



Republic of Sierra Leone

Rehabilitation/Renovation of Wilberforce Community Health Centre.

MINISTRY OF HEALTH AND SANITATION

ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

FOR THE

REHABILITATION/RENOVATION OF WILBERFORCE COMMUNITY HEALTH CENTRE.

UNDER THE

ADDITIONAL FINANCING COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT

FINAL REPORT

SEPTEMBER 2022

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LIST OF ABBREVIATIONS

AF	Additional Financing
AIDS	Acquired Immune Deficiency Syndrome
CHC	Community Health Centre
CHO	Community Health Officer
CHW	Community Health Workers
CMO	Chief Medical Officer
COVAX	COVID-19 Vaccines Global Access Facility
COVID-19	Coronavirus Disease 2019
E&S	Environmental and Social
EPA	Environmental Protection Agency
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FCC	Freetown City Council
FSU	Family Support Unit (of the Sierra Leone Police Force)
GoSL	Government of Sierra Leone
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
GRS	Grievance Redress System
HCW	Health Care Waste
IHPAU	Integrated Health Project Administration Unit (of Ministry of Health)
IPC	Infection Prevention and Control
MoHS	Ministry of Health and Sanitation
NA	Not Available
NGO	Non-Governmental Organizations
OHS	Occupational Health and Safety
OPD	Outpatients Department
PBSL	Pharmacy Board of Sierra Leone
POE	Port of Entry
PPE	Personal Protection Equipment
SARS COV 2	2019 Novel Coronavirus
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SL	Sierra Leone
SOP	Standard Operating Procedure
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

The Government of Sierra Leone is implementing the Sierra Leone COVID-19 Emergency Preparedness and Response Project Additional Financing as well as its parent project. The Project involves the construction and operation of healthcare facilities, and the deployment of a safe and effective vaccine in response to the COVID-19 pandemic. The expected outcome is to build resilient health systems to set the foundation for an efficient, effective, and accountable health system to increase coverage and uptake of health services, reduce morbidity and mortality rate.

The COVID-19 Emergency Preparedness and Response Project in Sierra Leone will involve the rehabilitation/renovation of existing isolation facilities at selected hospitals, treatment centers, and quarantine facilities at Sierra Leone's main POEs. The components are:

- Component 1: Supporting National and Sub national Public Health Institutions for Prevention and Preparedness
- Component 2: Strengthening Multi-Sector National Institutions and Platforms Development and Coordination of Prevention and Preparedness using One Health approach
- Component 3: Emergency COVID-19 Response

Under subcomponent 2 (Health System Strengthening) of Component 3 (Emergency COVID-19 Response), the project is financing the rehabilitation/renovation and equipping of designated health care facilities, one of which is the Wilberforce Community Health Centre. The World Bank and Sierra Leone EPA recommended that an Environmental and Social Management Framework upon screening and categorizing the sub project based on the screening template provided in the Parent Project Environmental and Social Management Framework (ESMF). The ESMF is prepared in line with World Bank Environmental and Social Standard 1 (ESS1) Assessment and Management of Environmental and Social risks and impacts, relevant Sierra Leonean laws such as the Environmental Protection Act, 2008 (as Amended in 2010). Relevant WHO COVID-19 guidelines and World Bank Good Practice Notes also informs this document.

The project involves the rehabilitation/renovation of Wilberforce Community Health Centre. The facility is a single storey (ground floor only) with Adolescent Youth Friendly Service Unit attached. The estimated size of the facility is 0.52 acres. The site is located at Wilberforce Community, near the Wilberforce Municipal Primary School. The facility is about one kilometer north of Wilberforce Roundabout. The project activities involve re-roofing and replacing all damage roof members including rafters, purlins, fixing defective ceiling, removing, and fixing all broken doors and windows and painting.

It is estimated that a maximum of ten (10) workers. These will include skilled labor e.g., engineers, semi-skilled labor (masons and carpenters) and unskilled labor such as laborers will be working on site at any point in time. Workers will commute to work on site daily. Some of the equipment

on site will be wheelbarrows and concrete mixers. Within six (6) months, the renovation/rehabilitation works will be completed.

The site is located at Wilberforce Community, in the Western Urban district. The facility is in a built-up area and fully functional. The site slopes to the west. Wilberforce Community is located within the Western Urban district. The district experiences high temperatures throughout the year. The hottest month is April just before the main rainy season, with mean temperature of 31.2° C over the past decade, while the coolest month is August (23 °C over the past decade). The rainy season is from May to November while the dry spell lasts from December to April. The average annual rainfall is 2945.3mm. There are no economic activities within the premises of the health Center. Although the facility is in Wilberforce, its sphere of influence covers the whole of Freetown. Freetown has a population of 1,236,000 with an estimated annual growth rate of 2.83% per annum. Wilberforce Community Health Centre generated 25 kilograms of health care waste daily. The waste largely consists of general waste-refuse notably food residue and paper. Sharp waste in form of syringes, needles, and empty vials. Other waste generated in limited quantities include placentas that maternity ward and expired drugs from the store. The waste is collected in bins, transported by hand, and burnt at the back of the facility.

Officials of MoHS, SL-Environmental Protection Agency, Wilberforce Municipal Basic School and Wilberforce Police Post as well as staff of Wilberforce Health Centre were consulted as part of the preparation of the ESMP. Issues discussed included temporary relocation of health center, proposed start date of the project as well as how to deal with noise pollution and other grievances. Letters and face-to-face meetings (with COVID-19 protocols duly observed) were the main tools used during the consultation process. Key issues discussed included accident/incidence report, Gender based Violence preventive measures and referral pathway, noise pollution and its effects on adjoining land use activities such as academic work the Wilberforce Primary and Junior High School as well as the health and safety of school children, patients, and employees at the Wilberforce Community Health Center. Measure to mitigate the potential displacement of services at the Facility and the resident Community Health Officer were also discussed and conclusions including temporary relocation of the facility and the resident Community Health Officer were reached. These have been captured in the Environmental and Social Management Plan.

The ESMP identifies anticipated project risks and impacts during the construction, operational and decommissioning phases of the project. These include accidents involving site workers, patients and/or workers at the facility, exposure of same to SARS COV-2 virus and other pathogens and generation of construction waste as well as temporary displacement of the in and out-patients services at the facility. During operational phase, there will be generation of general, sharp, pharmaceutical, and chemical waste notably used needles, syringes and vials as well as expired drugs, reagents and placentas which can be infectious and/or hazardous-putting patients, workers and the general public at risk of infectious, communicable and non-communicable diseases and injuries.

Mitigation and compensation measures have been proposed in the ESMP including training programmes for waste handlers and staff of the facility, enforcement of the use of Personnel Protective Equipment (PPEs), implementation of SL-SOPs prepared in line WHO COVID-19 guidelines and Good International Industry Practices. A focal person to receive GBV/SEA/ SH complaints and other grievances have been proposed in the ESMP together with other preventive, accountability, and reporting measures for GBV/SEA/SH in line with the survivor centered approach. Other mitigation measures include temporary relocation of the inpatient and outpatient services at the facility so that patients do not lose out. To ensure that the Community Health Officer (CHO) and his household are safe during the construction phase; they will be temporarily relocated at cost to the Ministry of Health and Sanitation. These mitigation measures have been costed and responsible parties for implementation have been included in the Environmental and Social Management Plan.

The Ministry of Health and Sanitation (MoHS) will be responsible for environmental and social monitoring and reporting during the construction phase. The Ministry has the Integrated Health Project Administration Unit (IHPAU) charge with the responsibility of judiciary and procurement under Bank funded project. The Unit is also responsible for ensuring environmental and social management, monitoring and reporting on the Bank's funded projects. IHPAU has a Safeguards Unit staffed with a Social Safeguards Specialist, Environmental Safeguards Specialist, and a Waste Management Specialist.

The facility belongs to the Ministry of Health and Sanitation (MoHS). The ministry will be responsible for operational phase maintenance including ensuring the provision of PPEs, cleaning materials and sanitation facilities are provided and maintained at the facility. It will also ensure that safeguards requirement is always met. The Community Health officer (CHO) in charge of the facility will ensure that the environmental, social, health and safety requirements are always met during the operational phase.

The estimated cost for implementing this ESMP (inclusive of environmental and social monitoring), outside the works contract price is estimated as Twenty- Four Thousand, Eight Hundred United States Dollars (USD 25,800.00). Table 5.5 presents the summary cost estimates and the proposed sources of funding.

A grievance redress mechanism for the general population, site workers, GBV survivors and emergency response procedures for routine hazards have also been prepared as part of the ESMP. Contractual clauses to be inserted into the contract/bid documents as well as a sample code of conduct for site workers have also been attached in the appendices (see Appendix E and F respectively).

In conclusion, the negative environmental and social impacts/risks associated with the execution of the project are not significant enough to offset the benefits, if the ESMP is implemented. The safeguard unit at IHPAU will take cognizance of all negative impacts/risks identified in this report and ensure that the project is executed to the meet the requirements of Sierra Leone's environmental and social laws as well as the relevant World Bank Environmental and Social Standards (ESSs).

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND

The Government of Sierra Leone is implementing the Sierra Leone COVID-19 Emergency Preparedness and Response Project Additional Financing. The World Bank is providing support to the Government for preparedness planning to provide optimal medical care, maintain essential health services and to minimize risks for patients and health care facility workers. 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 expected outcome is to build resilient health systems to set the foundation for an efficient, effective, and accountable health system to increase coverage and uptake of health services, reduce morbidity and mortality rate. The components of the projects are:

- Component 1: Supporting National and Sub national Public Health Institutions for Prevention and Preparedness
- Component 2: Strengthening Multi-Sector National Institutions and Platforms Development and Coordination of Prevention and Preparedness using One Health approach
- Component 3: Emergency COVID-19 Response
- Component 4: Implementation Management and Monitoring and Evaluation

Under subcomponent 2 (Health System Strengthening) of Component 3 (Emergency COVID-19 Response), the project is financing the rehabilitation/renovation designated health care facilities including the Wilberforce Community Health Centre.

The rehabilitation/renovation of Wilberforce Community Health Centre is expected to carry risks and adverse impacts on the environment, social systems and human health during the construction and the operational phase. An environmental and social screening exercise concluded that the project be categorized as one carrying “Moderate” environmental and social risk under the World Bank Environmental and Social Framework. The Bank, subsequently, recommended the preparation and approval of an Environmental and Social Management Plan (ESMP) prior to commencement of works, hence, the preparation of this plan.

1.1 Sub Project Description

The project involves the rehabilitation/renovation of Wilberforce Community Health Centre. The facility is a single storey (ground floor only) with Adolescent Youth Friendly Service Unit attached). The estimated size of the facility 0.52 acres. The project activities involve re-roofing and replacing all damage zinc roofing including rafters, purlins, and corner ridges (see

Appendix C: Plate 1 for defective ceiling), fixing defective ceiling, removing and fixing all broken doors and windows and painting. The health center is having an existing ramp for PLWD to access the facility.

Other aspects of the civil works are replacing all damaged electrical fittings, removing, and fixing all damaged PVC pipes, sinks, toilet seats and wash hand basins as well as fencing of the facility-block and steel reinforcement to increase the height and strength of the fence. Technicians under the supervision of a qualified engineer will undertake these activities. It is estimated that rehabilitations/renovations will be completed within three (3) months.

1.2 Site Location/Access

The site is located at Wilberforce Community, near the Wilberforce Municipal Primary School. The facility is about one kilometer north of Wilberforce Roundabout. The site is accessible via Spur Road via Aberdeen Road. The facility is also accessible from Wilberforce Main Motor Road via Waterside Road. It is also directly accessible from Wilberforce Roundabout using Reagent Street. The Wilberforce Police Post and the Wilberforce Municipal Basic School are within the project vicinity (see Appendix A for Location Map).

1.3 Site Description

This facility is built on a slope with concrete fence except the western boundary. The site is built up. In addition to the main clinic block, there are Adolescent Youth Friendly Service, a structure (labor and post-natal ward), the proposed structure for the laboratory, a toilet facility of the resident Community Health Officer. The Wilberforce Police Post shares a boundary with the Facility in the North (see Appendix B for project site and surrounding land uses). There is also a residential property west of the property. The frontage of the facility (southern front) has a basketball court with free access (see Appendix B and Appendix C: Plate 1). The site slopes to the west. The facility has drains.

1.3.1 Existing Infrastructure at the Facility or Site

The main sandcrete clinic block has two (2) observation wards with six (6) beds, out-patient department, consulting room, anti-natal room, a store and two toilets (one for staff and the other for patients). In addition, there is an Adolescent Youth Friendly Service Unit that accommodates labor room and post-natal wards that has 2-beds. It is made of sandcrete. Another sandcrete structure is proposed to serve as a laboratory. On the premises, there is a toilet facility for the family of the resident Community Health Officer, a Placenta Pit, and non-functional single chamber incinerator. The family of the CHO occupies a single room at the basement of the main clinic. Apart from these, there is a wooden structure, which serves as a triage (see Appendix C: Plate 11 to 17 for pictures of infrastructure and facilities on site). There is a ramp in front of the facility to aid Persons Living with Disability to access the health center (see Appendix C Plate 3).

The Community Health Officer and his household (household size of 5) occupy a single at basement of the facility (see Appendix C: Plate 19 for wife of the Community Health Officer).

1.3.2 Electricity and Water Supply

The site has access to grid electricity as well as solar panels (one) and a standby 50kva generator. Furthermore, the facility is connected to the national pipeline, it also has three (3) overhead water tanks which serve as a reservoir as well as a borehole (hand pump) (see Appendix C Plate 17 for pictures of the existing borehole at the facility).

1.3.3 Sub Project Activities and Labor Force

Activities to be undertaken as part of the renovation/rehabilitation works are:

- i. Re-roofing-change and replace all damage zinc roofs including rafters, purlins, and corner ridges (see Appendix C: Plate 18 for defective ceiling)
- ii. Fixing defective ceiling-remove and replace all damaged hard boards
- iii. Doors and Windows-remove and fix all broken doors and windows and paint
- iv. Electrical installation-replace all damaged electrical fittings
- v. Plumbing-remove and fix all damaged PVC pipes, sinks, toilet seats and wash hand basins
- vi. Complete fencing of the facility with cement block and steel reinforcement to increase the height and strength of the fence

Ten (10) semi-skilled labor (masons, welding technicians, carpenters, steel benders painters) and 10 unskilled such as laborers. An engineer and a supervisor will constitute the skilled labor force.

1.3.4 Services Provided at Wilberforce Community Health Centre

The Wilberforce Community Health Centre provides the under listed services to communities within its catchment, namely, Wilberforce Village, Wilberforce Valley and Tengbeh Town:

- Antenatal and Post Natal Clinic;
- Nutrition Services;
- Maternity;
- HIV Clinic (Prevention of Mother to Child Transmission);
- Family Planning Service;
- Pharmacy Services;
- Mini-laboratory Services;
- Immunization including COVID-19 vaccination;
- Outpatients Services; and
- Under Five Clinic.

The facility receives up to fifty patients (in and outpatients) per day.

1.4 Objective of Study

The main objective of the study is to examine the rehabilitation/renovation of Wilberforce Community Health Centre to identify its environmental impact and prepare an environmental

and social management plan (ESMP) to mitigate the adverse impacts of the proposed development in line with Sierra Leonean law, Environmental Protection Act, 2008 and the relevant World Bank ESSs.

The ESMP also seeks to identify impacts/risks as well as define and outline the avoidance mitigation/management and monitoring, measures to be undertaken during project implementation and in the post construction phase of the project to prevent, minimize, mitigate, or compensate for the environmental and social impacts/risks associated with the project. In addition, the ESMP seeks to enhance the project's beneficial impacts.

1.5 Scope of the Assignment

The proposed sub project involves the rehabilitation/renovation of Wilberforce Community Health Centre at Wilberforce community. The scope of work for the assignment is to prepare an Environmental and Social Management Plan (ESMP) in line with Sierra Leonean law, Environmental Protection Act, 2008 and World Bank ESS 1.

1.6 Methodology

The approach to the preparation of the ESMP is in accordance with the World Bank ESF, which contains environmental and social standards that borrowers must apply to all projects for the projects to be sustainable, non-discriminatory, transparent, participatory, environmentally and socially accountable as well as conform to good international practices and Sierra Leonean law, Environmental Protection Act, 2008. The assignment was carried out in four different phases, which are as follows:

- Literature review;
- Site visit and inspection (see Appendix C: Plate 2 for site visit pictures); and
- Stakeholder consultations (see Appendix C: Plate 3 to 9 for consultation pictures)

CHAPTER TWO

2.0 LEGAL AND POLICY FRAMEWORK

2.1 National Legal and Policy Framework

There are several laws in Sierra Leone concerned with development, public health issues and the environment in general. The major environmental laws related to this project are listed below:

- i. Environmental Protection Agency Act, 2008;
- ii. The Persons with Disability Act, 2011
- iii. The Freetown Improvement Extension (Amendment) Act, 1964;
- iv. The Public Health Ordinance, 1960;
- v. Pharmacy and Drugs Act, 2001 (as Amended in 2007);
- vi. National Medical Supplies Agency Act, 2017;
- vii. The Factories Act of 1974;
- viii. Regulation of Wages and Industrial Relations Act 1971 (No. 18);
- ix. The National Fire Service Act, 1980;
- x. Child Right Act, 2007;
- xi. Sexual Offences Act, 2012 as Amended in 2019;
- xii. The Hospital Boards Act 2003 (Amended in 2007);
- xiii. Sierra Leone Health Service Commission Act, 2011;
- xiv. Local Government Act, 2004;
- xv. The Births and Deaths Registration Act 1983;
- xvi. The Midwives Act - (Cap 153); and
- xvii. The Nurses Act - (Cap 152)

In addition to the above legislations, the proposed project will reflect aspects of the under listed national policies:

- National Health Policy;
- Sierra Leone Local Content Policy of 2012;
- National Policy on the Advancement of Women; and
- National Policy on Gender Mainstreaming

2.2 World Bank Environmental and Social Framework and Accompanying Standards

The World Bank ESF seeks to support borrowers to 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 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 (ESS) are:

- i. Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental and Social Risks 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 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.

The relevant Environmental and Social Standards are presented in Table 2.1.

Table 2.1: Relevant Environmental and Social Standards

Relevant Environmental & Social Standard		Required Measures and Actions
ESS1-Assessment and Management of Environmental and Social Risks and Impacts	Relevant	The Environmental and Social Management Framework (ESMF) requires an ESMP for activities such as minor renovation and rehabilitation works rated moderated under the ESF during the environmental and social screening using the template presented in the ESMF.
ESS2-Labor and Working Conditions	Relevant	Project workers will be managed in accordance with the requirements of national laws and legislation as well as terms and conditions of employment, nondiscrimination and equal opportunity, and establishing/managing worker’s organizations for construction companies. Restrictions on child labor and forced labor are to be followed The Occupational Health and Safety (OHS) measures to ensure the health and safety of workers are in line with the COVID-19

Relevant Environmental & Social Standard		Required Measures and Actions
		<p>Emergency Response and Preparedness Project ESMF, IPC&WMP.</p> <p>The Grievance Mechanism for workers and the roles and responsibilities for monitoring such work-based grievance redress mechanisms has been incorporated into the contract requirements and are implemented during the construction and operational phase.</p> <p>Provisions to prevent GBV/SEA/SH, including specific Codes of Conduct for contracted workers in line with relevant national laws and legislations will be observed.</p>
ESS3-Resource Efficiency and Pollution Prevention and Management	Relevant	<p>Pollution prevention, resource conservation and IPC&WMP measures in the Project ESMF and Health care Waste Management Plan are in-corporate into the ESMP.</p>
ESS4-Community Health and Safety	Relevant	<p>The rehabilitation and renovation of the facility follows ESMF prescribed measures to avoid any form of Sexual Exploitation, Abuse and Harassment (SEA/H) by following the ESCPs and World Bank SEA/SH Good Practice Note for all project workers.</p> <p>The rehabilitation and renovation of the facility follows ESMF prescribed measures to ensure community health and safety including measures to prevent and minimize exposure and community spread of SARS COV-2 virus and maximizing the safety of workers and patients at the facility during the construction and operation phase</p>
Environmental and Social Standard 5 (ESS5): Land Acquisition, Restrictions on Land use and Involuntary Resettlement	Relevant	<p>The facility will be temporarily re-location on the account of the health and safety of workers, patients and visitors during the construction phase</p> <p>The Community Health Officer staying on the premises will be temporarily displaced during the construction phase on health and safety grounds, but his livelihood will not be</p>

Relevant Environmental & Social Standard		Required Measures and Actions
		affected as he is civil servant and salary will be paid by govern during this period
Environmental and Social Standard 6 (ESS6): Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Relevant	<p>No critical and natural habitats will be impacted under this sub-project as the facility is in a built-up area. None of the sub-project activities has the potential to introduce invasive species into the community</p> <p>The project does not involve any production and/or harvesting of natural resources, for example forest products</p>
Environmental and Social Standard 7 (ESS7): Indigenous Persons/Sub Saharan African Historically Underserved Traditional Underserved Traditional Local Communities	Not Relevant	These categories of persons and communities are not found in Sierra Leone
Environmental and Social Standard 8 (ESS8): Cultural Heritage	Relevant	Much as the Wilberforce Community Health Centre is not located within or close to culturally sensitively areas and there is the possibility of a “Chance Find” during excavations for the completion of existing fence wall and rehabilitation works
Environmental and Social Standard 9 (ESS9): Financial Intermediaries	Not Relevant	No Financial Intermediaries are involved in this sub-project
ESS10-Stakeholder Engagement and Information Disclosure	Relevant	The MoHS has undertaken appropriate community and stakeholder outreach for this the rehabilitation/renovation works and will establish accessible, transparent, participatory, time bound grievance redress mechanisms following the Stakeholder Engagement Plan (SEP).

2.3 World Bank Environmental Screening Categories

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 undertaken in country socio-political conditions as well as the capacity of the borrower to manage the associated impacts/risks. Projects classified as category 'High' Risk carry very significant and mostly irreversible environmental and social impacts/risks and are considered as high-risk activities requiring environmental and social impact assessment. Projects are categorized as high risk if, they are to be implemented in countries or regions with a history of social conflict, uncertain or weak regulatory environment and the borrower has a weak capacity to manage risks/impacts. High risk projects also have long term, irreversible significant, cumulative trans-boundary impacts/risks that are difficult or sometimes impossible to mitigate.

Substantial Projects are less complex medium scale projects. Such projects have, less adverse impacts compared to high-risk project, which are mostly temporary reversible. Projects rates as substantial may have trans-boundary impact but the impacts/risks can be readily mitigated. For projects in this category, they are implemented in countries and regions, in which there are concerns about social conflicts, the capacity of the borrower which can be addressed. Projects rated as moderate have impacts of low magnitude which are predictable, temporary, reversible site specific and easily mitigated, while those rated 'low' have minimal to negligible impacts may not require any environmental and social assessment.

The World Bank rates this sub project as Moderate. The anticipated adverse impacts and risks associated with the project activities are mostly predictable, temporary, and reversible and can be mitigated through the preparation and implementation of an Environmental and Social Management Plan (ESMP). The Bank has indicated that an ESMP should be prepared for review and approval by the Bank prior to the commencement of works. The environmental assessment for a Moderate project includes:

- Examining the project's potential negative and positive environmental impacts
- Recommending measures to prevent, minimize, mitigate, or compensate for adverse impacts; and
- Recommending measures to improve on environmental performance.

2.4 Relevant World Bank Group Guidelines, 2007

a. World Bank Group EHS Guidelines, 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 are relevant for this project.

b. World Bank Good Practice Note: Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing involving Major Civil Works

The Good Practice Note operationalize and discusses the scope, prevention, minimization, and mitigation measures for Gender based Violence risks that are associated with Bank Investment Project Financing. It covers Sexual Exploitation and Abuse (SEA)-exploitation of a vulnerable position differential power or trust for sexual favors and actual or threatened sexual intrusion, Workplace Sexual Harassment (SH) in the form of unwanted sexual advances, request for sexual favors and sexual physical contact as well as human trafficking (Sexual slavery, coerced transactional sex, illegal transaction people movement. Also presented in the guidance note are non-SEA issues-physical assault, psychological and physical abuse, denial of physical services and resources together with intimate partner violence. In responding to project related GBV/SEA/SH risks, the document proposes adaptable survivor-centered as well as risk and evidence-based approaches that emphasize prevention and risk minimization-especially risks that harm girls and women. It also alludes to the importance of building on local knowledge through stakeholder engagement and continuous monitoring and learning.

Strategies to be implemented by various actors throughout the project cycle to identify GBV/SEA/SH risks on bank-financed projects include risk mapping, assessment, and stakeholder consultation. Mitigation and minimizing measures such as the use of Codes of Conducts, GBV Service Providers and Environmental and Social Management Plans in addition capacity assessment are discussed in the document. The guidance notes also layouts monitoring and evaluation requirements and stresses the need for sensitization and capacity building for stakeholders.

c. 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 because of COVID-19. The interim note is useful for both PIU staff and Project Consultants and Contractors

2.5 Relevant Technical WHO Guidelines for COVID-19 Virus

The World Health Organization since the outbreak continues to issue several 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.

a. 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 COVID-19. 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 practices for hand hygiene, sanitation, and plumbing, emptying latrines and holding tanks, transporting excreta off-site, toilets and handling faeces, cleaning practices 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>

b. Rationale on the Use of PPE

This WHO technical reference document is relevant for both site workers and health personnel alike. The guidelines acknowledge disruption in the PPE supply chain because of the outbreak and spread of COVID-19 and outlines measures to minimize the over dependence on PPE amidst the global shortage. This notwithstanding, the guideline underscores the importance of the proper use of PPE as a measure against the spread of the disease. It also outlines activities and personnel requiring PPE, the type of PPE required and settings within which the PPEs will be required. It also emphasizes the need for hand and respiratory hygiene as complementary measures to the use of PPE. <https://apps.who.int/iris/handle/10665/331498>

c. Getting Your Workplace Ready for COVID-19

The document presents simple measures to be implemented within the workplace 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).

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

The Interim note underscores the potential for SEA/SH cases to be on rise during the COVID-19 pandemic and 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).

CHAPTER THREE

3.0 BASELINE CONDITIONS

The baseline information covers the immediate project environs. Baseline information were acquired through the following means: site visits and inspections, literature reviews and consultations with stakeholders. The report considered the adjoining land uses, natural and socio-economic environment of the project zones.

3.1 Land Use Activities within the Project Zone

The site is located at Wilberforce Community, near the Wilberforce Municipal Primary School in the Western Urban district. The facility is in a built-up area and fully functional. The Wilberforce Police Post and the Wilberforce Municipal Basic School are within the project vicinity (refer to Appendix A for Location Map).

3.2 Natural Environment

3.2.1 Topography

The site slopes to the west. The highest point on the premises is 239 feet above sea level, which occurs on the north-western portion of the site, while the lowest point occurs (210 feet above sea level), occurs on the northeastern section of the premises.

3.2.2 Climate

Wilberforce Community is in Wilberforce village, within the Western Urban district in Freetown. Freetown experiences high temperatures throughout the year. The hottest month is April just before the main rainy season, with mean temperature of 31.2° C over the past decade, while the coolest month is August (23°C over the past decade). The rainy season is from May to November while the dry spell lasts from December to April. The average annual rainfall is 2945.3mm.

3.2.3 Soils and Geology

The geology of Freetown consists of Mesozoic intrusion referred to as the Freetown Complex. The complex primarily consists of gabbro and other igneous rocks.

3.2.4 Ambient Air and Noise Levels

Ambient air quality is satisfactory at the premises. No activity generated noise and dust within the premises. The only noise generating activity within the project vicinity were children and youth playing football and volleyball on the adjoining football field and basketball court, respectively, during the afternoon. During the harmattan/dry season, dust levels may be elevated due to the influence of the northeast trade winds.

3.3 Socio-Economic Characteristics

3.3.1 Population of the Sphere of Influence

Although the Wilberforce Community Health Centre to be rehabilitated/renovated is located in Wilberforce, Freetown, its sphere of influence in terms of its core functions extends to the whole of Freetown. The total population of Freetown is currently estimated to be 1,236,000, of which males constitute 619, 236 (50.1%) while females are 616,764 (49.9%). The population is estimated to be growing at 2.78% per annum.

3.3.2 Economic Activities on the Site

There are no economic activities within the premises of the Wilberforce Community Health Centre.

3.4 Estimated Quantity of Health care Waste Generated from the Facility

To estimate the quantity of waste generated at the facility, the following were undertaken:

- healthcare workers, patients and visitors were oriented to place waste in designated bins;
- waste bins with liners were positioned at all the points of care/waste generation at every department in the Wilberforce Community Health Center;
- All generated waste were weighed separately using a 150kg capacity weighing scale;
- The waste generated in each department were collected and weighed two (2) times a day (morning and evening) for seven (7) consecutive days from 13th to 19th July 2022;
- Waste generated during the night shift were weighed in the morning (7.00-8.00am) likewise, all waste generated during day (day shift) were weighed and recorded before the end of days' shift (6.00-7.00pm) (see Appendix C for details);
- Data were entered and analyzed using Microsoft Excel; and
- The summation of the morning and evening weighs provided the daily total quantity of waste generated for the facility-presented in Table 3.1.

Table 3.1: Total Amount of Waste Generated Per Day at Wilberforce CHC

Days	Patient Flow (Daily)	Amount of Infectious solid waste generated in Kg/day		
		Morning Shift	Late Shift	Total
Monday	12	2.9	4.5	7.4
Tuesday	17	3.5	4.9	8.4
Wednesday	19	1.7	5.1	6.8
Thursday	23	2.4	7.1	9.5
Friday	10	0.8	4.5	5.3
Saturday	6	1.3	3.4	4.7
Sunday	7	0.4	3.9	4.3

Source: Based on Field Measurements

Table 3.1 reveals that the Wilberforce Community Health Centre generates maximum of 9.5 kilograms of health care waste per day on Thursdays with the lowest value being 4.3 kilograms per day occurring on Sunday. Thursday recorded the high amount of waste generated during week because it is the antenatal and early childhood immunization day for the health center. Sundays were lowest because a few services like immunization and the HIV clinic are not available.

The bulk of health care waste generated at the facility is general waste-refuse such as food residue and paper, which constitute about 85% of the waste generated. Sharp waste in form used needle, syringes and vials are generated from the facility. Placentas, human fetus, and blood are the only forms of anatomical waste generated at the facility mainly from the maternity ward. The facility store generates expired drugs once a while. Working with the maximum value and adjusting for 10% future growth (10 years) and seasonal variation, we estimate that maximum amount of waste that will be generated from the facility potentially is 10.45 kg per day.

Liquid waste is generated from the two (2) toilets at the outpatient department as well as the bathroom at the maternity ward at Adolescent and Youth Friendly Centre. The liquid waste ends up in an in-situ septic tank connected to a soak-away.

3.5 Existing Health Care Waste Management Practices at the Facility

At all point of generation, the facility has three bins for the collection of infectious wastes, general wastes, and sharp wastes but segregation is not maintained during transporting, storage, and treatment. Infectious and sharp wastes are transported by hand, as there is no covered trolley nor wheeled bin to transport health care waste. Some of the bins have no bin liners.

The facility has waste storage and treatment area, but the incinerator is non-functional due to poor design (e.g., blocks are not heat proof) and poor operation principles. Infectious wastes are burnt in the open. The Pharmacy Board collects expired drugs from the facility for safe disposal.

Placentas are disposed-off at the in-situ placenta pit with a well-designed vent pipe. Liquid wastes-black water and gray water is channeled into a septic tank with a soak way pit, while storm water is channeled through open drains.

CHAPTER FOUR

4.0 STAKEHOLDER CONSULTATIONS

4.1 Stakeholder Identification

Stakeholder identification and consultation is an integral part of an Environmental and Social Management Plan. Primary stakeholders are directly affected by the project impacts and outcomes, while secondary stakeholders are affected only indirectly. Workers and patients who visit the Wilberforce Community Health Centre, Wilberforce Police Post and Ministry of Health and Sanitation are the primary stakeholders of this project, while the Environmental Protection Agency as well as the Wilberforce Municipal Basic School are the secondary stakeholders identified under this project. These stakeholders were identified based on review of safeguards reports for similar HCF refurbishment assignments.

4.2 Stakeholder Consultation

The stakeholders consulted were the Ministry of Health and Sanitation staff at the Wilberforce Community Health Centre. Informal discussions were held with the Environmental Protection Agency as well as Wilberforce Municipal Basic School and Wilberforce Police Post (see Appendix C: Plate 3 to 9 for consultations pictures, consultation sheets in Appendix D for Consultation Sheets and Minutes of Community Meeting and Appendix H for Correspondence on the Temporary Relocation of the Wilberforce Community Health Centre and the Community Health Officer who stays on the premises).

4.3 Consultation Process and Channel Used

The consultation process involved arranged meetings with stakeholders as well as official letters.

4.4 Consultation Matrix

The matrix of decisions taken at the stakeholders' consultation as well as issues discussed, meeting attendance and date of consultation are captured in Table 4.1

Table 4.1: Consultation Matrix

Stakeholder		Date of Consultation	Attendance/ No. Of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at
Freetown Council	City	6/12/21	3	Formal Letter Face to Face Meeting	<ul style="list-style-type: none"> - Explain background to ESS - Temporary relocation of CHC - Temporary relocation of CHO - Engineer Plan for rehabilitation - Monitoring role - GBV/SEA/SH issues and mitigation - Air and noise pollution - Accident and incidents 	<ul style="list-style-type: none"> - The rehabilitation works will start only when relocation is done - CHO will be relocated by MoHS - A temporary structure will be constructed and made available for relocation by FCC - The Environmental and Social Officer will support FCC to monitor the ESMP - Locals such as skilled and unskilled workers will be employed for the rehabilitation to prevent GBV/SEA/SH - FCC clerks will work on site daily - Community meeting will be conducted to sensitize community about noise and air pollution - Report on accident and incident should be reported to FCC, IHPAU, and DHMT/MoHS within 24 hours.
Wilberforce Municipal Primary		3/12/21	2	Face-to- Meeting	<ul style="list-style-type: none"> - Overview of the project 	<ul style="list-style-type: none"> - Teachers will assign on rotational basis to supervised children

Stakeholder	Date of Consultation	Attendance/ No. Of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at
and Junior High School				<ul style="list-style-type: none"> - Children and workers safety at school - Reporting of incidents - GBV/SEA/SH issues - Awareness raising - Noise and air pollution 	<ul style="list-style-type: none"> - Announcement and other measures would be put in place to keep children away from construction site. - Dangers concerning construction works should be explained to the children - Apply first Aid - MoHS and contractors will be informed of any incident within 24hrs - Children should sensitize daily at school assembly on GBV/SEH/SH issues/risk - All GBV/SEA/SH should be reported - IHPAU will give brief training on GBV/SEH/SH and occupational safety to contract workers. School authorities and PTA Reps before construction starts. - School will be informed about noise and air pollution and other ways to keep the school kids and community away from the site

Stakeholder	Date of Consultation	Attendance/ No. Of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at
Wilberforce Community (Neighbor-hood)	11/12/21	15	Neighborhood Meeting	<ul style="list-style-type: none"> - Project description component and duration - Temporal relocation of activities at Wilberforce Community Health Centre - Health and safety of residents of the immediate zone, patients, workers etc. - Accidents/incidents and accident/incident reporting - GBV/SEA/SH issues/ reporting and referral based on the survivor consent - Grievance redress Mechanisms and composition of Sub- 	<ul style="list-style-type: none"> - The Wilberforce Community Health Center will be temporarily to site next to Community Centre about 20 meters from the existing facility - Nurses and other workers at the facility will not lose their livelihoods (salary) as they are pink coded government workers - A health and Safety Officer will be appointed to monitor the contractor - All incidents, accidents, GBV issues and complaints should be reported to the Grievance focal persons to be nominated - Notices and announcement will be made to direct patients to the temporary site for the Wilberforce Community Health Centre

Stakeholder	Date of Consultation	Attendance/ No. Of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at
				Project grievance redress Committee	
Wilberforce Community Health Centre Facility Management Committee	29/11/21	4	Face-to-Face Meeting	<ul style="list-style-type: none"> - Temporary Relocation - Services delivered by the CHC - Responsible person for relocation - Time period for the construction of temporary structure - Temporary relocation of CHOs 	<ul style="list-style-type: none"> - Empty lands have been located by DHMT, FCC and the community stakeholder for a temporal structure to be erected whilst rehabilitation is going on - Two alternatives empty lands have been suggested but the most feasible one is next to the Community Centre - The same services are intended to be delivered when the facility is relocated - The temporal facility is intended to protect the patients from elements - The Council will support for the relocation - The construction of the temporary structure will take 3 months - The Facility Management Committee Chairman (Mr. Jones)

Stakeholder	Date of Consultation	Attendance/ No. Of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at
					assured that the CHO will be adequately provided for during relocation
Wilberforce Police Post	10/12/21	2	Face-to-Face Meeting	<ul style="list-style-type: none"> - Project Description and Components - Generation and Dust - Accidents and Accident Reporting - GBV/SEA/SH issues - Grievance Redress Mechanisms for the Sub-Project - Information flow 	<ul style="list-style-type: none"> - Noise and dust generation activities can be undertaken over the weekend when the staff is lean - The Police neighborhood and will assist in enforcing traffic rules and other relating housekeeping among others - Notification of the Police Command in the event of noise and dust generation activities and inconvenience activities at least 24 hours ahead of time - Grievance redress Committee will be formed and it will be involved membership from the Police Post - A focal person will be nominated to receive grievance, there also the ACC platform for registering complaints

Stakeholder	Date of Consultation	Attendance/ No. Of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at
					<ul style="list-style-type: none"> - Grievance Redress Committee Members be trained - There will disclosure of project documents and site meeting to provide information on implementation progress and provide you with avenues for asking questions
Wilberforce Community Health Centre Facility Management Committee	31/07 21	2	Site visit and discussions on the proposed site for the temporary re-location of Wilberforce Community Health Centre and the Community Health Officer (see Plate 21 in Appendix C)	- Screening of the proposed site for temporary relocation of the Wilberforce Community Centre	- The site is fit for purpose. It can accommodate the three containers that will be serve as the Wilberforce Community Centre. The community will support the Community Health Officer to find temporary accommodation in the Wilberforce Community.
Community Health Officer and	31/07/21	2	Inspection of 3 metal containers	- Suitability of the three containers that the	- The containers are suitable for the proposed re-location. Once

Stakeholder	Date of Consultation	Attendance/ No. Of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at
			to be used temporary as the Wilberforce Community Health Centre (see Plate 22 in Appendix C)	Freetown City Council has made available for the proposed temporary relocation of the Wilberforce Health Centre. - Retrofitting the three containers	ventilation and electricity are provided it will be possible to undertake deliveries in them. The container can also be painted and partitioned to provide space for all various services currently being offered at the facility The three containers are adequate for the proposed temporary health facility

CHAPTER FIVE

5.0 ENVIRONMENT AND SOCIAL MANAGEMENT PLAN

5.1 Introduction

This chapter provides a description of activities to avoid, minimize and/or mitigate the environmental and social risks and impacts of the proposed sub project as well as an indication of responsibilities of organizations or individuals who will be involved in environmental and social monitoring of the project.

5.2 Implementation of the Environmental and Social Management Plan (ESMP)

In general, environmental impacts that will occur during project implementation include both positive and negative impacts that may emerge in the short, medium and/or long term. Responsibility for most of the mitigation measures lies with the various works contractor who will be selected to implement the works and costs involved are expected to be part of and be included in the Works Contracts. Operational phase mitigation measures are the responsibility of the MoHS.

The ESMP is presented in Table 5.1 to 5.3 showing the:

- i. Activity;
- ii. Potential E&S Risks and Impacts;
- iii. Proposed Mitigation Measures;
- iv. Responsibility Party; and
- v. Budget.

There is also an accompanying monitoring framework in Table 5.4.

Table 5.1: Environmental and Social Risks and Mitigation Measures during Construction Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
General construction activities - Noise and Air Pollution	Intermittent noise would be generated during the implementation of construction activities such as removing of roofing and replacing all damage zinc including rafters, purlins, and corner ridges. Background noise level at the site and its immediate environs may also increase intermittently due to the movement of delivery vehicles and haulage trucks entering or exiting the site during the construction phase. This can inconvenience residence and workers in the project vicinity as well as staff and pupil/students of the nearby schools.	<ul style="list-style-type: none"> - Concentrate noisiest types of work into a short period as much as possible, and during least disruptive times of the day (before 6.00 am and after 4.00pm) and days that school is not in session (weekends) - Concrete mixers will be fitted with mufflers to minimize noise 	Sub-Project Contractor	No Separate Cost (<i>Cost captured as part of BOQ</i>)
	Exposure to cement dust, emissions from paints, thinners, and pesticides for treating wood and other solvents as well as delivery	<ul style="list-style-type: none"> - Painters and workers engaged in the treatment of wood off-site will be made to wear nose masks, gloves, overall and boots. - Good ventilation will be provided on site 		

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
	vehicles can reduce ambient air quality and put site workers and staff and students within the project zone at the risk of respiratory tract diseases.	<ul style="list-style-type: none"> - Equipment and vehicles will be turned off when not in use - Debagging of cement will be done in an enclosed area by workers wearing appropriate Personal Protective Equipment (PPE) such as overalls, nose masks with HEPA filters, hand gloves and earplugs. - Haulage and delivery trucks as well as equipment on haulage routes will be made to drive at a speed less than 20km/h - Trucks carrying sand and fine particles will be covered with tarpaulin 		
General construction activities – General Pollution management	- Workers on site will generate human waste and refuse notably food residue. Poor housekeeping leading littering in on site, which can clog drainage channels as well as facilitate the outbreak and spread of sanitary related diseases like cholera.	<ul style="list-style-type: none"> - Two (2) mobile toilets one (1) for male and one (1) for female and four (4) refuse colored bins will be provided on site; - Mobile toilets will be dislodged after close of work every day - Refuse will be collected by a private refuse collection company once a day 	Sub-Project Contractor	No Separate Cost (<i>Cost captured as part of BOQ</i>)
General construction activities –	- As part of rehabilitation and renovation works, sections of the existing roof will be removed and	- Off-cuts from pipes, cables, and electrical fittings as well as broken tiles will be reused by the Contractor for other civil works elsewhere.	Sub-Project Contractor	No Separate Cost (<i>Cost captured as part of BOQ</i>)

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
Non-hazardous waste management	<p>rotten timber members that support the roof will also be removed.</p> <ul style="list-style-type: none"> - Removing and fixing of all damaged PVC pipes, sinks, toilet seats, doors, and wash hand basins as well as creating doors and windows and retrofitting the three metal containers that will temporarily accommodate the Wilberforce CHC will produce no-hazardous waste. - Construction waste, if not collected, well stored and disposed of could cause accidents, obstruct the movement of the workers, vehicles and equipment on site and also make the site untidy. 	<ul style="list-style-type: none"> - Wood residue, cement blocks and other waste will be used as fill material. - Waste that cannot be reused will be transported to the approved landfill site (Kington Dumpsite); 		
General construction activities – hazardous	<ul style="list-style-type: none"> - Painting and solvents use as part of painting the facility and the three metal containers that will temporarily accommodate the 	<ul style="list-style-type: none"> - Empty paint and solvent containers will be collected and kept in a well-ventilated storeroom with a paved floor and returned to suppliers to be re-used; 	Sub-Project Contractor	No Separate Cost (<i>Cost captured as part of BOQ</i>)

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
waste management	Wilberforce CHC will produce hazardous waste that can cause skin diseases upon human exposure and poisoning upon ingestion, especially if lead-based paints are used.	<ul style="list-style-type: none"> - Workers involved in painting will be made to use the appropriate PPEs e.g., gloves, nose mask and overall and boots - Lead based paints will not be used under the project 		
General construction activities – Labor issues	<ul style="list-style-type: none"> - The works will create employment for contractors, who will intend employ professionals, artisans, and laborers. - Workers involved in both the rehabilitation works and the installation of the three metal containers that will temporarily accommodate the Wilberforce CHC may be paid rates below the stipulated national minimum wage or may be working under poor service conditions without contracts - The Contractor may practice unfair/discriminatory recruitment practices (e.g., against women) 	<ul style="list-style-type: none"> - Preference should be given to local community in terms of employment for semi-skilled and unskilled labor e.g. artisans - All workers will be given contracts specifying the type of work they are to undertake and their remuneration package as well as the conditions of service in line with the Regulation of Wages and Industrial Relations Act 1971 (No. 18) - A grievance mechanism will be made available to all workers to report any issues associated with labor and working conditions - Contractual clauses (see Appendix E) against rape, defilement and forms of Gender based Violence as well as child and forced labor and discrimination by sex, ethnicity, etc. will be inserted in the Contractor’s Contract document 	Sub-Project Contractor	No Separate Cost (<i>Cost captured as part of BOQ</i>)

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
	and recruit unqualified persons to work on the site and subvert national labor laws, e.g., employ children and minors	<ul style="list-style-type: none"> - Contractual clauses (see Appendix E) will be inserted in the Contract document prohibiting the Contractor/Consultant and their employees from Child Labor, that also makes reporting all Child Labor cases to FSU office or the FSU representative on the Grievance Redress Committee binding on the Contractor and Supervising Engineer - A Code of Conduct (see Appendix F for sample Code of Conduct) will be prepared for contractor's employees to inform them of the sanctions for Child Labor - Workers will have access to an accessible participatory work-based grievance redress system with a focal point for reporting their grievance and receiving feedback (see Appendix J for a Sample Grievance Registration Form) 		
General construction activities – Occupational	Work related accidents such as burns, falls and cuts may also occur due to human errors, workers not wearing appropriate PPEs required for their assignments, poor	<ul style="list-style-type: none"> - Site workers will undergo medical screening before they are employed on site - Site workers will be provided with PPEs (e.g., hard hats, safety boots, earplugs, reflectors, etc.) - The use of PPEs will be enforced at the site 	Sub-Project Contractor	No Separate Cost (<i>Cost to be capture in BOQ</i>)

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
Health and Safety (OHS)	installation of equipment like scaffolds and mechanical faults on equipment as well as well as poor housekeeping. These accidents may also occur during the transportation and installation of the three metal containers that will temporarily accommodate the Wilberforce CHC as well as during evacuation to and from the temporary facility	<ul style="list-style-type: none"> - Potable water will be always provided for site workers - Daily toolbox meetings will be organized for site workers - A Site Supervisor will be employed to ensure compliance with occupational health and safety protocols on site e.g., wearing of PPEs and facilitate toolbox meetings and ensure good housekeeping, among other roles - Prohibitive, warning, and directional signs will be provided on site - The Contractor will be made to provide at least 3 fire extinguishers on site - Contact numbers of the nearest fire station will be pasted at vantage points on site - Clear sanctions and rewards for non-compliance and compliance respectively will be provided in the Code of Conduct to be signed by workers - Training of site workers in OHS, fire prevention and combating (including fire drills) as well as hygiene will be undertaken once during the construction phase 		

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		<ul style="list-style-type: none"> - The Contractor will notify the Supervising Engineer and the relevant authorities including SL-Police, Factories Inspectorate Department, IHPAU and Local Council of any accident/incident within 12 hours of its occurrence. 		
General construction activities – traffic and road safety	Truck carrying the three metal containers that will temporarily accommodate the Wilberforce CHC, the new roof for the health facility and those carrying construction materials and furnishes to be installed on site could be involved in accidents leading to injuries, fatalities and/or loss of property including livestock as well as cause traffic congestion	<ul style="list-style-type: none"> - Ensure that delivery trucks and construction vehicles drive below the 20km/hr. speed limit - Trucks transporting friable materials (e.g., sand) will be covered with tarpaulin - The truck conveying the metal containers, roofing sheets, purlins to the construction zone will carry appropriate warning signals such as red flags and rotating amber lights - All construction vehicles will be embossed with identification numbers at the rear, front and sides for easy identification - The Contractor will be responsible for cleaning up spillage on any road as well as fixing any damage to property, road and/or utilities within the road space to the satisfaction of regulators and the Supervising Engineers within 24 hours of occurrence 	Sub-Project Contractor	No Separate Cost (<i>Cost to be capture in BOQ</i>)

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		<ul style="list-style-type: none"> - The Contractors will notify the Supervising Engineer and the relevant authorities including SL-Police, IHPAU and Local Council of any road accident within 24 hours of its occurrence 		
General Construction Activities- Community Safety issues	<p>Site workers may be exposed to pathogens including the SARS COV-2 virus can contribute to community spread of infectious diseases such as COVID-19. Poor housing can litter the site and its immediate environs creating pools of stagnant water for the breeding of mosquitoes that cause malaria and other sanitary related diseases like cholera</p>	<ul style="list-style-type: none"> - The Wilberforce Community Health Centre will be relocated to a temporary location to be provided by the Ministry of Health and Sanitation during the construction phase to save staff and patient - Pools of stagnant water will be pumped out daily - A Site Supervisor will be employed to ensure good housekeeping on site - 4 colored coded will be provide o site which will be emptied twice a day 	Sub-Project Contractor	No Separate Cost (<i>Cost to be capture in BOQ</i>)
	<p>Visitors, patients, school children and persons from the community who access the facility can slip and fall. Such persons may also be at risk of getting injured or dying through cuts, hits and burns arising out of negligence by site workers and poor housekeeping on site.</p>	<ul style="list-style-type: none"> - The health facility is fenced with gate which will be locked (day and night) - A warden will be placed at the gate of the premises at all times to prevent unauthorized persons from accessing the premises - Visitors to the site will be screened at the gate, provided with, and made to wear the required safety gear before entering the premises 		

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		<ul style="list-style-type: none"> - The site will clean after work every day and after major waste generation activities - Tools and materials will be stored at designated well marked zones 		
	Construction equipment and trucks could be involved in accidents leading to injuries, fatalities and loss of property or may cause traffic disruptions.	<ul style="list-style-type: none"> - Delivery trucks and construction vehicles will be made to drive below the 20km/hr. speed limit - In addition to the formal vehicle registration numbers all construction vehicles, haulage trucks and equipment will be clearly embossed with two-digit identification numbers in front, at the back and sides for easy identification - The contractor will emboss the company's phone contact boldly on all vehicles and equipment - The Contractor will notify the Supervising Engineer and the relevant authorities including SL-Police, IHPAU and Local Council of any road accident within 12 hours of its occurrence 		
General construction activities - GBV/SEA/SH Issues	Site workers may lure pupil/students, young girls, children, and defile or rape them. Workers may also abuse their wives, partners, children, hawkers, petty traders, and food vendors	- Contractual Clauses (refer to Appendix E) 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;	Sub-Project Contractor	No Separate Cost (<i>Cost to be capture in BOQ</i>)

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
	<p>physically or verbally over misunderstanding over prices of goods and services and other issues.</p>	<ul style="list-style-type: none"> - Contractual Clauses (see Appendix E) with a commitment to cooperate with law enforcement agencies (FSU) investigating cases of gender-based violence will be inserted into the Contract documents of the contractor and supervising Consultant - The Contractor will be required to consider alternative work schedules or shifts to accommodate the hiring of more female workers. - Contractual clauses (see Appendix E) against rape, defilement and other Gender based Violence as well as child and forced labor will be inserted into the contract of the Contractor and Supervising Consultant - Workers on site will sign Code of Conduct (see Appendix F for sample Code of Conduct) with sanctions on rape defilement, abuse, and other gender-based violence - One (1) sensitization workshop will be undertaken for employees of the Contractor/Supervising Consultant as well as persons working or living in the immediate project environs particularly the nearby school 		

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		<ul style="list-style-type: none"> - The Ministry of Health and Sanitation will provide contact numbers of the nearest FSU office, FSU representative on the Grievance Redress Committee and GBV Service Providers to the school, within the immediate project zone - Prohibition posters on sexual exploitation and harassment will be posted in and around the site. - The Contractor will paste the contact numbers FSU office, FSU representative on the Grievance Redress Committee and GBV Service Providers on site 		
General construction activities – Temporary Displacement of Health Facility and Community Health Officer	<p>Continuous operation of the Wilberforce Health Center during the rehabilitation/renovation will not be compatible with the proposed works as it will expose staff and patients to OHS risks such as burns and cuts</p>	<ul style="list-style-type: none"> - In and out-patient services at the Wilberforce Health Center will be temporarily relocated to a site next to the Wilberforce Community Center about 40 meters away from the facility (see Appendix B: Plate 20 for the proposed site for the temporary relocation of the facility and Appendix H for confirmation of the relevant authorities to support the temporary relocation of the Wilberforce Community Health Centre and Community Health Officer) - One-month prior notice will be provided to the authorities of the health facility prior to the 	<p>Ministry of Health and Sanitation</p>	<p>USD10,000.00 (Cost covers site preparation, retrofitting the three metal containers that will temporarily accommodate the Wilberforce CHC including partitioning, painting, provision of doors, windows and rumps for persons living</p>

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		<p>commencement of the rehabilitation/renovation to facilitate the temporary relocation of the facility to the designated site</p> <ul style="list-style-type: none"> - Notices will be posted at the entrance of existing facility to redirect patients to the temporary site where services will be available - A Public Address System will be deployed into the community to inform them about the alternative location where the in- and out-patient services have been relocated prior to the commencement of the rehabilitation works. - The site warden at the gate will re-direct visitors/patients to the temporary health facility 		<p>with disability @ USD 6,000.00; Transportation and setting up of medical equipment/facilities at the temporary facility @ USD 2,000.00; Power and water supply @ USD 2,000.00 (connections only, monthly bills will be paid by MoHS as is currently the case)</p>
	<p>The continuous stay of the CHO and his household will pose a health and safety risk to them during the rehabilitation/renovation of the Wilberforce Health Center</p>	<ul style="list-style-type: none"> - The CHO and his household will be temporary relocated from the facility during the rehabilitation works at cost to MoHS (See correspondence committing FCC and MoHS to the temporary relocation of the Wilberforce CHC and the CHO attached as Appendix H) - The CHO will be notified at least one month ahead of commencement of work to facilitate his smooth relation 		<p>USD 1,000.00 Cost includes six-month rent for CHO and his household in a chamber and hall like what he currently resides in at the facility @ USD 600.00. Transportation cost (including loading</p>

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget (USD)
				<p>and off- loading) to the rented premises and back after the renovation of the health facility is completed @ USD 200.00. Additional incidental cost e.g., electricity and water bills at the rented accommodation @ USD 200.00 (Daily transportation to work and school for the CHO and his household does not apply here, as he will be relocated within the community).</p>

Table 5.2: Environmental and Social Risks and Mitigation Measures during Operational Phase

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget USD
General Facility operation – Workers OHS issues	Workers at the facility including nurses and waste handlers at the facility will be exposed to pathogens including SARS COV-2 virus	<ul style="list-style-type: none"> -Appropriate PPEs including gloves, overalls, masks, face shield and boots will be provided according to their work requirements -All workers at the facility will be vaccinated against communicable and infectious diseases such as SAR COV-2 and tetanus as recommended by the WHO guidelines -Daily inspections will be undertaken to ensure that workers are in appropriate PPEs. -Workers will be trained in the appropriate wearing and use of PPEs at least twice a year based WHO COVID-19 guidelines on appropriate use of PPEs and other GIIPs 	Ministry of Health and Sanitation	USD 2,000.00 <i>Cost covers the organization of four (4) occupational health and safety training for workers at the facility for two years USD500.00 per year</i>
General Facility operation - Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	Staff of the facility as well as residents of Wilberforce may be perpetrators or survivors of rape and other GBV, SEA/SH incidents.	<ul style="list-style-type: none"> - A focal person will be appointed and trained in GBV/SEA/SH to receive GBV/SH/SEA complains, sort and forward them to an appropriate agency - Contact number of GBV/SEA//SH focal person will be pasted in the corridors, consulting rooms, notice boards or otherwise in the facilities -Survivors of GBV/SEA/SH will be given the option to report to the nearest GBV Service Provider/health facility for medical examination/report or otherwise 	GBV/SEA/SH Focal Person Head of the Health Facility	USD 2,000.00 <i>Cost covers the sensitization on GBV/SEA/SH issues, GBV Manual etc. for workers at the facility for two years USD 1,000.00 per year</i>

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget USD
		<ul style="list-style-type: none"> -Survivors of GBV/SEA/SH will be given the option to refer to the case for investigation and prosecution or otherwise. -Staff in the facility will be sensitized on GBV/SEA/SH issues, GBV Manual etc. 		
Wilberforce Health Care Facility operation – cleaning	In appropriate cleaning and disinfection methods can expose workers and patients at the Wilberforce Health Care Facility to infectious diseases, including COVID-19	<ul style="list-style-type: none"> - The facility already has cleaners who are already on the government payroll these workers will continue work at the facility post the rehabilitation - Cleaning staff will be provided adequate cleaning equipment, materials, and disinfectants e.g., sodium hypochlorite - SL-SOPs for health care waste management prepared for the COVID-19 Emergency Response and Health Systems Preparedness Project based on the WHO COVID-19 guidelines (see attached in Appendix G) will be implemented at the facility - Cleaners will be provided with appropriate PPEs such as gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes - *Cleaners will be trained twice every year in proper infection prevention, control, and health 	CHO MoHS*	<p>USD 300.00</p> <p><i>(Cost covers the provision of PPEs e.g., gloves, overalls, masks, face shield and boots for the three (3) cleaners at the health facility @ USD 50.00 per waste handler per year for two years.</i></p> <p><i>After two years, the cost of PPEs will be integrated into the operational cost of the Health Care Facility. Cost of training has been captured above)</i></p>

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget USD
		care waste management best practices (including handwashing prior to and after conducting cleaning activities; how to safely use PPE etc.		
Spillage of specimen and reagents	Contaminated sharps, or drugs may spill in transit, during handling and/or testing putting technicians at risk to exposure of pathogens and hazardous material.	<ul style="list-style-type: none"> - Gloves and protective clothing, including face and eye protection will be worn when staff are cleaning spills. - The spill will be covered with cloth or paper towels to contain it. - An appropriate agent will be poured over the paper towels/cloth and the immediately surrounding area - Disinfectant will be poured concentrically beginning at the outer margin of the spill area, working toward the center. - After the appropriate amount of time (like 30 minutes), the material will be clear away. - If there are sharps involved a dustpan, faucet or a piece of stiff cardboard will be used to collect the material and deposit it into a puncture-resistant container for disposal. - The spill area will be clean and disinfected (if necessary, repeat steps the steps until spill is cleaned 	Facility IPC Committee	No Separate Cost (Cost of training captured as part of workers OHS training cost above)

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget USD
		<ul style="list-style-type: none"> - The contaminated material will be disposed of into a leak proof, puncture-resistant waste disposal container. - After successful disinfection, the hospital in charge will be informed that the area has been cleaned and disinfected. - Training will be provided for staff of the facility and cleaners in spillage containment and clean up as part of staff OHS training 		
Storage of Drugs and Reagents and Vaccines	Drugs, vaccines and reagents may go bad due to temperature excursions, disasters, spillage and physical damage reducing their efficacy	<ul style="list-style-type: none"> - Reagents will be kept at the appropriate temperature and humidity level away from direct sunlight under lock and key - Reagents will be stored based on compatibility and not alphabetical order. - Incompatible substances e.g., acids and alkalis will not be stored close to each other - Material Safety Data Sheets (MSDS) for each reagent, vaccine and drug in stock will be kept at the laboratory and medicine storeroom (pharmacy). - Volatile toxics and odoriferous reagents will be stored in ventilated cabinets. - Inflammable liquids will be stored in approved flammable liquid storage cabinets. 	MoHS* CHO	No Separate Cost <i>(Facility already has refrigerators for storing drugs and other essential)</i>

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget USD
		<ul style="list-style-type: none"> - Only authorized persons in the required PPEs will be allowed to enter the cold room - The facility generator will always be on standby in case of power cuts or fluctuations 		
Collection, Storage, Transportation Treatment and Disposal of Sharps	Sharp waste (syringes, vials, needles, blades, knives, lancets, scalpels, broken glasses etc.) can cause injuries and infections among health workers, sanitation workers and the general population	<ul style="list-style-type: none"> - Sharp waste will be collected in sharp boxes and transported to the Connaught Hospital for treatment and safe disposal - SL-SOPs for health care waste management prepared for the COVID-19 Emergency Response and Health Systems Preparedness Project will be implemented at the facility - *All persons involved in the collection, storage, transportation and disposal of sharp waste will be trained on the relevant WHO COVID-19 Guidelines, Emergency Response, Procedures Infection Prevention and Control Protocols and the Government of Sierra Leone COVID-19 SOPs (see Appendix G of SL-SOP for Health care Waste Management under COVID-19) as well as other GIIPs including the use of PPEs and reporting requirements once a year - Appropriate PPEs including hand gloves, nose mask, boots, overalls and goggles will be provided for all persons involved in waste collection 	CHO MoHS*	<i>No Separate Cost Sharp boxes are provided by MoHS</i>

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget USD
Collection Storage, Transportation and Disposal of Chemical/Pharmaceutical Waste	Expired drugs and other consumables, hazardous in nature, from the facility if not well stored and disposed-off can cause harm with the potential to cause long term or permanent morbidity or mortality e.g., organ failure and environmental pollution	<ul style="list-style-type: none"> - Chemicals and pharmaceutical waste will be kept in specially designated cabinets with the appropriate temperature and humidity levels, away from direct sunlight and under lock and key - Stock inventory will be undertaken to minimize the incidence of expired chemicals and pharmaceutical products - In the event that drugs and other consumables have expired, they will be separated from the other stock and kept in a different cabinet under lock and key - The SL-Pharmacy Board will be notified for collection of expired drugs, reagents and consumables in line with Sierra Leonean law for disposal under supervision. 	CHO	No Separate Cost
Anatomical Waste (Placentas, blood and fetuses)	Anatomical waste to be generated at the facility Workers and patients at the facility include blood, body fluids, fetuses and placentas.	<ul style="list-style-type: none"> - Placentas will be disposed of at the in-situ placenta pit located within the facility or given to the family in line with Sierra Leonean norms. - Blood and other body fluids will be disposed-off into the existing septic tank at the facility. - Cotton wool and gauze soaked with blood and body fluids will be stored in a separate color- 	CHO	No Separate Cost

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget USD
		<p>coded refuse bin and sent to an off-site incinerator at (Connaught hospital) daily</p> <ul style="list-style-type: none"> - SL-Burial teams will be called in to take delivery of infected fetuses for burial in line with SL-Burial Protocols prepared under REDISSE and COVID-19 project (see Appendix G for SL- Burial SOPs). 		
Collection Storage, Transportation of General Waste	<ul style="list-style-type: none"> - Food residue and others will be generated by staff and patients during the operational phase of the facility - Human waste will also be generated during the operational phase which if not properly treated will expose workers, patients and the general public to pathogens. 	<ul style="list-style-type: none"> - Eight (8) color coded bins (black) will be provided within the facility - Refuse will be collected daily by a private entity and sent to the Kington landfill site - Liquid waste (black and grey water) will be channeled into in-situ septic tanks. - Septic tanks will be dislodged at least once a year or when it is full, whichever occurs earlier. - Storm will be channeled through open-drains 	MoHS	<p>USD 400.00</p> <p><i>Cost covers USD 400.00 for eight (8) refuse bins (for the collection of general waste) @ USD 50.00 per bin,</i></p>

Table 5.3: Environmental and Social Risks and Mitigation Measures during Operational Phase

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsible Party	Budget USD
Decommissioning	Failure to dismantle equipment and material residue after the execution of works can lead to accidents	<ul style="list-style-type: none"> - All temporary structures erected by Contractors will be dismantled; - 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; - Unwanted wood residue and other waste will be hauled to the approved final disposal site at Kington. - All equipment and machinery that are usable will be moved to a new project site or sent to the Contractors packing yard. - Non-usable equipment and metals will be sold as scrap to the scrap dealers 	Sub-Project Contractor	No Separate Cost <i>(Cost to be capture in BOQ)</i>
	The temporary health care facility will need to be decommissioned	<ul style="list-style-type: none"> - The water storage tanks, beds and other facilities will be returned to the rehabilitated facility - The three metal containers will be disinfected with sodium hypochlorite and gas and locked up for at least 7 days after which will be transport off site to the Lakka Government Hospital to and re-used 	FCC	USD 1,000.00

5.3 Environmental and Social Monitoring

Ministry of Health and Sanitation has a project department-IHPAU. It will be solely responsible for the monitoring of the ESMP during the construction and decommissioning phase. Directorate of Environmental Sanitation and the Human Resource Management Office of the Ministry of Health and Sanitation will be responsible for operational phase monitoring together with the facility's Infection Prevention Control Committee.

Other institutions, namely, SL-EPA, Freetown City Council and Ministry of Labor and Social Security (Factory Inspectors) may undertake ad-hoc monitoring of the environmental, social, health and safety performance of the project. Relevant legislative instruments such as the Factories Act of 1974, The Local Government Act, 2004 and Environmental Protection Agency Act, 2008/10 back the oversight and monitoring roles assigned to these agencies.

The World Bank will also undertake implementation support missions and recommend capacity strengthening and other measures in support of good environmental and social governance and industry practices. The monitoring roles of other non-state actors such as the public will also be complementary in ensuring smooth project implementation and sound environmental and social performance by the Contractor.

The environmental and social monitoring roles are presented in Table 5.4.

Table 5:4: Environmental and Social Monitoring Construction Phase

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	Supporting Agencies
General construction activities - Noise and Air Pollution	<ul style="list-style-type: none"> • Number of complaints of elevated noise, smoke, and dust levels • Odor 	<ul style="list-style-type: none"> • Daily 	<ul style="list-style-type: none"> • Site Visits • Inspections* 	<ul style="list-style-type: none"> • MoHS (IHPAU Safeguards Unit) 	<ul style="list-style-type: none"> • SL-EPA • Sub-Project Consultant
General construction activities – Occupational Health and Safety (OHS)	<ul style="list-style-type: none"> • Number, type, place, and time of accidents/incidents and/or near misses • Number of OHS and hygiene training programmes provided for contractors’ employees. • Number of workers on site wearing the appropriate PPEs • Presence of Health and Safety Officer on site or otherwise • Site workers level of compliance with OHS standards e.g., wearing of PPEs • Presence of First Aid Kits on site or otherwise • Presence of functional Fire Extinguishers on Site 	<ul style="list-style-type: none"> • Daily 	<ul style="list-style-type: none"> • Site Visits • Contractor’s Accident Records books • Accident/Incident Reports 	<ul style="list-style-type: none"> • MoHS (IHPAU Safeguards Unit) 	<ul style="list-style-type: none"> • SL-EPA • Sub-Project Consultant

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	Supporting Agencies
	<ul style="list-style-type: none"> • Presence of functioning handwashing facilities and hand sanitizers on site or otherwise • Suspected and confirmed COVID-19 cases on site • Number of severe accidents reported to appropriate authorities e.g., IHPAU/MoHS within 12 hours of occurrence 				
General construction activities – General Pollution management	<ul style="list-style-type: none"> • Presence of mobile toilets and refuse bins • Incidence of open defecation on the site and its environs • Presence of littering on the site and its immediate environs • Number of times waste is lifted in a week • Clean site 	<ul style="list-style-type: none"> • Daily 	<ul style="list-style-type: none"> • Site Visits • Inspections 	<ul style="list-style-type: none"> • MoHS (IHPAU Safeguards Unit) 	<ul style="list-style-type: none"> • SL-EPA • Sub-Project Consultant
General construction activities – hazardous waste management	<ul style="list-style-type: none"> • Clean site 	<ul style="list-style-type: none"> • Daily 	<ul style="list-style-type: none"> • Site Visits • Inspections 	<ul style="list-style-type: none"> • MoHS (IHPAU Safeguards Unit) 	<ul style="list-style-type: none"> • SL-EPA • Sub Project Consultant

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	Supporting Agencies
General construction activities – Labor issues	<ul style="list-style-type: none"> • Number of Contractor employees with formal Contracts • Absence of under aged workers (18 years and below) • Number and type of employees recruited from the community by gender • Average monthly income of project workers and informal workers by gender • Presence of code of conduct 	• Monthly	<ul style="list-style-type: none"> • Site Visits • Inspection of Employees Contracts 	• MoHS (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> • SL-EPA • Sub Project Consultant
General construction activities – traffic and road safety	<ul style="list-style-type: none"> • Number of road accidents, reported e.g., vehicle breakdowns, • Number of spills reported • Response time • Number of severe accidents reported to appropriate authorities e.g., IHPAU/MoHS within 12 hours of occurrence 	• Monthly	<ul style="list-style-type: none"> • Accident Records books • Accident/Incident Reports 	• MoHS (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> • Sub Project Consultant • SL-Police
General Construction	<ul style="list-style-type: none"> • Uptake points of complaints 	• Monthly	• Grievance Redress Register	• MoHS (IHPAU Safeguards Unit)	• Sub Project Consultant

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	Supporting Agencies
Activities-Community Safety issues	<ul style="list-style-type: none"> • Duration between case reporting, feedback, and case completion • Average time taken for settlement of cases 		<ul style="list-style-type: none"> • ACC Grievance Redress Platform 		<ul style="list-style-type: none"> • ACC Community Monitors
General construction activities - GBV/SEA/SH Issues	<ul style="list-style-type: none"> • Uptake points of complaints • GBV code of conduct signed by employees • Number of GBV/SEA/SH cases reported • GBV referral pathway in place and clearly communicated • GBV survive providers functioning 	<ul style="list-style-type: none"> • Daily 	<ul style="list-style-type: none"> • Grievance Redress Register • ACC Grievance Redress Platform • Presence of Grievance Redress Register at the facility 	<ul style="list-style-type: none"> • MoHS (IHPAU Safeguards Unit) 	<ul style="list-style-type: none"> • SL-EPA • Sub Project Consultant • GBV Service Providers • ACC Community Monitors • Sierra Leone - FSU
General construction activities – Temporary Relocation of Health Facility	<ul style="list-style-type: none"> • Rent and transportation allowance provided to the CHO and his household 	<ul style="list-style-type: none"> • Monthly 	<ul style="list-style-type: none"> • Data to be collected through interviews with CHO • Receipt 	<ul style="list-style-type: none"> • MoHS Safeguards Unit 	<ul style="list-style-type: none"> • Sub Project Consultants

Table 5:4: Environmental and Social Monitoring Operational Phase

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring
General Facility operation – Workers OHS/labor issues	<ul style="list-style-type: none"> • Number of waste handlers and ancillary workers with Formal Contracts • Presence of under aged workers (18 years and below) or otherwise • Availability and use of PPEs for health care and ancillary workers • Knowledge of SL-Civil Service Code of Conduct or otherwise • Arrears of allowances due health care and ancillary workers or otherwise • Number of cases fraud and abuse of office cases reported • Suspected or confirmed cases of COVID-19 cases on site. 	Monthly	<ul style="list-style-type: none"> • Snap Checks at the Facility 	<ul style="list-style-type: none"> • HRMO of MoHS
General Facility operation -Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	<ul style="list-style-type: none"> • Presence of GVB/SEA/SH of COVID-19 Focal Person at the Wilberforce Community Health Centre • Number of GVB/SEA/SH cases reported by type 	Monthly	<ul style="list-style-type: none"> • ACC Platform • Grievance Redress Grievance Register at the Wilberforce Community Health Facility 	HRMO of MoHS
Storage of drugs etc.	<ul style="list-style-type: none"> • Temperature readings (logs) in the refrigerators, laboratory, and pharmacy • Numbers and types of drugs/vaccines/reagents experiencing temperature excursion and physical damage 	Monthly	<ul style="list-style-type: none"> • Readings on drug Chain Monitor Cards 	<ul style="list-style-type: none"> • Pharmacy Board

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring
	<ul style="list-style-type: none"> Number and percentage of defective drugs, reagents etc. in each consignment that arrives at the Wilberforce Community Health Centre 		<ul style="list-style-type: none"> Readings on Electronic Monitors placed in refrigerator Results of random quality test on each consignment of pharmaceuticals and reagents etc. 	
Health Care Waste Management	<ul style="list-style-type: none"> Presence of colored coded bins with the appropriate material and clearly labelled appropriately at the health Centre Waste placed in appropriate receptacles Number of times waste is collected Presence of overflowing receptacles Type and quantity of waste Odor Availability and use of PPEs Presence of waste collection procedures pasted at relevant sections of the HCF 	Daily	<ul style="list-style-type: none"> Inspection 	<ul style="list-style-type: none"> IPC Committee/ Directorate of Environmental Health and Sanitation- Ministry of Health and Sanitation

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring
	<ul style="list-style-type: none"> • Number of waste collectors/staff trained in waste collection SOPs and GIIPs e.g., waste segregation and color codes • Number of training programmes undertaken • Number of spills, accidents and/or incidents • Presence of flies and otherwise at collection points 			
Emergency Response	<ul style="list-style-type: none"> • Presence of fire installations e.g., fire extinguishers, smoke detectors etc. at the CHC • Presence of spill kits at the facility etc. • Number of workers trained in relevant Emergency Response Procedures • Number of training programmes undertaken • Number of fire drills undertaken • Number and type of accidents/incidents • Accidents reported within 12 hours of occurrence 	Monthly	<ul style="list-style-type: none"> • Inspections 	<ul style="list-style-type: none"> • IPC Committee/ Directorate of Environmental Health and Sanitation- Ministry of Health and Sanitation

5.4 Institutional Arrangements for Implementing the ESMP

a. Construction Phase

The Ministry of Health and Sanitation will be responsible for construction/decommissioning phase environmental and social monitoring and reporting. The Ministry has the Integrated Health Project Administration Unit charge with the responsibility of judiciary and procurement under Bank funded project. The Unit is also responsible for ensuring environmental and social management, monitoring and reporting of Bank funded projects. IHPAU has a Safeguards Unit staffed with a Social Safeguards Specialist, Environmental Safeguards Specialist, and a Waste Management Specialist. The IHPAU safeguards unit will be responsible for construction phase environmental and social monitoring and reporting. The Unit will be solely responsible for the implementation of ESMP during the construction phase. The team at IHPAU will be responsible for:

- i. the insertion of relevant mitigation measures (to cost) in the bidding documents prior to its advertisement;
- ii. the insertion of the environmental and social clauses in the construction and supervision contracts;
- iii. review environmental reports submitted by the project contractors and supervising consultants during the construction phase on agreed template/frequency/mechanism;
- iv. monitoring the environmental, social, health and safety performance (compliance and non-compliance) of works contractors during the implementation of the works; and
- v. Enforcement of the requirements within the ESMP

For GBV/SEA/SH prevention and response, the Family Support Unit of the Sierra Leone Police Force, the One Stop GBV Center at Kingherman Road Hospital (about 5 kilometers from the Wilberforce Community Health Center), and the Ministry of Gender and Children Affairs will provide sensitization and case management services for survivors. The Rainbo Centre off Wilkinson Road (about 7 kilometers from the Wilberforce Community Health Center) also offers comprehensive GBV services. A trained focal person will be in place at the health facility to receive GBV/SEA/SH complaints and refer to the appropriate authorities if the survivor opts to pursue the case further. At all times, the confidentiality and preference of the survivor will be guaranteed.

The Works Contractor, in addition to executing the civil works, will be responsible for honoring the environmental and social clauses in the Contract Document as well as implementing the construction phase mitigation measures in the ESMP.

b. Operational and Decommissioning Phase

The facility belongs to the MoHS and the ministry will be responsible for operational phase maintenance including ensuring the provision of PPEs and cleaning materials and sanitation facilities are provided and maintained at the facility as well as ensure that

safeguards requirement is met at all times. The ministry has a Directorate of Environmental Sanitation with officers with duty to ensure that the environmental, social, health and safety requirements are met at all times at various facilities under the Ministry. Wilberforce Community Health Centre also has a three-member Infection Prevention Control (IPC) Committee.

Decommissioning will be the responsibility of the Ministry of Health and Sanitation in the very long-term.

5.5 Environmental and Social Reporting and Disclosure

The Ministry of Health and Sanitation will disclose the ESMP on its website, once it is approved by the project and cleared by the World Bank. Hard copies of the ESMP shall also be placed at the Freetown City Council, SL-EPA and MoHS Head Office for public viewing throughout the construction phase of the project. The World Bank will disclose the ESMP at the World Bank's External Website.

As part of monitoring the ESMP, it is expected that the safeguards specialists at IHPAU will undertake weekly visit to site and prepare monthly reports covering environmental, social, health and safety issues identified on site and immediate project environs using the risks/impacts identified in this report as thematic areas and other emerging ones. The monthly reports of the safeguard's specialists appointed by MoHS will also touch on the status of mitigation and management measures as well as areas of non-compliance, timelines and responsibility for compliance. The report should include but not limited to:

- i. Contractors' performance on implementing environmental and social safeguards;
- ii. Progress on implementing mitigation measures in relation to the identified impacts;
- iii. Non-Compliance issues
- iv. Emerging impacts and proposed mitigation measures (if encountered);
- v. A presentation on parameters monitored in the reporting month;
- vi. Complaints/Grievances and their state of resolution; and
- vii. Activities to be taken in the next month.

The Contractor will also dedicate a chapter in their monthly progress report to the state of the environmental and social safeguards issues on the project. This will be reviewed and validated by the Safeguards Specialists at IHPAU. IHPAU will report on environmental and social issues as part of the quarterly reports to the Bank.

5.6 ESMP Budget and Sources of Funding

The estimated cost for implementing this ESMP and environmental and social monitoring, outside the works contract price is estimated as Twenty- Five Thousand, Eight Hundred United States Dollars (USD 25,800.00). Table 5.5 presents the summary cost estimates and the proposed sources of funding.

Table 5.5: Budget for ESMP Implementation

Item	*Amount (USD)	Source of Funding
General construction activities – Temporary Relocation of Health Facility and CHO Household	16,000.00	**GoSL/Project
General Facility Operations – Workers OHS Issues	2,000.00	Project
General Facility Operations – GBV/SHE/SH	2,000.00	Project
General Facility Operations – Cleaning	300.00	Project
General Facility Operations – Waste collection, storage and transportation (Cost of color-coded bins 2 trolleys)	800.00	Project
Decommission	2,000.00	Project
Total	25,800.00	

**Cost builds up details can be found in Table 5.1 to 5.5 **GOSL will be responsible for re-locating CHO and household only*

CHAPTER SIX

6.0 EMERGENCY RESPONSE PROCEDURES ON SITE

Response measures have been proposed for the following emergencies, which may arise during project implementation:

- Fire;
- Medical or Accident; and
- Oil Spills.

6.1 Fire Emergency

6.1.1 Small Fires

Small fires are put out quite safely. A simple fire-fighting procedure to put out a small fire is provided below:

- The first person to sight the fire must sound the fire alarm at the premises of the health facility or shout, 'FIRE!! FIRE!! FIRE!'
- Workers trained to use fire extinguishers are permitted to fight fire on site;
- All others must evacuate the area;
- Tackle fire in its very early stages at the source;
- Always put your own and other people's safety first;
- Make sure you can escape if you need to and never let a fire block your exit;
- Never tackle a fire if it is from a position against the prevailing wind direction and if the source cannot be determined. If in an enclosed area such as workshop/office premises, never tackle a fire if it is starting to spread or has spread to other items in the room or if the room is filling with smoke;
- If the situation is solved, the Environment, Social Health and Safety Officer of the Contractor will investigate the reason for the fire and clean the place; and
- Report to the Supervising Engineer for the necessary precautionary measures to be undertaken.

6.1.2 Large Fires

These are fires that cannot be put out by the trained fire volunteers and the SNFS will have to be called to fight it. The evacuation procedures to follow include:

- The first person to sight the fire must sound the fire alarm if at the premises or shout, 'FIRE!! FIRE!! FIRE!'
- Evacuate the building or area and report at the ASSEMBLY POINT;
- Immediately notify the Environment, Social Health and Safety Officer of the Contractor and call the National Fire Force;
- Contact numbers of the nearest fire station will be conspicuously displayed at offices, storerooms, workshop and security posts;

- The Environment, Social Health and Safety Officer of the Contractor has to check on remaining workers and carry out a fast, calm and secured evacuation;
- A head count will be conducted to ensure all workers are safe and present;
- If there have been any casualties, they will be conveyed to the nearest health facility; and
- Keep records of any injuries and the fire event and report to the Supervising Consultant

6.2 Medical or Accidents

In the event of any accident or injury the procedures to follow include:

- If it is a minor accident/injury and the victim can move, he/she should report to the Environment, Social, Health and Safety Officer of the Contractor;
- The Environment, Social, Health and Safety Officer of the Contractor, who is trained in administering first aid, will treat the injury;
- He/ She will decide if the victim needs further treatment at the Medical Centre and if so, will arrange for the victim(s) to be sent to the nearest health facility immediately;
- The Environment, Social Health and Safety Officer of the Contractor will investigate and take records of the accident/injury including the source and cause of the accident/injury;
- If the accident/injury is such that the victim cannot move by him/herself but can be moved, the workers present should assist the victim to the Environment, Social Health and Safety Officer of the Contractor to administer first aid and arrange for the person to be sent to the nearest health facility immediately. If the accident/injury is such that the victim cannot be moved, the workers present should put him in a stable condition and immediately call the Environment, Social Health and Safety Officer of the Contractor to immediately arrange for medical staff from the nearest health facility to be brought to the site to attend to the victim (s). All accidents and injuries will be recorded by the Environment, Social Health and Safety Officer of the Contractor and reported to Supervising Consultant.

6.3 Oil/Solvent Spills

Oil spills may involve spillages of fuel and lubricants which may occur while in storage or in use on hard surfaces (concreted/ tiled/paved floor) such as at storage sheds/rooms, workshop or on the ground.

6.3.1 Spillage on Hard Surface

Immediately contain the spillage using saw dust provided at the site to prevent it from spreading. Collect the used saw dust, wash the surface with a lot of water and disinfectant and report to the Environment, Social Health and Safety Officer of the Contractor who will decide the appropriate disposal of the used saw dust. If the spilled product gets into

contact with any part of the body, quickly wash the body part with a lot of clean running water and immediately report to the Supervising Consultant.

6.3.2 Spillage on the Ground

The following should be undertaken in case of fuel/oil/lubricant or paint spillage on the ground:

- Immediately use a shovel to scoop the contaminated soil into a container.
- Ensure to scoop beyond the contaminated area to ensure no contaminated soil is left uncollected.
- Immediately report to the Environment, Social Health and Safety Officer of the Contractor and dispose of the contaminated soil at the approved land fill site;
- If the spilled product gets into contact with any part of the body, quickly wash the body part with a lot of clean running water and immediately report to the Environment, Health and Safety Officer (of the Contractor); and
- Report the incident to the Supervising Consultant.

CHAPTER SEVEN

7.0 Basis for Grievance Redress Mechanism

The consultation processes showed that the execution of the project will generate environmental and social concerns notably excessive noise and dust generation and accidents involving the workers in the nearby offices and general public. These will create some grievances that must be addressed.

7.1 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 communicate back to all parties involved; and
- Preparing timely reports to management on the nature and resolution of grievances.

7.2 Management of Reported Grievances

The procedure for managing grievances should be as follows:

- The affected person will file his/ her/their grievance(s), relating to any issue, verbally, in writing or via telephone (number yet to be established)
- To the project environmental and social officer of MoHS (see Appendix F for a Sample Grievance Redress Form for recording grievances). Where such are written, the grievance note should be signed and dated by the aggrieved person. Where complaints are received via phone, the call recipient should document all details;
- Where the affected person is unable to write, the focal persons will write the note on the aggrieved person's behalf;
- Any informal grievances will also be documented
- Anonymity and confidentiality of persons who lodge grievances will be protected.

7.3 Monitoring Complaints

The Social Safeguards Specialist at IHPAU will be responsible for:

- Providing the Grievance Redress Reports 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.

7.4 Grievance Redress Institutions

A four-tier grievance redress mechanism has been designed in the event of dissatisfaction of any aspects of project implementation. These are:

7.4.1 Community/Facility Level Focal Persons

Two focal persons (one male; one female) will be nominated to act as community focal persons. Wilberforce Community Health Centre will also have a focal person. 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. Patients and staff.

During the operational phase of the project, the focal person at Wilberforce Community Centre will be maintained.

Upon notification of a grievance, a Focal Person shall complete Complaint Form and also the Grievance Registration Form (see Appendix J for Sample), 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.

Alternatively, the ACC Community Monitor in the project beneficiary community can be contacted to receive and record grievances.

7.4.2 Sub-Project Grievance Redress Committee (GRC)

A Sub-Project Grievance Redress Committee will be set up by the project. The committee will receive, investigate, and provide feedback on grievances that are beyond the Focal Person or when aggrieved persons are not satisfied with the feedback, they receive from the Focal Person upon lodging a grievance with him/her. The committee will be made up of:

- A representative of the MoHS (Social Safeguards Specialist at IHPAU);
- The Supervising Engineer/Consultant;
- A representative of the Freetown City Council;
- A representative of Wilberforce Community;
- A women representative from Wilberforce Community;
- A representative of the Aggrieved Party;
- A representative of FSU;

- A representative of a local GBV Service Provider; and

The functions of the grievance redress committee will be to receive, investigate and resolve issues with the Contractor. The aggrieved party or parties is/are required to channel their grievances to the GRC through any means including verbal narration, telephone calls, text messages and letters. 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 (logging);
- ii. Acknowledgement of grievances;
- iii. Verification, investigation, negotiations, and actions;
- iv. Monitoring and evaluation;
- v. Provide Feedback to parties;
- vi. Agreement secured, and
- vii. Signing off.

Grievance will be received and transmitted on to an official form and the applicant 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 evaluated and corrective action determined, the proposed solutions or corrective/preventive actions shall be discussed with the complainant together with the timeframe for the implementation of the corrective/compensation measures. If the resolution of the grievance requires commitment beyond the Grievance Redress Committee, the members shall coordinate and consult with 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 applicant and the party responsible for the corrective actions, the applicant will be asked to sign off the grievance closeout form. If the applicant remains dissatisfied with the outcome, additional corrective action will be agreed on and carried out by the responsible party. The Grievance Redress Committee will have to address grievance it receives with 5 working days.

7.4.3 Project Level Grievance Redress 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 IHPAU;
- A representative of the Ministry of Women Children and Social Protection;

- Social Safeguards Expert at IHPAU - Secretary and Focal Person;
- Representative FSU of SL-Police (Wilberforce Police Station);
- 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 specialized cases to the relevant State Authorities. All GBV/SEA/H issues will be reported to FSU of the SL-Police for investigation and prosecution.

7.4.4 Honorable Minister, Minister of Health and Sanitation

Aggrieved parties who are dissatisfied with the outcome of the first two processes can petition the Honorable Minister, Ministry of Health and Sanitation directly.

7.4.5 The Courts

It is anticipated that the number of cases, which may need to be referred for redress, will be relatively small and that only the first and second tiers of the redress mechanism may need to be activated. The mediation process shall be confidential, transparent, and objective, as well as accountable, easy, fast, accurate and participatory. However, if the aggrieved party is not satisfied with the outcomes from the three tiers, he/she/they have the right to go the law court at their own expense.

7.5 Anti-Corruption Commission (ACC) Platform

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 Commission investigates and provides feedback on matters of perceived corruption bribery and abuse of office. Although the headquarters is in Freetown, the Commission has District Coordinators, who act as focal persons in the various Councils as well as Community Monitors stationed in various communities-who receive and record complaints from aggrieved parties/whistle blowers and submit to their respective District Co-ordinators and receive feedback from same to aggrieved party/parties.

The Commission has a digital platform with a report center that can be reached on a toll-free hotline (515) using text messaging, voice and video calls. 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.

Persons 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 also provide feedback via its electronic loop or the District Coordinators and Community Monitors. The ACC Community Monitors have been trained under the COVID-19 Emergency Preparedness and Response Project on how to receive, sort and transmit grievances.

7.6 Grievance Redress Mechanisms for GBV Survivors

The proposal is to report any GBV/SEA/SH to the GBV/SEA/SH focal person at the facility, FSU representative on the Sub Project Grievance Redress Committee and or the representative of the GBV Service Provider or the nearest FSU office for the necessary investigations and survival support services. Contact numbers of the GBV Service Providers, FSU representatives as well as that of the nearest FSU offices will be displayed at various places on site and within the project environs together with posters and flyers to encourage GBV survivors to come out and report cases of GBV. Reporting a GBV/SEA/SH incident will be at the discretion of the survivor.

IHPAU Social Specialist will follow up during case investigations and prosecutions and report on the status of the case as well as progress in counselling and the provision of other support services for survivors, they opt to report the incident, pursue investigation and prosecution.

7.7 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 Firm 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 the Environment, Social, Health and Safety Officer of the Contractor or to the Supervising Engineer.

When aggrieved party/parties is/are not satisfied with the outcome from management, he/she/they can petition the Minister for Labor and Social Welfare. If the above institutions fail to deliver satisfactory outcomes for the aggrieved party/parties, he/she/they can precede to the law court. Similar processes and timelines for resolving community grievances are proposed for the workers' grievance system.

APPENDICES

APPENDIX A: LOCATIONAL MAP – WILBERFORCE COMMUNITY HEALTH CENTRE



APPENDIX B: SITE AND ITS ENVIRONS (INCLUDING PROPOSED SITE FOR TEMPORARY RELOCATION)



APPENDIX C: PICTURES

Plate 1: Frontage of Wilberforce Community Health Centre



Plate 2: Visit to Wilberforce Community Health Centre



Plate 3: Consultation with Staff of the Facility



Plate 4: Consultation at Wilberforce Municipal Primary School



Plate 5: Consultation at Wilberforce JHS



Plate 6: Meeting with FCC Engineer and Wilberforce Council Chair



Plate 7: Meeting with Officers at the Police Post



Plate 8: Community Meeting



Plate 9: Community Meeting



Plate 10: Interior of the Community Health Centre



Plate 11: Adolescent & Youth Friendly Centre



Plate 12: One of the Two Observation Wards at Wilberforce CHC



Plate 13: Placenta Pit at the Facility



Plate 14: Existing Water Storage Tanks



Plate 15: Existing Toilet Facility at Wilberforce Comm. Health Centre



Plate 16: Wooden Structure Used as Triage



Plate 17: Borehole at the Facility



Plate 18: Defective Ceiling at the Facility



Plate 19: Wife of Resident Community Health Officer Wilberforce CHC



Plate 20: Proposed Site for Temporarily Relocating



Plate 21: Consultation with CHO and FCM on Re-location of the CHC



Plate 22: Inspection of Metal Containers with CHO and Nursing Sister



Plate 23: Weighing Health Care Waste at Wilberforce CHC



APPENDIX D: CONSULTATION SHEETS

CONSULTATIONS WITH COMMUNITY AND FACILITY USERS OF WILBERFORCE COMMUNITY HEALTH CENTRE ON THE REHABILITATION/RENOVATION OF THE WILBERFORCE COMMUNITY HEALTH CENTRE		
MINUTES OF MEETING		
Date: Saturday, 11th December, 2021	Location: Wilberforce Community Health Center	Time: 10.45 am
Attendance: 17		

AGENDA

- 1.0) INTRODUCTION
- 2.0) ISSUES
- 3.0) CLOSING

Minute No.	Minute	Action By
1.0	<p><u>INTRODUCTION</u></p> <p>The meeting commenced at 10:45am with a silent prayer. Then there was self-introduction of all attendees. The IHPAU Safeguards Team was made up of Mrs. Juliana Kamanda-Senior Social Safeguards Specialist Head of the Environmental and Social Safeguards Unit of Integrated Health Project Administration (IHPAU) of the Ministry Health and Sanitation and Dr. Emmanuel Abeka-Environmental and Social Safeguards Technical Advisor at IHPAU.</p> <p>Afterwards, the Community Health Officer of the Wilberforce Community Health Centre introduced the purpose of the meeting. He told attendees that the meeting was to discuss issues relating to the proposed rehabilitation/renovation of the Wilberforce Community Health Centre. He then referred the details to IHPAU team present.</p> <p>Dr. Abeka explained the scope of the project to the attendees. He indicated that the Ministry of Health and Sanitation together with the Freetown City Council intends to</p>	

Minute No.	Minute	Action By
	<p>renovate/rehabilitate the Wilberforce Community Health Centre with support from the World Bank. The project will involve fixing of the defective roof, completing the fencing, painting, and fixing doors, windows and toilets among others. The rehabilitation/renovation will take 6 months.</p> <p>He indicated that the proposed works would be associated with some risks, adverse impacts and inconvenience during construction phase. He further mentioned that some of the inconveniences, adverse impacts and risks might include intermittent noise and air pollution, accidents and more importantly, Gender Based Violence. He indicated that these adverse environmental and social impacts are likely to affect workers, patients, visitors, and residents of the project vicinity. Hence, their presence at the meeting to discuss these issues and jointly find solutions/common grounds to these adverse impacts and inconveniences. He revealed that the meeting is part of the consultation aspect of the Environmental and Social Assessment, which must be completed before the project, can take off.</p>	
2.0	<p>ISSUES DISCUSSED</p> <p><u>Livelihoods</u></p> <p>Dr. Abeka indicated that during the construction phase, the facility would be temporarily relocated to the site nearby ahead of the rehabilitation. This is because it will be dangerous for the health facility to operate during the rehabilitation, as there can be accidents such as cuts. He said that the Council has proposed a site is beside the Wilberforce Community Centre to accommodate the CHC temporarily. He went on to say that once the hospital is relocated, patients can access in and outpatient services without any disruptions. Once the rehabilitation/renovation is completed, they will move back into the original accommodation.</p> <p>In addition, he indicated that, no worker at the facility would lose his or her job (livelihood) because of the impending rehabilitation works as they are on the Government Pay Roll. Workers of the facility at the meeting welcomed this news.</p> <p>He stressed that residents, especially those in the immediate project vicinity are likely to suffer some adverse impacts</p>	

Minute No.	Minute	Action By
	<p>during the implementation of the project such as Gender Based Violence, air and noise pollution.</p> <p><u>Gender Based Violence (GBV) Issues</u></p> <p>Dr. Abeka also explained that the risk of Gender Based Violence that may arise out of project implementation. He said that the site workers would be in the community for only a short time. They may lure young girls, women, and rape and defile them. When this happens, he stressed, the need to notify the authorities. He further explained that focal persons (one male and one female) would be nominated by the community to receive grievances including those related to GBV/SEA/SH. The CHC will also have a focal person to do for same purpose. These focal persons will be trained by the IHPAU Safeguards Unit on how to receive and handle GBV/SEA/SH cases. He advised the group that the focal persons should be well known, accessible and respected in the community.</p> <p>Mrs. Kamanda intervened and indicated that although survivors have an option to choose whether they want to proceed with the case or not, GBV cases should be reported within 24 hours of their occurrence at least so they can be documented by IHPAU. Documentation shall be anonymous. She further added that verbal and other forms of abuses and bad behavior by site workers should also be reported to the focal persons.</p> <p>Mrs. Kamanda also emphasized that GBV issues, notably, defilement and rape are serious crimes and not reporting and properly dealing with they can have serious implications for the project including suspension of the rehabilitation works and other projects in the health portfolio. Therefore, they should not shield perpetrators and attack survivors over the fear that they will lose the project if they speak up. Rather by covering up for perpetrators, they risk losing the project.</p> <p><u>Accidents and Incidents</u></p> <p>Dr. Abeka indicated that during the construction phase, accidents might also occur involving the Contractor's equipment and haulage trucks. These can lead to destruction of property, injuries and possibly death. He further mentioned that they should report such accident to the focal persons. He also mentioned the setting up of a grievances</p>	


Minute No.	Minute	Action By
	<p>Dr. Abeka also indicated that some level of noise and to some extent dust would be generated as part of the work. These notwithstanding, Clauses will be put in the Works Contract to undertake such activities in a way and a manner that the impact will be minimal e.g., over the weekends. The Contractor will also have to notify the community at least 24 hours ahead of any significant noise or dust generating activities. If the noise and dust become excessive, then residents can report to the focal persons for onward transmission to the Grievance Redress Committee and IHPAU Social Safeguards Specialist for the necessary action to be taken against the Contractor.</p> <p>There will be also some inconvenience such as intermittent noise. When these become excessive, they will also have to report to focal persons.</p> <p><u>Project Commencement and Preparatory Work</u></p> <p>Ramatu Gondor wanted to find out when the rehabilitation works will commence.</p> <p>The Community Health Officer indicated there have been several meetings with the Council including Council Chairman Engineers to plan the temporary relocation of the Wilberforce Community Health Centre. The plan is to relocate before the end of February 2022 so that the project can start.</p> <p>Mrs. Kamanda indicated that once the World Bank is satisfied with the preparatory activities including the approval of Environmental and Social Management Plan. Funds will be released for the project to start. She further mentioned the Ministry of Health and Sanitation will notify the stakeholders including residents and workers at CHC at least one month before the contract starts work.</p> <p><u>Site Security and Unauthorized Persons</u></p> <p>Mr. Sorie Kamara prayed that no incident or accident happens during the implementation phase but stressed need for site warden to prevent theft and protect the site from unauthorized persons. The attendees supported this suggestion</p> <p><u>Funding to Complete Rehabilitation Works</u></p>	

Minute No.	Minute	Action By
	<p>Madam Suad Jalloh asked whether funding will be available to complete the renovation works once it is started.</p> <p>Mrs. Kamanda assured the attendees that money to complete the project is available and that once processes such as the environmental and social assessment are completed, and the project starts funds will not dry up. It will be completed.</p> <p><u>Temporary Relocation of Existing Wilberforce Community Health Centre (CHC)</u></p> <p>Madam Frances Amara proposed that the roofing the existing Wilberforce CHC, which will be removed, can be used to re-roof temporary structures which will serve as the CHC during the construction phase.</p> <p>Mrs. Kamanda explained that the proposal would not be possible since the CHC will be evacuated to the temporary location before the renovation works begin.</p> <p>The Community Health Officer supported this. He further indicated that meetings with Council and District Medical Officer to finalize the type of the temporary structures to be erected for the temporary CHC and needed ancillary facilities like water and electricity are being held.</p> <p>Dr. Abeka advised Community Health Officer to tap into the expertise of Engineer Cole to speed up the process because time is of the essence.</p> <p><u>ESMP and Disclosure Issues</u></p> <p>Mrs. Kamanda told the gathering that the process of consultation is part of the Environmental and Social Assessment. The discussions will be captured in a report called the Environmental and Social Management Plan, which is reviewed and approved by the World Bank. Copies will be made available at Council and even here at the facility for anybody who wants to read to do so upon approval by the World Bank.</p>	<p>Community Health Officer/ Freetown City Council/District Medical Officer</p> <p>IHPAU Safeguards Unit</p>
3.0	<p><u>CLOSING</u></p> <p>After opportunity was given to each participant to ask a question, the IHPAU team thanked participants and the meeting ended at 12.17 pm.</p>	

Minute No.	Minute	Action By
	here at the facility for anybody who wants to read to do so upon approval by the World Bank.	
3.0	CLOSING After opportunity was given to each participant to ask a question, the IHPAU team thanked participants and the meeting ended at 12.17 pm.	

Recorder: Emmanuel Abeka (IHPAU)

Approved by: Juhana Kamanda  5/1/22

IHPAU Representative: Senior Social Safeguards Specialist 

Name OSMAN KAMARA Signature  Date 5/01/2022
Community Health Officer Wilberforce CHC

Name NANAH TURAY Signature  Date 5/01/2022
Community Representative:

Name _____ Signature _____ Date _____

SIERRA LEONE COVID-19 EMERGENCY PREPARADNESS AND RESPONSE PROJECT
REHABILITATION OF WILBERFORCE COMMUNITY HEALTH CENTRE

PARTICIPANT LIST: COMMUNITY CONSULTATION

Date	NAME	GENDER	DESIGNATION	CONTACT	SIGNATURE
	Edward Ate	M	Resident Kagn	077532149	
	Chief Bangura	M	Resident	076513843	
	Mamama Abalulia	F	Resident	-	
	Kagadya Turay	F	Resident	077599006	
	Fatmata Kawara	F	Resident	030360405	
	Victor Williams	M	Resident	-	
	Adama Bakunda	F	Resident	030381901	
	Ramatu Gwandar	F	Resident	088693190	
	Suwad Barrie	F	Resident	099554152	
	Sorie Saidu Kamara	F	27th Fire Line Lumber	088-395582	
	Fatmata Bimbi Kamara	F	3 Scan Drive Wilberforce	031-603363	
	Suwad Talloh	F	Resident	078599674	

Name of Community Representative _____ Signature _____ Position _____

SIERRA LEONE COVID-19 EMERGENCY PREPARADNESS AND RESPONSE PROJECT
REHABILITATION OF WILBERFORCE COMMUNITY HEALTH CENTRE

PARTICIPANT LIST: COMMUNITY CONSULTATION

Date	NAME	GENDER	DESIGNATION	CONTACT	SIGNATURE
	Baki Bako Lettie	F	Resident	079882776	
	Francesca F. Amara	F	Regans Rd. Wilberforce	078317791	
	Suwad Kallawa	M	Wilberforce C.H.C	076386833	

Name of Community Representative _____ Signature _____ Position _____

Minutes of Consultations With Residents of Wilberforce and Patients and Workers of Wilberforce CHC – 11th December, 2021 8

SIERRA LEONE COVID-19 EMERGENCY PREPARADNESS AND RESPONSE PROJECT

REHABILITATION OF WILBERFORCE COMMUNITY HEALTH CENTRE

PARTICIPANT LIST: COMMUNITY CONSULTATION

Date	NAME	GENDER	DESIGNATION	CONTACT	SIGNATURE
	Edward Ate	M	Resident Kagn	077532149	
	Chief Bangura	M	Resident	076513843	
	Mamama Abalulia	F	Resident	-	
	Kagadya Turay	F	Resident	077599006	
	Fatmata Kawara	F	Resident	030360405	
	Victor Williams	M	Resident	-	
	Adama Bakunda	F	Resident	030381901	
	Ramatu Gwandar	F	Resident	088693190	
	Suwad Barrie	F	Resident	099554152	
	Sorie Saidu Kamara	F	27th Fire Line Lumber	088-395582	
	Fatmata Bimbi Kamara	F	3 Scan Drive Wilberforce	031-603363	
	Suwad Talloh	F	Resident	078599674	

Name of Community Representative _____ Signature _____ Position _____

SIERRA LEONE COVID-19 EMERGENCY PREPARADNESS AND RESPONSE PROJECT

REHABILITATION OF WILBERFORCE COMMUNITY HEALTH CENTRE

PARTICIPANT LIST: COMMUNITY CONSULTATION

Date	NAME	GENDER	DESIGNATION	CONTACT	SIGNATURE
	Isala Ester Lebbie	F	Resident	079 883 774	<i>[Signature]</i>
	Francis F. Amara	F	Regent Rd/Wilforce	078 317791	<i>[Signature]</i>
	OSMAN KAMARA	M	Wilforce C H C	076 386838	<i>[Signature]</i>

Name of Community Representative _____ Position _____ Signature _____ Position _____

SIERRA LEONE COVID-19 EMERGENCY PREPARADNESS AND RESPONSE PROJECT

REHABILITATION OF WILBERFORCE COMMUNITY HEALTH CENTRE

PARTICIPANT LIST: COMMUNITY CONSULTATION

Date	NAME	GENDER	DESIGNATION	CONTACT	SIGNATURE
	Edward Bala	M	Resident	077 532 1129	<i>[Signature]</i>
	Chapman Bangura	M	Resident	076 513443	<i>[Signature]</i>
	Hamanga Dehlan	F	Resident	077 5 770 06	<i>[Signature]</i>
	Kaganda Teyay	F	Resident	030360005	<i>[Signature]</i>
	Victor Is. Nana	M	Resident	050381901	<i>[Signature]</i>
	Adama Bahadur	F	Resident	053033170	<i>[Signature]</i>
	Ramatu Gauder	F	Resident	099 34152	<i>[Signature]</i>
	Saad Barrie	F	Resident	088 32582	<i>[Signature]</i>
	Saad Barrie	F	Resident	0312073	<i>[Signature]</i>
	Filmona Bindi Krom	F	32 Wilforce Community	078 599674	<i>[Signature]</i>
	Saad Barrie	F	Resident		

Name of Community Representative _____ Position _____ Signature _____ Position _____

SIERRA LEONE COVID-19 EMERGENCY PREPARADNESS AND RESPONSE PROJECT

REHABILITATION OF WILBERFORCE COMMUNITY HEALTH CENTRE

PARTICIPANT LIST: COMMUNITY CONSULTATION

Date	NAME	GENDER	DESIGNATION	CONTACT	SIGNATURE
	Isala Ester Lebbie	F	Resident	079 883 774	<i>[Signature]</i>
	Francis F. Amara	F	Regent Rd/Wilforce	078 317791	<i>[Signature]</i>
	OSMAN KAMARA	M	Wilforce C H C	076 386838	<i>[Signature]</i>

Name of Community Representative _____ Position _____ Signature _____ Position _____

Stakeholder Consultation with Wilberforce Community Health Centre Staff

CONSULTATION SHEET

Title of Project: COVID-19 Response (Relocation of Wilberforce CHC)
 Date of Consultation: 21/11/21 Time: 10:30 - 12:15 Venue: Wilberforce CHC
 Interviewer(s): Juliana Kamanda

STAKEHOLDER/ OFFICER CONSULTED			
NAME	ORGANISATION	POSITION	CONTACT NUMBER
George Funi, John Osman Kamara, Musu Kansary	Health Committee, Motts, Motts	Chairman of Committee, CHO, Midwife	099646332, 076386838, 076563674

SUMMARY OF STAKEHOLDER DISCUSSIONS

ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<ul style="list-style-type: none"> Relocation Com. - Consultation of Stakeholders about relocation of the facility & availability of space to relocate for 6-12 months. The councillor & VTP were part of the consultation. 	<p>The HMT & EC and the com stakeholder have looked for space but has found an empty land where a temporary structure could be erected whilst relocation is going on. Two alternatives have been suggested but both are empty lands.</p>

SUMMARY OF STAKEHOLDER DISCUSSIONS

ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<ul style="list-style-type: none"> Services delivered by the CHC <ul style="list-style-type: none"> Adolescent & youth friendly services ANC PHU Labour & delivery Post natal Under-Fives GPI HIV outpatient services supplementary feeding program Family Plan laboratory services Minor surgery Observation Will the relocation provide safety from the elements of patients? 	<p>It is intended that the same services will be delivered when the facility is relocated.</p> <p>- It is intended for the ^{temp} facility will protect patients from the elements.</p>

SUMMARY OF STAKEHOLDER DISCUSSIONS

ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<ul style="list-style-type: none"> Who will be responsible for the relocation? How long it will take to develop a temp structure? CHO's Relocation 	<ul style="list-style-type: none"> The community will do fund raising. About 3 months Mr Jones - Facility Management committee chairman assured that the CHO will be adequately provided for to be relocated.

SUMMARY OF STAKEHOLDER DISCUSSIONS	
ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED

Name: GEORGE FIMI-JONES Signature: [Signature] Date: 29th Nov. 2021
 Name: Osmar Kamara Signature: [Signature] Date: 29th Nov 2021
 Name: Mrs S. Musa Signature: [Signature] Date: 29/11/2021

Stakeholder Consultation with Wilberforce Municipal Primary School Staff

CONSULTATION SHEET
 Title of Project: COVID-19 Response Rehabilitation of Wilberforce CHS
 Date of Consultation: 29/11/2021 Time: 10:30 Venue: Wilberforce Municipal Primary Sch
 Interviewer(s): Juliano Kamanda

STAKEHOLDER / OFFICER CONSULTED			
NAME	ORGANISATION	POSITION	CONTACT NUMBER
Mr Rosaline K. Kholifa	Wilberforce Primary School	Head Teacher	076212091
Mrs M. Sarah S. Kamara	Wilberforce Primary School	Head Teacher	076 815136

SUMMARY OF STAKEHOLDER DISCUSSIONS	
ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<p>safety of the children and workers at the school. The schools safety measure as school authorities will take</p> <p>Reporting of incidents</p>	<ul style="list-style-type: none"> - Assign teachers on rothard basis to supervise children - Announce that children should stay away from the construction site. - Put measure ensure that children are kept away from the site - Explain the dangers of the construction work. - Apply first aid - Inform the contractor and Potts with 24 hours of any incident.

SUMMARY OF STAKEHOLDER DISCUSSIONS	
ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<p>GBV/SEA/SH Potential for the to happen from imported construction workers. How can the children be protected?</p> <p>Awareness about noise and air pollution during construction</p>	<ul style="list-style-type: none"> • Create awareness & sensitize the children daily at sch. assembly. • Discuss the issues with during PTA meeting • Report any incidence with 24 hrs to the contractor and Potts. • IHPAU will give brief to: <ul style="list-style-type: none"> ⓐ contract workers ⓑ School authorities and PTA Reps before construction starts. - school will be informed about noise & air pollution and ways to keep the school community away from the site.

SUMMARY OF STAKEHOLDER DISCUSSIONS

ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
X	X

Name: Rosalina K. Kalipon Signature: [Signature] Date: 3-12-2021
 Name: Mansam S. Kamon Signature: [Signature] Date: 03-12-21
 Name: _____ Signature: _____ Date: _____

Stakeholder Consultation with Wilberforce Municipal Junior Secondary School Staff

CONSULTATION SHEET

Title of Project: COVID-19 Response (Relief and Rehabilitation) Wilberforce CMC
 Date of Consultation: 3/12/21 Time: 12:00 Venue: Relief and Rehabilitation Unit June 2021
 Interviewer(s): _____

NAME	STAKEHOLDER / OFFICER CONSULTED	POSITION	CONTACT NUMBER
<u>BATHI JOSTINA SHIMBANGI</u>	<u>WILBERFORCE MUNICIPAL JUNIOR SECONDARY SCHOOL</u>	<u>PRINCIPAL</u>	<u>076-546-140</u> <u>077-511-156</u>
<u>Victor P. Kallon</u>	<u>U</u>	<u>Teacher</u>	

SUMMARY OF STAKEHOLDER DISCUSSIONS

ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<p>Discuss interview of the project</p> <ul style="list-style-type: none"> Safety of the children + workers 	<ul style="list-style-type: none"> sensitize the children and teachers + workers about the project - during assembly at the school. Warn the children, teachers + workers to stay away from the construction site due to the dangers at the construction site.

SUMMARY OF STAKEHOLDER DISCUSSIONS

ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<p>injury at the site.</p>	<ul style="list-style-type: none"> Put teachers in-charge to constantly monitor so the children and workers do not violate the restrictions. The principal - myself will spearhead the monitoring so all comply with the protective measures. The principal will also inform the contractors to inform her and school authorities if any child violates the protective measures. - the school has a first Aid kit. First Aid will be administered. - continue treatment to the isolate CMC. Also invite their parents. - Also officially inform the contractor Motts and FCC in writing.

SUMMARY OF STAKEHOLDER DISCUSSIONS	
ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<p>GBV/SEA/SH</p> <ul style="list-style-type: none"> - Training on the above - The school authorities + chair of the CMT - The contractor + Team include the Police <p>Noise + Air Pollution</p>	<p>any GBV/SEA/SH incident will be reported to the parents first</p> <ul style="list-style-type: none"> - The school will officially inform the contractor, Motts and FCC or the Police. <p>The sensitization will continue as always on GBV/SEA/SH issues during school assemblies.</p> <p>- information on noise + air pollution clearly explained</p>

SUMMARY OF STAKEHOLDER DISCUSSIONS	
ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
/	
Name: <u>SATIM JOSEPH SAMKALAKI</u> Signature: <u>[Signature]</u> Date: <u>3/12/21</u>	
Name: <u>VICTOR KALON</u> Signature: <u>[Signature]</u> Date: <u>3/12/21</u>	
Name: _____ Signature: _____ Date: _____	

Stakeholder Consultation with Wilberforce Municipal Junior Secondary School Staff

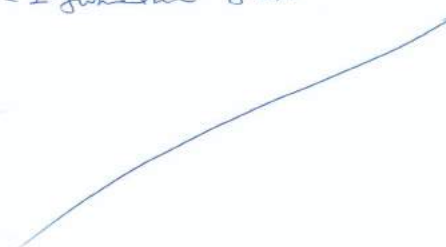
CONSULTATION SHEET

Title of Project: Rehabilitation of Wilberforce CMT
 Date of Consultation: 15/12/2021 Time: 10:30 - 12:30 Venue: Wilberforce PTA Post
 Interviewer(s): _____

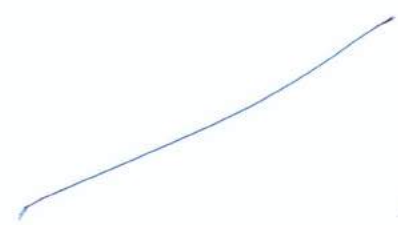
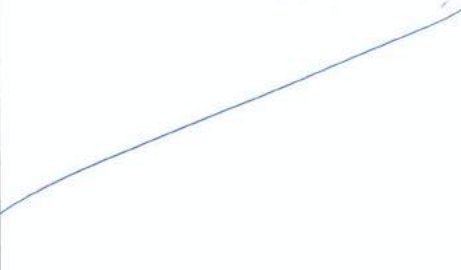
NAME	STAKEHOLDER/ OFFICER CONSULTED		CONTACT NUMBER
	ORGANISATION	POSITION	
<u>D/Inspector Cole. D</u>	<u>St. Paul's Police</u>	<u>Line manager of Wilberforce Police</u>	<u>076822342</u>
<u>INSP Fafanah. M</u>		<u>Disciplinary officer</u>	<u>075 681240</u>

SUMMARY OF STAKEHOLDER DISCUSSIONS	
ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<ul style="list-style-type: none"> - Generation of Noise and dust - Introduction of Pupil Complaints associated as impacts. - Accident/ responsibility of Accident - GBV/SEA/SH incident reporting 	<ul style="list-style-type: none"> - Noise and dust generation activities can be reduced over the weekend with the staff on leave. - Police is in the neighbourhood and will assist in enforcing traffic rules and laws in relation to the neighbourhood and other accidents. - Notification of Police Command in the event of noise, dust generation activities and other incidences at least 24 hours ahead.

SUMMARY OF STAKEHOLDER DISCUSSIONS

ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
<p>Grievance Redress Mechanisms for the S&S Project.</p> <p>< Ijamaani Plans</p> 	<ul style="list-style-type: none"> - A grievance Redress Committee will be formed and it will include members from the Police Post. The Police Post will be requested to give us a representative to the Committee. - There will be a site meeting and disclosure of project documents such as ESMs to inform you about activities of project progress. you can also ask questions. - Acc platform to receive any complaints about corruption and other grievances is also available (157 toll free). - Training of the community for GRM/SM/STI as well as other activities of the project.

SUMMARY OF STAKEHOLDER DISCUSSIONS

ISSUES DISCUSSED (Including Concerns and Benefits)	RECOMMENDATIONS/CONCLUSIONS REACHED
	

Name: Wp. Bifanah - M Signature: [Signature] Date: 10-12-21

Name: Insp Cole D Signature: [Signature] Date: 10/12/21

Name: _____ Signature: _____ Date: _____

APPENDIX E: CONTRACTUAL CLAUSES

To ensure the proposed mitigation measures are implemented by the Contractor as well as other responsible parties, the following Contractual Clauses are to be inserted into the Works Contract for the Contractor executing the works:

General

1. In addition to these general conditions, the Contractor shall comply with any specific Environmental and Social Management Plan (ESMP) for the works for which he/she is responsible. The Contractor shall inform himself about such an ESMP and prepare his work strategy and plan to fully incorporate relevant provisions of that ESMP. If the Contractor fails to implement the approved ESMP after written instruction by the Supervising Engineer to fulfil his obligation within the requested time, the client reserves the right to arrange through the SE for execution of the missing action by a third party on account of the Contractor.
2. Notwithstanding the Contractor's obligation under the above clause, the Contractor shall implement all measures necessary to avoid undesirable adverse environmental and social impacts wherever possible, restore work sites to acceptable standards, and abide by any environmental performance requirements specified in an EMSP. In general, these measures shall include but not be limited to:
 - *Minimize the effect of dust on the surrounding environment resulting from earth mixing sites, vibrating equipment, temporary access roads, etc. to ensure safety, health and the protection of workers and communities living in the vicinity dust producing activities.*
 - *Ensure that noise levels emanating from machinery, vehicles, and noisy construction activities (e.g. excavation) are kept at a minimum for the safety, health, and protection of workers within the vicinity of high noise levels and nearby communities.*
 - *Prevent oils, lubricants and wastewater used or produced during the execution of works from entering rivers, streams, and other natural water bodies/reservoirs, and also ensures that stagnant water in uncovered trenches is treated in the best way to avoid creating possible breeding grounds for mosquitoes.*
 - *Upon discovery of ancient heritage, relics or anything that might or believed to be of archaeological or historical importance during the execution of works, immediately report such findings to the Supervising Engineer so that the appropriate authorities may be expeditiously contacted for fulfilment of the measures aimed at protecting such historical or archaeological resources.*
 - *Implement soil erosion control measures to avoid surface run off and prevents siltation, etc.*

- *Ensure that garbage, sanitation and drinking water facilities are provided for construction workers.*
 - *Ensure that, in as much as possible, local materials are used to avoid importation of foreign material and long-distance transportation.*
 - *Ensure public safety and meet traffic safety requirements for the operation of work to avoid accidents.*
3. The Contractor shall indicate the period within which he/she shall maintain status on site after completion of civil works to ensure that significant adverse impacts arising from such works have been appropriately addressed.
 4. The Contractor shall adhere to the proposed activity implementation schedule and the monitoring plan/strategy to ensure effective feedback of monitoring information to project management so that impact management can be implemented properly, and if necessary, adapt to changing and unforeseen conditions.
 5. Besides the regular inspection of the sites by the SE for adherence to the contract conditions and specifications, the client will appoint an officer to oversee the compliance with these environmental, social, health and safety conditions and any proposed mitigation measures. State authorities such as the Environmental Protection Agency and Sierra Leone Fire Force, Western Area Rural District Council (WARDC) and Ministry of Works and Public Assets may carry out similar inspection duties. In all cases, as directed by the Supervising Engineer, the Contractor shall comply with directives from such inspectors to implement measures required to ensure the adequacy of rehabilitation/mitigation carried out on the biophysical and social environment resulting from implementation of any works.

Water Resources and Waste Management

6. All vessels (drums, containers, bags, etc.) containing oil/ fuel/ construction materials and other hazardous chemicals shall be bonded to contain spillage. All waste containers litter and any other waste generated during construction shall be collected and disposed of at designated disposal sites in line with the Council/national waste management regulations.
7. Wash water from washing equipment shall not be discharged into drains
8. Used oil from maintenance works shall be collected and disposed-off appropriately at designated sites or be reused or sold for re-use locally.
9. Site spoils and temporary stockpiles shall be located away from the drainage system and surface run off shall be directed away from stockpiles to prevent erosion.
10. The Contractor shall at all costs avoid conflicting with water demands of local communities.
11. Abstraction of water from wetlands shall be avoided.

12. There shall be no sourcing of materials within at 200 meters from the banks of any waterbody
13. No construction water, containing spoils or site effluent, especially cement and oil, shall be allowed to flow into natural water drainage courses and waterbodies.

Disposal of Unusable Elements

14. Unusable materials and construction elements such as electro-mechanical equipment, pipes, cables, accessories, and demolished structures will be disposed of in a manner approved by the Supervising Engineer (SE). The Contractor has to agree with the SE which elements are to be surrendered to the Client's premises, which will be recycled or reused, and which will be disposed of at approved landfill sites.
15. Unsuitable and demolished elements shall be dismantled to a size fitting on ordinary trucks for transport.
16. Unsuitable and demolished elements shall be dismantled to a size fitting on ordinary trucks for transport.
17. Left over materials will be collected and used for other purposes.

Health and Safety

18. The Contractor shall appoint a qualified environment, social, and health and safety officer to enforce environmental, social, health and safety regulations on site and ensure compliance with the Project ESMP on site.
19. In advance of the construction work, the Contractor shall mount an awareness and hygiene campaigns.
20. Workers and residents/students shall be sensitized on health and safety risks associated with the works including prevention of COVID-19, HIV-AIDS. Malaria, Fire Prevention and Containment as well as Community/Occupational Health and Safety
21. The Contractor shall make available all his/her employees for all OHS and Emergency Preparedness Training/Demonstration Programs organized under the project.
22. Adequate warning, directional and prohibitory signs etc. shall be provided at appropriate locations on and around the site.
23. Construction vehicles shall not exceed maximum speed limit of 20km per hour.

Gender Based Violence, Sexual Exploitation and Abuse/ Sexual Harassment, HIV/AIDs and STI Awareness

24. The Contractor shall clearly state in his contracts with employees and third-party suppliers that he does not condone physical abuse, rape, defilement, illicit sexual behaviours and other gender based violence together with sanctions for breaching these provisions.

25. The Contractor shall report any incidence of rape, defilement or other Gender Based Violence and illicit sexual affairs to the nearest FSU, the SE and Environmental and Social Officer of MoHS within 12 hours of receiving such as a report.
26. The Contractor shall support (including availing employees to support GBV investigations and providing compensation for survivors) GBV/SEA/SH investigations, persecution and survivor rehabilitation, if his/her employees are under investigation or found guilty of GBV/SEA/SH.
27. The Contractor shall make available all his/her employees for all HIV/AIDS and Gender Based Violence Sensitization Programs organized under the project.
28. The Contractor shall have a Code of Conduct to be signed and explained to their workers in a language well understood. The Code of Conduct will include all punitive measures for any violations.

Contractor's Environment and Social Management Plan

29. Within 4 weeks of signing the Contract, the Contractor shall prepare an ESMP to ensure the adequate management of the health, safety, environmental and social aspects of the works, including implementation of the requirements of these general conditions and any specific requirements of an ESMP for the works. The Contractor's ESMP will serve two main purposes:
 - *For the Contractor, for internal purposes, to ensure that all measures are in place for adequate HSE management, and as an operational manual for his staff.*
 - *For the Client, supported where necessary by a SE, to ensure that the Contractor is fully prepared for the adequate management of the HSE aspects of the project, and as a basis for monitoring of the Contractor's HSE performance.*
30. The Contractor's ESMP shall provide at least:
 - *A description of procedures and methods for complying with these general environmental management conditions, and any specific conditions specified in the ESMP;*
 - *A description of specific mitigation measures that will be implemented in order to minimize adverse impacts;*
 - *A description of all planned monitoring activities and the reporting thereof;*
and
 - *The internal organizational, management and reporting mechanisms put in place for such.*
31. The Contractor's ESMP will be reviewed and approved by the Environmental and Social Officer before start of the works. This review should demonstrate if the Contractor's ESMP covers all the identified impacts and has defined appropriate measures to counteract any potential impacts.

Environmental and Social Reporting

32. The Contractor shall prepare bi-weekly progress reports to the SE on compliance with these general conditions, the project ESMP, and his own ESMP. A format for a contractor ESMP report is given below. It is expected that the Contractor's reports will include information on:
- *HSE management actions/measures taken, including approvals sought from local or national authorities;*
 - *Problems encountered in relation to HSE aspects (incidents, including delays, cost consequences, etc. as a result thereof)*
 - *Changes of assumptions, conditions, measures, designs, and actual works in relation to HSE aspects; and*
 - *Observations, concerns raised and/or decisions taken with regard to HSE management during site meetings*
33. Reporting of significant HSE incidents must be done within 24 hours. Such incident reporting shall, therefore, be done individually.
34. The Contractor shall keep his own records on health, safety and welfare of persons, and damage to property. These records shall include such records, as well as copies of incident reports, as appendixes to the bi-weekly reports.
35. Details on the environmental and social performance will be reported to the Client through monthly progress reports.

Labor Relations

36. The Contractor shall not employ minors (below 18 years) as part of his casual or permanent employees
37. The Contractor shall not engage in forced labor of kind including forcing employees to work on statutory holidays
38. The Contractor shall not procure goods or services from third party suppliers that engage child or forced labor
39. The Contractor in his recruitment shall not discriminate by gender, religion, and ethnicity etc.
40. The Contractor shall familiarise himself with the Regulation of Wages and Industrial Relations Act 1971 (No 18) and other labor related laws in Sierra Leone and work within these laws.
41. All workers shall be given contracts specifying their tasks, responsibilities, and Conditions of Service in line with Sierra Leone Labor Laws
42. The Contractor shall set up a fair and transparent work-based grievance redress system headed by a management member and protect aggrieved employees against discrimination and persecution.
43. The Contractor shall prepare a Code of Conduct to be signed by all employees, after it being explained to them in a language they understand, to guide

employees inter and intrapersonal relationships. The Code of Conduct shall specify sanctions for assault, abuse, rape defilement and other gender-based violence as well as rewards and sanction for working with/out PPEs among others.

Community Relations

44. The Contractor shall inform organizations and households in the project zone of any impending disruptions at least a week ahead. The notice shall be repeated 24 hours ahead of the planned disruption.

Cost of Compliance

45. It is expected that compliance with these conditions is already part of standard good workmanship and state of art as generally required under this Contract. The item "Compliance with Environmental Management Conditions" in the Bill of Quantities covers these costs. No other payments will be made to the Contractor for compliance with any request to avoid and/or mitigate an avoidable environmental and social impact.

Sanction

46. In application of the contractual agreements, the lack of respect of the environmental and social clauses, duly observed by the Contractor, could be a justification for termination of the contract.

APPENDIX F: SAMPLE CODE OF CONDUCT

All the employees of the Contractor and support staff of Supervising Consultant shall adhere to the following Code of Conduct during the execution of the project:

1. Compliance with Applicable Laws, Rules and Regulations

- a. All employees shall perform their duties in accordance with the Regulation of Wages Industrial Relation Act, 1971 (No.18) and other applicable labor laws in Sierra Leone.
- b. Employees/key experts will enjoy freedom of association and expression as defined in the Constitution of Sierra Leone and express in the Regulation of Wages Industrial Relation Act, 1971 (No.18) and other labor laws in Sierra Leone.
- c. The Organization will not condone the activities of employees who achieve results through violation of the law or unethical business dealings. This includes any payments for illegal acts, indirect contributions, rebates, and bribery.
- d. The Organization shall not permit any activity that fails to stand the closest possible public scrutiny.
- e. Employees uncertain about the application or interpretation of any legal requirements should refer the matter to appropriate line supervisor or the Ministry of Labor Social Security
- f. Workers/employees who falsify their ages will be summarily dismissed as the company does not tolerate child and forced labor.
- g. The company will not tolerate any form of child or forced labor from any sub-contractor/employee who practice forced or child labor
- h. Employees are required to report suspected cases of child or forced labor on site to IHPAU Social Safeguards Specialist, FSU or Ministry of Labor and Social Security

2. Compliance with Applicable Health and Safety Requirements

- a. All employees' have the right and duty to ensure safe working conditions to the extent of exercising control over tools, equipment, machinery and processes and to express their views on working conditions that may affect their safety and health. Sub-contractors will do same for their employees
- b. Employees of the Contractor shall be responsible for removing themselves from danger as much as possible whenever they have good reason to believe that there is an imminent and serious danger to their safety or health. They should have the duty so to inform their supervisor immediately.

- c. Employees/key experts will be provided with the appropriate protective gear for the operations or activities and request for same before engaging in any activity associated with the works.
- d. No worker shall be allowed to undertake any work without wearing approved protective clothing/gear.
- e. Workers shall use and take care of personal protective equipment, protective clothing and facilities placed at their disposal and not misuse anything provided for their own protection or the protection of others
- f. First time offenders who are not in the appropriate protective gear will receive a verbal caution, second time offenders will receive a formal written caution, while multiple offenders will receive sanctions ranging from suspensions to dismissal.
- g. Except in an emergency, employees, unless duly authorized, should not interfere with, remove, alter or displace any safety device or other appliance furnished for their protection or the protection of others, or interfere with any method or process adopted with a view to avoiding accidents and injury to health.
- h. Every employee shall take reasonable care for their own safety and health and that of other persons who may be affected by their acts or omissions at work;
- i. Workers shall report to their immediate supervisor, and Health and Safety Officer, any situation which they believe presents a risk and which they cannot properly deal with themselves;
- j. Damaged or faulty electrical equipment such as power sockets, leads and appliances are removed from service.
- k. Damaged or faulty equipment should be replaced, or repaired by a qualified person as soon as possible.
- l. Power points should be protected by safety-shutters, or all vacant power points be covered by plastic plug protectors.
- m. Electrical appliances and leads should be kept away from water.
- n. All machines and vehicles should be turned off when not in use
- o. All employees shall comply with all the safety and health measures prescribed by the employer. Employees should not operate or interfere with plant and equipment that they have not been duly authorized to operate, maintain or use.
- p. Employees should not sleep or rest in dangerous places such as scaffolds, railway tracks, garages, or in the vicinity of fires, dangerous or toxic substances, running machines or vehicles and heavy equipment.

- q. Supervisors should not assign employees to undertake activities that the later do not have necessary competence, training or certification or that has not been stated in their contract with the Company.
- r. Employees should not undertake any assigned activity for which you do not have necessary competence, training or certification or that has not been stated in their contract with the Company.
- s. Every employee is encouraged to contribute by integrating environmental sustainability issues as they relate to our industry into our business planning, strategies and decision-making.
- t. Employees shall avail themselves for all OHS, COVID-19/HIV/AIDS Gender Based Violence, Emergency Preparedness Training/Sensitization Programs organized under the project.
- u. All Company employees should strive to conserve resources and reduce waste through re-use and other energy conservation measures.

3. Use of Illegal Substances

- a. No employee/key expert/sub-contractor shall report to work under the influence of alcohol, or any substance considered as illegal under the laws of Sierra Leone including marijuana.
- b. No employee shall smoke, consume alcohol or illegal substances while on duty, including lunches and during overtime meals, or on company property.
- a. Officers and directors may authorize, in advance, the consumption of alcohol for special occasions or for certain business meetings if such use is limited and does not violate other legal requirements.
- b. No employee shall under any circumstance engage in any work related to the organization under the influence of Alcohol or illegal substances even if consumption is permitted under the exception described above.
- c. Employees who violate this smoking and alcohol conduct standard may have their contract terminated.

4. Non- Discrimination

- a. Discrimination against any job applicant or employee on the grounds of color, race, religion, age, nationality, sex, marital or family status, ethnic affiliation, pregnancy, sexual orientation, disability or other reason is prohibited.
- b. In certain cases, however, the requirements of safety regulations relating to specific positions/activities within a construction business will take precedence over clause 4(a).
- c. We do not employ any person below the legal minimum age (18 years) and will require commitments from suppliers and subcontractors to refrain from such practices

- d. Workers are not to undertake any assigned activity for which they do not have necessary competence, training or certification or that has not been stated in their contract with the Company.
- e. Recruitment, job transfer and progression, remuneration and training and award of discretionary bonuses when applicable are determined solely by the application of objective criteria, fair and unprejudiced opinion, personal performance and merit.
- d. Recruitments, transfers, training, maternity leave and standard terms and conditions will be done in accordance within line Sierra Leone Labor laws.
- e. Employees who perceive that they have been discriminated against can seek redress through their supervisor, Environmental, Health and Safety Officer, management and/or the Ministry of Labor and Social Welfare

5. Interaction with Community

- a. The Company strives to cultivate a local identity in each of its host communities by setting good corporate citizenship standards, while respecting local sensitivities.
- b. The Company will regularly contribute to the economic and social development of communities, and expects all employees to promote human rights and respectful community involvement anywhere it operates.
- c. Employees should comply with the norms, laws, rules and regulations applicable to the host communities except in cases where they are in conflict with that of Sierra Leonean laws.
- d. In a case where an employee perceives that the laws, rules and regulations of host communities are in conflict with that of the company, employees are to refer such cases to their supervisor, Environment, Health and Safety Officer or manager for further clarification at the Ministry of Labor and Social Security

6. Sexual Harassment

Sexual Harassment would be considered as unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated. It includes situations where a person is asked to engage in sexual activity as a condition of that person's employment, as well as situations which create an environment which is hostile, intimidating or humiliating for the survivor

- a. Sexual harassment is unlawful.
- b. This company does not tolerate sexual harassment in any form.
- c. Every employee has a responsibility to ensure that sexual harassment does not occur.
- d. No employee shall under any circumstance sexually engage another either using words or actions. Some acts that may be considered as sexual include;

- *an unwelcome sexual advance*
 - *a request for sexual favors*
 - *unwelcome comments about someone's sex life or physical appearance*
 - *sexually offensive comments, stories or jokes*
 - *displaying sexually offensive photos, pinups or calendars, reading matter or objects*
 - *sexual propositions or continued requests for dates*
 - *physical contact such as touching or fondling, or unnecessary brushing up against someone*
 - *Indecent assault, defilement or rape (these are criminal offences).*
- e. Any employee who believes he or she has been a target/survivor of sexual harassment is encouraged to inform the offending person orally or in writing that such conduct is unwelcome and offensive and must stop or to report the unwelcome conduct as soon as possible to a supervisor, management or the IHPAU Social Safeguards Specialist officer, FSU representative on the Project Grievance Redress Committee or the nearest FSU of the Sierra Leone Police Force
- f. Reports of sexual harassment will be treated promptly, seriously and confidentially.
- g. Complainants have the right to determine how a complaint will be treated and knowledge of the outcome of investigations.
- h. Anyone found to have sexually harassed another person will be handed over to the Family Support Unit of the Sierra Leone Police Force.
- i. No employee will be treated unfairly as a result of making a complaint of sexual harassment. Immediate disciplinary action will be taken against anyone who victimizes or retaliates against someone who has made a complaint of sexual harassment.
- j. For the purposes of reporting and dealing with sexual harassment and crimes, the Company will provide a hot line to a management level personnel for reporting cases of sexual abuse and harassment.
- k. Rape, defilement and assault cases shall be reported to FSU of the Sierra Leone Police Force by survivor or other employees'

7. Violence or Exploitation

- a. No employee shall bear any weapon on site unless he/she has been authorized and have a legitimate business reason to do so. Even so, this will have to be with the permission of the appropriate supervisor, manager and conformity with the laws of Sierra Leone.
- b. The company is committed to maintaining a safe and secure workplace and working environment. Acts or threats of physical violence, intimidation,

harassment or coercion, stalking, sabotage, and similar activities are not tolerated.

- c. Employees who engage in acts or threats of violence, outside of self-defense, shall be dismissed and handed over to the Sierra Leone Police Force.
- d. Employees are expected to treat all individuals with respect, tolerance, dignity and without prejudice to create a mutually respectful and positive working environment.

8. Protection of Children

- a. As much as possible, employees' are to avoid bringing any person under 18 to work on the project site) unless with permission from Environment, Health and Safety Officer.
- b. Every employee shall himself be responsible for the safety and wellbeing of any person under age 18 years brought to work by them. *Physical contact with children can be misconstrued both by the recipient and by those who observe it and should occur only when completely nonsexual and otherwise appropriate, and never in private.*
- c. One-on-one meetings with a child or young person are best held in a Public area; in a room where the interaction can be (or is being) observed; or in a room with the door left open, and another employee or supervisor is notified about the meeting.
- d. Avoid any covert or overt sexual behaviors with children on site. This includes seductive speech or gestures as well as physical contact that exploits, abuses, or harasses.
- e. Employees are to always provide safe environments for children and youth on site

9. Sanitation Requirement

- a. The company shall provide and maintain sanitary facilities (according to building regulations) for all employees to ensure their total health and safety. All such facilities shall be labelled with inscription in English for the understanding of every employee.
- b. Every employee/key expert shall be responsible for the appropriate use of sanitary facilities including toilets, bathrooms and refuse bins/skip containers where provided.
- c. No employee shall resort to other inappropriate means of defecation or urination (open defecation or indiscriminate disposal of refuse or urination on the company's compound or project site) apart from what has been prescribed by the company.
- d. Any act of indecency with respect to the use of sanitary facilities shall attract punitive actions including suspensions or even dismissals.

10. Avoidance of Conflict of Interest

- a. The Company expects that employees will perform their duties conscientiously, honestly, and in accordance with the best interests of the Organization.
- b. Employees/key experts must not use their positions or the knowledge gained as a result of their positions for private or personal advantage.
- c. Regardless of the circumstances, if employees sense that a course of action they have been pursued, or are presently pursuing, or are contemplating pursuing may make it difficult to perform the work objectively, they should immediately communicate all the facts to their supervisor.
- d. An Employee or a member of his or her immediate family shall not receive improper personal benefits as a result of his or her position in the Company.
- e. Any situation that involves, or may reasonably be expected to involve, a conflict of interest with the Company should be disclosed promptly to supervisors/ managers.

11. Protection and Proper Use of Property

- a. All employees unless otherwise directed are responsible for the proper acquisition, use, maintenance and disposal of company assets (e.g., materials, equipment, tools, real property, information, data, intellectual property and funds) and services. Acquisition of assets should follow procurement standards of the company.
- b. Any act of theft, carelessness, and waste on the part of an employee shall attract sanctions including the termination of one's work contract.
- c. Every employee shall do their part to protect the company's assets and ensure their efficient use.
- d. Unless otherwise permitted by management, Company guidelines and procedures, the appropriation of Company property by employees for personal use, or for resale is strictly prohibited.
- e. Similarly, you are not permitted to use your authority over other employees to use Company resources for personal benefit.
- f. On termination of and at any other time during your employment when requested you must hand over Company's assets and records stored in whatever format or medium.
- g. The Company strictly prohibits any access, usage or disclosure of employees' personal data without legitimate authorization. Employees should note that the Company reserves the right to retrieve their e-mails transmitted via the Company e-mail accounts and to monitor your use of the Internet.
- h. Every employee shall use company assets only for legal and ethical activities.

12. Report of Violation of Code of Conduct

- a. Employees should promote ethical behavior and encourage other employees to talk to supervisors, managers or other appropriate personnel when in doubt about the best course of action in a particular situation.
- b. In order to protect our organization from unethical or illegal activity, it is your duty and obligation at all times to be watchful of the practices that you see occurring around you, to take reasonable steps to prevent or detect improper conduct, and to report any suspicion of fraudulent, abusive, unethical or illegal activity.
- c. All reports of misconduct or unethical behavior, conflict of interest, or illegal activity are to be handled confidential and be treated seriously and discreetly.
- d. Employees may report anonymously should that be their preference.
- e. In the event of a grievance being raised to a manager relating to discriminatory behavior or harassment, the manager must notify Human Resources immediately, irrespective of how trivial the complaint may appear.

13. Non-Retaliation

- a. The company will not tolerate any act of retaliation against anyone who, in good faith, reports known or suspected unethical or illegal misconduct, seeks advice, raises a concern, or provides information in an internal or external investigation or legal proceeding pertaining to the company.
- b. Allegations of retaliation will be investigated, as appropriate.
- c. Acts of retaliation (which may include firing or laying off, demoting, denying overtime or promotion, disciplining, denying benefits, failing to hire or rehire, intimidation or making threats) may lead to disciplinary action against the person responsible for the retaliation, up to and including termination of contract.
- d. Any employee who believes he/she has experienced retaliation, should report to his/her supervisor, manager or the Social Safeguards Specialist at IHPAU.
- e. Any false accusation of retaliation would attract disciplinary actions even to the extent of termination of contract.

Implementation of Code of Conduct

- a. The Environment, Health and Safety Officer of the Contractor will be responsible for implementing and enforcing the Code of Conduct, while monitoring
- b. The following measures will be adopted to implement the Code of Conduct:
 - The Consultant will ensure that all employees/key experts and sub-contractors are given copies of the Code of Conduct for reference.
 - All employees on the assignment will be made to sign the Code of Conduct.

APPENDIX G: STANDARD OPERATING PROCEDURES FOR HEALTH CARE WASTE MANAGEMENT-COVID-19: SIERRA LEONE

Introduction

COVID -19 spreads through direct contact and droplets to an infected person. One way of preventing the spread of the virus is by practicing proper waste management especially from respiratory excreta of the infected person.

There is no evidence that direct, unprotected human contact during the handling of health care waste has resulted in the transmission of the COVID-19 virus. However, all health care waste produced during the care of COVID 19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably on-site.

The safe handling of waste generated through the care of patients with COVID- 19 is based on three main principles:

- 1) Segregation, safe containment, and packaging of waste should be performed as close as possible to the point of generation.
- 2) Limit the number of personnel handling generated waste before and after primary containment.
- 3) Always use appropriate personal protective equipment (PPE) and procedures for handling waste until final treatment and disposal.

Objective of the SoP

The main objective of this SoP is to outline in a concise manner directives to personnel, charged with the responsibility of collecting, storage, transportation and disposal of health care waste to prevent the transmission of COVID -19 emanating from these wastes

SCENARIOS:

SCENARIO 1. Management of COVID-19 WASTE at the quarantine homes, Isolation, laboratory and treatment centers in phases one and two of the outbreak.

SCENARIO 2. Management of COVID-19 health care waste in the event of community spread of the disease.

SCENARIO 1.

A. WHAT NEEDS TREATMENT AND DISPOSAL

- Respiratory secretion, used masks, paper tissues, gauze and any other materials used during cough and sneezing
- Disposable needles and syringes and disposable or non-reusable protective clothing
- Treatment materials and dressings

- Non-reusable gloves
- Laboratory supplies and biological samples
- Used disinfectants

SCENARIO 1.

C. AT COLLECTION POINTS

- Place non-sharps solid waste in the biohazard bag. Bags should not be filled beyond two thirds full to allow safe closure.
- Carefully place sharps waste in appropriate disposable sharps container and close the container. Containers should not be filled beyond three thirds full to allow safe closure.
- Prepare filled bags and sharps containers for onsite inactivation
- Place closed sharps containers in a biohazard bag.
- Close the bag with a method that will not tear or puncture the bag (e.g., tying the neck of bag with a goose-neck knot) and will ensure no leaks.
- Apply disinfectant (wipe or spray) to the outside surface of the closed bag.
- Place the wiped/sprayed closed bag into a second biohazard bag.
- Close the bag with a method that will not tear or puncture the outer bag and will ensure no leaks (e.g., tying the neck of bag with a knot).
- Apply disinfectant (wipe or spray) to the outside surface of the secondary bag.
- Store the disinfected closed bags in a designated area to await removal.
- Follow recommended procedures for disinfecting visibly soiled PPE and taking off PPE.
- The healthcare workers wearing PPE should spray or wipe the outside surfaces of double-bagged waste disinfectant immediately before removing waste from the room.
- Upon removing the double-bagged waste from the patient's room, the healthcare worker should place the double-bagged waste in a designated transport cart (for onsite inactivation or a rigid outer receptacle)
- The designated container should be located at the periphery of the area for taking off PPE so that removal from the area is efficient and does not create a risk of recontamination of the outer container.
- Environmental cleaning personnel removing the waste from the care area should only handle the outer container/transport cart and should never open the container or handle the double-bagged waste.
- For onsite treatment, disinfection personnel wearing appropriate PPE should
- Safely transfer waste in a transport cart to dedicated waste autoclave room or secured storage location or incineration area.

SCENARIO 1.

D. AT DISPOSAL POINTS

Select Site for disposal of COVID- 19 Contaminated solid Waste

- Select a disposal point (incinerator/burning pit) on the health facility grounds
- Disposal point should be fenced
- It should be located away from the normal traffic flow and should be fenced, should have a lockable door, the site should not be in public view or in an area where it will attract crowd.

SCENARIO 1.

E. PROCEDURES FOR HANDLING LIQUID WASTE (BODY FLUIDS INCLUDING BLOOD, URINE, VOMIT, FAECES)

- Primary handling of liquid waste should occur in the patient's room and be performed by the primary healthcare workers wearing recommended PPE as designated in the guidance for Isolation, Treatment and Quarantine Facilities.
- Pour waste, avoiding splashing by pouring from a low level, into the toilet.
- Close the lid first, and then flush toilet.
- Clean and disinfect flush handles, toilet seat, and lid surfaces with chlorine
- Discard cleaning cloths in biohazard bags.
- Discard emesis and portable toileting containers as solid waste.
- Follow recommended procedures for disinfecting visibly soiled PPE and removal of PPE.

SCENARIO 1.

F. ON-SITE TRANSPORTATION

- 1) Wear an appropriate set of PPE and heavy duty/rubber gloves and goggles when handling infectious waste.
- 2) Infectious solid waste should not be transported by hand due to the risk of accident or injury from infectious material or incorrectly disposed sharps.
- 3) Use a covered trolley or a wheeled bin with a lid to reduce the potential for exposure

- 4) Collect wastes including sharp containers (puncture resistant safety boxes) from all generating points at least twice a day or when containers are $\frac{3}{4}$ full or whenever necessary
- 5) For infectious waste generated in laboratories (e.g. specimens and specimen's containers, pipettes, etc.), pre-treat by autoclaving or chemical disinfection prior to transporting it for final treatment/disposal
- 6) Start with non- infectious waste followed by infectious waste
- 7) After each use, all surfaces of the trolleys or bins should be disinfected with 0.5 % chlorine solution
- 8) Wash hands properly after removing PPE

SCENARIO 1.

G. TREATMENT OF COVID 19-CONTAMINATED WASTE

- Wear appropriate PPE
- Recommended Disposal Methods: Disinfect liquid waste (including patient reparatory excreta) with 2% chlorine solution and then dispose of in an isolated latrine or toilet set aside for COVID 19 cases. (NB: Avoid splashing when disposing of liquid infectious waste)
- Burning is the recommended method for disposal of other COVID 19-contaminated waste. Using an incinerator or a pit for burning can make a safe and inexpensive disposal system.
- There should be well trained staff to manage waste generated at Isolation, Treatment and Quarantine Facilities.
- Decontaminate the area in case of spillage around the incinerator/burning pit with 0.5% chlorine solution
- Conduct regular cleanliness, decontamination, maintenance and repairs of the incinerator
- Decontaminate any used receptacles
- Remove ashes from the incinerator and put in the ash pit
- Put a layer of soil on top of ashes
- Wash hands after removal of PPE

SCENARIO 2.

Management of COVID-19 waste at community level

- If the number of positive COVID-19 cases increases and there is evidence of community spread and where there is widespread use of face masks and proper

disposal is observed within communities, all households and citizenry should be encouraged to segregate waste at all point of generation.

- Risk communication
- Training and Selection of Youth Groups and waste collectors should be conducted across the country.
- Locally made incinerators should be utilised at the designated dump sites for incineration of used masks and PPEs

APPENDIX H: INFECTION PREVENTION AND CONTROL PROTOCOL

(Adapted from the Center for Disease Control 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 hand washing 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.

APPENDIX I: SIERRA LEONE BURIAL STANDARD OPERATING PROCEDURES



**REPUBLIC OF SIERRA LEONE
REPUBLIC OF SIERRA LEONE
MINISTRY OF HEALTH AND SANITATION**

**STANDARD OPERATING PROCEDURE FOR SAFE, DIGNIFIED MEDICAL BURIALS OF
COVID -19 CORPSES**

Introduction

To date there is no evidence of persons having become infected from exposure to the bodies of persons who died from COVID-19;

Only the lungs of patients with pandemic influenza, if handled improperly during an autopsy, can be infectious. Otherwise, cadavers do not transmit disease.

However Safe, dignified medical burial is an important part of the current COVID-19 outbreak control measures.

The Ministry of Health and Sanitation has developed these Standard Operating Procedures (SOPs) for safe, dignified medical burial

Purpose

The primary purpose of the Standard Operational Procedures (SOPs) is to provide operational guidance on:

1. Dignified, safe medical burial procedures,
2. Classification of deaths,
3. Engagement of families and communities,
4. Disposal of potentially contaminated materials

Scope and Responsibilities

- Scope: These SOPs apply to burial teams and all personnel involved in disposal of dead bodies.
- Responsibilities: The burial team coordinators, supervisors, and members of the burial teams shall adhere to the provisions of these SOPs when conducting burials during the COVID -19 Disease outbreak.

Objectives

1. To prevent infection
2. To provide dignified cremation of the deceased

Team composition for handling the dead body

There should be a minimum of 4 trained people (physically able) in the team comprising

of:

1. The health workers attending the patient prior to demise should pack and seal the dead body.
2. Two red cross volunteers or family members to help transfer the body to the cremation site. They should use N95 face mask and gloves to prevent infection.

3. One Health Officer to support family members and oversee the infection control measures

Family members should be discouraged to handle the body sealed in a body bag. However, if they wish, they should follow a proper instruction to handle the body and use N95 mask for extra precaution. Religious representatives shall be allowed to join family members for performing rituals.

Step 1: Preparation of disinfectants

Disinfectant solutions must be prepared on the same day

1% bleaching (chlorine) solution for disinfection of body and body bags.

Step 2: List of essential equipment/materials

Body bags

1. Two impermeable and robust plastic bags that can fit maximum body size and height
 2. One cloth bag (opaque) should be able to hold 80 -120 kilos
- Materials to prevent infections.

Hand hygiene

1. Alcohol-based hand rub solution (recommended)
2. Clean running water, soap and towels (recommended)

Equipment

1. Stretcher
2. One hand sanitizer (alcohol hand-rub/spray)
3. Leak-proof and puncture resistant sharps container (sharp box)
4. Two leak-proof infectious waste bags: one for disposable material (destruction) and one for reusable materials (disinfection)

Personal Protective Equipment (PPE)

1. Disposable gloves (non-sterile)
2. Heavy duty gloves
3. Disposable coverall suit
4. Face protection: goggles/face shield
5. N95 mask
6. Footwear:
 - Gumboots
 - Shoe cover

Strategy for Safe Medical Burials procedures

- All deaths must be reported to the health authority immediately.

- Trained investigator (surveillance team) must determine the status of the deceased using the standard case definition.
- Deaths are classified as Confirmed, Probable, Suspect, or Not a case.

SOPs for Safe Burials

- All bodies will be immediately removed by the burial team to the mortuary without swabbing.
- Complete case investigation for all deaths will be carried out.
- In all instances, deaths should be registered with the birth and deaths office in accordance with the vital statistics system.

Application of Standard Case Definitions

Confirmed Case: Someone with COVID -19 positive laboratory test results that died.

- Action: Do not collect swab; conduct safe dignified medical burial immediately.

Probable Case: The death of any person who cared for someone with COVID 19.

- Action: conduct safe dignified medical burial immediately.

Application of Standard Case Definitions

Suspect Case: Any death that is unexplained OR any person who died with symptoms that meet the COVID 19 case definition (fever plus 3 or more COVID 19 symptoms).

- Action: No swabbing; conduct safe dignified medical burial immediately.
- Non-Ebola death: Any death with an obvious cause (such as a car accident, burns, or other pre-existing medical condition); no link to an COVID-19 case; and no signs or symptoms of COVID 19.
- Action: Do not collect a swab sample. In high transmission areas, conduct safe dignified medical burial immediately; in no or low transmission area, the body can be buried by the families and community.

Burial Procedure - Family Engagement

- Upon arrival at the house, the burial team supervisor should introduce him/herself and other team members.
- A community leader or counsellor should be included in the discussion with the family.
- Express condolences for the family's loss.
- Counsel the family about why special steps (safe medical burial) need to be taken.
- The burial team should be aware of the family's cultural practices and religious beliefs and help the family understand why some practices cannot be done because they place the family or others at risk for exposure.
- Family and community members can pray for the deceased while the body is being removed, from a safe distance.

- If they wish, allow the family to give any objects to be buried with the body (e.g., clothing or personal objects).
- Inform the family of exactly where the body will be taken and if they are planning on viewing the burial what time the burial team will be arriving at the cemetery.
- Inform the family that a coffin can be used if they supply one. There is no need to disinfect the body before transfer to the mortuary area;
- Body bags are not necessary, although they may be used for other reasons (e.g. excessive body fluid leakage); and
- Few mourners (not more than 10, including religious leaders) could be allowed to attend the medical burial.

Standard Operating Procedure for Safe Burials

- Mourners are required to maintain a safe distance of at least six feet from the grave site.
- Following the burial, when the grave is filled in with soil, the family could place a memorial mark at or near the grave site.
- Facility for Hand washing with soap and water should be available at the cemetery.
- No burial should occur after 1800 hrs or 6PM.

Precautions

- The burial team will have 2 vehicles, 1 vehicle is for transporting the burial team and supplies; and 2nd vehicle transports the bodies but must have a separate front cab where the burial team and driver will not be exposed to the bodies
- There is no need to disinfect the body before transfer to the mortuary area;
- Body bags are not necessary, although they may be used for other reasons (e.g. excessive body fluid leakage); and
- Appropriate PPE must be available, including face shield (preferably) or goggles, gloves and boots.
- The burial team should not touch dead bodies of suspect, probable, or confirmed COVID 19 cases without PPEs.
- All materials such as mattress, bedding including blankets and bed nets, clothes used by the deceased should be collected and burnt at a safe distance away from the house.
- The belongings of the deceased person do not need to be burned or otherwise disposed of. They should be cleaned with a detergent followed by disinfection with a solution of at least 70% ethanol or 0.1% (1000 ppm) bleach.
- Clothing and other fabric belonging to the deceased should be machine washed with warm water at 60–90°C (140–194°F) and laundry detergent.

Safe Body Preparation and Removal

1. Before touching the body, the burial team will put on full PPE (gloves, goggles or face shield, masks, suit, and rubber boots or shoe covers). Thick rubber gloves should be used for the second pair (or outer layer) of gloves.
2. Health care workers or mortuary staff preparing the body (e.g. washing the body, tidying hair, trimming nails, or shaving) should wear appropriate PPE.
3. Give the family clear instructions not to touch or kiss the body but can view it.
4. Embalming is not recommended to avoid excessive manipulation of the body.
5. Adults >60 years and immunosuppressed persons should not directly interact with the body.

Steps for removing Body

- Transport the body to the burial site as soon as possible.
- Remember that the community is watching and if the team's actions seem to be disrespectful, this will discourage the community from reporting further deaths.
- Safely remove personal protective equipment in the appropriate steps outlined by the WHO.
- The burial team supervisor should always accompany the burial team to ensure that the safety precautions remain secure during the journey.

How to transport the Body Safely

- Any member of the burial team who touch or carry the body during transport should wear the same personal protective equipment.
- Plan to take the shortest route possible for security purposes and to limit any possibility of disease transmission through accidental contact.
- Take a closed container or sprayer with strong (0.5%) chlorine (1:10 bleach) solution in the event of any accidental contact with the body or infectious body fluids. Also use it to clean up spills in the transport vehicle.

How to prepare Burial Site 1

- The grave should be at least 2.4 meters (8 feet) deep and be dug by a grave digger before the burial teams arrive with the bodies.
- All medical burials will take place in designated sites approved by local communities.
- The burial site should be 30 meters (almost 100 feet) from any water source and 500 meters from the nearest habitat.
- Burial depth should be at least 15 meters (50 feet) above ground water table.
- Before removing the bodies from the back of the vehicle, the burial team will dress in unused personal protective equipment.

How to prepare Burial Site 2

- The burial team will carefully place the body in a designated pre-dug grave, slowly lowering the coffin or body bag into the grave.
- Only 1 body will be placed in each grave.
- All of the clothes or other objects that were given by the family should be buried with the body.
- If a plaque or grave marker was provided by the family when the body was being collected, the burial team should mark the grave with this identification.

How to prepare Burial Site 3

If the family or mourners do not attend the medical burial, the burial team supervisor should inform the family of the exact location of the grave in the cemetery.

The used personal protective equipment and other medical waste should be burned in a designated area for safe burning at the cemetery every day.

How to disinfect the Vehicle after Transporting the Body

- No special transport equipment or vehicle is required for the transportation of corpse.
- Rinse the interior of the vehicle where the body was carried with strong (0.5%) chlorine (1:10 bleach solution).
- Let it soak for 10 minutes.
- Rinse well with clean water and let the vehicle air-dry. Be sure to rinse well because the solution is corrosive to the vehicle.

Check List

- Use Safe Burial Practices
- Prepare the Body Safely
- Transport the Body Safely
- Prepare Burial Site
- Disinfect the Vehicle after Transporting the Body

APPENDIX J: GRIEVANCE REGISTRATION FORM

GRIEVANCE REGISTRATION FORM (FORM A) – For Complainant

Confidentiality Required: Yes No:

Name (Complainant) Optional:.....

Contact Information (house number/ mobile phone):.....

Nature of Grievance or Complaint:.....

Details of Grievance:.....

.....
.....
.....
.....
.....
.....
.....
.....

Name (Receiver):..... Signature:..... Date:.....

Name (Filer):..... Signature:..... Date:.....

Relationship of Filer to Complainant (if different from Complainant):

.....
.....

APPENDIX K: LETTERS ON RELOCATION OF WILBERFORCE COMMUNITY
HEALTH CENTRE AND COMMUNITY HEALTH OFFICER

FREETOWN CITY COUNCIL
OFFICE OF THE CHIEF ADMINISTRATOR

Festus Kallay
Chief Administrator
Tel: +232 76 963434
P.M. Bag 864
Email: festusbkallay@gmail.com



Administrative Complex
Wallace-Johnson Street
Freetown
Republic of Sierra Leone

THE WELFARE OF THE CITIZEN IS THE SUPREME LAW

Ref: CA/MISC/020

25th July 2022

The Team Lead
IHPAU
Off King Harman Road
Freetown.

Dear Sir/Madam,

**RE: ENVIRONMENTAL AND SOCIAL ASSESSMENT:
REHABILITATION OF THE WILBERFORCE COMMUNITY HEALTH
CENTRE**

I am directed to convey greeting to you from Her Worship the Mayor, Councillors and Staff of the Freetown City Council.

In relation to the above caption, Council wishes to inform you of the following:


- i. Council agrees with issues raised on your letter of 2nd September 2021 that there is need for a temporary shut-down and relocation of the Wilberforce Community Health Center (CHC) during the period of the construction.
- ii. Both the Wilberforce Community and the Freetown City Council have identified a suitable location where the CHC will be temporarily located.
- iii. The Freetown City Council is ready to support the temporary site preparation and has already secured metal containers from NACOVERC to temporarily house the CHC so that the facility will continue to provide the much needed services to the community and the general public
- iv. Council kindly requests IHPAU to provide information of the start date ahead of the project commencement date so that preparatory activities could be immediately put into operations.

Address all communications to the Chief Administrator and please quote the reference number of any letter received from us

② Sr. RSS
Pls confirm this memo
addresses all safeguard
concerns
AS
26-7-22

Thank you for your usual cooperation and please be assured of the continued collaboration of
City Council.

Yours faithfully,


Festus Kallay
CHIEF ADMINISTRATOR

Copy: Her Worship the Mayor
The Finance Officer
File

REHABILITATION OF WILBERFORCE COMMUNITY HEALTH CENTRE: TEMPORARY RELOCATION OF COMMUNITY HEALTH OFFICER

Yahoo/Inbox

Alpha Umaru Jalloh aujalloh@mohsihpau.gov.sl

To: Francis Smart, sartickenneh@gmail.com

Cc: Emmanuel Abeka, Christiana Fortune, Juliana Kamanda

Fri, 29 Jul at 12:42

Dear Dr Smart,

You are aware that the WB COVID project is financing the rehabilitation of the Community Health Centre in Wilberforce to enhance the service delivery in its catchment area. A key requirement of the WB to finance infrastructure activities is to ensure environmental and social requirements are met.

Subject to the above, the E&S unit of IHPAU conducted an environmental and social screening exercise as part of a wider environmental and social assessment of the proposed rehabilitation works of the facility. The E&S findings revealed that the Community Health Officer (CHO) in charge of the facility currently occupies the basement of the facility. The exercise further established that during the construction phase of the project it would not be safe for the CHO and his family to continue occupying the premises.

Therefore, E&S unit recommends for MOHS' consideration to temporarily relocate the Community Health Officer and his family for a maximum of six (6) months during the construction phase at a cost not more than Sierra Leone equivalent of One Thousand United States Dollars (USD1,000.00). The proposed resettlement package covers six (6) months' rent for temporary accommodation, transportation allowance and disturbance. This recommendation aligns with the requirements of World Bank

Environmental and Social Standard 5 (ESS5): Land Acquisition, Restrictions on Land Use and Involuntary Resettlement.

Based on all of the above, I kindly request your concurrence prior to seeking the Bank's No objection.

Best regards.

Alpha Umaru Jalloh
Team Lead/Funds Management Specialist
Integrated Health Projects Administration Unit (IHPAU)
Ministry of Health and Sanitation
Contact: (+232) 78628470; 77002864
Email: hollajua@gmail.com; hollajua2001@yahoo.co.uk

aujalloh@mohsihpau.gov.sl

Dear Mr. Jalloh,

On the basis of the recommendations of the assessment report and as provided by the AWP, I am in concurrence with the appropriate actions to move this project forward.

Faithfully,

Smart.

Francis Smart, MD, MPH (UG-PFRH)

Public Health Specialist

Director: Policy, Planning and Information (DPPI)

Mobile: +23278300933

Ministry of Health and Sanitation (MOHS)

Vision: *All people in Sierra Leone have access to affordable quality health care services and health security without suffering undue financial hardship.*

Mission Statement: *Building a resilient and responsive health system to provide and regulate comprehensive health care services in an equitable manner through innovative and appropriate technology and partnerships, while guaranteeing social and financial protections.*

APPENDIX L: SCREENING FORM-PROPOSED SITE AND ACTIVITIES FOR THE TEMPORARY RELOCATION OF WILBERFORCE COMMUNITY HEALTH CENTRE

This form is to be used by the Implementing Agency to screen potential environmental and social risk levels of a proposed sub-project, 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. This is based on preliminary consultation and site visit (see Plate 1)

Subproject Name	Proposed Temporary Relocation of Wilberforce Community Centre: Proposed Site and Activity Screening
Subproject Location	Wilberforce, Freetown
Subproject Proponent	Ministry of Health and Sanitation
Estimated Investment	Yet to be determined
Start/Completion Date	Yet to be determined

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

The sub-project involves site preparation (clearing and construct of a concrete plinth), transportation and installation of three (3) 40-footer containers on a proposed site to temporarily accommodate essential services provided at the Wilberforce Community Health Centre (CHC).

The existing health center sandcrete block has two (2) observation wards with six (6) beds, outpatient department, consulting room, anti-natal room, a store and two toilets (one for staff and the other for patients). In addition, the Adolescent Youth Friendly Service Unit that accommodates a labor room and post-natal wards has 2-beds. This separate structure is made of sandcrete. Another sandcrete structure is proposed to serve as a laboratory.

2. Services that that will be provided at the Temporary Facility

The under listed services/facilities offered at Wilberforce Community will be provided at the temporary facility:

- Antenatal and Post Natal Clinic;
- Nutrition Services;
- Maternity;
- HIV Clinic (Prevention of Mother to Child Transmission);
- Family Planning Service;

- Pharmacy;
- Mini-laboratory;
- Immunization including COVID-19 vaccination;
- Out patients; and
- Under Five Clinic;

3. Sub Project Activities

- Site preparation (clearing of the immediate site environs)
- Transportation of three (3) containers to the proposed site;
- Placing of the three containers on an existing concrete platform;
- Partition of the three (3) containers to accommodate various units at the health care facility;
- Extension of electricity from the existing facility to the temporary health facility;
- Provision of four (4) disability friendly portable toilets (2-for males; 2 for females); and
- Loading, transportation and off-loading of the medical equipment and facilities including beds, water storage tanks to and from the proposed site for temporary relocation.

The three (3) containers will accommodate the Wilberforce Health Centre

3. Sub-project work force (including Type and Numbers)

There will be about five (5) semi-skilled labor (masons, welding technicians, carpenters, steel benders painters among others) and 3 unskilled labor such as laborers. A supervising technician (engineer) will also be on site. There will be about five persons involved in the loading and of-loading equipment.

4. Machinery and Equipment that will be used for the Sub Project

The activities are minor civil works; simple machines like shovels, pick axes will be used for site preparation. Haulage trucks will be used to transport the three containers, medical equipment and facilities to and from proposed site. A forklift will be used to lift the containers from the haulage truck and place them on site, once they arrive on site.

5. Location of Sub Project

The project site (8°28'33.63"N; 13°15'52.09"W) is located about 40 meters northeast of the existing Wilberforce Community Health Centre and 30 meters northwest of the Wilberforce Primary School. The proposed site for temporary relocation of Wilberforce Community Hospital is in front of the Wilberforce Police Station. The

community basketball court is just beside the proposed site. Plate 2 presents a picture of the proposed site.

6. Land take

An estimated 400 squares of meters of land will be required for the sub project. It estimated that about 600 square meters of land is available to accommodate the containers and other ancillary facilities such as a water reservoir and portable toilets.

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>Recreation</i>	<input type="checkbox"/>
<i>Industrial</i>	<input type="checkbox"/>	<i>Other (specify)</i>	<input type="checkbox"/>	Civic (Existing Hospital)	

Comments:

Site Description

The proposed site for the temporary relocation of the Wilberforce Community Centre is located next to the Community Health Centre. Wilberforce Community Health Centre can be accessed via Spur Road via Aberdeen Road. The facility is also accessible from Wilberforce Main Motor Road via Waterside Road. It is also directly accessible from Wilberforce Roundabout using Reagent Street. The Wilberforce Community Health Centre. The proposed site for the temporary relocation is a vacant plot northeast of the facility. The site has existing concrete platforms that accommodate the containers.

Wilberforce Police Post and the Wilberforce Municipal Basic School are within the project vicinity (see Appendix A for Location Map).

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 meters radius of the site)

<i>Flat</i>	<input type="checkbox"/>	<i>Valley</i>	<input type="checkbox"/>	<i>Slope</i>	<input type="checkbox"/>	<i>Undulating</i>	<input type="checkbox"/>
-------------	--------------------------	---------------	--------------------------	--------------	--------------------------	-------------------	--------------------------

Hill Mountain Depression

8. 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. Only a few meters

iv. Are any of the following located on-site within 50 meters 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):

9. Sources of Energy

The proposed site has access to grid electricity. There are electricity lines in front of the proposed site.

10. Environmental and Social Impacts/Risks

i. Positive Impacts/Risks

a) The sub-project will provide short term employment for artisans and income for informal sector workers such as food vendors as well as laborers

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 odor affecting people? Yes No

Comments:

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 100m from an Environmentally Sensitive Area (natural habitat watershed etc.)?* Yes No

Comments

- No habitats (natural, critical nor modified) are located within or close to the project zone. No evasive species will be introduced by the project.

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 sites?*
Yes No
- iii. *Alter the existing visual character of the area and surroundings, including trees and rocks outcrops?* Yes No

Comments:

- No cultural resources will be impacting the proposed project

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 meters 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

GUMA water supply system will be used.

iv. Generate and discharge the following during construction and operation of the facility:

- | | | | |
|-----------------------------------|--------------------------|--------------------------------|--------------------------|
| 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"/> |
| <input type="checkbox"/> | | | |
| Liquid with pH outside 6-9 range | <input type="checkbox"/> | Liquid with odor/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

- The sub project involves the installation of a prefabricated containerized on an existing concrete platform with very little or no impact on run off. There are no engineered drains on the site or within the immediate environs.

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

Although intermittent noise will be generated, for example, during the mounting of the pre-fricated container on the foundation and site workers talking during working hours, the noise generated will be short term and not excessive to disrupt activities at the nearby primary school and police station premises.

Waste Generation

- | | | | | | |
|-------|---|-----|--------------------------|----|--------------------------|
| i. | Will the Sub Project generate construction waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. | Will the Sub Project generate infectious waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. | Will the Sub Project generate radioactive waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. | Will the Sub Project generate pathological waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. | Will the Sub Project generate sharps waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vi | Will the Sub Project generate pharmaceutical waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| vii. | Will the Sub Project generate anatomical waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| viii. | Will the Sub Project generate general waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ix | Will the Sub Project generate chemical waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| x. | Will the Sub Project generate genotoxic waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Comments

General waste will be generated during the construction and operational phases. Pharmaceutical, sharp and anatomical waste in the form of expired drugs syringes/needles and placentas will be generated from the temporary health care facility during the operational phase. General waste such as paper and food residue will be generated during both the construction and operational phase of the temporary health center. The temporary facility will not handle deliveries so placentas will not be generated.

Land take and Involuntary Resettlement

Will the Sub Project lead to?

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| <i>Physical Displacement of People (Temporal/Permanent)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <i>Damage to Peoples Assets (Temporary/Permanent)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <i>Economic Losses (Short term/Permanent)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

There are no structures and livelihood activities on the proposed for the site.

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

Social Impacts/Risks

- Minor disruption in service provision at the facility during the transition period (2 days)

- Workers at the facility as well as laborers hired for site clearing as well as loading and off-loading may abuse each other and/or may be survivors or perpetrators of GBV/SEA/SH; and
- The Contractor may employ underage persons to work on site and/or subvert other Sierra Leone labor laws.

Environmental Impacts/Risk

- Accidents such as falls, cuts and falls may occur during the transportation, loading and off-loading of the containers as well as medical equipment and facilities at the Wilberforce Community Health Centre to and from the proposed temporary relocation site;
- The public and project workers (site workers and those at the health care facility) may be involved in accidents such as falls and cuts during transition to the temporary site;
- Site and health workers may be exposed to SARS COV 2 virus and other infections; and
- Localized micro-scale soil erosion may occur due to clearing for the immediate site environs

Management of Environmental and Social Impacts/Risks-Construction Phase

Management of Environmental and Social Impacts/Risks-Construction Phase

- The Wilberforce community and other catchment communities will be notified 24-hours ahead of the relocation exercise and the services that will be available during the two (2) day transition from the current facility to the temporary location and advised on
- Site preparation activities and installation of the three containers will be included in the Works Contract for the rehabilitation of Wilberforce Community Health Centre. Hence, all environmental and social mitigation measures and contractual clauses for labor and working conditions, pollution prevention, hazardous and non-hazardous waste management as well as resource conservation stated in the ESMP for the rehabilitation works will cover the temporary re-location activities of the facility
- Work methods will include strategies that reduce crowding on site and the risk of spreading
- COVID-19 and other infectious diseases
- All workers on site will be provided with Contracts in line with Sierra Leone laws and ESS2
- The site will be doused twice a day to minimize dust pollution;
- A grievance mechanism system will be made available to site workers and others within the project zone to report any issues associated with OHS,

labor and working conditions, Gender Based Violence and Sexual Exploitation and Abuse/ Sexual Harassment, accidents and other infractions that will arise during the construction and operation phase of the project;

- Contractual Clauses making it mandatory for workers to cooperate with law enforcement agencies investigating cases of GBV/SEA/SH, attending training, and complying with laws on non-discrimination and GBV/SEA/SH will be inserted in Contractors and Consultants Contracts
- Employees of Project Consultant, Contractor and Sub-contractors will be made to sign Code of Conduct with acceptable behavior and sanction against GBV/SEA/SH.
- Environmental and Social Contractual Clause will be inserted into the Works Contract to ensure that:
 - all material resources are restored to the Satisfaction of the Project Supervisor, SL-EPA and local authorities;
 - PPEs are provided and their use is enforced among site workers;
 - COVID-19 Protocols are observed on site;
 - environmental and social protection laws of Sierra Leone are complied with; and
 - Construction waste will be transported to an appropriate landfill site and disposed of.

Operational Phase Mitigation Measures

- Notices will be placed at the entrance of the Wilberforce Community Health Centre to direct patients and visitors to temporary site where the facility will be located;
- Workers at the temporary health care (same as those working at the facility currently) will be trained and the use of PPEs will be enforced at the facility;
- A dedicated GBV focal person will appointed for the facility;
- Chemical and Sharp wastes in the form expired reagents will be recorded and collected by the Pharmacy Board, which will later coordinate with other MDAs for safe disposal;
- An Emergency Response Plan will be prepared and implemented during evacuation and operation temporary of the temporary clinic; and
- Training of staff in Sierra Leone SOPs for waste management

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?	Yes		ESS1	ESIA, SEP
Does the subproject involve land acquisition and/or restrictions on land use?		No	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)?		No	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?	Yes	No	ESS3	ESIA/ESMP, SEP
Is there sound regulatory framework, institutional capacity in place for healthcare facility infection control and healthcare waste management?	Yes		ESS1	ESIA/ESMP, SEP
Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?	Yes		ESS2	LMP, SEP
Does the subproject involve transboundary transportation of specimen, samples, infectious and hazardous materials?		No	ESS3	ESIA/ESMP, SEP

Questions	Answer		ESS relevance	Due diligence / Actions (Underline Appropriate instrument to be prepared)
	Yes	No		
Does the subproject involve use of security personnel during construction and/or operation of healthcare facilities?		No	ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?		No	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?		No	ESS7	Vulnerable Groups Plan/IPDP
Is the subproject located within or in the vicinity of any known cultural heritage sites?		No	ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?	Yes		ESS2	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?		No	<i>OP7.60 Projects in Disputed Areas</i>	
Will the sub project and its ancillary aspects and related activities involve the use or potential pollution of, or be located in international waterways ¹ ?		No	<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.

¹International 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.

The proposed temporary re-location of the Wilberforce Community Health Centre is small-scale. The anticipated adverse impacts and risks associated with the project activities are mostly predictable, temporary, localized and reversible. The preparation and implementation of an Environmental and Social Management Plan (ESMP) can mitigate the identified risks. There are no concerns about capacity to monitor the temporary relocation process as its environmental and social impacts and risks are not highly significant. The Environmental and Social Safeguards Unit at Integrated Health Project Administration Unit (IHPAU) of the Ministry of Health and Sanitation will monitor the process. The Unit is staff with dedicated specialists in charge of social safeguards, environmental safeguards and health care waste management. A Safeguards Technical Advisor is also supporting the Unit to undertake environmental and social monitoring. Hence, the assigned moderate rating.

There will be no need for a separate Environmental and Social Management Plan (ESMP) for the proposed activities under the temporary relocation of the Wilberforce Community Health Centre. This is because site preparation activities and installation of the three containers will be included in the Works Contract for the rehabilitation works. Hence, all environmental and social mitigation measures and contractual clauses for labor and working conditions, pollution prevention, hazardous and non-hazardous waste management and resource conservation stated in the ESMP for the rehabilitation works also covers cover the activities for the temporary re-location of the facility. In addition, management and operation of the facility will remain the same, therefore the operational phase mitigation measures for the Community Health Centre will also be applicable while the facility is operating from the temporary structures
