

Environmental and Social Management Framework (ESMF):  
*Papua New Guinea IMPACT Health (P167184)*

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## ACRONYMS

ADB	Asian Development Bank
ANC	Antenatal Care
CPF	Country Partnership Framework
DALYs	Disability-adjusted Life Years
DLIs	Disbursement Linked Indicators
DFAT	Department for Foreign Affairs and Trade
DNPM	Department of National Planning and Monitoring
DPs	Development Partners
ESMF	Environmental and Social Management Framework
GoPNG	Government of PNG
GRM	Grievance Redress Mechanism
HWMP	Health-Care Waste Management Plan
IPP	Indigenous Peoples Plan
IVA	Independent Verification Agent
KRA	Key Result Area
MDR	Multidrug-resistant
MMR	Maternal Mortality Rate
NCD	Non-communicable Disease
NDoH	National Department of Health
NGO	Non-governmental Organization
NHP	National Health Plan
NHPCS	National Health Policy and Corporate Services
PCU	Project Coordination Unit
PFM	Public Financial Management
PGAS	PNG Government Accounting System
PHA	Provincial Health Authority
PHC	Primary Health Care
PHCPI	Primary Health Care Performance Initiative
PHE	Public Health Expenditure
PNG	Papua New Guinea
POM	Project Operational Manual
RMNCH-N	Reproductive, Maternal, Neonatal and Child Health and Nutrition
SEF	Stakeholder Engagement Framework

SIP	Service Improvement Program
TA	Technical Assistance
TB	Tuberculosis
WMS	Waste Management System
WB	World Bank
XDR-TB	Extensively Drug-Resistant Tuberculosis

## EXECUTIVE SUMMARY

### **Introduction (Section 1)**

This Environmental and Social Management Framework (ESMF) is prepared by the National Department of Health (NDoH) of Papua New Guinea (PNG) to ensure the IMPACT Health Project is consistent with the World Bank's (WB) Environmental and Social Safeguards Policies (ESSP) across all of the IMPACT Health sub-projects. The Bank requires that all Bank funded projects consider the potential environmental and social opportunities that a project may generate and ensure that adverse environmental and risks and impacts are avoided, minimized, managed and mitigated.

This ESMF is intended to serve as a practical tool to guide identification and mitigation of potential environmental and social impacts of proposed investments and as a platform for consultations with stakeholders and potential project beneficiaries. The ESMF identifies the policy triggers for the project, the screening criteria of sub-projects, the likely environmental and social impacts of the sub-projects and the mitigation measures to mitigate the identified risks. This ESMF therefore provides the following:

**Purpose and Scope of the Environment and Social Management Framework (Section 2)** This section describes the purpose and scope of the ESMF. The purpose of this ESMF is to ensure that all sub-project activities implemented under the IMPACT Health Project are adequately screened for any social and environment impacts and to ensure that these impacts are managed guided by relevant GoPNG environmental and social legislation and the World Bank's safeguards policies. This ESMF therefore provides procedures and methodologies for the environmental and social assessment, screening, assessment and management of any social or environmental impacts. This ESMF also outlines identification of stakeholders who will be potentially affected by the project and how information for their engagement can be managed using the Principles of Free, Prior and Informed Consent. Capacity Building and Safeguard tools and templates are also provided to support implementation of the ESMF.

**Description of the Project, Components and Typology of Subprojects (Section 3):** The Government of Papua New Guinea (GoPNG) through the NDoH in partnership with the World Bank, developed the Improving Access to and Value from the Health Services in Papua New Guinea (PNG): Financing the Frontiers or IMPACT Health PNG, a Project that aims to improve access to and value from Health Services in PNG.

IMPACT Health consists of four (4) components and four (4) sub components under component 1. The NDoH is the Implementing Agency (IA) responsible for implementing the Project. Project implementation will be supported by Provincial Health Authorities at the subnational level. Under component 1, Non-Governmental Organizations (NGOs) and infrastructure contractors will be engaged by the NDOH to deliver sub projects under the mentioned components. The description of the IMPACT Health Project will be updated as needed prior to the completion of Appraisal.

The project anticipates achieving specific results that are in line with the National Health Plan (NHP) and includes eight (8) Key Result Areas (KRI) to monitor progress towards the project goal; these are: (i) improving service delivery; (ii) strengthening partnerships and coordination with stakeholders; (iii) strengthening health systems; (iv) improving child survival; (v) improving maternal health; (vi) reducing the burden of communicable diseases; (vii) promoting health lifestyles; and (viii) improving PNG's preparedness for diseases outbreaks and emergency population health issues.

Details of the various IMPACT Health Project Components, Sub Projects and Typology of Subprojects are outlined in this section.

**Overview of Potential Environment and Social Impacts (Section 4):** This section summarizes key social and environmental risks and indicative management measures for the project. The section describes IMPACT Health Environmental and Social Principles and Standards that have been triggered by the project. The project has been categorized as Low Risk as per the World Bank safeguards policy OP 4.01 on 'Environmental Assessment' and is categorized as 'Category B'. Key risks include those related to infrastructure upgrade disturbances, gender and social inclusion, community health, safety and working conditions. Occupational health and safety risks (OHS) are identified as a priority. Because a full risk analysis is not possible until site-specific sub project design details are known, the identification of project level risks provides an indicative assessment to be elaborated further through sub-project level screening, assessment and risk management (see Section 6). Therefore, sub-project screening and site-specific assessments and management plans will be established.

**Overview of the legal, policy and regulatory framework (Section 5):** Key national laws and regulations applicable to social and environmental risk management include the Environmental Act 2000, Conservation and Environment Protection Authority Act 2014, Environmental Regulation 2002, National Health Administration Act 1997, Public Health Act 1973, Industrial Safety, Health and Welfare Act 2016, National Health Service Standards 2011 – 2020, National Assets Policy. Policies on Gender and Social Inclusion and Disability and the World Bank's Environmental and Social Safeguards Policies will apply. Implementation of these procedures also helps to ensure consistency with relevant international agreements and protocols.

**Procedures to Address Environmental and Social Issues (Section 6a):** Each sub-project will be screened for social and environmental risks and impacts (including OHS risks) through application of appropriate site-specific screening tools. Screening and classification will be completed prior to approval of sub-projects and signing of the Financial Agreement. The screening of subprojects will also be updated if there are any significant changes in the sub-project's design or context that may materially change its social and environmental risk profile. Sub-project screening and categorization should be conducted at the earliest stage of design when sufficient information is available for this purpose. Based on the



screening, the sub-project is categorized according to the degree of potential social and environmental risks and impacts (including OHS). The screening process results in a risk-based categorization of the sub-project (Low Risk, Moderate Risk, or High Risk).

**Procedures for assessment and management (Section 6b):** The targeted and site-specific assessments and management plans will be undertaken for all Moderate Risk (Category B) sub-projects once project activities/sub-projects and sites are identified in each participating provinces. The assessment(s) will lead to the development of appropriate management measures and plans to address risks and impacts identified. Relevant social and environmental assessments and adoption of appropriate mitigation and management measures will be completed, disclosed, and discussed with stakeholders prior to implementation of any activities that may cause adverse social and environmental impacts. Where possible, template simplified ESMPs will be developed for types of projects and risks for adaptation at the sub-project level. All site-specific assessments and management plans will be submitted to the PCU and the World Bank for clearance and documentation.

**Grievance Redress Mechanism (Section 7):** The Project Level Grievance Mechanism is managed by the IA, who might have their own GRM mechanisms in place. The GRM will be gender- and age-inclusive and responsive and address potential access barriers to women, the elderly, the disabled, youth and other potentially marginalized groups as appropriate to the Project and its sub projects. The GRM will not impede access to judicial or administrative remedies as may be relevant or applicable and will be readily accessible to all stakeholders at no cost and without retribution. Information about the GRM and how to make a complaint and/or grievance will be communicated during the stakeholder engagement process and placed at prominent places for the information of the key stakeholders. The Stakeholder Engagement Framework and the GRM offers locally affected people an opportunity to work with other stakeholders to resolve concerns, complaints and/or grievances about the social and environmental impacts of the IMPACT Health. Stakeholder Engagement Framework is intended to supplement the proactive stakeholder engagement that is required of NDoH throughout the project cycle.

**Public Consultation and information disclosure (Section 8):** The NDoH will ensure meaningful, effective and informed stakeholder engagement in the design and implementation of all sub-projects. Stakeholder engagement supports the development of strong, constructive, and responsive relationships that are critical for sound project design and implementation. Information disclosure refers to the provision of timely, accessible information regarding the project and its potential social and environmental impacts to stakeholders in order to facilitate their meaningful, effective and informed participation in project design and implementation. Meaningful stakeholder engagement is required by NDoH for participation in project intervention by communities and individuals. A stakeholder engagement framework is prepared for the project to identify appropriate measures to engage with various stakeholders and affected parties on the Project as a key component of project identification, design and implementation.

**Project implementation arrangements, responsibilities and capacity building (Section 9):** The World Bank is providing financing for the project and as such has an oversight role. The World Bank has established a task team to oversee and make decisions about remedies in connection with the activities implemented by the NDoH. The task team has oversight and advisory authority, representing the highest body for coordination, strategic guidance and oversight and quality assurance. The Project Coordinator will be responsible for overseeing the implementation and compliance of the ESMF, working closely with the World Bank Safeguards Team. Technical Assistance on safeguards is anticipated to be necessary and will be contracted as needed. NDoH will be responsible for the revision or updates of this document during the course of project, in consultation with the World Bank Safeguards Team. During operations, NDoH as the Implementing Agency (IA) will be accountable for implementation of the ESMF. The sub-project contractors are directly accountable to NDoH in accordance with their Letter of Agreement. Responsible Parties include PHAs, site supervisors, and contract workers that also play a role in implementation of the ESMF. A capacity development plan to ensure ongoing capacity development related to ESMF implementation will be developed and led by NDoH, working closely with the World Bank Safeguards Team.

**Monitoring, reporting and evaluation (Section 10):** The ESMF and its procedures are to be reviewed and updated on a regular basis by NDoH and partners over the project implementation period and the PCU to record project information for monitoring results. The PCU will be responsible to collect data to track information on environmental and social safeguard implementation. Capacity Building training will include monitoring tools and procedures for reporting.

**Budget (Section 11)** this section provides an indicative budget for implementation of the ESMF.

## 1. INTRODUCTION

The World Bank is providing a loan in an amount of US\$30.00 million to the Government of Papua New Guinea (GoPNG) for the IMPACT Health Project. The project will seek to improve access to and use of quality essential health services in the selected provinces in Papua New Guinea by strengthening front line service delivery.

The project will focus on strengthening health systems through a threefold strategy covering (a) improving readiness to deliver health services at the frontlines including building capacity of Provincial Health Authorities (PHAs); (b) providing performance-linked funding for improvement in health systems strengthening through Disbursement Linked Indicators and service delivery results and (c) leveraging investments made by the GoPNG and its development partners.

## 2. PURPOSE AND SCOPE OF THE ENVIRONMENT AND SOCIAL MANAGEMENT FRAMEWORK

### 2.1 Purpose

The purpose of this ESMF is to ensure that activities implemented under the IMPACT Health Project address and identify measures to avoid and minimize Environmental and Social impacts, as much as possible, and where they cannot be avoided, the impacts are adequately identified/assessed and necessary mitigation measures designed and implemented following relevant GoPNG environmental and social legislation and the World Bank's safeguards policies.

### 2.2 ESMF Objectives

This ESMF has been prepared for the project: **Improving Access to and Value from Health Services in Papua New Guinea (PNG): Financing the Frontlines**, or **IMPACT Health PNG**.

This ESMF has the following objectives:

- To establish clear procedures and methodologies for the environmental and social assessment, screening, review, approval and implementation of the project including the implementation of the project in selected provinces to be financed under the Project;

- To specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental and social concerns, including those relating to gender, vulnerable and different sub-groups within the beneficiary communities, that will arise from the projected supported provinces;
- To identify key stakeholders as part of the stakeholder engagement framework to describe the mechanisms for consultation and disclosure including free, prior informed consent, broad community support, and community engagement;
- To determine the training, capacity building and technical assistance needed to successfully implement the provisions of the ESMF; and
- To provide safeguard tools and templates for implementing the ESMF.

This ESMF has been developed for activities funded by IMPACT Health in Papua New Guinea including in project supported provinces. The purpose of this ESMF is to guide the Implementing Agency (IA), National Department of Health (NDoH) and the Project Coordination Unit (PCU), as well as Department of Treasury, and stakeholders including Provincial Governments, Local Level Governments (LLGs) on the environmental and social screening and subsequent assessment of country-specific activities during project preparation and implementation.

The procedures outlined in the ESMF serve to ensure that potential adverse environmental and social impacts that may be generated as a result of each project activity are identified early, and appropriate safeguard instruments are prepared prior to implementation; to avoid, minimize, mitigate and, in cases where there are residual impacts, offset adverse environmental and social impacts.

### 2.3 Scope

The scope of this ESMF includes a description of how safeguards issues will be addressed with by outlining:

- Key responsibilities for ESMF implementation;
- Procedures for safeguard screening and assessment to determine the project category and early identification of potential safeguard issues;
- The consultation process including stakeholder engagement framework and handling of complaints through the GRM system; and
- Outlining institutional and monitoring arrangements.

The ESMF will ensure that the project supported provinces will put in place a robust approach to consider environmental and social risks and impacts in line with World Bank safeguard policies<sup>1</sup>, and to prepare appropriate good practice safeguard instruments for community consultation, mitigation and management measures identified.

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<sup>1</sup> The World Bank safeguard policies are available at [www.worldbank.org/safeguards](http://www.worldbank.org/safeguards).

## 2.4 Exclusions

The Project is overall a **category B** as per the World Bank Environmental Assessment safeguard policy. The Project will however not finance:

- Any activities which would have an irreversible and substantial environmental impact or correspond to a World Bank Category A Project.

This means that the Project will not finance:

- Any activities for which a Full Environmental Impact Assessment is required as per the Law on Environmental Act 2000 or as per category A as identified in WB Safeguard policy on Environmental Assessment OP/BP 4.01.
- Any activities that would affect natural habitats, forests, finance experiments or production of pesticides.

and the PCU will be responsible for monitoring compliance with the World Bank Safeguard policy requirements and the various National policies and legislations.

## 3. DESCRIPTION OF THE PROJECT, COMPONENTS AND TYPOLOGY OF SUB PROJECTS

### 3.1 Project Description

The IMPACT Health Project, a proposed US\$30 million operation, will support GoPNG, and specifically the NDoH and selected PHAs with strengthening the delivery of frontline health services in Project supported provinces.

IMPACT Health will build on the low availability of critical inputs for service delivery at the facility level. Shortage of important inputs is particularly acute in government-run lower level facilities. Church-run facilities have comparatively higher levels of readiness, but the constraints span across all types of facilities and most levels of care. A recent World Bank study that assessed service delivery at upper-primary care level and secondary and tertiary care<sup>2</sup> found low infrastructure readiness to deliver health services. Most facilities needed major building repairs and lacked adequate toilets (around 60 percent), stable electricity supply (around 40 percent), and consistent water supply (around 50 percent). The report also found that the availability of basic medical equipment was low: only 11 to 12 percent of

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<sup>2</sup> Upper level primary care refers to level 3 and 4 facilities in the National Health Services Standards.

upper-level primary health care (PHC) facilities were qualified to safely provide Comprehensive Emergency Obstetric Care and about 40 percent were not equipped to provide Basic Emergency Obstetric Care even though they provide obstetric services. Finally, drug stock-outs were widespread, even at the national referral hospitals. Stock-outs of paracetamol and other basic supplies reflect challenges in supply-chain management and affect provider's capacity to deliver essential clinical and laboratory services.

The operation is in line with the PNG Country Partnership Framework (CPF). The operation contributes to CPF focus area 2 'Ensuring more effective and inclusive service delivery, particularly in underserved areas.' The operation is consistent with the proposed engagement principles of the CPF: (i) WBG corporate commitments: gender, citizen engagement, climate co-benefits; (iii) Portfolio-wide focus on human capital development; and (iv) Responding to governance and institutional challenges across the portfolio. With respect to engagement principle 'ii' 'Maximizing Finance for Development' the operation seeks to maximize value-for-money from all sources of financing for Health Nutrition and Population services as well as support service delivery at Church-managed facilities.

PNG is an Early Adopter of the Human Capital Project. As an early adopter, GoPNG has shown high-level support to the human development agenda, and education and health rank high in the country's development priorities. Moreover, strong alignment between the political leadership and the leadership at the relevant line ministries presents a promising opportunity to implement human capital enhancing programs and interventions. IMPACT Health will contribute to addressing key identified bottlenecks to building PNG's human capital through its alignment with Medium Term Development Plan (MTDP) III priorities.

Health has been consistently identified as a development priority in PNG's policy framework. The Alotau Accord II identifies delivering quality health care services as one of 5 key priorities. Vision 2050, Development Strategic Plan 2030 and National Strategy for Responsible Strategic Development (StaRS), which define the long-term development roadmap for PNG, also highlight the importance of health and set reaching the top 50 in the World Bank's Human Development Index ranking as a goal.

IMPACT Health supports the priorities identified in the Medium Term Development Plan III (2018-2022). MTDP III emphasizes the importance of managing PNG's rapid population growth rate and building human capital as an enabler of sustainable and inclusive economic growth. Strengthening service delivery to reach communities and enhancing planning and implementing capacity is also highlighted as a critical growth enabler. The strategies supported through the operation contribute to Key Results Areas (KRAs) 3, 5 and 6.

The operation supports KRA 3 'Sustainable Social Development' by contributing to: (i) Improvements in health services and outcomes (KRA 3.2); (ii) Improved health promotion (KRA 3.6); (iii) Improving immunization coverage (KRA 3.8); and (iv) Improving nutrition (KRA 3.9). The health problem statement

articulated in KRA 3 relates to the deterioration in health service delivery over time due to an inadequate focus on under-served and rural areas and an over-emphasis on treatment over prevention. It specifically identifies weak health systems, as well as the environmental constraints created by the decentralization process and limited technical capacity at the sub-national levels as vital concerns and points to the importance of delivering better health services closer to the people. These are the core issues that IMPACT Health focuses on.

The interventions financed through IMPACT Health contribute to KRA 5 'Improved Service Delivery' by strengthening the capacity, management and accountability of health service delivery at the province level and below. More specifically, the operation will contribute to improving the capacity of sub-national agencies to respond to needs and development challenges, developing monitoring and evaluation mechanisms to increase the accountability of public institutions, and strengthening partnerships with non-state and community-based stakeholders to improve sub-national health service delivery.

Finally, IMPACT Health will contribute to Improved Governance (KRA 6) by supporting improvements in Public Financial Management at the sub-national level as well as improvements in monitoring and evaluation as well as promoting top-down accountability through enhanced supervision and routine reporting and bottom up accountability by strengthening community feedback and response mechanisms.

The National Health Plan (NHP) highlights the importance of investing in PHC and establishes the vision for the health sector. The NHP 2011-2020 sets the goal of strengthening PHC for all ("Going back to basics") and improving service delivery for the rural majority and the urban disadvantaged. The NHP includes eight Key Result Areas to monitor progress towards this goal. These are: (i) improving service delivery; (ii) strengthening partnerships and coordination with stakeholders; (iii) strengthening health systems; (iv) improving child survival; (v) improving maternal health; (vi) reducing the burden of communicable diseases; (vii) promoting healthy lifestyles; and (viii) improving PNG's preparedness for diseases outbreaks and emergency population health issues. An instrumental policy to the achievement of these Key Result Areas is PNG's Free Primary Health Care and Subsidized Specialized Care policy. The implementation of the policy, however, has been limited and only a small sum was released to compensate facilities for the foregone revenue. The next NHP (2021-2030) is under preparation. The emphasis on improving service delivery in rural areas and for underserved urban populations is expected to continue.

Strengthening the capacity and functioning of PHAs is a vital element of GoPNG's strategy to improve the governance and management of service delivery at the province level and below. PHAs, which are expected to function as the single point of business for health in a province, have been established in 14 provinces and the model is being rolled out nationally. IMPACT Health will contribute to strengthening the functioning of PHAs.

### 3.2 Project Development Objective

The project development objective (PDO) is to contribute to increasing the utilization of quality essential health services in the project supported provinces in Papua New Guinea.

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

- Percentage of level 2-4 facilities in selected provinces achieving a minimum quality threshold<sup>3</sup>
- Percentage increase in the number of outreach visits held in selected provinces
- Percentage increase in the number of pregnant women receiving four or more antenatal care (ANC) check-ups<sup>4</sup>
- Percentage increase in the number of children <1 year receiving Diphtheria Pertussis Tetanus 3 (DPT3)
- Increase in the number of registered Drug Susceptible TB (DSTB) patients on treatment who have been cured<sup>5</sup>

In PNG, Primary Health Care services (PHC) refer to services delivered through level 1, 2, 3 and 4 facilities<sup>6</sup>.

### 3.3 Project Components

IMPACT Health is comprised of four components which are briefly described in the following paragraphs (see Annex 1 for a detailed description).

#### **Component 1: Increase service delivery readiness and community-based service delivery (US\$12.4 million)**

Component 1 seeks to increase readiness to deliver frontline health services as well as to trial and scale up community-based innovations to generate demand for and improve access to facility and outreach-based health services. Frontline health services are defined as those delivered at primary care health facilities, i.e., levels 1-4, and services provided through outreach. Component 1 will finance the purchase of equipment and supplies, training, technical assistance (TA) and limited infrastructure upgrades.

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<sup>3</sup> Given that facility supervision checklists will prioritize key indicators that contribute to the quality and coverage of essential RMNCH-N services, this PDO level indicator, along with number of pregnant women receiving four or more ANC check-ups and gender disaggregated increase in the number of TB cases on treatment will allow the Project to monitor progress in closing the gender gap in health endowments.

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> The National Health Service Standards in PNG classify facilities according to levels 1 to 4. These include, respectively, Aid Posts, Community Health Posts, Rural Health Centers (or Urban Clinics) and District Hospitals.



**This Component includes four (4) sub-components.** Sub-components 1.1, 1.2 and 1.3 will be focused on four selected Provinces, two Early Adopter provinces to be identified prior to Project effectiveness and two Expansion provinces to be selected prior to expansion. Implementation of province-specific activities under sub-components 1.1, 1.2 and 1.3 will begin in the Early Adopter provinces and potentially expanded to up to two Expansion provinces assuming adequate implementation progress. Expansion will be considered after a review of implementation progress and is proposed in Year 3. However, expansion may be considered sooner if the Project implementation is deemed strong enough to merit it. Project disbursement levels will be one of the criteria used to ascertain implementation readiness for geographic expansion.

**Sub-component 1.1: Strengthening readiness to deliver services at frontline facilities and through outreach (US\$5.0 million).**

This sub-component seeks to increase service delivery readiness at frontline health facilities (i.e., facilities at levels 1-4) in selected Provinces. It is proposed that this sub-component will finance inputs to strengthen service delivery readiness. This may include training to build health workers' skills, procurement of equipment and supplies, communications and information technology investments, TA and infrastructure upgrades to bring health facilities up to national standards (i.e., water and electricity, provision of health care waste management equipment/supplies); no new facilities will be constructed. Activities financed under this sub-component will prioritize those that will contribute to closing the gender gap in health endowments. These include training to improve the quality of essential health services like family planning and ANC, the procurement of basic equipment to ensure the availability of services at frontlines facilities (e.g. fetal stethoscopes and delivery kits), and the purchase of ambulances to refer complicated cases to higher level facilities. Finally, sub-component 1.1 activities will also seek to increase capacity to screen for and deliver counseling and other support services to address gender-based violence (reference to World Bank GBV good practice note<sup>7</sup>) by taking advantage of ANC and other points of contact that women have with the health system. The investments proposed will be complementary and oriented to filling the gaps that exist. Furthermore, any investments in health facility infrastructure and equipment will prioritize facilities based on ease of physical access and transport links, and the presence of a minimal complement of skilled staff.

**Sub-component 1.2: Innovations in community-based service delivery (US\$2 million).**

The objective of this sub-component is to trial and subsequently scale-up digital innovations to improve access to and use of frontline health services. This sub-component will finance: (i) contracts with non-state providers to implement strategies to improve access to services at the community level particularly digital innovations to supervise and support community health workers and volunteers in remote rural communities and citizen engagement and accountability for service delivery; and (ii) as well as the costs of evaluating a proof-of-concept for implementation. Investments in community-

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<sup>7</sup> Good Practice Note: Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works. <http://documents.worldbank.org/curated/en/399881538336159607/Environment-and-Social-Framework-ESF-Good-Practice-Note-on-Gender-based-Violence-English.pdf>

based service delivery (particularly those in community health workers and volunteers) are expected to contribute to increases in the uptake of health services. These efforts will particularly target pregnant women in order to reduce the number of preventable deaths among women driven by the low coverage and utilization of RMNCH services. Each of the two Early Adopter provinces will implement one innovation. At the end of three years of implementation, these innovations will be evaluated to inform decisions on scaling up implementation to at least one district in each of the four selected provinces for this component.

**Sub-component 1.3: Strengthening readiness at Provincial Health Authorities (PHAs) (US\$3.25 million).**

The objective of this sub-component is to build the capacity of selected PHAs on Public Financial Management (PFM) and service planning, supportive supervision and performance management to ensure good quality service delivery. This sub-component will finance inputs to strengthen the functioning of PHAs. These may include training, TA, purchase of equipment to support performance monitoring and oversight, including tablets to support data collection and skills building during supervision, communications and information technology equipment and vehicles, as well as operating costs and maintenance for vehicles procured. Supervision tools will be designed to cover key areas that affect the quality of Reproductive, Maternal, Neonatal and Child Health (RMNCH) services such as the availability of critical inputs and the level of competency of health workers to deliver such services.

The specific capacities targeted by this sub-component include: PFM, service planning and supervision, and managing partnerships with provincial and sub-provincial partners. Support provided through this component will complement that provided under the PNG Program of Advisory Services and Analytics (PASA), assuming there is geographic overlap in support. Support provided will also complement the ADB financed training to PHA Board leadership and PHA managers by delivering continuous assistance and mentoring.

**Sub-component 1.4: National oversight (US\$2.15 million).** The objective of this sub-component is to support national, primarily NDoH, oversight of the PHA reforms and of service delivery results at the frontlines. This sub-component will finance inputs and may include purchase of equipment to support performance monitoring and oversight, operating costs, training and TA.

This sub-component will also include financing for the following: (i) Contracting of the independent verification agent for component 2, along with the costs associated with providing technical support to the PHAs; (ii) Finalization of the policy and regulatory framework for the PHA reforms, if needed, as well as policy and analytics support for essential health service delivery; (iii) Communications and information sharing for PHAs and other key stakeholders on the Project as well as results-based financing for component 2; and (iv) Support to the preparation/ updating of an emergency response plan (which could include the steps necessary in the event of/ possible imminent danger of a pandemic).

**Additional support for improved quality and monitoring of services will be available under the Primary Health Care Performance Initiative (PHCPI) to be financed outside the Project.** PHCPI is a partnership between the World Bank Group, the World Health Organization and Bill and Melinda Gates Foundation

in collaboration with Results for Development and Ariadne Labs, to promote quality PHC for all, with a focus on low and middle-income countries.

### **Component 2: Improve frontline service delivery performance (US\$14.6 million).**

Component 2 aims to strengthen health systems as a means to improve frontline service delivery performance. Financing for this component will be provided based on results tracked by Disbursement Linked Indicators (DLIs). Financing under this component will be disbursed against evidence of achievement of DLI targets and documentation that the expenditures, identified in Eligible Expenditure Programs (EEP), to achieve DLI results have been incurred. The DLIs for IMPACT Health include a set of tracer indicators of health systems strengthening actions as well as their end results, i.e., services delivered and quality of care. The DLIs selected reflect the priorities identified in the NHP (2011-2020, as well as emerging priorities in the next Plan), National Health Service Standards and MTDP III. The results-linked financing provided through this component will seek to leverage investments to increase capacity to achieve improvements in frontline service delivery made under component 1 as well as by GoPNG and by other Development Partners therefore improving value-for-money delivered from public spending on health more broadly.

**The DLIs target strategic bottlenecks to strengthening frontline service delivery (Annex 1 for more detail on DLI and Project financing).** These include: (i) Delayed flow of operational funding to PHAs by promoting the transfer of performance-linked funds to PHAs that achieve the relevant targets early in the fiscal year; (ii) Weak sector governance due to fragmented and limited accountability for results; (iii) Inadequate supervision of service delivery. Supervision is not adequately used as a mechanism to support improvements in service delivery, including as a training and upward accountability tool; (iv) Declining outreach from health facilities. Outreach is an important means of expanding access to services in a country with difficult terrain and dispersed populations. In so doing, it is expected that the DLIs can promote improvements in service utilization and quality of care.

### **Component 3: Project management (US\$3 million)**

Financing under Component 3 will support essential Project management activities. This may include technical assistance for the Project Coordination Unit (PCU), equipment and furniture, operating costs to support supervision, as well as a vehicle if needed. While the PCU will include existing staff from NDOH, technical assistance is expected to be required for a number of posts. This will include a Project Coordinator who will be contracted over the Project period, and other consultants providing support to fiduciary aspects (procurement and financial management) and safeguards, coordination, monitoring and evaluation, and communication of Project activities. Where feasible, technical assistance will be shared with the PCU for the Emergency TB Project which is currently under implementation.

### **Component 4: Contingent emergency response (US\$0 million)**

The objective of this component is to improve the Government's response capacity in the event of an emergency, following the procedures governed by OP/BP 8.00 (Rapid Response to Crisis and

Emergencies). The component would support a rapid response to a request for urgent assistance in respect of an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact in health sector associated with natural or man-made crises or disasters. In the event of an emergency, financial support could be mobilized by reallocation of funds from other Components and/or additional financing to support expenditures on a positive list of goods and/or specific works and services required for emergency recovery. A **Contingent Emergency Response Component Project Operational Manual (CERC POM)**, governing implementation arrangements for this component, is to be prepared with support under the Project Preparation Grant and annexed to the POM.

### 3.3 Typology of Subprojects

The table outlines the types of sub projects to be funded under the IMPACT Health Project.

**Table 1: Typology of Sub Projects**

<b>Component 1: Increase service delivery readiness and community-based service delivery</b>	
	<ul style="list-style-type: none"> <li>• Purchase of equipment and supplies,</li> <li>• Delivery of training,</li> <li>• Provision of technical assistance (TA)</li> <li>• Limited infrastructure upgrades (refurbishment of existing health facilities with reliable electricity, water, sanitation and communication facilities)</li> </ul>
<b><u>Sub-component 1.1: Strengthening readiness to deliver services at frontline facilities and through outreach</u></b>	
	<ul style="list-style-type: none"> <li>• Capacity building training to build health workers' skills in improving the quality of essential health services like family planning and ANC</li> <li>• Procurement of equipment and supplies, procurement of basic equipment to ensure the availability of services at frontlines facilities (e.g. fetal stethoscopes and delivery kits), and the purchase of ambulances to refer complicated cases to higher level facilities</li> <li>• Communications and information technology investment</li> <li>• Provision of Technical Assistance</li> <li>• Infrastructure upgrades to bring health facilities up to national standards (i.e., water and electricity,</li> <li>• Provision of health care waste management equipment/supplies);</li> <li>• Gender Program</li> <li>• Increase capacity to screen for and deliver counseling and other support</li> </ul>

	<p>services to address gender-based violence (refer to GBV good practice note) by taking advantage of ANC and other points of contact that women have with the health system</p>
<p><b><u>Sub-component 1.2: Digital Innovations in community-based service delivery</u></b></p>	
	<p>This sub-component will finance:</p> <ul style="list-style-type: none"> <li>• Non-State Contractor engaged to facilitate access to services at the community level using digital innovations to supervise and support community health workers and volunteers in remote rural communities</li> <li>• Project evaluation for proof-of-concept after 3 years to inform decisions on scaling up implementation to at least one district in each of the four selected provinces for this component.</li> </ul>
<p><b><u>Sub-component 1.3: Strengthening readiness at Provincial Health Authorities (PHAs)</u></b></p>	
	<ul style="list-style-type: none"> <li>• Capacity Building Training for PHA</li> <li>• Purchase of communications and information technology equipment and vehicles (operations if purchased)</li> </ul>
<p><b><u>Sub-component 1.4: National oversight</u></b></p>	
	<ul style="list-style-type: none"> <li>• Purchase of equipment to support performance monitoring and oversight, operating costs,</li> <li>• Deliver capacity building training</li> <li>• Contracting of the independent verification agent (IVA) for component 2, along with the costs associated with providing technical support to the PHAs;</li> <li>• Finalization of the policy and regulatory framework for the PHA reforms, if needed, as well as policy and analytics support for essential health service delivery;</li> <li>• Communications and information sharing for PHAs and other key stakeholders on the Project as well as results-based financing for component 2; and</li> <li>• Support to the preparation/ updating of an emergency response plan (which could include the steps necessary in the event of/ of possible imminent danger of a pandemic).</li> </ul>
<p><b><u>Component 2: Improve frontline service delivery performance</u></b></p>	
	<ul style="list-style-type: none"> <li>• Track results of health system strengthening Disbursement Linked Indicators (DLIs) and leverage investments to increase capacity to achieve improvements</li> </ul>

	in frontline service delivery
<b><u>Component 3: Project management</u></b>	
	<ul style="list-style-type: none"> <li>• Technical assistance for the Project Coordination Unit (PCU) including for development of the Project Operations Manual (POM) and Contingent Emergency Response Component Project Operational Manual (CERC POM) Procurement of equipment and furniture,</li> </ul>
<b><u>Component 4: Contingent emergency response</u></b>	
	<ul style="list-style-type: none"> <li>• Government response capacity to an Emergency following the procedures governed by OP/BP 8.00 (Rapid Response to Crisis and Emergencies).</li> <li>• An Emergency Response Manual</li> </ul>

## 4. POTENTIAL ENVIRONMENTAL IMPACTS

### 4.1 The Existing Environment

#### 4.1.1 General Contexts

The Independent State of Papua New Guinea (PNG) is a lower-middle income, resource-rich country with a population of over 8 million. The population is characterized by a diverse number of social groups with over 800 distinct languages, with strong local and clan-based affinities and allegiances. 87 percent of the country's population live in rural areas and given its rugged topography and very poor transport infrastructure<sup>8</sup>, a large share of the population reside in remote and hard-to-reach areas. The average national population density is low at about 14 per km.

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<sup>8</sup> In 2016, PNG ranked 105 out of 160 in the World Bank's Logistics Performance Index for infrastructure. With less than 0.5 km of roads per square kilometer of land, PNG has one of the lowest levels of road density in the region.

## Project Location



Figure : Map of Papua New Guinea

[source: [https://www.cia.gov/library/publications/the-world-factbook/geos/print\\_pp.html](https://www.cia.gov/library/publications/the-world-factbook/geos/print_pp.html)]

### 41.2 Climate and Geography

While Papua New Guinea is rich in natural resources, it is also subject to extreme weather events and natural disasters. The economy is dominated by agriculture, fishery, and the oil/minerals sectors. Papua New Guinea is located within the tropical zone (latitude  $0^{\circ}$  equator to  $12^{\circ}$  S and longitude  $141^{\circ}$  E to  $156^{\circ}30'E$ ). It shares international boundary with Irian Jaya Province, Indonesia to the west and Australia lies to the south. Papua New Guinea has a total land area of 462,842 sq km and only 27 percent is occupied by people. The land is covered with tropical type vegetation of comprising forests (360,000 sq km), rivers, 1,940 sq km, coastline (5,152km), reefs (40 000 sq km), 5 380 lakes, and vast areas or grasslands and savannah woodlands.

Papua New Guinea has over 800 languages and cultural groups while natural environment is a niche to variety of biological species, mineral, petroleum and energy resources, and fresh air generated from natural primary forests. The country contains a range of protected, endemic, endangered, and rare biological species, while there are also various sites of significance to culture and heritage. These environmental conditions are vital to livelihood of the majority of the rural population for food, shelter, clothing, beverages, aesthetics and modern economic opportunities.

### 4.1.3 Social Assessment

More than 80 percent of the country's population lives in rural areas. Rural settlement patterns are extremely varied. A detailed social assessment (SA) was carried out in preparation of IMPACT Health and was formally disclosed by Government and the World Bank. While the findings of the SA carried out for IMPACT Health still stands valid today and also reflect the diversity of the social systems present in the country, it is expected to be updated with additional information from each province selected during implementation. The key findings of the SA are presented in a separate Social Assessment Plan (see outline in Annex 2).



## 4.2 Potential environment and social impacts of subproject activities

A summary of the potential risks and impacts for subproject activities include

- Infrastructure upgrade disturbance such as noise, dust, community health and safety risks, health worker safety, child labor, community
- Potential for contamination of water streams during infrastructure upgrade
- Air Quality Impact
- Generation of Construction Waste including potential asbestos containing material
- Generation of health care hazardous and non-hazardous waste
- Quality of Infrastructure Upgrade
- Exclusion of key Stakeholders in Meetings/Consultations resulting in Grievances
- Exclusion of IPs and especially women in stakeholder meetings
- Presence of NGO workers working in rural communities and acceptable cultural norms

Annex 3 provides appropriate mitigation measures and who should be responsible for managing the potential impacts.

## 5. LEGAL, POLICY FRAMEWORK AND REGULATORY REQUIREMENTS

This section describes the applicable World Bank safeguard operational policies (OPs) and country specific policy, legal and administrative frameworks and rules and regulations applicable to the IMPACT Health Project. This section also provides an overview of current gaps between Bank policies and existing country systems, relevant to the Bank's safeguard requirements.

### 5.1 World Bank Safeguard Policies

The World Bank's safeguard policies (also referred to as operational policies or OPs) cover environmental, social and legal aspects of proposed projects. Table 2 below identifies which safeguard policies have been triggered for the IMPACT Health, with a justification of the safeguard instruments applied in the preparation and implementation phases of the Project.

**Table 2      Applicable Safeguard Policies**

Policy	Purpose/Applicability	Instrument/Requirement
<p>OP4.01 Environmental Assessment</p>	<p>The project design as currently conceived poses a low environmental and social risk, in this instance it is considered a category B project.</p> <p>It is understood that civil works at the health facilities are planned to be repairs and refurbishment, therefore minor with limited potential to cause environmental harm.. The number of facilities and types of repairs/ refurbishment will depend on the provinces selected. No new construction is expected to be undertaken as the civil works will look at existing buildings.</p> <p>Matters for consideration include inventory control of chemicals and medicines, medical and general waste management and health and safety awareness/training for frontline staff. Since the provinces to be selected are yet to be identified, the location and details of sub-project investments will not be known until implementation, for this reason, an Environmental and Social Management Framework (ESMF) has been prepared and distributed for disclosure prior to appraisal.</p> <p>At this early stage, it can be determined that</p>	<p>Environment and Social Management Framework (ESMF). Each activity will be screened, and depending on the scale of the province selected a high level social assessment and stakeholder engagement framework will cover the activities in the project.</p>

	there will be no new construction and no new land acquisition. As the health centers to be refurbished/repared are yet to be determined under the project, in this regard, typical health centers, will focus on level 1-4 facilities, i.e., primary care facilities only. The services provided by level 1-4 facilities are quite basic. Therefore, while managing medical waste will be assessed during preparation, the amount of medical waste generated by a typical facility is expected to be relatively small for safeguards.	
OP4.11 Physical Cultural Resources	The project will undertake minor civil works at the existing health facilities and will not require construction on land with known physical cultural resources (PCR). This is therefore, <b>not relevant to the project.</b>	<b>OP4.11 is not triggered.</b>
OP4.10 Indigenous Peoples	In Papua New Guinea, the people are largely considered indigenous. Since the vast majority of potentially affected population is indigenous, no separate instrument will be required, but relevant elements of the policy are integrated into project design, including the facilitation of community engagement, ongoing community consultation and awareness Project.  A social assessment and free, prior and informed consultation process (including broad community support) will be	Stakeholder Engagement Framework (ESF) and a Social Assessment Plan are prepared to guide implementation of the project.  The SEF will identify key stakeholders, and describe mechanisms for consultation and disclosure of safeguard policies.  A high level SA has been prepared for project

	undertaken during project preparation to inform project design and the ESMF.	implementation and is included into the ESMF.  Process of free, prior and informed consultation with beneficiaries and consultation notes and record of agreements.
OP4.12 Involuntary Resettlement	Minor civil works will be undertaken on existing health facilities, which will <b>not require land</b> , therefore it is anticipated that no involuntary resettlement will take place in this project.  However, through regular community engagement and consultation, clear communication related to project design will be provided to affected communities (in the selected provinces). The project will ensure that appropriate community consultations take place	<b>OP4.12 is not triggered.</b>  Stakeholder Engagement Framework and Social Assessment Plan

## 5.2 National Requirements

GoPNG has a well-established regulatory framework that provides measures to improving health services.

The following laws contribute to the regulatory framework for health system functioning in PNG: Poisons and Dangerous Substances Act (1952); Disaster Management Act (1984); HIV/AIDS Management and Prevention Act (2003); The Public Hospitals (Charges) Act (1972) provides for user fees to be charged at public hospitals. The National Health Administration Act (No.325 of 1997) intended to provide a framework for coordination between the National Department of Health and provincial authorities, and the Provincial Health Authority Act (2007). The National Health Administration Act provides guidance for the administration of health services in accordance with the

principles of decentralization contained in the Organic Law on Provincial and Local Level Governments and for related purposes.

The NDoH has responsibility for setting policies, developing standards and guidelines, procuring pharmaceuticals and medical supplies, surveillance, and managing public hospitals including Port Moresby General Hospital, one psychiatric specialist hospital and provincial hospitals. Provincial and local governments are responsible for funding and delivery of rural health services, and implementing all policies and programs according to the set goal and vision of the national government. Health advisors coordinate the health planning process within the provincial government planning framework.

### 5.2.1 National Constitution

The Constitution of the Independent State of Papua New Guinea 1975 The Constitution has three relevant goals for the IMPACT Health Project:

Goal 1 Integral Human Development	improvement in the level of nutrition and the standard of public health to enable our people to attain self-fulfillment
Goal 2 Equality and Participation	and states that 'all citizens to have an equal opportunity to participate in, and benefit from, the development of our country'.
Goal 4 Natural Resources and the Environment	be conserved and used for the collective benefit of us all, and be replenished for the benefit of future generations... . (1) wise use to be made of our natural resources and the environment in and on the land or seabed, in the sea, under the land, and in the air, in the interests of our development and in trust for future generations; and (2) the conservation and replenishment, for the benefit of ourselves and posterity, of the environment and its sacred, scenic, and historical qualities; and (3) all necessary steps to be taken to give adequate protection to our valued birds, animals, fish, insects, plants and trees.'
Goal 5 Papua New Guinean Ways'	To achieve develop primarily through the use of Papua New Guinean forms of social, political and economic organization'. It calls for: (1) a fundamental re-orientation of our attitudes and the institutions of government, commerce, education and religion towards Papua New Guinean forms of participation, consultation, and consensus, and a continuous renewal of the responsiveness of these institutions to the needs and attitudes of the People; and (2) particular emphasis in our economic development to be placed on small-scale artisan, service and business activity; and

	<p>(3) recognition that the cultural, commercial and ethnic diversity of our people is a positive strength, and for the fostering of a respect for, and appreciation of, traditional ways of life and culture, including language, in all their richness and variety, as well as for a willingness to apply these ways dynamically and creatively for the tasks of development; and</p> <p>(4) traditional villages and communities to remain as viable units of Papua New Guinean society, and for active steps to be taken to improve their cultural, social, economic and ethical quality.</p>
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## 5.2.2 Institutional and Sector Framework

### National Health Plan 2011-2020

The NHP 2011-2020 sets the goal of strengthening PHC for and improving service delivery for the rural majority and the urban disadvantaged. The NHP includes eight KRAs to monitor progress towards this goal. These are: (i) improving service delivery; (ii) strengthening partnerships and coordination with stakeholders; (iii) strengthening health systems; (iv) improving child survival; (v) improving maternal health; (vi) reducing the burden of communicable diseases; (vii) promoting healthy lifestyles; and (viii) improving PNG's preparedness for diseases outbreaks and emergency population health issues. An instrumental policy to the achievement of these KRAs is PNG's Free Primary Health Care and Subsidized Specialized Care policy

## 5.2.3 Regulations

- District Development Authority Act 2014
- Provincial Health Authorities (Amendment) Act 2013
- Environmental Act 2000
- Environmental Regulations 2002 (Prescribed Activities)

## 5.2.4 National Policies

### National Health Service Standards for Papua New Guinea 2011-2020 Vol 2 Chapter 4: Quality Standards for Health Services in Papua New Guinea and Health Service Accreditation

The Quality Standards for Health Services in Papua New Guinea is to ensure that those who provide clinical and primary health care services, or who govern or manage them, to achieve safe, high quality outcomes for their patients and their communities with the objective to ensure that all health services must also be efficient, effective, accessible, appropriate and acceptable to those who use them.

### **National Health Service Standards for Papua New Guinea 2011-2020: Volume Three Design Standards for Health Facilities in Papua New Guinea**

Design Standards for Health Facilities in Papua New Guinea provides guidance on ensuring that capital developments meet the cultural needs of the users. Whilst they drawn from existing international standards they must be modified where appropriate to reflect the needs of PNG clients and clinicians.

### **National Infection Prevention and Control Policy 2018**

The Infection Prevention and Control Policy (IPC) sets the framework for safe, effective and quality delivery of healthcare services based on principles and standards of infection prevention and control practices throughout PNG. It is established in compliance with NHSS 2011-2020 and has the primary purpose to provide leadership to all health services on how to effectively prevent , manage and control healthcare associated infections, in order to minimise the adverse health impacts on patients treated within healthcare facilities.

### **Assets Management Policy 2015**

The development and implementation of this policy is in line with the National Health Plan 2011-2020 to improve service delivery. Its implementation will be in compliance with the National Health Service Standards (NHSS) 2011-2020. The Policy provides guidance for development and use of strategic infrastructure planning at the appropriate national, provincial, local level, Project and health facility level. The Policy also outlines strategies to improve on accountability, safekeeping and maintenance of health assets and strengthen asset management practices throughout the life of each asset.

### **National Policy for Gender Equality and Women’s Empowerment 2011-2015**

This policy focuses on the 3 main components; Women Equality and Representation; Women Economic Empowerment; and Gender Based Violence and Vulnerability implemented through the Office for the Development of Women (ODW), Department for Community Development Gender Unit, and National Council of Women (NCW).

### **National Public Service Gender Equity & Social Inclusion (GESI) Policy**

This policy provides guidelines for officers and staff within Departments, Provincial Administrations and Agencies to mainstream gender equity and social inclusion into their internal business process and service delivery.

### **National Youth Policy 2007-2017**

This policy identifies nine key policy areas, including: Improving the quality of young peoples’ lives, accessing integrated education, nurturing sustainable livelihoods, promoting healthy lifestyles, building



stronger communities initiatives including youth-led enterprises, and counseling through youth friendly service centers.

### National Policy on Disability 2015 – 2025

This policy is focused on promoting responsible and coordinated action to remove barriers that hinder Persons With Disabilities from enjoying the same rights as all others. The rights and needs of Persons With Disabilities are two fundamental aspects of social equity. This Policy acknowledges the diverse and complex nature of social equity issues which relate to the rights and needs of Persons With Disabilities. The main issues being and among other are equal access to health and information.

### 5.3 Relevant Legislation for Sub projects and Activities.

Sub Projects and Activity	Relevant PNG Legislation and Policy
Occupational Health and Safety at Infrastructure Upgrade sites	<p><b>Industrial Safety, Health and Welfare Act 1961</b></p> <p>The Industrial Safety, Health and Welfare Act 1961 provides for the protection of Occupational Health and Safety amongst workers in construction or industry based work place. It is supported by the Industrial Safety, Health and Welfare Regulations 1965 and is administered by the Department of Labour and Industrial Relations.</p>
Water Supply and Sanitations	<p><b>Public Health (Drinking Water) Regulation 1984</b> The <b>Public Health (Drinking Water) Regulation 1984</b> provides for the construction of water supply and treatment installations, prescribe standards for “raw water”, i.e. untreated water and standards for “drinking water, i.e. treated water that is supplied for use by consumers, and regulate inspections, sampling and analysis for water supplied under these Regulations.</p> <p><b>National WaSH Policy 2015.</b> Sector-wide national policy on the development, management and implementation of the water supply and sanitation sector development and service provision plans with</p>

	the goal of improving the quality of life through providing equitable access to safe, convenient and sustainable water supply and sanitation, and to promote improved hygiene practices and long-term hygiene behavior change.
Construction or renovation of structure	<b>Building Act 1971 and Regulations</b> An Act to relate and control construction. Includes controls on demolition, construction, excavations, sanitary facilities, fire controls, etc. relating to the safety of buildings and other structures.

## 6. PROCEDURES TO ADDRESS ENVIRONMENTAL AND SOCIAL ISSUES

This section describes the procedures put in place to determine the categorization of project activities based on their potential environment and social impact and how these impacts will be managed through various mitigation and management plans. Subprojects and subproject activities will be consistent with these procedures. These procedures are to ensure that WB safeguard policies are followed.

### 6.1 Environment and Social Safeguard Instruments

**Table 3 Proposed safeguard instruments:**

Safeguard Policy	Type of Sub Project	Applicable Instrument
OP4.10 Environmental Assessment	All subprojects or activities	Safeguard Screening Form (Annex 4)
	Category A	Not eligible for funding under the IMPACT Health Project
	Category B (Geographically, identified impacts	ESMF

	that can be mitigated)	
	Category C (Negligible or minimal potential impacts that are easily mitigated)	Environmental Code of Practice (ECOP) Provisions in the Bidding and Tender Documents as well as in Contract Agreements
OP4.10 Indigenous People	All subproject and activities	Stakeholder Engagement Framework (SEF) Safeguard Screening Form (Annex 4) Provisions in Bid and Tender Documents and Partnership Agreement. Social Assessment as part of a limited ESIA Free Prior and Informed Consent (FPIC)
Environment Health and Safety Guidelines	Infrastructure Upgrade Component 1.2	Provisions in the Bid and Tender Document and in Contract Agreement

The Subproject contractors will prepare and submit screening documents and safeguards instruments. The PCU will be responsible for the review and approval of safeguards documents with the support of the World Bank safeguards and ensure subproject safeguard requirements are properly implemented.

## 6.2 Procedures for Component 1.2

**Component 1.2** will involve minor civil works, such as refurbishment and maintenance of health infrastructure (electrical, water and sanitation). The table below describes specific steps to take to assess the environmental and social risk and mitigation measures to be taken.

<b>Step One - Screening</b>	Each project activity will be screened by the subproject contractors in the specific provinces according to the following decision
	<ul style="list-style-type: none"> <li>Does activity have potential to cause adverse impact (social or environmental) building on the type of impacts possible found during scoping and now relevant to precise place and context of proposed activity?</li> </ul>
	<ul style="list-style-type: none"> <li>If no, the activities are cleared from a safeguard perspective.</li> </ul>
	<ul style="list-style-type: none"> <li>If yes, are the impacts irreversible</li> </ul>
	<ul style="list-style-type: none"> <li>If no, do any of the activities result in any impact listed under (the ineligibility list)</li> </ul>
	<ul style="list-style-type: none"> <li>If yes, the activity is excluded</li> </ul>
	<ul style="list-style-type: none"> <li>If no, can the impacts be reasonably avoided, minimized and mitigated</li> </ul>

	<p>with known measures?</p> <ul style="list-style-type: none"> <li>• If yes, the activity is excluded</li> <li>• If no, the activity is excluded or a compensation/offset plan is added to the appropriate safeguard instrument</li> <li>• If yes, identify the appropriate safeguard instrument to be prepared to describe the impact, list the known mitigation measures, assign roles and responsibilities and estimate a budget for execution.</li> <li>• Prepare required instrument and seek/gain approval from World Bank.</li> </ul>
<b>Step Two – Determine safeguard instrument</b>	<ul style="list-style-type: none"> <li>• Following this, each project activity will be screened using the ineligible list and screening form in Annex 4.</li> <li>• The form is used by the IA to determine the appropriate safeguard instrument required according to the type of activity and possible level of impact or disturbance. primary safeguard instrument for civil works is likely to be an environmental assessment</li> </ul>
<b>Step Three - Assessment and Consultations</b>	<ul style="list-style-type: none"> <li>• Qualified independent consultants or technical specialists Environmental and Social Assessments (EA/SA) to identify the level of adverse impacts of subprojects and proposed activities prior to any works taking place.</li> <li>• Under OP4.10 and OP4.12, a Social Assessment (SA) is required for Category B subprojects where communities or individuals may be adversely impacted. The SA will determine the degree to which communities and identified Indigenous Peoples (if present) could be adversely affected by project activities</li> <li>• Mitigation measures will also form part of the EA/SA documentation and reviewed by the bank for safeguard compliance.</li> <li>• Such measures will be developed in accordance with national legislation, applicable ECOPs, design standards and technical specifications where relevant to help prevent potential environmental impacts. The Bank will review and clear the safeguards instruments prepared by the subproject beneficiary for of proposed mitigation measures.</li> </ul>
<b>Step Five- Prepare</b>	<ul style="list-style-type: none"> <li>• Identify appropriate safeguard instrument</li> <li>• Assessment for any potential project-induced social and environmental impacts that could arise during implementation is complete, Management</li> </ul>

<b>Management Plans.</b>	<p>or Action Plans will be prepared.</p> <ul style="list-style-type: none"> <li>• Prepare Project- and subproject-specific plans for Bank review and approval</li> <li>• Highlight any mitigation measure for environment and social impact subprojects with very limited risks and impacts (Category B/C), ECOPs or equivalent guidelines can be applied.</li> </ul>
<b>Step 6 – Implementation of Mitigation Measures.</b>	<ul style="list-style-type: none"> <li>• Mitigation and management measures for assessing, controlling and managing any environmental or social impacts should be outlined in the project document (e.g. site selection criteria, diligent construction management, control measures)</li> <li>• These measures will be implemented by contractors and supervised by the Safeguards Officer at PCUPCU. Performance indicators should be defined to ensure the effectiveness of measures in place, which can be monitored and reported on throughout the project lifecycle</li> </ul>
<b>Step Seven – Monitoring and Reporting</b>	<ul style="list-style-type: none"> <li>• Monitoring effectiveness of implemented mitigation and management measures and to ensure compliance of the contractor with the approved EMP.</li> <li>• Safeguard Officer at PCU to Environmental indicators will be tasked with monitoring compliance by contractors throughout implementation.</li> <li>• A completion audit should be undertaken once the subproject is complete.</li> </ul>

The IMPACT Health subprojects are classified as **Category B**. Specific subprojects in selected provinces will require a simple ESMP as per World Bank guidelines. The ESMP will address the following aspects:

- Summary of impacts
- Description of Mitigation Measures
- Description of Monitoring Programs
- Institutional Arrangements/responsibilities
- Implementation Schedule and Reporting Procedures
- Cost estimates and sources of funds

A generic ESMP for this IMPACT Health sub projects can be located in Annex 4.

The Implementation Agency will prepare and submit screening documents and safeguards instruments. The Safeguards Coordinator within NDoH is responsible for the review and approval of safeguards

documents with the support of the World Bank safeguards team, will ensure that safeguards instruments are properly implemented.

## 7. GRIEVANCE REDRESS MECHANISM

World Bank funded projects are required to implement a Grievance Redress Mechanism (GRM) to receive and facilitate resolution of affected peoples' concerns, complaints, and grievances about the project's performance, including concerning environmental and social impacts and issues.

A GRM has been developed for IMPACT Health to manage any project-related complaints. The GRM is for all affected parties and anyone seeking satisfactory resolution of their complaints on any aspect of the project, including the environmental and social performance of the project. The mechanism ensures that: (i) the basic rights and interests of every affected person by poor performance, including environmental performance or social management of the project, are protected; and (ii) their concerns arising from the poor performance of the project during the phases of design, construction and operation activities are effectively and timely addressed.

The grievance process is based upon the premise that it imposes no cost to those raising the grievances (i.e., Complainants); that concerns arising from project implementation are adequately addressed in a timely manner; and that participation in the grievance process does not preclude pursuit of legal remedies under national law. A template has been included in Annex 5. Local communities and other interested stakeholders may raise a grievance at any time to the PCU.

## 8. PUBLIC CONSULTATION AND INFORMATION DISCLOSURE

### 8.1 Principles for Meaningful, Effective and Informed Stakeholder Engagement

The IMPACT Health project will ensure meaningful, effective and informed stakeholder engagement in the design and implementation of all sub-projects. Local communities and other key stakeholders are crucial partners for project delivery and promoting the objectives of the project.

**Stakeholder engagement** is about building strong, constructive, and responsive relationships that are critical for sound project design and implementation and project results. Effective stakeholder engagement enhances project acceptance and ownership and strengthens the social and environmental sustainability and benefits of supported interventions. Stakeholder engagement will not only promote the rights of stakeholders and community members to participate in decisions relating to the project that might affect them but it is also an effective means for achieving project outcomes.

**Principles of Free, Prior and Informed Consent will be applied in all consultations including stakeholders' engagements:**

- will be free of external manipulation, interference, coercion, and intimidation
- inclusive of gender and age representation for community engagements
- culturally appropriate in terms of the language used and how decisions are made for all groups including those marginalized and disadvantage groups
- prior and timely disclosure of accessible, understandable, relevant and adequate information, including draft documents and plans.
- Initiated early in the project design process, continued iteratively throughout the project cycle, and adjusted as risks and impacts arise.
- Addresses social and environmental risks and adverse impacts, and the proposed measures and actions to address these.
- Seeks to empower stakeholders, particularly marginalized groups, and enable the incorporation of all relevant views of affected people and other stakeholders into decision-making processes, such as project goals and design, mitigation measures, the sharing of development benefits and opportunities, and implementation issues.
- Documented and reported in accessible form to participants, in particular the measures taken to avoid or minimize risks to and adverse impacts on the project stakeholders.
- Consistent with policy and legal framework noted in this ESMF

## 8.2 Stakeholder Engagement

The Project consultation will be guided by a Stakeholder Engagement Framework (SEF), based on identified community need and priorities ensuring a cultural focus based on the province selected during implementation. This will require participatory planning with interested and eligible communities in target wards. Communities will be supported throughout the process from concept to planning and implementation by the Safeguards Officers NDoH. To ensure the participatory process is inclusive, fair and equitable, the following principles will be applied:

- At the earliest opportunity, a community should be advised of the Project and how to gain further information about participating.
- All communities will be approached openly in an effort to collaborate and be made aware of the conditions to participate in the project.
- Consultation is a two-way process, with an exchange of information where both the proponent and communities put forward their points of view and to consider other perspectives or priorities.
- All project beneficiaries shall be engaged in a culturally appropriate manner based on free, prior and informed consultation (FPIC)<sup>9</sup>.
- Engagement activities shall consider inclusivity; gender equality, illiteracy, disabilities to ensure dialogue and activities are **inclusive** and meet the needs of all segments in society.
- Communication consultation will take place in ad hoc, beginning early in the project preparation stage and throughout the project cycle and allow for timely disclosure of relevant information.
- Consultation will be documented and adequately resourced to capture stakeholder views about the project.
- Stakeholders and affected communities should have timely and meaningful inputs to, and participation in, any phases or aspects of projects that directly affect them and all inputs should be treated equitably and with respect.
- All parties do not have to agree to a proposal; however as a result of undertaking consultations, at least points of difference will become clearer or more specific.

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<sup>9</sup>Since OP4.10 is triggered, consultation must follow the key principles of FPIC which includes:(i) **FREE** – Information should be transparent and free from coercion or bias and conducted in a manner that allows Indigenous Peoples to openly express their preferences or concerns without intimidation or trepidation; (ii) **PRIOR** – Consultation starts as early as possible in the project planning. This includes giving Indigenous Peoples / Ethnic Minorities sufficient time to go through the traditional processes of decision-making, deliberation and consensus-building, such that the preferences or concerns raised by Indigenous Peoples communities may be considered before project design decisions or implementation arrangements are finalized; (iii) **INFORMED** - Indigenous Peoples / Ethnic Minorities must be given enough information, transparent about the project scale, and in such a way that allows them to understand fully the impacts being discussed with them and feed into the decision-making process where appropriate, and had sufficient opportunity to consider relevant information about the project; (iv) **CONSULTATION** – An inclusive process that allows Indigenous Peoples / Ethnic Minorities to participate *meaningfully* in decisions directly affecting them, including proposed management and mitigation measures and benefit sharing or distribution, through methods that enable concerns of women, the elderly, or others who customarily may not be expected or allowed to participate in community meetings to be considered.



OP4.10 policy objectives requires that the implementing agencies undertake a process of FPIC that results in a collective expression by Indigenous Peoples and Vulnerable persons of broad community support for the project. The Bank may determine whether these stakeholders have provided **broad community support** to a proposed project and will cover this in the Stakeholder Engagement Framework (Annex 7).

All consultation activities such as awareness-raising, meetings, forums, committee meetings and other will be **documented** by the safeguards officer NDoH.

### 8.3 Information Disclosure

Information disclosure is mandated by OP4.01, OP4.10 and OP4.36, and the Bank's Disclosure Policy. Dedicated channels for information dissemination will be established to ensure consistent communication at national, sub-national and local levels throughout the Project. Safeguard instruments must be disclosed in a language and format accessible to people, communities and civil society who may be interested in, or affected by, project activities to ensure sufficient understanding of the project activities, potential impacts and management arrangements, as well as the grievance redress mechanism. Translation of documents (and/or summary) in Tok Pisin will be required.

The development of the Stakeholder Engagement Framework will include detail on process and methodology for discussion with key stakeholders including the Implementing Agency, Government Ministries, Development Partners and Civil Society Organizations (CSOs) with an interest in the Project. Implementation requirements and responsibilities for safeguards relevant to IMPACT Health were discussed with key stakeholders and feedback was sought on the draft ESMF during the preparation in July and August 2019.

## 9. PROJECT IMPLEMENTATION ARRANGEMENTS, RESPONSIBILITIES AND CAPACITY BUILDING

### 9.1 Project Implementation and Responsibilities

#### 9.1.1 National Level

The National Department of Health (NDoH) is the Implementing Agency (IA) for IMPACT Health. Day-to-day operation of the project shall be managed by the IMPACT Health PCU whose office shall be based at NDoH. The Project Coordinator will report to the Secretary, NDOH, or, to the Secretary's designee.. The Project Coordinator will have overall responsibility for: (i) contracting consultants and guiding their work; (ii) monitoring and evaluation activities; (iii) reporting on implementation progress; (iv) effective implementation of the environmental and social safeguards framework; and (v) implementing project activities within budget and according to schedule. Technical staff including Procurement Specialist, Financial Management Specialist, Communication Specialist, Monitoring & Evaluation Specialist, and Administrative Assistant are expected to be hired to support the work of the Project Coordinator. Where is will be feasible, technical assistance will be shared with the PCU for the Emergency TB Project.

#### **Figure 1 IMPACT Health Institutional Arrangements (Proposed Flow Chart))**

The PCU will be responsible to support the NDOH for the following tasks:

- (a) preparation, approval and adoption of the POM and the CERC POM;
- (b) overall administration of the Project, including the preparation of annual work plans and budgets;
- (c) overall implementation of Project activities, with the support of the NDOH technical departments, and those PHAs participating in the Project;
- (d) overall administration of financial management, procurement, environmental and social safeguards management, and communication on all Project activities;
- (e) overall monitoring, evaluation and reporting of Project activities and DLIs, including submission of findings by the independent verification agent (IVA) on which funds will be disbursed against DLIs;
- (f) organization of quarterly reviews, ensuring that the World Bank implementation support reviews are timed to match at least two of these quarterly reviews per year; and
- (g) preparation of semi-annual progress reports covering all aspects of implementation such as Project activities and the achievement of DLIs, as well as the fiduciary aspects and disbursements.

#### 9.1.2 Sub National Level

A Memorandum of Understanding (MoU) between the NDoH and PHA will also be required for a

province to be eligible for the Competitive Provincial DLIs (C-DLIs). The MoU will lay out the roles and responsibilities of the NDoH and PHAs in implementing component 2 and require compliance with the POM.

## 19.2 Province selection

The selection process for the four Early Adopter and Expansion Provinces to implement sub-components 1.1, 1.2 and 1.3 consists of 3 main steps. The first step is the application of pre-qualification criteria to determine eligible provinces. These criteria are: (a) The presence of a functioning PHA; (b) Health outcomes, as measured by the Sector Performance Annual Report (SPAR) reporting; (c) Level of Public Financial Management (PFM) capacity; (d) Regional representation; (e) Presence of development partners in Provinces; and (f) Convergence with the World Bank-financed Agriculture Project. With reference to the selection criteria 'b' and 'c' the objective is to include mid-level performers. Similarly, provinces that receive high levels of development partner support will not be considered. During the second stage of the selection process, the NDoH will invite PHAs in the provinces that meet all pre-qualification criteria to provide an Expression of Interest. In the third and final step, provinces will be selected based on the quality of these submissions. This process will be conducted twice during the life of the Project: the first time will be for the selection of two Early Adopter provinces and this will be completed prior to effectiveness (anticipated in January 2020). The second time will be for the selection of Expansion provinces and this will be completed prior to Project expansion (planned for June 2022). Based on the experience with Early Adopter provinces, the selection criteria for Expansion Provinces may be modified.

## 9.3 Capacity Building on Environment and Social Safeguards

Effective implementation of the Environmental and Social Management Framework will require capacity development for IMPACT Health IA, PHAs as well those responsible for implementing sub-projects at grass-root levels. Implementers need to understand inherent social and environmental issues and values and be able to clearly identify indicators of these.

### 9.3.1 Training objectives

The overall objective of the training will be to mainstream environmental and social consideration into participatory processes of sub-project identification, planning, implementation and mitigation as well as monitoring of the mitigation activities in the sub-projects and main projects activities.

The specific objectives of the training will include:

- Ensuring that key stakeholders understand the ESMF, how to apply it to sub-projects and other activities of IMPACT Health Project;

- Active involvement of stakeholders and projects affected communities in the screening of environmental and social aspects of IMPACT Health sub projects from design, planning, monitoring and implementation;

### 9.3.2 Scope of the ESMF Training

A capacity needs assessment will be conducted to identify requirements for strengthening capacity on social and environmental evaluation, screening, mitigation and monitoring. This will be done to ensure appropriate knowledge of environmental management of implementing institutions is still included in capacity building training of the IA and subproject. IMPACT Health aims to enhance capacity of social and environmental standards management.

Potential capacity building exercise will consider integration and fulfilment of the requirements of World Bank Environmental and Social Safeguards as well as those of the Environmental Act and other applicable policies and regulations. Training will be linked to the implementation of the ESMF as well as training on aspects influencing success of the ESMF (including the new World Bank Policy – the environment and social framework ESF).

Potential topics would include but are not limited to;

- Background of the IMPACT Health project – its objectives, target groups and footprints;
- Role of ESMF in implementation of IMPACT Health sub-projects;
- Environmental Act and relevant environmental regulations;
- World Bank Environmental and Social Safeguards;
- Project screening methods;
- Environmental Impact Assessment (EIA) and Environmental Audit (EA) procedures;
- Project activities screening for potential environmental and social impacts
- Development of environmental management/mitigation plan including preparing contractor clauses necessary to capture ESMP implementation needs.
- Roles and responsibilities for ESMF implementation, monitoring and reporting;
- Use of Standardised ESMPs by Communities to develop Simple Environmental Review reports.
- Understanding the GRM process and how to use it

The PCU will be trained by the Environmental Safeguards Specialist and Social Safeguards Specialist of the World Bank project team on the ESMF implementation, safeguards and procedural requirements of the World Bank.

All contractors are expected to disseminate and create awareness within their workforce of ESMP compliance, and any staff training necessary for their effective implementation. Where contractors do not have existing environmental staff, the Safeguards Officer within the NDoH will make arrangements for adequate capacity building within the workforce to be involved. Where construction work or minor civil works is to be undertaken by community members, training should be provided by a qualified

Occupational Health and Safety expert engaged by NDoH under the IMPACT Health Project who has been pre-trained on the project and ESMPs. That training should consist of an introductory talk, dissemination of the OHS guidelines, and an on-site pre-start checks to ensure compliance with OHS guidelines and ESMPs.

## 10. BUDGET COSTINGS

The costs of implementing the ESMF listed here are related to PCU costs.

Preparation Project Grant is being used for the initial preparation of the safeguards documents, other costs will be incurred during implementation. The main costs of implementing this ESMF relate to institutional capacity and stakeholder capacity building, ongoing consultation facilitation costs in selected provinces, Sub project screening, on site monitoring, outreach programs.

## 11 DOCUMENTING AND REPORTING

The PCU will ensure that all safeguards process are documented and reported in a timely manner, to ensure that IMPACT Health addresses any environmental and social potential risks through the appropriate processes such as GRM with the guidance of the relevant documentation in place (ESMF, SEF, SAF).

## ANNEXES

- Annex 1 Detailed Description of IMPACT Health Components
- Annex 2: Social Assessment Framework
- Annex 3: Management Plan for Potential Environment and Social Impacts of Subprojects
- Annex 4: Screen Form for Environmental and Social Impacts
- Annex 5: Generic ESMP template
- Annex 6 Grievances Redress Mechanism (includes GRM Form)
- Annex 7: Stakeholder Engagement Framework

## Annex 1 Detailed Description of the IMPACT Health Project Components

The Project is comprised of four components which are briefly described in the following paragraphs (see annex 1 for a detailed description) as follows:

### **Component 1: Increase service delivery readiness and community-based service delivery (US\$12.4 million)**

1. Component 1 seeks to increase readiness to deliver frontline health services as well as to trial and scale up community-based innovations to generate demand for and improve access to facility and outreach-based health services. Frontline health services are defined as those delivered at PHC facilities, i.e., levels 1-4, and services provided through outreach. Component 1 will finance the purchase of equipment and supplies, training, technical assistance (TA) and limited infrastructure upgrades.

2. This component includes four sub-components. Sub-components 1.1, 1.2 and 1.3 will be focused on four Selected Provinces, two Early Adopter Provinces to be identified prior to Project effectiveness and two Expansion Provinces to be selected prior to expansion (for a detailed description of the process to be followed for the selection of the four Selected Provinces please refer to the respective section in paragraph 75).

3. Implementation of province-specific activities under Sub-components 1.1, 1.2 and 1.3 will begin in the Early Adopter Provinces and potentially expanded to up to two Expansion Provinces assuming adequate implementation progress. Expansion will be considered after a review of implementation progress and is proposed in Year 3. However, expansion may be considered sooner if the Project implementation is deemed strong enough to merit it. Project disbursement levels will be one of the criteria used to ascertain implementation readiness for geographic expansion.

### **Sub-component 1.1: Strengthening readiness to deliver services at frontline facilities and through outreach (US\$5.0 million).**

This sub-component seeks to increase service delivery readiness at frontline health facilities (i.e., facilities at levels 1-4) in Selected Provinces. It is proposed that this sub-component will finance inputs to strengthen service delivery readiness. This may include training to build health workers' skills, procurement of equipment and supplies, ambulances, communications and information technology investments and infrastructure upgrades to bring health facilities up to national standards (i.e., water and electricity, provision of health care waste management equipment/supplies); no new facilities will be constructed. Activities financed under this sub-component will prioritize those that will contribute to closing the gender gap in health endowments between women and men, and between rural women and urban women. These include training to improve the quality of essential health services like family planning and ANC, the procurement of basic equipment to ensure the availability of services at frontlines facilities (e.g. fetal stethoscopes and delivery kits), and the purchase of ambulances to refer complicated cases to higher-level facilities. Finally, Sub-component 1.1 activities will also seek to increase capacity to screen for and deliver counseling and other support services to address gender-

based violence by taking advantage of ANC and other points of contact that women have with the health system. The investments proposed will be complementary and oriented to filling the gaps that exist. Furthermore, any investments in health facility infrastructure and equipment will aim to close the gaps identified in Provincial Health Service Development Plan and prioritize facilities based on ease of physical access and transport links, and the presence of a minimal complement of skilled staff.

**Sub-component 1.2: Innovations in community-based service delivery (US\$2 million).** The objective of this sub-component is to trial and subsequently scale-up digital innovations to improve access to and use of frontline health services. This sub-component will finance: (i) contracts with non-state providers to implement strategies to improve access to services at the community level, particularly digital innovations to supervise and support Community Health Workers and volunteers in remote rural communities, as well as to support citizen engagement and accountability for service delivery; and (ii) the costs of evaluating a proof-of-concept for implementation. Investments in community-based service delivery (particularly those in Community Health Workers and volunteers) are expected to contribute to increases in the uptake of health services. These efforts will particularly target pregnant women in order to reduce the number of preventable deaths among women driven by the low coverage and utilization of RMNCH-N services. Each of the two Early Adopter Provinces will implement one innovation. At the end of three years of implementation, these innovations will be evaluated to inform decisions on scaling up implementation to at least one district in each of the four Selected Provinces for this component.

**Sub-component 1.3: Strengthening readiness at Provincial Health Authorities (PHAs) (US\$3.25 million).** The objective of this sub-component is to build the capacity of PHAs in Selected Provinces on PFM and service planning, supportive supervision and performance management to ensure good quality service delivery. This sub-component will finance inputs to strengthen the functioning of PHAs. These may include training, TA, purchase of equipment to support performance monitoring and oversight, including tablets to support data collection and skills building during supervision, communications and information technology equipment and vehicles, as well as operating costs for supportive supervision and maintenance for vehicles procured. Supervision tools will be designed to cover key areas that affect the quality of RMNCH-N services such as the availability of critical inputs and the level of competency of health workers to deliver such services.

The specific capacities targeted by this sub-component include: PFM, service planning and supervision. Support provided through this component will complement that provided under the PNG Program of Advisory Services and Analytics (PASA), assuming there is geographic overlap in support. Support provided will also complement the Asian Development Bank (ADB) financed training to PHA Board leadership and PHA managers by delivering continuous assistance and mentoring.

**Sub-component 1.4: National oversight (US\$2.15 million).** The objective of this sub-component is to support national, primarily NDOH, oversight of the PHA reforms and of service delivery results at the frontlines. This sub-component will finance inputs and may include purchase of equipment to support performance monitoring and oversight, operating costs, training and TA.

This sub-component will also include financing for the following: (i) Contracting of the Independent



Verification Agent for Component 2; (ii) Costs associated with providing technical support to the PHAs; (iii) Finalization of the policy and regulatory framework for the PHA reforms as well as policy and analytics support to the NDOH on improving the delivery of frontline health services, if needed; and (iv) Communications and information sharing for PHAs and other key stakeholders on the Project as well as on results-based financing for Component 2.

Additional support for improved quality and monitoring of services will be available under the Primary Health Care Performance Initiative (PHCPI) to be financed outside the Project. PHCPI is a partnership between the World Bank Group, the WHO and Bill and Melinda Gates Foundation in collaboration with Results for Development and Ariadne Labs, to promote quality PHC for all, with a focus on low and middle-income countries.

**Component 2:** Improve frontline service delivery performance (US\$14.6 million). Component 2 aims to strengthen health systems as a means to improve frontline service delivery performance. Financing for this component will be provided based on results tracked by Disbursement Linked Indicators (DLIs). Financing under this component will be disbursed against evidence of achievement of DLI targets and documentation that the expenditures, identified in Eligible Expenditure Programs (EEP), to achieve DLI results have been incurred. The DLIs for IMPACT Health include a set of tracer indicators of health systems strengthening actions as well as their end results, i.e., services delivered and quality of care. The DLIs selected reflect the priorities identified in the NHP (2011-2020, as well as emerging priorities in the next Plan), National Health Service Standards and MTDP III. The results-linked financing provided through this component will seek to leverage investments to increase capacity to achieve improvements in frontline service delivery made under component 1 as well as by GoPNG and by other DPs therefore improving value-for-money delivered from public spending on health more broadly.

**Table 1 below describes the DLIs and Project financing allocated to each over the duration of the Project.**

The details of this table will be updated to reflect any changes in Project design subsequent to the decision meeting.

**Table 1: Disbursement Linked Indicators (DLIs) contribution to PDO**

DLI #	DLI	Province eligibility	Contributes to the PDO by improving	DLI Financing Value (US\$)	Time-bound*/ Scalable**
<b>National DLIs</b>					
DLI 1	National DLI 1: Memoranda of Understanding (MoU) signed with up to four (4) Selected PHAs	National result- Not applicable	Sector governance and performance oversight	600,000	Time-bound: Year 1 Target is time-bound; Year 3 Target is not time-bound;

DLI #	DLI	Province eligibility	Contributes to the PDO by improving	DLI Financing Value (US\$)	Time-bound*/ Scalable**
					Scalable: Yes
DLI 2	National DLI 2: Integrated Facility Supervision Checklist adopted and updated	National result- Not applicable	Quality	400,000	Time-bound: No; Scalable: No
DLI 3	National DLI 3: Timely transfer of PHA Performance Funds	National result- Not applicable	Flow of funds to the frontlines	1,500,000	Time-bound: Yes; Scalable: Yes
DLI 4	National DLI 4: National Performance Dashboard developed and updated	National result- Not applicable	Sector governance and performance oversight	600,000	Time-bound: Yes; Scalable: No
DLI 5	National DLI 5: Number of Selected Provinces that have achieved all Provincial DLIs	National result- Not applicable	Sector governance and oversight	1,000,000	Time-bound: Yes; Scalable: Yes
<b>Provincial DLIs</b>					
DLI 6	Provincial DLI 1: Number of PHAs in Selected Provinces with a complete Annual Implementation Plan submitted in a timely manner and in accordance with NDOH specifications	Provincial result- 4 Selected Provinces are eligible	Sector governance and Public Financial Management	1,600,000	Time-bound: Yes; Scalable: Yes
DLI 7	Provincial DLI 2: Percentage of Eligible Level 2-4 Health Care Facilities in Selected Provinces that have achieved a Minimum Service Quality Score	Provincial result- 4 Selected Provinces are eligible	Quality and performance oversight  PDO Indicator	2,100,000	Time-bound: Yes; Scalable: Yes
DLI 8	Provincial DLI 3: Number of PHA Boards that have used routine data for decision making	Provincial result- 4 Selected Provinces are eligible	Performance oversight. This DLI will incentivize the use of the electronic	800,000	Time-bound: Yes; Scalable: Yes

DLI #	DLI	Province eligibility	Contributes to the PDO by improving	DLI Financing Value (US\$)	Time-bound*/ Scalable**
			National Health Information System (eNHIS) and other routine data to produce performance dashboards to support PHA Board decision making.		
DLI 9	Provincial DLI 4: Percentage increase in the number of Outreach Visits in Selected Provinces	Provincial result-4 Selected Provinces are eligible	Use PDO indicator	2,100,000	Time-bound: Yes; Scalable: Yes
<b>Competitive DLIs</b>					
DLI 10	Competitive DLI 1: Percentage increase in the number of pregnant women who have received four (4) or more ANC check-ups	Provincial result-all PHA Provinces are eligible <i>Awarded to top 2 improvers over baseline</i>	Use PDO indicator	1,200,000	Time-bound: Yes; Scalable: Yes
DLI 11	Competitive DLI 2: Percentage increase in the number of children under one year of age who have received DPT-3	Provincial result-all PHA Provinces are eligible <i>Awarded to top 2 improvers over baseline</i>	Use PDO indicator	1,200,000	Time-bound: Yes; Scalable: Yes
DLI 12	Competitive Provincial DLI 3: Increase in the number of registered DSTB patients on treatment who have been cured	Provincial result-all PHA Provinces are eligible <i>Awarded to top 2 improvers over baseline</i>	Use PDO indicator	1,500,000	Time-bound: Yes; Scalable: Yes

\*Time-bound: Target must be achieved within the indicated time period. Funding associated with DLI targets may not be disbursed if achievement is delayed

\*\*Scalable: DLI funding may be disbursed against partial achievement based on a specified formula in the DLI Operational Manual.



## Annex 2 Social Assessment Framework

A social assessment framework has been prepared and forms part of this ESMF

Annex 3 Management Plan for potential environment and social impacts of subprojects activities

<b>Component 1: Increase service delivery readiness and community-based service delivery</b>			
<b>Sub Component 1: 1 Strengthening readiness to deliver services at frontline facilities and through outreach</b>			
<u>Project Type</u>	Potential Risk/Impact	Mitigation or Management Tool	Who is responsible
Purchase of equipment and supplies.	Positive impact on work performance with improved use of equipment and supplies	ESMP	PCU
Delivery of training	Positive impact on skills enhancement for workers	ESMP	Contractor
Limited infrastructure upgrades (refurbishment of existing health facilities with reliable electricity, water, sanitation and communication facilities)	The positive impacts are that design of works include reliance of buildings will benefit adaptation to climate change	ESMP Contract Document	PHA/PCU
	Infrastructure upgrade disturbance such as noise, dust, community health and safety risks, health worker safety, child labor, community	ESMP Health Care Waste Management Plan	Contractor PHA/PCU
	Potential for contamination of water streams during infrastructure upgrade	ESMP	Contractor
	Air Quality Impact	ESMP	Contractor
	Generation of Construction Waste including potential asbestos containing material		
	Generation of health care hazardous and non-hazardous waste	ESMP PNG National Health Service Standards WHO (2014) Good International Practice Health Care Waste Management Plan	Contractor

	Quality of Infrastructure Upgrade	Scope of work to be checked by qualified Tradesman or Engineer NHSS	PCU
	Exclusion of Key Stakeholders in project meetings	SEF	PCU
	Ongoing Maintenance Costs	MOU	PHA/NDoH
1.1.4 Communication Campaigns on Climate Change	Positive impact on workers who will gain improved skills in climate change communication which will build up resilience of communities to climate change	SEF	Contractor
5 Gender Program (Closing Endowment in women's endowment to health) Frontline facilities infrastructure and amenities Basic equipment RMNCH-N Skills and service delivery Community Outreach aimed at reducing cultural and gender barriers and generate demand for health services Capacity enhancement in routine reporting data e-NHIS-2 and gender disaggregated monitoring of indicators Capacity enhancement in counseling and other support services for gender based violence	Positive impact on RMNCH-N, counseling and routine reporting data and gender aggregated data monitoring skills enhancement of workers, improved infrastructure and amenities for women and improvement in reducing cultural barriers and improvement in access to health service by women.	SEF	PCU
<b>Sub-component 1.2: Digital Innovations in community-based service delivery</b>			
Subproject Type	Potential Risk/Impact	Mitigation or	Who is responsible



		Management Tool	
Digital innovations to supervise and support community health workers and volunteers in remote rural communities	Exclusion of Stakeholders in Meetings/Consultations resulting in Grievances	SEF	NDoH /PCU
Project evaluation for proof-of-concept after 3 years to inform scale up decision in 1 district per province	NGO workers working in rural communities		
<b>Sub-component 1.3: Strengthening readiness at Provincial Health Authorities (PHAs)</b>			
<u>Subproject Type</u>	Potential Risk/Impact	Mitigation or Management Tool	Who is responsible
Capacity Building Training for PHAs on PFM and service planning, supportive supervision and performance management	Positive Impact on Skills Enhancement	SEF	PCU
<b>Sub-component 1.4: National oversight</b>			
<u>Subproject Type</u>	Potential Risk/Impact	Mitigation or Management Tool	Who is responsible
National oversight of PHA reforms and monitoring of service delivery results at frontline	Positive impact on developing capacity of PHAs	SEF	PCU
<b>Component 2: Improve frontline service delivery performance</b>			
<u>Sub Project Type</u>	Potential Risk/Impact	Mitigation or	Who is responsible

		Management Tool	
Track results of health system strengthening Disbursement Linked Indicators (DLIs) and leverage investments to increase capacity to achieve improvements in frontline service delivery	Positive impact on skills enhancement for people involved and health system strengthening	SEF	PCU
<b>Component 3: Project management</b>			
IMPACT Health PCU Program Management capacity enhancement.	Positive impact in skills enhancement for people involved and health system strengthening	SEF	PCU
<b>Component 4: Contingent emergency response</b>			
Sub Project Type	Potential Risk/Impact	Mitigation or Management Tool	Who is responsible
4.1 Capacity enhancement for emergency response following the procedures governed by OP/BP 8.00 (Rapid Response to Crisis and Emergencies).	There will positive impact in emergency response skills enhancement for government personnel and systems improvement for responding to emergency.	SEF	PCU
	Exclusion of key stakeholders including IPs in meetings		
4.2 Support to Gender	Positive impact in skills enhancement for health service workers and improved access to health services for women	SEF SAF	PCU
	Exclusion of IPS and especially women and girls in key stakeholders in meetings		

## Annex 4 Screening for Potential Environmental and Social Impacts

Use this form to screen for potential environmental and social safeguards issues of activities eligible for financing, Determine World Bank policies triggered and the instrument to be prepared for the activities planned.

<b>Project Name</b>	
<b>Project Location</b>	
<b>Project Proponent</b>	
<b>Project Type</b>	
<b>Estimated Cost</b>	
<b>Project Duration</b>	

Screening Question	Yes	No	Significance of the Effect (Low/Moderate/High)	WB Policy Triggered	Document required if YES
Will construction and operation of the Project involve actions which will cause physical changes in the locality (topography, land use, changes in water bodies, etc)			LOW	Environmental Assessment	General EHS Guidelines - EWM
Will the Project involve use, storage, transport, handling or production of substances or materials which could be harmful to human health or the environment or raise concerns about actual or perceived risks to human health			LOW	Environmental Assessment	HWMP General EHS Guidelines - EWM
Will the Project produce solid wastes during construction or operation?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Will the Project release pollutants or any hazardous, toxic or noxious			LOW	Environmental Assessment	HWMP General

substances to air?					EHS Guidelines - EWM
Will the Project cause noise and vibration or release of light, heat energy or electromagnetic radiation?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Will the Project lead to risks of contamination of land or water from releases of pollutants onto the ground or into surface waters, groundwater or coastal waters?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Will the project cause localized flooding and poor drainage during construction?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Is the project area located in a flooding location?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Will there be any risks and vulnerabilities to public safety due to physical hazards during construction or operation of the Project?			LOW	Indigenous People	General EHS Guidelines - EWM
Are there any transport routes on or around the location which are susceptible to congestion or which cause environmental problems, which could be affected by the project?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Are there any routes or facilities on or around the location which are used by the public for access to recreation or other facilities, which could be affected by the project?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Are there any areas or features of high landscape or scenic value on or around the location which could be affected by the project?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Are there any other areas on or around the location which are			LOW	Environmental Assessment	General EHS

important or sensitive for reasons of their ecology e.g. wetlands, watercourses or other water bodies, mountains, forests which could be affected by the project?					Guidelines - EWM
Is the location within or adjacent to the coastal zone? If so, what is the distance to the coast?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Are there any areas on or around the location which are used by protected, important or sensitive species of fauna or flora e.g. for breeding, nesting, foraging, resting, migration, which could be affected by the project?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Are there mangrove, coral reef, sea grass bed, turtle beach habitats etc within close proximity?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Is the project located in a previously undeveloped area where there will be loss of green-field land			LOW	Environmental Assessment	General EHS Guidelines - EWM
Will the project cause the removal of trees in the locality?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Can any of the identified historic or culturally importance sites on or around the location be affected by the project?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Are there existing land uses on or around the location e.g. homes, gardens, other private property, industry, commerce, recreation, public open space, community facilities, agriculture, forestry, tourism, mining or quarrying which could be affected by the project?			LOW	Environmental and Social Assessment	General EHS Guidelines – EWM  SEF

Are there any areas on or around the location which are densely populated or built-up, which could be affected by the project?			LOW	Environmental Assessment	General EHS Guidelines – EWM  SEF
Are there any areas on or around the location which are occupied by sensitive land uses e.g. hospitals, schools, places of worship, community facilities, which could be affected by the project			LOW	Environmental Assessment	General EHS Guidelines – EWM  SEF
Are there any areas on or around the location which contain important, high quality or scarce resources e.g. groundwater, surface waters, forestry, agriculture, fisheries, tourism, minerals, which could be affected by the project?			LOW	Environmental Assessment	General EHS Guidelines – EWM  SEF
Are there any areas on or around the location which are already subject to pollution or environmental damage e.g. where existing legal environmental standards are exceeded, which could be affected by the project?			LOW	Environmental Assessment	General EHS Guidelines - EWM
Will the project involve treatment of Solid Waste, if so indicate the amounts, nature of waste and briefly describe proposed waste management technologies to be implemented on site?			LOW	Environmental Assessment	General EHS Guidelines - EWM
How many workers will be needed for the subproject, with what skill set, and for what period?			LOW	Social Assessment	SEF
Can the project hire workers from the local workforce?			LOW	Social Assessment	SEF
Will there be workers brought in from outside?			LOW	Social Assessment	SEF
Will a camp be required to house			LOW	Social	SEF

these incoming workers?				Assessment	
Will the incoming workers be from a similar socio-economic, cultural, religious or demographic background?				Social Assessment	SEF
Given the characteristics of the local community, are there any adverse impacts that may be anticipated?				Social Assessment	

### Objective and Scope of Preparation of Environmental and Social Management and Monitoring Plan (ESMP)

An ESMP will need to be developed in accordance with the ESMF of the Project for sub projects under Component 1. This is to ensure short and long term environmental and social impacts that arise as a result of work carried out under Component 1 of the IMPACT Health Project are managed.

An ESMP could be developed based on the scope presented;

SCOPE OF THE ESMP	
Identification of impacts and description of mitigation measures	Clearly identify any likely impact from each activity. Secondly, feasible and cost-effective measures to minimize impacts to acceptable levels should be specified with reference to each impact identified. Provide details on the conditions under which the management measure should be implemented (ex; routine or in the event of contingencies) The ESMP also should distinguish between type of solution proposed (structural & non-structural) and the phase in which it should become operable (design, construction and/or operational).
Enhancement Plans	Positive impacts or opportunities arising out of the project need to be identified during the preparation of the check list Environmental Assessment and Social Screening process where applicable. Some of these opportunities can be further developed to draw environmental and social benefits to the local area. The ESMP should identify such opportunities and develop a plan to systematically harness any such benefit
Monitoring Project	In order to ensure that the proposed mitigation measures have the intended results and complies with national standards and Bank requirements, an environmental performance monitoring Project should be included in the ESMP. The monitoring Project should give details of the



	<p>following;</p> <ul style="list-style-type: none"> <li>• Monitoring indicators to be measured for evaluating the performance for each mitigation measure (for example national standards, engineering structures etc.).</li> <li>• Monitoring mechanisms and methodologies</li> <li>• Monitoring frequency</li> <li>• Monitoring locations</li> </ul>
Institutional arrangements	Institutions/parties responsible for implementing mitigation measures and for monitoring their performance should be clearly identified. Where necessary, mechanisms for institutional co-ordination should be identified as often monitoring tends to involve more than one institution
Implementing schedules	Timing, frequency and duration of mitigation measures with links to overall implementation schedule of the project should be specified
Reporting procedures	Feedback mechanisms to inform the relevant parties on the progress and effectiveness of the mitigation measures and monitoring itself should be specified. Guidelines on the type of information wanted and the presentation of feedback information should also be highlighted
Cost estimates and sources of funds	Implementation of mitigation measures mentioned in the ESMP will involve an initial investment cost as well as recurrent costs. The ESMP should include costs estimates for each measure and also identify sources of funding
Contract clauses	This is an important section of the ESMP that would ensure recommendations carried in the ESMP will be translated into action on the ground. Contract documents will need to be incorporated with clauses directly linked to the implementation of mitigation measures. Mechanisms such as linking the payment schedules to implementation of the said

	clauses could be explored and implemented, as appropriate
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The format to present the ESMP in a matrix is provided below:

ENVIRONMENTAL IMPACTS: Complete this ESMP Matrix for identified **Environmental Impacts (Infrastructure Upgrade)**

Project Phase	Activity	Potential Environmental Impact	Proposed Strategy	Mitigation	Location	Application/Frequency	Implementation Responsibility	Monitoring Responsibility	Monitoring Frequency	Implementation Progress
Pre-Minor Construction										
Minor Construction										
Demobilization from site										
Facility Operations										

Notes for following when completing this matrix above;

- i. Complete matrix by filling in spaces based on nature and scope of the minor works project
- ii. Include completed ESMP Matrix in Bid and Contract Document
- iii. The 'Implementation Progress' column can be completed as project progresses
- iv. Operations progress is the responsibility of the Health Facility and the PHA
- v. The Safeguards Officer will ensure the ESMF requirements are considered in the projects' implementation.

The same process should be applied to the Social Impacts matrix required for the ESMP

The format to present the Social Impacts in the ESMP matrix is provided below:

SOCIAL IMPACTS: Complete this ESMP Matrix for identified Social Impacts (Infrastructure Upgrade)

SOCIAL IMPACT	Proposed Mitigation Strategy	Location	Application /Frequency	Implementation Responsibility	Monitoring Responsibility	Timeframe	Implementation Progress
Disturbance to Access							
Pedestrian Issues at Site							
Shifting of Utilities							
Traffic Congestion							
Sitting of camp, workers camp, stock yard, new workers in communities							
Dust and Noise							
Contractor Parking							
Social Mobility Issues							
OHS							
GBV issues and awareness amongst workers							
Grievances from the community							

## Annex 6 Grievance Redress Mechanism Process and Form

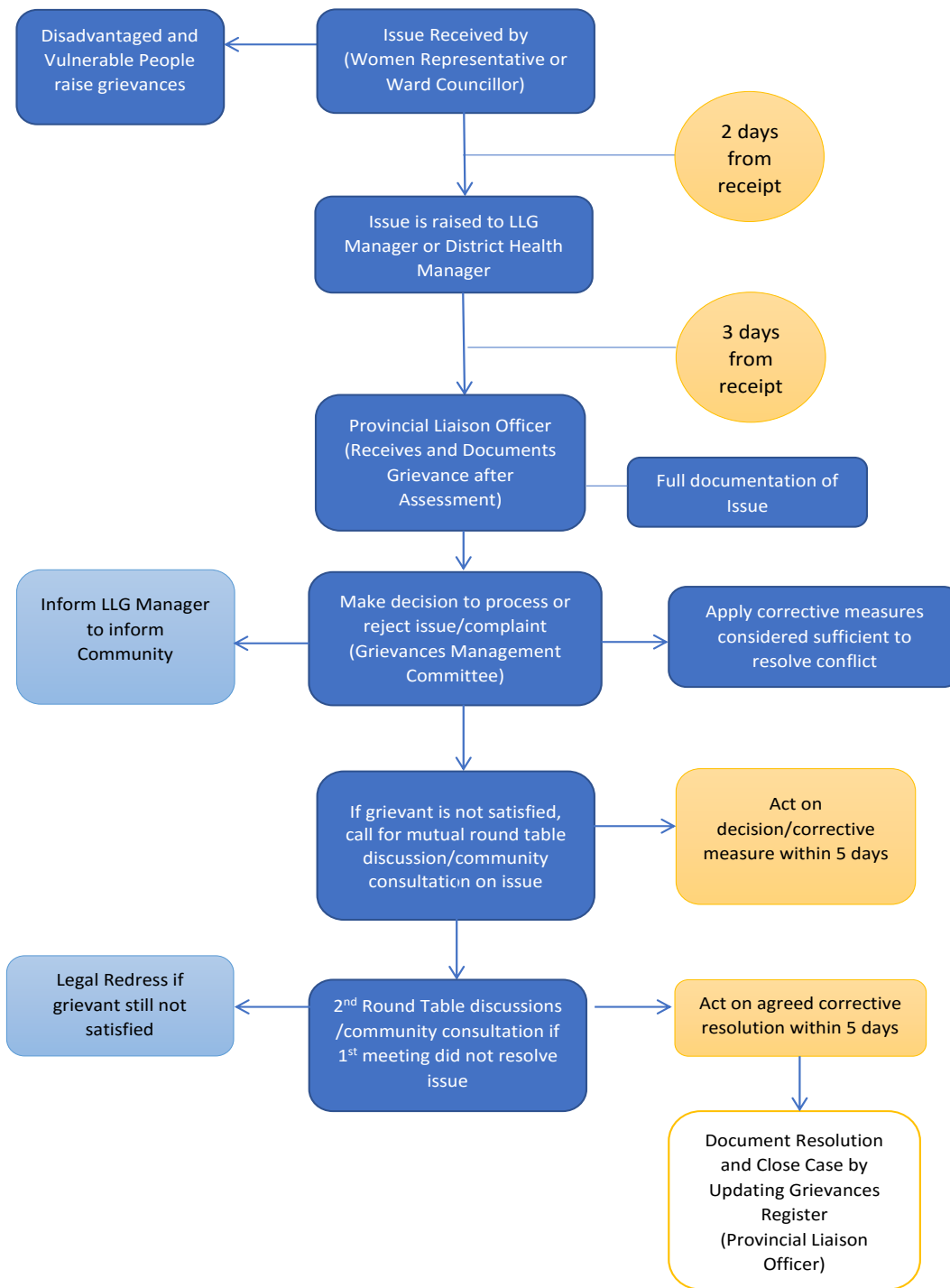
The GRM is for all affected parties and anyone seeking satisfactory resolution of their complaints on any aspect of the project, including the environmental and social performance of the project. The mechanism ensures that: (i) the basic rights and interests of every affected person by poor performance, including environmental performance or social management of the project, are protected; and (ii) their concerns arising from the poor performance of the project during the phases of design, construction and operation activities are effectively and timely addressed.

In the early stages of engagement, project stakeholders and affected communities must be made aware of:

- (i) how they can access the GRM;
- (ii) who to lodge a formal complaint too;
- (iii) timeframes for response;
- (iv) that the process must be confidential, responsive and transparent; and
- (v) alternative avenues where conflicts of interest occur.

The grievance process is based upon the premise that it imposes no cost to those raising the grievances (i.e., Complainants); that concerns arising from project implementation are adequately addressed in a timely manner; and that participation in the grievance process does not preclude pursuit of legal remedies under national law. Local communities and other interested stakeholders may raise a grievance at any time to the PCU.

## Grievances Redress Process at Project Level



## Grievances Redress Process at Community Level





## Grievances Redress Mechanism - Registration Form

Ref Number		
Full Name		
Contact Information		
Date Grievance is Reported		
Preferred Language for Communication		
Description of Grievance	What happened?	
	When did it happen?	
	Who is responsible for the incident?	
	Who was affected by the incident?	
	What is the result of the incident?	
How often does the incident occur?	Once	
	More than once	
	On going	
What would you like to happen to resolve the problem?		
Signature		
Date		

## Annex 7 Stakeholder Engagement Framework

A separate Stakeholder Engagement Framework (SEF) has been developed to be used in conjunction, as part of the Environment and Social Management Framework (ESMF) for the “IMPROVING ACCESS TO AND VALUE FROM HEALTH SERVICES IN PNG: FINANCING THE FRONTIERS’ PROJECT (IMPACT Health Project).

### **STAKEHOLDER ENGAGEMENT OBJECTIVES**

The World Bank’s safeguard policies help identify, avoid, and minimize harm to people and the environment. The safeguard policies require the Borrower (the government) to address certain environmental and social risks in order to receive Bank financing for development projects. The Bank safeguards policies ensure that that environmental and social concerns and the voices of the community are represented in the design and implementation of the Bank’s projects.

The stakeholder engagement process serves various purposes. The goals of this SEF for the IMPACT Health project is to:

- Provide ongoing information on the project to government agencies, international development partners, national non-government organizations, private sector partners and indigenous communities and the general community.
- Provide timely and appropriate information prior to and during the implementation of the project to enable informed participation in the project and definition of appropriate mitigation measures
- Encourage equal participation of all affected groups in the consultation process
- Disclose if any, environmental or social impacts of the project and proposed mitigation measures
- Obtain stakeholder input on any mitigation measures
- Provide ongoing information on the implementation of the mitigation measures
- Facilitate open and continuous communication and consultation between various stakeholders and communities
- Address any concerns, comments and provide feedback to concerns through a Grievance’s Redress Mechanism (GRM) to satisfactory manage and mitigate any concerns about the project.

Stakeholder engagements will be an ongoing process throughout the life of the project and will include formal scheduled consultations and meetings as well other means of communication. Information of the project will be disseminated following a stakeholder communication plan or as and when needed to

address any significant changes in the project schedule or any other project developments. This stakeholder engagement process has two aspects;

- Early and ongoing engagements with key stakeholders to provide information on the project
- A grievances redress mechanism (GRM) to address any public complaints during the implementation of the project