FEDERATED STATES OF MICRONESIA
MARITIME INVESTMENT PROJECT (FSMIP)

Contingency Emergency Response Component (CERC):

Environmental and Social Management Framework (ESMF)

30 APRIL 2020

ABBREVIATIONS AND ACRONYMS

CDC	Centre for Disease Control (USA)
CERC	Contingency Emergency Response Component
CIU	Central Implementation Unit (of the Department of Finance and Administration)
DECEM	Department of Environment, Climate Change and Emergency Management
DHSA	Department of Health and Social Affairs
DOFA	Department of Finance and Administration
DTC&I	Department of Transport, Communication and Infrastructure
EAP	Emergency Action Plan
EHS	Environmental, Health and Safety
EIS	Environmental Impact Assessment
EPA	Environmental Protection Agency
EpiNet	multi-disciplinary national/territorial outbreak response team
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
FSM	Federated States of Micronesia
FSMIP	Federated States of Micronesia Maritime Investment Project
GRM	Grievance Redress Mechanism
HazMat	Hazardous Material
HCF	Health care facility
HCW	Health care worker
JSA	Job Safety Analyses
KIRMA	Kosrae Island Resource Management Agency
NDC	National Disaster Committee
NDCT	National Disaster Coordination Team
NEOC	National Emergency Operations Centre
OHS	Occupational Health and Safety
OP/BP	Operational Policy / Bank Procedure
PPE	Personal Protective Equipment

SEP	Stakeholder Engagement Plan
TOR	Terms of Reference
WHO	World Health Organization

EXECUTIVE SUMMARY

On March 11, 2020, the World Health Organization (WHO) declared a global pandemic in response to the as the 2019 novel coronavirus (SARS-CoV-2) global spread. The severe infectious nature of COVID-19 has raised the immediate need for strengthened health security. The FSM is particularly vulnerable to the risk of COVID-19 due to its economic reliance on international travel of residents, tourists, and trade. Although no suspected cases have been reported in the FSM to date (29 April 2020), the nation's health system urgently needs to be prepared for an outbreak of such nature to avoid adverse human and economic impact.

The Federated States of Micronesia Maritime Investment Project (FSMMIP) includes a Contingency Emergency Response Component (CERC) to provide an immediate response to the Eligible Crisis or Emergency. The CERC component may be used following natural disasters or other crises and emergencies, allowing funds to be reallocated from other components of the project.

In accordance with the CERC Operational Manual an Emergency Action Plan has been prepared to trigger the CERC and enable the use of project funds for the COVID-19 Response. Emergency activities to be financed under the FSMIP CERC will involve financing provision of critical emergency pharmaceuticals, medical equipment and medical Personal Protective Equipment (PPE), which will be distributed to each state. This CERC ESMF has been prepared under the FSMIP ESMF to address the environmental and social risks and mitigation measures relating specifically to CERC-funded activities for the Covid-19 response. The proposed activities to be funded by the CERC include the purchase of medical equipment, pharmaceuticals and PPE.

The CERC ESMF considers the environmental and social risk and implications for any proposed procurement of pharmaceuticals, medical equipment and PPE and provides the relevant mitigation measures. The procurement of this list of goods is low risk, however, because there is the risk of COVID-19 infection during the use and disposal of equipment, pharmaceuticals and PPE, there is the need to provide safeguard risk assessment and mitigation processes. The CERC activities are screened as Category B.

This document:

- Identifies indicative CERC-related activities;
- Provides positive and negative list and screening form to provide guidance on activities and goods which may be eligible for financing;
- Defines procedures to assess the environmental and social impacts of these activities;
- Sets out measures/plans to reduce, mitigate and/or offset adverse impacts including the use of FSM guidelines where relevant;
- Defines the grievance redress mechanism (GRM) that will be used for CERC-related complaints and grievances; and
- Provides the implementation arrangements for environmental and social management.

The Department of Environment, Climate Change and Emergency Management (DECEM) is the Implementing Agency of the CERC, with the Department of Health and Social Affairs (DOHSA) to support the implementation of the CERC and provide technical assistance in response to COVID-19. The Department of Finance and Administration (DoFA) is the Executing Agency for FSMIP and houses a Centralized Implementation Unit (CIU) that will provide all of the required safeguards support in the implementation of the CERC. The Department of Transportation, Information and Communications (DTC&I) will provide administrative support as necessary as part of their role as the Implementing Agency for Components 1-3 of the FSMIP.

The project's institutional and legal framework is built on the FSM national and state policies, legal and regulatory framework, World Bank (WB) Policies, World Bank EHS Guidelines and WHO and National guideline documents relevant to the COVID-19 Response Emergency Action Plan, described in the ESMF. Medical Waste Management Procedures are in line with World Bank Policies and EHS Guidelines and meets WHO guidelines. Gaps identified with respect to use of COVID-19 related equipment and pharmaceuticals are being filled by training being undertaken currently by DOHSA and DECEM, as part of national response plan for COVID-19. Due diligence and auditing will be undertaken by CIU safeguards team and will further gap fill with the ESMF as required.

With regards to existing health facilities in the FSM, there are five hospitals in FSM – a State Hospital in each state and a private hospital in Pohnpei. Each of the states operate Community Health Centers – four on the main island of Yap, two in Kosrae, three on the main island of Chuuk and one in Pohnpei and 95 dispensaries in the outer islands of Yap (17), Chuuk (68) and Pohnpei (10). The Outer islands dispensaries are staffed by health assistants and have basic medicine and first aid equipment only. FSM residents living in the remote outer islands do not have access to laboratory services. Health teams

visit periodically and bring rapid diagnostics on these field trips. All four state hospitals have isolation rooms. Yap hospital has two negative pressure rooms for the isolation of patients whilst Pohnpei hospital has an isolation ward.

Each State Hospital has a laboratory and there is one national food safety laboratory is located in Pohnpei State. Each State laboratory provides rapid tests using diagnostic algorithms aligned with international standards. In addition to this, Community Health Centers perform some simple, point-of-care testing and refer testing to their State Hospital laboratories. There are no in-country reference laboratories and all samples collected within the nation are destroyed; none are kept. None of the four State Hospital laboratories store or process any dangerous pathogen or toxins. Most infectious disease testing that cannot be done in FSM is referred to Hawaii Public Health Laboratory (or Guam Public Health Laboratories, that may also refer specimens further to US Centre for Disease Control (CDC) laboratories.

The storage, usage and disposal of all hospital medical supplies and equipment are managed by the State hospital utilizing the FSM Infection Control Guidelines. This document provides a step by step detail requirements that need to be implemented to meet FSM government and international standards. The focus is providing a safe healthcare environment for both patients and healthcare workers at all facilities within the nation. Emphasis is placed on infection control and prevention management, particularly in healthcare facilities, which is critical element in interrupting transmission of infectious diseases. These guidelines clearly articulate the procedures required to safely manage the use and disposal of the equipment and supplies provided by CERC funds.

The disposal requirements for laboratory medical waste include sterilization (autoclave or pressure cooker) of all equipment before incineration as well as incineration (suitable approved system capable of the temperatures required) for all solid waste material including pharmaceuticals. International hospital waste management practices and regulations (e.g. WHO) which the state hospital plans are based will be used if and when required.

The FSM ESMF Screening Procedures were used to identify the risks and mitigation measures. These concluded the following:

- The CERC activities are Category B since there are some risks relating to the use and disposal of equipment, pharmaceuticals and PPE, relating to infection of users or patients, and infection of waste handlers;
- The CERC activities do not trigger any new safeguards policies;
- The CERC activities are part of the CERC positive list (also refer Section 5.2);
- The CERC activities are not on the CERC negative list (also refer Section 5.3); and
- The CERC activities require a stand-alone safeguards instrument and mitigation measures to control the environmental and social risks of the use and disposal of medical equipment, pharmaceuticals and PPE. This CERC ESMF and mitigation measures in the Annexures have been prepared as a result of the screening and assessment process.

Any new activity or sub-project and associated elements developed during the implementation of the CERC will be evaluated according to the screening process described in the ESMF, which includes a positive and negative list, to determine the potential risk of associated environmental and social impacts, and associated mitigation options.

Mitigation measures to address identified risks include Infection Control Protocols, waste management and other activities to manage human health and environmental risk will be implemented by the DOHSA and the health sector. The CIU safeguards team will conduct at least two audits to identify that the goods procured by the CERC funds are being handled, stored, used and disposed in accordance with the CERC ESMF.

Regular reports on environmental indicators and any incidents that may have adversely impacted on the environment and social setting, arising from CERC activities will be prepared. These will be included into semi-annual safeguard monitoring reports to the World Bank as part of the FSMIP reporting process.

Key institutions involved in the management and implementation of the CERC include DHSA technical advisory staff, State Hospitals, DECEM focal point for FSMIP CERC, DOFA CIU Safeguards Advisors, and DOFA CIU Safeguards Advisors. DHSA and DECEM staff responsible for the COVID-19 Emergency Response do not have any prior experience of implementing World Bank safeguards. The CIU safeguards team will conduct awareness raising via video conferencing, phone calls and in person (in Pohnpei) to explain the CERC ESMF, the roles and responsibilities, the expectations for the implementation of the FSM Infection Control Procedures and any other gaps identified under the CERC to control COVID-19 risks, and the waste management procedures. Training will include specific procedures for receiving and managing complaints and grievances. This training will be provided within 30 days of the approval of the CERC EAP and prior to any deployment of goods funded by the CERC, and will be repeated as required. Training on COVID-19 infection control, use of PPE, etc. is not funded by the CERC and will be delivered by trained professionals to the health sector under a different funding stream.

Extensive national and state stakeholder consultations, workshops and formal and informal meetings were undertaken during development of the FSMIP ESMF and ESMP, including Component 4 (CERC). The FSMIP Stakeholder Engagement Plan (SEP) will be updated on activation of the CERC to address the identified activities. Additional key stakeholder

consultations have and will continue to be undertaken associated with the implementation of the CERC. Hospital staff and DECEM have been contacted to discuss the existing procedures and practices for infection control and waste management and the purpose of the FSMIP CERC and the CERC ESMF. The draft CERC ESMF will be shared with DECEM, DHSA, donors and EPA for comment prior to finalization. The FSMIP ESMF was publicly disclosed by DTC&I and DOFA on their websites. This CERC ESMF once approved will likewise be publicly disclosed by DTC&I and DOFA.

A rigorous grievance redress mechanism (GRM) has been developed for the FSMIP. The GRM has been updated for the needs of the CERC to include the nominated manager of the CERC at each State hospital and/or State Department of Health as initial GRM receiving and resolution points. These state agencies will then inform the DECEM. Details of contact points and procedures are set out in this ESMF and are effectively disclosed.

TABLE OF CONTENTS

LIST OF TABLES

1   INTRODUCTION

1.1   BACKGROUND – COVID-19 PANDEMIC AND THE FSM COVID-19 FRAMEWORK

An outbreak of COVID-19 caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world. As of March 30, 2020, the outbreak has resulted in an estimated 638,146 confirmed cases and 30,105 deaths in 203 countries.

COVID-19 is one of several emerging infectious diseases outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The severe infectious nature of COVID-19 has raised the immediate need for strengthened health security.

The FSM is particularly vulnerable to the risk of COVID-19 due to its economic reliance on international travel of residents, tourists, and trade. Although no suspected cases have been reported in the FSM to date (29 April 2020), the nation's health system urgently needs to be prepared for an outbreak of such nature to avoid adverse human and economic impact.

The FSM has developed a COVID-19 Response Framework[1] that outlines the:

(i)   Standardized framework for FSM (National and States) in its response to the COVID-19 outbreak;

(ii)   Technical information and guidance to coordinate efforts for all levels in Government in collaboration with their stakeholders to minimize the impact of COVID-19; in terms of serious illness or overall deaths in the people of FSM, and to minimize social disruptions and economic losses; and

(iii)   States and health care systems with preparedness and response planning at different phases of the COVID-19 outbreak in order to ensure optimal medical care and to maintain continuity in provision of other essential community services.

The COVID-19 Response Framework outlines the strategies to manage a flexible, scalable and proportionate health system response, with appropriate and timely interventions and allocation of resources to protect the community by minimizing the morbidity and mortality from COVID-19. As per the response framework, FSM is currently in "Condition 4" i.e., zero cases but COVID-19 threat exists.

Thus the FSM government through Component 4: Contingency Emergency Response Component (CERC) of the Federated States of Micronesia Maritime Investment Project (P163922) (FSMIP) has requested $2.5m of funds to be released to support the national COVID-19 Response Framework address the health implications arising from the COVID-19 pandemic.

1.2   PROJECT DESCRIPTION

The FSMIP project development objective is to improve the safety, efficiency and climate resilience of maritime infrastructure and operations in the FSM, and in the event of an Eligible Crisis or Emergency, to provide an immediate response to the Eligible Crisis or Emergency. The FSMIP includes funding for improvements to port infrastructure, short and long term planning for improved port operations and safety and support increased capacity for safe and efficient port operations. The CERC component may be used following natural disasters or other crises and emergencies, allowing funds to be reallocated from other components of the project. The FSMIP has an Environmental and Social Management Framework, incorporating an Environmental and Social Management Plan, (dated 18 March, 2019) to manage the environmental and social risks and impacts arising from the project.

The CERC Component of the FSMIP is designed to provide swift response in the event of an Eligible Crisis or Emergency in FSM by allowing a portion of undisbursed project funds to be reallocated to respond to natural disasters and/or other crises and emergencies. It is a contingent financing mechanism available to gain rapid access to financing to respond to a crisis or emergency and provides for immediate rehabilitation or reconstruction needs without needing to first restructure the original project thus, facilitating rapid implementation. Consistent with FSMIP's objectives, the CERC strengthens the emergency preparedness and immediate response capacity for GoFSM for low and medium scale disasters, through financing emergency response and relief critical goods and services to quickly restore livelihoods, lifeline infrastructure and services.

Following an eligible crisis or emergency, the CERC is implemented in accordance with the rapid response procedures governed by the World Bank under OP/BP 8.0 Rapid Response to Crises and Emergencies. In addition, the provisions of

---

[1] FSM COVID-19 Response Framework. COVID-19 Contingency Plan for Federated States of Micronesia. Government of the Federated States of Micronesia. April 3, 2020.

the IPF Policy, paragraph 12, regarding "Projects in Situations of Urgent Need of Assistance or Capacity Constraints" apply to CERCs when they are triggered. Consistent with OP/BP 8.0 the CERC does not finance humanitarian assistance or relief.

Key principles relevant to CERCs include: (i) focus on activities that can readily be implemented on the ground considering the circumstances; (ii) favor smaller-scale, local activities that generate buy-in and goodwill; (iii) keep the scope simple and realistic, especially where local conditions do not allow much situational analysis; and, (iv) take advantage of working with and completing the activities of development partners to maximize impacts.

A project-specific CERC Operations Manual has been prepared for FSMIP detailing: (i) the process for triggering the CERC; (ii) the proposed emergency activities to be financed by the proceeds of the CERC; (iii) the safeguards arrangements; and, (iv) the coordination and implementation arrangements related to the execution of the activities.

In accordance with the CERC Operational Manual an Emergency Action Plan has been prepared to trigger the CERC and enable the use of project funds for the COVID-19 Response. Emergency activities to be financed under the FSMIP CERC will involve financing provision of critical emergency pharmaceuticals, medical equipment and medical Personal Protective Equipment (PPE), which will be distributed to each state. This includes:

Goods Procured	Itemized List
Pharmaceuticals	A range of off the shelve manufactured products associated with antibiotics
Medical Equipment	Endotracheal Tubes, ventilators and associated medical requirements etc
PPE	A range of medical PPE e.g. gloves face masks, isolation gowns, scrubs and so on.

This CERC ESMF has been prepared under the FSMIP ESMF to address the environmental and social risks and mitigation measures relating specifically to CERC-funded activities for the Covid-19 response.

1.3 SCOPE OF THE CERC ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

The purpose of this CERC ESMF is to provide the process and procedures for screening, assessment, review and monitoring of the risks relating to the goods to be funded by the CERC COVID-19 response in a manner that complies with the safeguard policies of World Bank, the FSMIP ESMF and the environmental laws of the national and state governments of the FSM.

The CERC ESMF considers the environmental and social risk and implications for any proposed procurement of pharmaceuticals, medical equipment and PPE and provides the relevant mitigation measures. The procurement of this list of goods is low risk, however, because there is the risk of COVID-19 infection during the use and disposal of equipment, pharmaceuticals and PPE, there is the need to provide safeguard risk assessment and mitigation processes. The CERC activities are screened as Category B using the FSMIP ESMF Screening Form (Annexure One).

This document:

- Identifies indicative CERC-related activities;
- Provides positive and negative list and screening form to provide guidance on activities and goods which may be eligible for financing;
- Defines procedures to assess the environmental and social impacts of these activities;
- Sets out measures/plans to reduce, mitigate and/or offset adverse impacts including the use of FSM guidelines where relevant;
- Defines the grievance redress mechanism (GRM) that will be used for CERC-related complaints and grievances; and
- Provides the implementation arrangements for environmental and social management.

2   IMPLEMENTATION ARRANGEMENTS

The Department of Environment, Climate Change and Emergency Management (DECEM) is the Implementing Agency of the CERC, however the Department of Health and Social Affairs (DHSA) will support the implementation of the CERC and provide technical assistance in response to COVID-19. The Department of Finance and Administration (DOFA) is the Executing Agency for FSMIP and houses a Centralized Implementation Unit (CIU) that will provide all of the required safeguards support in the implementation of the CERC. The CIU has two full time safeguards advisors with the capability to screen, assess and manage environmental and social risks and provide support to the implementation of the GRM. The Department of Transportation, Information and Communications (DTC&I) will provide administrative support as necessary as part of their role as the Implementing Agency for Components 1-3 of the FSMIP.

3   POLICY, LEGAL AND REGULATORY FRAMEWORK

3.1   INTRODUCTION

The FSMIP ESMF details the institutional and legal framework under which the Project will be undertaken, including national and state requirements. National and State policies, legal and regulatory framework, World Bank Policies, World Bank Group Environmental, Health and Safety (EHS) Guidelines, WHO and national guideline documents relevant to the COVID-19 response EAP are described below.

3.2   NATIONAL AND STATE GOVERNMENT

3.2.1   Overview

The Government of FSM is modeled after the federal system similar to that of the United States with a national president and four state governors with respective legislatures and judiciaries. The government of Chuuk, Pohnpei and Yap has four levels of governance – National, State, municipal and traditional whilst Kosrae State does not have the fourth level of government. The four states where the FSMIP (including Component 4) will be implemented have considerable degrees of autonomy. State Government has their own Constitutional Government, consisting of the three branches: Executive, Legislative and Judicial, typical of the Westminster system.

3.2.2   Environmental legislation

The **FSM National Environmental Protection Act,** managed by the DECEM is administered in the States via their environmental agencies (Environmental Protection Agency (EPA) – Pohnpei, Chuuk and Yap) and Kosrae Island Resource Management Authority (KIRMA). The effort to protect and preserve the FSM environment is managed in close cooperation with the States in the formulation of policy, enforcement, and other activities.

The **Environment Protection Act (revised Code 2014)** is a national government declaration of on-going commitment, in cooperation with State and municipal governments, and other concerned public and private organizations, to '*use all practicable means and measures, including financial and technical assistance, in a manner calculated to foster and promote the general welfare, to create and maintain conditions under which the people of FSM man and nature can exist in productive harmony, and fulfill the social, economic, and other requirements of present and future generations of FSM*'.

The Act declares that it is the continuing responsibility of the FSM to '*use all practicable means, consistent with other essential considerations of national policy, to improve and coordinate governmental plans, functions, programs, and resources to the end that the inhabitants of the FSM may:*

- *Fulfill the responsibilities for each generation as trustee of the environment for succeeding generations;*
- *Assure for all Micronesians safe, healthful, productive, and aesthetical and culturally pleasing surroundings;*
- *Attain the widest range of beneficial uses of the environment without degradation, risk to health or safety, or other undesirable or unintended consequences; and*
- *preserve important historic, cultural, and natural aspects of our Micronesian heritage, and maintain, wherever possible, an environment which supports diversity and variety of individual choice'.*

This Act is the basis for the individual State Environmental Acts and the creation of their respective State environmental Agencies. Each state has the autonomy to further develop the Acts regulations to meet their specific State requirements.

FSM **EPA Environmental Impact Assessment Regulations 1989** - These Regulations require the National Government and its agencies to submit an Environmental Impact Statement (EIS) to the Secretary of Human Resources prior to taking any "major" action significantly effecting the quality of the human environment. "Effect" is defined to include indirect, direct and cumulative effects in areas such as land use, population density, air, water and natural systems including ecosystems. "Effects" may be ecological, aesthetic, cultural, historical, economic, social or health-related. "Significant Impacts", determined as a result of a preliminary assessment, require a Comprehensive EIS. Draft EIS statements are to be made available for public comment and review, including provision for a public hearing.

3.2.3   Public Health

FSM **Public Health, Safety & Welfare Constitutional Code Title 41 – amended 42 (2014)** - These regulations require the DHSA to maintain and improve health and sanitary conditions, minimize and control communicable disease, establish

standards of medical and dental care and practice, encourage scientific investigation in the field of health, and supervise and administer all government –owned hospitals, sanitariums, clinics, dispensaries facilities established within the FSM. The ten chapters within the code detail the national requirements for the management of the health facilities within the nation.

The FSM DHSA is responsible for the implementation of the Public Health, Safety and Welfare, which includes the management of medical waste at the national level and through State counterpart agencies provides support to the States to manage their requirements. Each State has its own Constitution, Codes and Disaster Response plans that are similar and based on the national structure. The state codes are the main legislation in each state that covers both judicial and executive functions that include the powers and duties of each principal state department's including health services. Thus the state government Hospitals and their respective health departments are response for medical waste at the State levels.

3.2.4   National and State Emergency, Medical and Medical Waste Management Policies, Laws, Regulations and Guidelines

National and state medical waste management is guided by a number of Polices, Laws, Regulations and Guidelines all of which are based on international standard protocols. Key documents include;

- FSM Code: Title 41: Public Health, Safety and Welfare (Chapter 6: Sanitation Act; and Chapter 7: FSM Disaster Relief Act.
- FSM Code: Title 25: Environmental Protection (Chapter 2: Role of Office; and Chapter 3 Enforcement).
- FSM National Medical Laboratory Policy
- FSM National Integrated Disaster Risk Management and Climate Change Policy
- FSM National Disaster Response Plan (2016)
- FSM Disaster Relief Assistance Act of 1989
- FSM All Hazards Response and Recovery Public Health Base Plan (2017)
- FSM DHSA – Public Health and Hospital Emergency Preparedness (PHEP/HPP) Multi-year Training and Exercise Plan 2017-2022.
- FSM Pandemic Influenza Plan (2008)
- FSM Infection Control Guideline, 2017
- FSM Infectious Control Guidelines
- FSM Biosafety Laboratory Manual
- FSM National Medical Laboratory Manual
- State Codes, Laws and Regulations
- State Disaster and Emergency Plans
- State Hospital Disaster Plans
- State Action Plans for Disaster Risk Management and Climate Change
- State Hospital Laboratory Quality Manuals (2015-2016)

3.3   WORLD BANK POLICES AND GUIDELINES

3.3.1   World Bank Safeguards Policies Relevant for FSMIP and the CERC ESMF

The FSMIP has been screened as a Category B as the environmental and social outcomes are mostly beneficial and the residual risks are low to moderate and can be readily mitigated. The World Bank policies triggered for the project are OP/BP 4.01 Environmental Assessment and OP/BP 4.04 Natural Habitats; and OP/BP 4.10 Indigenous Peoples.

OP/BP 4.01 Environmental Assessment: The purpose of Environmental Assessment is to help ensure the environmental and social soundness and sustainability of investment projects, and to support the integration of environmental and social aspects of FSMIP into the decision- making processes. The policy defines procedures to screen and assess potential impacts and mitigation, prepare safeguard instruments, ensure public consultation and transparency and that there are implementation and supervision of commitments relating to findings and recommendations of the environmental assessment.

FSMIP has an Environmental and Social Management Framework (ESMF) which incorporates an Environmental and Social Management Plan (ESMP) and Stakeholder Engagement Plan (SEP).

OP/BP 4.04 Natural Habitats: This policy aims to support the protection, maintenance and rehabilitation of natural habitats and promotes the conservation of natural habitats for long-term sustainable development through a precautionary approach. The conservation of natural habitats is essential for long-term sustainable development. The World Bank therefore supports the protection, maintenance, and rehabilitation of natural habitats and their functions.

The World Bank does not support projects involving the significant conversion of natural habitats unless there are no feasible alternatives for the project and its siting, and comprehensive analysis demonstrates that overall benefits from the project substantially outweigh the environmental costs.

The environmental assessment concluded that the maritime habitat near the ports is highly modified and degraded due to pollution, sedimentation and intermittent dredging. Further impacts on these environments will be negligible. There are coral habitats within the project area of influence which may be affected in the short term from contaminated stormwater from earthworks and construction activities and in the long term from contaminated stormwater drainage from the ports or spill events. Mitigation measures in the ESMP address the design and operation of drainage and stormwater treatment devices, erosion and sediment control measures, removal of waste, improved oil and fuel management procedures, and improved spill response skills and equipment, and are considered satisfactory for reducing short and long term risk to these habitats.

OPBP4.10 Indigenous Peoples: Almost the entire population of each state is indigenous (Chuukese, Yapese, Mehn Pohnpei, Kosraean). To ensure that the principles of the policy are addressed, a Stakeholder Engagement and Consultation Plan has been prepared in compliance with the policy and consistent with an Indigenous Peoples Policy Framework, reflecting a Free, Prior and Informed Consultation approach that addresses the needs of vulnerable people and women.

3.3.2   World Bank Group Environmental, Health and Safety (EHS) Guidelines Relevant for the CERC ESMF

The World Bank Group's EHS Guidelines represent good international practice for managing environmental, occupational health and safety (OH&S) risks. The EHS Guidelines contain the performance levels and measures that are generally considered to be achievable in new facilities by existing technology at reasonable costs. Application of the EHS Guidelines to existing facilities may involve the establishment of site-specific targets, with an appropriate timetable for achieving them. The applicability of the EHS Guidelines will be tailored to the hazards and risks established for the CERC activities, the basis of the results of screening under this ESMF in which site-specific variables, such as the baseline context and risks relating to the Project activities are taken into account. When FSM state or federal regulations differ from the levels and measures presented in the EHS Guidelines, the FSMIP will achieve whichever is more stringent.

Table 1 World Bank Group EHS Guidelines and Relevance to the COVID-19 EAP under FSMIP CERC

World Bank Group EHS Guideline	Relevance to the COVID-19 EAP under FSMIP CERC
1.1 Air Emissions and Ambient Air Quality	The discharge of emissions to air from incineration of hazardous or infectious medical waste.
1.5 Hazardous Materials Management	The use, storage, handling and disposal of hazardous materials, defined as materials that represent a risk to human health, property, or the environment due to their physical or chemical characteristics. This includes the management of hazardous or infectious medical waste.
1.6 Waste Management	The storage, handling, reuse, recycling and disposal of waste.
2 Occupational Health and Safety (OH&S)	The health and safety of workers handling equipment, pharmaceuticals and using PPE funded by the CERC. The overall OH&S philosophy embodied in the EHS Guidelines is that preventive and protective measures should be introduced according to the following order of priority: • Eliminating the hazard by removing the activity from the work process. Examples include substitution with less hazardous chemicals, using different manufacturing processes, etc.; • Controlling the hazard at its source through use of engineering controls. Examples include local exhaust ventilation, isolation rooms, machine guarding, acoustic insulating, etc.; • Minimizing the hazard through design of safe work systems and administrative or institutional control measures. Examples include job rotation, training safe work procedures, lock-out and tag-out, workplace monitoring, limiting exposure or work duration, etc; and

	• Providing appropriate personal protective equipment (PPE) in conjunction with training, use, and maintenance of the PPE. The Guideline also requires that prevention and control measures to minimize occupational hazards should be based on comprehensive Job Safety Analyses (JSA). The Guideline includes guidance on the management of physical hazards, biological hazards and the use of PPE.
3. Community Health and Safety	Managing the health and safety of community members, relevant in relation to the transport of hazardous materials, disease prevention and emergency response.
Environmental, Health, and Safety Guidelines for Health Care Facilities	The EHS Guidelines for Health Care Facilities include information relevant to the management of EHS issues associated with health care facilities, including waste management, wastewater treatment, infection control, exposure to hazardous materials and waste and OH&S.

3.4 WHO GUIDELINES FOR COVID-19

Table 2 Relevant WHO Guidelines

WHO Guideline	Content
Covid-19 guidance environmental on cleaning for healthcare facilities 17 April 2020	Guidance on the cleaning and disinfection of rooms and wards or areas in healthcare facilities occupied with suspected and confirmed COVID-19 patients.
Covid19-stigma-guide	Methods to address risk of social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.
Critical preparedness readiness and response actions COVID-10 2020-03-22_FINAL-eng	Update to the interim guidance document. This version provides updated links to WHO guidance materials and provides the full list of WHO technical guidance available for COVID-19 and provides updated recommendations.
WHO-2019-nCoV-essential_health_services-2020.1-eng	Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. Establishing effective patient flow (including screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels.
WHO-2019-nCov-Hand_Hygiene_Stations-2020.1-eng	Hand hygiene is the most effective single measure to reduce the spread of infections through multimodal strategies.
WHO-2019-nCoV-HCF_operations-2020.1 –eng	To guide the care of COVID-19 patients as the response capacity of health systems is challenged; to ensure that COVID-19 patients can access life-saving treatment, without compromising public health objectives and safety of health workers.
WHO-2019-nCov-HCW_risk_assessment-2020.2-eng	This data collection form and risk assessment tool can be used to identify infection prevention and control breaches and define policies that will mitigate health care worker's exposure and nosocomial infection (infection originating in a hospital).

WHO Guideline	Content
WHO-2019-nCov-HCWadvice-2020.2-eng	This document highlights the rights and responsibilities of health workers, including the specific measures needed to protect occupational safety and health.
WHO-2019-nCov-IPC_Masks-2020.3-eng	It is possible that people infected with COVID-19 could transmit the virus before symptoms develop. It is important to recognize that pre-symptomatic transmission still requires the virus to be spread via infectious droplets or through touching contaminated surfaces.
WHO-2019-nCoV-IPC_WASH-2020.2-eng	Frequent and proper hand hygiene is one of the most important measures that can be used to prevent infection with the COVID-19 virus. WASH practitioners should work to enable more frequent and regular hand hygiene by improving facilities and using proven behavior-change techniques.
WHO-2019-nCoV-IPC-2020.3-eng	Guidance on infection prevention and control (IPC) strategies for use when COVID-19 is suspected.
WHO-2019-nCoV-IPCPPE_use-2020.2-eng	Summarizes WHO's recommendations for the rational use of personal protective equipment (PPE) in health care and community settings, as well as during the handling of cargo.
WHO-2019-nCoV-Leveraging_GISRS-2020.1 – eng	Several countries have demonstrated that COVID-19 transmission from one person to another can be slowed or stopped. The key actions to stop transmission include active case finding, care and isolation, contact tracing, and quarantine.
WHO-COVID-19-lab_testing-2020.1-eng	Laboratory testing guidance for COVID19 in suspected human cases.
WHO-COVID-19-IPC_DBMgmt-2020.1-eng	Interim guidance for all those, including managers of health care facilities and mortuaries, religious and public health authorities, and families, who tend to the bodies of persons who have died of suspected or confirmed COVID-19.
WHO-WPE-GIH-2020.2-eng	The purpose of this document is to provide interim guidance on laboratory biosafety related to the testing of clinical specimens of patients that meet the case definition of the novel pathogen identified in Wuhan, China, that is, coronavirus disease 2019 COVID-19.
WHO 2019 Overview of the Technologies for the Treatment of Infectious and Sharp Waste from Health Care Facilities.	The purpose of this document is to provide 1) criteria for selecting technologies to facilitate decision making for improved health care waste management in health care facilities and 2) an overview of specific health care waste technologies for the treatment of solid infectious and sharp waste for health care facility administrators and planners, WASH and infection prevention control staff, national planners, donors and partners.

3.5 GAP ANALYSIS

Table 3 Analysis of the FSM in-country systems and World Bank policies and guidelines and WHO guidelines

Activity	Relevant FSM laws, policies, procedures, guidelines	Gap analysis compared to World Bank Policies, EHS Guidelines and WHO Guidelines
Purchase and use of medical equipment, pharmaceuticals and PPE, requiring	FSM Infection Control Procedures (2017)	Meets World Bank Policies and EHS Guidelines. Meets general WHO Guidelines, but does not include COVID-19-specific requirements. COVID-19 gaps are being filled by training being

infection prevention and control within hospital and health care facilities and for health care workers and patients.		undertaken currently by DHSA and DECEM, as part of national response plan for COVID-19. Due diligence and auditing will be undertaken by CIU safeguards team and will further gap fill with the ESMF if required.
Disposal of medical equipment, pharmaceutical and PPE (medical waste management)	Medical Waste Management Procedures (refer Section 4.3 and Annexure Four)	Meets World Bank Policies and EHS Guidelines. Meets WHO guidelines for Overview of the Technologies for the Treatment of Infectious and Sharp Waste from Health Care Facilities. Due diligence and auditing will be undertaken by CIU safeguards team and will further gap fill with the ESMF if required.

4 ENVIRONMENTAL AND SOCIAL BASELINE CONDITIONS

The FSMIP ESMF details the baseline environmental and social conditions associated with the Project. This information, although suitable for the FSMIP activities does not cover the purchase, use and disposal of goods listed in the Emergency Action Plan. As such this information is included below.

4.1 HEALTH FACILITIES IN THE FSM

There are five hospitals in FSM – a State Hospital in each state and a private hospital in Pohnpei. Each of the states operate Community Health Centers – four on the main island of Yap, two in Kosrae, three on the main island of Chuuk and one in Pohnpei and 95 dispensaries in the outer islands of Yap (17), Chuuk (68) and Pohnpei (10). The Outer islands dispensaries are staffed by health assistants and have basic medicine and first aid equipment only.

Each State Hospital has a laboratory and there is one national food safety laboratory is located in Pohnpei State managed by the state EPA. Each State laboratory provides rapid tests for a range of diseases (Table 4) and all tests use diagnostic algorithms aligned with international standards. In addition to this, Community Health Centers perform some simple, point-of-care testing and refer testing to their State Hospital laboratories. There are no in-country reference laboratories and all samples collected within the nation are destroyed; none are kept.

None of the four State Hospital laboratories store or process any dangerous pathogen or toxins. Most infectious disease testing that cannot be done in FSM is referred to Hawaii Public Health Laboratory (or Guam Public Health Laboratories, who may also refer specimens further to US Centre for Disease Control (CDC) laboratories). At the national level there is a National Laboratory Coordinator and National Biosafety Officer. All tests, shipping and results are recorded in the Laboratory Information System, including for those specimens referred off-island. Monthly and quarterly reports of testing are generated in the Laboratory Information System, printed and filed.

Each state laboratory has a hospital laboratory quality manual that describes and outlines all of the quality processes and procedures designed to meet quality laboratory standards.

There is no mechanism for licensing laboratories in FSM and as such non are accredited. The four state hospital laboratories are all clinical laboratories that operate at a Biosafety Level 2 or below. The FSM National Medical Laboratory Policy states that laboratories comply with Biosafety Level 2 standards and not perform any activities that require greater than Biosafety Level 2. Therefore, viral culture, or culture of mycobacteria is not performed. Through the nursing and medical licensing board all allied health professionals are licensed.

FSM residents living in the remote outer islands do not have access to laboratory services. Health teams visit periodically and bring rapid diagnostics on these field trips.

Table 4 State laboratory machinery and testing capability

State	Testing Capabilities - Machinery
Kosrae	Dengue, Hepatitis B (surface antigen), Zika, culture for cholera, typhoid and diphtheria and Polymerase Chain Reaction (PCR) for tuberculosis. All specimens for Chikungunya, measles and Zika are sent to off-site laboratories in Hawaii or Guam.
Pohnpei	Dengue, leptospirosis and syphilis. The laboratory has a GeneXpert machine used for tuberculosis, chlamydia, gonorrhea and HIV viral load testing and a BioFire multiplex array (RT_PCR) analyzer which can test for 22 gastroenteritis pathogens.
Chuuk	Dengue, leptospirosis, Hepatitis B, Hepatitis C and syphilis. GeneXpert RT-PCR analyzers are used for chlamydia and gonorrhea testing and TB testing, (includes rifampicin resistance testing).
Yap	Dengue, Leptospirosis, HIV, Hepatitis B (surface antigen), Hepatitis C, Hepatitis A, IgM only, Syphilis, Salmonella typhi, Influenza A & B, Rotavirus and Norovirus. GeneXpert t Tuberculosis (MTB/RIF), Chlamydia and Gonorrhoea. ID NOW Covid-19.

All four state hospitals have isolation rooms. Yap hospital has two negative pressure rooms for the isolation of patients whilst Pohnpei hospital has an isolation ward. State hospital staffs have insufficient PPE and there is currently no tracking system for PPE for laboratories. Health services stores are however tracked.

The FSM Immunization Program operates at the national level and is funded by US government whom supply all vaccines to DHSA for distribution to the states. The FSM Vaccination Schedule covers 14 diseases that are included in the WHO Global Vaccine Action Plan: measles, mumps, rubella, tetanus, diphtheria, pertussis, hepatitis B, tuberculosis, polio, pneumococcal meningitis, *Haemophilus influenzae* type B disease, influenza, human papilloma virus causing cervical cancer, rotavirus infection. All have a target coverage rate of 95%.

Vaccination is voluntary, although childhood vaccinations are mandated for school enrolment (see Chapter 4 of Title 41 of the FSM Code: Immunization of School Children).

4.2   FSM EMERGENCY PREPAREDNESS AND RESPONSE

The FSM has three levels of Reponses to emergencies – National, State and Hospital. Activation of each depends on the type of emergency, whether the hospital or state can manage the response, and whether international support is required. All levels use the FSM incident management structure.

At the national level, the FSM National Disaster Response Plan (2016) prepared under the Disaster Relief Assistance Act of 1989 is an all-hazard plan for all possible threats. Under the Plan, Standard Operating Procedures must be prepared for every government department, committee, team, working group or center that will operate under the Plan. The plan acknowledges and provides for the receipt of relief and recovery assistance from international organizations during and following disasters. The Plan also includes the minimum requirements that each state disaster response plan must include. Each state has a disaster plan that is up dated in accordance to the national plan.

A national state of emergency cannot be declared unless a state has declared a state emergency. The National Disaster Committee (NDC), chaired by the President, oversees the operational arrangements of national disaster response including the National Disaster Coordination Team (NDCT) and the National Emergency Operations Centre. There are representatives from each line Ministry on the NDC and NDCT that are assembled as required. A Ministry may be designated the lead agency and the director becomes the incident controller, e.g. the FSM DHSA is the lead agency for disease epidemics. Once the President declares a national state of emergency as per the FSM National Disaster Response Plan then assistance can be requested from the US according to the Compact of Free Association Agreement.

The All Hazards Response and Recovery Public Health Base Plan 2017 establishes the organizational framework for the activation and management of department activities in response to incidents or events having public health, or health care implications, or that threaten the continuation of the department's services. The Plan also describes the capabilities and resources available to FSM DHSA to address various public health hazards that arise following emergency incidents and disasters, and also for threats to the department's business continuity. An example was the FSM Pandemic Influenza Plan was developed in 2008 in response to avian influenza outbreaks in the region and follows the WHO response phases.

State Response Plans provide the framework for a centralized emergency and disaster response at the state level. The structure and function mirrors that of the national plan. All relevant state level government departments are part of this plan, and responses are run from the state level. The Governor is responsible for the State's disaster preparedness programs and managing national and international assistance. Each state has a Governor's disaster committee comprising the directors of all government departments that oversee the event, and a State Disaster Coordination Team that managers the state Emergency Operation Center and the event. The Governor can activate the Plan and the two committees manage the response. For a localized event, only those representatives from the relevant departments will participate. The lead agency is the Disaster Coordination Office, although for some specific threats, other Departments operate as the lead agency. Under the State Disaster Plan, the Governor can request assistance from the FSM National Government in writing when the emergency exceeds the states capability to respond. The request details specific assistance needed and is submitted directly to the FSM President.

The Port Authority in each state is responsible for the Points of Entry in the FSM states. The Port Authorities are included in the State Disaster Plans and are part of every state-level emergency report. They have their own Standard Operating Procedures under the state plan. There is a Hazardous Material (HazMat) team based at each airport as part of the airport rescue and fire fighting of the Department of Public Safety. They are the designated first responders in state level emergencies.

Each state has a Hospital Response Plan that further address public health events, such as disease outbreaks, and is managed by an appointed multi-disciplinary national/territorial outbreak response team (EpiNet) within the Department of Health in the hospital setting under the respective Hospital Disaster Management Plan. If additional support is required from other departments, then the State Disaster Management Plan may be activated with the Department of Health as the lead agency. For some diseases, the State Disaster Management Plan is automatically activated, such as a suspected case of Ebola virus disease. At all stages the national DHSA are updated through routine communication methods. Each state hospital has a HazMat team that is the first responders to events at the hospital and can also be called to assist the airport

HazMat teams during state level events. They are also responsible for managing the hospital component of larger events, e.g. mass casualty events.

The FSM has developed a COVID-19 Response Framework[2] that outlines the:

(i)   Standardized framework for FSM (National and States) in its response to the COVID-19 outbreak;

(ii)   Technical information and guidance to coordinate efforts for all levels in Government in collaboration with their stakeholders to minimize the impact of COVID-19; in terms of serious illness or overall deaths in the people of FSM, and to minimize social disruptions and economic losses; and

(iii)   States and health care systems with preparedness and response planning at different phases of the COVID-19 outbreak in order to ensure optimal medical care and to maintain continuity in provision of other essential community services.

The COVID-19 Response Framework outlines the strategies to manage a flexible, scalable and proportionate health system response, with appropriate and timely interventions and allocation of resources to protect the community by minimizing the morbidity and mortality from COVID-19. As per the response framework, FSM is currently in "Condition 4" i.e., zero cases but COVID-19 threat exists.

4.3   MEDICAL WASTE MANAGEMENT

The storage, usage and disposal of all hospital medical supplies and equipment are managed by the State hospital utilizing the FSM Infection Control Guidelines. This document, provide a step by step detail requirements that need to be implemented to meet FSM government and international standards. The focus is providing a safe healthcare environment for both patients and healthcare workers at all facilities within the nation. Emphasis is placed on infection control and prevention management, particularly in healthcare facilities, which is critical element in interrupting transmission of infectious diseases.

These guidelines clearly articulate the procedures required to safely manage the use and disposal of the equipment and supplies provided by CERC funds. These guidelines need to be used and adhered to during the delivery of the CERC, including the correct usage and disposal of the PPE and medical equipment/supplies being provided.

The disposal requirements for laboratory medical waste include;

- Sterilization (autoclave or pressure cooker) of all equipment before incinerated.
- Incineration (suitable approved system capable of the temperatures required) for all solid waste material including pharmaceuticals.

It is also understood that international hospital waste management practices and regulations (e.g. WHO) which the state hospital plans are based will be used if and when required.

A regional baseline study "Pacific Hazardous Waste Management project – Healthcare Waste" undertaken in 2014 within the FSM provided a concise status of waste management practices within each state hospital within the FSM. The outcome of the assessment identified a number of areas that improvement where required to ensure international best practices for waste management and disposal are met. This included, but limited to staff knowledge, skills and capacity development, general waste management practices (signage, collection equipment and disposal) and improved general importance of correct disposal and safety aspects for staff and general community. These recommendations have been taken on board within each of the state hospitals and health departments and improvements have been achieved.

Recent (April 2020) stakeholder discussion and rapid information acquisition activities associated with the preparation of the CERC EAP and ESMF indicated that each FSM state hospital have taken on board the recommendations of the above assessment (and other internal reports and reviews) and have updated waste management systems to ensure suitable waste management and disposal plans in place to safely and efficiently manage the use and disposal of medical wastes. This includes general protocols for the collection, safe storage and disposal using both sterilization and incineration. New and refurbished (including improved and management) of incinerators have been installed within the state hospitals since the baseline study resulting in improved efficiency and effectiveness of waste management.

Each state representative, however, acknowledged that staff require additional training and expert advice on the and procedures for COVID-19 and the practical management and disposal of supplies and equipment. It is understood that each state hospital has and will continue to receive professional training in these areas which will further assist capacity of staff to conform to state, national and international waste management practices as part of the preparation for COVID-19 response.

---

[2] FSM COVID-19 Response Framework. COVID-19 Contingency Plan for Federated States of Micronesia. Government of the Federated States of Micronesia. April 3, 2020.

These training programs and up grading of knowledge and skills will assist in the correct and safe management and disposal of the equipment and materials supplied by the CERC funds.

5 ENVIRONMENTAL AND SOCIAL MANAGEMENT OF CERC ACTIVITIES

5.1 SCREENING OF THE CERC ACTIVITIES UNDER THE FSMIP ESMF

The proposed activities to be funded by the CERC include the purchase of medical equipment, pharmaceuticals and PPE. The FSM ESMF Screening Procedures were used to identify the risks and mitigation measures. Annexure One contains the completed FSMIP ESMF Screening Checklist Form, which concludes the following:

- The CERC activities are Category B since there are some risks relating to the use and disposal of equipment, pharmaceuticals and PPE, relating to infection of users or patients, and infection of waste handlers;
- The CERC activities do not trigger any new safeguards policies;
- The CERC activities are part of the CERC positive list (also refer Section 5.3);
- The CERC activities are not on the CERC negative list (also refer Section 5.4); and
- The CERC activities require a stand-alone safeguards instrument and mitigation measures to control the environmental and social risks of the use and disposal of medical equipment, pharmaceuticals and PPE. This CERC ESMF and mitigation measures in the Annexures have been prepared as a result of the screening and assessment process.

5.2 SCREENING PROCEDURES FOR NEW ACTIVITIES OR PROJECTS UNDER THE CERC

Any **new** activity or sub-project and associated elements developed during the implementation of the CERC will be evaluated according to the screening process described below to determine the potential risk of associated environmental and social impacts, and associated mitigation options.

The screening process consists of the following steps:

Step 1: at the time of identifying a new activity[3] such as identifying new goods to procure, preparing Terms of Reference (TOR) for an activity or associated element (such as technical advisory or services delivery, the activity shall be screened and categorized by the CIU safeguards team. **Annexure Two provides the CERC ESMF COVID-19 Safeguards Screening Form.** A decision made to proceed or modify the proposal to ensure it remains within Category B or C, and identify relevant mitigation measures including, if necessary, new safeguards instruments. Category A projects are not permitted under the FSMIP (refer the negative list below).

If Step 1 reveals that there is no requirement for new mitigation measures or safeguards instruments, then the screening form is filed and the activities proceed under the existing CERC ESMF. Go on to Step 5.

If Step 1 reveals there are new risks or issues not already identified under the existing CERC ESMF, then Step 2 applies.

Step 2: Preparation of required safeguards instruments or update the CERC ESMF mitigation measures including stakeholder consultations as necessary (CIU safeguards team);

Step 3: Review of prepared safeguards instruments or updated mitigation measures as per FSM and State laws and World Bank safeguards policies; additional stakeholder consultations as deemed necessary (e.g. DTC&I, DECEM, DHSA and World Bank);

Step 4: Submit prepared safeguards instruments or updated mitigation measures to World Bank for no objection. Disclosure of approved instruments locally and on World Bank's website (DTC&I, CIU); and

Step 5: Implementation, monitoring, reporting and remedial measures as per this CERC ESMF or the approved instruments (DHSA, DECEM, CIU). Ongoing consultations where necessary (DHSA, DECEM, CIU).

5.3 CERC POSITIVE LIST

The purpose of the positive list is to indicate the types of critical imports and emergency works following a loss and needs assessment that would be acceptable to the Bank to be financed under Component 4 (CERC). Project funds allocated to the

---

[3] Not already screened during the preparation of the CERC ESMF as documented in Section 5.6.

CERC Disbursement Category may be used to finance any expenditure of the Recipient that is consistent with the FA provisions.

The FSMIP ESMF identified eleven (11) activities that are eligible under the projects CERC, one of which directly relates to this CERC project initiative. This includes:

- Eligible expenditures for "Emergency Sub-Projects" initiated following the Declaration of a National Emergency/Disaster in response to damage, losses and needs caused by an event.

The ESMF further provides five examples where these funds can be used once an Emergency Declaration has been called and indicates that additional activities can be considered and evaluated as the need arises.

The current COVID-19 FSM Emergency triggers such an event. As such the procurement and importation of only emergency pharmaceuticals, medical equipment and medical PPE requirements will be deemed eligible under the CERC, subject to each activity being covered by way of explicit mitigation measures as set out in Section 3 of this CERC ESMF.

5.4 CERC NEGATIVE LIST

The purpose of the negative list is to identify activities or subprojects due to their potential impacts will not be eligible for financing under the CERC component or the parent project.

The FSMIP ESMF identifies fourteen (14) significant activities that are not eligible under the projects CERC, none of which are included within this CERC project initiative. This includes activities or subprojects that:

1. Involve the significant conversion, clearance or degradation of critical natural habitats, forests, environmentally sensitive areas, significant biodiversity and/or protected conservation zones;
2. Will cause, or have the potential to result in, permanent and/or significantly damage to nonreplicable cultural property, irreplaceable cultural relics, historical buildings and/or archaeological sites;
3. Will negatively affect rare or endangered species;
4. Will result in involuntary land acquisition or physical displacement of affected communities, or relocation of Indigenous Peoples that would restrict or cease their access to traditional lands or resources;
5. Do not meet minimum design standards with poor design or construction quality, particularly if located in vulnerable areas;
6. Purchase, application or storage of pesticides or hazardous materials (e.g. asbestos);
7. Building structures that will alter coastal process or disrupt breeding sites such as retaining walls or seawalls;
8. Sand/aggregate mining or land reclamation, particularly with material from the marine environment;
9. Land that has disputed ownership, tenure or user rights;
10. Land that is considered dangerous due to presence of UXO;
11. Political campaign materials or donations in any form;
12. Weapons;
13. Any activity that supports drug crop production, processing or distribution; and
14. A higher proportion of funding than is available

For clarity, since this project is Category B, Category A activities will not be eligible for funding under this CERC.

5.5 IMPLEMENTATION, MONITORING AND DUE DILIGENCE AUDITING

The infection control protocols, waste management and other activities to manage human health and environmental risk will be implemented by the DHSA and the health sector as per the Infection Prevention and Control and Waste Management Plan (Annexure Four). The FSM in-country systems will be followed along with the gap-filling that is being undertaken via training and capacity building on COVID-19-related infection prevention and control under the national COVID-19 Response Framework and not directly funded by the CERC. The CIU safeguards team will conduct at least two audits to identify that the goods procured by the CERC funds are being handled, stored, used and disposed in accordance with the CERC ESMF and in accordance with the WHO COVID-19 Guidelines.

5.6 REPORTING

Regular reports on environmental indicators and any incidents that may have adversely impacted on the environment and social setting, arising from CERC activities will be prepared. These will be included into semi-annual safeguard monitoring reports to the World Bank as part of the FSMIP reporting process. The reports will include: (i) the status of the implementation of the CERC ESMF and mitigation measures; and (ii) the findings of monitoring and due diligence audits, (iii) corrective and preventative actions required and compliance and (iv) grievances, incidents and progress on resolution.

6   SAFEGUARDS RESPONSIBILITIES AND CAPACITY BUILDING

6.1   KEY INSTITUTIONS INVOLVED

Table 5 Safeguards Responsibilities for Key Institutions

Institution	Safeguards Responsibility under the CERC ESMF
DHSA technical advisory staff	Receive training on the CERC ESMF. Implement the FSM Infection Control Protocols and the waste management procedures in this CERC ESMF. Keep in touch with DOFA CIU with any new activities / goods not already identified so CIU can screen the risks. Receive and respond to complaints and grievances relating to the use of funds.
State Hospitals	Each state hospital has a dedicated appointed intra-department health emergency team based within the hospitals that will be tasked with the management of all operations associated with the COVID-19 emergency including the procedures to receive, collect, store, use and safely dispose of all material provided under tis assistance. The director of this unit will be responsible for the management and reporting requirements of all team members. All activities will follow and be complicit to state and national polices, laws, regulations and health sector guidelines, including the FSM Infection Control Procedures (2017) to ensure due care and diligence is undertaken at all stages of the activities. Resulting in providing internationally acceptable management of the emergency and marinating health and safety to all patients, hospital and allied workers and the general community.
DECEM focal point for FSMIP CERC	Receive training on the CERC ESMF. Consult with DOFA CIU with any new activities / goods not already identified so CIU can screen the risks. Receive and respond to complaints and grievances relating to the use of funds, and support DHSA where necessary to do the same.
DOFA CIU Safeguards Advisors	Work with DECEM and DHSA to ensure the implementation, monitoring, review, and update of the ESMF and otherwise comply with the FSM Financing Agreement, FSM and State laws, the World Bank's Safeguard Policies. Raise awareness and conduct training on compliance with the CERC ESMF with DHSA, DECEM and DTC&I. Screen for new risks using the screening procedures in the ESMF. Create/update mitigation measures and instruments as required, stakeholder consultation on updates and new instruments, and ensure disclosure. Disclose the CERC ESMF and any other instruments on their website. Contribute to project documents (including tenders, bids, ToR, and contracts) to ensure they have requisite safeguard documentation applied and attached as required. Monitor and conduct due diligence on the implementation of the FSM Infection Control Protocols and waste management procedures. Implement stakeholder engagement activities. Assist DHSA and DECEM with receiving and managing complaints and grievances through the GRM. Collect data and report on CERC-related safeguards, including the GRM, as part of overall

	project reporting.
DTC&I FSMIP Project Implementation Unit staff.	Disclose the CERC ESMF and any other instruments on their website.
	Receive training on the CERC ESMF.

6.2 AWARENESS RAISING AND CAPACITY BUILDING

DHSA (including relevant state hospital staff) and DECEM staff responsible for the COVID-19 Emergency Response do not have any prior experience of implementing World Bank safeguards. The CIU safeguards team will conduct awareness raising via video conferencing, phone calls and in person (in Pohnpei) to explain the CERC ESMF, the roles and responsibilities, the expectations for the implementation of the FSM Infection Control Procedures and any other gaps identified under the CERC to control COVID-19 risks, and the waste management procedures. Training will include specific procedures for receiving and managing complaints and grievances.

This training will be provided within 30 days of the approval of the CERC EAP and prior to any deployment of goods funded by the CERC, and will be repeated as required.

Training on COVID-19 infection control, use of PPE, etc. is not funded by the CERC and will be delivered by trained professionals to the health sector under a different funding stream. The CIU safeguards team will review the outcomes of this training and its relevance to the CERC implementation during monitoring and due diligence auditing (section 5.5.).

7 STAKEHOLDER CONSULTATION AND DISCLOSURE

Extensive national and state stakeholder consultations, workshops and formal and informal meetings were undertaken during the course of the development and acceptance of the FSMIP ESMF and ESMP, including information exchange associated Component 4 (CERC). This process resulted in the development of a FSMIP Stakeholder Engagement Plan (SEP). This plan will be updated as required on activation of the CERC to address the identified activities. Additional key stakeholder consultations have and will continue to be undertaken associated with the development and implementation of the CERC.

CERC Stakeholders:

- DHSA and hospital staff implementing the Infection Control Procedures and managing waste;
- Yap, Chuuk and Pohnpei State EPA and Kosrae State KIRMA regarding medical waste management and disposal; and
- Other donor agencies funding COVID-19 response activities (i.e. ADB).

Hospital staff and DECEM have been contacted to discuss the existing procedures and practices for infection control and waste management and the purpose of the FSMIP CERC and the CERC ESMF. The draft CERC ESMF will be shared with DECEM, DHSA, donors and EPA for comment prior to finalization.

In the preparation of the CERC ESMF the general public has not been considered stakeholders since the proposed activities are the procurement of goods that will not have any public interaction or impacts.

As part of the requirements of World Bank policy OP/BP 4.01 Environmental Assessment, the FSMIP ESMF was publically disclosed by DTC&I and DOFA on their websites. This CERC ESMF, once approved, will likewise be publically disclosed by DTC&I and DOFA websites.

8 GRIEVANCE REDRESS MECHANISM FOR CERC-RELATED ACTIVITIES

8.1 INTRODUCTION

The full project FSMIP GRM is documented in the FSMIP ESMF and covers all activities under each of the Components. This CERC GRM has been developed under the FSMIP GRM to allow those that have a complaint or that feel aggrieved by the activities under the CERC to be able to communicate their concerns and/or grievances through an appropriate process. Modifications are required because the implementing agency is different to the rest of FSMIP and the source and nature of complaints and grievances is different and require different approaches for receipt and resolution.

The GRM set out below is to be used as part of the CERC and FSMIP and will provide an accessible, rapid, fair and effective response to concerned stakeholders, especially any vulnerable group who often lack access to formal legal regimes.

While recognizing that many complaints may be resolved immediately, the Complaints Register and GRM encourages mutually acceptable resolution of issues as they arise. The Complaints Register and GRM have been designed to:

- Be a legitimate process that allows for trust to be built between stakeholder groups and assures stakeholders that their concerns will be assessed in a fair and transparent manner;

- Allow simple and streamlined access to the Complaints Register and GRM for all stakeholders and provide adequate assistance for those that may have faced barriers in the past to be able to raise their concerns;

- Provide clear and known procedures for each stage of the GRM process, and provides clarity on the types of outcomes available to individuals and groups;

- Ensure equitable treatment to all concerned and aggrieved individuals and groups through a consistent, formal approach that, is fair, informed and respectful to a complaint and/or concern;

- Provide a transparent approach, by keeping any aggrieved individual/group informed of the progress of their complaint, the information that was used when assessing their complaint and information about the mechanisms that will be used to address it; and

- Enable continuous learning and improvements to the GRM. Through continued assessment, the learnings may reduce potential complaints and grievances.

8.2 ELIGIBILITY CRITERIA FOR THE GRM

- Perceived negative economic, social or environmental impact on an individual and/or group, or concern about the potential to cause an impact;

- Clearly specified kind of impact that has occurred or has the potential to occur; and explanation of how the project caused or may cause such impact;

- Individual and/or group filing of a complaint and/or grievance is impacted, or at risk of being impacted; or the individual and/or group filing a complaint and/or grievance demonstrates that it has authority from an individual and or group that have been or may potentially be impacted on to represent their interest.

- Affected people may raise a grievance/complaint at all times to the traditional and government elected officials. Project stakeholders should be informed about the ESMF provisions, including its grievance mechanism and how to make a complaint.

8.3 GRM PROCESS

The GRM has been designed to be problem-solving mechanism with voluntary good-faith efforts. The GRM is not a substitute for the legal process. The GRM will as far as practicable, try to resolve complaints and/or grievances on terms that are mutually acceptable to all parties. When making a complaint and/or grievance, all parties must act at all times, in good faith and should not attempt to delay and or hinder any mutually acceptable resolution.

The process for the GRM for CERC-related activities is as follows:

a) The Aggrieved Party takes their grievance to the nominated manager of the CERC at each State hospital and/or State Department of Health. These state agencies will then inform the DECEM. These agencies are the appropriate entities for all stages of the CERC project.

b) During the project delivery the state hospitals and state health departments will endeavor to resolve it immediately. Where the Aggrieved Person is not satisfied, these agencies will refer the Aggrieved Person/s to DECEM and if required to the FSMIP Project Manager and/or the CIU Safeguard team. For complaints that were satisfactorily resolved by the Aggrieved Person, the incident and resultant resolution will be logged and reported to the FSMIP Project Manager; and copied to the CIU safeguard team.

c) If unsuccessful, DECEM notifies the FSMIP Project Manager;

d) The FSMIP Project Manager endeavors to address and resolve the complaint and inform the Aggrieved Party. For complaints that were satisfactorily resolved by the FSMIP Project Manager, the incident and resultant resolution will be logged by the FSMIP Project Manager and copied to the CIU safeguard team. Where the complaint has not been resolved, the FSMIP Project Manager will refer to the relevant Director and/or Secretary of DECEM and DHSA for his/her action/resolution;

e) If the matter remains unresolved, or the Aggrieved Person is not satisfied with the outcome, the Secretary of DECEM and/or DHSA refers the matter to the Project Steering Committee for a resolution. The FSMIP Project Manager will log details of issue and resultant resolution status (copy CIU safeguard team); and

f) If it remains unresolved or the complainant is dissatisfied with the outcome proposed by the Project Steering Committee, the Aggrieved Person may refer the matter to the appropriate legal or judicial authority. A decision of the Court will be final.

Steps a through e should be undertaken immediately. Where the matter is referred to the FSMIP Project Manager, a resolution should be sought within two weeks. If unsuccessful and the matter is referred to the Project Steering Committee, this should occur within a month.

Each record is allocated a unique number, reflecting year and sequence of received complaint (for example 2019-01, 2019-02 etc.). Complaint records (letter, email, record of conversation) should be stored together, electronically or in hard copy.

Any grievance related to corruption or any unethical practice should be referred immediately to the State and/or National Police and judicial officers of State and FSM Supreme Court.

8.4   CONTACT DETAILS, ROLES AND RESPONSIBILITIES

Anyone can ask for information on the project, express a concern, make a complaint (grievance) or get in touch with the project for any reason. Complaints/concerns can be anonymous and the various ways to get in touch with the project include:

Department of Transportation, Communication & Infrastructure (DTC&I)

All correspondence to: Secretary, Mr. Carlson Apis DTC&I, and Mr. Gerard Osborne FSMIP Project Manager.

By Phone: (691) 320- 2865

By email: carl@tci.gov.fm and gerard.osborne@tci.gov.fm and copy to beulah.FSM@gmail.com, wkilmete@yahoo.com and Steve@iasaustralia.com

By mail: Post Office Box PS-2, Palikir, Pohnpei, FSM 96941

In person: Department of Transportation, Communication and Infrastructure, National Government, Palikir, Pohnpei, Federated States of Micronesia. Given to the Department's Office Secretary.

Website: www.ict.fm

FSM Department of Health and Social Affairs

Mr. Marcus Samo

Assistant Secretary for Health

Department of Health and Social Affairs

FSM National Government

P.O. Box PS70

Palikir, Pohnpei FSM 96941

Telephone: Work:(691) 320-2619/2643

Email: msamo@fsmhealth.fm

FSM Department of Environment, Climate Change and Emergency Management

Mr. Antholino (Tony) Neth

Assistant Secretary for Emergency Management

Department of Environment, Climate Change and Emergency Management

FSM National Government

P.O. Box PS-69

Palikir, Pohnpei FSM 96941

Telephone: Work:(691) 320-8815

Email: aneth2008@gmail.com

Pohnpei State Hospital

Primary Contact   _Secondary Contact_

Mr. Johnny Hadley Jr.   Mr. Wincener J. David

Chief of Administration   Director

Pohnpei State Hospital   Department of Health and Social Services

Department of Health and Social Services   Pohnpei State Government

Pohnpei State Government   P.O. Box 189

P.O. Box 189   Kolonia, Pohnpei FSM 96941

Kolonia, Pohnpei FSM 96941   Telephone: (691) 320-2215

Telephone: (691) 320-3805   Email: wdavid@fsmhealth.fm

Email: jhadley@fsmhealth.fm

Kosrae State Hospital

Primary Contact   _Secondary Contact_

Mr. Kun Mongkeya   Mr. Bob Skilling

Chief of Administration   Director

Kosrae State Hospital   Department of Health Services

Department of Health Services   Kosrae State Government

Kosrae State Government   P.O. Box 127

P.O. Box 127   Tofol, Kosrae FSM 96944

Tofol, Kosrae FSM 96944   Telephone: (691) 370-3199/3200

Telephone: (691) 370-3199/3200   Email: bhskilling@fsmhealth.fm

Email: kpmongkeya@fsmhealth.fm

**Chuuk State Hospital**

Primary Contact	_Secondary Contact_
Mr. Friday Shomour	Mr. Julio Marar
Chief of Administration	Director
Kosrae State Hospital	Department of Health Services
Department of Health Services	Chuuk State Government
Chuuk State Government	P.O. Box 400
P.O. Box 400	Weno, Chuuk FSM 96942
Weno, Chuuk FSM 96942	Telephone: (691) 330-2210/2216/2420
Telephone: (691) 330-2210/2216/2420	Email: jmarar@fsmhealth.fm
Email: fshomour@fsmhealth.fm	

**Yap State Hospital**

Primary Contact	_Secondary Contact_
Mr. Dominic Taruwemai	Dr. Aileen Tareg
Deputy Director	Director
Yap Memorial Hospital	Department of Health Services
Department of Health Services	Yap State Government
Yap State Government	P.O. Box 148
P.O. Box 148	Colonia, Yap FSM 96943
Colonia, Yap FSM 96943	Telephone: (691) 350-2115/2116
Telephone: (691) 350-2115/2116	Email: jdavid@fsmhealth.fm
Email: jhadley@fsmhealth.fm	

Roles and Responsibilities

The following are persons involved in the complaints process and their supporting roles and responsibilities.

- Focal Point for managing the FSMIP projects Complaints Process: Mr. Gerard Osborne, FSMIP Project Manager.
- Person who will manage the database and record keeping: Mr. Wilmer Kilmete in coordination with Ms. Beulah Daunakamakama at the Central Implementation Unit (CIU) of the FSM Government Department of Finance & Administration.
- Person who will answer simple queries and manage simple complaints related to the CERC: Mr Gerard Osborne, FSMIP Project Manager; State Hospital Contacts, DECEM, DHSA
- Person who will manage difficult complaints or grievances: Mr. Gerard Osborne, FSMIP Project Manager and Mr. Carlson Apis, Secretary DTCI&I with support from CIU DECEM, DHSA (depending on the nature of the complaint).
- Agency/Person who will prepare report for World Bank reporting: CIU team.
- Grievance Committee will be formed on an ad hoc basis for complex or significant grievance management. This will be made up of appropriate senior officials (Assistant Secretary level or above) from the following:
  - DOFA with support from CIU Safeguard Team;
  - DHSA and
  - Department or Office managing the project at which the complaint is aimed (DTC&I).

8.5   COMPLAINTS PROCESSING AND DOCUMENTATION

- All complaints or grievances will be entered into an assigned database that tracks progress of each complaint/grievance. Complaints records (letter, email, record of conversation etc.) are stored both electronically

and in hard copy. Each record has a unique number reflecting year and sequence of received complaint (i.e. 2019-01, 2019-02 etc.).

- Each complaint/grievance is assigned a specific person responsible for its management and close out.
- Each complaint or grievance will have a plan for addressing and closing out:
- If the complaint/grievance relates to a contractor activity, the project will ensure the Contractor remedies any damage, pays compensation for damage or loss, etc.
- Use of community leaders and customary methods of conflict resolution is encouraged and utilized if and when appropriate – on a case-by-case basis.
- If an issue/complaint cannot be resolved on site, it is elevated to the Project Manager for resolution (with support from the Safeguards Team in the CIU). If the Project Manager and Safeguard Team cannot resolve the issue, it is referred to the ad hoc Grievance Committee.
- If a resolution cannot be found through the Grievance Committee, the next course of action is the courts of FSM or an independent mediator.
- All simple complaints and grievances must aim to be closed out within 1 month.
- Complex complaints should aim to be closed out within 3 months or deferred to the Grievance Committee.
- All complainants have the right to use the courts of FSM at any time to seek resolution, if and when required.

The FSMIP Project Manager will make adjustments to consultations, the GRM, community engagement, project implementation and other aspects as necessary to avoid future complaints and grievances if and when required.

8.6   REPORTING AND EVALUATION

Complaints shall be reported in the regular project reporting to the World Bank. It should contain:

- Total number of complaints/grievances received.
- Total number resolved.
- Total number under investigation/not yet resolved.
- Total number not yet resolved and also exceeds the recommended close out time of 1 month or 3 months.
- Short paragraph on any significant grievances currently not yet resolved and any risks to project implementation.

If there are more than 30 complaints/grievances recorded, the Project Manager may decide to investigate any patterns or repetition of issues that need addressing. The Project Manager may decide to get an independent consultant to review and provide advice.

Annexure One: Completed FSMIP ESMF Screening Form

FSMIP ESMF Safeguards Screening Form

This form is to be used by DTC&I to screen potential environmental and social safeguards issues in subprojects and determine which safeguard instrument/s is to be prepared prior to implementation.

27 April 2020 – this form has been completed by the CIU Safeguards Team for the triggering of the Contingent Emergency Response Component (Component 4) relating to the funding of equipment, pharmaceuticals and personal protective equipment. The screening demonstrates that the subproject is a Category B, since there are some risks relating to the use and disposal of equipment, pharmaceuticals and PPE, relating to infection of users or patients, and infection of waste handlers. Potential environmental risks relate to improper disposal or incineration of waste. The documentation required is an ESMF for the CERC and management plans for infection control and waste management.

Screening Questions	Answer			If 'Yes', World Bank policy triggered.	Documents required if 'Yes"
	Yes	No	N/A		
Are the project impacts likely to have significant adverse environmental impacts that are sensitive[4], diverse or unprecedented? [5] Please provide brief description.		*		*OP 4.01 Environmental Assessment* Category A	Not eligible for funding under FSMIP
Do the impacts affect an area broader than the sites or facilities subject to physical works and are the significant adverse environmental impacts irreversible? Please provide brief description.		*		OP 4.01 Environmental Assessment Category A	Not eligible for funding under FSMIP
Is the proposed project likely to have no adverse environmental impacts?[6] Please provide brief justification.		*		OP 4.01 Environmental Assessment Category C	Nothing further required

---

[4] Sensitive (i.e., a potential impact is considered sensitive if it may be irreversible, e.g., lead to loss of a major natural habitat, or raise issues covered by OP 4.04, Natural Habitats; OP 4.36, Forests; OP 4.10, Indigenous Peoples; OP 4.11, Physical Cultural Resources; or OP 4.12, Involuntary Resettlement; or in the case of OP 4.09, when a project includes the manufacture, use, or disposal of environmentally significant quantities of pest control products).

[5] Examples of projects where the impacts are likely to have significant adverse environmental impacts that are sensitive, diverse or unprecedented are large scale infrastructure such as construction of new roads, railways, power plants, major urban development, water treatment, waste water treatment plants and solid waste collection and disposal, etc.

[6] Examples of projects likely to have minimal or no adverse environmental impacts are supply of goods and services, technical assistance, simple repair of damaged structures, etc.

Questions	Answer			If 'Yes', World Bank policy triggered	Documents required if "Yes"
	Yes	No	N/A		
Is the project neither a Category A nor Category C as defined by the Bank?[7] Please provide brief justification. *Some risk relating to the use and disposal of equipment, pharmaceuticals and PPE, relating to infection of users or patients, and infection of waste handlers. Environmental risks relating to improper disposal or incineration of waste.*	*			OP 4.01 Environmental Assessment Category B	ESIA or limited ESIA, and ESMP
Are the project impacts likely to have significant adverse social impacts that are sensitive, diverse or unprecedented?[8]Please provide brief description.		*		OP 4.01 Environmental Assessment Category A	Not eligible for funding under FSMIP
Will the project involve the discharge of pollutants into air, water, soil and/or storage of chemicals, hazardous materials, etc. that pose risks to environmental and public health? *Some risk relating to the use and disposal of equipment, pharmaceuticals and PPE, relating to infection of users or patients, and infection of waste handlers. Environmental risks relating to improper disposal or incineration of waste. Low to moderate risk, classified as Category B.*	*			OP 4.01 Environmental Assessment Category A/B	ESIA or Limited ESIA to determine risk level– only Cat B eligible for funding under FSMIP - ESMP with Waste / Hazardous Materials Management Plan

---

[7] Projects that do not fall under Category A or Category C can be considered as Category B. Examples of Category B subprojects include small scale in-situ reconstruction of infrastructure projects such as road rehabilitation and rural water supply and sanitation, small schools, rural health clinics, etc.

[8] Generally, subprojects with significant resettlement-related impacts should be classified as Category A. Application of judgment is necessary in assessing the potential significance of resettlement-related impacts, which vary in scope and scale from subproject to subproject. Subprojects that would require physical relocation of residents or businesses, as well as subprojects that would cause any individuals to lose more than 10 percent of their productive land area, often are classified as Category A. Scale may also be a factor, even when the significance of impacts is relatively minor. Subprojects affecting whole communities or relatively large numbers of persons (for example, more than 1,000 in total) may warrant Category A, especially for projects in which implementation capacity is likely to be weak. Subprojects that would require relocation of Indigenous Peoples, that would restrict their access to traditional lands or resources, or that would seek to impose changes to Indigenous Peoples' traditional institutions, are always likely to be classified in Category A.

Questions	Answer			If 'Yes', World Bank policy triggered	Documents required if "Yes"
	Yes	No	N/A		
Will the project site be located near[9], waterways or water bodies/ponds?		*		OP 4.01 Environmental Assessment Category A/B	ESIA or Limited ESIA to determine level of risk/impact – only Cat B eligible for funding under FSMIP
Will the project adversely impact physical cultural resources?[10] Please provide brief justification.		*		OP 4.11 Physical Cultural Resources Category B	ESMP with PCR Management Plan and/or Chance Find Procedures (CFP)
Will any physical works be sited on private freehold (customary), Crown or state land? Will this be acquired through market-based lease, government lease or sublease, purchase, or voluntary donation? Please provide a brief explanation:		*		OP 4.12 Involuntary Resettlement Category C	Evidence of Land Title or Voluntary Land Donation Protocol
Will any physical works be sited on communal or collective land? If so, is the land more than 5% of the community's area, and/or do gardens, crops or fixed assets exist on the nominated land? Please provide a brief explanation.		*		OP 4.12 Involuntary Resettlement Category A/ B	Resettlement no acceptable under FSMIP

---

[9] In the riparian zone or within 20 meters from a body of water.
[10] Examples of physical cultural resources are archaeological or historical sites, including historic urban areas, religious monuments, structures and/or cemeteries, particularly sites recognized by the government.

Questions	Answer			If 'Yes', World Bank policy triggered	Documents required if "Yes"
	Yes	No	N/A		
Does the project involve the donation of land (in-kind) from project-affected persons for facilities or investments that will be of benefit to the broader community? Please provide a brief explanation.		*		OP 4.12 Involuntary Resettlement Category C	No land acquisition proposed under FSMIP All activities to be undertaken on FSM Government Land
Will any physical works be located on land that is used or occupied by persons?		*		OP 4.12 Involuntary Resettlement Category B	FSMIP proposed for government owned and/or-leased land only. Land access agreement
Does the project involve large-scale[11] involuntary land acquisition or physical relocation of people? Please provide brief explanation		*		OP 4.12 Involuntary Resettlement Category A	Not eligible for financing under FSMIP
Does the project involve minor involuntary land acquisition, loss of assets or access to assets, or loss of income sources or means of livelihood? Please provide brief explanation		*		*OP 4.12 Involuntary Resettlement* Category B	No land acquisition under FSMIP

---

[11] Physical and/or economic displacement of more than 200 affected people and/or more than 10% of productive assets are lost.

Annexure Two: CERC COVID-19 Safeguards Screening Form

This form is to be used for any new activities funded by the CERC for the duration of the COVID-19 Response.

Activity or Sub-Project	
Location(s)	
Proponent / Implementing Agency	
Estimated Investment Value	$
Start/Completion date	

Questions	Answer		World Bank Operational Policy CERC Positive/Negative List	Due Diligence / Actions if 'Yes'
	Yes	**No**		
Does the activity/subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities?			OP4.01	Prepare ESMP, Update SEP
Does the activity/subproject involve land acquisition and/or restrictions on land use?			Negative List	Not eligible for funding
Does the activity/subproject involve acquisition of assets to hold patients (including yet-to-confirm cases for medical observation or isolation purpose)?			Negative List	Not eligible for funding
Is the activity/subproject associated with any waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			OP4.01	Prepare ESIA/ESMP, Update SEP
Does the existing regulatory framework, existing CERC ESMF mitigation measures and institutional capacity sufficiently cover the required healthcare facility infection control and healthcare waste management?			OP4.01	If 'no': Update ESMF mitigation measures, Update SEP If 'yes': Implement existing ESMF and SEP
Does the subproject involve transboundary transportation of specimen, samples, infectious and hazardous materials?			OP4.01	Update ESMF mitigation measures

Does the subproject involve use of security personnel during construction and/or operation of healthcare facilities?			OP4.01	Prepare protocols in ESMF to mitigate potential harm from security personnel Update SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			OP4.04 Significant impacts are in the CERC Negative List	Prepare protocols in ESMF to mitigate potential harm Update SEP Significant impacts mean the activity is ineligible for funding
Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively?			OP4.01	Prepare protocols in ESMF to mitigate potential harm Update SEP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			OP4.09	Screen for impacts. If there are any impacts that would trigger OP4.09 the activity is ineligible for funding.
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			OP4.01	Prepare protocols in ESMF to mitigate potential harm Update SEP r
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			OP7.60 Projects in Disputed Areas	Governments concerned agree
Will the sub project and its ancillary aspects and related activities involve the use or potential pollution of, or be located in international waterways?			OP7.50 Projects on International Waterways	Notification (or exceptions)

Annexure Three: FSM Infection Control Procedures (2017)

Refer to online or PDF version of the report.

Annexure Four: Draft Infection Control and Medical Waste Management Plan

A4.1 INTRODUCTION

An outbreak of COVID-19 caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world. As of March 30, 2020, the outbreak has resulted in an estimated 638,146 confirmed cases and 30,105 deaths in 203 countries.

COVID-19 is one of several emerging infectious diseases outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The severe infectious nature of COVID-19 has raised the immediate need for strengthened health security.

The FSM is particularly vulnerable to the risk of COVID-19 due to its economic reliance on international travel of residents, tourists, and trade. Although no suspected cases have been reported in the FSM to date (29 April 2020), the nation's health system urgently needs to be prepared for an outbreak of such nature to avoid adverse human and economic impact.

This management plan is prepared under the FSM Maritime Investment Project (FSMIP) Contingent Emergency Response Component (CERC) Environmental and Social Management Framework (ESMF) to cover the environmental and social risks of the provision of critical emergency pharmaceuticals, medical equipment and medical Personal Protective Equipment (PPE), which will be distributed to each state. This includes:

Goods Procured	Itemized List
Pharmaceuticals	A range of off the shelve manufactured products associated with antibiotics
Medical Equipment	Endotracheal Tubes, ventilators and associated medical requirements etc
PPE	A range of medical PPE e.g. gloves face masks, isolation gowns, scrubs and so on.

The storage, usage and disposal of all hospital medical supplies, equipment and pharmaceuticals are managed by the State hospital utilizing the FSM Infection Control Guidelines. This management plan provides relevant environmental and social risk management requirements reflecting the FSM government, DHSA, WHO, World Bank and international standards. The focus is providing a safe healthcare environment for both patients and healthcare workers at all facilities within the nation where goods may be deployed. Emphasis is placed on infection control and prevention management, particularly in healthcare facilities, which is critical element in interrupting transmission of infectious diseases.

These guidelines clearly articulate the procedures required to safely manage the use and disposal of the equipment and supplies provided under the CERC ESMF. These guidelines need to be used and adhered to during the delivery of the CERC, including the correct storage, usage and disposal of PPE and medical equipment/supplies being provided.

This plan will be finalized and updated when necessary throughout the project to address specific risks of the procurement of goods.

The plan recognizes that there are existing procedures in place for infection prevention and control in FSM, and there is robust medical waste management procedures and functioning incinerators and landfills in each State. The plan also recognizes that the CERC-related goods are part of a national COVID-19 Framework and contribute a small part of the overall preparation and response to the pandemic, and improved infection prevention and control procedures are being developed to upskill the health sector in managing this new and novel threat. Therefore the emphasis of this plan is gap-filling on the existing systems and the capacity building for COVID-19 currently being carried out by the DHSA in partnership with WHO and other agencies.

A4.2 TARGET HEALTH CARE FACILITIES

There are five hospitals in FSM – a State Hospital in each state and a private hospital also in Pohnpei. Each of the states operate Community Health Centers– four on the main island of Yap, two in Kosrae, three on the main island

of Chuuk and one in Pohnpei and 95 dispensaries in the outer islands of Yap (17), Chuuk (68) and Pohnpei (10). The Outer islands dispensaries are staffed by health assistants and have basic antibiotics only. Each state hospital is managed under the health department of each state government.

Each State Hospital has a laboratory and there is one national food safety laboratory is located in Pohnpei State. Each State laboratory provides rapid tests for a range of disease and all tests use diagnostic algorithms aligned with international standards. In addition to this, Community Health Centers perform some simple, point-of-care testing and refer testing to their state hospital laboratories. There are no in-country reference laboratories and all samples collected within the nation are destroyed, none are kept. None of the four State Hospital laboratories store or process any dangerous pathogen or toxins. The state hospitals include;

Yap Memorial Hospital: Yap Memorial Hospital (also known as the Department of Health Services), located in Colonia is the only hospital in Yap and is directly accessible only to those residents who live in Yap. Residents who live on the outer islands find access difficult due to limited transportation. Yap Memorial Hospital has 43 beds. The hospital has an emergency room; outpatient clinics inpatient wards surgical suits, a dental clinic, pharmacy, laboratory, x-ray services, physical therapy services and health administration offices, including data and statistics offices. Yap has 17 outer islands dispensaries, of which two (on Ulithi and Woleai) have been designated 'super dispensaries.' Yap State Hospital generates general wastes, healthcare wastes (including pathological waste, infectious waste, sharps and pharmaceutical wastes) all of which is incinerated.

Chuuk State Hospital: Chuuk State Hospital is the only inpatient facility on the island. The hospital has 140 beds and is staffed by 20 doctors and 80 clinical nurses, and has over 4000 admissions a year. The hospital has an emergency room, outpatient clinics; inpatient wards surgical suits, a dental clinic, pharmacy, laboratory, x-ray services, physical therapy services and health administration offices. Chuuk State Hospital generates general wastes, healthcare wastes (including pathological waste, infectious waste, sharps and pharmaceutical wastes) all of which is incinerated.

Pohnpei State Hospital: Pohnpei is a 43 bed hospital with approximately 100 staff. The hospital has an emergency room, outpatient clinic; inpatient wards, a surgical suit, a dental clinic, pharmacy, laboratory, a pediatrics unit, obstetrics wars a neonatal and newborn ward and an intensive care unit. Pohnpei State Hospital generates general wastes, healthcare wastes (including pathological waste, infectious waste, sharps and pharmaceutical wastes) all of which is incinerated.

Kosrae State Hospital: Kosrae State Hospital is located in Tofol, the capital. It is a 45 bed hospital with 100 staff. The hospital has an emergency room, outpatient clinic; inpatient wards, a surgical suit, a dental clinic, pharmacy, laboratory, a pediatrics unit, obstetrics wars a neonatal and newborn ward, an intensive care unit and a mental health ward. Kosrae State Hospital generates general wastes, healthcare wastes (including pathological waste, infectious waste, sharps and pharmaceutical wastes) all of which is incinerated.

A4.3 INFECTION PREVENTION AND CONTROL

The storage, usage and disposal of all hospital medical supplies, equipment and pharmaceuticals are managed by the State hospital utilizing the FSM Infection Control Guidelines. This document, provide a step by step requirements that need to be implemented to meet FSM government, World Bank and international standards. The focus is providing a safe healthcare environment for both patients and healthcare workers at all facilities within the nation. Emphasis is placed on infection control and prevention management, particularly in healthcare facilities, which is critical element in interrupting transmission of infections diseases.

These guidelines clearly articulate the procedures required to safely manage the use and disposal of the equipment and supplies provided under this project. These guidelines need to be used and adhered to during the delivery of this project. Including the correct storage, usage and disposal of the projects PPE and medical equipment/supplies being provided.

The disposal requirements for laboratory Medical Waste include;

- Sterilization (autoclave or pressure cooker) of all equipment before incinerated.
- Incineration (suitable approved system capable of the temperatures required) for all solid waste material including pharmaceuticals.

It is also understood that international hospital waste management practices and regulations (e.g. WHO) which the state hospital plans are based will be referred if and when required.

Each state hospital has waste management policy, plans/guidelines and management procedures that guide the process of waste management and disposal. Each state waste management systems are slightly different however all have acknowledged improvements in the tracking and auditing of activities needs to undertaken. General waste management practices undertaken at each of the state hospitals is detailed in the table below (Information gleaned through previous audit reports and stakeholder discussions).

Table 6 Summary of Waste Management Practices

Waste Management	Yap	Chuuk	Pohnpei	Kosrae
Generation & Segregation:				
Dedicated bins/bags	Y	Y - limited	Y - limited	Y - limited
Color Coding	Y	Y - limited	Y - limited	Y - limited
Sharps segregated & secure	Y	Y - limited	Y	Y
Signage Present	Y - limited		Y - limited	Y - limited
Internal Handling:				
Degree of manual handling-bags	Medium	High	Medium	Medium
Internal Transport Mode	Trolley	Trolley	Trolley	Trolley
Spill kits Present	N	N	N	N
Storage:				
Dedicated & Appropriate Area	Y	N	Y	Y
Loading/unloading acceptable	Y	T	Y	Y
Spill Kits Present	N	N	N	N
Monitoring & record keeping occurs	Y	Y - limited	Y - limited	Y
Treatment Waste Stream:				
Healthcare Waste	Incinerate	Incinerate	Incinerate	Incinerate
Sharps	Incinerate	Incinerate	Incinerate	Incinerate
Pharmaceutical	Incinerate	Incinerate	Incinerate	Incinerate
General	State permitted Landfill	State permitted Landfill	State permitted Landfill	State permitted Landfill

Each State hospital has a fully operational international standard medical incinerator within the hospital compound (on site and fenced) and is managed by trained heath department dedicated staff. The incinerator in Yap and Chuuk is powered by diesel whilst Pohnpei is electric and Kosrae utilises kerosene.

All healthcare wastes, sharps and pharmaceuticals are incinerated, generally on a daily basis and general weight of material disposed is recorded. The hospitals do not have cytotoxic wastes.

All general hospital waste is disposed off site at each states dedicated and permitted waste landfill site. Some separation of recycling material is undertaken at the hospitals and at the landfill site. State landfill sites are permitted and managed by the state government through their respective Environmental Protection Agencies (EPA) (Yap, Chuuk and Pohnpei) in Kosrae it is called the Kosrae Islands Resource Management Authority (KIRMA). Each state landfill have designated areas for different waste streams. Efforts at each state to recycle products are underway and waste deposition is free.

A4.4 EMERGENCY PREPAREDNESS AND RESPONSE

The FSM has three levels of response to emergencies – National, State and Hospital. Activation of each depends on the type of emergency, whether the hospital or state can manage the response, and whether international support is required. All levels use the FSM incident management structure.

At the national level, the FSM National Disaster Response Plan (2016) prepared under the Disaster Relief Assistance Act of 1989 is an all-hazard plan for all possible threats. Under the Plan, Standard Operating Procedures must be prepared for every government department, committee, team, working group or center that will operate under the Plan. The plan acknowledges and provides for the receipt of relief and recovery assistance from international organizations during and following disasters. The Plan also includes the minimum requirements that each state disaster response plan must include. Each state has a disaster plan that is up dated in accordance to the national plan.

The All Hazards Response and Recovery Public Health Base Plan 2017 establishes the organizational framework for the activation and management of department activities in response to incidents or events having public health, or health care implications, or that threaten the continuation of the department's services. The Plan also describes the capabilities and resources available to FSM Department of Health & Safety Affairs (DHSA) to address various public health hazards that arise following emergency incidents and disasters, and also for threats to the department's business continuity. An example was the FSM Pandemic Influenza Plan was developed in 2008 in response to avian influenza outbreaks in the region and follows the WHO response phases.

State Response Plans provide the framework for a centralized emergency and disaster response at the state level. The structure and function mirrors that of the national plan. All relevant state level government departments are part of this plan, and responses are run from the state level Emergency Operation Center. The Port Authority in each state is responsible for the Points of Entry in the FSM states, are included in the State Disaster Plans and are part of every state-level emergency report. They have their own Standard Operating Procedures under the state plan. There is a Hazardous Material (HazMat) team based at each airport as part of the airport rescue and fire fighting of the Department of Public Safety. They are the designated first responders in state level emergencies.

Each state has a Hospital Response Plan that further address public health events, such as disease outbreaks, and is managed by an appointed multi-disciplinary national/territorial outbreak response team (EpiNet) within the Department of Health in the hospital setting under the respective Hospital Disaster Management Plan. If additional support is required from other departments, then the State Disaster Management Plan may be activated with the Department of Health as the lead agency. For some diseases, the State Disaster Management Plan is automatically activated, such as a suspected case of Ebola virus disease. At all stages the national DHSA are updated through routine communication methods.

Each state hospital has a HazMat team that are the first responders to events at the hospital and can also be called to assist the airport HazMat teams during state level events. They are also responsible for managing the hospital component of larger events, e.g. mass casualty events and disease out breaks. It is this unit that will manage the COVID-19 response in each state based on the hospital, state and national emergency plans.

The FSM has developed a COVID-19 Response Framework[12] that outlines the:

(i)   Standardized framework for FSM (National and States) in its response to the COVID-19 outbreak;

(ii)   Technical information and guidance to coordinate efforts for all levels in Government in collaboration with their stakeholders to minimize the impact of COVID-19; in terms of serious illness or overall deaths in the people of FSM, and to minimize social disruptions and economic losses; and

---

[12] FSM COVID-19 Response Framework. COVID-19 Contingency Plan for Federated States of Micronesia. Government of the Federated States of Micronesia. April 3, 2020.

(iii)   States and health care systems with preparedness and response planning at different phases of the COVID-19 outbreak in order to ensure optimal medical care and to maintain continuity in provision of other essential community services.

The COVID-19 Response Framework outlines the strategies to manage a flexible, scalable and proportionate health system response, with appropriate and timely interventions and allocation of resources to protect the community by minimizing the morbidity and mortality from COVID-19. As per the response framework, FSM is currently in "Condition 4" i.e., zero cases but COVID-19 threat exists.

A4.5 WASTE MANAGEMENT PROCEDURES IN HOSPITALS AND LABORATORIES

Each state hospital has a waste management policy, plans/guidelines and management procedures that guide the process of waste management and disposal. Each state waste management systems are slightly different. During CERC ESMF consultations they have all acknowledged improvements in the tracking and auditing of activities needs to be undertaken. General waste management practices undertaken at each of the state hospitals is detailed in the table below (Information gleaned through previous audit reports and stakeholder discussions).

Table A4.1 Waste Management Practices in Hospitals

Waste Management	Yap	Chuuk	Pohnpei	Kosrae
Generation & Segregation:				
Dedicated bins/bags	Y	Y - limited	Y - limited	Y - limited
Color Coding	Y	Y - limited	Y - limited	Y - limited
Sharps segregated & secure	Y	Y - limited	Y	Y
Signage Present	Y - limited		Y - limited	Y - limited
Internal Handling:				
Degree of manual handling-bags	Medium	High	Medium	Medium
Internal Transport Mode	Trolley	Trolley	Trolley	Trolley
Spill kits Present	N	N	N	N
Storage:				
Dedicated & Appropriate Area	Y	N	Y	Y
Loading/unloading acceptable	Y	T	Y	Y
Spill Kits Present	N	N	N	N
Monitoring & record keeping occurs	Y	Y - limited	Y - limited	Y
Treatment Waste Stream:				
Healthcare Waste	Incinerate	Incinerate	Incinerate	Incinerate
Sharps	Incinerate	Incinerate	Incinerate	Incinerate
Pharmaceutical	Incinerate	Incinerate	Incinerate	Incinerate
General	State permitted	State permitted	State permitted	State permitted

	Landfill	Landfill	Landfill	Landfill

Each State hospital has a fully operational international standard medical incinerator within the hospital compound (on site and fenced) and is managed by trained heath department dedicated staff. The incinerators in Yap and Chuuk are powered by diesel whilst Pohnpei is electric and Kosrae utilizes kerosene.

All healthcare wastes, sharps and pharmaceuticals are incinerated, generally on a daily basis and general weight of material disposed is recorded. The hospitals do not have cytotoxic wastes.

All general hospital waste is disposed off site at each state's dedicated and permitted waste landfill site. Some separation of recycling material is undertaken at the hospitals and at the landfill site. State landfill sites are permitted and managed by the state government through their respective Environmental Protection Agencies (EPA) (Yap, Chuuk and Pohnpei) and in Kosrae it is called the Kosrae Islands Resource Management Authority (KIRMA). Each state landfill has designated areas for different waste streams. Efforts at each state to recycle products are underway and waste deposition is free.

The disposal requirements for laboratory Medical Waste include;

- Sterilization (autoclave or pressure cooker) of all equipment before incinerated.
- Incineration (suitable approved system capable of the temperatures required) for all solid waste material including pharmaceuticals.

A4.6 MONITORING AND REPORTING

The state hospital appointed emergency intra-department team will be responsible for all monitoring and reporting of all activities associated with the emergency response, including standard hospital provisions are included to track the materials and goods provided under this emergency assistance program.

Standard hospital internal record keeping due diligences activities need to be maintained to provide an information tracking system and record of the waste stream items provided under this project. This information needs to be maintained internal as well as provided to the project Implementing Agency and to the Central Implementation Unit (CIU) housed within the Department of Finance Administration (DOFA) safeguard team on request to audit compliance.

In addition, external periodical on the ground spot check for safeguards due diligence will be undertaken by the CIU safeguard team.

State hospital staff specific emergency training for the medical response to the COVID-19 will be provided by different internal and outside agencies outside of this project. However, the CIU safeguard team will provide on the ground support and advice to assist the states to manage and monitor their safeguard requirements of this project. The assistance will be in information exchange (verbal and written), site inspection discussion and mini workshops as required.

A4.7 MANAGEMENT PLAN

Table A4.2 Environmental and Social Risks and Mitigation Measures

Activities	Potential E&S Risks	Mitigation Measures	Responsibility	Timeline	Monitoring
Purchase of medical equipment, pharmaceuticals and PPE					
Delivery & storage of specimens, samples equipment, pharmaceuticals & medical supplies.	Leaks or spills of hazardous materials creating harm. Reaction of hazardous materials if improperly handled or stored. No risks if there are no hazardous materials.	Materials to be screened for hazardous nature at the time of purchase and specific handling procedures put in place. All hazardous materials to be labeled, and managed in accordance with international best practice for the type of hazard (infectious, toxic, flammable etc.). All material securely stored within hospital following Hospital management protocols, plans and codes of practice. Access to goods only by permitted hospital staff.	State Hospital & Health Departments. State EPA, KIRMA if hazardous materials are stored or used.	Duration of the CERC.	Record keeping by DHSA/hospitals. Spot check due diligence by CIU safeguards team.
Use and Disposal of medical equipment, pharmaceuticals and PPEPlan:					
Storage and handling of specimen, samples, reagents and infections materials.	Infection of COVID-19 from patients and infected equipment through improper use of PPE.	Ensure correct use of PPE equipment at all times when handling infectious waste material. Follow FSM Infection Control Procedures 2017 and related hospital infection material –disease management protocols and codes of practice. Follow WHO COVID-19 Guidelines.	State Hospital & Health Departments.	Duration of the CERC.	Spot check due diligence by CIU safeguards team.
Waste Segregation, packaging, color coding &	Infection of COVID-19 if improperly contained and labeled and workers are exposed to waste.	All material received is segregated, catalogued, labeled and stored securely as	State Hospital & Health Departments.	Duration of the CERC.	Spot check due diligence by CIU

labeling	Incorrect segregation leading to inappropriate disposal (either incineration of non-hazardous waste creating unnecessary emissions to air and contributing to ash volumes or landfilling of hazardous waste which could infect waste handlers).	per state hospital procedures and codes of practice.	State EPA issue permits and monitor compliance.		safeguards team.
Onsite storage, collection & transportation of all waste types.	Infection of COVID-19 if improperly contained and labeled and workers are exposed to waste.	Compliant with hospital protocols and procedures for collection and transportation of material as required. Transportation of infectious waste is minimized and avoided where possible – infectious waste is incinerated within hospital grounds.	State Hospital & Health Departments. State EPA issue permits and monitor compliance.	Duration of the CERC.	Spot check due diligence by CIU safeguards Team.
Onsite waste treatment & disposal of infectious waste.	Unnecessary incineration of non-infectious waste can contribute to increased air emissions and associated contaminants and increased ash, requiring special management due to contaminants.	Compliant with hospital protocols and code of practices as described in Section 4.3. Ensure record keeping of incineration and ash disposal.	State Hospital & Health Departments. State EPA issue permits and monitor compliance.	Duration of the CERC.	Spot check due diligence by CIU safeguards team.
Waste transportation & disposal in offsite treatment & disposal facilities (non-hazardous)	No infection risks if infectious waste has been segregated as per steps above. Risks that recyclable waste is buried in landfill,	All non-medical waste to be disposed offsite at only state permitted landfill sites. Recycling where possible.	State Hospital, state and national Health Departments. State EPA issue permits and monitor compliance.	Duration of the CERC.	Spot check due diligence by CIU safeguards team.
Transboundary movement of specimens, samples, reagents, medical equipment & infection material – possible if samples are sent outside of FSM for testing.	Risk of non-compliance with international conventions. Very low risk of causing COVID-19 infections from mishandling or mislabeling of samples due to encasement of samples for shipping.	Complaint with hospital and State and FSM national Health requirements for transportation of medical samples. Ensure record keeping is fully documented.	State Hospital & Health Departments State EPA and DECEM monitor compliance.	Duration of the CERC.	Spot check due diligence by CIU safeguards team.