

EXECUTIVE SUMMARY

BACKGROUND

1. The Government of Lao PDR (GOL), through the Ministry of Public Health (MOH) and its technical departments, has been implementing the Laos COVID-19 Response Project (P173817, the parent project) since March 2020 with support from the World Bank (WB). The parent project (USD 18 million) is being implemented through 3 components: Component 1 Emergency COVID-19 Response, Component 2. Strengthening System for Emergency Response, and Component 3. Project Management and Monitoring and Evaluation. Responding to GOL request, WB provides an Additional Financing (AF) to the Laos COVID-19 Response Project, herein referred to as (the Project - P175771) (USD10 million IDA and 2 million of a regional trust fund (HEPRTF)) contains activities which have been integrated into the three components of the parent project and adds a new Component 4 (HEPRTF) specific to the trust fund. The AF is extending activities planned under the parent project, and hence, “the Project - P175771” referred to in this document is consolidated of proposed AF’s and its parent’s activities.
2. MOH has assigned the Department of Planning and Coordination (DPC) to be responsible for overall coordination and management of the parent project while the lead technical department includes Department of Communicable Disease Control (DCDC), Department for Food and Drugs (FDD), Department of Health Care and Rehabilitation (DHR), Department of Hygiene and Health Promotion (DHHP), National Center for Laboratory and Epidemiology (NCLE), and Center of Communication for Education and Health (CCEH) to be the lead agencies responsible for implementation of the parent project under the guidance of the Emergency Operations Center (EOC) (chaired by the minister of MOH) and the overall policy guidance of the COVID-19 National Taskforce, chaired by the Prime Minister. The Project Coordination Office (PCO) has been established by DPC to be responsible for overall planning and coordination. These implementation arrangements will continue to be applied to the Project. Moreover, specific committees and a task force will be established to be responsible for implementation of the National Deployment for Vaccination Program (NDVP) established by GOL in late February 2021.
3. This document is the Environment and Social Management Framework (ESMF) of the Project (P175771). It is developed as part of environment and social due diligence for the activities to be financed by the WB as required by the Environment and Social Framework (ESF). Of the ten Environment and Social Standards (ESSs)¹ under the ESF, six standards are found to be relevant to the Project’s activities (ESS1, ESS2, ESS3, ESS4, ESS7, and ESS10). The Environment and Social Commitment Plan (ESCP), the Stakeholder Engagement Plan (SEP), and the ESMF of the parent project have been updated taking into account the progress and experience from implementation of the parent project and additional activities to be implemented under the AF budget. Main objective of the ESMF is to guide MOH and its technical department responsible for

¹ The ESF ten ESSs are: ESS1 (Assessment and Management of Environmental and Social Risks and Impacts), ESS2 (Labor and Working Conditions), ESS3 (Resource Efficiency and Pollution Prevention and Management), ESS4 (Community Health and Safety), ESS5 (Land Acquisition, Restrictions on Land Use and Involuntary Resettlement), ESS6 (Biodiversity Conservation and Sustainable Management of Living Natural Resources), ESS7 (Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities), ESS8 (Cultural Heritage), ESS9 (Financial Intermediaries), and ESS10 (Stakeholder Engagement and Information Disclosure).

implementation of the Project (i.e. Project Implementing Entities or PIEs) to identify possible environmental and social risks and impacts of proposed activities as well as to develop and implement mitigation measures in compliance with the WB's ESSs requirements.

PROJECT DESCRIPTION

4. The PDO of the Project has defined the same as for its parent project which is *to respond to the COVID-19 outbreak and strengthen national systems for public health emergency preparedness in Lao PDR*. With the AF, the Project will finance procurement and deployment of COVID-19 vaccine as well as strengthening health system for public health emergency preparedness while the parent project has been restructured to accommodate the requirement and situation of COVID-19 response in the country.
5. The proposed activities and components (new and restructured) of the Project are highlighted as follows while funding sources are summarized in Table 1 below:
 - *Component 1: Emergency COVID-19 Response: increase in scope and cost from US\$ 12.7 million to US\$ 22.2 million.* Original activities under Component 1 includes activities regarding: support of coordination on central and provincial levels; infection prevention and control; case detection, confirmation and contact tracing, environmental cleaning and disinfection activities; case management and isolation; quarantine; risk communication; and essential health service delivery. Additional budget has been added to two existing components while two new subcomponents will focus on vaccines procurement and deployment.
 - *Component 2: Strengthening System for Emergency Response: increase in scope and cost from US\$ 3.9 million to US\$ 4.0 million.* The original activities under Component 2 includes activities regarding: capacity building and training of health personnel on treatment guidelines, and hospital infection control interventions; improving laboratory capacity; strengthening information system for surveillance; logistic management, warehouse management, and distribution; and improvement of treatment centers. The AF will expand three existing subcomponents 2.3, 2.4, and 2.5 to include (a) development of a monitoring and evaluation system to record the details of the recipients of vaccine as well as vaccine adverse effects while benefitting from the fairly robust personal identification system available in the country taking into account data protection and safety of personal data and possible cooperation with UNICEF and WHO; (b) transportation of the vaccine and maintenance of the cold chain system and minor repair of vaccine required storage room; and (c) construction of new treatment centers (one-story building with an area of about 1800 m² each on three existing public hospital sites). The facilities will each have an Intensive Care Unit (ICU), isolation ward and laboratory. Under the original project, retrofitting of old buildings was considered. However, upon further inspection of those old facilities, it was deemed more cost effective to construct new facilities for sustainability.
 - *Component 3: Project Management and Monitoring and Evaluation: increase in scope and cost from US\$ 1.4 million to US\$ 1.8 million.* Activities will support any additional technical staff required for management and monitoring with regard to vaccine procurement, cold chain strengthening and vaccination delivery support. It will also ensure development of community complaint and feedback mechanism on preventive information and vaccine provisions, as well as environmental safety measures. Beneficiaries' satisfaction survey, performance monitoring of vaccination program implementation and efficient utilization of project

investments and lesson learn will be carried out as needed.

- *New Component 4: Strengthening Preparedness for Health Emergency (HEPRTF Grant). AF allocation is US\$ 2.0 million.* HEPR-TF will support activities aiming to increase resilience of the health system and lifeline infrastructure to prepare for public health emergencies in Lao PDR. Activities will include the enhancement of health systems and facilities for future emergencies, as well as health emergency preparedness activities, to address major risks to the healthcare system posed by natural hazards, biological hazards, or a combination thereof.

Subcomponent of the Project and activities	Total (Parent +AF)	AF
1.4 <i>Environmental cleaning and disinfection activities (existing)</i>	1,814,000	45,000
1.7 <i>Risk communication (existing)</i>	407,099	269,500
1.10 <i>Vaccine procurement (new)</i>	0	2,322,269
1.11 <i>Vaccine delivery (new)</i>	0	6,890,831
2.3. <i>Strengthening information system for surveillance (existing)</i>	220,000	20,000
2.4 <i>Logistic management, warehouse management, and distribution (existing)</i>	415,490	92,400
2.5 New treatment centers (HCFs) in 3 southern provinces (existing)	3,000,000	
3.1 <i>Project management. (existing)</i>	1,089,208	95,000
3.2 <i>Monitoring and evaluation (existing)</i>	686,004	265,000
4.1 Enhancing health systems and facilities for future emergencies (new)	0	1,700,000
4.2 Preparing for health emergencies by developing and implementing preparedness assessments and plans (new)	0	240,000
4.3 Estimating resources needs in case of a health emergency (new)	0	60,000
Total		12,000,000

6. Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP). Lao PDR will use option/options COVAX for vaccine purchase and financing mechanisms of COVAX AMC (for first 20% of doses), and IDA credits from the Project to pay for additional 2.3 % of doses as well as cost of deployment to reach 50% coverage. The Project will finance upfront technical assistance to support GOL to establish institutional frameworks for the safe and effective deployment of vaccines as well as addressing emergency responses including strengthening capacity of key agencies to safely and effectively manage medical wastes, and development of community complaint and feedback mechanism on preventive information and vaccine provisions; environmental safety measures; beneficiaries’ satisfaction survey; surveillance of vaccine adverse effects; data protection and safety of personal data.

POLICY, LEGAL AND REGULATORY FRAMEWORK

7. **National policy and regulatory setting.** This is considered adequate however capacity and budget are limit to ensure effective implementation of many laws and regulations. At national, key environmental and social legislations and institutional setting include, but not limited to, the environment protection law, the EIA decree, the regulation on hazardous waste management, and others environmental quality standards and emission

control standards while many are under reviewed and revisions. Ministry of Natural Resources and Environment (MONRE) is the lead ministry. There are also Guideline on Consultation with Ethnic Groups launched by Lao Front for National Development (2012) providing guidance and process of conducting consultation with all ethnic groups affected by both public and development projects which are largely in line with the ESS10: Stakeholder Engagement and Information Disclosure. Lao PDR is also a member of the Basel Convention, the Stockholm Convention, and other international conventions. Other sector ministries² and their provincial and districts offices (including Vientiane capitals and other cities) have also issued regulations and/or guidelines (under other laws) related to pollution control, waste management, health, and safety.

8. For health sector, GOL updated the Law on Health Care in 2014 while there are MOH regulations for implementation of health care specific issues include Sharp Waste Management Guidelines (2019), Law on Preventive Vaccination (immunization) (2018), Law on Prevention and Control of Communicable Disease (2017), Law on Health Care (2015), Decision on Healthcare Waste Management (2017), and Decision on hygiene condition of healthcare facilities (2018). A special Taskforce was set up at national, provincial, district and village levels for the emergency case such as COVID-19 pandemic. MOH is leading and coordinating the line ministries at all levels including other sectors and relevant local administrative authorities to implement all health-and COVID-19 related activities. *On vaccination programs*, FDD has established many policies, legislations, and guidelines related to medicines, vaccines and other health products.
9. In labor sector, the new Labor Law (2013) applies to all employers, registered and unregistered employees, Lao employees working for foreign organizations, and foreign employees working within the Lao PDR. There are also mandatory obligations for all parties on Labor Occupational Health and Safety (OHS) to protect labor health and safety, and labor accident and occupational diseases. The Ministry of Labor and Social Welfare (MLSW) is the lead ministry. There are regulations identifying type of work with hazardous condition not be hired for workers younger than 18-years old and laws on Civil Servants (2016) and Decree on Code of Conduct for Civil Servants (2019), Law on Preventing and Combating Violence Against Women and Children (2006) and Panel Law (2017) contain provisions which are largely consistent with ESS2 and ESS4. These legislations provide regulations and measures to manage, prevent and address potential misconduct among civil servants including health workers and outsourced volunteers, community health and safety issues and risks associated with Sexual Exploitation and Abuse (SEA), Gender-based Violence (GBV) and Violence Against Children (VAC) that may occur under project. The Lao government has also ratified a number of ILO conventions, including on forced labor, child labor, minimum age and equal remuneration.
10. Lao PDR has been taking action to prevent COVID-19 pandemic and the number of COVID-19 affected population is much lower than other neighboring countries. *On vaccination and deployment*, in late February 2021, MOH has developed a National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines to ensure a fair, equitable and inclusive policy for in-country vaccine access and allocation be developed

² Such as Ministry of Public Health (MOH), Ministry of Industries and Commerce (MOIC), Ministry of Public Works and Transport (MPWT), Ministry of Labor and Social Welfare (MLSW), Ministry of Energy and Mines (MEM), and Ministry of Planning and Investment (MPI).

and implemented.

11. ***WB's Environmental and Social Risk Classification and Management.*** As activities are consolidated (from both AF and parent project), the environmental and social risk is classified as 'Substantial' for the Project. The ESMF requires an environmental and social (E&S) screening to determine eligibility and activities/subprojects, possible E&S risks and impact, and identify mitigation measures proportioned to the risk and impact. All mitigation measures (E&S management plans) will be prepared by MOH and submitted to WB for clearance before the implementation. GOL approval of the activities and/or subproject will also be needed. The ESMF and its seven annexes also provide guidance for preparation of an Environment and Social Management Plan (ESMP) focusing on mitigating the safety risks due to vaccines deployment and infectious and hazardous wastes through the application of Infectious Control and Waste Management (ICWMP), Infection Prevention Control (IPC), and Healthcare Waste Management (HCWMP), Labor Management Procedures (LMP), and environment and social Code of Practices (ESCP) taking into account GOL regulations and guidelines and the recent guidelines provided by the WBG in response to COVID-19. Due consideration has also been given to ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. This ESMF is connected to the SEP and formed part of MOH obligations stated under the ESCP and contains guideline for other specific E&S management plans to be prepared during implementation of the Project.

ENVIRONMENTAL AND SOCIAL BASELINE

12. Lao PDR is a land-locked lower-middle-income country that shares borders with countries affected with outbreaks of COVID-19, such as Thailand, Vietnam, Cambodia, Myanmar and especially China. The majority of its population of 7.1 million live in rural and remote areas with challenges in communications, transport, and service provision. According to the latest survey results, 18.3 percent of the total population are living below poverty³. The global COVID-19 outbreak will have a significant negative impact on Lao PDR's economy, which already suffers from structural vulnerabilities. Most Lao businesses are small and medium-sized enterprises, which are especially vulnerable to economic disruptions. Given the current outbreak worldwide of the COVID-19 pandemic, the returning Laos migrant workers and students from other countries, including highly effected neighboring countries such as Thailand, China, and Europe, there is increased vulnerability to the already weak healthcare system in Lao PDR. As of March 7, 2021, Lao PDR has reported 47 laboratory confirmed cases (5 active) and no deaths from COVID-19⁴. Lao PDR is currently considered to have a transmission category of "imported/ sporadic cases" according to the WHO definitions of the categories for transmission classification, and there are no clear signals of further locally acquired transmission. In the absence of an effective vaccine against COVID-19, Lao PDR, as most of countries, implemented strict public health and social measures (PHSM) since the start of the pandemic to stop or slow the transmission of COVID-19. These measures include testing to all suspected cases, isolation, contact tracing, quarantine of close contacts, border control, use of masks, movement restrictions, and social distancing, etc.

³ The poverty rate from the latest Lao Consumption and Expenditure Survey has yet to be made publicly available.

⁴ WHO COVID-19 dashboard. <https://covid19.who.int/>

13. On vaccination program, the NDVP defines the processes and structures required for deployment of COVID-19 vaccines and related supplies and subsequent rapid vaccination of target population building on the existing structure and procedures being implemented under the National Immunization Program (NIP) of the Mother and Child Health Centre (MCHC) at the DHHP of MOH which was developed in collaboration with WHO. The FDD of MOH is the National Regulatory Authority responsible for developing regulations and legal pathways for expedited authorization for use and importation. The overall planning and coordination of the deployment and vaccination operations will be managed by the Incident Manager and supported by the Focal Points for Vaccination and Logistics. The NDVP also identified key regulatory and institutional setting to ensure effective implementation of the program as well as policy on target population, vaccination delivery strategies, supply chain management and healthcare waste management, human resources management and training, vaccine acceptance and demand generation, vaccine safety monitoring and management of adverse event following immunization (AEFI), immunization monitoring system, COVID-19 surveillance, and evaluation of introduction of COVID-19 vaccines. Key messages of the NDVP regarding the implementation arrangement, public communication activities and risk communication strategies, post-deployment surveillance activities, and waste management are highlighted in the main text.
14. ***GOL/MOH Capacity and E&S Implementation Experience.*** The WB and other development partners have been providing technical and financial support to build GOL capacity to address pandemic and health issues during the past 15 years and recently for the response to COVID-19. MOH is responsible for coordination and implementation of these projects and has experience implementing several WB financed projects including the application of WB safeguard policies including the on-going Health Governance and Nutrition Development Project (HGNDP, P151425), Health and Nutrition Service Access Project (HANSA, P166165), and the Lao PDR COVID-19 Response Project (P173817). The HGNDP and HANSA apply the WB Safeguard Policies while the Lao PDR COVID-19 Response Project is the first health related-project that applies the ESF.
15. ***ESF implementation experience of the parent project.*** Prior to the preparation and implementation of the parent project, the Project Implementing Entity (PIE) of MOH including PCO of DPC had limited capacity and experience on the implementation of ESF. However, extensive discussion and implementation support has been provided by WB team since March 2020. In September 2020, the first ESF consultant (ESFC) was mobilized and has been on board. The second ESCF has been on board in mid-February 2021. While the consultants and PCO still need support from the World Bank, their capacity and knowledge of ESF has improved over the last year. Initial reviews of proposed activities for the parent project suggested that seven national PIEs have been assigned for implementation of project activities while discussion on the plan on construction of new and retrofitting of small healthcare facilities (HCF) and rehabilitation and/or improvement of water supply, sanitation, hygiene (WASH) including wastewater treatment of existing hospitals and HCFs has been initiated. Given that the activities will apply different level of ESF instruments and only those that are related to construction of new HCFs and/or operations of HCFs, laboratory, and/or vaccination that will generate significant amount of infection, toxic/hazardous, and/or medical wastes will require the preparation of an ESMP including ICWMP, IPC, HCWMP, LMP, SEP and/or ESCOP while mobilization of national consulting firm and/or a qualified national consultant may be necessary to ensure that the facilities are properly designed and documents are

prepared for WB clearance before bidding.

16. For practical reasons, it has been agreed that each PIE will be treated as a subproject and an ESS screening of the activities to be implemented by each PIE will be submitted to WB for clearance. The two ESCFs will also provide training on the ESF implementation especially those related to ESMF, ESMP, SEP and LMP application as well as be responsible for supervision, monitoring, and preparation of ESF implementation monitoring report to WB. The ESFCs will help to prepare and review adequacy of all ESF documents and ensure full compliance of the Project activities with ESS requirement.

POTENTIAL ENVIRONMENT AND SOCIAL RISKS AND MITIGATION

17. ***Environmental and Social Risks and Mitigations.*** The Project will finance procurement of goods, vaccines and its deployment, services, technical assistance, and incremental cost considered necessary for responding to COVID-19 outbreaks as well as construction of new one-story building for HCFs and other small works such as toilets, washrooms, and retrofitting of existing water supply, sanitation, and health (WASH) facilities in priority HCFs. The ESS risks are likely to range from low to substantial. Key issues and mitigation measures are briefly summarized as follows, details are in the full text and annexes of the ESMF:

- *New construction and/or renovation of civil works to improve healthcare facilities (HCF).* Key risks are (a) Inappropriate design of the HCFs including laboratory, quarantine, isolation and treatment centers that does not meet technical requirements and good ventilation may increase the risks of spreading COVID-19 to health personnel, workers, and general public, especially those disadvantage groups including elderly and disabilities; (b) Safety risks to workers and general public and negative impacts during construction and/or renovation works due to dust, noise, vibration, wastes, including those related to asbestos containing materials and borrow pits; and (c) Possible non-compliance with the 2013 labor law and WB ESS2. Key measures are MOH will plan and implement all required measures identified in the ESMP including those related to ICWMP, IPC, HCWMP, LPM, and ESCOP and ensuring effective management of contractor and provide guidance on consultation with the local community and vulnerable ethnic group.
- *Operations of existing and/or new HCFs and other emergency response (ER) services including vaccination program.* Key risks are (a) Safety risks of health personnel, workers, and general public due to increasing generation of hazardous/toxic, chemical and other medical wastes, especially those contaminated with COVID-19; (b) Improper collection, transport, treatment and disposal of these wastes due to poor sanitation and improper management of wastewater related to COVID-19 and weak compliance with the precaution measures for infection prevention and control in isolation and treatment of COVID-19 infectious cases; and (c) Inadequate access to health services and/or possible social discrimination/stigmatization against some vulnerable groups (especially the poor, elderly or those with pre-existing medical conditions and religious minority groups) and other specific social risks. Key mitigation measure are (i) MOH, especially all hospitals and laboratories, will plan and implement mitigation measures identified in the ESMP and (ii) plan and implement the communication strategies identified in the Stakeholder Engagement Plan (SEP) especially for those related to vaccination program while more details are provided in full text and annexes of the ESMF,

especially when the vulnerable ethnic groups⁵ are present in the activity/subproject area.

- *Procurement of goods, services, and supplies.* Key risks are (a) Surfaces of imported materials may be contaminated and handling during transportation may result in COVID-19 spreading while incorrect standards or quality of PPE, inadequate handwashing facilities, and alcohol-based hand rubs may not be as effective at controlling infection as hand washing with soap and water while (b) A non-transparent and poorly managed distribution system and practice could worsen the current shortage situation, affecting the maximum and efficient use of resources may create limited access of disadvantaged and vulnerable population groups. Key mitigation measures are (i) MOH will plan and implement mitigation measures identified in Annexes III and IV of ESMF and (ii) ensuring that wastes from vaccination programs or treatment and hazardous materials used and generated during the provision of COVID-19 diagnosis, care and treatment services are properly dealt with and do not lead to further infection.
- *TA & Capacity Building.* Key risks are (a) Information, advice, guidance and training are not updated regularly as more becomes known about how the virus responds to treatment and is transmitted and how the vaccine should be delivered and which groups should be prioritized and (b) Provision of support to the disadvantaged vulnerable groups, including vaccination, does not meet the needs of these group, does not reach them, and/or is not well targeted, culturally appropriate, accessible or in a manner that is understandable to disadvantaged or vulnerable groups. Mitigation measures are (i) MOH will plan and implement mitigation measures identified in Annexes III and IV of ESMF and (ii) apply the SEP as the guiding document in terms of communication and outreach strategies and consultations.
- *Nationwide procurement and deployment of COVID-19 vaccines* will create addition risks identified above due to increasing generation of and ineffective management of wastes and communications, especially to vulnerable groups, as well as those related to storage, handling, and transportation of vaccines, risk of adverse reactions to the vaccines, and risks to more people involved in the vaccination process and local communities while availability of medical supplies and PPE may be inadequate. Mitigation measures are MOH will plan and implement mitigation measures identified in Annexes III, IV and V of ESMF.

PROCEDURES TO ADDRESS ENVIRONMENT AND SOCIAL ISSUES

18. This ESMF procedure comprises 5 steps: (1) E&S screening form and ineligible activities; (2) preparation of E&S management instruments and plans including consultation and information disclosure; (3) WB review and clearance of E&S documents (as required); (4) Information disclosure of E&S documents; and (5) Implementation, monitoring and reporting (M&R). The Project will not finance any activity that is considered by the WB as “High Risk” especially those expected to cause significant loss or degradation of critical natural habitats; adversely affect forest and forest health or sites with physical cultural resources; and/or create adverse impacts on involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households’ use of land and livelihoods.

⁵ In Lao PDR, the vulnerable ethnic groups are belonging to the Mon-Khmer, Hmong-Iu or Iew Mien and Chino-Tibet ethnic family groups

19. The activities with moderate and/or substantial risks, especially those related to new construction and/or renovation of HCFs including installation and/or rehabilitation of WASH facilities, will require measures to mitigate risks and negative impacts during planning and design, construction, and operations of the HCFs. Guidance for the preparation of the follow-up ESS instruments such as the ESMP, ICWMP, LMP, and ESCOP are provided in Annexes III, IV, V, and VI of ESMF. All site-specific measures described in the ESMP will require WB review and clearance before implementation of the Project activities/subprojects.
20. The Project activities relating to vaccination, in particular the vaccine deployment plan and communication strategies, will take into account the risks and mitigation measures outlined in this ESMF in order to incorporate it into the design. The SEP will also be a guiding document in the design of vaccine-related activities (procurement, delivery, training, communications, etc.).

CONSULTATION AND DISCLOSURE

21. Consultation and information disclosure is part of the stakeholder engagement discussed in more details in the Stakeholder Engagement Plan (SEP). As part of the parent project, PCO conducted consultations in six provinces during November 2020 to March 2021 and conducted a public consultation on the draft ESF documents for the Project in Vientiane on 23 March 2021. Key participants are from DPC, DCDC, DHR, FDD, NCLE, CCEH, DOF, DHHP Office Results from the consultations suggested that the main concerns raised are centered around management of medical waste which may result in contaminating the environment, spreading the virus and thus increasing risks for community and health workers as well officials working around quarantine's facilities and possible discrimination attitude towards health professionals in the community. Other points of concern relate to limited knowledge among some health professionals on how to use medical equipment, particularly frontline staff working on sample testing in laboratories and ability to understand foreign languages used in instructions for medical equipment and chemicals, as well as their mental health status which needs to be assessed and supported on a regular basis.

STAKEHOLDER ENGAGEMENT

A SEP for the parent project has been for the Project. The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It also outlines a communication strategy with the project stakeholders, and offers mechanisms for them to raise concerns, provide feedback, or complaints about the project. While activities under Component 1 of the Project, especially those related to vaccination, deals with communication materials and reaches out to communities, the Stakeholder Engagement Plan deals with all project components as it seeks to ensure stakeholders are consulted and well-informed about the project and have avenues to provide their feedback. The SEP identifies all project stakeholders including their priorities and concerns, and ensure the project has ways to incorporate these; identifies strategies for information sharing and communication to stakeholders in ways that are meaningful and accessible; specifies procedures and methodologies for stakeholder consultations, documentation of the proceedings and strategies for feedback; establishes an accessible, culturally appropriate and responsive grievance mechanism, and develop a strategy for stakeholder participation in the monitoring of project impacts.

22. The SEP also identified a reporting Back to Stakeholders and a Grievance Redress Mechanism (GRM) to be implemented under the Project. Grievances will be handled at each municipal/provincial referral hospitals and from the village up to national levels through the existing Village Mediation Unit or Committee (VMU/C and fiduciary structures/agencies from district to national level). A dedicated hotline will be established with focal points assigned to PCO to handle, monitor and report on the status of grievances received and addressed.

INSTITUTIONAL ARRANGEMENTS AND CAPACITY BUILDING

23. ***ESMF implementation arrangement and responsibility.*** Similar to the parent project, MOH through its DPC and the technical departments will work closely with other ministries and the provincial authorities especially the Provincial Health Offices (PHO), District Health Offices (DHO), and Health Centers (HC) to implement the ESMF. The Project Coordination Office (PCO) of DPC will be responsible for overall coordination, supervision, and M&E of the ESMF implementation. Two ESF consultants (ESFC) have been mobilized and are on board. The committee and tasks forces responsible for the vaccination program will be involved in development of policy and plan for vaccination while the Mother and Child Health Center (MCHC) of DHHP will be the lead implementing agencies for vaccines procurement and deployment while FDD will be the regulator.
24. ***Training and technical assistance.*** An ESMF training and capacity building plan was prepared as part of the ESMF of the parent project. However, implementation of the training plan and the ESS screening of activities identified under the parent project have been delayed due to the need to shift priority of the PCO and ESFC team to prepare the ESF documents and complete consultation during March and April 2021 for the Project preparation. Therefore, the training and capacity building plan is also included in this ESMF and it will be implemented starting mid May 2021. Two ES consultants have been on board to develop the capacity and provide required support for PCO and PIEs to implement the ESF instruments.
25. With the AF, additional activities related to measures to address communication risks has been incorporated into the activities and additional budget has been provided including a grant funding from a regional trust fund (HEPRTF) for strengthening health facility and lifeline infrastructure for health emergency preparedness in Lao PDR.
26. ***ESMF Implementation Budget.*** The ESMF implementation budget comprises of (a) cost for revision and/or update of ESF documents including consultation with local authorities and communities; (b) cost for implementation of the ESMP, ICWMP, IPC, and/or HCWMP; (c) cost for supervision, monitoring, and training workshops on ESS issues, including supervision of works and monitoring of ESMP, ICWMP, ESCOP, SEPs, LMPs (if requested by WB); (d) cost for hiring of qualified (individual or firm) consultants to assist PCO and the implementing entities to coordinate and implement the ESMF including training and preparation of reports; and (e) cost for implementation of ESCOP which will be included as part of the construction cost.
27. Given that the mitigation measures have been integrated into project activities during project design. Most of the ESMF implementation budget has been integrated into the component costs. Under the parent project, Components 1 and 2, a total budget of about

\$1.87 million will be used for procurement of medical equipment, medical supplier, training, and disinfection activities while \$2.25 million is allocated to protect OHS risk and \$0.30 million has been allocated under Component 3 for hiring of ESF consultants (\$0.2 million) and ESF implementation (\$0.1 million). With the AF, additional budget of \$0.24 million has been allocated to mitigate communication risk due to vaccination (Activity 1.7) and \$0.36 million for additional project management and M&E including AEFI surveillance (Component 3). Cost for vaccine deployment (\$6.89 million) will also include safety, vaccine delivery, and post-deployment survey (AEFI) while the HEPR-TF budget (\$2 million) will be used to strengthen health facilities and lifeline infrastructure for health emergency preparedness in Lao PDR.