

# REPUBLIC OF SIERRA LEONE



## MINISTRY OF HEALTH AND SANITATION

### ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (FINAL REPORT)

FOR THE

COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE  
PROJECT

UNDER THE  
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE  
PROGRAM (SPRP)

July 2020

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## List of Abbreviations

ACC	Anti-Corruption Commission
AIDS	Acquired Immune Deficiency Syndrome
ARAP	Abbreviated Resettlement Action Plan
BOD	Biochemical Oxygen Demand
BPHS	Basic Package Health Services
BSL	Biosafety Level
CDC	Centre for Disease Control and Prevention
CMO	Chief Medical Officer
COVID 19	Coronavirus Disease 2019
DEOC	District Emergency Operation Centre
DfID	Department of International Development
E&S	Environmental and Social
EOC	Emergency Operation Centre
EPA	Environmental Protection Agency
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESH	Environmental Health and Safety
ESHMP	Environmental Social and Health Management Plan (same as ESMP)
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FAO	Food and Agriculture Organization (of the United Nations)
FSU	Family Support Unit (of the Sierra Leone Police Force)
GoSL	Government of Sierra Leone
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanisms
GRS	Grievance Redress System

HCU	Health Care Unit
HCW	Health Care Waste
HEPA	High Efficiency Particulate Air filter
HFC	Health Care Facility
HIV	Human Immunodeficiency Virus
HR	Human Resource
ICU	Intensive Care Unit
ICWMP	Infection Control and Waste Management Plan
ICWMP	Infection Control and Waste Management Plan
IHPAU	Integrated Health Project Administration Unit
IPC	Infection Prevention and Control
IPCP	Infection Prevention and Control Protocol
LMP	Labour Management Plan
MoHS	Ministry of Health and Sanitation
NA	Not Available
NaCSA	National Commission for Social Action
NAPHS	National Action Plan for Health Security
NCPWD	National Commission for Persons with Disability
NGO	Non-Governmental Organisations
OHS	Occupational Health and Safety
OPD	Out Patients Department
POE	Port of Entry
PPEs	Personal Protection Equipment
RAP	Resettlement Action Plan
SARS COV 2	2019 Novel Coronavirus
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SL	Sierra Leone
SLUDI	Sierra Leone Union Disability Issues

SOPs	Standard Operating Procedures
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USD	United States Dollars
WHO	World Health Organisation

## Executive Summary

### **Background**

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. On March 11, 2020, the World Health Organization (WHO) declared the disease a global pandemic. Sierra Leone declared a state of public emergency on March 24, 2020 in response to the emerging global COVID-19 pandemic, despite not recording any confirmed cases in the country; and the first confirmed case was reported on 31 March. Since then 1,668 cases have been reported in the country as at 16<sup>th</sup> July, 2020. Sierra Leone has extensive porous borders with its immediate neighbors (Guinea and Liberia). The traffic amongst the three countries is manned through the three major points of entry (POEs). The country is prone to outbreak and epidemics.

This project will be implemented nationwide; locations and details on the planned physical works and other interventions are currently being finalized. Therefore, a framework approach has been adopted to address the potential social and environmental impacts/risks and ensure consistent treatment of same during project implementation. The ESMF has been developed specifically to prevent, reduce or mitigate adverse social or environmental impact. It has been developed to be consistent with existing international conventions recognized by the Republic of Sierra Leone, WHO Guidelines on COVID 19 Disease, national legislations, SOPs, and the World Bank Environmental and Social Standards under the new ESF. The Sierra Leone COVID-19 Emergency Preparedness and Response Project is aligned with the objectives of the country's COVID-19 Strategic Preparedness and Response Programme (SPRP).

### **Project Description**

The overall development objective of Sierra Leone COVID 19 Emergency Preparedness and Response Project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sierra Leone. The proposed project is also aligned with the Government of Sierra Leone's (GoSL) National Development Plan (NDP) 2019–2023 whose main objective is to accelerate human capital.

### **Project Components**

The components are as follows:

#### **Component 1: Supporting National and Subnational Public Health Institutions for Prevention and Preparedness**

The objective of this component is to enable Sierra Leone to adequately prepare and prevent COVID-19 or limiting local transmission through containment strategies. Activities to be supported are:

- i. Case Detection, Case Confirmation, Contact Tracing, Case Recording, and Case Reporting; comprising of supporting the development and/or enhancement of an early warning system, epidemiological studies, surveillance programs and diagnostic capacity;
- ii. Community Engagement and Risk Communication: covering developing and testing messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak, and establishing a Grievance Redress Mechanism (GRM) and activities to ensure information flow and reporting of COVID-19 at all levels. This sub component will also support citizen's perceptions surveys on government's preparedness and response and use feedback to enhance project delivery.

#### **Component 2: Strengthening Multi-Sector National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach.**

This component would support implementation of activities to strengthen the core capacities as described in the NAPHS 2018-2022 and improve collaboration among all the relevant sectors, including health, agriculture, and environment as part of strengthening the national one health platform. Under Component 2 support will also be provided to the National Emergency Operations Center (EOC) to



effectively coordinate and promptly respond to public health threats as well as the Freetown City Council (FCC) and other local councils to implement COVID-19 preparedness and response activities.

### Component 3: Emergency COVID-19 Response

This component has four (4) sub components:

- i. Case Management, including IPC which will support the training of health facilities staff and front-line workers on risk mitigation measures, provision of appropriate protective personnel equipment (PPEs) and IPC materials together with establishing and implementing treatment and hospital infection control guidelines and strategies to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and early discharge;
- ii. Health System Strengthening, which will support the establishment of a sample referral system to care for COVID-19 patients, refurbish/renovate and equip designated facilities to be used as isolation, quarantine and treatment centers for COVID-19 including reference laboratories, intensive care units (ICUs) etc. This sub component will also promote local production of Alcohol Base Hand Rub (ABHR) sanitizers and liquid soap and locally-made masks. This component will build the capacity of health personnel (clinical and non-clinical staff) working in the designated health facilities and laboratories and mobilize additional health personnel, support training of health personnel, and other health worker operational expenses. The component will also support the District Health Management Teams (DHMTs) to monitor COVID-19 response and preparedness activities at the district and community levels.
- iii. Social and Financial Support to Households. The sub component will provide relief to vulnerable groups including patients and their families and reduce/eliminate financial barriers to families seeking to utilize the needed health services. It will also help mitigate economic impact on households, particularly among the poor. The support will include providing fee-waivers when accessing medical care and direct cash transfers to mitigate the losses of vulnerable households. It includes the provision of food and basic supplies to quarantined populations and COVID-19 affected households would be supported. The project will implement the cash transfer activities through National Commission for Social Action (NaCSA), in partnership with Anti-Corruption Commission.
- iv. Safe and Dignified Burial. To prevent occurrence of lack of burial space resulting from the possibility of high mortality from an escalation of the COVID 19 disease, the project would support local councils in acquiring and developing safe and dignified burial grounds.

### Component 4: Implementation Management and Monitoring and Evaluation

Component Four consists of:

- i. Project Management for strengthening the capacity of the National Task Force on COVID-19 that has been set up by the government for overall coordination of the SL COVID-19 Emergency Preparedness and Response Project; and
- ii. Monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research including veterinary, and joint learning across and within Sierra Leone and countries in the West Africa sub-region. This sub-component would also support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E, replication of successful models, monitoring and reporting of Environmental and Social Commitment Plan (ESCP) implementation.

Sub projects considered under the Sierra Leone COVID 19 Emergency Response and Health Systems Preparedness Project are presented in Table 0.1

**Table 0.1: Sub Projects under Consideration: Sierra Leone COVID 19 Emergency Preparedness and Response Project**

Sub Project	Component	Number	Location	*Description
Procurement of Reagents and Consumables	1	Yet to be Determined	<ul style="list-style-type: none"> <li>In the selected isolation and quarantine centres, ICUs and laboratories</li> </ul>	<ul style="list-style-type: none"> <li>Details yet to be determined</li> </ul>
Refurbishment of Designated ICUs for COVID-19 response	3	3	<ul style="list-style-type: none"> <li>Jui Hospital, 34 Military Hospital and Kenema Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Renovate the existing structures to make them fit for purpose. Details of refurbishment yet to be determined</li> </ul>
Refurbishment of designated Isolation Centres for COVID-19 response	3	4	<ul style="list-style-type: none"> <li>Kambia,</li> <li>Lungi,</li> <li>Gendema,</li> <li>Koindu Government Hospital</li> <li>Kailahun Government Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Rehabilitate and equip the Gendema custom and cross border post.</li> <li>Refurbish the isolation and treatment centres at Lungi as well as construct an incinerator for waste management</li> <li>Reconstruct the isolation centre at Kailahun government hospital.</li> <li>Also equip these structures</li> </ul>
Refurbishment of Designated Treatment Centres for COVID-19 response	3	5	<ul style="list-style-type: none"> <li>34 Military Hospital,</li> <li>Jui Hospital,</li> <li>Kenema hospital</li> <li>Lungi Govt. Hospital</li> <li>Massanga Hospital.</li> <li>FBC Community Care Centre</li> </ul>	<p>In addition, the civil and electrical works, the following will also be undertaken:</p> <ul style="list-style-type: none"> <li>Provision of Oxygen plant</li> <li>Provision of water storage tanks</li> <li>Provide burn pit for wastes</li> <li>Provide generators</li> <li>Provide incinerator for waste management as well as colour coded bins and biohazard bags for collection.</li> </ul>
Refurbishment and equip Zimmi Hospital facility	3	1	Zimmi Hospital.	<ul style="list-style-type: none"> <li>Details yet to be determined</li> </ul>
Refurbishment of Quarantine Facilities for COVID-19 Response	3	3	<ul style="list-style-type: none"> <li>Kambia,</li> <li>Police Training School</li> <li>Hastings and Peace Mission Training Centre,</li> </ul>	<ul style="list-style-type: none"> <li>Rehabilitate and equip Kambia Old Custom, Police Training School (PTS) and Hastings and Peace Mission Training Center (PMTC) quarantine facilities</li> </ul>
Repair/maintenance of incinerators in selected COVID-19 facilities	3	7	Lungi Hospital, 34 Military Hospital	<ul style="list-style-type: none"> <li>Electrical maintenance of 5 8 incinerators at Hastings.</li> <li>Procure fire proof bricks and roofing materials for the waste zone areas in 6 sites.</li> </ul>
Procurement of sanitary tools (covered wheelbarrows, shovels)	2	153	Selected Facilities	<ul style="list-style-type: none"> <li>Waste collection bins 9 per site X 9 sites</li> <li>Covered wheelbarrow 3 per site X 9 sites</li> <li>Shovels 4 per site X 9 sites</li> </ul>
Procurement of PPEs for waste handlers and incinerator operators	2	200	All cover the country	<ul style="list-style-type: none"> <li>2 pairs of fire proof boots per person for 2 persons at 9 designated sites.</li> <li>30 pairs of heavy duty gloves per site for 9 designated sites.</li> <li>4 pairs of overalls per site for 9 designated sites.</li> <li>2 pairs goggles per site for 9 sites.</li> <li>2 helmets per site for 9 sites</li> </ul>
Food and toiletries supplies to Quarantine homes	3	500	All over the country	<ul style="list-style-type: none"> <li>An estimated 500 in mates and their families to be catered for</li> </ul>
Solar panels, 100m cabling, standby generator	2	NA	Selected HCFs	In selected HCFs
Designated health facilities for COVID-19 treatment,	1	2	-	<ul style="list-style-type: none"> <li>Yet to be determined</li> </ul>

laboratories and veterinary laboratories, regional and district hospitals reported,				
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	1	NA	-	• Yet to be determined
Reagents and Test kit	1	1,000	All over the country	• Yet to determined
Rehabilitate designated laboratories for COVID-19 Response	3	5	<ul style="list-style-type: none"> <li>• ODCH/PCH,</li> <li>• Connaught</li> <li>• Bo</li> <li>• Kenema</li> <li>• Makeni</li> </ul>	<ul style="list-style-type: none"> <li>• Provide incinerator for Bo Government Hospital</li> <li>• Rehabilitate the incinerators at Kenema and Makeni Government Hospitals.</li> <li>• Equip the treatment centres in Makeni and Keneama</li> </ul>
Hiring of Temporary Health and other Staff	2	NA	<ul style="list-style-type: none"> <li>• Nationwide</li> </ul>	• Yet to be determined

\*Description of the scope of works (rehabilitations/refurbishments etc.) as well as number of sanitation/waste management facilities such as burning pits and waste bins are not exhaustive. They will be finalized at the design stage of each sub project.

### **Baseline Conditions**

The Republic of Sierra Leone, is a country on the southwest coast of West Africa. It is bordered by Liberia to the southeast and Guinea to the northeast. Sierra Leone has a total land area of 71,740 km<sup>2</sup> (27,699 sq. mi). As at 2019, the population of Sierra Leone was estimated to be 7, 176,260 with an annual growth rate of 2.13%. It is estimated 3,507,584 (48.9%) are males, while 3,668,676 (51.1%) are females. The country is divided into four (4) regions and one Western Area; these regions are further divided into 16 districts. 1,103 cases of COVID-19 have been confirmed in Sierra Leone by 12<sup>th</sup> June, 2020 and cases are expected to increase.

Health facilities generate various types of health care waste in addition to liquid and solid waste, notably infectious, pathological, genotoxic, pharmaceutical and chemical waste. Other types of health care waste include sharps and equipment containing heavy metals. Systems for health care waste in Sierra Leone are underdeveloped. The health care waste management system is generally characterized by:

- Lack of waste separation at source;
- Limited use of colour coding;
- In adequate disposal facilities such as incinerators and needle cutters in health facilities;
- Lack of systems and protocols to guide medical waste management including storage, transportation and disposal;
- HCW either burnt in ovens/single chamber incinerators or is buried inside the compounds of HFCs; and
- Many health care facilities do not have enough PPEs and appropriate tools/equipment for handing health care waste.

### **Potential Environmental and Social Impacts/Risks**

The overall environmental and social impact of the project is expected to be positive. During the operational phase, the major beneficial impacts of the project are that it will lead to improved service delivery in the selected health facilities through improved training and provision of medical equipment and ancillary facilities like incinerators and PPEs for health workers. The project interventions will also position the health care system of the country to better respond to future epidemics and pandemics. Another beneficial impact of the project is direct employment opportunities for skilled, semi-skilled and unskilled labour in the country, who will be employed during the implementation of civil works during the construction phase. Indirectly, food vendors and those who provide catering and other services are likely to register increase in patronage during the construction phase of the project. Producers of locally

manufactured masks and alcohol-based hand sanitizers will also benefit from the increase in employment opportunities, incomes and enhanced capacity as a result of interventions under Component Three. Operational phase employment and income earning opportunities will also be available for health care workers, who will be working in the selected laboratories, quarantine/isolation centres and ICUs, data analysts and persons in sanitation and GBV service provision. Nonetheless, there are potential adverse environmental and social impacts/risks associated with the implementation of various sub projects under the project.

At planning design phase, failure to properly select and re-design the selected laboratories, isolation/quarantine centres and ICUs can lead to design flaws as well as structural failures that can rather facilitate the spread of COVID 19 and/or cause accidents. Other adverse impacts include potential land acquisition for the expansion of the quarantine/isolation facilities and burial grounds. Also, lack of proper consultation with surrounding communities can lead to resistance to the establishment of quarantine and isolation centres for fear of infection. Poor design of facilities may render the isolation, quarantine and treatment centres inaccessible to vulnerable persons such as Persons Living with Disability and the aged. Poor waste management practices in the facilities can also impact the health and safety of surrounding communities.

During the Construction phase of the project, a number of adverse environmental impacts including excessive material (aggregates and sand), water and energy use as well as water pollution are envisaged. More importantly, the constructional phase of the project may involve OHS risks including accidents on site and site workers and visitors exposure to SARS-COV-2. Adverse social impacts/risks associated with the construction phase of the project include labour influx (so called 'followers'), incidence of Gender Based Violence (Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) involving employees of contractors and sub-contractors and incidence of child labour on site. The use of contractors and labor coming in from outside to remote areas could enhance SEA/SH risks to communities as well as have other impacts like transmission of diseases. Vulnerable persons such as women and Persons Living with Disability could also be discriminated against in terms of employment opportunities and the wage structure. There is also the potential to cause disruption of health service during the refurbishment/rehabilitation of some of the selected health care facilities and laboratories.

Operational phase adverse environmental impact/risks include exposure of workers at the laboratories, quarantine/isolation centres as well as treatment centres to the SARS-COV-2 virus and other pathogens, if they breach the WHO COVID 19 and CDC Biosafety guidelines for BSL 2 laboratories. The selected facilities and laboratories for refurbishment and rehabilitation will also generate health care waste, including infectious waste, which can cause morbidity or mortality through exposure or contact. Persons potentially susceptible to this risk are sanitation service providers, cleaners and waste pickers including women and children. Specimen/Samples, reagents and medical supplies under this project will also be transported across borders and/or within the country with the potential for spillage and poor handling leading to them going bad in transit. Poor handling of samples, reagents and other chemicals in transit can also expose couriers to infections. Poor communication of SOPs in quarantine facilities can also lead to riot at quarantine facilities. There is also the potential for SEA/SH of workers and commercial sex workers at quarantine facility. Security personnel who will be involved in guarding the isolation/ quarantine centres laboratories and other project interventions may be involved in GVB/SEA/SH and other forms of human rights violations.

Adverse environmental impacts/risks are also likely to occur during the decommissioning of temporary site facilities, post construction as well as the decommissioning isolation, quarantine and intensive care units and related equipment, once the pandemic is over. Key risks at this stage of the project are accidents such as cuts, electrical shocks and pricks due to poorly decommissioned sites and re-infections (SARS COV 2 and other pathogens) arising out the fact that interim isolation, quarantine and treatment centres were not thoroughly disinfected before reusing them for other purposes, post the pandemic. Poor handling of infectious waste during decommissioning can spark re-infections, SARS COV-2 inclusive.

The anticipated environmental and social impacts/risks anticipated under this project during the various stages of the project together with proposed mitigation measures are discussed in Tables 5.1, 5.2 and 5.3 in Section 5 of the ESMF.

### **Mitigation Measures**

Mitigation measures outlined for planning and design phase impacts include engaging professional engineers and architects working together with health experts to design and supervise the works to avoid design flaws and structure failures among others. It also proposed that site selection teams comprising of town planners, engineers, architects and health experts together with the EOC and DEOC members as well as Ward Development Committee members and other local level representative together with representative of disability associations and identifiable women's groups should identify and select the beneficiary HCFs and laboratories as well as waste management facilities under the project. The selected facilities will also be screened for E&S risks/impacts prior to the commencement of works (see Table 5.1 for details).

Construction phase mitigation measures adopt some of the prescriptions in the World Bank COVID-19 Considerations in Construction/Civil Works Projects and relevant WHO guidelines such as Getting the Work Place Ready for COVID 19 and General Population Guidelines to deal with the existential threat of COVID 19 such as providing hand hygiene facilities on site and within workers accommodation, planning works to avoid overcrowding on site and sensitization on symptoms of COVID 19, hand hygiene, cough etiquettes etc. Other mitigation measures for construction phase are OHS and SEA/SH training/sensitization and enforcement of the use PPEs by site workers and visitors among others to minimize incidence and accidents on site during the construction phase. Construction phase mitigation measures are presented in Table 5.2.

Mitigation measures proposed for operational phase impacts and risks include a mix of training programmes covering the OHS issues as well as the WHO guidelines for health workers at the selected HCFs and laboratories depending an assessment of level their potential level of exposure to the SARS-COV-2 and their job requirements. Laboratory workers will also be sensitized on the CDC Biosafety Guidelines. Others mitigation measures involves providing and enforcing the use of SOPs and Code of Ethics for professional conduct at the selected laboratories, quarantine/isolation centres and ICUs as well as PPEs among health workers, molecular scientists, laboratory technicians and other frontline and ancillary staff in the selected HCFs and laboratories, provision of sanitary/medical equipment for health care waste management including autoclaves and hospital/research incinerators in the selected HCF and laboratories respectively. Laundry services for garments and bedding, waste segregation and colour coding at the unit/department level in the selected HCFs and laboratories will be also practiced among others (see Table 5.3 for details).

At decommissioning, it is envisaged that utilities and other temporary site structures erected by Contractors will be dismantled and either sent to the contractors' yards, re-used on other projects or sold/given to MoHS. The interim HCFs and equipment will be disinfected/fumigated before re-using them for other purposes or disposing them off respectively, post the COVID 19 pandemic (see Table 5.4 for details).

The anticipated environmental and social impacts/risks anticipated under this project together with proposed mitigation measures are described in Tables 5.1, 5.2 and 5.3 in Section 5 of the ESMF.

### **Procedures for Addressing Mitigation Measures**

To ensure that the mitigation measures are implemented and monitored, the preparation and implementation of safeguards instruments such as Environmental and Social Screening Reports, Sub Project/Site Specific Labour Management Plans, Environmental and Social Management Plans, Infection Control Waste Management Plans, Infection and Prevention Protocols and Codes of Conducts (for site and health workers) will be used. These coupled with enforcement clauses in Contract documents and reporting mechanisms form the thrust of procedures to operationalize the mitigation measures outlined in Chapter 5.

All Sub Projects will be screened for their environmental and social as well as public health impacts/risks, so that the category of sub projects and the appropriate level assessment are determined. This will enable the appropriate safeguards instruments to be prepared for approval of the World Bank and the respective national authorities e.g. SL-EPA prior to the commencement of works. The EOC will appoint Environmental and Social Safeguards Officers, who as part of their duties will be responsible for environmental and social monitoring of sub projects together with stakeholders such as SL-EPA.

### **Public Consultations, Stakeholder Engagement and Information Disclosure**

Due to constraints imposed by the COVID 19 outbreak such as restriction on large gatherings and physical movement (in some cases), the World Bank has issued a guideline: World Bank Group response to COVID-19 Stakeholder Engagement, Information Disclosure and Communication. The guideline provides a tentative list of stakeholders to be consulted as part of the preparing COVID 19 Emergency Response Projects. These include public institutions involved in the COVID 19 response within the country, relevant international organizations involved in the COVID 19 response, media, disadvantage and vulnerable groups like the aged, medical and health staff and health care institutions. The World Bank guideline allows for social media and electronic engagement processes and information management systems, while discouraging small gatherings for the purpose of stakeholder engagement and mapping. Large gathering for the same purpose is not preferred by the Bank under this situation.

So far preliminary consultations have been undertaken with health authorities at the national and sub national level as well as non-governmental organizations. These include Ministry of Health and Sanitation, Anti-Corruption Commission, Disability Right Movement, Sierra Leone Union of Disability Issue, National Commission for Persons with Disability, Market Women Association and 50-50 Group of Sierra Leone. Issues discussed included grievance redress mechanisms, waste management at the selected health care facilities and laboratories to be rehabilitated/refurbished or upgraded as well as awareness creation about the project components and grievance redress platforms available for aggrieved parties as well as selection of health care facilities/laboratories to be rehabilitated/refurbished/upgraded and inclusiveness, among others.

A Stakeholder Engagement Plan is being prepared as part of the preparatory work for this project, for review and approval by the Bank. It will capture further stakeholder consultations and report on the outcomes of the engagement process as well as future consultations and disclosure modalities as the project unfolds, among others.

Final copies of the ESMF and all other project safeguards instruments shall be uploaded on the Ministry of Health and Sanitation Website. Hard copies shall be disclosed to relevant stakeholders such as SL-EPA and relevant local councils such as Freetown City Council and the selected health facilities and laboratories as well as Ward Development Committees and tribal/religious leaders. These documents shall be disclosed internally within the Bank and uploaded on to the Bank's Website upon approval by the Bank. The ESMP for the sub-projects will be included in the Works Contracts.

### **Institutional Responsibility and Arrangements**

The project will be implemented by the Ministry of Health and Sanitation. National COVID 19 Response Task Force with the President as the Chairman and membership including the Ministers of Internal Affairs Attorney General and Minister of Justice and Health and Sanitation as well as Armed Forces of Sierra Leone and the Sierra Leone Police Force, the Chief Medical Officer, Office of National Security and National Security Council, will provide project oversight. Procurement and financial management will be handled by Integrated Health Project Administration Unit while the Emergency Operations Centre will be in charge of technical, monitoring of civil works and safeguards. These two entities, under the Ministry of Health and Sanitation will report to the Chief Medical Officer who provide leadership during the project implementation. Other agencies assigned roles in the implementation of the ESMF are the World Bank, Anti-Corruption Commission and National Commission for Social Action, laboratory/HCF managers and local level institutions, like the NGOs, DEOCs and sanitation and GBV service providers, project contractors/sub-contractors and consultants

The COVID 19 isolation, quarantine and intensive care centres will become departments in the HCFs with their own set of staff and heads of department appointed by the Ministry of Health and Sanitation in consultation with the relevant hospital boards. The Heads of Departments will be responsible for co-ordinating staff work schedules, staff training programmes, implementation of IPWMPs and IPCP as well as enforcing the relevant WHO COVID 19 guidelines within the isolation, quarantine and intensive care units/centres. The heads of the isolation, quarantine and Intensive care units/centres will report to the EOC. They will work closely with the DEOCs in their respective Councils. The heads of the selected health care facilities will also appoint one (1) senior staff member to co-ordinate the implementation of Sub Project Environmental and Social Management Plans, Infection Control Waste Management Plans, and Infection and Prevention Protocols and Government of Sierra Leone's Standard Operating Procedures for Waste Management among others.

For the selected laboratories, the heads of the institutions will be responsible for establishing Biosafety Committees in their facilities and appointing Biosafety Officers (one in each facility) to ensure biosafety, biosecurity and technical compliance, periodic internal biosafety audits, investigating of incidents proper waste management and emergency response. There will also a Biosafety Committee for each laboratory. The Committee shall be responsible for periodic review of existing protocols for work, undertaking risk assessments and arbitration in disputes over safety matters. The heads of the laboratories will report to the EOC and work closely with the DEOC in their respective jurisdictions.

### **Capacity Building**

Under Component 1 and 2 of the project, elaborate training programmes will be designed and implemented for technical staff within the health sector such as doctors, nurses, laboratory technicians, hygienist/waste handlers, burial teams, data analysts and epidemiologists to enhance their capacity to respond to the COVID 19 pandemic. Therefore, capacity building under the ESMF is limited to E&S concerns. The training will cover Community Mobilization, Grievance Redress, guidelines and procedures particularly on ESMP implementation, relevant WHO COVID 19 Guidelines including those on Sexual Exploitation and Abuse and Sexual Harassment, SOPs at the Isolation, quarantine and treatment/Intensive Care Units/Centres as well as ICWMP and GIIPs in the area of Health Care Waste Management in times of COVID 19. There will also training in community policing for security personnel who will be manning the selected health care facilities and laboratories and take part in other interventions under the project. These training programmes are presented in Table 8.1 in Section 8 and have been costed and added to the ESMF Implementation Budget (see Table 0.1 for ESMF Implementation Budget).

### **Grievance Redress Systems**

The overall objective of the project GRM is to provide an effective, participatory and transparent mechanism to allay apprehensions about the project, capture stakeholder concerns/grievances, settle grievances and provide feedback to aggrieved parties in a timeous manner during the project planning and implementation. A five-tier Grievance Redress System has been proposed for the Project. This involves two (2) community nominates (one male; one female) acting as focal persons to receive grievances and provide feedback to aggrieved parties at the base of the structure. These community focal persons will receive and forward grievances to the Sub Project Grievance Redress Committee for their locality. For each Sub Project, a Sub Project GRC with membership drawn from local and district level institutions will be established to receive, investigate and resolve grievances associated with the implementation of the Sub Project and provided feedback to the affected party/parties. There will also be a Project Level Grievance Redress Committee domiciled at the EOC, headed by the Chief Medical Officer, where matters beyond the Sub Project Level GRC will be resolved. Aggrieved parties who are not satisfied with the outcome from the Project Level GRC can petition the Honorable Minister, Ministry of Health and Sanitation directly and seek redress. In the unlikely event that all the aforementioned institutions fail to resolve the grievance to the satisfaction of the aggrieved party/ies, the party/ies can exercise his/her/their right to seek redress at the court of law.

There is also the Anti-Corruption Commission platform to deal with issues related to corruption, abuse of office and fraud under the project. The ACC's digital platform will also be used to receive, sort, refer, track and report on the status of grievances lodged through the ACC Report Centre and the EOC hotline. It also covers all other project related complaints including construction related matters. So, anyone with access can call the hotline directly to complain of construction related issues. However, the initial proposed structure would be additional channels for those with limited phone access and knowledge in information communication technology or just by choice. Grievance Redress Mechanisms are detailed out in Chapter 8, though a separate a more detailed Grievance Redress Report is being prepared for review by the World Bank.

### **ESMF Implementation Budget**

It is estimated that a total amount of Four Hundred and Eighty Thousand United States Dollars (USD 480,000.00) will be required to implement activities identified in the Environmental and Social Management Framework. The details are summarised in Table 0.2.

**Table 0.2: Estimated Budget for ESMF Implementation**

<b>No.</b>	<b>Activities</b>	<b>Cost (USD)</b>
1	Training Cost for Training Programmes in Table 8.1	150,000.00
2	Preparation and Approval of Sub Project Environmental and Social Safeguards Instruments e.g. ESMPs and ARAPS	250,000.00
3.	Disclosure of ARAPs, ESMPs and other safeguards documents	10,000.00
4	Setting up of Sub Project and Project Level GRM	20,000.00
5.	Environmental and Social Monitoring during the Implementation of ESMF and other safeguards instruments e.g. RAP, ARAP and ESMPs etc	50,000.00
6.	<b>Total</b>	<b>480,000.00</b>



## 1.0 Introduction

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteen fold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of July 16, 2020, the outbreak has resulted in an estimated 13,721,825 cases and 587,560 deaths worldwide with 8,176,582 recoveries.

Sierra Leone declared a state of public emergency on March 24, 2020 in response to the emerging global COVID-19 pandemic, despite not recording any confirmed cases in the country. Sierra Leone has extensive porous borders with its immediate neighbors (Guinea and Liberia). The traffic amongst the three countries is manned through the three major points of entry (POEs). The country is prone to outbreak and epidemics. Sierra Leone has 1,668 cases, 1,200 recoveries and 64 deaths from the COVID 19 pandemic as 16<sup>th</sup> July, 2020

It is also likely to have negative impacts on food and nutrition security, particularly for vulnerable populations, including children, women, the elderly (particularly those in assisted living facilities), and people with disabilities, the poor, and prisoners as demonstrated by previous major outbreaks. The outbreak is taking place at a time when global economic activity was already facing uncertainty and governments have limited policy space to act. While the length and severity of impacts of the COVID-19 outbreak is difficult to predict, the rapidly worsening situation calls for a concerted global response. It is especially important that the response includes developing countries, where health systems are weaker and populations are most vulnerable. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. Nonetheless, containment measures for COVID 19 have economic impact outside the health sector. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting appropriate policy responses, and on strengthening prevention and response capacity in developing countries.

### 1.1 Rationale and Purpose of the Environmental Social Management Framework

The COVID-19 Emergency Preparedness and Response Project in Sierra Leone will involve the rehabilitation/ renovation of existing isolation facilities at selected hospitals, treatment centres, and quarantine facilities at Sierra Leone's main POEs (e.g. Freetown International Airport, Gbalamuya and Gendema) such as hotels and guest houses rented as quarantine facilities to meet the SOPs and requirements of these standard facilities. These will include the provision of water and sanitation facilities, health & safety and psychosocial facilities and medical waste management systems. Intensive Care Units (ICUs) and laboratories of some selected hospitals across the country are also proposed for renovation however, the hospitals are yet to be confirmed. No new construction will be involved, however; land may be acquired for burial sites for potential COVID-19 deaths. Such lands shall be acquired in accordance with the Government of Sierra Leone's policy on development induced involuntary resettlement 2019 and the World Bank's Environmental and Social Standard on Land Acquisition, Restrictions on Land Use and Involuntary Resettlement.

The location and details of the planned physical works and other interventions are not known at the time of project appraisal. Therefore, a framework approach has been adopted to address potential social and environmental issues and ensure consistent treatment of social and environmental issues during project planning/designing, implementation, operation and decommissioning. The Environmental and Social Management Framework (ESMF) has been developed specifically to avoid, reduce or mitigate adverse social or environmental impact, consistent with existing national legislation and the World Bank Environmental and Social Framework. The ESMF has also been guided by WHO country and technical guidance – coronavirus disease (COVID-19) documents. It provides guidance for site specific Environmental and Social screening, Environmental and Social Management Plans and Resettlement Action Plans for interventions that may require land acquisition, as appropriate.

Until the updated ESMF has been approved, the Project will apply the existing ESMF and the ICWMP Regional Disease Surveillance Systems Enhancement Project (REDISSE) for the REDISSE in conjunction with International best practice outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”. In addition, the client will implement the activities set out in the Environmental and Social Commitment Plan (ESCP). It will also establish and implement the Stakeholder Engagement Plan (SEP) in the proposed timeline. The Environmental and Social Review Summaries (ESRS), ESCP and GoSL COVID 19 SOPs have been prepared and disclosed as at March 25, 2020.

## 2.0 Project Description

### 2.1 Project Development Objective

The overall development objective of Sierra Leone COVID 19 Emergency Preparedness and Response Project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sierra Leone.

The proposed project is also aligned with the GoSL's National Development Plan (NDP) 2019–2023 whose main objective is to accelerate human capital. The strategic objective of the NDP is to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery system that is affordable for everyone and accessible to all. The project would support this important GoSL's strategic objective by strengthening the health systems. It is aligned with the GoSL's health sector strategy, such as the National Health Sector Strategic Plan 2017-2021 and the Sierra Leone National Action Plan for Health Security (NAPHS) 2018-2022.

### 2.2 Project Components

The components are as follows:

#### 2.2.1 Component 1: Supporting National and Subnational Public Health Institutions for Prevention and Preparedness

The objective of this component is to enable Sierra Leone to adequately prepare and prevent COVID-19 or limiting local transmission through containment strategies. Activities to be supported include:

**Case Detection, Case Confirmation, Contact Tracing, Case Recording, and Case Reporting.** The project will provide support for strengthening surveillance systems for emerging infectious diseases particularly for COVID-19 by using a risk-based approach. Key interventions will include: (i) integration of disease reporting system for COVID-19 into the existing IDSR; (ii) laboratory investigation of priority pathogens, be it bacterial or virus, or others, in terms of their presence, susceptibility and sub-typing in some cases; and (iii) community event-based surveillance. The project will also support the development and/or enhancement of an early warning system. Surveillance programs would be continuously planned and implemented jointly with the public health and animal health personnel in accordance with OIE standards and guidelines, building on gains made with support from the REDISSE. A well-structured epidemiological studies and surveillance programs would be integrated with the disease control measures, which would then be adjusted and improved upon as new information becomes available. Strengthening animal and human disease surveillance and diagnostic capacity would be supported through the following activities: (a) improving animal and human health information flow among relevant agencies and administrative levels; (b) strengthening early detection, reporting and follow-up on reported cases; (c) expanding public and community-based disease surveillance networks; (d) conducting routine serological surveys; and (e) improving diagnostic laboratory capacity.

**Community Engagement and Risk Communication.** This project would support rebuilding community and citizen trust that has been eroded during crises with lessons learned from the EVD outbreak in 2014-2015 in the country. Support would be provided to develop systems for fact-based risk communication generated from the results of community-based disease surveillance and multi-stakeholder engagement, addressing issues of inclusion, healthcare worker's safety, and others. Activities to be supported would include developing and testing messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak, and further enhancing the countries existing communication infrastructure to disseminate information from national and district to chiefdoms and communities, cities and municipalities and between the public and private sectors and establishing a Grievance Redress Mechanism (GRM). Specific cost-effective communication activities such as marketing of "handwashing" through various communication channels via mass media, counseling, schools, workplace, and outreach activities of key sector ministries (e.g. health, education, agriculture,

information, transport and local councils) will be supported. Support would be provided for information and communication activities to increase the attention and commitment of government, local councils, private sector, and civil society, including faith-based organization and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the COVID-19 pandemic. The project would support community mobilization and sensitization activities through institutions that reach the local population, especially in rural areas and informal settlements. To ensure information flow and reporting of COVID-19 at all levels, the national 117 system center's operational capacity and existing MoHS closed-user groups (CUG) will be strengthened. The project will also support citizen's perceptions surveys on government's preparedness and response and use feedback to enhance project delivery.

### **2.2.2 Component 2: Strengthening Multi-Sector National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach**

This component would support implementation of activities to strengthen the core capacities as described in the NAPHS 2018-2022. Such support would include: (i) technical support for strengthening governance of Sierra Leone's *One Health Platform* and updating legislation; and (ii) support for institutional and organizational restructuring. This component will improve collaboration among all the relevant sectors, including health, agriculture, and environment as part of strengthening the national one health platform.

Support will be provided to the National Emergency Operations Center (EOC) to effectively coordinate and promptly respond to public health threats. The project will provide support for strengthening its capacity by financing coordination meetings, monitoring and supportive supervision to POEs, the designated facilities for COVID-19, and communities with suspected cases, hiring of temporary staff, provision of logistics, internet connectivity, electricity and water supply, and improvement of its overall work environment. Local and/or international TAs will be hired to provide hands-on operational support to EOC staff. Support will also be provided to Freetown City Council (FCC) and other local councils to implement COVID-19 preparedness and response activities.

### **2.2.3 Component 3: Emergency COVID-19 Response**

**Case Management including IPC.** This project will provide support for provision of optimal medical care and treatment at an isolation unit of designated facilities for COVID-19, and to minimize risks of infection for patients and health personnel. Activities include training of health facilities staff and front-line workers on risk mitigation measures, provision of appropriate protective personnel equipment (PPE) and IPC materials. The project will provide support for establishing and implementing treatment guidelines and hospital infection control guidelines. This project will train capacity of health workers on the appropriate case management of COVID-19. Also, strategies would be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and early discharge.

**Health System Strengthening.** The project would support the establishment of a sample referral system to care for COVID-19 patients, and refurbish/renovate and equip designated facilities for isolation, quarantine and treatment centers for COVID-19 including reference laboratories, intensive care units (ICUs) etc. It would finance rehabilitation/renovation of the existing quarantine facilities, isolation and treatment centers at the country's official points of entry e.g. Freetown International Airport Lungi, Gbalamuya, Gendema and Koindu. Moreover, support would be provided for ensuring safe water and basic sanitation in the designated health facilities and laboratories for COVID-19, as well as to strengthen medical waste management and disposal systems. The proposed project would finance provision of medical supplies and commodities, laboratory diagnostic equipment, reagents, including test kits in the designated health facilities for delivery of critical medical services and to cope with increased demand for services resulting from COVID-19 outbreak, develop intra-hospital infection control measures. Also, the project will promote local production of Alcohol Base Hand Rub (ABHR)

sanitizers and liquid soap and locally-made masks as part of improving IPC to guarantee supply and avoid stock out of consumables. In addition, the project will ensure quality management of any COVID-19 confirmed cases through the procurement of standard equipment such as ventilators, oxygen plant, digital X-ray machines, etc. Depending on the evolution of the COVID-19 outbreak, the project will repurpose existing structures (e.g. hostels, hotels or open places) as temporary isolation, quarantine and treatment centers. To improve operational capacity and make them fully functional, capacity of health personnel (clinical and non-clinical staff) working in the designated health facilities and laboratories will be built. The project will mobilize additional health personnel, support training of health personnel, and other operational expenses such as those related to mobilization of health teams and hazard and overtime payment during crisis. The component will also support the District Health Management Teams (DHMTs) to monitor COVID-19 response and preparedness activities at the district and community levels.

**Social and Financial Support to Households.** Patients and their families would need support, especially those who are isolated and less familiar with virtual or delivery services. Additional social and financial support activities would be geared to reduce/eliminate financial barriers to families to seek and utilize needed health services, as well as to help mitigate economic impact on households, particularly among the poor. To this end, financing would be provided for fee-waivers to access medical care and cash transfers to mitigate loss of household income due to job losses that may result from the closure of firms and enterprises, informal sector businesses, as well as government agencies, during the COVID-19 outbreak. These provisions would help women as many still cannot access essential health services and continue to suffer from preventable and treatable diseases. Also, as women make up 62 percent of the country's health workforce. Cash transfers would help mitigate job burden due to surge of cases in health facilities in parallel to caring for infected family members, particularly the elderly, who are at higher risk of contracting COVID-19 disease, and children who may be out of school due to closures. Moreover, under this component the provision of food and basic supplies to quarantined populations and COVID-19 affected households would be supported. The project will implement the cash transfer activities through National Commission for Social Action (NaCSA), in partnership with Anti-Corruption Commission. The project seeks an authorization for food expenditures from IDA financing to enable vulnerable people that are affected by COVID-19 to purchase food.

**Safe and Dignified Burial.** Lessons learned from the EVD response showed that most cemeteries were filled up and made it difficult for the local councils particularly in Freetown to bury EVD victims. To prevent occurrence of such situations in case of COVID-19 outbreak, the project would support the local councils for acquiring and developing safe and dignified burials.

#### **2.2.4 Component 4: Implementation Management and Monitoring and Evaluation**

**Project Management.** The project will strengthen the capacity of the national task force on COVID-19 that has been set up by the government for overall coordination of the emergency COVID-19 response. Under the oversight of the national task force on COVID-19, the MOHS and other MDAs, the Freetown City Council and other local councils and the District Health Management Teams (DHMTs) will coordinate and manage project implementation. An environment specialist and a social development specialist will be recruited as part of National EOC to strengthen Environmental and social oversight. Support will also be provided to IHPAU to strengthen its procurement and financial management functions. The project will support surged capacity for these institutions with reassignments and deployment of consultants exclusively responsible for this project management, procurement, financial, and environmental and social management. The project would support costs associated with project coordination and management.

**Monitoring and Evaluation (M&E).** This component would support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research including veterinary, and joint learning across and within Sierra Leone and countries in the West Africa sub-region. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E, replication of successful models, and monitoring and reporting of Environmental and Social Commitment Plan

(ESCP) implementation. The project will make use of the REDISSE's monitoring and prospective evaluation framework, together with performance benchmarks on COVID-19 preparedness and response.

### 2.3 Description of Sub Project with Safeguards Concerns

Under the Component 1, 2 and 3 the following Sub Projects presented in Table 2.1 are proposed for investment financing have safeguards implications.

**Table 2.1: Sub Projects under Consideration: Sierra Leone COVID 19 Emergency Preparedness and Response**

Sub Project	Component	Number	Location	*Description
Procurement of Reagents and Consumables	1	Yet to be Determined	• In the selected isolation and quarantine centres, ICUs and laboratories	• Details yet to be determined
Refurbishment of Designated ICUs for COVID-19 response	3	3	• Jui Hospital, 34 Military Hospital and Kenema Hospital	• Renovate the existing structures to make them fit for purpose. Details of refurbishment yet to be determined
Refurbishment of designated Isolation Centres for COVID-19 response	3	4	• Kambia, • Lungi, • Gendema, • Koindu Government Hospital • Kailahun Government Hospital	• Rehabilitate and equip the Gendema custom and cross border post. • Refurbish the isolation and treatment centres at Lungi as well as construct an incinerator for waste management • Reconstruct the isolation centre at Kailahun government hospital. • Also equip these structures
Refurbishment of Designated Treatment Centres for COVID-19 response	3	5	• 34 Military Hospital, • Jui Hospital, • Kenema hospital • Lungi Govt. Hospital • Massanga Hospital. • FBC Community Care Centre	In addition, the civil and electrical works, the following will also be undertaken: • Provision of Oxygen plant • Provision of water storage tanks • Provide burn pit for wastes • Provide generators • Provide incinerator for waste management as well as colour coded bins and biohazard bags for collection.
Refurbishment and equip Zimmi Hospital facility	3	1	Zimmi Hospital.	• Details yet to be determined
Refurbishment of Quarantine Facilities for COVID-19 Response	3	3	• Kambia, • Police Training School • Hastings and Peace Mission Training Centre,	• Rehabilitate and equip Kambia Old Custom, Police Training School (PTS) and Hastings and Peace Mission Training Center (PMTc) quarantine facilities
Repair/maintenance of incinerators in selected COVID-19 facilities	3	7	Lungi Hospital, 34 Military Hospital	• Electrical maintenance of 58 incinerators at Hastings. • Procure fire proof bricks and roofing materials for the waste zone areas in 6 sites.
Procurement of sanitary tools (covered wheelbarrows, shovels)	3	153	Selected Facilities	• Waste collection bins 9 per site X 9 sites • Covered wheelbarrow 3 per site X 9 sites • Shovels 4 per site X 9 sites
Procurement of PPEs for waste handlers and incinerator operators	2	200	All cover the country	• 2 pairs of fire proof boots per person for 2 persons at 9 designated sites. • 30 pairs of heavy duty gloves per site for 9 designated sites. • 4 pairs of overalls per site for 9 designated sites. • 2 pairs goggles per site for 9 sites. • 2 helmets per site for 9 sites

Food and toiletries supplies to Quarantine homes	3	500	All over the country	<ul style="list-style-type: none"> <li>An estimated 500 in mates and their families to be catered for</li> </ul>
Solar panels, 100m cabling, standby generators	2	NA	Selected HCFs	In selected HCFs
Designated health facilities for COVID-19 treatment, laboratories and veterinary laboratories, regional and district hospitals reported,	1	2	-	<ul style="list-style-type: none"> <li>Yet to be determined</li> </ul>
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	1	NA	-	<ul style="list-style-type: none"> <li>Yet to be determined</li> </ul>
Reagents and Test kit	1	1,000	All over the country	<ul style="list-style-type: none"> <li>Yet to determined</li> </ul>
Rehabilitate designated laboratories for COVID-19 Response	3	5	<ul style="list-style-type: none"> <li>ODCH/PCH,</li> <li>Connaught</li> <li>Bo</li> <li>Kenema</li> <li>Makeni</li> </ul>	<ul style="list-style-type: none"> <li>Provide incinerator for Bo Government Hospital</li> <li>Rehabilitate the incinerators at Kenema and Makeni Government Hospitals.</li> <li>Equip the treatment centres in Makeni and Keneama</li> </ul>
Hiring of Temporary Health and other Staff	2	NA	<ul style="list-style-type: none"> <li>Nationwide</li> </ul>	<ul style="list-style-type: none"> <li>Yet to be determined</li> </ul>

\*Description of the scope of works (rehabilitations/refurbishments etc.) as well as number of sanitation/waste management facilities such as burning pits and waste bins are not exhaustive. They will be finalized at the design stage of each sub project

## 3.0 Policy and Legal Framework

### 3.1 World Bank Environmental and Social Framework

The World Bank ESF seeks to support borrowers develop and implement environmentally and socially sustainable projects as well as build capacity in the assessment and management of environmental and social impacts and risks associated with the implementation and operation of projects. The ESF contains environmental and social standards that borrowers must apply to all projects in order for the projects to be sustainable, non-discriminatory, transparent, participatory, environmentally and socially accountable as well as conform to good international practices. The ten (10) Environmental and Social Standards are:

- i. Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental and Impacts;
- ii. Environmental and Social Standard 2 (ESS2): Labor and Working Conditions;
- iii. Environmental and Social Standard 3(ESS3): Resource Efficiency and Pollution Prevention and Management;
- iv. Environmental and Social Standard 4 (ESS4): Community Health and Safety;
- v. Environmental and Social Standard 5 (ESS5): Land Acquisition, Restrictions on Land use and Involuntary Resettlement;
- vi. Environmental and Social Standard 6 (ESS6): Biodiversity Conservation and Sustainable Management of Living Natural Resources;
- vii. Environmental and Social Standard 7 (ESS7): Indigenous Persons/Sub Saharan African Historically Underserved Traditional Underserved Traditional Local Communities;
- viii. Environmental and Social Standard 8 (ESS8): Cultural Heritage;
- ix. Environmental and Social Standard 9(ESS9): Financial Intermediaries; and
- x. Environmental and Social Standard 10 (ESS10): Stakeholder Engagement and Information Disclosure

Out of these, ESS1 (Assessment and Management of Environmental and Social Risk and Impacts), ESS2 (Labor and Working Conditions), ESS3 (Resource Efficiency and Pollution Prevention and Management), ESS4 (Community Health and Safety), ESS 5 (Land Acquisition, Restriction of Land use and Involuntary Resettlement), ESS8 (Cultural Heritage) and ESS10 (Stakeholders Management and Information disclosure) will be relevant for the Sierra Leone COVID-19 Emergency Preparedness and Response Project (see Table 2.1).



**Table 3.1: Relevant World Bank Environmental and Social Standards: COVID-19 Emergency Preparedness and Response Project**

Environmental and Social Standards	Key Requirements	Status	Remarks/Comments
<p><b>Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental and Impacts</b></p>	<p>ESS1 provides structured processes or procedures for project categorization, assessing and evaluating project environmental and social risks and impacts as well as management of same (mitigation hierarchy). This standard also sets out Borrowers requirements including the preparation of various instruments such as Environmental and Social Management Frameworks Environmental and Social Impact Assessment, Environmental and Social Management Plans and Environmental and Social Commitment Plans as well as information disclosure. The standard also lays out project environmental and social monitoring and reporting requirements. ESS1 establishes the applicability of the other ESSs. It establishes the basis for categorizing projects based on the borrower's capacity to manage and monitor environmental and social risks/impacts as well as the implementation of mitigation measures, socio-political context, scale of the undertaken as well as spatial extent and significance of anticipated impacts/risks</p>	<p>Relevant</p>	<ul style="list-style-type: none"> <li>• Under Component 1 reagents, chemicals etc. will be procured for laboratories</li> <li>• Under the Component 2 and 3 a number of investments including provision of electricity (solar/generators) to selected health care facilities, rehabilitating and equipping isolation/quarantine units, laboratories, ICUs as well as supporting early warning systems and providing financial social support to vulnerable households hit by the pandemic. These activities are associated with a number of risks/impacts such as occupational health and safety risks during construction and operational phase which may put frontline and site workers at risk of exposure to SARS COV 2 and the inability of vulnerable persons to access facilities, which need to be identified and assessed in a structured manner and managed/mitigated using the mitigation hierarchy.</li> <li>• An ESCP has been prepared and disclosed by GoSL. This document contains GOSL's high level commitment to mitigate the anticipated adverse E&amp;S impacts/risks associated with the Sierra Leone COVID 19 Emergency Preparedness and Response Project</li> <li>• GoSL's broad mitigation measures for the anticipated environmental and social impacts/risks as well as procedures and responsibilities for managing and monitoring same are also captured in this ESMF.</li> <li>• An SEP has also been prepared and is also under review at the Bank</li> <li>• Other safeguards instruments to be prepared for approval by the World Bank, based on this ESMF, are the ESMPs for construction/civil/electrical works and LMPs, ICWMP, LMPs etc. All the safeguards instruments and other relevant project documents will be appropriately disclosed. These instruments will present mitigation measures and monitoring plans to deal with various E&amp;S risks/impacts associated with the specific sub</li> </ul>

			<p>projects, which will be implemented under the Sierra Leone COVID 19 Emergency Preparedness and Response Project.</p> <ul style="list-style-type: none"> <li>• Sub Projects will be required to obtain EPA licenses in order to comply with Sierra Leone’s EPA Act, 2008 (as Amended), once they fall under the First Schedule (Section 24) of the Act.</li> <li>• Sub projects in the above mentioned schedule will be screened by SL-EPA based on the criteria established in the Second Schedule (Section 25) of the EPA Act, 2008 (As amended).</li> <li>• SL-EPA classifies projects into Category A, B and C based on anticipated impacts, land use etc. with Category A project being high risk projects and C being low risks projects. Category B projects carry moderate risks.</li> <li>• Appropriate instruments as may be directed by the SL-EPA will be prepared and approved by SL-EPA, after which an Environmental License will be issued to cover that particular sub project, prior to the commencement of works, intervention and/or procurement. SL- EPA classification (Category A, B and C) is not the same as that of World Bank (High, Substantial, Moderate and Low risk) of the under ESS1. It is expected that the sub projects under this project will fall into Category B under the SL-EPA categorization, requiring the preparation ESMPs/ESHMPs to meet SL-EPA requirements.</li> <li>• For export and importation of controlled and uncontrolled substances/items such as medicines under Schedule 40 of the EPA Act, 2008 (As amended), an application will be made to the SL-EPA by completing an application form obtained from the Agency. Upon satisfactory review of the application by the SL-EPA, a permit for the importation and/or export for the item/substance will be granted by the Agency.</li> </ul>
<p>, including <b>Environmental and Social Standard 2 (ESS2): Labor and Working Conditions</b></p>	<p>It is to ensure a safe, healthy and conducive working environment for workers and ensure that the environment is free of forced and child labor as well as other forms of intimidation, discrimination and harassment. ESS2 also ensures that workers have channels for grievance redress, freedom of association and access to collective bargaining rights as prescribed by national law. The standard also seeks to protect vulnerable workers. The requirements of Labor and Working Conditions extends to direct, indirect,</p>	<p>Relevant</p>	<ul style="list-style-type: none"> <li>• Health workers involved in testing and attending to COVID 19 patients and ancillary workers such as sanitation workers, security personnel and sanitation service providers assigned to the selected HCFs, laboratories, POEs and other operations will require PPEs and operational health and safety procedures to maximize their safety and prevent exposure to SARS-COV-2 as well as contain the spread of the virus. Same will be required for employees of contractors and sub-contractors, who will be undertaken rehabilitation and physical works as well as</li> </ul>

	community and contracted workers as well as primary supply workers on a Bank financed projects.		<p>installing equipment in selected health care facilities and laboratories.</p> <ul style="list-style-type: none"> <li>• Contractors in charge of on physical works and electrical installations under Component 2 and 3 will engage direct employees, sub-contractors, and casual labor and third party suppliers among others. The work environment should be safe and devoid of stigmatizations, discrimination, intimidation and all forms of harassment and abuse as well as Gender based Violence.</li> <li>• Child and forced labor among all category of employees must not be tolerated on the project.</li> <li>• Site and frontline workers involved in testing, contact tracing and case management together with employees of project contractors and consultants, sub-contractors as well as health workers involved in the fight against COVID 19 etc., must have channels to report their grievances and receive feedback in a transparent and timeous manner without victimization.</li> <li>• Labour Management Plans will be prepared for each sub project to discuss labour risks associated with the respective sub project and propose mitigation measures and monitoring plans based on ESS2, SL-labour laws as well as an assessment of the labour risks associated with the sub project/intervention under the project. This ESMF will serve as a guide for the sub project LMPs</li> </ul>
<b>Environmental and Social Standard 3(ESS3): Resource Efficiency and Pollution Prevention and Management</b>	ESS 3 promotes sustainable resource utilization, avoid and/or minimize project pollution, generation of hazardous and non-hazardous waste and project related emissions. This standard enjoins Borrowers to ensure efficient use of energy, water and other raw materials as well as manage air pollution, hazardous and non-hazardous waste, chemicals and hazardous materials (including pesticides) in both degraded and non-degraded areas given their technical and financial feasibility in line with Good International Industry Practice (GIIP).	Relevant	<ul style="list-style-type: none"> <li>• Construction waste under Component 2 and 3 including concrete and wood residue will be generated when establishing isolation centres ,providing water, sanitation and other facilities as part of rehabilitation works within selected health facilities</li> <li>• Civil works will involve the use of water, cement, wood, sand and gravel as well as other building materials will be used as part of the project as well as energy. Cost, availability, accessibility, acceptability and environmental consideration should be factored into the choice of construction materials and sources of energy of the project.</li> <li>• Improper storage, installation and use of PPEs as well as medical equipment such as ventilators and improper administration of drugs to treat symptoms of COVID 19 can</li> </ul>

			<p>reduce their efficiency and efficacy, potentially, increasing mortality rates</p> <ul style="list-style-type: none"> <li>• Used PPEs, test kits and equipment as well as other health care waste possibly infected with SARS-COV-2 virus and other pathogens will have to be properly removed, collected, stored, transported and disposed off to prevent spread among frontline and health workers and also among the general population</li> <li>• Site/Sub project specific ESMPs, ICWMPs and IPCP will be prepared to meet the requirements of the WHO guidelines, relevant the World Bank Group EHSs and GoSL SOPs as well as this ESMF.</li> </ul>
<p><b>Environmental and Social Standard 4 (ESS4): Community Health and Safety</b></p>	<p>Environmental and Social Standard 4 (ESS4) is titled, "Community Health and Safety". The objective of this standard is to anticipate, avoid and/or mitigate adverse project impacts on beneficiary communities as well as safeguard project affected communities from traffic and road safety risks, diseases and hazardous materials associated with project implementation and operation. ESS4 enjoins Borrowers to establish contingency measures for emergencies, security, traffic management, road safety and the protection of eco-systems. The standard also requires the design of infrastructure to meet GIIP. ESS4 also talks about requirements for dam safety.</p>	<p>Relevant</p>	<ul style="list-style-type: none"> <li>• Used PPEs, test kits and equipment possibly infected with SARS-COV-2 and pathogens will have to be properly disposed off to prevent exposure of the local population to these pathogens.</li> <li>• Project vehicles may be involved in accidents leading to loss of lives and/of residents in communities where civil works will be undertaken</li> <li>• The design and construction supervision of isolation, quarantine and intensive care units should be undertaken by competent professionals. All designs should be approved by the relevant state institutions</li> <li>• Close interaction between workers and community members could expose residents of project communities to communicable/infectious diseases including COVID 19</li> <li>• This ESMF has provided broad mitigation measures for community health and safety risks/impacts in Chapter 5.</li> </ul>
<p><b>Environmental and Social Standard 5 (ESS5): Land Acquisition, Restrictions on Land use and Involuntary Resettlement</b></p>	<p>ESS5 seeks to avoid forced evictions and involuntary resettlement, improve living conditions of the poor and execute resettlement activities as sustainable development programs. The standard requires that affected persons, households and communities are consulted meaningfully. It is also a requirement under ESS5 that information on the resettlement alternatives, eligibility criteria and compensation packages for project affected persons, inputs of PAPs, agreements and outcomes are disclosed to project stakeholders and affected persons.</p>	<p>Relevant</p>	<ul style="list-style-type: none"> <li>• Existing facilities will be selected for establishment of isolation centres, rehabilitation and provision of sanitary and water facilities. Land to be acquired and used as burial grounds in the event that the death toll becomes overwhelming will be acquired in accordance with the Government of Sierra Leone's policy on development induced involuntary resettlement 2019 and the World Bank's Environmental and Social Standard on Land Acquisition, Restrictions on Land Use and Involuntary Resettlement (ESS5) in the event that the acquisition of those lands will lead to permanent or temporary economic losses, damage to assets and/or physical relocation</li> </ul>

<b>Environmental and Social Standard 6 (ESS6): Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	<p>ESS6 seeks to conserve and protect bio-diversity and habitats, as well as support livelihoods of local communities by adopting practices that integrate conservation and development priorities of the local communities into projects. ESS 6 establishes the applicability of the mitigation hierarchy (from avoidance to offsetting) to projects that are likely to have adverse impacts on natural and critical habitats. It also seeks to promote sustainability in the management of living natural resources. The standard defines critical and natural habitats, set out the guidelines for project implementation in these environmentally sensitive zones, commercial production or harvesting of natural resources as well as treatment of alien and invasive species.</p>	<p>Not Relevant</p>	<ul style="list-style-type: none"> <li>• No critical and natural habitats will be impacted under this project as the civil works involve rehabilitation of existing facilities</li> <li>• None of the project components have the potential to introduce invasive species</li> </ul>
<b>Environmental and Social Standard 7 (ESS7): Indigenous Persons/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	<p>To ensure that the development process fosters full respect for human rights, dignity, aspirations, identity, culture, and natural resource-based livelihoods of Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities. It is also aimed at avoiding adverse impacts of projects on Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities, or when avoidance is not possible, to minimize, mitigate and/or compensate for such impacts.</p>	<p>Not Relevant</p>	<ul style="list-style-type: none"> <li>• These category of persons are not found in Sierra Leone</li> </ul>
<b>Environmental and Social Standard 8 (ESS8): Cultural Heritage</b>	<p>It defines the elements of cultural heritage to include tangible assets such as shrines, artifacts and stones and intangible assets such as taboos. ESS 8 lays out the Bank's requirements for development within or close to culturally sensitive zones. This standard also discusses the requirements that should be met prior to the development of projects that are likely to have adverse risks and impacts on cultural heritage sites and resources. The critical requirements include meaningful consultation with affected persons, experts and other interested parties, confidentially/disclosure as well as movement and commercial use of cultural (heritage) resources. The Bank's Environmental and Social Standard on Cultural Heritage seeks to protect cultural heritage resources from adverse</p>	<p>Relevant</p>	<ul style="list-style-type: none"> <li>• Much as the selected health facilities are not located within or close to culturally sensitively area, there is the possibility of a "Chance Find" during excavations as part of the rehabilitation of isolation, quarantine and treatment centres as well as construction of water/sanitary and other facilities under Component 3 as well as digging of holes to electricity installations under the Component 2.</li> </ul>

	project impacts and establish them as an integral part of sustainable development.		
<b>Environmental and Social Standard 9 (ESS9): Financial Intermediaries</b>	Sets out how the Financial Intermediaries (FI) will assess and manage environmental and social risks and impacts associated with the subprojects it finances. It also promotes good environmental and social management practices in the subprojects the FI finances as well as good environmental and sound human resources management within the FI. It also set out modalities for harmonizing environmental and policies of the Bank with that of an FI in cases where the FI has different environmental and social policies	Not Relevant	<ul style="list-style-type: none"> <li>• No Financial Intermediaries are involved in this project</li> </ul>
<b>Environmental and Social Standard 10 (ESS10): Stakeholder Engagement and Information Disclosure</b>	<p>ESS10 establishes a systematic approach to stakeholder engagement, while ensuring that appropriate information on project risks and impacts are provided to stakeholders in a timely, comprehensive, accessible and appropriate manner. The standard also ensures inclusive and effective engagement of project affected parties throughout the project cycle and provides avenues for assessing stakeholder interest and incorporating their views into project design and monitoring of projects.</p> <p>As part of meeting the requirements of ESS 10, borrowers are to undertake meaningful consultation and engagement of stakeholders throughout the project life cycle. They are also expected to disclose relevant project information, safeguards report, notably, Stakeholder Engagement Plans as part of fulfilling the requirement of this standard. ESS10 also requires borrowers to set up grievance redress systems that are transparent, culturally appropriate, objective, discrete, accessible as well as sensitive and responsive to the needs of aggrieved persons</p>	Relevant	<ul style="list-style-type: none"> <li>• Stakeholders involved in the fight against COVID 19 including health workers and vulnerable groups should be identified together with how they can influence the project outcomes and how the project will impact them and their interests. These stakeholders must be consulted early and regularly throughout the project life cycle for their views and inputs on the proposed project interventions in a systematic manner</li> <li>• Sample testing under Component 1 and social intervention planned under Component 3 such as broadcasting COVID 19 preventive measures will require information packaging and dissemination in a manner that can be assimilated by the local population through the media and other outlets</li> <li>• Results of research, safeguards instruments will have to be disclosed to stakeholders for them to make inputs and apply the recommendations.</li> <li>• Transparent and accessible channels will have to be provided under the project to receive grievances of project affected persons including vulnerable persons. The grievances must be investigated, resolved and feedback provided in a participatory, transparent and timeous manner.</li> <li>• In addition to discussing preliminary stakeholder engagement strategies in this ESMF in Chapter 7 of this ESMF, a Stakeholder Engagement Plan has been prepared for the Project to meet the requirements of ESS10. The SEP is under review at the Bank.</li> </ul>

### **3.2 Project Categorisation under the World Bank ESF**

Under the World Bank ESF, the World Bank classifies projects into four (4) categories, High, Substantial, Moderate and Low largely based on the scale of the project, level of impacts and risks associated with the project, in country socio-political conditions as well as the capacity of the borrower to manage the associated impacts/risks.

The environmental and social risks are considered Substantial because of occupational health and safety, labor and community health issues related to unsafe operations and management of quarantine, isolation and treatment centers, laboratories, collection and transportation of affected samples etc. which could increase exposure of patients, suppliers, laboratory staff and communities to SARS-COV-2. Again, Sierra Leone has limited capacity and systems in place to manage highly infectious medical wastes such as infected sharps and test kits. The risk of sexual exploitation and abuse and sexual harassment due to breakdown in social and economic activities, poor accommodation and services in quarantine, isolation and intensive care units, distribution of food aid, basic supplies and cash in an extremely vulnerable and high-risk context will require critical attention.

The project will take specific measures to these and other address environmental and social issues of concern. This includes the preparation and implementation of an Environmental and Social Management Framework (ESMF) which will be in line with WHO standards on COVID-19 response, World Bank ESF and accompanying ESSs. Sub project ESMPs, based on this ESMF, will be accompanied with Infection Control and Waste Management Plans (ICWMP) and reliance on WHO Code of Ethics and Professional Conduct for all workers, the World Bank ESF and good practice note on SEA/SH to minimize SEA/SH risks etc.

### **3.3 Relevant Technical Guidelines for COVID 19 Virus**

The World Health Organisation since the outbreak continues to issue a number of guidelines to prevent and contain the spread of infections among the population as well as frontline workers. These guidelines are updated as and when knowledge about SARS COV 2 improves. Relevant guidelines that relate to the project are discussed below.

#### **3.3.1 Water, Sanitation, Hygiene, and Waste Management for the COVID-19 Virus**

WHO has updated its technical brief for water and sanitation practitioners amidst outbreak of the Corona virus. The guidelines cover water, sanitation and health care waste management. It presents strategies in WASH in the health care setting as well as the home/community environment. Thematic areas discussed under WASH in the health care setting include practises for hand hygiene, sanitation and plumbing, emptying latrines and holding tanks, transporting excreta off-site, toilets and handling faeces, cleaning practises and safe disposing of greywater or water from washing PPEs, surfaces and floors.

<https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>

#### **3.3.2 Rationale on the Use of PPEs**

This technical reference document is relevant for both site workers and health personnel alike. The guidelines acknowledge disruption in the PPE supply chain as a result of the outbreak and spread of COVID 19 and outlines measures to minimise the over dependence on PPEs amidst the global shortage. This notwithstanding, the guideline underscores the importance of the proper use of PPEs as a measure against the spread of the disease. It also outlines activities and personnel requiring PPEs, the type of PPEs required and settings within which the PPEs will be required. It also emphasises the need for hand and respiratory hygiene as complementary measures to the use of PPEs.

<https://apps.who.int/iris/handle/10665/331498>

### **3.3.3 Consideration for Quarantine of Individuals in the Context of Containment for Coronavirus Disease (COVID-19)**

The guideline sets out instances that quarantine is required as well as the pre-conditions for quarantine, in addition to administrative and environmental control together with mechanisms of early detection and control of the SARS COV 2 virus. A critical recommendation from this guideline is for quarantine facilities to be spacious, well ventilated single rooms or room where beds can be placed at least one metre apart. Apart from these, WHO recommends that the quarantine facilities must be fitted with hand hygiene, water and sanitary facilities and have air ventilation and filtration and waste management protocol. The programme intends to support the rehabilitation of isolation, quarantine and intensive care units and laboratories facilities in Sierra Leone as part of the Project (see [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)) for details)

### **3.3.4 Infection Prevention and Control during Health care when COVID-19 is Suspected or Confirmed**

This WHO guideline is intended for health care workers, health care managers, and infection prevention teams at the facility level but it is also relevant for national, regional and district levels teams. It recommends triage, early recognition and source control measures including isolating suspected COVID-19 patients in the health facility setting to contain the spread of COVID 19. Other recommendations mentioned in the document are applying standard precautions for all patients such as hand washing after contact with respiratory secretions and offering medical masks to patients suspected to have contracted COVID-19 while in waiting/public areas or in cohorting rooms. The guideline also proposes the implementation of additional empiric precautions (droplet, contact and airborne precautions) for patients suspected to have contracted COVID-19. Such measures include designating a team of health care workers to care exclusively for suspected or confirmed cases to reduce the risk of transmission, whenever possible. These measures, together with implementing administrative, environmental and engineering controls, some of which are training of health care workers in COVID 19 precautionary measures, provision of laundry services (for infected garments and beddings), ensuring that rooms are well ventilated (60L/s) and 1 metre spacing between patients, are proposed in the guideline. Finally, it outlines procedures for collecting and handling laboratory specimens from suspected patients. Notably among these measures are hand delivering all specimens, whenever possible and avoiding the use pneumatic-tube systems in the transportation of specimens (see <https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2020.4> for details).

### **3.3.5 WHO Getting You Work Place Ready for COVID 19**

The document presents simple measures to be implemented within the work place to prevent the spread of COVID 19. These measures include activities to ensure that the work place is clean and hygienic, things to be consider during traveling and when workers return from travel and getting your business ready in case COVID-19 arrives in the community (see <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?ua=1> for details).

### **3.3.6 Interim Note: Protection from Sexual Exploitation and Abuse (PSEA) During Covid-19 Response (WHO, UNFPA, UNICEF, UNHCR, WFP, IOM, OCHA, CHS Alliance, Inter Action, UN Victims' Rights Advocate)**

The Interim note underscores the potential for SEA/SH cases to be on rise during the COVID 19 pandemic and also the fact that health/frontline workers can be survivors or perpetrators of SEA/SH. It also recommends risk reduction and preventive measures such as building safeguards into the recruitment process for volunteer frontline workers and focal persons. Other measures focus on providing safe and accessible channels for reporting SEA/SH and GBV cases, promoting a culture of speaking up together with measures that provide protection and support for SEA/SH/GBV survivors and co-ordination with in country initiatives (see <https://reliefweb.int/report/world/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19> for details).



### 3.3.7 WHO Code of Ethics and Professional Conduct

The Code of Ethics and Professional Conduct outlines measures to ensure an effectiveness, efficiency, transparency and accountability by promoting and upholding the highest organizational standards, ethical principles and conduct for staff. It sets out the principles of ethical behavior and standards of conduct that should guide staff decisions and actions within and outside the work environment. The Code of Ethics and Professional Conduct covers fair and respective work place, prevention of sexual exploitation, personal conduct, relations with government and political activity and reporting wrong doing as well as protection for whistle blowers (see [https://www.who.int/docs/default-source/documents/ethics/code-of-ethics-pamphlet-en.pdf?sfvrsn=20dd5e7e\\_2](https://www.who.int/docs/default-source/documents/ethics/code-of-ethics-pamphlet-en.pdf?sfvrsn=20dd5e7e_2) for details).

### 3.3.8 CDC Coronavirus Lab Biosafety Guidelines

The guideline discusses procedures/requirements for laboratory biosafety, routine laboratory procedures, viral isolation, working with animals suspected to be infected with the Coronavirus, referral of specimen to laboratories and packaging/shipping. The key recommendations in the guideline includes basing laboratory procedures on the results of risk assessments of the laboratory, ensuring that only personnel demonstrating capability to undertake procedures in strict conformity to laid protocols are utilised in laboratories, using disinfectants with proven activity against enveloped viruses in laboratories and the fact that BSL 2 equivalent procedures must be in propagative work in the laboratories (see <https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html> for details).

## 3.4 Relevant World Bank Group Guidelines

### 3.4.1 World Bank Group EHS, 2007

The Environmental, Health, and Safety (EHS) Guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP), as defined in ESS3. The EHS Guidelines contain the performance levels and measures that are normally acceptable to IFC and that are generally considered achievable in new facilities at reasonable costs by existing technology. For World Bank funded projects, application of the EHS Guidelines to existing facilities may involve the establishment of site-specific targets with an appropriate timetable for achieving them. The environmental assessment process may recommend alternative (higher or lower) levels or measures, which, if acceptable to IFC/World Bank, becomes project- or site-specific requirements. The World Bank Group EHS Guidelines for Water and Sanitation (see <https://www.ifc.org/wps/wcm/connect/0d8cb86a-9120-4e37-98f7-cfb1a941f235/Final%2B-%2BWater%2Band%2BSanitation.pdf?MOD=AJPERES&CVID=jkD216C>) and Health care Facilities (see <https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169>) as well as the General Guidelines (see <https://www.ifc.org/wps/wcm/connect/29f5137d-6e17-4660-b1f9-02bf561935e5/Final%2B-%2BGeneral%2BEHS%2BGuidelines.pdf?MOD=AJPERES&CVID=jOWim3p>) are relevant for this project

### 3.4.2 ESF/Safeguards Interim Note: Covid-19 Considerations in Construction/Civil Works Projects

This interim note emphasizes the importance of careful scenario planning, clear procedures and protocols, management systems, effective communication and coordination and the need for high levels of responsiveness in a changing environment due the COVID 19 pandemic. It recommends assessing current situation of projects, putting in place mitigation measures to avoid or minimize the chances of infection (Corona virus) and planning what to do if either project workers become infected or the work force including workers from proximate communities are affected by COVID-19. The recommendation in this interim note covers cleaning and waste disposal, medical services and general hygiene for the workforce together with management of site entry and exit points, work practices and medical supplies for site workers. There are also recommendations to ensure continuity in supply of materials and project

activities amidst disruption supply chains as a result of COVID 19. The interim note is useful for both PIU staff and Project Consultants and Contractors (see <https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/ESF%20Safeguards%20Interim%20Note%20Construction%20Civil%20Works%20COVID.pdf>).

### **3.4.3 Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings**

The guidelines acknowledges that national and local laws may impose social distancing, restriction on movement and large gatherings as measures to minimize the spread of COVID 19 together with the fact the general public may be averse to large gathering as they protect themselves from COVID 19. It further acknowledges that these realities can adversely affect the extent to which Borrowers can meet the requirements of ESS10. The guideline goes ahead to proffer strategies on how to manage stakeholder engagement and consultation amidst these challenges. These include identifying and reviewing planned activities as well as assessing the COVID 19 status of the country/project settings, risk of transmission through consultation and ICT penetration rate of the Borrower. The guideline stipulates that public gathering such as workshops should be avoided but small group meetings like focus group meetings can be carried out, if permitted by national and local laws. The use of social media platforms for both consultations and information dissemination is preferred, while traditional forms are recommended for information dissemination (<https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Pages/pc/Operations-COVID19-Coronavirus-Information-03092020-081859/Environmental-a-04202020-163137.aspx> for details).

### **3.4.4 Technical Note: Use of Military Forces to Assist in COVID-19 Operations Suggestions on How to Mitigate Risks**

The guidelines alludes to the possibility of using military and other national security forces in COVID 19 response operations. It also outlines the benefits associated with the use of the security forces under these circumstances, including the forces capacity rapidly respond to emergencies and availability of medical personnel with experience in emergency response within the ranks of the security forces. The technical note also mentions a number risks that can arise with security forces involvement in COVID19 response interventions, including those supported by World Bank. Notable among the risks are the possibility of violating fundamental rights such as perpetuating GBV/SEA/SH and abuse during the discharge of their duties. In the technical note, recommendations proffered to deal with the identified risks consists of strategies geared towards identifying and clarifying the structures within which the security forces will be operating, collaborating with relevant government institutions, NGOs and other stakeholders to clearly define the scope of the security forces' involvement in the project/intervention, identifying and assessing the potential risks associated with the deployment of the security forces. Another recommendations in the document is that Borrowers should identify mitigations measures that meet the requirements of the World Bank ESF. Apart from these, the technical note mentions the use independent third party entities to monitor the behavior of the security forces and advocates for the establishment a procedure to be followed in cases of allegations of HR/SEA/SH violations and unethical behavior on the part of the security forces (see <https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Pages/pc/Operations-COVID19-Coronavirus-Information-03092020-081859/Environmental-a-04202020-163137.aspx> for details)

## **3.5 International Conventions**

Relevant International Conventions for the Sierra Leone COVID-19 Emergency Preparedness and Response Project are:

- Basel Convention on the Control of Trans boundary Movements of Hazardous Wastes and Their Disposal, 1989;
- Kyoto Protocol, 1997;
- International Health Regulations, 2005;
- Stockholm Convention on Persistent Organic Pollutants, 2001;

- Convention for Safeguarding Intangible Cultural Heritage, 2003; and
- Conventions of the Rights of Persons with Disability, 2006.

### 3.6 National Laws

There are several laws and regulations in Sierra Leone concerned with development, public health issues and the environment in general. The major environmental laws related to this project are presented in Table 3.2.

**Table 3.2: Relevant In Country Laws**

Legislation	Relevant Sections	Comments/Gap	Gap Filling Measures
<b>The Constitution of Sierra Leone, 1991</b>	<p>The Constitution of Sierra Leone seeks to protect freedom of association, health and safety of all citizens including workers. It also guarantees fair working conditions, equal pay for equal work and fair compensation. Section 26 of the Constitution states that “no person shall be hindered in the enjoyment of his freedom of assembly and association. This implies that citizens, including workers, have the right to assemble freely and associate with other persons, form or belong to any political party, trade union or other economic, social or professional associations, national or international, for the protection of their interests.”</p> <p>Section 19 of the Constitution also frowns on forced labour as it states “no person shall be held in slavery or servitude or be required to perform forced labour or traffic or deal in human beings.”</p> <p>Section 21 guarantees the land and property rights of citizens and specifies the purposes for which government, by extension local councils, may acquire land/property under compulsory acquisition to include defense, public health and town and country planning. The Constitution also stipulates the prompt payment of adequate compensation to affected parties and grants aggrieved parties the right to go to court or an impartial during compulsory acquisition for the determination of their rights and/or interest in the property/land as conditions that must be met during compulsory acquisition.</p> <p>Section 3 of the Sierra Leone Constitution guarantees the fundamental human rights and freedoms of the individual without regard to his race, tribe, place of origin, political opinion, color, creed or sex, which must be exercised in consonance with the rights and freedoms of others and for the public interest. Paragraph 25 of Section 3 which states that no person shall be hindered in the enjoyment of his freedom of expression including the freedom to hold opinions, receive and impart ideas as well as information without interference. This Act is consistent with the provisions of ESS10 which requires full disclosure of project information to all stakeholders.</p>	<p>Section 19 of the Sierra Leone Constitution concurs with ESS2 which frowns on child and force labour, while Section 19 endorses the right of workers to form unions or associations as stipulated in the requirements for workers organization in ESS2. Section 3 of the Constitution is also consistent with the provisions of ESS10, which requires full disclosure of project information to all stakeholders.</p> <p>Both the Constitution and ESS5 are in sink in terms of payment of compensation and PAP access to legal services (grievance redress) during involuntary resettlement. However, the constitution is silent on consultation, which is an integral part resettlement planning and implementation under ESS5. In addition, ESS5 also widens the scope of grievance redress mechanisms, making it participatory and timeous. Compared to ESS5, the Constitution does not make any special provisions for vulnerable PAPs during involuntary resettlement. Vulnerable PAPs as a result their peculiar circumstance may not be able to access the law court or participate fully in the decision making process during resettlement planning and implementation. They may not have channels to voice out their grievances and receive feed back</p>	<p>A Development Induced Resettlement Policy has been prepared by GoSL to operationalize the provisions in the Constitution and align resettlement planning and implementation to GIIPs such as those outlined in ESS5. This policy together with the requirements of ESS5 will guide the preparation of abbreviated resettlement action plans and resettlement action plans under the project</p>
<b>Environmental Protection Agency Act, 2008</b>	<p>The EPA Act is the legislation governing the protection of the environment and the EIA/ESIA process. This Act establishes the role and function of the Environment Protection Agency (EPA) for monitoring implementation and evaluation of national environmental policies of Sierra Leone as well as the obligations of the proponent</p>	<p>Although most of the provisions under the Act relate to ESS1, the SL-EPA classification/categorization scheme (Category A, B and C) does not align with the World Bank’s categorization (High, Substantial, Moderate and Low risk) under ESS1.</p>	<p>MoHS will have to apply for environmental licenses of all sub projects/procurements with safeguards concerns from SL-</p>

	<p>(environmental licenses' holders) and the Board of Directors of SL-EPA in the event that an environmental license is granted.</p> <p>Part IV of the EPA Act 2008 exclusively deals with the activities that require an EIA and requirements of an EIA. This part of the Act emphasizes the processes and procedures leading to the acquisition of environmental licenses with respect to the conduct of an acceptable EIA studies. Projects likely to have negative environmental impacts or for which an EIA or ESMP is required under the Act's Regulation, should not be implemented, unless an EIA/EMP has been concluded and approved in accordance with these regulations.</p>	<p>In terms of information disclosure, a requirement of ESS1 and ESS10, Section 27 (1) of the Environmental Protection Agency Act, 2008 stipulates that the Agency upon receiving the draft EIA report shall circulate it to professional bodies, associations, ministries and governmental organizations for their comments. Under Section 27(2) the Agency is also required to openly display the EIA report in two consecutive issues of the Gazette as well as in the newspapers to allow for public viewing. The proponent is expected to address the comments from the general public as received through the Executive Director within fourteen (14) days upon receipts of the comments. The law is silent on involuntary resettlement</p>	<p>EPA by formally applying to the Agency. Upon screening the projects appropriate instruments as may be directed by the SL-EPA will be prepared and approved by SL-EPA, after which an Environmental License will be issued to cover that particular sub project, prior to the commencement of works, intervention and/or procurement.</p> <p>The scope of consultations in the SEP will be widened to include PAPs and vulnerable groups and other stakeholders who have interest or will be impacted by the project but are outside those mentioned in the EPA Act, as required in ESS1 and ESS10</p>
<p><b>The Freetown Improvement Extension (Amendment) Act, 1964</b></p>	<p>The Act establishes Freetown and its surrounding districts as a planning area and sets out town planning regulations to guide development control in the designated planning area. Section 19 empowers the Director of Public Works to approve building plans as well as undertake premises (building) inspection and certification prior to occupancy. Section 18 confers the power to alter, repair or pull down defective structures and structures detrimental to public health and safety at cost to the developer to Director of Public Works, subject to the consent of a magistrate.</p>	<p>ESS4 requires that project designs are reviewed and certified by independent professional entities prior to implementation. The Freetown Improvement Extension (Amendment) Act, 1964 gives such authority to the Director of Public Works.</p>	<p>No gap filling measures required</p>
<p><b>The Public Health Ordinance, 1960</b></p>	<p>This Act remains the principal piece of public health-related legislation in Sierra Leone. The Act places sanitation management, premises inspection, environmental hygiene, food safety, prevention of water pollution and designation of sanitary of sites under the remit of the Ministry of Health and Sanitation and by extension the Health Authorities at the local level. The Act confers the power to declare health areas and appoint of persons/bodies to act as the Health Authorities on the Minister of Health and Sanitation. These areas may include POEs, urban, rural or working zones. More importantly, Part II of the Act also empowers the Minister to set up Endemic Control Areas and appoint Endemic Control Authorities with powers to undertake civil works and other actions necessary for the control of endemic diseases or the elimination of insect or animal vectors of endemic diseases in such Endemic Control Areas. Part II Section 11(2) gives Endemic Control Authorities the same powers as Health Authorities in terms the prevention, treatment and notification of disease. Health Authorities and Endemic Control Authorities</p>	<p>The Ordinance has some good provisions to minimize community exposure to health issues as required by ESS4.</p>	<p>No gap filling measures required</p>

	<p>have powers under Part IV of the Act (Control of Notifiable Diseases) to cause the testing of a person suspected of a notification disease. Under Part IV Section 44-45, Health Authorities and Endemic Disease Authorities under the authorization of the Minister of Health and Sanitation may provide emergency temporary accommodation for isolating patients and separate isolation accommodation for person/persons suspected to have a notification disease as well as contacts in accessible areas away from inhabited dwellings. This section also talks decommissioning of isolation accommodation after inmates are discharged. These notwithstanding, the definition of notifiable disease as provided in Part IV section 2 is limited to smallpox or meningitis, although Section 3(1) allows the Minister to add or expunge diseases from the list.</p>		
<b>Public Health Amendment Act, 2014</b>	<p>This amendment to the Public Health Act, 1960 added Ebola and other communicable disease to Section 2 of the Public Health Ordinance, 1960.</p>	<p>Consistent with the community exposure to health issues requirement under ESS4</p>	<p>No gap filling measures required</p>
<b>Pharmacy and Drugs Act, 2001 (as Amended in 2007)</b>	<p>The Act establishes the Pharmacy Board to regulate pharmaceutical practice in Sierra Leone among others. Section 40 prohibits the manufacture of Class A and B drugs except under the supervision of a pharmacist or a person approved by the Board. Part V: Control and Manufacture and Storage of Drugs also provides for the appropriate labelling and storage of drugs. Part VI is dedicated to the transportation, importation and export of drugs. It prohibits the importation of drugs or specialties not registered under section 55. The 2007 amendment indicates that license fees should be paid into the consolidated fund.</p>	<p>Consistent with ESS4 requirement under management and safety of hazardous materials in ESS4</p>	<p>No gap filling measures required</p>
<b>National Medical Supplies Agency Act, 2017</b>	<p>The Act establishes the National Medical Supply Agency. Its functions include procuring and selling medical supplies as per the Pharmacy Act, 2001, maintain strict security protocols for the storage of drugs and medical supplies in its storage facilities and other storage facilities as well as procure, distribute and donate medical supplies to all government health facilities and public bodies as requested by the Ministry of Health and Sanitation. The Agency is also expected to collect data on stocks levels among others.</p>	<p>Consistent with ESS4 requirement under management and safety of hazardous materials in ESS4</p>	<p>No gap filling measures required</p>
<b>The Factories Act of 1974</b>	<p>The Factories Act, 1974 demands for all aspects of cleanliness, reports of all injuries, accidents, diseases and death. Under this Act the Factories Inspectorate Department under the Ministry of Labour and Social Security has the power to monitor work place compliance in terms of labour laws, especially among factories, and enforce measures to ensure occupational accidents and diseases are minimized within the work environment (Section V of the Factories Act, 1974). The Act expands the definition of factories to include construction sites. It makes reports of accidents, death, injuries and the outbreak of diseases mandatory (Section VII) and empowers the Factory Inspectorate Department to enforce general health and safety conditions within factories. There are also sanctions for non-compliance including fines, jail terms and prohibition of works and closing down of factories.</p>	<p>The Act promotes cleanliness, health and safety within the work environment and covers owners, occupiers, supervisors and workers alike, which are all requirements of ESS2. Nonetheless, it does not extend to sub-contractors as explicitly mentioned in ESS 2, unless one argues that such third parties' entities are themselves "factories" hence they are obligated to comply with the Act.</p>	<p>Sub-contractors will be covered under this project through the preparation and implementation of labour management plans for each sub project.</p>

	<p>The Act promotes cleanliness, health and safety within the work environment and covers owners, occupiers, supervisors and workers alike.</p>		
<p><b>Regulation of Wages and Industrial Relations Act 1971 (No. 18)</b></p>	<p>These regulations specify the collective agreement between Employers in the Building and Construction Trade Group in the Republic of Sierra Leone involving the following Worker Unions:</p> <ul style="list-style-type: none"> <li>• Artisans, Public Works, and Services Employees Union;</li> <li>• General Construction workers Union;</li> <li>• Skilled and Manual Production workers Union; and</li> <li>• Sierra Leone Union of Securities, Watchmen and General Workers Union</li> </ul> <p>Conditions of Service issues including Hours of Work (Clause 9), modalities for payment of overtime (Clause 13), Annual Leave and Leave Allowance (Clause 15) and Maternity with full pay for maximum of twelve weeks (Clause 17), Dirty Work Allowance for workers who come into contact with sewerage, rubbish, wood, dust and toxic materials (Clause 56) and Termination of Work Contract (Clause 26) are outlined explicitly in the Act.</p> <p>Health and Safety issues are covered under Clause 37 and 51. They include the Employer providing raincoats, goggles, welding marks, helmets and other safety gear as well as toilet and hand washing facilities for employees. Workers' right to form unions and engage collective bargaining are recognized in Clause 30, while workers right to representation is conferred under Clause 32.</p> <p>In this Act, Workers Grievance Redress Mechanisms have been explicitly outlined in Clause 29, in a seven step process. The process commences from verbally discussing grievances with immediate supervisors, then to management (employers) either directly or through union leadership where unions exist and finally petitioning the Minister of Labour and Social Security in the event that work based grievance redress measures fail to resolve the grievance in question.</p>	<p>The Act is largely consistent with workers organization and work based grievance redress mechanisms requirements under ESS2. Nonetheless, timelines for the resolution of grievances and providing feedback to aggrieved workers are not outlined in this regulation. The Act is also silent on the right of aggrieved workers to go to court. Although the law does support any form of discrimination, it does provide explicit measures to enhance vulnerable persons access to employment</p>	<p>Timelines for resolving grievances and the option to access the law court has been introduced in the work based grievance redress mechanisms of the project. In addition, vulnerable groups will be offered the first right of employment in terms of non-hazardous assignments/tasks</p>
<p><b>The National Fire Service Act, 1980</b></p>	<p>The Act establishes and lay out the constituents of the Sierra Leone Fire Service as well as the National Fire Force. It also empowers the Minister to establish Fire Authorities in designated areas. The Act also grants right of entry to fire and police officers for the purposes of fire prevention and control.</p>	<p>The Act does not prescribe standards for fire installations for buildings. It does not also enjoin developers to acquire fire permits, certificates or approval from the National Fire Force or Service prior to the construction of buildings. This makes the law inconsistent with the infrastructure and equipment design under ESS4</p>	<p>The Fire Service/Force will be furnished with the design drawings of the isolation, quarantine and treatment centres and laboratories for their input. British Standards (BS) will be the applicable standard for all electrical cables and fittings under the project</p>

<b>Child Right Act, 2007</b>	Part III of the Act talks about the Employment of Children. It stipulates the minimum age at which free education ends, when children can engage in full time employment or apprenticeship at fifteen (15 years) though the Act allows children to engage in light work (non-strenuous and non-hazardous work) at the age of thirteen (13) but only persons eighteen (18) years and above can engage in hazardous work such as civil works. The Act which prohibits children from working at night also set conditions for apprenticeship.	The Child Rights Acts has adequate provisions to combat child labour. However, the minimum age for light work (13 years) stipulated in the Act is less stringent than the requirements of ESS 2 (14 years).	The project takes the position that children 18 years and below will not participate in any work related to the Sierra Leone COVID 19 Emergency Preparedness and Response Project. This will be reflected in various Labour Management Plans prepared and implemented under the project
<b>Sexual Offences Act, 2012 as Amended in 2019</b>	The Sexual Offences Act of 2012 criminalizes non-consensual sex between persons, including spouses. The Act increased the consensual age from 13 years, under the Prevention of Cruelty against Children Act (CAP 31) to 18 years. Section 19 of the Act introduces the concept sexual penetration, which replaces Unlawful Canal Knowledge and increases the organs involved in sexual penetration to include the mouth and anus. The Act further provides that any object used for penetration satisfies the act of sexual penetration. The Act is gender neutral, technically including sexual acts between same sexes. Marriage is not a defense for perpetrators under this Act. The confidentiality of victims (survivors) during investigation and prosecution are guaranteed under the Act. The Act also provides for medical assistance for survivors. The Act explicitly set out sanctions for offenders including jail terms.	The Act aligns well with ESS2 as it promotes safety at work and ensures that survivors of Gender Based Violence, Sexual Abuse and Exploitation and Harassment are not discriminated against within the work environment while seeking redress.  It also aligns well with ESS4 as it enjoins the state to provide medical and other forms of support for GBV survivors	To operational this law, GBV Action Plans will be prepared under this project
<b>The Hospital Boards Act 2003 (amended in 2007)</b>	The Act establishes governing boards for certain specialized and district government hospitals. Act also assigns the functions to the Boards, which includes provision of accommodation and equipment necessary for the listed hospitals to work, construction, operation, maintenance of the hospital facilities such as laboratories, out patients departments and wards as well as appointment and training of staff of the respective hospitals. The Board, under this Act, may recommend hospital fees for the consideration of the Minister of Health and Sanitation. The 2007 Amendment to this Act sought to stream the fee collection structure by stipulating that fees collected from the hospital involved must be paid into the Consolidated Fund.	Consistent with ESS4 requirements for Community Exposure to Health Issues and Infrastructure and Equipment Design and Safety	No gap filling measures required
<b>Sierra Leone Health Service Commission Act, 2011</b>	The Act establishes the Sierra Leone Health Service Commission to assist the Ministry responsible for health in the delivery of affordable and improved healthcare services to the people of Sierra Leone.	Supports the actualization of requirements of ESS4: Community Exposure to Health Issues	No gap filling measures required
<b>Local Government Act, 2004</b>	This Act seeks to devolve all development initiatives and authority to people at the grassroots. As such it has empowered the local councils as the highest political and legislative authority in the locality. The Councils are responsible for promoting the development of the locality with the resources at its disposal and those that they can mobilize from the central government and its agencies, NGOs and the private sector. Part VII Section 90, also empowers the Local Councils to enact by-laws consistent with the provisions of the national constitution. The bye	The Act encourages local participation in development as required by ESS10	No gap filling measures required

	<p>laws may cover community health and safety issues including sanitation, food safety and animal husbandry.</p> <p>Under Schedule III of the Act functions under the Ministry of Health and Sanitation devolved to the Councils are Registration of births and deaths, public health information and education, Primary Health care Secondary Health care, maintenance of non-technical equipment, facilities management and procurement of equipment and medicines.</p> <p>The Act also makes for the establishment of a Ward Development Committees in each ward for a locality as well as their membership in Part XIII. Section 96 (1) charges Ward Development Committees to mobilize the citizenry for self-help and development, act as focal points for discussing local needs and problems, organize communal and voluntary work especially in sanitation and educate residents on their rights and obligations in relation to local government and decentralization.</p>		
<b>Persons with Disability Act, 2011</b>	<p>Per Section 24(2) this Act, public buildings/facilities that are accessed by the general public are to be disability friendly, while Section 14 (2) enjoins government to adapt existing structures to enhance access by persons with disability. In Section 20 and 21 of the Act, it is an offence to deny a person contracts and employment opportunities on the basis disability.</p>	Consistent with non-discriminatory and infrastructure and equipment design and safety requirements under ESS2 and ESS4 respectively	No gap filling measures required
<b>Prevention and Control of HIV and AIDS Act, 2007</b>	<p>The Act seeks to control the spread of HIV-AIDS and prevent discrimination against Person Living with HIV/AIDS. Prevention and Control of HIV and AIDS, Act 2007 enjoins government to create awareness about the mode of transmission and support for Person Living with HIV/AIDS. Section 23 establishes that discrimination of Persons Living with HIV/AIDs in terms of access to employment, health services and education as an offence. While Section 11 also prohibits testing for HIV/AIDS as a condition for gaining employment, Section 21 makes deliberate or recklessly transmission and non-disclosure of HIV/AIDS positive status prior to sexual encounter an offence.</p>	Consistent with exposure to community health issues and non-discriminatory requirements of ESS2 and ESS4 respectively	Labour Management Plans will be prepared to operationalize the provisions in the Act and the requirements of ESS2
<b>The Anti-Corruption Act, 2008</b>	<p>The Act establishes the independent Anti-Corruption Commission for the prevention, investigation, prosecution and punishment of corruption and corrupt practices and related matters.</p>	Consistent with ESS10	No gap filling measures required
<b>The Right to Access Information Act, 2013</b>	<p>The Act provided for the disclosure of information held by public authorities or by persons providing services for them and to provide for other related matters.</p>	Consistent with ESS10	No gap filling measures required
<b>Proclamation 2020</b>	<p>The State of Emergency proclaimed by the President of Sierra on 24<sup>th</sup> March, 2020 and duly submitted to Parliament, identifies the Corona Virus as a public health threat to lives of people of Sierra Leone as well as the economy and the need to take measures to prevent, protect and curtail the spread in the entire country. It also declared a 12 month state emergency in the whole country starting from 25<sup>th</sup> March 2020.</p> <p>Measures to contain the spread include limiting public gathering to less than 100 persons, ban on sporting events, adjusting market operation times to between 7.00am to 7.00pm and compulsory wearing of face mask in public. The Sierra Leone</p>	The Proclamation does not pose any risk to the COVID 19 Emergency Preparedness and Response Project. It is not at variance with any of ESS.	No gap filling measures required.



Armed Forces and police are enforcing compliance with all public health directives.

In the Constitution the power of the President to proclamation of a State Emergency and the condition precedent are stipulated in Section 29(1) and (2).

### 3.7 Relevant Policies and Plans

Sierra Leone has national health policy currently under revision. This notwithstanding, a number of national strategic plans have useful recommendations and guidelines relevant for the COVID 19 Emergency Preparedness and Response Project. These are discussed below:

#### 3.7.1 National Health Policy, 2009

In the 2009 National Health Policy, the objective was to strengthen the functions of the national health system of Sierra Leone so as to improve:

- access to health services (availability, utilization and timeliness);
- quality of health services (safety, efficacy and integration);
- equity in health services (disadvantaged groups);
- efficiency of service delivery (value for resources); and
- inclusiveness (partnerships)

The policy is organized around six (6) thematic areas namely; leadership and government of the health sector, service delivery, human resource for health sector, health care financing, medical products/health technologies and health information systems. Policy actions relevant to the COVID 19 Emergency Preparedness and Response Project are captured under the service delivery, medical product and health technologies together with health information systems themes. Under health delivery theme, GoSL commits to put health facilities in acceptable physical conditions, properly equipped and staffed and manage disaster/epidemics effectively. Under the medical products/health technologies theme, medicines, vaccines and consumables are to be made available, accessible and affordable to the people of Sierra Leone, while a network of laboratory services including a public health reference laboratory is to be established and maintained. The health information pillar also discusses actions to ensure timely and accurate information, especially, regarding health, general welfare and prevailing epidemics. The policy is currently under review.

#### 3.7.2 Development Induced Resettlement Policy

This policy applies to any project, development or business activity undertaken by either government or private sector entities that results in, or is likely to result in, the physical or economic displacement of people. This includes all projects identified under the First Schedule of the Environmental Protection Act of 2008, to the extent that these projects result in or are likely to result in the physical or economic displacement of people. The policy establishes the rationale, objectives guiding principles and strategies for undertaken involuntary resettlement.

In the policy, involuntary resettlement should always be considered as the last resort, conceived, planned and implemented in a manner that minimises the adverse impacts on PAPs and improve or at least maintain the standard of PAPs pre-impact through informed consultation of all stakeholders including vulnerable PAPs. The policy which indicates that compensation must be at full replacement value, takes the position that compensation should be completed before physical movement and/or land take. Councils are mentioned as key stakeholders in resettlement planning and implementation in the policy, which also alludes to the principle of transitional assistance/support for PAPs in transition together with the need for grievance redress structures for PAPs and stakeholders. As per the policy, co-ordinated inter agency arrangements, monitoring and evaluation frameworks and comprehensive resettlement budgets must be put in place as part of the resettlement programme. Resettlement Managements Plans are mandatory whenever involuntary resettlement is contemplated.

### **3.7.3 National Land Policy**

The National Land Policy provides the vision, principles and policy components that give direction to and define the roles and responsibilities of various government and customary authorities, and other non-state actors in land management. Specifically, it enunciates policy statements in respect of the key areas of land administration and management such as access to land, land tenure, use, administration structures and the Constitution. The document addresses the major challenges related to land management and administration in Sierra Leone, with a view to moving towards a clearer, more effective and just land tenure system that provide for social and public demands. The policy also seeks to stimulate responsible investment and form a basis for the nation's continued development.

As regards access to land for development activities, it stipulates that the Government shall create an enabling environment to attract responsible investments (both domestic and foreign) in accordance with established laws and procedures without exceptions. The policy also advocates for equal tenure rights and access to land for women and girls independent of their civil or marital status. The Government of Sierra Leone, through the policy, also commits to enhance land access and rights as well as provide infrastructure and basic services for vulnerable groups.

### **3.7.4 National Health Sector Strategic Plan 2017-2022**

The Strategic Plan is anchored on eight pillars namely; leadership and governance, service delivery, human resources for health, health financing, medical products and health technologies, health information systems and research, health security and emergencies and community engagement and health promotion. COVID 19 Emergency Preparedness and Response Project has sub components that response to medical products and health technologies, health information systems and research, health security and emergencies and community engagement and health promotion.

Under these pillars, strategies are discussed to ensure transparency, cost-effectiveness and availability of medical supplies to every health facility funded by GoSL and also provision of quality, affordable and accessible laboratory services. The strategies include employing scientific, disease prevention and participatory approaches in health delivery. It also has strategies to make sure that health information systems generate quality information which stakeholders trust and use in driving health system decisions. Other strategies adopted in the plan are the development SOPs, training of health care workers and improving the quality of laboratories. Apart from these, the plan focuses on health promotion and the role of health coalitions in health delivery.

The plan places families and communities at the centre of planning and action in the area of health promotion and alludes to the role of donors and the private sector in delivery to quality, affordable and accessible health care to the citizenry.

### **3.7.5 Infection Control and National HealthCare Waste Management Plan, 2015**

The plan provides the blue print for health care waste collection, storage and treatment/disposal in Sierra Leone. Some of the strategies discussed in the plan include specifying colour codes for waste receptacles and end treatment for various categories of health care waste and the use of sodium hypochlorite as a disinfecting agent for infectious sharps and infectious waste. The plan also recommends training in occupational exposure response systems, monitoring and supervision of all activities in health care waste value chain.

The Infection Control and National Health Care Waste Management Plan, 2015 also provides guidelines for the management of Ebola related health care waste, which includes wearing of appropriate PPEs by workers involved in the handling and disposal of infectious waste, demarcation of sites for pit burning/incineration, security of burning sites and training of staff who carry out waste collection and disposal. These proposals are useful for the current COVID 19 Preparedness and Response Project.

### **3.7.6 Sierra Leone National Action Plan for Health Security, 2018 – 2022**

The Sierra Leone National Action Plan for Health Security (NAPHS) is based on the recommendations of the 2016 Joint External Evaluation (JEE). Some key recommendations of the plan relevant for this project include strengthening surveillance at Points of Entry (PoEs), improving co-ordination and collaboration between human and animal health laboratory systems and enhancing capacity for the detection and response to biological, chemical and radiation hazards.

### **3.7.7 National COVID 19 Emergency Preparedness and Response Plan**

The Plan outlines Sierra Leone's COVID 19 risk context, response delivery structures and status. It also presents a monitoring and evaluation framework for COVID 19. It sets out to:

- Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events;
- Identify, isolate and care for patients early, including optimized care for infected patients
- Address crucial unknowns regarding extent of transmission and infection, clinical severity and treatment;
- Communicate critical risks and events information to all communities and counter misinformation; and
- Minimize social and economic impact through multi-sectoral partnerships

The objectives of the plan are to be achieved through public health measures that will support enhancement of existing disease detection structures and isolation and treatment capacities. Proposals in this plan relevant to the COVID 19 Emergency Preparedness and Response Project are provision of technical expertise and laboratory equipment, the use of ICT solutions and community engagement systems to ensure prompt case finding, contact tracing and containment of the disease.

### **3.8 Institutional Framework**

The Ministry of Health and Sanitation is responsible for the overall policy direction for health and sanitation sector in Sierra Leone. The Ministry is in charge of policy development and reporting at the national and international levels. Its vision is to deliberately build a progressive, responsive and sustainable technologically-driven, evidence-based and client-centered health system for the accelerated attainment of the highest standard of health to all Sierra Leoneans. The Ministry has oversight responsibility over the Health Services Commission, National Emergency Services, National Medical Supplies Agency, National Public Health Agency, National Pharmaceutical Procurement Unit and the Sierra Leone Social Health Insurance. The Ministry operates the following Directorates at the centre:

- Directorate of Drugs and Medical Supplies;
- Directorate of Hospitals and Laboratory Services;
- Directorate of Human Resources for Health;
- Directorate of Primary Healthcare;
- Directorate of Policy, and Information;
- Environmental Health and Sanitation Directorate;
- Directorate of Reproductive and Child Health;
- Directorate of Support Services; and
- Presidential Delivery Team.

Heads of all directorates report to the Chief Medical Officer, who is the technical head of the Ministry. The Permanent Secretary is the administrative head, while the Minister of Health and Sanitation is the political head, providing leadership for the Ministry.

At the district level, there is the district health services and the district health management team both under the leadership of District Medical Officer (DMO). MoHS oversees the policy formulation and other

national level processes around sanitation and waste management through the Environmental Health and Sanitation Directorate. Collaborating Ministries in health care delivery and sanitation are:

- Ministry of Education, Science and Technology;
- Ministry of Finance and Economic Development;
- Ministry of Social Welfare
- Ministry of Gender and Children Affairs;
- Ministry of Internal Affairs; and
- Ministry of Local Government and Rural Development.

Development partners and United Nations Agencies that support the work of the Ministry include the WHO, World Bank, JICA, DFID and UNFA.

## 4.0 Baseline Conditions

### 4.1 Location and Population

The Republic of Sierra Leone, is a country on the southwest coast of West Africa. It is bordered by Liberia to the southeast and Guinea to the northeast. Sierra Leone has a total land area of 71,740 km<sup>2</sup> (27,699 sq. mi). As at 2019, the population of Sierra Leo was estimated to be 7, 176,260 with an annual growth rate 2.13%. It is estimated 3,507,584 (48.9%) are males, while 3,668,676 (51.1%) are females. The country is divided into four (4) regions and one Western Area; these regions are further divided into 16 districts.

### 4.2 COVID 19 Status

1, 668 cases of COVID-19 have been confirmed in Sierra Leone by 16<sup>th</sup> July, 2020 with 64 deaths and 1,200 recoveries. But recognizing the rapidly contagious nature of the virus, relatively free population movement over the land border and limited public health capacity, it is very likely that the virus will spread more widely than currently reported, as in other countries, and has the potential to cause substantial harm.

### 4.3 Sierra Leone's State of Readiness for COVID 19

In January 2020, Sierra Leone became aware of the outbreak of novel coronavirus in Wuhan, Hubei Province, China and has been monitoring the progress very closely. Since WHO declared COVID-19 as Public Health Emergency of International Concern (PHEIC), the GoSL immediately activated the Public Health National Emergency Operation Center (PHEOC) at level 2 and took the following actions:

- Conducted two readiness assessments following the COVID-19 standard WHO checklist, to identify the national coordination, preparedness and response capacity.
- Convened two One Health Inter Ministerial Committee meetings for policy and strategic guidance.
- Prioritized enhanced surveillance at the three main points of entry (POEs) with the highest risk identified, especially Freetown International Airport and Gbalamuya (cross border Sierra Leone and Guinea) and Gendema (cross border between Sierra Leone and Liberia).
- Identified a temporary facility for quarantine, anticipating several travelers from China (initially the mandatory quarantine included persons with the history of travel to China within 14 days).
- During the second One Health IMC meeting on March 2, the quarantine policy was revised to include Iran, South Korea and Italy, in addition to China (travel history to these countries within 14 days).
- Conducted an inventory of the personal protective equipment (PPE) and the infection, prevention and control (IPC) materials and consumables and identified huge gaps, especially in supply chain (forecasting, quantification, procurement, storage and distribution).
- Developed Standard Operating Procedures (SOPs) for quarantine, isolation, laboratory, risk communication and hygiene/sanitation
- Laboratory testing capacity identified at two laboratories supported by the China Military and the China CDC. The 34 Military Hospital was identified as having testing capacity and few test kits available.
- Developed the preparedness plans/pillar.

The objectives of Sierra Leone's Emergency Response actions are to:

- Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment;
- Communicate critical risk and event information to all communities and counter misinformation;
- Minimize social and economic impact through multi-sectoral partnerships and a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in healthcare settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.

#### 4.4 Management System for Health Care Waste in the Selected HCF and Laboratories

Health facilities generate various types of health care waste in addition to liquid and solid waste, notably infectious, pathological, genotoxic, pharmaceutical and chemical waste. Other types of health care waste include sharps and equipment containing heavy metals. The health care waste management system of the selected HCF and laboratories for rehabilitation are described in Table 4.1.

**Table 4.1: Health Care Management Practices for Health Care Waste in the Selected Facilities**

Operation	Laboratories	HCF where Isolation/Quarantine Centres	Selected HCF with ICUs
<b>Sterilization</b>	<ul style="list-style-type: none"> <li>Not practiced</li> </ul>	<ul style="list-style-type: none"> <li>Not practiced</li> </ul>	<ul style="list-style-type: none"> <li>Not practiced</li> </ul>
<b>Waste Collection</b>	<ul style="list-style-type: none"> <li>Waste collected in biohazard bags and placed in colour coded bins</li> </ul>	<ul style="list-style-type: none"> <li>Waste collected in biohazard bags and placed in colour coded bins</li> </ul>	<ul style="list-style-type: none"> <li>Waste collected in biohazard bags and placed in colour coded bins</li> </ul>
<b>Waste Transportation (on site )</b>	<ul style="list-style-type: none"> <li>Waste placed in colour coded bins, carried manually and disposed of on site</li> </ul>	<ul style="list-style-type: none"> <li>Waste collected from quarantine/isolation centres area manually</li> </ul>	<ul style="list-style-type: none"> <li>Waste disposed of on site by incineration</li> </ul>
<b>Waste Storage (on Site)</b>	<ul style="list-style-type: none"> <li>Waste stored in Colour coded bins with bin liners</li> </ul>	<ul style="list-style-type: none"> <li>Waste stored on site in colour coded bins with covers</li> </ul>	<ul style="list-style-type: none"> <li>Waste stored on site in colour coded bins and polythene bags</li> </ul>
<b>Transportation (Off Site )</b>	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>	<ul style="list-style-type: none"> <li>In refuse trucks</li> </ul>	<ul style="list-style-type: none"> <li>Transported on on-site manually</li> </ul>
<b>Waste Treatment/Disposal</b>	<ul style="list-style-type: none"> <li>Incineration</li> </ul>	<ul style="list-style-type: none"> <li>Combination of incineration and open burning. Functional Incinerators available in few of the isolation sites.</li> </ul>	<ul style="list-style-type: none"> <li>Combination of incineration and open burning</li> </ul>

From Table 4.1, it is clear that sterilization before waste disposal is not practiced in the selected care centers under the project. Apart from this, many health care workers do not have Personal Protective Equipment (PPEs) and appropriate tools/equipment for handling health care waste. These notwithstanding, a Healthcare Waste Management Plan was prepared for the sector in 2018.

## 5.0 Potential Environmental and Social Impacts/Risks and Proposed Mitigation Measures

The proposed interventions under Component 1, 2 and 3 will involve the rehabilitation of existing HCF, hotels, POES to be used as ICUs, isolation and quarantine centres. In addition to refurbishments, the rehabilitation works will include the provision of solar electricity, sanitary and water facilities such as repair and installation of incinerators and toilet facilities among others. There will also be the supply of test kits, medical supplies and equipment to be installed in the ICUs, laboratories, quarantine and isolation centres. The laboratories, which are in existing HCFs are to be upgraded to BSL 2 to support the testing of suspected COVID 19 cases. A complementary World Bank Energy Project will provide solar panels and other forms power in the selected health care facilities in support of the COVID 19 Emergency Preparedness and Response Project.

The project is expected to generate the under listed beneficial environmental and social impacts:

- i. Employment Opportunities: During the construction phase, employment opportunities will be directly available for unskilled, semi-skilled and skilled workers such as drivers, labourers and technicians as well as engineers to be engaged by Contractors and Sub-contractors' on sub projects such as construction of isolation centres and sanitation facilities in the selected facilities.
- ii. Employment opportunities also be opened up for GVB Specialist, project officers and health professionals in surveillance, contract tracing teams, Environmental Health Officers, Safe Guard Team, One Health Team, etc.;
- iii. Local manufacturers of nose masks and alcohol rub hand sanitizers will be benefit from enhanced capacity and improved incomes during the implementation of Component 3 of the project; and
- iv. The rehabilitation/refurbishment of isolation, quarantine and intensive care units and laboratories facilities together with the procurement of equipment under the COVID 19 Emergency Response Project which will be available post the COVID 19 pandemic will enhance preparedness for similar pandemics in future and improve quality of services in the selected health facilities.
- v. Technical training programmes for health care and ancillary workers that will be delivered under the project will also improve capacity of these workers and the delivery of the health care currently and during future pandemics.

There will also be some potential adverse environmental and social impacts/risks associated with the interventions under Component 1, 2 and 3 of the COVID-19 Emergency Preparedness and Response Project. These are discussed in Table 5.1, 5.2, 5.3 and 5.4 together with their corresponding broad mitigation measures.

**Table 5.1: Potential Adverse Environmental and Social Impacts/Risks and Mitigation Measures -Design/Planning**

Potential Adverse Impacts/Risks	Impact/Risk Description	Mitigation Measures
Identification of Isolation and Quarantine Centres	<ul style="list-style-type: none"> <li>• Failure to select key POEs for persons entering the country or Freetown and selection of hotels and guesthouses in densely populated areas as isolation and quarantine centres can increase risk of COVID 19 transmission.</li> <li>• Stigmatization and lack of knowledge about the mode of transmission of the Corona virus is likely to spark community resistance to the siting of isolation and quarantine</li> </ul>	<ul style="list-style-type: none"> <li>• Identify all POEs and deploy staff to manned them</li> <li>• Selection of quarantine homes at isolated or sparsely populated areas or increase security presence in the already selected quarantine centers</li> <li>• Selection of health isolation and quarantine Units will be undertaken by MoHS in consultation with the One Health Committee, Local Councils, local community and youth leadership, and other stakeholders;</li> <li>• All selected sites and health facilities will be screened for their spatial, environmental, public health and social suitability prior to their approval</li> <li>• Grievance redress systems will be set up to provide avenues for groups to bring their grievances to the attention to the authorities for speedy resolution feedback</li> <li>• Activities to strengthen awareness creation and increase community participation on COVID 19 response will be undertaken</li> </ul>
Design of Isolation Centres/Laboratories	<ul style="list-style-type: none"> <li>• Designing isolation centres without recourse to WHO standards on ventilation and other engineering controls as well as social distancing standards and hand hygiene/sanitary facilities etc will rather facilitate the spread of COVID 19;</li> <li>• Failure to allow competent professionals to design and supervise the civil works together with the equipment installation at the various HCFS and laboratories can lead to design flaws such as poorly ventilated isolation centres, which will contribute to morbidity and mortality from COVID 19.</li> <li>• Poorly design isolation facilities without ramps and separate toilets facilities for females and males may exclude physically challenge and women and other vulnerable groups from accessing the facilities from accessing the facilities</li> <li>• Structural failure due to poor design and supervision of works can lead to loss of life and property</li> </ul>	<ul style="list-style-type: none"> <li>• The design of new isolation, quarantine and intensive care units and rehabilitation of same will be guided by the WHO Guidelines on Water, Sanitation, Hygiene, and Waste Management for the COVID-19, Consideration for Quarantine of Individuals in the Context of Containment for Coronavirus Disease (COVID-19) and other relevant guidelines;</li> <li>• Strengthen awareness raising and increase community participation on COVID 19 response</li> <li>• All facilities will be designed and supervised by competent professional e.g. Architects and Engineers together will doctors and public health experts using the approved Building Code;</li> <li>• All design drawings will be vetted by the appropriate professional and town planning authorities (Ministry of Public Works and Assets) as well as the Ministry of Children and Gender and Ministry of Social Welfare and Disability and Women Groups</li> <li>• Building permits) will be obtained prior to the commencement of works from the relevant Councils.</li> <li>• The design, set up and management of will take into account the advice provided by WHO guidance for Severe Acute Respiratory Infections Treatment Center.</li> <li>• Hand washing facilities would be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices.</li> <li>• Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19.</li> <li>• Laboratories will be designed to BSL 2 standard</li> <li>• Isolation rooms would:             <ul style="list-style-type: none"> <li>- be single rooms with attached bathrooms (or with a dedicated commode);</li> <li>- ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided)</li> <li>- be sited away from busy areas but close to vulnerable or high-risk patients, to minimize chances of infection spread;</li> <li>- have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope)</li> <li>- have signs on doors to control entry to the room, with the door kept closed;</li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>- have separate ante-rooms for female and male staff to put on and take off PPE and to wash/decontaminate before and after providing treatment and other services.</li> <li>• Designs of facilities will include safe parking spaces including safe parking for ambulances, protected and secured facilities to minimize entry and exits, functional communication systems such as telephone or intercom in the facilities, televisions, radio, laundry system for washing contaminated garments, separate rooms for psychosocial counselling and SEA/SH case management, females toilets and children wash/changing rooms as well as ramps and other facilities to make the isolation, quarantine and intensive care units, female, child and disability friendly</li> </ul>
<b>Potential land take for the construction waste management facilities and burial grounds</b>	<ul style="list-style-type: none"> <li>• There is the remote possibility of permanent or temporary loss of asset, physical displacement and/or economic losses as a result of the project (burial grounds)</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare an abbreviation resettlement action plan or resettlement action plan will be prepared in the event that the development of health care waste management facilities and land acquisition for burial grounds will involve involuntary resettlement</li> <li>• Grievance redress systems will be set up to provide avenues for groups to bring their grievances to the attention to authorities for speedy resolution feedback</li> <li>• Selection of health isolation and quarantine Units will be undertaken by MoHS in consultation with the One Health Committee, Local Councils, local community and youth leadership, and other stakeholders;</li> </ul>
<b>Risk Communication</b>	<ul style="list-style-type: none"> <li>• Lack of or poor risk communication about the COVID 19 can lead to stigmatization of persons suspected to have contracted the disease, COVID 19 patients as well as health and other frontline workers.</li> <li>• Lack of knowledge about the symptoms and preventive protocols/measures can lead to patients reporting to the health facilities late with symptoms, wrong diagnose and treatment of the disease which can cause loss of lives and community spread</li> </ul>	<ul style="list-style-type: none"> <li>• MoHS staff, Local NGOs, school authorities, DHMTs, EOC and DEOC members, traditional and religious authorities, health workers as well as other national and district and local stakeholders will be involved in the design and dissemination of information on the symptoms, protocols and others about COVID 19.</li> <li>• All persons and groups nominated to provide information will be trained on the WHO guidelines, GOSL SOPs etc.</li> <li>• Traditional sources (daily/weekly briefings, information centres, newspaper adverts and information vans), hotlines , text messages, social media and internet (websites) will be used to disseminate information across sectors</li> <li>• All media messages (text messages, social media, radio, television and newspaper) and briefing will be vetted or organized under the auspices of the Ministry of Health and Sanitation</li> </ul>

**Table 5.2: Potential Adverse Environmental and Social Impacts/Risks-Construction Phase**

Potential Adverse Impacts/Risks	Impact/Risk Description	Mitigation Measures
<b>Exposure of Employees of Contractors and Sub-Contractors to SARS COV 2 and other infections</b>	<ul style="list-style-type: none"> <li>• Employees of Project Consultants, Contractors, Sub-contractors and Third Party Contractors will be working within the isolation and quarantine and ICUs centres or in laboratories. Third party suppliers may also find themselves in the same environment while doing deliveries. As the hospital environment is rife with various</li> </ul>	<ul style="list-style-type: none"> <li>• A detailed work programme will be prepared for each of the civil works allowing for rotation of workers and other measures that avoid overcrowding on site;</li> <li>• All employees of Project Consultants, Contractors and Sub-Contractors including cleaners will be made to undergo sensitization on COVID-19 preventive measures and symptoms based on the WHO Guidelines for Rational on the use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19), Getting Your Workplace Ready for COVID-19 etc.; as part of the OHS training</li> <li>• Accommodation will be provided for all site workers to meet the WHO guidelines on Water, Sanitation, Hygiene, and Waste Management for the COVID-19 virus with spacious kitchens and canteens with good ventilation</li> <li>• Workers accommodation will be close to sites as much as possible to minimize interaction with the general public;</li> </ul>

	<p>infections, SARS COV 2 inclusive, these workers will be exposed to these pathogens.</p>	<ul style="list-style-type: none"> <li>• Site workers will be engaged in such a way that they will complete their assignment before returning home;</li> <li>• All construction sites and zones will be hoarded with aluminum or approved material with manned entry and exit points</li> <li>• Persons including workers and visitors entering or leaving the site will be documented in a log or visitors book as appropriate;</li> <li>• Daily basic health screening will be undertaken for all workers and visitors on site e.g. Checking and recording temperature</li> <li>• Daily Tool box meetings will include briefing on COVID-19 specific issues including symptoms, cough etiquette, hand hygiene and distancing measures and reporting symptoms of COVID 19 to the Health and Safety Officer on site, using demonstrations and participatory methods. This will include cleaners and security persons on site</li> <li>• Workers from affected areas or who has been in contact with an infected person upon returning to site will be made to self-isolate for 14 days and the relevant health authorities will be notified.</li> <li>• Sick workers will be prevented from entering the site and referred to local health facilities</li> <li>• All workers will be made to sign a Code of Conduct with a pledge to submit to COVID 19 precautionary measures and sanctions for breaching the measures;</li> <li>• Posters and other education/illustrative materials on COVID 19 and other infections will be pasted at advantage points on site and given to workers and visitors;</li> <li>• Site workers will be provided with toilet, hand washing facilities and disinfectants on site as well as at their accommodation e.g. soap, laundry services, disposable paper towels and closed waste bins etc</li> <li>• All Sub Project Contractors and Sub-Contractors will be made to recruit qualified Occupational Health and Safety Supervisors/Officers</li> <li>• All Occupational health and Safety Supervisors/Officers recruited by Sub Project Contractors and Sub Contractors will be trained and sensitized to refer all suspected cases of COVID 19 and other infections to the nearest health facility, symptoms of COVID 19, distancing and hygiene protocols associated with COVID 19 and other infections based on the WHO guidelines.</li> </ul>
<p><b>Occupational Health and Safety: Accidents involving Direct Project Workers and those of Project Sub-Contractors</b></p>	<ul style="list-style-type: none"> <li>• Accidents such as cuts, burns, hits, slips and falls may occur as workers load and offload equipment and materials on site, during trenching/digging and back filling for the constructing of isolation centres, septic/holding tanks and/or extension of waterlines to selected facilities. Other sources of accidents are fixing equipment in the selected health facilities/laboratories. These may occur because workers are negligent, refuse to wear PPEs, poor housekeeping and signage on site and/or equipment failure. These accidents can cause death, deformity, long term or permanent injury.</li> </ul>	<ul style="list-style-type: none"> <li>• All Sub Project Contractors and Sub-Contractors will be made to recruit qualified Occupational Health and Safety Supervisors/Officers</li> <li>• as part of their site team</li> <li>• OHS training will be mandatory for employees of Project Consultants, Contractors and Sub-Contractors</li> <li>• Personal Protective Equipment (PPE), namely, hard hats, reflector jackets, nose masks, gloves, overalls etc will be provided for all site workers;</li> <li>• All pits and trenches on sites will be lined with caution tape and water collected in trenches will be pumped out daily after work</li> <li>• Potable water will be provided for workers on site</li> <li>• Prohibitive, warning and directional signs will be provided on each site or work zone;</li> <li>• Mobile toilets for males and females and refuse bins shall be provided on site for site workers</li> <li>• Only healthy workers will be employed on site (Opportunities such as wardens will be reserved for persons with disability);</li> <li>• First Aid Kits shall be provided on site and made accessible to site workers to use in case of emergency;</li> <li>• All OHS policies will be applied and monitored</li> </ul>
<p><b>Labour Issues/Risks</b></p>	<ul style="list-style-type: none"> <li>• The Contractors and Sub Contractors are likelihood to practice unfair/discriminatory</li> </ul>	<ul style="list-style-type: none"> <li>• Labour Management Plans shall be prepared by Project Contractor(s) based on the Project Labour Management Procedures for approval by the Bank/PIU/EOC to guide labour relations</li> </ul>

	<p>recruitment practices (e.g. against women) and recruit unqualified persons to work on site</p> <ul style="list-style-type: none"> <li>• Consultants, Contractors and sub-Contractors may attempt to subvert the national labour laws</li> </ul>	<ul style="list-style-type: none"> <li>• Contractors and Sub-contractors will be required to hire labour through a structured HR process and not 'at the gate'</li> <li>• All workers will be given contracts specifying the type of work they are to undertake and their remuneration package as well as their conditions of service</li> <li>• All contracts will be vetted by the Ministry of Labour and Social Security before they are signed by workers</li> <li>• Contractors shall be required to consider alternative work schedules or shifts to accommodate the hiring of more female workers.</li> <li>• Certain employment opportunities on site should be preserved for vulnerable persons such as Persons Living with Disability and women e.g. wardens</li> <li>• A grievance mechanism system will be made available to all workers to report any issues associated with OHS and / or labor and working conditions</li> </ul>
<p><b>Incidence of Child Labour</b></p>	<ul style="list-style-type: none"> <li>• As the project will be implemented as an emergency response programme, there is the tendency for Contractors and Sub-Contractors to engage children 18 years and below exposing them to hazards associated with civil works</li> </ul>	<ul style="list-style-type: none"> <li>• A Labour Management Plans shall be prepared by the Project Contractors for approval by the Bank to guide labour relations on the Project</li> <li>• Contractors and Sub Contractors will check Birth Certificates and other identity cards of potential employees prior to being offered employment and in the absence of a birth certificate and other identity cards, responsible persons'/opinion leaders in the applicant's community e.g. tribal/religious leaders, Civil Servants will have to guarantee that they are above 18 years as part of the recruitment processes;</li> <li>• Contractual clauses will be inserted in Contract Documents prohibiting the Contractors/Consultants and their employees from Child Labour, that also makes reporting all Child Labour cases to law enforcement agencies, the Grievance Redress Committee and Project Consultant mandatory;</li> <li>• A Code of Conduct will be prepared by the Project for Contractors' and Sub-contractors employees to inform them that persons 18 years and below are not allowed on site and the sanctions for Child Labour.</li> </ul>
<p><b>Incidence of Gender Based Violence and SEA/SH Among Site Workers</b></p>	<ul style="list-style-type: none"> <li>• Employees of Project Contractors and Sub-contractors may be involved in sexual harassment and rape as well as defilement of young boys and girls;</li> <li>• Employers and supervisors may request for sexual favours as a pre-requisite for employment opportunities and opportunities at the work place.</li> <li>• Workers may also be engaged in issuing threats, insults, assault and other forms of abuse on girls, women, children and other vulnerable groups within sub project communities.</li> <li>• Social and cultural restrictions on women's mobility and participation in public life, community consultations and Sexual Exploitation and Abuse (SEA)</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly define the GBV requirements and expectations in the bid documents for a GBV action plan, Code of conduct for workers and adequate costing for implementing the GBV plan.</li> <li>• The contractor ESMP and should among others, set out the mechanism for receiving, reviewing and addressing GBV complaints in a confidential manner, workers SEA/SH code of conduct and the accountable framework, mapping of GBV response actors within the project areas and working with them to provide quality survivor centered services including case management, referral services and linkage to others services not provided by them, etc.</li> <li>• The supervising consultants' team should include a GBV specialist to supervise implementation of the contractor GBV plan.</li> <li>• Contractual Clauses on mandatory and regular training for workers on required lawful conduct and legal consequences for failure to comply with laws on non-discrimination and GBV will be inserted in the Contractors and Consultants Contracts as well as those of IHPAU/DEOC/EOC staff;</li> <li>• Contractual Clauses with a commitment to cooperate with law enforcement agencies investigating cases of GBV will be inserted into the Contract Documents of the Contractors, Sub Contractors and Supervising Consultant;</li> <li>• Workers of Project Consultants, Contractors and Sub Contractors will be made to sign Code of Conduct with acceptable behavior and sanction against GBV;</li> <li>• Sensitization workshops/training on GBV/SEA/SH shall be undertaken for all employees of the Contractor/Supervising Consultant and Sub-Contractors;</li> </ul>

		<ul style="list-style-type: none"> <li>Contractors shall provide contact numbers of the nearest law enforcement Agency Office, the Grievance Redress Committee Members and GBV/SEA Service Providers/FSU to workers and paste same at vantage points within the project zones/sites/communities;</li> <li>Prohibition posters on sexual exploitation and harassment will be posted in and around the sites as well as in the project communities.</li> <li>A helpline will be provided and disseminated in all the project communities and facilities by the ACC/EOC to deal with GBV/ SEA/H complaints</li> </ul>
<b>Excessive Water Use</b>	<ul style="list-style-type: none"> <li>Excessive drawing of water from wells, rivers and the pipe system for construction activities such as dust suppression and mixing of concrete will cause water shortages for other users.</li> </ul>	<ul style="list-style-type: none"> <li>Water will be stored on site for the works in covered receptacles to minimize evaporation;</li> <li>Consideration should be given to non-flush toilet system (e.g. Mobile toilets) as against flush systems on site.</li> </ul>
<b>Excessive Energy use</b>	<ul style="list-style-type: none"> <li>Grid electricity and generators will be used at the offices of Project Consultants, Contractor and Sub-Contractors for lighting and powering air conditioners and office machines. Drilling and cutting operations on site will require power. E.g. drilling of boreholes. Construction vehicles will also use diesel or petrol</li> </ul>	<ul style="list-style-type: none"> <li>Site workers will be sensitized on energy conservation methods e.g. use of timers to switch off equipment;</li> <li>Drivers will be made to keep Log books to compare mileage traveled with fuel consumption.</li> </ul>
<b>Air and Noise Pollution</b>	<ul style="list-style-type: none"> <li>Deterioration of ambient air quality due to the release of dusts and gaseous pollutants such as carbon dioxide (CO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), sulphur oxides (SO<sub>x</sub>) and particulate matter (PM) from construction equipment and power generators is expected.</li> <li>The rehabilitation works will generate intermittent noise within the hospital environment with its adverse impact on site workers and patients in trauma, those recuperating and out patients as well as other persons living or working close to the project zone.</li> </ul>	<ul style="list-style-type: none"> <li>Noise generation activities and delivery of supplies will be undertaken over the weekends and/or before 8.00 am and after 5.00pm when official business has not commenced or over;</li> <li>In the event that noise generation and air pollution activities have to be undertaken during working hours, managers of the health facilities and laboratories and other land uses within the project environs will be notified at least 24 hours ahead of the commencement of such activities;</li> <li>All equipment will be serviced at least once a month or according to the manufacturers specifications</li> <li>Treatment of wood will be undertaken off site by workers in appropriate PPEs such as nose masks, gloves, overall and boots;</li> <li>Equipment and vehicles will be turned off when not in use</li> <li>Debagging of cement will be undertaken in an enclosed area by workers wearing appropriate PPEs e.g. nose masks and overalls ;</li> <li>Haulage and delivery trucks as well as other construction vehicles/equipment will be made to drive at a speed less than 20km/h and with covered with tarpaulin;</li> <li>Concrete mixers will be fitted with mufflers to minimize noise;</li> <li>Dust suppression measures will be applied e.g. watering dusty sites two times a day by the Sub Project Contractors</li> </ul>
<b>Impact on Material Sources (Sand, wood etc.)</b>	<ul style="list-style-type: none"> <li>Sand and wood will be required for the construction of the isolation centres. Untended and unprotected material sources such as borrow pits can be the source of slips, falls and other accidents involving residents of nearby communities and their</li> </ul>	<ul style="list-style-type: none"> <li>No sand/burrow pit will be opened by the Contractors</li> <li>Contractors will procure materials (sand, wood and aggregates) from third party suppliers certified/approved by the SL-EPA or the appropriate Local Authority</li> <li>Cost of re-instatement of material sources is implicit in the unit cost of the various materials (sand, gravel and quarry products)</li> </ul>

	livestock. Exhausted borrow pit if not restored could also contribute to same as well as erosion and land degradation.	
<b>Clearing of vegetation and trees</b>	<ul style="list-style-type: none"> <li>Clearing land as part of the construction of isolation centres, septic/holding tanks and other facilities will displace secondary vegetation</li> </ul>	<ul style="list-style-type: none"> <li>To the extent possible, vegetation clearing for the construction of new isolation centres shall be undertaken in phases so that entire project sites are not cleared at once</li> </ul>
<b>Soil Erosion and Sedimentation of Water bodies</b>	<ul style="list-style-type: none"> <li>Clearing of land and digging/trenching for foundations, septic/holding tanks' as well as extension water lines to the laboratories and health facilities will create loose soil particles (top soil). The top soil is likely to drift (eroded) into nearby water bodies (through the action of gravity, wind and water) increasing the sediment loading of the water bodies to the detriment of aquatic life in them.</li> </ul>	<ul style="list-style-type: none"> <li>All top soil to be stored in temporary stockpiles to minimize any damage or loss of function and used as fill material.</li> <li>Construction activities will be undertaken at least 200 metres away from existing water bodies</li> </ul>
<b>Water Pollution</b>	<ul style="list-style-type: none"> <li>Oil, fuel and lubricants from vehicles/equipment that will be cleansed will pollute water bodies within or close to sites where physical works will be undertaken. This will adversely affect life in these water bodies and downstream users and quality of the water. Other source of water pollution are material spills and dumping of liquid and solid waste into water bodies by site workers</li> </ul>	<ul style="list-style-type: none"> <li>Contractors shall not cleanse or repair their equipment and vehicles within 500 metres of any water body</li> <li>Oil/grease traps or interceptors will be installed on drains from material storage areas and work zones where activities that can cause potential oil/fuel/lubricant spillage will be occurring</li> <li>Safe sanitary facilities will be provided at workers' accommodation/camps and site offices</li> <li>Liquid waste from workers accommodation/camp and site offices will be channelled into septic tanks and dislodge at approved final disposal sites</li> </ul>
<b>Material Spills and Drips</b>	<ul style="list-style-type: none"> <li>Accidents involving haulage trucks carrying fuel and other construction materials or waste from the construction zones can cause spills which will disrupt traffic and human movement, destroy road infrastructure as well as pollute ground and surface water resources.</li> <li>Spills may also occur during loading and off-loading on site as well as during repair and routine maintenance of equipment and vehicles when fuel and oil drip/spill from engines and other machine parts on to the ground. Spills can degrade the soil and contaminate ground and surface water resources within the project zone.</li> </ul>	<ul style="list-style-type: none"> <li>Fuel will be stored in tanks installed in a bonded area and shall be replaced in case of leakage;</li> <li>Workers will be trained on the correct transfer and handling of fuels, oils and lubricants;</li> <li>All vehicles and construction equipment will be maintained in accordance with the manufacturer's specifications to ensure that there is no potential for leakage of oil, hydraulic fluid and other hazardous materials;</li> <li>All hazardous substances and materials will be stored at least 500 metres away from the nearest water body;</li> <li>Drip pans will be placed under equipment and vehicles during servicing and routine maintenance to collect waste oils/fuel and lubricant for re-use or sell to other entities, e.g. machine operators;</li> <li>Contractors and Sub Contractors will provide portable spill containment and clean-up equipment at appropriate locations on site and training in the use of the equipment will be provided to selected employees;</li> <li>Oil/grease traps or interceptors will be installed on drains from material storage areas and work zones, where activities that can cause potential oil spillage is likely to occur;</li> <li>Contractors or Sub Contractors will be made to develop a procedure to detect and manage spills such as daily inspection of oil/fuel and lubricant storage areas and equipment;</li> <li>Where there is evidence of spillage and leakage, the activities carried out on site will be assessed and reviewed, the operational procedures in place will be reviewed and modified, where appropriate</li> </ul>

<b>Community Exposure to SARS COVID 2</b>	<ul style="list-style-type: none"> <li>Site workers, working within health facilities and laboratories can also pick up infections including COVID 19 within the HCF/laboratory environment and spread it among the general population</li> </ul>	<ul style="list-style-type: none"> <li>Communities in which sub projects will be undertaken will be sensitized on the COVID 19 symptoms and preventive measures and against stigmatization of persons with COVID 19 and other infectious diseases using the mass media</li> <li>Contact numbers (hotlines) of the nearest health facility will be pasted at vantage points in the communities, where the sub projects will be implemented</li> <li>Accommodation with catering, recreational and safe sanitation facilities will be provided for all site workers so as to minimize workers contact with the general public</li> <li>Site workers will not be allowed to leave the site/work unless with express permission from their Site Supervisor.</li> <li>Workers will not be allowed to receive visitors in project/camp sites without the express permission of site supervisor.</li> </ul>
<b>Generation of Construction Waste</b>	<ul style="list-style-type: none"> <li>Waste materials such as concrete residue, broken cement blocks and pieces of wood as well as off cuts of electrical and electric cables will be produced. Workers on site will also generate human waste and refuse.</li> </ul>	<ul style="list-style-type: none"> <li>Off cuts from pipes, cables and electrical fittings as well as broken tiles will be collected and re-used by the Contractor for other civil works elsewhere;</li> <li>Wood residue, cement blocks and other waste will be used as fill material;</li> <li>Waste that cannot be reused will be transported to the approved landfill site;</li> <li>Empty paint and solvent containers will be collected and kept in well-ventilated store rooms with paved floors and returned to suppliers to be re-used;</li> </ul>
<b>Security Concerns</b>	<ul style="list-style-type: none"> <li>Security personnel/wardens deployed to project sites may manhandle visitors violating their human rights or sparking conflicts or reprisal attacks from residents</li> </ul>	<ul style="list-style-type: none"> <li>A GRM will be set up as part of the project implementation architecture to receive, investigate and resolve grievances and provide information to the general public ;</li> <li>Communities will be provided with emergency hotlines (contacts) to facilitate reporting on any infractions with the security persons on site</li> <li>Security persons on site e.g. policemen, watchmen and wardens will be sensitised not to take the law into their own hands</li> <li>Background checks will be conducted on security persons deployed to sites</li> </ul>
<b>Accidents involving residents of Employees of Selected Health Facilities and Catchment Communities</b>	<ul style="list-style-type: none"> <li>Visitors to the site can slip and fall into trenches and pits dug for foundations, septic tanks and other construction purposes. Such persons may also be at risk of getting injured or dying through cuts, hits and burns arising out of negligence by site workers, poor housekeeping on site</li> <li>Haulage trucks and construction vehicles could also be involved in accidents leading to injuries, fatalities and/or loss of property including livestock.</li> </ul>	<ul style="list-style-type: none"> <li>In addition to implementing measures to minimize the incidence of accident on site workers, the following will be undertaken:</li> <li>Systems will be put in place for accident reporting, emergency preparedness and protocols for dealing with accidents <ul style="list-style-type: none"> <li>A GRM will be set up as part of the project implementation architecture to receive, investigate and resolve grievances and provide information to the general public</li> <li>Contacts of members of the Grievance Redress Committee will be pasted at vantage points in the communities and health facilities and announced on radio in the local languages</li> </ul> </li> </ul>
<b>Project Impact on Cultural Heritage</b>	<ul style="list-style-type: none"> <li>During digging of trenches/holes for foundations, septic tanks etc workers may 'chance' on materials of cultural, archaeological, historical and/or religious significance</li> </ul>	<ul style="list-style-type: none"> <li>A Chance Find Procedure will be prepared for each sub project</li> </ul>
<b>Fraud and Abuse of Office</b>	<ul style="list-style-type: none"> <li>There is the possibility of official involved in the financial and social support sub</li> </ul>	<ul style="list-style-type: none"> <li>The project GRM structures and the Anti-Corruption Commission Platforms will be extended to cover the fraud, corruption and abuse of office under the Sierra Leone COVID 19 Emergency Preparedness and Response Project</li> </ul>

component, procurement and other related activities to be involved in fraud, corrupt practises such as diversion of funds

**Table 5.3: Potential Adverse Environmental and Social Impacts/Risks-Operational Phase**

Potential Adverse Impacts/Risks	Impact/Risk Description	Proposed Mitigation Measures
HCF operation - considerations for differentiated treatment for groups with different needs (e.g. the elderly, those with preexisting conditions, the very young, people with disabilities)	<ul style="list-style-type: none"> <li>Children, the aged and Persons living with Disability will have different sanitation/hygiene and other needs apart from the general population in the isolation centres</li> </ul>	<ul style="list-style-type: none"> <li>Dedicate rooms with the isolated, quarantine and intensive care facilities for children, persons with disability and the aged will be provided in the isolation centres</li> <li>Wheel chairs will be provided in the health facilities</li> <li>The facilities will be designed with ramps and a special washrooms for Persons Living with Disability, females and Children</li> </ul>
Trans boundary movement of specimen, samples, reagents, medical equipment, and infectious materials	<ul style="list-style-type: none"> <li>Samples, specimen medicines and reagents may spill or go bad during transit because of poor packaging among others</li> </ul>	<ul style="list-style-type: none"> <li>Cross border transportation of medical equipment, medicines, samples/specimen, reagents etc will be guided by United Nations Model Regulations on the Transport of Dangerous Goods (40) and Infectious Substances Shipping Guidelines;</li> <li>Packaging for shipment will follow the triple packing approach i.e. packaging will consist of watertight, leak proof receptacle(s) for the specimen/regnant/equipment/ medicine etc, a second watertight, leak-proof packaging to enclose and protect the primary receptacle(s) and a third layer to protect the secondary packaging from physical damage.</li> <li>Packages will be appropriately labelled to include content, sender recipient etc.</li> </ul>
Spillage of Samples of specimen, samples, reagents, pharmaceuticals and medical supplies	<ul style="list-style-type: none"> <li>Contaminated specimen may spill in transit, during handling and/or testing putting technicians, virologists at risk of exposure to SARS-COV-2 and pathogens.</li> </ul>	<ul style="list-style-type: none"> <li>Gloves and protective clothing, including face and eye protection will be worn when staff are cleaning spills at the laboratory or HFC.</li> <li>The spill will be covered with cloth or paper towels to contain it.</li> <li>An appropriate disinfectant (5% bleach solutions) will be poured over the paper towels and the immediately surrounding area;</li> <li>Disinfectant will be poured concentrically beginning at the outer margin of the spill area, working toward the centre.</li> <li>After the appropriate amount of time (like 30 minutes), clear away the materials.</li> <li>If there is broken glass or other sharps are involved, use a dustpan, faucet or a piece of stiff cardboard to collect the material and deposit it into a puncture-resistant container for disposal.</li> <li>Clean and disinfect the area of the spillage (if necessary, repeat steps the steps until spill is cleaned</li> <li>Dispose of contaminated materials into a leak proof, puncture-resistant waste disposal container.</li> <li>After successful disinfection, inform the competent authority that the site has now been decontaminated</li> </ul>
Storage and handling of specimen, samples,	<ul style="list-style-type: none"> <li>Poor storage and handling procedures will expose workers to chemical and biological hazards</li> </ul>	<ul style="list-style-type: none"> <li>Only amounts of chemicals (reagents) necessary for daily use will be stored in the laboratory.</li> <li>Bulk stocks will be kept in specially designated rooms or buildings with the appropriate temperature and humidity level away from direct sunlight under lock and key</li> <li>Chemicals will not be stored in alphabetical order but based on compatibility</li> </ul>

<b>reagents, and infectious materials</b>		<ul style="list-style-type: none"> <li>• Incompatible substances like Alkali metals, e.g. sodium and Carbon dioxide/chlorinated hydrocarbons/water will not be stored close to each other</li> <li>• Material Safety Data Sheets (MSDS) for each chemical (reagent/medicines) in stock will be kept within the storage area where substances are stored and the Supervisor's office</li> <li>• Volatile toxics and odoriferous chemicals will be stored in ventilated cabinets.</li> <li>• Inflammable liquids will be stored in approved flammable liquid storage cabinets.</li> <li>• Samples (swabs) will be stored at temperature between 4-8° C in cold rooms while awaiting testing</li> <li>• Workers at the laboratories who will be handling/testing samples will be made required to use PPEs and implement BSL 2 handling/testing procedures</li> </ul>
<b>HCF Infection Control: Exposure of Health Workers and paramedics to SARS COV 2 and other infections</b>	<ul style="list-style-type: none"> <li>• Doctors, nurses, paramedics and inmates at the isolation centres and laboratories may be exposed to SARS COV 2</li> </ul>	<ul style="list-style-type: none"> <li>• Sub project ICWMPs will be prepared and implemented for all the new isolation centres and laboratories;</li> <li>• All workers at the isolation centres and laboratories will be trained and tasked to implement Sub Protect IPCP and other relevant protocols;</li> <li>• Cleaners, workers involved in waste management at the selected laboratories, isolation, quarantine and waste management service providers will be trained in GoSL's SOPs and WHO guidelines for waste management</li> <li>• Nurses, doctors, laboratory technicians, security personal etc. who will be working within the laboratories and isolation centres will be provided with appropriate PPEs as stipulated in the WHO Guidelines on Rational use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19) e.g. HEPA nose masks;</li> <li>• Nurses, doctors, laboratory technicians, security personal etc. who will be working at the selected laboratories and isolation centres will be trained/sensitised on themes discussed in the various WHO general and technical guidelines such as those in the WHO guidelines for Rational use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19) and Infection Prevention and Control during Healthcare when COVID-19 is Suspected, Coronavirus Disease (COVID-19) Prevention and Control /WASH among others.</li> <li>• Virologists, laboratory technicians etc. working on samples in the selected will implement BSL 2 operational procedures during testing of samples as indicated CDC guidelines</li> <li>• Male and female changing rooms will be provided within the facilities</li> <li>• Senor taps with hot and cold water and soap will be made available at the selected laboratories/HCFs for hand hygiene</li> </ul>
<b>HCF and Laboratory Cleaning: Exposure of Cleaners to SARS COV 2 and other pathogens</b>	<ul style="list-style-type: none"> <li>• Waste streams that will be generated from the laboratories and isolation centres include sharp waste e.g. intravenous needles, infectious waste including used test kits, tissue paper contaminated with bacteria and viruses including COV-SARS-2</li> </ul>	<ul style="list-style-type: none"> <li>• All cleaners in the isolation and laboratories will be trained based on the Sub Project ICWMPs, WHO guidelines on Water, Sanitation, Hygiene and Waste Management for the COVID 19 Virus and the ICWMP of the Project and other GIIPs;</li> <li>• As the laboratories and the isolation centres will be BSL 2 or equivalent cleaning personnel will only enter these facilities with clearance and under supervision by the biosafety officer and/or the laboratory supervisor.</li> <li>• Cleaners at the selected laboratories and HCFs will provided with the necessary PPEs e.g. hand gloves and overalls</li> <li>• All floors and other hard surfaces within the laboratories and isolation centres will be brushed, vacuumed, dry dusted, washed, mopping with water containing soap or detergent daily.</li> <li>• All equipment, tables and furniture in the laboratories and isolation will be disinfected daily with germicides e.g. Sodium hypochlorite solution (5% available chlorine)</li> <li>• Biological Safety Cabinets will be decontaminated using formaldehyde gas</li> <li>• Autoclaves (medical auto claves for health facilities and research grade autoclaves) will be procured and used for sterilizing equipment and waste in the selected laboratories and HCFs such as needles before disposal</li> </ul>



<p><b>On site collection and transportation of HCW</b></p>	<ul style="list-style-type: none"> <li>• Various types of HCW from various isolation, quarantine units and ICUs may be mixed and transported manually exposing workers and waste collection to pathogens such as SARS COV 2 virus</li> </ul>	<ul style="list-style-type: none"> <li>• HCFs and laboratories will be made to implement waste collection measures in Sub Project ICWMPs e.g. source separation;</li> <li>• The selected health facilities and laboratories will be made to establish a routine for collecting laundry and waste (daily or weekly depending on the type of waste considered)</li> <li>• Waste segregation (source separation using the appropriate colour coding and puncture resistant waste receptacles) will be practiced at the laboratories and isolation centres using the appropriate colour coding and labelling at the ward/unit/department levels</li> <li>• Re-sorting of waste will not be allowed</li> <li>• Haulage routes for health care waste will be clearly established and marked within each facility using the areas of least resistance</li> <li>• Waste collectors will be made to wear appropriate PPEs including nose masks, gloves, overalls and boots etc.</li> <li>• Waste collected from the units/department/wards should be placed bags but infectious waste should be placed in leak-proof and strong plastic bag containers and marked "INFECTIOUS"</li> <li>• Polythene bags used in the transportation of waste will be labelled to indicate the source and type of waste</li> <li>• Waste collectors will ensure waste bags are tightly closed or sealed when they are about three-quarters full (bags should not be closed by stapling).</li> <li>• All infectious waste bags will be sprayed with 0.5% chlorine before it is sent to the on-site or offsite disposal facilities</li> <li>• HCW should be transported within the selected laboratories and HCFs by means of wheeled trolleys.</li> <li>• The trolleys will be marked with the corresponding colour to indicate the type of waste they are supposed to carry</li> <li>• The trolleys will be cleansed and disinfected once a day, after work</li> </ul>
<p><b>On Site Disposal</b></p>	<ul style="list-style-type: none"> <li>• Infectious waste, sharps and pharmaceutical waste are expected to be generated from the activities at the selected laboratories</li> <li>• The use of incinerators are associated with fly ash and bottom ash residue usually contaminated with dioxins, furans, other organics, leachable heavy metals</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmaceutical waste in the form of expired drugs will be incinerated, returned to the suppliers agent or encapsulated and buried in a restricted area fenced with a lockable gate within the HFC's premises</li> <li>• Sharps will be shredded and disposed off in sharp pits</li> <li>• Autoclaves will be used to sterilize infectious waste before disposal</li> <li>• Microbiological tests should be conducted on Autoclaves using, for example, <i>B. stearothermophilus</i>, once a week for the first month after installing of the autoclaves and thereafter once a month</li> <li>• Infectious waste such as disposable gloves, gowns etc. should be disposed off using incinerators;</li> <li>• Infectious waste that cannot be incinerated e.g. syringes should be disposed off in site burial pits</li> <li>• Radioactive materials and bulky infectious material that cannot be sterilized or incinerated will be placed in HDPE drums up to three quarters full, capped with concrete, sealed and buried at a designated site within the facility or an approved landfill site and area fenced and marked.</li> <li>• Records including of volume and type of waste will be kept at the health facility</li> <li>• Single-chamber, drum and brick incinerators will not be used in the selected HCFs</li> <li>• Acceptable firing technologies for incinerators will be degassing and/or gasification (pyrolysis), Rotary kiln, Grate incineration specially adapted for HCW and Fluidized bed incineration.</li> <li>• Incinerators should be at 200 metres away from the nearest facility</li> <li>• Incinerators that will be installed at the selected should have these basic features Furnace or kiln as the primary combustion chamber, after burning chamber as the secondary chamber, Dry, wet or catalytic flue gas cleaning device system and wastewater treatment plant.</li> <li>• Incinerator ash will be disposed of in covered lined pits and covered with top soil within the HFC away from scavengers in a restricted fence are with lockable gate</li> <li>• Workers at incinerator facilities will be provided with PPEs including HEPA nose masks</li> </ul>

		<ul style="list-style-type: none"> <li>• Infectious and radioactive waste that cannot be incinerated will be placed in HEPA drums up three quarters and then concrete will be poured on it after which it will be sealed</li> <li>• Liquid waste from toilets will be channeled into septic and holding tanks to be dislodge in transported to the approved final disposal site using cesspit emptier</li> <li>• Refuse (non-infectious waste) will be stored in holding areas and transported by refuse truck to the approved land fill site</li> <li>• All disposal areas within the selected health care facilities/laboratories will be fenced with a lockable gate to restrict access by unauthorized persons such as scavengers</li> <li>• Warning signs will be placed around all on site disposal sites</li> <li>• Each of the selected health care facilities and laboratories will appoint designated staff in charge of supervising/co-ordinating sanitation/waste management and implementing ICWMP, IPCPs and GoSL SOPs for Health Care Waste Under COVID 19 who will report to the head of the facility/laboratory</li> </ul>
<b>Off Site Transportation and Disposal</b>	<ul style="list-style-type: none"> <li>• Non Infectious and infectious waste from the facilities</li> <li>• Waste pickers (scavengers) mostly women and children will be infected with pathogens including SARS-COV-2 will waste is not disinfected before disposal off site in untended dump sites</li> </ul>	<ul style="list-style-type: none"> <li>• Waste from the facilities will be transported in trucks with a non-absorbent, sealed load area capable of being locked, disinfected, and separate from the driver's cabin.</li> <li>• Waste trucks will be provided with identification numbers and chassis numbers will be recorded to allow future control.</li> <li>• Infectious waste from the laboratories and health facilities will be disinfected before transportation to an off-site final disposal site to prevent contamination of waste pickers</li> <li>• Disinfected waste from selected isolation, quarantine and treatment facilities will buried at off-site disposal site or incinerated by a licensed regulated medical waste disposal facility</li> <li>• Workers at incinerator facilities will be provided with PPEs including HEPA nose masks</li> <li>• Infectious and radioactive waste that cannot be incinerated will be placed in HEPA drums up three quarters and then concrete (immobilizing material) will be poured on it after which it will be sealed and buried at an approved landfill site and the area fenced and marked (Signage).</li> <li>• Liquid waste from toilets will be channeled into septic/ holding tanks to be dislodge in transported to the approved final disposal off sites using a cesspit emptier by licensed sanitation service providers</li> </ul>
<b>Bio Security Issues</b>	<ul style="list-style-type: none"> <li>• Bio-security issues</li> </ul>	<ul style="list-style-type: none"> <li>• A bio security risk assessment will be conducted for all the selected laboratories and HCFs</li> <li>• Workers at laboratories/HCF will sign in and out at the security check point and go through the necessary security screening before they enter the facilities</li> <li>• Samples/persons to quarantined/ patients will be received by designated trained personnel in appropriate PPEs who will check the labelling and other paper work before receiving the samples or inmates</li> </ul>
<b>Security of Inmates/Patients at the isolation/quarantine centres as well as treatment centres</b>	<ul style="list-style-type: none"> <li>• Security persons at the isolation, quarantine and intensive care units and laboratories may manhandle or be involved in GVB/SEA/SH with employees of the selected HCF/Laboratories/POEs, visitors or inmates in these facilities infringing on their human rights</li> <li>• There is also the possible of diverting drugs, PPEs among</li> </ul>	<ul style="list-style-type: none"> <li>• Only professional Security Officers from Sierra Leonean Army and Police Force will be posted to guard the selected HCF/Laboratories/POEs and used in other operations under the Project</li> <li>• The EOC/MoHS will provide a clear structure under which the security forces will be engaged and their working conditions including scope work</li> <li>• The MoHS and EOC will carry out risk assessment of the role expected to be play by the security forces</li> <li>• The MoHS will prepare a Security Risk Assessment prior to involving the security forces in any aspect of the Project</li> <li>• Based on the Security Risk Assessment, MoHS will sign a Memorandum of Understanding with the Military High Command and the Police Force outlining the their scope of involvement and rules of engagement (ground rules) e.g. when to use force</li> <li>• CCTV cameras will be installed at the selected HCFs, laboratories and POEs</li> </ul>

	<p>others being distributed by the Security Personnel</p>	<ul style="list-style-type: none"> <li>• A focal person (management level staff) will be assigned in each of the selected health facilities and laboratories with the responsibility of receiving and sorting grievances involving security personnel assigned to the facility and providing feedback to the aggrieved within 3 day working days.</li> <li>• A procedure to report incidence of GVB/SEA/SH as well as cases of unprofessional/unethical behavior involving security personnel will be pasted in each of the health facilities/laboratories/POEs and in various communities where the security forces will be operating</li> <li>• All GVB/SEA/SH issues involving the security personnel engaged on the project will be reported to the FSU of the SL police and the EOC within 24 hours</li> <li>• The MoHS in collaboration with the security apparatus will run background checks on security officers before assigning them under the Project to ensure that the officers deployed have a good disciplinary track record</li> <li>• Security Personnel deployed to the various health care facilities, laboratories and POEs as well as other operation under the Project will be made to sign a Code of Conduct</li> <li>• Security personnel deployed to the laboratories/health care facilities, POEs and for other operations under the Project will be provided with the necessary PPEs</li> <li>• The security personnel will be trained in human rights including GVB/SEA/SH by the Attorney Generals Department and GVB Service Providers</li> <li>• Security Personnel deployed under the Sierra Leone COVID 19 Emergency Preparedness and Response Project will be under the EOC</li> <li>• Security Personnel engaged in any aspect of project will prepared daily reports on their operations to the EOC and MoHS</li> </ul>
<p><b>Occupational Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Fire out breaks may occur due to the use of substandard cables and electrical faults</li> <li>• Slippery floors may lead slips and falls causing injuries to workers and in mates at the laboratories and isolation, quarantine and treatment centres etc.</li> </ul>	<ul style="list-style-type: none"> <li>• All electrical installations and equipment will be inspected and tested once a month</li> <li>• Circuit-breakers and earth-fault-interrupters should be installed in appropriate electrical circuits.</li> <li>• All laboratory electrical equipment should be earthed/grounded, preferably through three-prong plugs.</li> <li>• All laboratory electrical equipment and wiring should conform to national electrical safety standards and codes</li> <li>• Fire warnings, fire alarms, instructions and escape routes should be displayed prominently in each room and in corridors and hallway of the selected health care facilities and laboratories</li> <li>• Dry powder, carbon dioxide and foam fire extinguishers will be installed within the selected HCF and laboratories</li> <li>• Floor material for laboratories/HCF will be vinyl or ceramic tiles (seamless) to minimize slips and falls</li> </ul>
<p><b>Emergency Response</b></p>	<ul style="list-style-type: none"> <li>• Fire and other natural disasters and accidents may occur at the selected laboratories and HCF</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare Emergency Response Plans for the various facilities covering fire, spillage, exposure to radiation, Accidental releases of infectious or hazardous substances to the environment and medical equipment failure</li> <li>• Life insurance cover will be provided for workers at the isolation centres/laboratories/quarantine facilities and ICUs</li> <li>• Contacts (phone) of the nearest HCF, EOC, police station and Fire station will be placed in the corridors and doors within the selected isolation, quarantine and intensive care units and laboratories</li> </ul>
<p><b>Fraud and Abuse of Office</b></p>	<ul style="list-style-type: none"> <li>• There is the possibility of official involved in the financial and social support sub component, procurement and other related activities to be involved in fraud, corrupt practises such as diversion of funds</li> </ul>	<ul style="list-style-type: none"> <li>• The project GRM structures and the Anti-Corruption Commission Platforms will extended to cover the fraud, corruption and abuse of office under the Sierra Leone COVID 19 Emergency Preparedness and Response Project</li> </ul>

<b>Labour Issues/Risks</b>	<ul style="list-style-type: none"> <li>Workers at the selected isolation, quarantine and treatment centres are suffer from unfair/discriminatory practices (e.g. against women)</li> <li>Consultants, Contractors and sub-Contractors may attempt to subvert the national labour laws</li> </ul>	<ul style="list-style-type: none"> <li>Contracted workers including cleaners the selected laboratories, isolation, quarantine and treatment centres will be given contracts after negotiations have been concluded specifying the type of work they are to undertake and their remuneration package as well as their conditions of service</li> <li>All contracts will be vetted by the Ministry of Labour and Social Security before they are signed by workers</li> <li>All allowances due workers will be disclosed to them before they commence work in the selected isolation, quarantine and treatment centres and laboratories</li> <li>A grievance mechanism system will be made available to all workers to report any issues associated with OHS and/or labor and working conditions</li> <li>Professional</li> </ul>
<b>Incidence of GBV and SEA/SH at the various Facilities</b>	<ul style="list-style-type: none"> <li>Female frontline workers may become victims of GBV or SEA/H in discharge of the duties or their superior may elicit sexual favour before recommending them for training programmes and other benefits</li> <li>Inmates in the isolation, quarantine facilities will be survivors of GBV/SEA/H</li> <li>Vulnerable groups due financial and social support are also potential survivors of GBV/SEA/H.</li> <li>Persons in charge of distributing social and financial support under the project may demand sexual favours in return for benefits under the project.</li> <li>These persons may also suffer abused as they attempt to access the financial and social support under the project</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization programmes on GBV/SEA/H shall be undertaken for staff of the selected facilities and those in charge of the social and financial support sub Component of the Project</li> <li>Develop SOPs including professional code of ethics for quarantine, isolation facilities and frontline workers based on WHO code of Ethics and Professional Conduct</li> <li>Contact numbers of the nearest the GBV/SEA/SH Service Provider/FSU will be provided to workers and inmates in the rehabilitated facilities and same will be pasted at vantage points within the premises as well as in the project communities;</li> <li>Prohibition posters on GVB, sexual exploitation and harassment will be pasted within the premises of all the HCFs, laboratories and in various communities.</li> <li>A helpline will be provided and disseminated in all the selected HCFs/laboratories and communities by the EOC to deal with GBV/ SEA/H complaints. The hot/helpline will be announced through media (radio, television etc.) in all local languages as well as transmitted to phone numbers through text messages</li> <li>Background checks on all staff including security personnel to be employed at the isolation, quarantine and intensive care units will be undertaken</li> <li>Media and electronic platforms will be used to emphasize the fact that the social and financial assistance for vulnerable persons/households sub project is free and encourage citizens to report any abuse of the system including SEA/H/GBV</li> <li>A designated management staff of the selected HCFs/laboratories will be placed in in charge of receiving, sorting or handling and GBV/SEA/H issues and providing back to aggrieved parties in each facility</li> <li>The facilities will maintain a strong collaboration with existing GBV Service Providers/FSU of the SL-Police in their districts/communities</li> </ul>

**Table 5.4: Potential Adverse Environmental and Social Impacts/Risks-Decommissioning**

<b>Potential Adverse Impacts/Risks</b>	<b>Impact/Risk Description</b>	<b>Migration Measures</b>
<b>General Decommission</b>	<ul style="list-style-type: none"> <li>Failure to dismantle or assign use for site offices, sheds, equipment and material residue after the execution of works can also lead to accidents</li> </ul>	<ul style="list-style-type: none"> <li>Utility supply to all temporary structures, e.g. workshops and sheds would be disconnected;</li> <li>All temporary structures erected by Contractors will be dismantled;</li> <li>Dismantled parts including wood pieces and sandcrete blocks will be arranged according to type and prepared for transportation to Contractors workshops or sold to dealers for other civil works;</li> <li>Unwanted wood residue and other waste will be hauled to the approved final disposal site.</li> </ul>

		<ul style="list-style-type: none"> <li>• All equipment and machinery that are usable will be moved to a new project site or sent to the Contractors packing yard.</li> <li>• Non-usable equipment and metals will be sold as scrap to the scrap dealers</li> </ul>
<b>Decommissioning of the Selected HCFs/Laboratories and equipment</b>	<ul style="list-style-type: none"> <li>• Failure to disinfect the isolation centres and the facilities/equipment within them after the COVID 19 pandemic before using them for other purposes or disposing them off them can lead to reinfections</li> </ul>	<ul style="list-style-type: none"> <li>• Rooms and equipment will be decontaminated by fumigation with formaldehyde gas by specialized personnel in appropriate PPEs before they are used for any other purpose, post the pandemic</li> <li>• During the fumigation/disinfection all windows, doors and other openings into the laboratory and isolation, quarantine and intensive units will be sealed with duct tapes</li> <li>• The isolation, quarantine and treatment centres will be re-used 7 days after fumigation/disinfection</li> <li>• Equipment will be disinfected and disposed based on its waste classification</li> </ul>

## 6.0 Procedures to Address Environment and Social Issues

### 6.1 Introduction

A number of activities will be undertaken to ensure that the environmental and social impacts/risks of sub projects under Component 1, 2 and 3 are duly identified, assessed and managed; and reporting requirements of ESS1 and Sierra Leone national laws are complied with. These are discussed in the following sub sections. It must be noted that an Environmental and Social Commitment Plan (ESCP) has already been prepared and disclosed.

### 6.2 Identification and Selection of Health care Facilities and Laboratories

The selection of beneficiary public health facilities and laboratories for rehabilitation under the project will be undertaken by the Ministry of Health and Sanitation. A needs assessment will be commissioned by the Ministry. This will involve the following:

- i. site visits to health care facilities, POEs and laboratories;
- ii. inventory of existing facilities, equipment and departments as well as relevant human resource in each of the targeted laboratories, POEs and health care facilities;
- iii. conditional surveys to verify the structural integrity and defects in structures, facilities and equipment in the targeted facilities; and
- iv. gap analyses of relevant human resource capacity, equipment/facilities and departments in the targeted health care facilities, POEs and laboratories;
- v. The site visits will involve facility managers of the various health care facilities, POEs and laboratories as well as DEOC and EOC members.

There will also be consultation with community leaders, youth, women and vulnerable groups on their concerns and acceptability of facilities in their communities being used as isolation/quarantine units and ICUs. The Councils (Local Authorities) will be consulted on buildings within their jurisdictions that can be converted into isolation/quarantine units as well as arrangements for land acquisition for burial grounds, sanitation/waste management, town planning/building regulations and permits.

The final list of sub projects and detailed scope of works/interventions will be determined after this exercise.

### 6.3 Project Screening

All sub projects under Components 1, 2 and 3 with environmental and social risks in the under listed categories will undergo screening:

- i. Physical/civil works;
- ii. those that have the potential to expose workers and community members to SEA/SH/GBV;
- iii. those that have elements of procurement, transportation, storage, handling, use and disposal of chemicals;
- iv. recruitment of staff
- v. those that will involve land acquisition or any form of displacement including physical or economic;
- vi. those that have the potential to expose health workers and/or the general public to the SARS-COV-

- 2;
- vii. activities listed in Schedule 24 of the EPA Act, 2008 (As amended); and
- viii. importation and exportation of control and uncontrolled substances as indicated in Schedule 40 which requires an environmental permit under the EPA Act 2008 (as amended)

Initial screening for environmental and social impacts/risks shall be undertaken using an environmental and social screening checklist/screening form (see Annex A). This will involve visiting the selected health care facilities, laboratories and other interventions areas and their immediate environs to observe and record environmental and social baseline conditions, undertake initial consultations with stakeholders and identify anticipated project impacts/risks and broad mitigation measures together with providing other relevant information on the subproject to facilitate project categorization by the World Bank and SL-EPA.

The outcome of the screening exercise will determine the type of safeguards instrument that will be prepared. If the screening process concludes that a subproject is likely to have significant and or irreversible negative environmental and or social impacts, an ESIA will be prepared before initiating the sub project. On the other hand, if the screening process concludes that a sub project is likely to generate impacts/risks that are moderately significant, largely reversible and limited to site and its immediate environs, then a sub project/site specific Environmental and Social Management Plan (ESMP) shall be prepared prior to initiating the sub project. Minor works and procurements with low to insignificant environmental and/or social impacts/risks will go through only screening. For sub projects that will lead to permanent or temporary loss/damage of assets, economic losses or physical displacement, an abbreviated resettlement action plan or resettlement action plan will be prepared in line with the requirements of ESS5, SL laws and Development Induced Resettlement Policy depending on the magnitude of the resettlement impacts.

The EOC will submit the screening reports to SL-EPA and the World Bank for review and sub project categorization. Copies will be kept at the IHPAU/EOC and MoHS. Under the EPA Act, 2008 as amended, the rehabilitation of selected HCF and laboratories and procurement some medical supplies are activities for which environmental licenses and permits are required, respectively.

SL-EPA will determine the appropriate level of assessment, once application is made to the agency and the agency screen the application and advise of the appropriate instrument that will be prepared with the accompany guidelines. SL-EPA screen and categories projects into Category A, B, and C respectively based on:

- i. Location, size and likely output of the undertaking;
- ii. Technology intended to be used;
- iii. Magnitude and sensitivity of impacts;
- iv. Concerns of the general public, if any, and in particular concerns of immediate residents if any;
- v. Land use and other factors of relevance to the particular undertaking to which the application relates.

Projects rated as Category A will require an Environmental Social and Health Impact Assessment, Category B project will require the preparation of a either Environmental Social or Health Management Plan, while for Category C Project Environmental Social and Health Management Plan are required by the Agency. It is expected that sub projects under this project will fall into the Category B rating under the SL-EPA classification.

#### **6.4 Importation and Export of Controlled and Uncontrolled Substances**

For export and importation of controlled and uncontrolled substances/items, such as medicines, under Schedule 40 of the EPA Act, 2008 (As amended), an application will be made to the EPA by completing an application form obtained from the Agency. Upon satisfactory review of the application by the EPA, a permit for the importation and/or export for the item/substance will be granted by the Agency.

#### **6.5 Environment and Social Instruments**

A number of safeguards instruments will be prepared to meet the requirements relevant ESSs and SL

laws. The Environmental and Social Safeguards Officers at EOC will be responsible for the preparation of Terms of Reference for all safeguards instruments to be prepared under the project based on the outcomes of the screening exercise. The World Bank will review and approved these ToRs before they are issued out as part of RFPs consultants who bid for the preparation of these instruments. These are:

#### **6.5.1 Sub Project Environmental and Management Plans (ESMPs)**

The envisaged interventions under Component 1, 2 and 3 of the COVID-19 Emergency Preparedness and Response Project in Sierra Leone will involve small constructions (new isolation centres) and rehabilitation works on existing laboratories and rooms to be used as isolation/quarantine centres as well as treatment centres including the provision of safe sanitation and water facilities such as incinerators in selected health facilities. For sub projects of this nature, ESMPs with accompanying ICWMPs and IPCPs should suffice (see Annex B, C and D for sample ESMP, ICWMP and IPCP templates). Once approved by the World Bank, the ESMPs will be disclosed and included in the Works Contracts of the various sub projects. Where there is land acquisition involving involuntary resettlement, RAP or ARAP will be prepared. Sub project ESMPs including their accompanying contractual clauses will be included as an integral part of any works or supervision contract for each Sub Project.

Sub Project Safeguards Instruments will be prepared by Consultants and review by the Environmental and Social Officers (one each) to be recruited by the EOC. The Consultants will use field visits, stakeholder engagement and physical measurement of parameters during the preparation of the ESMPs.

#### **6.5.2 Infection Control Waste Management Plans /Infection and Prevention Control Protocols**

Sub Project ICWMPs and ICPCs will be prepared for each of selected isolation, quarantine and treatment centre and laboratories based on the template attached as Annex B and C for approval by the World Bank. These plans and protocols will be prepared by Consultants review by the Environmental Safeguards Expert to be recruited by the EOC and the Head of the Sanitation Directorate of the Ministry of Health and Sanitation and approved by the World Bank. It will be implemented by Facility Heads/Heads of Departments in the selected health care facilities and laboratories, who will appoint specific officers to be in-charge of the day-to-day implementation of these plans as well as GoSL's SOPs for health care waste management.

#### **6.5.3 Stakeholder Engagement Plan (SEP)**

A SEP is being prepared for the project for review by the World Bank. This will ensure that local stakeholders including patients, health care workers' vulnerable groups, traditional authorities and local government functionaries, the general public and the media are identified and their interests and views integrated into project design and implementation. The SEP will also present accessible, transparent and participatory channels through which stakeholders can air and resolve grievances arising out of project implementation. The World Bank has issued guidelines for stakeholder Consultation amidst the prevalence of COVID 19. The Ministry of Health and Sanitation through the EOC will implement the SEP using the Social Safeguards Officer at recruited by the EOC as the focal person.

#### **6.5.4 Labour Management Plans**

Sub Project Contractors will prepare for the approval of the Bank, Sub project/site specific labour management plans to guide recruitment and labour relations. The labour Management plans will be guided by the requirements of ESS2 and SL labour laws. Sub Project Contractors will be expected to implement the mitigation measures in the various sub project LMPs under the direct supervision of the Sub Project Consultant and monitoring the EOC's Social Safeguards Officer.

#### **6.5.5 Abbreviated Resettlement and Resettlement Action Plans**

When sub projects will lead to involuntary resettlement, abbreviated resettlement action plans or resettlement action plans will be prepared in line with the requirements of ESS5, SL laws and SL Development Induced Resettlement Policy depending on the magnitude of involuntary resettlement impacts. The Ministry of Health and Sanitation will be expected to fund the implementation of any Abbreviated Resettlement Action Plan /Resettlement Action Plan under this project. The World Bank may



support with training and capacity building activities to enhance to livelihood restoration efforts of PAPs. The Social Safeguards Officer to be recruited by EOC will be focal person for RAP issues.

#### **6.5.6 Review and Approval of Safeguards Instruments**

Sub project instruments will be prepared (through Consultants) and then reviewed by the EOC and relevant stakeholders such as SL-EPA and NCPWD. The EOC will forward the updated instruments to the World Bank for review and approval. SL-EPA will upon approval of the sub project ESMPs will issue EIA licenses to cover the sub projects. The licenses will be renewed annually based on compliance.

### **6.6 Environmental and Social Monitoring**

The Safeguards Unit will be in charge of E&S monitoring. Two types of monitoring reports will be required from the EOC/IHPAU:

#### **a. Monthly Progress Reports**

Works Contractors and Consultants will submit Monthly Progress Reports to the EOC/IHPAC with a section dedicated to progress on the implementation of E&S mitigation measures/plans outlined in the Sub Project ESMP as well as E&S non-compliance issues and timelines for compliance, incidence/accident reports, status of grievances received in the reporting month and emerging E&S issues, among others.

#### **b. Quarterly Reports**

The IHPAU/EOC will compile a summary of the E&S issues on the Project in a quarter and submit to the Bank in the Quarterly Report. This will report on the following issues; progress of physical works, progress on OHS and COVID 19 mitigation measures, GBV awareness sensitization/trainings, E&S impacts/risks associated with project implementation, performance of the Grievance Redress System, challenges as well as the environmental and social performance of contractors implementing various sub projects, among others.

#### **c. Third Party Reports**

Annual third party monitoring reports and a Project completion report on the overall ESMF implementation during the entire duration of the project will also be prepared by third party specialists.

#### **d. SL-EPA Monitoring**

SL-EPA conducts quarterly compliance monitoring as per their regulation, and that EIA licenses are renewed annually based on compliance.

## **7.0 Public Consultation and Disclosure**

### **7.1 Public Consultations and Stakeholder Engagement**

Due to constraints imposed by the COVID 19 outbreak such as restrictions on people's movement, the World Bank has issued a guideline: WBG response to COVID-19 Stakeholder Engagement, Information Disclosure and Communication. The document draws on WHO guidelines such as COVID-19 Risk communication package for healthcare facilities and COVID 19 Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response. The guideline provides a tentative list of stakeholders to be consulted as part of the preparing COVID 19 Emergency Response Projects. These include public institutions involved in the COVID 19 response within the country, relevant international organizations involved in the COVID 19 response, media, disadvantage and vulnerable groups like the aged, medical and health staff and health care institutions. The World Bank guideline allows for social media and electronic engagement process and information management systems, while encouraging small gatherings for the purpose of stakeholder engagement and mapping. Large gathering for the same purpose is not preferred by the Bank under this situation.

Table 7.1 presents the summary of consultations undertaken so far as part of the project preparation.

**Table 7.1: Summary of Consultations**

Organization	Name (s) of Consultees	Position of Consultees	Contact of Consultee (Phone/E-mail Address)	Mode of Consultation	Key Issues discussed	Conclusions/Recommendations and Next Steps
MoHS	Dr. Momodu Sesay	Team Lead/Director, Directorate of Environmental Health and Sanitation	<a href="mailto:sesaydu59@yahoo.com">sesaydu59@yahoo.com</a> +23766669602	<ul style="list-style-type: none"> <li>E-mail exchanges</li> <li>Zoom meeting</li> <li>WhatsApp messages</li> </ul>	<ul style="list-style-type: none"> <li>Existing practices on information disclosure/consultations on COVID 19</li> <li>Key stakeholders engaged so far on COVID-19 (Any exclusions so far and why?)</li> <li>What is working well?</li> <li>What is not working well?</li> <li>How can stakeholder engagement and information disclosure enhanced?</li> <li>Grievance Redress Mechanisms</li> <li>Health care Waste Management Systems in selected HFCs</li> </ul>	<ul style="list-style-type: none"> <li>Ensure one credible and consistent source of information on COVID-19</li> <li>Collaboratively develop institutional framework and work plan,</li> <li>Enhance communication within agencies and to the general public</li> <li>Engaging communities by inviting key partners to participate</li> <li>Engaging and seeking inputs from multiple partners</li> <li>Work closely with IHPAU to ensure timely disbursement of fund for safeguard operation</li> <li>There is the need to upgrade waste management infrastructure within the Selected HFCs as part of the project</li> <li>Sanitation Service providers and cleaners should be trained to improve their awareness about the COVID 19 spread and containment measures</li> <li>Need for PPEs for sanitation workers</li> <li>Waste segregation needs to be enforced at the ward/department level</li> <li>Integrate the ACC platform into and system</li> </ul>
	Christiana Fortune	Manager, Port Health	<a href="mailto:ramtulai@yahoo.com">ramtulai@yahoo.com</a> +23278403189			
	Dr. Santigie Sesay	Head of Component 2 Case Management	<a href="mailto:sanniesay@gmail.com">sanniesay@gmail.com</a> +23231604658			
	Dr Marke	Head of Component 3 Health Systems	<a href="mailto:dhmarke@gmail.com">dhmarke@gmail.com</a> +23278466117			
	Juliana Kamanda	Social Safeguards	<a href="mailto:jkamanda@aol.co.uk">jkamanda@aol.co.uk</a>			
	Mukeh Fahnbulleh	Emergency Preparedness and Response Lead	<a href="mailto:mukeh.phemanaer16@gmail.com">mukeh.phemanaer16@gmail.com</a> +23278009627			

	Josph Bunting-Graden	One Platform Health	<a href="mailto:jbuntinggraden@gmail.com">jbuntinggraden@gmail.com</a> +23278767767			<ul style="list-style-type: none"> <li>• Presence of channels for health workers to table their concerns</li> </ul>
	Christiana Conteh	IPC Focal	<a href="mailto:christy.conteh@yahoo.com">christy.conteh@yahoo.com</a> +23276625745			
	Dr. Donald Grant	DMO Kenema District	<a href="mailto:donkumfel@yahoo.co.uk">donkumfel@yahoo.co.uk</a> +23278350065			
	Allie D. Jalloh	Assistant Director	<a href="mailto:adk762002@yahoo.com">adk762002@yahoo.com</a> +23276696170			
	Emmanuel Turay	COVID 19 Focal Person	<a href="mailto:eturay@mic.gov.sl">eturay@mic.gov.sl</a> +23276622914			
	Sulaiman Parker	Senior Environmental and Social Officer FCC	<a href="mailto:parkersulaiman@yahoo.com">parkersulaiman@yahoo.com</a> <a href="mailto:parkersulaiman@gmail.com">parkersulaiman@gmail.com</a> +23277517519			
<b>SLUDI</b>	Santigie Kargbo	Chairman	<a href="mailto:santoskay2013@gmail.com">santoskay2013@gmail.com</a> or <a href="mailto:sludi2008@gmail.com">sludi2008@gmail.com</a> Mobile+23276447737	<ul style="list-style-type: none"> <li>• Email exchanges WhatsApp messages,</li> </ul>	<ul style="list-style-type: none"> <li>• How disability issues have been incorporated in COVID-19 preparedness and response activities.</li> <li>• What is working well</li> <li>• What is not work well</li> </ul>	<ul style="list-style-type: none"> <li>• Establish disability unit at the implementing structure as stipulated in the Disability Act of 2011</li> <li>• Supply PPEs to PWDs</li> </ul>

<b>NCPWD</b>	Saa Lamin Kortequee	Executive Secretary	<a href="mailto:slkortequee2004@yahoo.com">slkortequee2004@yahoo.com</a> mobile: +23278584815	WhatsApp video call		<ul style="list-style-type: none"> <li>• Training project staff on disability issues</li> <li>• Resource Sierra Leone Printing Center to produce brails for visually impaired.</li> <li>• Provide large print and braille version of all IEC materials, sign language interpreters especially TV programs on COVID 19.</li> <li>• Community sensitization particularly with persons with disabilities and disabled persons organizations (DPOs) using accessible format- drama, radio talk and TV shows, songs in local</li> </ul>
<b>Disability Rights Movement</b>	Dr Vandy Konneh	Executive Director	<a href="mailto:disablerightsmovementdrim@yahoo.com">disablerightsmovementdrim@yahoo.com</a> +232 76 798469/+232 99 177592			
<b>NGO: 50/50</b>	Dr. Fatu Taqi	Manager	fa2cole@yahoo.com	• Email exchanges	• Gender issues including GBVSEA/H inclusion in COVID-19 preparedness and response activities.	• There is need for community engagements through video screening to allow people to ask questions to reduce the stigma and denial rate on COVID 19.
<b>Market Women Association-</b>	Haja Marie Bob Kandeh-		<a href="mailto:stayokay52@gmail.com">stayokay52@gmail.com</a>	• Email exchanges	• What is working well • What is not working well • Stigmatization pf suspected COVID 19 patients and persons in isolation	• Do video screening and encourage survivors to share their experiences with the public, how they were able to fight COVIC 19 and overcome it • Design the isolation, quarantine facilities especially sanitation facilities with women needs in mind • Need to integrated gender issues and GBV awareness/sensitization in the project

<b>Anti-Corruption Commission (ACC)</b>	Johnson Mwebaze	Consultant for ACC	<a href="mailto:jmwebaze@cit.ac.ug">jmwebaze@cit.ac.ug</a>	<ul style="list-style-type: none"> <li>• Zoom Meeting</li> </ul>	<ul style="list-style-type: none"> <li>• How the ACC's digital platform can be used under the SL COVID19 Emergency Preparedness and Response Project for purposes of receiving, sorting, referring, tracking and reporting on grievances/complaints</li> <li>• Grievance Redress System for the Project</li> </ul>	<ul style="list-style-type: none"> <li>• Need to integrate/combine the ACC digital platform with existing traditional grievance redress structures</li> <li>• Training on ACC digital platform</li> </ul>
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A Stakeholder Engagement Plan is being prepared as part of the preparatory work for this project, for review and approval by the Bank. This document will identify stakeholders across scale together with their interests. The SEP will also analyze stakeholder influence on project outcomes as well as how the project will impact them. Finally, it will discuss methods that will be used for stakeholder engagement and further consultations that will be required as the project unfolds. After the Bank approval, the SEP will be disclosed.

## **7.2 Disclosure**

The final ESMF and other project documents shall be uploaded on the Ministry of Health and Sanitation and EOC Website. Hard copies shall be disclosed to relevant stakeholders such as SL-EPA and Councils. The ESMF shall be disclosed internally within the Bank and uploaded on to the Bank's Website upon approval by the Bank.

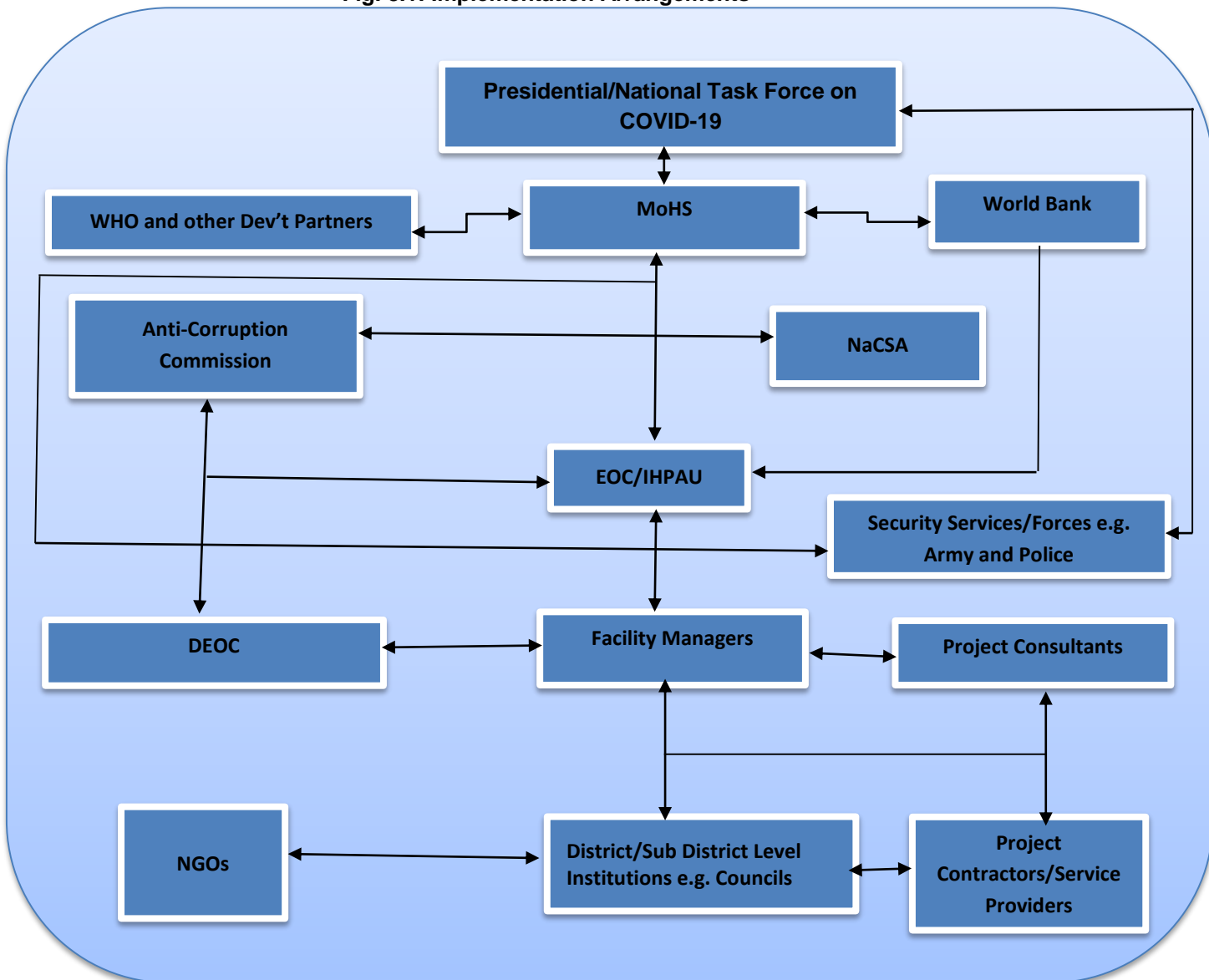
Before the start of physical works on the project, relevant sections of sub project ESMPs shall be communicated to stakeholders and communities. The ESMPs will be uploaded on the Ministry and EOC websites. Hard copies will also be made available to the selected health care facilities. The ESMP for the sub-projects will be included in the Works Contracts.

## 8.0 Institutional Responsibilities and Capacity Building

### 8.1 Institutional Arrangement and Responsibilities for Implementing the ESMF

The Project will be implemented under the auspices of the Ministry of Health and Sanitation as part of the wider national response to the COVID 19 pandemic involving a number of existing institutions. The COVID 19 National Task Force will have an oversight responsibility over project implementation. The Task Force will be responsible for: (a) providing strategic and policy guidance on the implementation of the project;(b) reviewing progress made towards achieving the project’s objectives; and (c) facilitating coordination of project activities and removal of any obstacles to the implementation of the project. The National Task Force chaired by the President, also has the Vice President, Members of the National Security Council, Head of the Office of National Security, Chief Medical Officer as well as the Ministers of Health and Sanitation, Defense, Attorney General and Ministry of Justice, Information and Communication, Finance and Economic Planning, Internal Affairs, SL Police Force, Republic of Sierra Leone Armed Forces and other eminent persons who are opted as when necessary (see Fig. 8.1 for the organizational chart of the Project).

**Fig. 8.1: Implementation Arrangements**





Other institutions who will be involved in project implementation are:

#### **8.1.1. World Bank**

The World Bank will maintain an oversight role to ensure compliance with its Environmental and Social Standards. The Bank will also review and provide clearance/approval for safeguards documents. The Bank will conduct regular Implementation Support Missions during project implementation and monitor the progress of the project in general, including compliance with the Bank's Environmental and Social Standards and recommend measures to improve the delivery of the project and enhance the capacity of the borrower in managing and monitoring the project's E&S impacts/risks.

#### **8.1.2 World Health Organization and Other Development Partners/UN Agencies**

The WHO has an on-going collaboration with the Government through the Ministry of Health and Sanitation. The partnerships are rapidly expanding in-country preparedness and containment capacity to strengthen detection and surveillance at points-of-entry into Sierra Leone such as airports and border-crossing sites. WHO will continue the training of medical staff on case-management, risk communication and community engagement. WHO will support training in measures to prevent and contain the spread of COVID 19 under this project and also provide technical advice and support in the adaptation of relevant guidelines related to COVID 19. Other development partners with existing collaboration with the Government of Sierra Leone in the area of COVID 19 Response are DfID, FAO, UNDP and UNICEF.

#### **8.1.3 Ministry of Health and Sanitation**

The MoHS will be responsible for the overall project implementation, prompt and efficient coordination and monitoring of the project, and take all actions including the provision of personnel and other resources necessary. The Project will be implemented under the National Structure on COVID-19 Response. The Chief Medical Officer (CMO) of MoHS shall be the Project Director. Directorates and departments implementing sub project of COVID-19 will support the project implementation country wide in liaison with district officers. These directorates are the Directorate of Health Security and Emergency and the Environmental Health and Sanitation, Medical Supplies and Laboratories and Hospitals.

#### **8.1.4 Emergency Operation Centre (EOC)**

The existing EOC headed by the Director of Health Security and Emergencies of MoHS shall coordinate the day-to-day activities of the emergency response activities under the project and report to the CMO of the Ministry of Health and Sanitation. EOC will also serve as a primary focal point for communication with the surveillance teams, designated laboratories, treatment/isolation units and quarantine facilities for timely updates of the situations and decision making. EOC will co-opt relevant state and non-state agencies to support project implementation as and when it is necessary. It will update the CMO on a monthly basis to ensure smooth project implementation. The EOC has significant experience in managing the World Bank-supported projects and is currently the main implementing institution of the Sierra Leone REDISSE project as well as pandemics such as the Ebola crisis.

For purposes of implementing the ESMF and related safeguards issues, the EOC will recruit one Environmental Safeguards Officer with good knowledge and experience Health Care Waste Management in addition to the World Bank ESF and one Social Safeguards Expert with knowledge of the SL-GBV protocol and grievance redress systems and the World Bank ESF to form the Safeguards Unit.

The Environmental Safeguards Officer of the Safeguards Unit of the EOC will be responsible for reviewing project related safeguards instruments such as screening reports, ICWMPs and ESMPs, ensuring that sub project ESMPs and E&S clauses are inserted into Contractors bidding documents as well as monitoring environmental and OHS aspects of the project during implementation. He/She will be responsible for preparing quarterly reports, which will indicate compliance with OHS and environmental mitigation measures proposed in the Sub Project ESMPs etc. for the Bank's review. The Environmental Safeguards Officer will ensure that the project complies with ESS1, ESS3, ESS4 and ESS8 requirements and also OHS

aspects of ESS2. The Environmental Safeguards Officer will be expected to liaise closely with other relevant government agencies and SL-EPA at national and regional levels for the purpose of securing environmental licenses for sub projects and ensure that the implementation of the sub projects conform to national environmental and policies.

The Social Safeguards Officer will be responsible for reviewing project related social safeguards instruments such as screening reports, LMPs, ARAPs and ESMPs. He/She will also be responsible for monitoring the implementation of labour and GVB/SEA/SH mitigation measures in the ESMF, Sub Project ESMPs and other safeguards instruments during the preparation and implementation of all project components. The Social Safeguards Officer will also coordinate training and sensitization programmes on social safeguards, OHS and related issues including human rights and SH/SEA/GBV. The Social Safeguards Officer will also be the focal person for grievance redress and ARAP/RAP implementation at the EOC. He/She will ensure that the sub projects are designed and implemented in accordance with ESS1, ESS2 and ESS10 requirements together with Sierra Leone labour and social protection laws/policies. The Social Safeguards Officer will also be responsible for disclosing approved social safeguards instruments such as Sub Project ARAP and RAPs in the event land acquisition for burial grounds and sub projects leads to involuntary resettlement. He/She will disclose hotlines for purpose of receiving grievances during the implementation of the project.

#### **8.1.5 Integrated Health Project Administration Unit (IHPAU)**

The IHPAU established in the Ministry of Health and Sanitation shall be in charge of procurement and financial management aspects of the project. IHPAU will also report to the CMO.

#### **8.1.6 National Commission on Social Action (NaCSA)**

National Commission for Social Action (NaCSA), in partnership with Anti-Corruption Commission will implement the cash transfer activities under Component 3 of the Project.

#### **8.1.7 Anti-Corruption Commission**

In addition to supporting NaCSA in the implementation of the financial support activities under Component 3, the Anti-Corruption Commission will be involved in grievance redress especially cases involving corruption and abuse of office.

#### **8.1.8 District Emergency Operation Centres**

The DEOCs will be responsible for district and sub district surveillance, contact tracing, case investigation and other operational activities during emergency response.

#### **8.1.9 Security Forces/Services**

The security forces, for example the military and police, enforce public orders/statements issued from the National/Presidential COVID 19 Task Force in relation to prevention and control of the diseases.

The security forces will be deployed to provide security at the selected POEs, quarantine/isolation/treatment centres as well as laboratories and ensure compliance to quarantine/isolation rules and regulations. Medical personnel within the security forces will also be involved in case management (Military Hospital). The situation room under the EOC is headed by a security officer. Distribution of logistics for COVID 19 response is supported by security forces (escorts). The security forces also support cross border activities at various Points of Entry. Check points are all man by the military and police personnel.

The security personnel assigned tasks under the Sierra Leone COVID 19 Emergency Response and Preparedness Project will report directly to the EOC.

#### **8.1.10 Local Level Institutions at the District and Sub District Level**

Local level institutions including local councils such as Freetown City Council, Ward Development Committees and traditional authorities in the chiefdoms will support implementation of some project activities within their jurisdictions. Councils and Ward Development Committees will play a key role in land search and acquisition (unencumbered land) for the development of cemeteries in the event that the pandemic leads to overwhelming death tolls under Component 3 (safe and dignified burial) as well as support the community engagement and risk communication interventions under Component 1. The Councils and Ward Development Committees will also be expected to assist in the identification of poor/vulnerable households for financial and social support under Component 3. The District Health Management Teams are supposed to monitor the various aspect of the project being implemented within their jurisdiction. Local level agencies will also play a key role in grievance redress.

#### **8.1.11 Managers of the Selected Health Facilities and Laboratories**

The heads of quarantine, isolation and intensive care units and laboratory heads will be the local focal points for grievance redress within their institutions. They will also be responsible for ensuring that data is collected and collated on a number of variables including number tests under taken, positive and negative cases, types and quantity of waste generated from the facilities and put forward the capacity needs of frontline workers in their respective facilities among others.

The COVID 19 quarantine, isolation and intensive care units will become departments in the HCFs with their own set of staff and head of department appointed by the MoHS. The heads will be responsible for co-ordinating staff work schedules and ensure that their staff attend all the necessary training programmes. They will lead the implementation of the ICWMPs and IPCP as well as enforce and monitor the implementation of the relevant WHO COVID 19 guidelines within the isolation, quarantine and intensive care units as well as the laboratories. More importantly, the Heads of Department/ Facility Managers will be in charge of making sure that these facilities maintain high hygiene standards and equipment are functioning at all times. They will also appoint one member of staff (senior staff), to be the focal person for co-ordinating the implementation of operational phase mitigation measures in the Sub Project ESMP, ICWMPs and IPCPs and a SEA/SH/GVB focal person for the facility. The heads will be part of the District/ Metropolitan Health Management Teams.

For the laboratories, the heads of institutions will be responsible for establishing Biosafety Committees in their facilities and appointing Biosafety Officers (one in each facility), preferably a senior microbiologist or equivalent to perform the following functions among others:

- i. Biosafety, biosecurity and technical compliance consultations;
- ii. Periodic internal biosafety audits on technical methods, procedures and protocols, biological agents, materials and equipment;
- iii. Co-ordinate appropriate biosafety training;
- iv. Provision of continuing education in biosafety;
- v. Investigation of incidents and incident reporting;
- vi. Ensuring proper waste management;
- vii. Co-ordinate maintenance, repairing and replacement of equipment; and
- viii. Institution of a system to deal with emergencies.

The Biosafety Committee shall consist of the various heads of department within the laboratory the Biosafety Officer, environmental health officer and a medical practioner. The Committee shall be responsible for periodic review of existing protocols for work, undertaking risk assessments and arbitration in disputes over safety matters. The Heads of Institutions will also appoint a GVB/SEA/SH focal person for the facility.

### **8.1.12 NGOs in Health/COVID 19 Response**

A number of NGOs involved in the COVID-19 Response in Sierra Leone will support the project in advocacy and identification of vulnerable households under Component 3.

### **8.1.13 Project Consultants**

Project Consultants will be responsible for the day to day supervision of works to be undertaken at the selected facilities, preparing monthly progress and quarterly reports and ensuring that mitigation measures proposed in the sub project ESMPs are implemented. Supervising Consultants will also be responsible for ensuring that non-compliance issues identified by the Safeguards Unit are implemented within the stipulated timeframes. They will also ensure that resolutions of grievance redress institutions established under the project involving the Contractor are implemented within the specific time frame to the satisfaction of the aggrieved party. Supervising Consultants for works will have to field a qualified E&S expert on their teams. Consultant will also be used in the running of training and sensitization programmes as well as preparation of various plans on behalf of the EOC/MoHS.

### **8.1.14 Project Contractors/Service Providers**

Project Contractors will be responsible for implementing civil works under Component 3, that is, the rehabilitation works at health facilities and laboratories. As part of their deliverables, they will be submitting progress and monitoring reports to the EOC/IHPAU. Contractors will be responsible for implementing sub project ESMPs, E&S clauses in their contracts and instructions issued by the Supervising Consultant including those dealing with E&S non-compliance. Works contractors will be responsible for implementing work place OHS measures including those in the WHO guidelines that prevent and contain the spread of COVID 19 within the work environment. Contractors will have to ensure that employees of Sub Contract sign formal contracts and the Project Codes of Conducts.

Private sector entities and the media will provide feedback on the performance of the project through research advocacy and also support stakeholder engagement and risk communication as well as targeting poor and vulnerable households for social and financial support. Under Component 3. Sanitation and GBV Service Providers will also provide specialized services in support of the project such as GBV case management and cleaning/healthcare waste transportation services.

## **8.2 Capacity Building**

### **8.2.1 Manpower Needs**

The isolation, quarantine and intensive care units as well as laboratories will require doctors, nurses, security personnel, environmental health officers, virologists/molecular scientists, laboratory technicians, cleaners and conservancy workers among others to make them functional/operational. The consensus is that the vacancies will be filled through transfers and new recruitments. Annual contracts for retired health workers and international experts is also being considered to meet the deficit in health care personnel required in the response to the COVID 19 pandemic, especially, if the case count begins to escalate. As at time of preparing the Government of Sierra Leone had not completed its human resource needs assessment for the facilities to be rehabilitated.

### **8.2.2 ESMF Training Needs**

Under Component 1 and 2 of the Project, elaborate training programmes will be designed and implemented for technical staff within the health sector such as doctors, nurses, laboratory technicians, data analysts and epidemiologists as well as staff of EOC and DEOC to enhance their capacity to response to the COVID 19 pandemic. The training programmes, which will be consistent with national SOPs and WHO guidelines will be complemented with the provision of equipment and PPEs. Therefore, capacity building under the ESMF is limited to E&S concerns as presented in Table 8.1.

**Table 8.1: Capacity Needs for ESMF Implementation**

Type of Training	Training Contents	Participants	Timeframe	Responsible Actor	Cost in USD
<b>Community Mobilization</b>	<ul style="list-style-type: none"> <li>Importance of community participation and mobilization to enhance project ownership, transparency and accountability</li> <li>Community Mobilization Strategies</li> <li>Concept of Vulnerability</li> </ul>	Traditional Leaders Ward Development Committees, Local Councils, NGOs in COVID 19, religious leaders, school managers youth leaders/groups, Womens groups/leaders	During sub-project mobilization	Safeguards Unit	30,000.00
<b>Grievance Redress Mechanisms</b>	<ul style="list-style-type: none"> <li>Dispute resolution management and grievance redress</li> <li>Trust and Consensus Building</li> <li>Gender Based Violence</li> <li>Project Grievance Redress Systems</li> </ul>	Members of Grievance Redress Committees, Security Forces with assigned tasks under the Project	Before the commencement of the sub-project/works;	Safeguards Unit	20,000.00
<b>Training on guidelines, and procedures particularly on ESMF/ESMP/ARAP etc. implementation,</b>	<ul style="list-style-type: none"> <li>Screening</li> <li>Introduction to World Bank's ESF</li> <li>Preparation of ESMPs</li> <li>Responsibilities of Consultants, Facility Mangers EOC, DEOCs and Contractors etc in implementing sub Project ESMPs</li> </ul>	Contractors Health Facility Managers Project Consultants Members of One Health Committee MoHS Staff from Implementing Departments	Before the commencement Civil Works work of sub-projects	Safeguards Unit of the EOC	20,000.00
<b>Training on relevant WHO COVID 19 Guidelines and GoSL COVID 19 SOPs and other guidelines</b>	<ul style="list-style-type: none"> <li>COVID 19 Symptoms and Mode of Transmission</li> <li>Introduction to relevant WHO Guidelines on COVID 19</li> <li>GoSL COVID 19 SOPs and ICWMP</li> </ul>	Sanitation Service Providers Cleaners and Canteen Workers at various Health Facilities Nurses, paramedics and doctors Ward Development Committee Members, religious and tribal leaders Health and Safety Officers of Consultants and Contractors Local Manufacturers of Nose Masks and Hand Sanitizers	Before the Commencement of Sub Projects	Safeguards Unit of the EOC	30,000.00

<b>Training for Security Personnel/Wardens at the Isolation, Quarantine and Intensive Care Units/Centres, etc Laboratories</b>	<ul style="list-style-type: none"> <li>• Best Practices in Human Security and Human Rights</li> <li>• Sensitization on Code of Conduct, GVB/SEA/SH/Good Human Relations, Ethical Behavior and Sanctions for unprofessional conduct as well as ESS2, ESS4 and ESS10</li> <li>• COVID 19 Symptoms and Mode of Transmission</li> <li>• Introduction to relevant WHO Guidelines on COVID 19</li> </ul>	Security Personnel/Wardens at the Selected Isolation Centres and Laboratories under the Project	Before the completion of isolation centres and laboratories	Safeguards Unit of the EOC	30,000.00
<b>Training in ICWMP and GIIPs in the area of Infection Control and Waste Management in times of COVID 19</b>	<ul style="list-style-type: none"> <li>• Sub Project ICWMPs</li> <li>• Source Separation</li> <li>• Use of PPES etc</li> </ul>	Sanitation Service Providers, Sanitation and Laundry workers/service providers Burial Teams All workers at the Isolation and Quarantine Centres, ICUs and Laboratories as well as Ancillary workers	Before the Completion of works/To be repeated twice a year	Health Facility Managers/ Staff	20,000.00

### 8.3 ESMF Budget

It is estimated that a total amount of Four Hundred and Eighty Thousand United States Dollars (USD 480,000.00) will be required to implement activities identified in the Environmental and Social Management Framework. The details are summarised in Table 8.2.

**Table 8.2: Estimated Budget for ESMF Implementation**

No.	Activities	Cost USD
1	Training Cost for Training Programmes in Table 8.1	150,000.00
2	Preparation and Approval of Sub Project Environmental and Social Safeguards Instruments e.g. ESMPs and ARAPS etc	250,000.00
3.	Disclosure of ARAPs, ESMPs and other safeguards documents	10,000.00
4	Setting up of Sub Project and Project Level GRM	20,000.00
5.	Environmental and Social Monitoring during the Implementation of ESMF and other safeguards instruments e.g. RAP, ARAP and ESMPs etc	50,000.00
6.	Total	<b>480,000.00</b>

## 9.0 Grievance Redress

During the construction, operational and decommissioning phases of the project, grievances may arise from vulnerable groups, site workers, health workers and other frontline staff as well as the general public. These may range from accidents, poor service delivery, unfair treatment, perception corruption and abuse of office to GBV and SEA/H. The overall objective of the project GRM is to provide an effective and transparent mechanism to allay apprehensions about the project, capture stakeholder concerns and settle grievances during the project planning and implementation phases in all World Bank funded projects including Sierra Leone COVID-19 Emergency Preparedness and Response Project.

### 9.1 Grievance Redress Process

There is no ideal model or one-size-fits-all approach to grievance resolution. The best solutions to conflicts are generally achieved through localized mechanisms that take account of the specific issues, cultural context, local customs, and project conditions and scale. In its simplest form, grievance mechanisms can be broken down into the following primary components:

- Receiving and registering a complaint;
- Screening and assessing the complaint;
- Formulating a response;
- Selecting a resolution approach;
- Implementing the approach;
- Announcing the result;
- Tracking and evaluating the results;
- Learning from the experience and communicating back to all parties involved; and
- Preparing timely reports to management on the nature and resolution of grievances.

### 9.2 Expectation When Grievances Arise

When local people present a grievance, they expect to be heard and taken seriously. Therefore, the EOC and other stakeholders involved in one aspect of the project or other must convince the general public that they can voice grievances and work to resolve them without retaliation. All or any of the following is or are expected from the project management/channel of grievance resolution by the local people:

- acknowledgement of their problem;
- an honest response to questions/issues brought forward;
- an apology, resolution, adequate compensation; and
- modification of the conduct that caused the grievance and some other fair remedies.

### 9.3 Management of Reported Grievances

The procedure for managing grievances should be as follows:

- The aggrieved party/parties files his/her/their grievance(s), relating to any issue associated with The COVID-19 Emergency Preparedness and Response Project, in writing or via telephone (hot line to be provided and disclosed through the mass media), through local community focal persons (phone numbers will be provided by the EOC) or by Anti-Corruption Commission digital platform hotlines (515 for ACC Report Centre and 117 for EOC). Where such complaints are written, the grievance note should be signed and dated by the aggrieved person. Where complaints are received via a phone call, the call recipient should document all details including name and contact of aggrieved party/parties, date and time of complaint, narration of grievance;

- A selected member of the Grievance Redress Committee at Sub Project Level and the Social Safeguards Expert at the EOC will act as the Project Liaison Officers at the Sub Project and national level respectively;
- Where the affected person is unable to write, the local Project Liaison Officers/Focal Persons will write the note on the aggrieved person's behalf;
- Any informal grievances will also be documented

#### 9.4 Monitoring Complaints

The Liaison Officers will be responsible for:

- Providing the Grievance Redress Committee with a weekly report detailing the number and status of complaints;
- Any outstanding issues to be addressed;
- Monthly reports, including analysis of the type of complaints, levels of complaints, actions to reduce complaints and initiator of such action.

#### 9.5 Grievance Redress Institutions

##### 9.5.1 Community/Facility Level Focal Persons

In communities, where sub projects will be implemented two focal persons (one male; one female) will be nominated to act as community focal persons. Their roles will be to receive and transmit grievances to the Sub Project Redress Committee and provide feedback to aggrieved parties. They will also provide information about the project to the general public. The focal persons will be the first point of contact between the project and the general public in communities where sub projects will be implemented. At the health facility level the two representatives will be the senior most nurse and the head of the facility.

During the operational phase of the project each health facility/laboratory will have a focal person to undertake the same function as the Community Focal Persons.

Upon notification of a grievance, a Community Focal Person shall complete Complaint Form and also the Grievance Notification Form, which will be given to the aggrieved party. If the grievance is within the remit of the focal persons, they will resolve it and document the resolution in the Close out Form to be co-signed by the aggrieved party and sent to the Sub Project Grievance Redress Committee. If the grievance is beyond the focal person, they will escalate it to the Sub Project Grievance Redress Committee within 2 days.

##### 9.5.2 Sub Project Grievance Redress Committee

Sub Project Grievance Redress Committees will be formed in each of the beneficiary communities comprising of:

- Head of DEOC;
- A representative of the Local Council;
- Head of the Selected Health Facility;
- Representative of the Nurses in the HCF;
- The Project Consultant;
- Traditional Authority representative
- District Co-ordinator of the Anti-Corruption Commission;
- A representative of FSU of the SL-Police;
- A representative of GBV Service Provider at the District Level;
- A women representative; and
- A representative of the Aggrieved Party/parties



The functions of these committees will be to receive, investigate and resolve grievances related to civil works and Project Contractors and/or issues in relation to the Sub Project. Aggrieved parties will be required to channel their grievances to the Sub Project GRC through any means including their community focal persons, verbal narration to the Committee, hot line telephone calls, text messages (including ACC's digital platform) and letters. The Committee shall seek guidance and refer specialised cases to the relevant State Authorities such as the FSU of the SL Police in cases such as Gender Based Violence.

The Committee will sit as and when complaints are lodged. The grievance redress process, at this level, shall follow the chain below in resolving grievances, including introducing any other initiatives that could compliment the effectiveness of the process:

- (i) Receive grievances (login in);
- (ii) Acknowledgement of grievances;
- (iii) Verification, investigation, negotiations, and actions;
- (iv) Monitoring and evaluation;
- (v) Provide feedback to parties;
- (vi) Agreement secured;
- (vii) Follow up; and
- (viii) Signing off.

Grievances will be received and transmitted on to an official form and the aggrieved party will be duly notified within 3 days of lodging a complaint. If the grievance can be resolved by the Grievance Committee, corrective actions will be determined. After the case is investigated, evaluated and corrective action determined, the proposed solutions or corrective/preventive actions shall be discussed with the complainant within the timeframe for the implementation of the corrective measures. If the resolution of the grievance requires commitment beyond the Sub Project Grievance Redress Committee, the members shall coordinate and consult with the relevant authorities. The party responsible for implementing the corrective measures shall be recorded in the Grievance Closeout Form. Once an agreement has been reached between the aggrieved party and the party responsible for the corrective actions, the aggrieved party will be asked to sign off the grievance Closeout Form.

If the aggrieved party remains dissatisfied with the outcome, additional corrective action will be agreed on and carried out by the responsible party. The Sub Project Grievance Redress Committee will have to address grievance it receives with 10 working days.

### **9.5.3 Project Level Grievance Committee**

If the Sub Project Level Grievance Redress Committee fails to resolve a grievance, a second appeal shall be lodged at the Project Level GRC domiciled in the EOC. The Project Level Grievance Redress Committee shall follow similar processes as the Sub Project Level GRC. The Project Level GRC will consist of:

- The CMO-Chairman;
- A representative of the One Health Platform;
- A head of EOC;
- A representative of the Ministry of Women Children and Social Protection;
- Social Safeguards Expert at EOC - Secretary and Focal Person;
- Representative FSU of SL-Police;
- National level GBV Service Provider; and

- Representative of the PAP.

If the Project Level Grievance Redress Committee fails to resolve an issue, then the aggrieved person can petition the Ministry of Health and Sanitation duration for resolving a grievance at the Grievance Redress Committee at the EOC shall normally be a maximum of twenty (20) working days. The Committee shall seek guidance and refer specialised cases to the relevant State Authorities. All GBV/SEA/H issues will be reported to FSU of the SL-Police for investigation and prosecution.

#### **9.5.4 Minister of Health and Sanitation**

Aggrieved parties who are dissatisfied with the outcome of the Project Level GRC process can petition the Honourable Minister, Ministry of Health and Sanitation directly.

#### **9.5.5 Court of Law**

An aggrieved party not satisfied after exhausting all the above processes can under the laws of the Republic of Sierra Leone seek can redress at the law court.

#### **9.6 Anti-Corruption Commission (ACC) Platform**

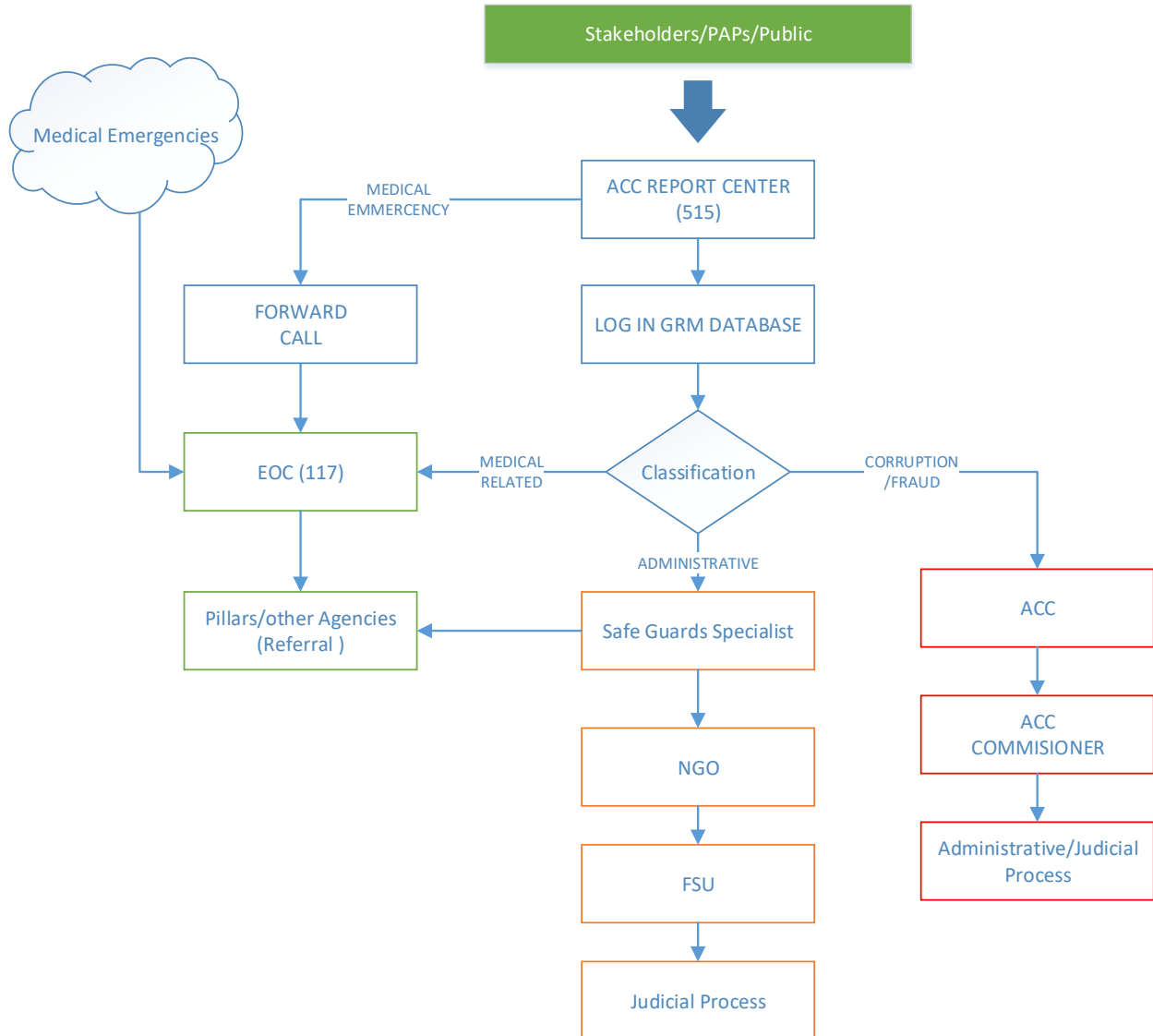
As indicated in Section 9.3 grievance may also be filed via the ACC Report Centre. The Anti-Corruption Commission was created through the Anti-Corruption Act, 2000 as an independent commission to investigate government corruption. The establishing Act was amended in 2008 to provide protection for whistle blowers. The Commissions investigates and provides feedback on matters of perceived corruption bribery and abuse of office. Although headquarters is in Freetown, the Commission has District Co-ordinators, who act as focal persons in the various Councils.

The Commission has a digital platform with a report centre that can be reached on toll free hotline (515) using text messaging, voice and video calls. Within the same platform there is a hotline for the EOC (117). The platform receives, sorts and tracks grievances and provides feedback to aggrieved parties after investigations. The system can also generate status reports of lodged complaints on demand. The platform has been customized to support grievance redress mechanisms under the COVID 19 Emergency Preparedness and Response Project.

Health workers, ancillary service providers such as sanitation service providers, inmates at the various isolation, quarantine and treatment centres and citizens with grievances/concerns or evidence of poor service delivery, discriminatory practices, bribery, GBV/SEA/SH, perceived corruption and abuse of office under the project can also submit their grievance via the Commission's electronic platform (Report Centre) for the necessary investigations and actions to be taken by the appropriate government agencies and NGOs. The platform will also provide feedback via its electronic loop or the District Co-ordinators/focal persons.

The pathway for ACC Digital Platform is presented in Fig. 9.1. A separate more detailed GRM document for the COVID 19 Emergency Preparedness and Response Project is being prepared for review by the Bank.

**Fig. 9.1: The ACC Grievance Redress Pathway**



The ACC Report Centre and EOC hotlines and steps on how to access the platform will be pasted at vantage points in communities where sub projects will be implemented, on sub project sites and their immediate environs as well as within the corridors, wards, notice boards and other vantage points in the selected HCFs. Further publicity and sensitization on the how to access and use the platform will be undertaken in the print and electronic media.

### 9.7 Grievance Redress Mechanisms for Workers on Site

The proposal is to establish a hot line that aggrieved workers can call to register their grievances directly to the management level personal of the Construction Firms that will be implementing the works. This contact number must be advertised so that workers are aware of it and encourage to use it without being intimidated or targeted for negative feedback. Workers may also lodge their grievance through writing or verbally through their supervisors. If Supervisors fail to resolve the issues, workers can escalate the issue(s) to their Union Executives, in situations where the workers/worker belong to a trade/workers union. The Union leaders will escalate the matter to management and meet with management to resolve the grievance. Where Unions do not exist, as in the case of informal sector workers, the matter will be escalated to

management, if it is beyond the Supervisor. If management is unable to resolve the matter, the aggrieved worker/workers will proceed to petition the Honourable Minister of Labour and Social Security. If the aggrieved worker/workers is/are not satisfied with the outcome of the process, he/she/they can opt to go to court. Similar processes and timelines for resolving community grievances are proposed for the workers' grievance system. Employees of the Contractors and Sub Contractors are also free to use the ACC platform to register their grievances.

Workers will be informed of the grievance procedures as proposed and the provisions of country's laws through orientations, tool box meetings and their supervisors as well as the Code of Conduct.

### **9.8 World Bank Grievance Redress System**

Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the World Bank's GRS<sup>1</sup>. The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the World Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

### **9.9 Monitoring and Reporting**

The EOC as part of its safeguards functions will assess the performance of the GRM and undertake spot checks during supervision visits. The Social Safeguards Specialist will:

- Ensure accurate entry of GRM data into the management information system or other system.
- Produce compiled reports in the format agreed with the World Bank;
- Provide a monthly/quarterly snapshot of GRM results (as set out below) including any suggestions and questions, to the project team and the management.
- Review the status of complaints to track which are not yet resolved and suggest any needed remedial action.

During annual/bi-annual general meetings, the project team shall discuss and review the effectiveness and use of the GRM and gather suggestions on how to improve it.

#### Quarterly and Annual Progress Reports

Quarterly and annual progress reports submitted to the Bank shall include a GRM section which provide updated information on the following:

- Status of establishment of the GRM (procedures, staffing, training, awareness building, budgeting etc.).
- Quantitative data on the number of complaints received, the number resolved etc;
- Qualitative data on the type of complaints and answers provided, issues that are unresolved;
- Time taken to resolve complaints;
- Number of grievances resolved at the sub project level, number of cases raised to higher levels e.g. Project Level Grievance Redress Mechanisms, Minister of Public Health and Courts;
- Satisfactions with the action taken by GRM on complaints;
- Any particular issues faced with the procedures/staffing or use;

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<sup>1</sup> For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org).

- Factors that may be affecting the use of the GRM; and
- Any corrective measures adopted

## ANNEXES

### ANNEX A: Screening Form for Potential Environmental & Social Safeguards Issues

This form is to be used by the Implementing Agency for to screen potential environmental and social environmental and social risk levels of a proposed subproject, determine the relevance of Bank environmental and social standards (ESS), propose its E&S risk levels, and the instrument to be prepared for the sub project.

Subproject Name	
-----Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

1. Description of Sub Project ( including Nature and Duration of Sub-Project)

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2. Sub Project Activities

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3. Sub Project Work force ( including Type and Number)

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-----  
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-----

4. Machinery and Equipment that will be used for the Sub Project (Including Type and Estimated Number)

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-----  
-----

5. Location of Sub Project

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-----  
-----  
-----

6. Land take:

----- acres

7. Land Use of the Area for the Sub-Project

- |                      |                          |                        |                          |                        |                          |
|----------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|
| <i>Agriculture</i>   | <input type="checkbox"/> | <i>Residential</i>     | <input type="checkbox"/> | <i>Existing dugout</i> | <input type="checkbox"/> |
| <i>Existing road</i> | <input type="checkbox"/> | <i>Reservation</i>     | <input type="checkbox"/> | <i>Park/Recreation</i> | <input type="checkbox"/> |
| <i>Industrial</i>    | <input type="checkbox"/> | <i>Other (specify)</i> | <input type="checkbox"/> |                        |                          |

Comments:

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8. Site Description

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9. Land Cover and Topography

i. Land cover of the site consists (completely or partly or noticeable) of:

- |                   |                          |                              |                          |                              |                          |
|-------------------|--------------------------|------------------------------|--------------------------|------------------------------|--------------------------|
| <i>Vegetation</i> | <input type="checkbox"/> | <i>Sparse vegetation</i>     | <input type="checkbox"/> | <i>Physical structure(s)</i> | <input type="checkbox"/> |
| <i>Floodplain</i> | <input type="checkbox"/> | <i>Agriculture (animals)</i> | <input type="checkbox"/> | <i>Cultural resource</i>     | <input type="checkbox"/> |
| <i>Water</i>      | <input type="checkbox"/> | <i>Agriculture (crops)</i>   | <input type="checkbox"/> | <i>Other specify</i>         | <input type="checkbox"/> |

ii. Elevation and topography of the area for the Sub-Project:

- |             |                          |                 |                          |                   |                          |                   |                          |
|-------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| <i>Flat</i> | <input type="checkbox"/> | <i>Valley</i>   | <input type="checkbox"/> | <i>Slope</i>      | <input type="checkbox"/> | <i>Undulating</i> | <input type="checkbox"/> |
| <i>Hill</i> | <input type="checkbox"/> | <i>Mountain</i> | <input type="checkbox"/> | <i>Depression</i> | <input type="checkbox"/> |                   |                          |

iii. Elevation and topography of the adjoining areas (within 500 metres radius of the site)

Flat  Valley  Slope  Undulating   
Hill  Mountain  Depression

10. Infrastructure

i. The Sub-Project would be developed in/on:

Undeveloped site  Partly developed site  Existing route

Other (specify) .....

ii. The Sub-Project would involve excavation Yes  No

iii. Estimated number and depth of the excavations, etc.

iv. Are any of the following located on-site within 50 metres from the edge of the proposed site?

Water supply source Yes  No

Pipeline Yes  No

Power supply source (Transformer) Yes  No

Electricity lines Yes  No

Drainage Yes  No

Other (specify) .....

11. Sources of Energy

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12. Inventory of Existing Infrastructure at the Facility or Site

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13. Environmental and Social Impacts/Risks

i. Positive Impacts/Risks

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ii. Negative Impacts/Risks

Air Quality

Would the proposed Sub-Project:

i. Emit during construction (Tick as Appropriate)

Dust  Smoke  VOCs

ii. Expose workers or the public to substantial emissions? Yes  No

iii. Result in cumulatively increased emissions in the area? Yes  No

iv. Create objectionable odour affecting people? Yes  No

Comments:

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Biological Resources

Would the proposed Sub-Project:

i. Have adverse effect on any reserved/protected area? Yes  No

ii. Have adverse effect on wetland areas through removal, filling, hydrological interruption or other means? Yes  No

iii. Interfere substantially with the movement of any wildlife species or organisms?  
Yes  No

iv. Be located within 100 m from an Environmentally Sensitive Area (natural habitat watershed etc)?  
Yes  No

Comments

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Cultural Resources

Would the proposed Sub-Project:

- i. Disturb any burial grounds or cemeteries? Yes  No
- ii. Cause significant adverse effect on any archaeological or historic site?  
Yes  No
- iii. Alter the existing visual character of the area and surroundings, including trees and rocks outcrops? Yes  No

Comments:

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Water Quality and Hydrology

- i. Distance from the nearest water body or drainage channel (minimum distance measured from the edge of the proposed site to the bank of the water body or drain).  
More than 100 metres  100 meters  Less than 100 meters

Would the proposed Sub-Project:

- ii. Will the sub project involve the use of water  
Yes  No

- iii. Indicate Source of water for the project

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- iv. Generate and discharge the following during construction:

- |                                   |                          |                                |                          |
|-----------------------------------|--------------------------|--------------------------------|--------------------------|
| Liquid waste                      | <input type="checkbox"/> | Liquid with oily substance     | <input type="checkbox"/> |
| Liquid with human or animal waste | <input type="checkbox"/> | Liquid with chemical substance | <input type="checkbox"/> |
| Liquid with pH outside 6-9 range  | <input type="checkbox"/> | Liquid with odour/smell        | <input type="checkbox"/> |

- v. Lead to changes in the drainage pattern of the area, resulting in erosion or siltation?  
Yes  No

- vi. *Lead to increase in surface run-off, which could result in flooding on or off-site?*  
Yes  No
- vii. *Increase run-off, which could exceed the capacity of the existing storm water drainage?*  
Yes  No

**Comments**

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Noise Nuisance

Would the proposed Undertaking:

- i. *Generate noise in excess of established permissible noise level?*  
Yes  No
- ii. *Expose persons to excessive vibration and noise?* Yes  No

**Comments**

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Waste Generation

- i. *Will the Sub Project generate construction waste?* Yes  No
- ii. *Will the Sub Project generate infectious waste?* Yes  No
- iii. *Will the Sub Project generate radioactive waste?* Yes  No
- iv. *Will the Sub Project generate pathological waste?* Yes  No
- viii. *Will the Sub Project generate hazardous waste (sharps)?* Yes  No
- vi. *Will the Sub Project generate pharmaceutical waste?* Yes  No
- vii. *Will the Sub Project generate anatomical waste?* Yes  No
- viii. *Will the Sub Project generate general waste?* Yes  No
- ix. *Will the Sub Project generate chemical waste?* Yes  No
- x. *Will the Sub Project generate genotoxic waste?* Yes  No

Comments

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Land take and Involuntary Resettlement

Will the Sub Project lead to

*Physical Displacement of People (Temporal/Permanent)*      Yes          No   

*Damage to Peoples Assets (Temporary/Permanent)*      Yes          No   

*Economic Losses (Short term/Permanent)*      Yes          No   

***Comments (including estimated number of PAPs, assets etc. to be impacted)***

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Other Environmental and Social Impacts/Risks (including GBV/SEA/SH and Abuse of Human Rights)

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14. Management of Environmental and Social Impacts/Risks

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15. Summary

Questions	Answer		ESS relevance	Due diligence / Actions (Underline Appropriate instrument to be prepared)
	yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities?			ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	RAP/ARAP, SEP
Does the subproject involve acquisition of assets to hold patients (including yet-to-confirm cases for medical observation or isolation purpose)?			ESS5	
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESIA/ESMP, SEP
Is there sound regulatory framework, institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESIA/ESMP, SEP
Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP

Does the subproject involve transboundary transportation of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security personnel during construction and/or operation of healthcare facilities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively?			ESS7	<ul style="list-style-type: none"> <li>■ Vulnerable Groups Plan/IPDP</li> </ul>
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			<i>OP7.60 Projects in Disputed Areas</i>	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 <sup>2</sup> ?			<i>OP7.50 Projects on International Waterways</i>	Notification (or exceptions)

**Conclusions:**

**1. Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**

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<sup>2</sup> International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

## **Annex B: ESMP Template**

### **Introduction**

This ESMP includes several matrix of E&S mitigation measures throughout the project lifecycle. A full-fledged ESMP shall include other key elements such as institutional arrangement, capacity building and training plan, and background information. The Borrower may incorporate pertaining sections in the ESMF into this ESMP, with necessary updates.

The matrix stress lifecycle management of E&S risks, including planning and design, construction, operational and decommissioning stages. Because COVID-19 is a latest threat to global public health, preparedness and responses vary across countries. Nonetheless, avoiding and minimizing chances of infection and protecting public health sit at the core. Properly managing E&S risks associated with COVID-19 responses serves the purpose. Thus professional efforts should be made throughout the project lifecycle. The issues and risks presented in the matrix are based on studies of COVID-19 responses thus far, issues of similar Bank financed healthcare sector projects. They should be expanded and/or updated during the project environmental and social assessment process, including stakeholder engagement.

Many pertaining mitigation measures and good practices are well documented in WBG EHS Guidelines, WHO guidelines and other GIIPs. They should be followed in general, taken into account country context. Proper stakeholder engagement including close involvement of medical and healthcare waste management professional should be conducted in determining the mitigation measures.

The Infection Control and Waste Management Plan is considered part of this ESMP.

The ESMP should make reference to pertaining E&S instruments as required by ESF, including LMP and RAP.

**Table 1 Environmental and Social Risks and Mitigation Measures during Planning and Designing Stage**



COVID-19 Response ESMF – ESMP

Key Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify the type, location and scale of healthcare facilities (HCF)					
Identify the needs for new construction, expansion, upgrading and/or rehabilitation					
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system.					
Identify the needs for acquisition of land and assets (incl. acquiring existing assets such as hostel, stadium to hold potential patients)					
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers					
Identify needs for transboundary movement of samples, specimen, reagent, and other hazardous materials.					
Identify needs for workforce and type of project workers		Develop LMP			
Identify the needs for using security personnel during construction and/or operation of HCF					
HCF design – general	<ul style="list-style-type: none"> <li>- Structural safety risk;</li> <li>- Functional layout and engineering control for nosocomial infection</li> </ul>				

COVID-19 Response ESMF – ESMP

HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (potentially the elderly, those with preexisting conditions, or the very young)					
HCF design - considerations for those with disabilities, taking into consideration the principle of universal access as and when appropriate;					
Estimates of healthcare waste (HCW) streams in the HCF					

**Table 2 Environmental and Social Risks and Mitigation Measures during Construction Stage**

COVID-19 Response ESMF – ESMP

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	Impacts on natural habitats, ecological resources and biodiversity				
General construction activities Foundation excavation; borehole digging	- Impacts on soils and groundwater; - Geological risks;				
General construction activities -	- Resource efficiency issues, including raw materials, water and energy use; - Materials supply				
General construction activities – general pollution management	- Construction solid waste; - Construction wastewater; - Noise; - Vibration; - Dust; - Air emissions from construction equipment				
General construction activities – hazardous waste management	- Fuel, oils, lubricant				
General construction activities – Labor issues	- Labor issues	- - Refer to LMP			
General construction activities – Occupational Health and Safety (OHS)					
General construction activities-traffic and road safety					
General construction activities – security personnel					
General construction activities – land and asset	- Acquisition of land and assets				
General construction activities - Labor	- Labor influx - Worker’s camp				
General construction activities -	- GBV/SEA issues				
General construction activities – cultural heritage	- Cultural heritage	Chance-finds procedure			
General construction activities – emergency preparedness and response					

COVID-19 Response ESMF – ESMP

Construction activities related to <i>onsite</i> waste management facilities, including temporary storage, incinerator, sewerage system and waste water treatment works					
Construction activities related to demolition of existing structures or facilities (if needed)					
<i>To be expanded</i>					

**Table 3 Environmental and Social Risks and Mitigation Measures during Operational Stage**

COVID-19 Response ESMF – ESMP

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	- General wastes, wastewater and air emissions				
General HCF operation – OHS issues	- Physical hazards - Electrical and explosive hazards - Fire - Chemical use - Ergonomic hazard - Radioactive hazard				
HCF operation – Labor issue	-				
HCF operation - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (potentially the elderly, those with preexisting conditions, or the very young)	-				
HCF operation - considerations for those with disabilities, taking into consideration the principle of universal access as and when appropriate;	-				
HCF operation - Infection control and waste management plan	-				
Waste minimization, reuse and recycling	-				
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies	-				
Storage and handling of specimen, samples, reagents, and infectious materials	-				
Waste segregation, packaging, color coding and labeling	-	-			
Onsite collection and transport	-	-			

COVID-19 Response ESMF – ESMP

Waste storage	-				
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
Transportation and disposal at offsite waste management facilities					
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infection materials					
Operation of acquired assets for holding potential COVID-19 patients					
Emergency events	<ul style="list-style-type: none"> <li>- Spillage,</li> <li>- Occupational exposure to infectious</li> <li>- Exposure to radiation, Accidental releases of infectious or hazardous substances to the environment,</li> <li>- Medical equipment failure,</li> <li>- Failure of solid waste and wastewater treatment facilities, -fire</li> <li>- Other emergent events</li> </ul>	-	Emergency Response Plan		
<i>To be expanded</i>					





**Table 4 Environmental and Social Risks and Mitigation Measures during Decommissioning**

Key Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Decommissioning of interim HCF					
Decommissioning of medical equipment					
Regular decommissioning					
<i>To be expanded</i>					

## ANNEX C: Infection Control and Waste Management Plan (ICWMP) Template

### 1. Introduction

1.1 Describe the project context and components;

1.2 Describe the targeted healthcare facility (HCF):

- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory;
- *Special type of HCF in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;*
- Functions and requirement for the level infection control, e.g. biosafety levels;
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds

1.3 Describe the design requirements of the HCF, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.

### 2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of healthcare waste (HCW) generated in the HCF, including solid, liquid and air emissions (if significant);
- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following WGB EHS Guidelines for Healthcare Facilities and pertaining GIIP.
- *Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during COVID-19 outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.*
- Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works;
- Provide a flow chart of waste streams in the HCF if available;
- Describe applicable performance levels and/or standards;
- Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management.

2.2 Management Measures

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety consideration.
- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of the hazardous medical goods.
- Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.

- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerator can be found in pertaining EHS Guidelines and GIIP.
- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Wastewater treatment: HCF wastewater is related to the hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewerage system is not in place, HCF should build and proper operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

### **3. Emergency Preparedness and Response**

Emergency incidents occurred in an HCF may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, community, HCF's operation and the environment.

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

### **4. Institutional Arrangement and Capacity Building**

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-cradle infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of an HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a healthcare facility, and build an intra-departmental team to manage, coordinate and regularly review the issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

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### **5. Monitoring and Reporting**

Many HCFs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCF should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing system should be in place.

Externally, reporting should be conducted per government and World Bank requirements.

**Table ICWMP**

COVID-19 Response ESMF – ICWMP

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions				
General HCF operation – OHS issues	Physical hazards Electrical and explosive hazards Fire Chemical use Ergonomic hazard Radioactive hazard				
HCF operation - Infection control and waste management plan	-				
Waste minimization, reuse and recycling	-				
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies	-				
Storage and handling of specimen, samples, reagents, and infectious materials	-	-			
Waste segregation, packaging, color coding and labeling	-				
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infection materials					

COVID-19 Response ESMF – ICWMP

Emergency events	<ul style="list-style-type: none"> <li>- Spillage,</li> <li>- Occupational exposure to infectious</li> <li>- Exposure to radiation, Accidental releases of infectious or hazardous substances to the environment,</li> <li>- Medical equipment failure,</li> <li>- Failure of solid waste and wastewater treatment facilities, -fire</li> <li>-Other emergent events</li> </ul>	Emergency response plan			
Operation of acquired assets for holding potential COVID-19 patients					
<i>To be expanded</i>					



## **ANNEX D: Infection and Prevention Control Protocol**

*(adapted from the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings)*

### **HEALTH CARE SETTINGS**

#### **1. Minimize Chance of Exposure (to staff, other patients and visitors)**

- Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated and well-ventilated section of the health care facility to wait, and issue a facemask
- During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages
- Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms
- Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.

#### **2. Adhere to Standard Precautions**

- Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly
- Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only
- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.

#### **3. Training of Personnel**

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand
- Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.

#### **4. Manage Visitor Access and Movement**

- Establish procedures for managing, monitoring, and training visitors
- All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed
- Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients. Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
- All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
- Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

### **CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID-19**

#### **1. Minimize Chance of Exposure**

- Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital
- Close co-workers and those sharing accommodations with such a worker should also be removed from the site and tested
- Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free
- Persons under investigation for COVID-19 should not return to work at the project site until cleared by test results. During this time, they should continue to be paid daily wages
- If a worker is found to have COVID-19, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital)
- If project workers live at home, any worker with a family member who has a confirmed or suspected case of COVID-19 should be quarantined from the project site for 14 days, and continued to be paid daily wages, even if they have no symptoms.

## **2. Training of Staff and Precautions**

- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths.
- Use existing grievance procedures to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing
- Supply face masks and other relevant PPE to all project workers at the entrance to the project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask
- Provide handwashing facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages
- Train all workers in respiratory hygiene, cough etiquette and hand hygiene using demonstrations and participatory methods
- Train cleaning staff in effective cleaning procedures and disposal of rubbish

## **3. Managing Access and Spread**

- Should a case of COVID-19 be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible;
- Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area of the site where the worker was present, prior to any further work being undertaken in that area.