy
5. individual agencies, and offices working on other projects competing for attention, (vi) lack of capacity of individual offices, and agencies to organize and implement public awareness campaigns, and SBCC, and
6. the problem of sustaining project benefits in addressing the beneficiary’s anxiety when project ends.

The following course of action can be done to address the potential problems early on:

1. securing an executive order as legal basis of the creation of the minister level Program Steering Committee (PSC), and the corresponding technical working group (TWG),
2. forging Memoranda of Agreement (MOA) between and among agencies if needed
3. inclusion of project work progress in the work performance appraisal of officer or personnel level representatives of agencies in the TWG, and of personnel working on ground level
4. require regular conduct of meetings, and workshops
5. assist ministries or agencies that lack capacity to do public awareness campaigns and SBCC,
6. early on in the project, craft, approve, and follow a national monitoring, evaluation, and learning framework to track project progress, and that can likewise be modified, and used for future projects, and
7. for sustainability of benefits for the people served under the project, plan and design an exit strategy as part of the preparations for close of project or when funding from the grant ends. Table below summarizes the identified, issues, impacts, and proposed mitigating measures:

| **Component 4. Strengthening the Multisectoral ECD System. This will finance the systems, functions, and activities necessary to sustain an effective multisectoral ECD program.** | | | |
| --- | --- | --- | --- |
| **Sub-component** | **Issue** | **Impact** | **Mitigation** |
| The functions include: (a) development of a multisectoral national ECD strategy and approach to program implementation; (b) development of a national monitoring, evaluation, and learning framework and implementation of the system; and (c) the preparation of a national communication strategy for ECD and the delivery of public awareness and social and behavior change (SBCC) campaigns. | -Selection of sectors, institutions, and agencies to be involved in steering or technical working groups may involve too many “players” | -Too many PSC members may pose difficulty in managing the PSC itself, and the TWG.  -Without committed members from the different sectors, and offices, work associated with the project will not be accomplished, and project goals cannot be achieved  -Failure to implement effective public awareness campaigns and SBCC  - Mothers, and family beneficiaries having anxiety over the impending end of the cash transfer component of the project  -Mother and children beneficiaries revert back to pre-project health and nutrition status | -Targeted selection according to specific mandates of only relevant sectors, institutions, and agencies to be involved to help ensure focused and relevant discussions as well as a good attendance rate during meetings  -Consider forging formal agreements (e.g., memorandum of agreements, executive orders, contracts, etc.) between and among involved agencies, and offices to delineate clear cut roles and responsibilities as well as deliverables for the project.  -Undertaking responsibilities in the multisectoral committee should be included in the performance appraisal or key result areas (KRA) of each of the designated representatives of the offices  -Early on from convening the multisectoral Program Steering Committee, and Technical Working Group, start the initiatives towards developing a national, monitoring, evaluation, and learning framework for the project that shall be crafted, approved, and adhered to by all members  -Require conduct of regular meetings, workshops, and consultation sessions for updates on status of assigned work given, and to check that activities of each are in sync with the project objectives  -Member-agencies who are capable of SBCC should assist those who lack the capacity by coaching, and/or project to train the members  -Early on in the project, plan and design project exit in terms of determining when beneficiary households will graduate from the program, and when fund from grant money ends  - conduct of periodic benefits monitoring by ministries implementing the project |
| -Possibility of overlapping functions in performing work on the ground |
| -Representatives of member-offices are just warm bodies in meetings without sincere commitment to work for the project |
| -Non-performance of duties, roles, and responsibilities of member-offices. |
| -Conflicting ideas of the different sectors involved on the national ECD strategy |
| -Agencies, and offices involved lack the capability to undertake information dissemination, and SBCC |
| -Issues on proposed project sustainability of benefits when interventions for RMNCH-N, and ECD, as well as cash transfer ends |

**Sub-component 4.3: Project management**

Similar to the previous component discussed, Sub-component 4.3 is in the purview of institutional development and deals with the establishment of a Project Implementation Unit (PIU). It will be composed of consultants, and support staff to coordinate the activities under the different ministries, agencies, and offices implementing the project.

The PIU is, similar to other projects funded by multilateral financial institutions, co-terminus with the project life. It is therefore the primary responsibility of the PIU to ensure (thru working with the RMI government) that: (i) project objectives are achieved during the life of the project, and (ii) sustaining the activities, and benefits for target clientele, in this case, the mothers, and children under the ECD program even after project life. As mitigation: i) ministries, and other offices involved should appoint dedicated personnel to work with PIU under the project and include accomplishments in the personnel key result areas (KRA), (ii) strengthen capacity of ministries through hiring of additional personnel, streamlining of current personnel responsibilities, and training for project work, and (iii) for the government to consider providing allowances to designated personnel as incentive. The table below summarizes issues, and adverse impacts that may challenge the planned PIU, and suggested course of action as mitigation:

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

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

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| --- | --- |
| Consultation meeting with mothers in Delap Majuro | Mini survey of mothers in Delap Majuro |
| Another photo of consultation meeting in Delap Majuro | Evening meeting in Delap Majuro |
| Ms A, Saunders (IOM), Social Expert, and Mr Garry Venus of DIDA-MOF | Mr Garry Venus (DIDA-MOF), Ms. Anastasia Dujmovic (DIDA-MOF), Moses De Brum and Kawakami of MOCIA |
| Social expert with Ms. Kakom J. Paul of BOMI | Road section in the community of Delap Majuro | |
| House made of light and salvaged materials | Road section in Delap with trash bins at the foreground | |
| Tank for rainwater collection of house | Another residence made of salvaged materials | |

|  |  |
| --- | --- |
| House made of sturdier but light materials | Solar lighting by the roadside and near house |
| House made of sturdy mixed materials of wood, and concrete | House made of light materials and with G.I. sheets for roofing |

1. UNICEF, 2017. Status Report on Early Childhood Care and Education in Pacific Island Countries (PICs). [↑](#footnote-ref-2)
2. Child Rights Protection Act 2015 [↑](#footnote-ref-3)
3. UNICEF, Status Report on Early Childhood Care and Education in Pacific Island Countries, 2017. [↑](#footnote-ref-4)
4. Same requirement for both OP 4.01 (for ECD-I) and ESS1 (for ECD-II) [↑](#footnote-ref-5)
5. Consistent with both OP 4.01 and ESS1 [↑](#footnote-ref-6)
6. The term ‘hardship’ relates specifically to national poverty measures. Incidence of ‘hardship’ is defined as the proportion of the population whose expenditure is below a threshold that includes an allowance for minimum food and non-food needs. [↑](#footnote-ref-7)
7. UNICEF, Republic of Marshall Islands Integrated Child Health and Nutrition Survey 2017 Report [↑](#footnote-ref-8)
8. Digest of education statistics 2016-2017, PSS [↑](#footnote-ref-9)
9. The maximum number of activities is six, including: (A) Reading books to or looking at picture books with the child, (B) Telling stories to the child, (C) Singing songs to or with the child, including lullabies, (D) Taking the child outside the home, compound, yard, or enclosure, (E) Playing with the child, and (F) Naming, counting, or drawing things to or with the child. [↑](#footnote-ref-10)
10. Community health centers do preventive, promotive, and essential clinical health services and are staffed by full-time Health Assistants (high school graduates, majority male, who are trained to provide basic services but are reported to have insufficient professional competencies). However, there are cultural challenges related to the acceptability of male health assistants providing RMNCAH-N services, and for this reason many women on OI often: (a) don’t seek preventive/promotive services; (b) see traditional providers; or (c) travel to Ebeye/Majuro and for only the most essential RMNCAH-N services. [↑](#footnote-ref-11)
11. Ibid. [↑](#footnote-ref-12)
12. Ibid. [↑](#footnote-ref-13)
13. UNICEF, Situation Analysis of Children in the Marshall Islands, UNICEF, Suva, 2017 [↑](#footnote-ref-14)
14. GoRMI, *Gender Equality: Where do we stand?* Republic of the Marshall Islands, 2018. [↑](#footnote-ref-15)
15. Ibid. [↑](#footnote-ref-16)
16. Ibid. [↑](#footnote-ref-17)
17. Ibid. [↑](#footnote-ref-18)
18. UNICEF Situation Analysis of Children in the Marshall Islands, UNICEF, Suva, 2017 [↑](#footnote-ref-19)
19. 5 Heckman, J. J., ‘Skill formation and the Economics of Investing in Disadvantaged Children’, Science vol. 312, issue 5782, 30 June 2006, pp. 1900–1902. [↑](#footnote-ref-20)
20. Including ongoing discussions to assess anthropometric status and child development in a subset of the 2019 Household Income and Expenditure Survey (HIES) sample to use as a project baseline. [↑](#footnote-ref-21)
21. The CERC only applies to ECD-II [↑](#footnote-ref-22)
22. An eligible crisis or emergency considered for financing under Component 5 is defined by the World Bank as: “*an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to the Recipient, associated with a natural or man-made crisis or disaster”*. [↑](#footnote-ref-23)
23. United Nations Children’s Fund, Situation Analysis of Children in the Marshall Islands, UNICEF, Suva, 2017 [↑](#footnote-ref-24)
24. Under OP 4.01 – reference to human health and safety [↑](#footnote-ref-25)
25. Under ESS2 – reference to occupational health and safety [↑](#footnote-ref-26)
26. https://www.ifc.org/wps/wcm/connect/topics\_ext\_content/ifc\_external\_corporate\_site/sustainability-at-ifc/policies-standards/ehs-guidelines [↑](#footnote-ref-27)
27. The approach based on ESS1. There is no prescriptive risk management framework specified in OP 4.01, and accordingly the ESS1 approach, representing Good Industry International Practice is adopted in this ESMF for ECD-I activities. [↑](#footnote-ref-28)
28. From WB Guidance Note for ESS1 [↑](#footnote-ref-29)
29. ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement – note that ESS5 has not been made relevant to this Project, and therefore no involuntary economic or physical displacement is permitted under the project.. [↑](#footnote-ref-30)
30. 5 Heckman, J. J., ‘Skill formation and the Economics of Investing in Disadvantaged Children’, Science vol. 312, issue 5782, 30 June 2006, pp. 1900–1902. [↑](#footnote-ref-31)
31. Potential for cold chain infrastructure issues which could create unusable vaccines which will need to be disposed of. [↑](#footnote-ref-32)
32. SPREP (2015) “Survey of the Regional Distribution and Status of Asbestos-Contaminated Construction Material and Waste - Best Practice Options for its Management in Pacific Island Countries. Report for the Republic of the Marshall Islands”. May 2015 [↑](#footnote-ref-33)
33. SPREP (2015) “Survey of the Regional Distribution and Status of Asbestos-Contaminated Construction Material and Waste - Best Practice Options for its Management in Pacific Island Countries. Report for the Republic of the Marshall Islands”. May 2015 [↑](#footnote-ref-34)
34. SPREP (2015) “Survey of the Regional Distribution and Status of Asbestos-Contaminated Construction Material and Waste - Best Practice Options for its Management in Pacific Island Countries. Report for the Republic of the Marshall Islands”. May 2015 [↑](#footnote-ref-35)
35. SPREP (2015) “Survey of the Regional Distribution and Status of Asbestos-Contaminated Construction Material and Waste - Best Practice Options for its Management in Pacific Island Countries. Report for the Republic of the Marshall Islands”. May 2015 [↑](#footnote-ref-36)
36. World Bank. 2019. Bank Directive. Environmental and Social Directive for Investment Project Financing. [↑](#footnote-ref-37)
37. Public consultation is mandated under OP 4.01 (Clause 14) for ECD-1; Stakeholder engagement is mandated under WB ESF ESS10 “Stakeholder Engagement and Information Disclosure” for ECD-II. [↑](#footnote-ref-38)
38. Alternatively, aggrieved parties may submit complaints to the WB’s Grievance Redress Service (GRS) see: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org/). [↑](#footnote-ref-39)
39. <https://www.ciudidasafeguards.com/> and <https://rmi-mof.com/> [↑](#footnote-ref-40)
40. World Bank. 2019. Bank Directive. Environmental and Social Directive for Investment Project Financing. [↑](#footnote-ref-41)
41. [↑](#footnote-ref-42)
42. SPREP (2015) “Survey of the Regional Distribution and Status of Asbestos-Contaminated Construction Material and Waste - Best Practice Options for its Management in Pacific Island Countries. Report for the Republic of the Marshall Islands”. May 2015 [↑](#footnote-ref-43)
43. SPREP (2015) “Survey of the Regional Distribution and Status of Asbestos-Contaminated Construction Material and Waste - Best Practice Options for its Management in Pacific Island Countries. Report for the Republic of the Marshall Islands”. May 2015 [↑](#footnote-ref-44)
44. All Contractors, Consultants and Workers are required to sign this Code of Conduct as a condition of employment. This one is for WB MIMIP workers. [↑](#footnote-ref-45)
45. **SEA** means any actual or attempted abuse of position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. In Bank financed projects/operations, sexual exploitation occurs when access to or benefit from Bank financed Goods, Works, Consulting or Non-consulting services is used to extract sexual gain [↑](#footnote-ref-46)
46. **Rape** means physically forced or otherwise coerced penetration—even if slight—of the vagina, anus or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape. [↑](#footnote-ref-47)
47. **Sexual assault** means any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. [↑](#footnote-ref-48)
48. **Consent** is defined as the informed choice underlying an individual’s free and voluntary intention, acceptance, or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. Consent cannot be given by a child under the age of 18, even where legislation in the RMI has a lower age. [↑](#footnote-ref-49)
49. Including: complying with local traditions or restrictions for reproducing personal images, obtaining informed consent from the child and a parent or guardian of the child, and presenting children in a dignified and respectful manner. [↑](#footnote-ref-50)
50. Coverage is defined as the ratio of utilization to the eligible population for a particular service in the health and education sectors. [↑](#footnote-ref-51)
51. From the 2011 RMI Census [↑](#footnote-ref-52)
52. Women United Together Marshall Islands (WUTMI) a NGO whose aim is to foster women empowerment, and advancement. [↑](#footnote-ref-53)
53. The term ‘hardship’ relates specifically to national poverty measures. Incidence of ‘hardship’ is defined as the proportion of the population whose expenditure is below a threshold that includes an allowance for minimum food and non-food needs. [↑](#footnote-ref-54)
54. Community health centers do preventive, promotive, and essential clinical health services and are staffed by full-time Health Assistants (high school graduates, majority male, who are trained to provide basic services but are reported to have insufficient professional competencies). However, there are cultural challenges related to the acceptability of male health assistants providing RMNCAH-N services, and for this reason many women on OI often: (a) don’t seek preventive/promotive services; (b) see traditional providers; or (c) travel to Ebeye/Majuro and for only the most essential RMNCAH-N services. [↑](#footnote-ref-55)
55. See component 3 for more details. [↑](#footnote-ref-56)
56. ANC visits, vaccinations and growth monitoring visits are free of charge. [↑](#footnote-ref-57)
57. [↑](#endnote-ref-2)
58. The male head of the Majuro local government handling the health, environment, social affairs (HESA) was asked about occurrences of GBV among families. He said that it still does occur, and the reported cases are documented by the Majuro police. However, he believes that occurrences have been reduced (compared to bigger number when he was younger – he is in his mid-50s) because the women are now empowered both by the government and NGOs to complain to the police. According to WUTMI however, the National Study on Family Health, and Safety in 2014 indicated that 51% of the women have experienced physical and/or sexual violence from their husbands or partners. Overall, 69% of the women in RMI have experienced physical, and/or sexual violence. Of the women who said that they have experienced domestic violence, 90% have not told anyone. [↑](#footnote-ref-58)
59. ANC visits, vaccinations and growth monitoring visits are free of charge. [↑](#footnote-ref-59)
60. Example is the ECD work for some children also performed by the MOHH partner staff supposedly doing only newborn screening for hearing deficiency. If ECD is delivered successfully in this arrangement, should the job be relinquished in favour of the PSS which will eventually have the mandate? [↑](#footnote-ref-60)