

**Republic of Sierra Leone**



**MINISTRY OF HEALTH**

**ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN**

**FOR THE**

**REHABILITATION AND EXPANSION OF BUEDU COMMUNITY HEALTH CENTRE**

**UNDER THE**

**QUALITY ESSENTIAL HEALTH SERVICES AND SYSTEMS SUPPORT PROJECT**

**FINAL REPORT**

**January, 2024**

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## LIST OF ABBREVIATIONS

CHC	Community Health Centre
CHO	Community Health Officer
CHW	Community Health Workers
COVID-19	Coronavirus Disease 2019
DHMT	District Health Management Team
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
FSU	Family Support Unit (of the Sierra Leone Police Force)
GBV	Gender Based Violence
GIIPs	Good International Industry Practices
GoSL	Government of Sierra Leone
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
GRS	Grievance Redress System
HCW	Health Care Waste
HRMO	Human Resource Management Office
IHPAU	Integrated Health Project Administration Unit
IPC	Infection Prevention and Control
MoH	Ministry of Health
NA	Not Available
NGO	Non-Governmental Organizations
OHS	Occupational Health and Safety
OPD	Outpatients Department
Ops	Operations
PHU	Peripheral Health Unit
PIH	Partners in Health
PPE	Personal Protection Equipment
QEHSSSP	Quality Essential Health Services and Systems Support Project
RMNCAH-N	Reproductive, Maternal, New born, Child and Adolescent Health and Nutrition
SARS COV 2	2019 Novel Coronavirus
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SOP	Standard Operating Procedure
WARDC	Western Area Rural District Council
WHO	World Health Organization

## EXECUTIVE SUMMARY

The Government of Sierra Leone is implementing the Sierra Leone Quality Essential Health Services, Systems, and Support Project (QEHSSSP) with support from the World Bank. The Project seeks, “to increase utilization and improve quality of reproductive, maternal, child health and nutrition services in the selected areas.” It will focus on addressing the immediate needs for basic essential health services in areas with high maternal and child mortality rates while strengthening local systems and capacity to manage and deliver health services. The components of the project are:

- Component 1: Improving Quality, Efficiency, and Effectiveness of RMNCAH-N Services;
- Component 2: Health Systems Strengthening;
- Component 3: Project Management and Monitoring and Evaluation; and
- Component 4: Contingent Emergency Response Project (CERC)

Component 1 of QEHSSSP will support climate-smart rehabilitation and/or construction of infrastructure in fourteen (14) selected health facilities (hubs) in the five districts namely Bonthe, Kailahun, Falaba, Tonkolili and Western Rural Districts. The Buedu Community Health Centre is one of the two selected hubs (Community Health Centres) in the Kailahun District for the proposed rehabilitation and expansion works under the Sierra Leone Quality Essential Health Services, Systems, and Support Project (QEHSSSP).

The proposed rehabilitation and expansion works are expected to carry risks and adverse environmental and social impacts and risks during the construction and operational phases. An environmental and social screening exercise for the sub-project concluded that the project is categorized as one carrying ‘Moderate’ environmental and social risk under the World Bank Environmental and Social Framework (ESF). The Bank, subsequently, recommended the preparation and approval of an Environmental and Social Management Plan (ESMP) prior to the commencement of works, hence, the preparation of this plan. The Environmental and Social Management Plan is prepared in line with World Bank Environmental and Social Standard 1 (ESS1) Assessment and Management of Environmental and Social Risks and Impacts and other relevant World Bank Environmental and Social Standards (ESSs) as well as relevant Sierra Leonean laws such as the Environmental Protection Act, 2008. Relevant World Health Organization (WHO) guidelines, World Bank Group Environmental Health and Safety Guidelines (EHSGs), Good international Industrial Practices (GIIP) and World Bank Good Practice Notes also inform this document.

The sub-project involves renovating and expanding the main CHC building at the Buedu Community Health Centre. The Community Health Centre premises covers a total area of 5,000 square meters, of which less than 507.3 square meters accommodates the existing structures. A portion of the remaining space will be taken up by the proposed expansion of the main block. The proposed expansion/extension works will require square meters of land. No relocation of staff and health care services outside the premises of Community Health Centre is envisaged during the construction phase of the sub project. This is because the isolation building, which currently not being used, will be renovated first and subsequently used to

temporarily host services that will be displaced from the main Community Centre building and Maternity block during the construction phase.

The project activities involve excavation, ground blinding, block work, re-roofing and installation of windows, doors and fittings among others. It is estimated that a maximum of fifty (50) workers will be involved in the civil works. These will include skilled labor such as engineers, semi-skilled labor (masons and carpenters), and unskilled labor such as laborers. Some of the equipment on site will be poke vibrators and concrete mixers. Within eight (8) months all rehabilitations, renovations and expansion/extension work will be completed.

The Buedu Community Health Centre (Latitude 8°28'20.78"N and Longitude 10°36'82.02"W) is located in Buedu Town. Buedu is approximately 45 kilometers east of Kailahun town, the capital of Kailahun District. Buedu Community Health Centre accessed from Kailahun Town via Kailahun Town – Koindu Town road along Koindu Highway. Buedu Community Health Centre is also located south of the town, along the Buedu – Foya Custom Highway.

The Buedu Community Health Centre serves thirty-five (35) communities, which are within a radius of 20 kilometers of Buedu town with a catchment population of 17,481. It provides basic essential health package including anti-natal (supervised deliveries), post-natal services, and Under 5, services (immunization). Others services provided at the facility are family planning, pharmacy, laboratory and outpatient services. Twenty-nine (29) clinical and allied health workers including Community Health Officers, Community Health Assistant, pharmacist technicians, laboratory technicians, a Midwife, nurses, security and cleaners provide these services at the facility. Monthly hospital visits (Outpatient Department) to the facility ranges between 936 and 1571, while deliveries range been 50-65 births per month. Malaria remains the top-most cause of outpatient visitation within the catchment of the Buedu Community Health Centre, accounting for 2,864 outpatient visits from January to November 2023. Next is Pneumonia and Sexually Transmitted Diseases in a distant second and third. Healthcare waste management is a challenge for the facility. Healthcare waste is collected at all point of generation, transported to an unprotected waste zone area. Healthcare wastes are burnt in an unprotected open pit. In spite the wastes are well segregated at all points of generation, but at final treatment site they are mixed which increase on the amount of infectious waste. The facilities have safety signs on safe disposal of healthcare waste but are also challenged with sanitary tools and PPEs. The facility generates between 19.1 and 9.5 kilograms of healthcare waste daily, which needs to be properly disposed-off.

The Community Health Centre is located at Buedu Town in the Kailahun District. Kailahun District experiences an annual high temperature of 33.430C (92.170F) and annual low temperature of 21.740C(71.130F), average annual precipitation 312.69mm(12.31in), and humidity of 81.32% throughout the year (source: <https://weatherandclimate.com/sierra-leone/eastern-sierra-leonene/kailahun>). The district has a Tropical Monsoon Climate. It typically receives about 312.69 millimeters (12.31 inches) of precipitation annually. The hottest month is April just before the main rainy season, while the coldest month is August. Noise and dust levels at the Community Health Centre were satisfactory during the field

visit. The site is flat. There are no economic and land use activities within the premises of the Buedu Community Health Centre, where the rehabilitation and expansion works will be carried out.

Two (2) consultative meetings were held during the field visit at the project community/facility. The first meeting was with staff of the facility, while the second was with residents and opinion leaders of the community. Issues discussed at these meetings included Gender Based Violence (GBV)/Sexually Exploitation and Abuse (SEA)/Sexual Harassment (SH) and mitigation measures. Other issues discussed at the meetings were Grievance Redress Mechanisms (GRM), the composition of the sub-project Grievance Redress Committees (GRCs) and the temporary rotation/shifting of the services at the Buedu Community Health Centre during renovation of the main CHC building under the project. The Isolation building will be first renovated so that services can be temporarily host during the renovation of the main Buedu CHC building. The building proposed for temporarily accommodating the services at the facility will require minor civil works such as fixing of widow glasses, installing of two (2) toilets, Installation of a plumbing, installing electrical cables and fittings to walls, replacing the leaking ceiling with a hardboard, and painting the building to make it fit for purpose. The works will be undertaken as part of the sub-project. Letters from the Lahun family (previous land owners) are attached to confirm these resolutions (see Appendix E for letters).

This Environmental and Social Management Plan (ESMP) consists of the set of mitigation, monitoring, and institutional measures to be taken during implementation and operation of the project to eliminate adverse environmental and social risks and impacts, offset them, or reduce them to acceptable levels. Potential environment and social risks and impacts associated with the project include accidents involving site workers, patients and workers at the facility, exposure of site workers, patients, and health workers to pathogens, incidence of water, noise, soil and air pollution and generation of construction and health care waste as well as incidence of child labor on site. Contractors may as attempt to subvert Sierra Leonean labor, social protection and environmental laws. During the operational phase, inappropriate cleaning and disinfection practices can expose patients and workers at the facility as well as the public to pathogens that cause infectious diseases like COVID-19. The incidence of Sexual Abuse and Exploitation (SEA) as well as Sexual Harassment (SH) are also risks that are associated with the implementation of the sub-project during both the construction and operational phases.

Mitigation measures outlined in the ESMP for the construction phase including enforcement of bidding Environmental and Social Clauses inserted into the Works Contract for the Contractor and Sub-Contractors, ensuring the use of Personnel Protective Equipment, and signing of Code of Conduct by site workers as well as organizing sensitization and training sessions for site workers and the community in areas such as GBV/SEA/SH. Operational Phase mitigation measures in the ESMP also include organizing sensitization and training sessions for staff of the facility in areas such as GBV/SEA/SH, occupational health and safety, health care waste management and infection, prevention and control as well as enforcement of the use of appropriate Personnel Protective Equipment (PPEs) by staff of the facility. The use of trained focal persons at the community and facility level to receive GBV/SEA/SH complaints and other grievances and referring GBV/SEA/SH cases to GBV Service Providers, Family Support Unit (FSU) of the Sierra Leone Police and other appropriate agencies for case management have been proposed in the ESMP. These together with other

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*ESMP for the Rehabilitation/Renovation of Buedu Community Health Centre*



preventive, accountability, and reporting measures are in line with the survivor-centered approach and the Sierra Leone GBV Referral Protocol. These mitigation measures have been costed and responsible parties for implementation have been included in the Environmental and Social Management Plan, which has also an environmental and social monitoring plan.

The Ministry of Health will be responsible for environmental and social monitoring and reporting during the construction phase of the sub project. The Ministry has an Integrated Health Project Administration Unit (IHPAU). The Environmental and Social Safeguards Unit at IHPAU will ensure that the implementation of the sub project meets the requirements of the relevant World Bank Environmental and Social Standards (ESSs) and Sierra Leonean environmental, labor, planning, social protection, and public health laws during the construction phase. Under the QEHSSSP, the Ministry of Health has assigned the task of designing and supervising the civil works in selected hubs in the Kailahun District including the Buedu Community Health Centre to Partners in Health (PIH). The Supervising Engineer and Health and Safety Officer of Partners In Health will support the IHPAU Safeguards Unit in its environmental and social monitoring and reporting functions during the construction phase. The Contractor will be responsible for implementing environmental and social avoidance, minimization, mitigation and corrective measures during the construction phase.

The Buedu Community Health Centre belongs to the Ministry of Health. The Ministry of Health Centre (MoH) will be responsible for its operational phase management and maintenance including ensuring the provision of PPEs for workers, cleaning materials and sanitary facilities/tools for the facility. The Ministry will also be responsible for ensuring that environmental and social risks/impacts requirements are managed and monitored at all times. The Ministry has appointed a Community Health Officer to head the Buedu Community Health. Under QEHSSSP, Partners in Health (PIH) are required to support the management of the selected hubs in the Kailahun District to improve service delivery, reporting, staff recruitment and capacity building. The Community Health Officer in-charge of the facility with the support of Partners in Health will be responsible for the day-to-day management of the facility. The Operations Officer at the facility will also ensure that the facility is tidy at all times. Other actors responsible for aspects of environmental and social management and monitoring are the Waste Management and Infection Prevention and Control (IPC) Focal Person at the Facility, Grievance Redress Focal Persons and members of the Grievance Redress Committee as well as Laboratory and Pharmacy Technical Officers manning the pharmacy and laboratory respectively.

A Grievance Redress Mechanism (GRM) for the general population, project workers, Gender Based Violence survivors, as well as emergency response procedures for routine hazards associated with the construction and operation of health care facilities of this nature have also been presented as part of the ESMP (see Section 6.0 and 7.0 respectively). Environmental and Social Contractual Clauses to be inserted into the works contract/bid documents as well as a sample Code of Conduct for site workers, have also been attached in the Appendixes (see Appendix G and H). Also attached in the Appendixes are Standard Operating Procedures (SOPs) for Sierra Leone Burials and Health care Waste Management for the Republic of Sierra Leone (see Appendix K and I) and a Chance Find Procedure has been attached as Appendix M.

The estimated cost for implementing this ESMP and environmental and social monitoring, outside the works contract price is Six Thousand, Eight Hundred United States Dollars (USD 6,800.00). This includes One Thousand United State Dollars (USD 1,000.00) for General facility operation-Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment (GBV Sensitization), Two thousand United State Dollars (USD 2,000.00). Table 5.8 presents the summary cost estimates and the proposed funding source for the Environmental and Social Management Plan.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 BACKGROUND

The Government of Sierra Leone is implementing the Sierra Leone Quality Essential Health Services, Systems, and Support Project (QEHSSSP) with support from the World Bank. The project seeks, “to increase utilization and improve quality of reproductive, maternal, child health and nutrition services in the selected areas.” It will focus on addressing immediate needs for basic services in areas with high maternal and child mortality rates while strengthening local systems and capacity to manage and deliver health services. The components of the project are:

- Component 1: Improving Quality, Efficiency, and Effectiveness of RMNCAH-N Services
- Component 2: Health Systems Strengthening
- Component 3: Project Management and Monitoring and Evaluation
- Component 4: Contingent Emergency Response Project (CERC)

Component 1 of QEHSSSP will support climate-smart rehabilitation and/or construction of infrastructure in selected health facilities in the five districts namely Bonthe, Kailahun, Falaba, Tonkolili and Western Rural Districts. The Buedu Community Health Centre is one of the selected hubs in the Kailahun District for the proposed rehabilitation and expansion works.

The proposed rehabilitation expansion works are expected to carry risks and adverse impacts on the environment, social systems, and human health during the construction and operational phases. An environmental and social screening exercise for the sub-project concluded that the project is categorized as one carrying ‘Moderate’ environmental and social risk under the World Bank Environmental and Social Framework (ESF). The Bank, subsequently, recommended the preparation and approval of an Environmental and Social Management Plan (ESMP) prior to the commencement of works, hence, the preparation of this plan.

#### 1.1 Sub Project Description

The sub-project will involve the rehabilitation, expansion and re-partitioning of the main Buedu Community Health Centre Building to provide more space for Outpatient Department (OPD) Unit and Triage. The rehabilitation will also involve the extension of the existing maternity building to accommodate additional five (5) beds and improve ventilation as well as partitioning the isolation building into wards (male and female) and a laboratory.

During the rehabilitation phase, the Isolation Unit building, which is presently not in use, will be renovated first to make it fit for purpose, so that services in the main Community Centre Building can be temporarily relocated there, to make way for the rehabilitation of the main structure. Hence, there will be no need for any relocation of healthcare services outside premises of the Community Health Centre.

The Buedu Community Health Centre covers an area of approximately 8,100 square meters (2 acres), of which the existing facilities covers a total of 577.02 square meters. The extensions are expected to utilize 164.01 square meters.

The sub-project will consist of the following activities:

a. Rehabilitation and Extension of CHC Building

The existing rectangular CHC building (260 square meters with about 8 rooms) currently accommodating the laboratory, pharmacy, male and female observation rooms, CHOs Office, Cold-chain room, family planning/GBV and the ANC/OPD working area (see Appendix D: Plate 11 for pictures of the existing building). The rehabilitation and expansion works will provide additional space (20-meter square) for two consultation rooms with two toilets. Other components of the civil works on the main CHC building are:

- Demolishing existing roof structure completely and introduce a ring beam over all walls and replace roof structure with new and seasoned hardwood, install new roof covering with 8 feet long and 28-gauge corrugated iron sheet.
- Increasing wall height by introducing a reinforced concrete ring beam over all walls, introduce new partition walls where necessary and render all new walls internally and externally.
- Installing 600 x 600 non slippery porcelain floor tiles over entire floor with a 50mm thick bedding.
- Removing and replacing all wooden doors with seasoned mahogany panel doors, where necessary and plywood flush doors where necessary. Introduce steel doors to specific areas. All doors should be installed complete with door locks.
- Removing and replacing all windows with new casement windows to certain sections and aluminum glazed sliding windows to others.
- Removing and replacing the ceiling with hardboard.
- Painting of all walls and ceiling internally and externally with high quality emulsion and enamel paint.
- Installing electrical cables and fittings to walls. Provide and install a submersible booster water pump to the existing borehole to supply water to the elevated water tank with new reticulation system; and
- Introducing surface water drainage and aprons with precast reinforced concrete 'U' shaped gutters

b. Renovation and Extension of the Maternity Building

The proposed works on the maternity ward consists of expanding the existing ward to provide an additional 20 square meter floor square and replacing the existing rusty and leaking zinc roof with an 8ft Long and 28" gauge corrugated iron sheet. It also involves providing the new areas with electricity and plumbing and the provision of two (2) toilets facilities and two (2) consultation rooms. Other aspects are the installation of 600mm x 600mm non-slippery porcelain floor tiles over the entire floor area with 50mm thick bedding, painting of the entire building and provision of drains and aprons. A new ambulance bay with a ramp will be constructed as part of the works.

The maternity building is about 75 square meters and has three (3) rooms. The space at the back of the maternity ward will be utilized to provide an additional 20 square meter floor area (see Appendix D, Plate 3 and 5 for the maternity building and labor ward). Other components of the renovation and expansion of the maternity block include replacing the existing rusty and leaking zinc roof, replacing windows, ceiling, electrical and plumbing facilities, construction of extended wall and floor, and painting of the entire building and introduce surface runoff (external works). Components of the rehabilitation works on the maternity building includes:

- Demolishing entire roof structure and replace with 8' Long and 28" gauge corrugated iron sheets on new roof structure made of seasoned and treated hardwood;
- Demolishing some partition walls and introduce extensions to create more room space for wards, toilets and offices;
- Installing 600mm x 600mm non slippery porcelain floor tiles over entire floor area and 300mm x 300mm non slippery floor tiles over toilet floor area with a 50mm thick bedding;
- Make good to existing wooden panel doors and provide and install new doors where necessary and install door locks;
- Installing aluminum glazed sliding windows to all window openings;
- Removing and replacing damaged ceiling components with hardboard;
- Painting of all walls and ceiling internally and externally with high quality emulsion and enamel paint;
- Installing electrical cables and fittings to walls. Connect facility to new water reticulation system
- Introducing a surface water drainage and apron with Precast reinforced concrete 'U' shaped gutters; and
- Constructing a new ambulance bay with a ramp to access maternity facility

#### c. Renovation of the Isolation Unit Building

The Isolation Unit building is about 58.3 square meters and contain ambulance bay, triage room, a ward, toilet and bathroom each for suspected and confirmed cases, and a decontamination room. There is also a waiting area at the back of the building (see Appendix D, Plate 6 for the Isolation building with ambulance bay).

#### d. Improving of the Waste Zone Area

The existing rectangular waste zone area (114.3 square meters) currently accommodating the placenta pit, sharp pit, ash pit, and a non-functioning incinerator (see Appendix D: Plate 10 for pictures of the existing waste zone area). Rehabilitation activities at waste zone area will involve the construction of short wall with a roof to cover the waste zone area and installation of a metal vent pipe (4" diameter by 7ft length) on the placenta pit.

Other rehabilitation works will include lining (patching) of the Ash pit, sharp pit, organic pit and burning pit.

### 1.2 Site Location/Access

The Buedu Community Health Centre (Latitude 8°28'20.78"N and Longitude 10°36'82.02"W) site is approximately 45 kilometers east of Kailahun town, the capital of Kailahun District (see Appendix B for locational Map). Buedu Community Health Centre accessed from Kailahun Town via Kailahun Town-Koindu Town road along Koindu Highway. Buedu Community Health Centre is also located south of the town, along the Buedu-Foya Custom Highway. (See Appendix B for Location Map).

The Community Health Centre building, maternity building, isolation building and waste zone area proposed for rehabilitation are located on the premises of the facility which is south of the town, along the Buedu–Foya Custom Highway (see Appendix A and B).

### 1.3 Site Description

This Buedu Community Health Centre facility is built on a flat land along the Buedu-Foya Custom highway to Liberia, which is about 20 meters west of the site. The Buedu CHC share a boundary with the residential communities in the south, north and east (see Appendix B for project site and its environs). The highest and lowest elevation on the premise are 1254 and 1236 feet above mean sea level respectively with an average of 1245 feet. The facility is partly developed with physical structures namely:

- The Main Community Health Centre building;
- Maternity building, Laboratory room,
- Adolescent youth friendly service;
- Isolation building;
- Waste zone area (including non-functioning incinerator, functioning sharp and placenta pits),
- A water well with two 5,000 L tanks;
- 3 room wash facility; toilet 2, shower 1 (all out of order). The toilets are not adequate for the facility;
- two (2) septic tanks connected to the main CHC building, maternity Building and the Isolation building;
- Two elevated water storage tank (two 5,000L tanks);
- Two (2) out-house toilets with a total of four (4) drop holes and
- Four (4) outside bathrooms.

The condition of the above facilities needs to be upgraded or expanded as the current capacity cannot meet the demand. All the building ceiling areas showed patches of water marks indication leakage from the roof. The tiles are also worn out so they will need to be scraped off and replaced. The space in maternity area is small to accommodate the patient flow and general WASH condition is poor.

### 1.4 Sub-Project Activities and Labor Force

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

- Excavation (trenching) and digging of manholes;
- Backfilling of trenches and pits
- Ground blinding with concrete;
- Block work;
- Installation of doors, gates, solar panels, solar lights, and overhead water tanks

- Painting;
- Laying of pipes
- Roofing of structures
- Installation of electrical cables and fittings to walls

50 semi-skilled labor (masons, carpenters, steel bender painters) and unskilled such as laborers. An engineer, environmental, social, health and safety officer, and a site supervisor will constitute the skilled labor force managing the civil works. Machinery and equipment that will be used for the sub-project include:

- Concrete mixer (4)
- Poke vibrator (1)
- Haulage vehicle (3)

### 1.5 Objective of Study

The main objective of the ESMP is to examine the proposed extension and minor rehabilitation works at the Buedu Community Health Centre for its environmental and social impacts/risks. The assignment also seeks to prepare an Environmental and Social Management Plan (ESMP) to avoid, minimize and/or mitigate the identified adverse environmental and social impacts/risks.

### 1.6 Scope of the Assignment

The proposed sub-project involves the rehabilitation and expansion works at Buedu Community Health Centre (CHC). The scope of work for the assignment is to prepare an Environmental and Social Management Plan (ESMP) in line with Sierra Leonean law such as Environmental Protection Act, 2008, and World Bank Environmental and Social Standard 1-Assessment and Management of Environmental and Social Risks and Impacts (ESS1) and other relevant.

### 1.7 Methodology

The assignment was carried out in three different but interrelated activities, which are as follows:

- Literature review;
- Screening (site visit, observation and inspection); and
- Stakeholder consultations (see Appendix D: Plates 1 and 2 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 and social laws related to this sub-project are listed in Table 2.1.

**Table 2.1: Relevant National Laws**

Legislation	Relevant Sections
<b>Environmental Protection Agency Act, 2008</b>	<p>The EPA Act is the legislation governing the protection of the environment and the EIA/ESIA process. This Act establishes the role and function of the Environment Protection Agency (EPA) for monitoring the implementation and evaluation of national environmental policies of Sierra Leone as well as the obligations of the proponent (environmental license holders) and the Board of Directors of SL-EPA in the event that an environmental license is granted.</p> <p>Part IV of the EPA Act 2008 exclusively deals with the activities that require an EIA and the requirements of an EIA. This part of the Act emphasizes the processes and procedures leading to the acquisition of environmental impact licenses with respect to the conduct of an acceptable EIA study. Projects likely to have negative environmental impacts or for which an EIA or EMP is required under the Act's Regulation, should not be implemented unless an EIA/EMP has been concluded and approved in accordance with these regulations.</p> <p>Once an application is made to the Agency, it screens the application and advises on the need for an environmental license and, subsequently, the appropriate instrument that will be prepared with the accompanying guidelines for projects that require an Environmental Impact License. SL-EPA screens and categories projects that require an Environmental Impact License into Category A, B, and C respectively based on:</p> <ol style="list-style-type: none"> <li>Location, size, and likely output of the undertaking;</li> <li>Technology intended to be used;</li> <li>Magnitude and sensitivity of impacts;</li> <li>Concerns of the general public, if any, and in particular concerns of immediate residents if any; and</li> <li>Land use and other factors relevant to the particular undertaking to which the application relates.</li> </ol> <p>Projects rated as Category A, B will require an Environmental Impact Assessment, while for Category C projects, registration, and screening suffices.</p> <p>Our reading of Section 24: First Schedule of the Act indicates that this sub-project (rehabilitation of health care facility) does not require an Environmental Impact License.</p>
<b>The Freetown Improvement Extension (Amendment) Act, 1964</b>	<p>The Act establishes Freetown and its surrounding districts as a planning area and sets out town planning regulations to guide development control in the designated planning area. Section 18 confers the power to alter, repair, or pull-down defective structures and structures detrimental to public health and safety at cost to the developer to the Director of Public Works, subject to the consent of a magistrate.</p>



<b>The Public Health Act 2022</b>	<p>This Act repeals and replaces the Public Health Ordinance, of 1960. It is to promote, protect and improve public health and well-being of people in Sierra Leone. The Act also seeks to protect individuals and communities from public health risks, prevent and control the spread of infectious diseases, encourage local government and community participation in protecting public health as well as the early detection and prompt response to diseases and public health threats and related matters.</p> <p>Part II of the Act: Health Systems Administration, enjoins the Ministry of Health to improve, promote and safeguard public health in Sierra Leone, investigate and process complaints about the provision of health services in a timeous, fair and just manner and ensure the conclusions are rooted in the public interest. As per the Act, the Ministry of Health is to promote and provide technical guidelines for all public health facilities and Local Councils and monitor their performance among others (Part II: Section 2).</p> <p>The Act also devolves environmental health, promotion and education on healthy lifestyles, prevention of pollution of waterbodies intended for human and animal use, procurement of medicines, provision of safe water and primary health care to the Local Councils (Part II: Section 3). From the Act, the construction of public drains falls within the remit of the Ministry of Works and Public Assets (Part VII: Section 55).</p>
<b>The Factories Act of 1974</b>	<p>The Factories Act, of 1974 demands all aspects of cleanliness, and reports of all injuries, accidents, diseases, and death. Under this Act, the Factories Inspectorate Department under the Ministry of Labor and Social Security has the power to monitor workplace compliance in terms of labour laws, especially among factories, and enforce measures to ensure occupational accidents and diseases are minimized within the work environment (Section V of the Factories Act, 1974). The Act expands the definition of factories to include construction sites. It makes reports of accidents, deaths, injuries, and the outbreak of diseases mandatory (Section VII) and empowers the Factory Inspectorate Department to enforce general health and safety conditions within factories. There are also sanctions for non-compliance including fines, jail terms, prohibition of work, and closing down of factories.</p> <p>The Act promotes cleanliness, health, and safety within the work environment and covers owners, occupiers, supervisors, and workers alike.</p>
<b>Employment Act, 2023</b>	<p>The Act consolidates and improves the laws relating to labor and employment. It promotes equal opportunity and eliminates discrimination in employment and occupation. Part III of Employment Act 2023: Freedom of Association prohibits forced labor (Section 16) and discrimination in employment/occupation (Section 17). It bars employers from preventing workers and job seekers from joining trade unions or renouncing their membership of same as well as discriminating against workers and job seekers based on membership of a trade union. It also prohibits employers from putting in place barriers (including using contracts) against joining trade unions. Section 18 establishes equal remuneration for men and women performing the same tasks. The Act also prohibits any form of harassment or violence within the working environment and lays out a broad guideline for reporting and investigating complaints including complaints to the Commissioner. The Act, specifically, provides for an accessible, suitable, safe and effective means of making complaints of violence and harassment including sexual harassment at work (Section 15(6)). Section 19 establishes fair terms and conditions of employment. It establishes the ground rules for collective bargaining and other forms of recognised agreement between labor and employers.</p> <p>Section VI of the Employment Act states that contract of Employment and Other Terms and Conditions provide guidelines for preparing and executing contracts. It stipulates that a contract for service or employment terms between labour and employers and the manuals/documents that regulate employment and service provision are not binding unless they are vetted and attested to by the Commissioner of Labor (Section 33(1)). It also indicates the length of the working day and week, rest breaks; shifts, overtime and night work and provides modalities for varying the aforementioned (Section 61-66).</p>

	<p>Part VII- Leave Entitlement and Maternity Protection provides 14 weeks of maternity leave for females and other measures that promote women's health and safety at work. Men are entitled to a 2-week paternity leave on the birth of their children under the Act (Section 77).</p> <p>Part X- The Protection of Child Labor, prohibits children under 15 years from being employed, while persons 18 years and below shall not be employed to do work that will jeopardise their health and safety.</p>
<b>The National Fire Service Act, 1980</b>	<p>The Act establishes and lays out the constituents of the Sierra Leone Fire Service as well as the National Fire Force. It also empowers the Minister to establish Fire Authorities in designated areas. The Act also grants the right of entry to fire and police officers for fire prevention and control.</p>
<b>Child Rights Act, 2007</b>	<p>Part III of the Act talks about the Employment of Children. It stipulates the minimum age at which free education ends when children can engage in full-time employment or apprenticeship at fifteen (15 years). However, the Act allows children to engage in light work (non-strenuous and non-hazardous work) at the age of thirteen (13), only persons eighteen (18) years and above can engage in hazardous work such as civil works. The Act, which prohibits children from working at night, also set conditions for an apprenticeship. To meet the requirements of this Act, persons 18 years or below must not work on-site.</p>
<b>Sexual Offences Act, 2012 Amended 2019</b>	<p>The Sexual Offences Act of 2012 criminalizes non-consensual sex between persons, including spouses. The Act increased the consensual age from 13 years, under the Prevention of Cruelty against Children Act (CAP 31) to 18 years. Section 19 of the Act introduces the concept of sexual penetration, which replaces Unlawful Canal Knowledge and increases the organs involved in sexual penetration to include the mouth and anus. The Act further provides that the use of an object for penetration satisfy the act of sexual penetration. The Act is gender neutral, technically including sexual acts between the same sexes. Marriage is not a defence for perpetrators under this Act. The confidentiality of victims (survivors) during investigation and prosecution is guaranteed under the Act. The Act also provides for medical assistance for survivors and sets out sanctions for offenders including jail terms.</p>
<b>Local Government Act, 2004</b>	<p>This Act seeks to devolve all development initiatives and authority to people at the grassroots. As such, it has empowered the local councils as the highest political and legislative authority in the locality. The Councils are responsible for promoting the development of the locality with the resources at their disposal and those that they can mobilize from the central government and its agencies, NGOs, and the private sector.</p> <p>Part VII Section 90, also empowers the Local Councils to enact by-laws consistent with the provisions of the national constitution. The bylaws may cover community health and safety issues including sanitation, food safety, and animal husbandry.</p> <p>Under Schedule III of the Act, functions under the Ministry of Health devolved to the Councils, include maintenance of non-technical equipment, facilities management, and procurement of equipment and medicines. The District Health Management Team (DHMT) at the Council supervises activities at Community Health Centres under their jurisdiction. The Council will play a role in facility maintenance.</p>
<b>Persons with Disability Act, 2011</b>	<p>Per Section 24(2) of this Act, public buildings/facilities that are accessed by the public are to be disability friendly, while Section 14 (2) enjoins government to adapt existing structures to enhance access by persons with disability. In Sections 20 and 21 of the Act, it is an offense to deny a person contracts and employment opportunities based on disability. Construction of wash and changing rooms, toilet facilities, and other ancillary facilities under this sub-project will be designed to meet universal access.</p> <p>The design of facilities at the Community Health Centre will be meet the requirements of Universal Access</p>
<b>Prevention and Control of HIV and AIDS Act, 2007</b>	<p>The Act seeks to control the spread of HIV-AIDs and prevent discrimination against Persons Living with HIV/AIDS. Prevention and Control of HIV and AIDS, Act 2007 enjoins government to create awareness about the mode of transmission and support for Persons Living with HIV/AIDS. Section 23 establishes that discrimination against Persons Living with HIV/AIDS in terms of access to employment, health services, and education is an offense. While</p>

	Section 11 also prohibits testing for HIV/AIDS as a condition for gaining employment, Section 21 makes, deliberate or reckless transmission and non-disclosure of HIV/AIDS positive status prior to sexual encounter an offense.
<b>The Anti-Corruption Act, 2008</b>	The Act establishes the independent Anti-Corruption Commission for the prevention, investigation, prosecution, and punishment of corruption and corrupt practices and related matters. The ACC and the ACC Electronic Platform 5158 will be utilized to receive corruption and other complains.
<b>The Right to Access Information Act, 2013</b>	The Act provided for the disclosure of information held by public authorities or by persons providing services for them. This ESMP needs to be disclosed on-line and at the community level to meet the requirements of this Act.

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

- National Health and Sanitation Policy, 2021;
- Sierra Leone Local Content Policy of 2012;
- National Policy on the Advancement of Women; and
- National Policy on Gender Equality and Women's Empowerment Policy, 2021.

## 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 in order for the projects to be sustainable, non-discriminatory, transparent, participatory, environmentally and socially accountable as well as conform to good international practices. The ten (10) Environmental and Social Standards (ESS) are:

- Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental and Social Risks and Impacts;
- Environmental and Social Standard 2 (ESS2): Labor and Working Conditions;
- Environmental and Social Standard 3 (ESS3): Resource Efficiency and Pollution Prevention and Management;
- Environmental and Social Standard 4 (ESS4): Community Health and Safety;
- Environmental and Social Standard 5 (ESS5): Land Acquisition, Restrictions on Land Use and Involuntary Resettlement;
- Environmental and Social Standard 6 (ESS6): Biodiversity Conservation and Sustainable Management of Living Natural Resources;
- Environmental and Social Standard 7 (ESS7): Indigenous Persons/Sub-Saharan African Historically Underserved Traditional Local Communities;
- Environmental and Social Standard 8 (ESS8): Cultural Heritage;
- Environmental and Social Standard 9 (ESS9): Financial Intermediaries; and

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*ESMP for the Rehabilitation/Renovation of Buedu Community Health Centre*

- Environmental and Social Standard 10 (ESS10): Stakeholder Engagement and Information Disclosure.

The relevant Environmental and Social Standards are presented in Table 2.2.

**Table 2.2: Relevant Environmental and Social Standards**

Relevant Environmental & Social Standards	Required Measures and Actions
ESS1-Assessment and Management of Environmental and Social Risks and Impacts	<ul style="list-style-type: none"> <li>• The Environmental and Social Management Framework (ESMF) requires an ESMP for activities such as minor construction works rated moderate under the ESF during the environmental and social screening using the template presented in the ESMF.</li> </ul>
ESS2-Labor and Working Conditions	<ul style="list-style-type: none"> <li>• Project workers will be managed in accordance with the requirements of national laws and legislation as well as ESS2 requirements under terms and conditions of employment, non-discrimination, equal opportunity, and establishing/managing worker's organizations for construction companies. Restrictions on child labor and forced labor are to be enforced.</li> <li>• The Occupational Health and Safety (OHS) measures to ensure the health and safety of workers are in line with the QEHSSSP ESMF as well as Sierra Leone SOPs on Waste Management.</li> <li>• The Grievance Mechanisms for workers and the roles and responsibilities for monitoring such work-based grievance redress mechanisms will be incorporated into the contract requirements and implemented during the construction and operational phase.</li> <li>• Provisions to prevent GBV/SEA/SH including specific Codes of Conduct for site and other project workers in line with relevant national laws and legislation have been outlined in this ESMP.</li> </ul>
ESS3-Resource Efficiency and Pollution Prevention and Management	<ul style="list-style-type: none"> <li>• Appropriate pollution prevention, resource conservation, and IPC&amp;WMP measures in the QEHSSSP ESMF and Health Care Waste Management Plan (HCWMP) prepared under the World Bank COVID-19 Emergency Preparedness and Response adapted and incorporated into the ESMP. These measures align with mitigation measures in World Bank EHSs, especially the General Guidelines and those relating to Water and Sanitation are referenced in this ESMP.</li> <li>• Materials such as sand and gravel for the sub-project will be sourced from local third-party suppliers within the sub-project corridor. No burrow pits and quarries will be established for undertaking this sub-project.</li> <li>• IPC Protocol and Sierra Leone SOPs for Health care Waste Management and Burial are attached as Appendix I, J and K) SOPs</li> </ul>
ESS4-Community Health and Safety	<ul style="list-style-type: none"> <li>• The rehabilitation and expansion works will follow ESMF-prescribed measures to avoid any form of Sexual Exploitation, Abuse, and Harassment (SEA/H) by scaling down the broad proposals in the QEHSSSP ESMF and World Bank SEA/SH Good Practice Note for all project workers to the project context. Other community health and safety risks include</li> </ul>

		<p>intermittent increases in noise levels, air pollution from dust-generating activities, and accidents involving haulage and construction trucks and equipment that can lead to loss of life and properties of residents within the project corridor. Measures to mitigate these risks have been presented in this ESMP.</p> <ul style="list-style-type: none"> <li>• 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 other pathogens and maximise the safety of workers during the construction and operation phase</li> </ul>
<b>ESS5: Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	<b>Land</b>	<ul style="list-style-type: none"> <li>• No livelihoods will be lost as part of implementing this sub project because the project persons affected are two workers at the CHC who are on government payroll. The facility will also not be shut down as a result of the rehabilitation and expansion works</li> <li>• The two households living the two staff quarters slated for renovation under the sub project will be temporarily displaced from their duty post and will provided with temporary accommodation by the community</li> <li>• A resettlement action plan is not necessary for this sub project as per the proportionality concept.</li> </ul>
<b>ESS8: Cultural Heritage</b>	<b>Cultural</b>	<ul style="list-style-type: none"> <li>• Much as the health facility is not located within or close to a culturally sensitive area, there is the possibility of a “Chance Find” during excavations as part of the civil works. Intangible cultural activities such as festivals and rites may take place prior to or during the execution of works. A chance find procedure is attached to this ESMP as Appendix M</li> </ul>
<b>ESS10-Stakeholder Engagement and Information Disclosure</b>		<ul style="list-style-type: none"> <li>• The MoH/IPHAU has undertaken appropriate community and stakeholder outreach for this construction works and has established accessible, transparent, participatory, time-bound grievance redress mechanisms following the Stakeholder Engagement Plan (SEP) for the QEHSSSP and the MoH Grievance Redress Framework approved by the Bank. Stakeholder engagement and community consultations were undertaken prior to the commencement of works in line with the requirements of ESS10.</li> <li>• Minutes of the community consultation have been shared with the facility managers and the chief of the project community. Further consultations will occur during the construction and operational phase.</li> <li>• The ESMP will be disclosed on the MoH website as well as within the health care facility and copies will be made available to the Local Council, facility management, the District Health Officer and the chief of the project community.</li> </ul>

### 2.3 World Bank Environmental and Social Risk Classification

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 impacts and risks, the country's socio-political conditions as well as the capacity of the borrower to manage the associated environmental and social impacts/risks. Projects classified as category ‘High Risk’ carry very significant and mostly irreversible environmental and social impacts/risks requiring Environmental and Social Impact Assessment. Projects are also categorized as high risk if, they are to be implemented in countries or regions with a history of social conflict, uncertain or weak regulatory environments and/or in situations where the borrower has a weak capacity to manage the potential environmental and social risks/impacts. High-risk projects also have

long-term, irreversible significant, cumulative and/or transboundary impacts/risks that are difficult or sometimes impossible to mitigate.

Substantial Projects are less complex medium-scale projects. Such projects have, few adverse impacts compared to high-risk projects, which are mostly temporary and reversible. Projects rated as substantial may have a transboundary impact but the impacts/risks can be readily mitigated. Projects in this category are implemented in countries and regions, in which there are concerns about social conflicts but the capacity concerns about borrower's ability to management the potential environmental and social risks can be addressed.

Projects rated as 'moderate' have environmental and social impacts/risks of low magnitude, which are predictable, temporary, reversible site-specific and easily mitigated, while those rated 'low' have minimal to negligible impacts and 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 prior to the commencement of works. The environmental and social 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 environmental and social 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, become 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, Work Place Sexual Harassment (SH) in the form of unwanted sexual advances, requests 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 of 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 Conduct, GBV Service Providers, and Environmental and Social Management Plans in addition to capacity assessment are discussed in the document. The guidance note also layouts lays out monitoring and evaluation requirements and stresses the need for sensitization and capacity building for stakeholders.

c. ESF/Safeguards Interim Note: Covid-19 and other Infectious Disease 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 to the COVID-19 pandemic as well as other infectious diseases. It recommends assessing the current situation of projects, putting in place mitigation measures to avoid or minimize the chances of infection (coronavirus), and planning what to do, if either project workers become infected or the workforce including workers from proximate communities are affected by COVID-19 and other infectious diseases. The recommendation in this interim note covers cleaning and waste disposal, medical services, and general hygiene for the workforce together with the management of site entry and exit points, work practices, and medical supplies for site workers. There are also recommendations to ensure continuity in the supply of materials and project activities amidst disruption in supply chains because of COVID-19 other infectious diseases. The interim note is useful for both project Consultants and Contractors in spite of the fact that the pandemic has been curbed in Sierra Leone.

## 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 and the natural and socio-economic environment of the project zone.

#### 3.1 Description of the Buedu Community Health Centre

The Buedu Community Health Centre serves thirty-five (35) communities, which are within a radius of 10 kilometers of Buedu town. It is estimated that the catchment population of the facility in 2023 is 17,481. The communities are Buedu (9,450), Baildu (240), Bandama (321), Bandasuma (230), Bandausma (300), Bandabengu (200), Boidu (296), Bolonin (186), Dambala (450), Falama (280), Fenesu (270), Kabala (145), Koikor (256), Kundorbengu (193), Kundorwahun (270), Kpongbody (198), Lepallo-Konio (271), Levuma (200), Makor (333), Manor (230), Ngeima (214), Ngeima (150), Ngokodu (160), Peluan (200), Peluan (228), Pioto (200), Sumbadu (200), Tindonin (83), Torkpombu (79), Wondor (236), Mendequama (272), Komadu (227), Temessadu (323), Baladu (140) and Dakor (127). The CHC provides the under-listed basic services:

- Anti-natal services (supervised deliveries);
- Post-natal services;
- Under 5 services;
- Family Planning services;
- Laboratory services
- Outpatient services;
- Records/Bio-statistics; and
- Pharmacy services

The Anti-natal Unit has one couch while the Postal Unit has five (5) beds.

##### 3.1.1 Staff Strength

Data from the facility head indicate that twenty-nine (29) people work at the Buedu Community Health Centre. There will be no increase in staff because of the proposed rehabilitation works but Partners in Health are in the process of recruiting additional staff for the facility including a Monitoring and Evaluation Officer. The categories of staff are:

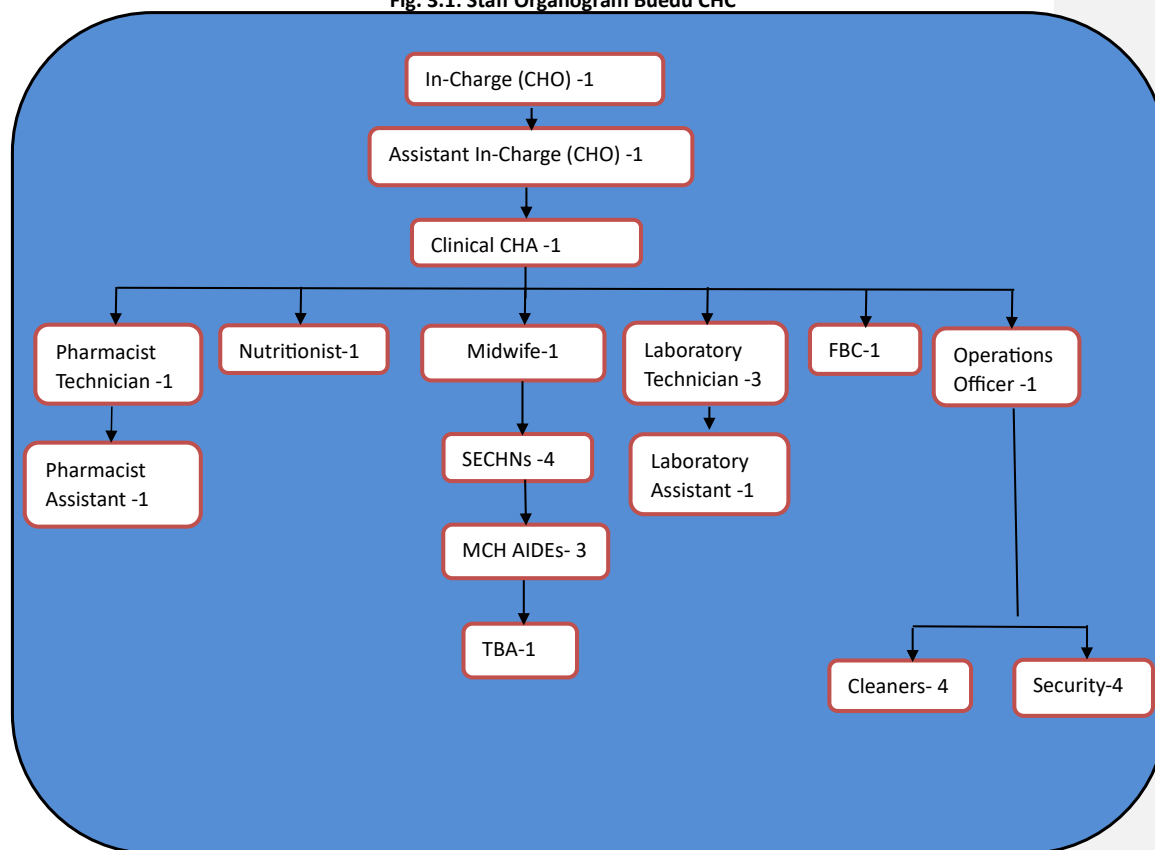
- Community Health Officer (In charge of the facility) - 1
- Community Health Officers -1
- Community Health Assistance (CHA) - 1
- Midwife -1
- State Enrolled Community Health Nurses (SECHNs) - 2
- Pharmacist Technician - 1
- Pharmacist Assistant-1
- Operations Assistant-1
- Maternal and Child Health Aide (MCH-AIDE)-3



- Facility Based Coordinator (FBC)-1
- Environmental Health Officers (Cleaners) -4
- Nutritionist 1
- Laboratory Technicians-3
- Laboratory Assistants- 1
- Screener (SECHN)-2
- Traditional Birth Attendant -1
- Security - 4

The staff organogram is presented in Fig. 3.1 shows the staff hierarchy at the facility.

**Fig. 3.1: Staff Organogram Buedu CHC**



### 3.1.2 Hospital Attendance and Top Five Causes of OPD Attendance

It is estimated that between 936 and 1,571 persons visit the facility monthly. Outpatient visits are highest in September and lowest in November. In terms of deliveries per month, the numbers seem to hover around 53 per month with the highest being 66 (January and May) and the lowest being 53. Malaria remains the top-most cause of morbidity within the catchment, accounting for 2,864 outpatient visits from January to November 2023. This is followed by Diarrhea Diseases (859) and Sexually Transmitted Diseases (315) in a distant second and third. Table 3.1 presents Monthly OPD attendance and the top five causes of morbidity reported at the Buedu CHC.

**Table 3.1: Healthcare Attendance and Top Five Diseases in Buedu CHC**

*Months	Hospital Attendance			Top Five Diseases by OPD Attendance						Deliveries
	Under 5 years	5 years and above	Total	Malaria	Peptic Ulcer Disease (PUD)	STDs	Diarrhoeal Diseases	Hypertension	Other Diseases	Deliveries
January	563	962	1525	286	10	18	35	15	209	66
February	463	986	1449	309	8	29	50	11	209	61
March	256	867	1123	233	12	27	88	5	208	62
April	680	869	1549	268	16	22	113	3	237	61
May	298	896	1194	345	35	46	119	10	331	66
June	473	878	1351	200	23	70	72	10	271	56
July	598	869	1467	272	25	32	68	5	248	55
August	686	879	1565	273	23	16	150	8	256	58
September	688	883	1571	260	35	20	84	1	263	58
October	650	838	1488	201	24	17	45	5	124	55
November	298	638	936	217	21	18	35	2	264	53
<b>Total</b>	<b>5653</b>	<b>9565</b>	<b>15218</b>	<b>2864</b>	<b>232</b>	<b>315</b>	<b>859</b>	<b>75</b>	<b>2620</b>	<b>651</b>

*Source: Data from Buedu CHC \* Data excludes December 2023. Data from previous years were not provided*

### 3.1.3 Existing Health Care Waste Management Practices at the Facility

The facility has two bins and a sharp box 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 to the waste zone area (see Appendix C: Plate 9). Some of the bins have no bin liners.

The facility has a solid waste storage and treatment area but the incinerator is non-functional due to poor design (e.g., blocks are not heatproof) and poor operation principles. There is open burning of infection waste in a deteriorated burning pit (see Appendix C: Plate 9). 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 grey water are channeled into a septic tank with a soak way pit, while storm water is channeled into open drains.

#### Estimated Quantity of Healthcare Waste Generated from the Facility

In order to estimate the quantity of waste generated at the facility, the following were undertaken:

1. waste bins with liners were positioned at all the points of care/waste generation at every department in the facility;
2. All generated wastes were weighed using a 150kg capacity weighing scale;
3. The waste generated in each department were collected and weighed two (2) times a day (morning and evening) for seven (7) consecutive days from 4<sup>th</sup> to 10<sup>th</sup> December 2023 (see Appendix D: Plate 13 for weighing of health care waste)
4. Waste generated during the night shift was weighed in the morning (7.00-8.00 am) likewise, all waste generated during the day (day shift) were weighed and recorded before the end of the day's shift (6.00-7.00 pm)
5. Data were entered and analyzed using Microsoft Excel;
6. The summation of the morning and evening weighs provided the daily total quantity of waste generated for the facility presented in Table 3.2.

**Table 3.2: Total Amount of Waste Generated Per Day at Buedu CHC**

Days	Amount of Health care Waste Generated in Kg/day		
	Morning Shift	Late Shift	Total
Monday	6.7	10.5	17.2
Tuesday	5.9	12.1	18
Wednesday	5.3	9.5	14.8
Thursday	8.1	11	19.1
Friday	4.5	6.5	11
Saturday	4.2	8.3	12.5
Sunday	3.8	5.7	9.5

**Source:** Estimated by the Medical Waste Management Specialist

Table 3.2 reveals that the Buedu Community Health Centre generates a maximum of 19.1 kilograms of healthcare waste per day on Thursdays with the lowest value being 9.5 kilograms per day occurring on Sundays. Thursday recorded the high amount of waste generated during the week because it is the antenatal and early childhood immunization day for the health centre. Sundays were lowest because a number of services like immunization (Under 5) 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 the form of used needle, syringes and vials are generated from the facility. Placentas, human fetuses and blood are the only forms of anatomical waste generated at the facility mainly from the maternity ward. The facility store generates

expired drugs occasionally, which are collected by the DHMT Pharmacist for safe treatment and disposal. Working with the maximum value and adjusting for 10% future growth (10 years) and seasonal variation, we estimate that the maximum amount of waste that will be generated from the facility potentially is 21.01 kg per day.

Liquid waste is generated from the two (2) out-house toilets with a total of four (4) drop holes and four (4) bathrooms and one (1) Water Closet toilet at the maternity ward. The black water ends up in an in-situ two (2) septic tank connected to a soak-away. While grey water from the bathrooms is channeled to an in-situ soak-away pit.

### **3.2 Land Use Activities within the Sub-Project Zone**

The Community Health Centre premises cover an area of 5,000 square meters of which less than 260 square meters accommodate the existing structures. No additional space will be required for the proposed renovation works (see floor plan attached in Appendix A). The Buedu Community Health Centre is fenced with fence sticks. There are no properties abutting the health facility. The premise is partly developed with physical structures namely:

- The Main CHC building
- Maternity building
- Isolation building, which is dilapidated
- Waste zone area (including non-functioning incinerator, cracked sharp and burning pits and placenta pit without a vent pipe)
- A water well
- Two (2) septic tanks
- Water tank
- Two (2) outhouse toilet with a total of four (4) drop holes and four (4) bathrooms.

### **3.3 CHC Land Ownership**

The land on which the Buedu Community Health Centre is situated was donated by the Lahun family, of which Imam Alhaji Jibe Lahun is the family head, to Ministry of Health for the purpose of establishing a health facility for the community. The Community Health Centre (CHC) was built in the year 2003 by the International Medical Corp (IMC). The first structures constructed on the site are the main community health centre building and maternity building. The Isolation Unit was added in 2014 by the Government of Sierra Leone through the Ministry of Health.

There is no land documentation (signed conveyance) covering the site of the Buedu Community Health Centre. This notwithstanding, the land owner, the Lahun Family, openly affirmed the donation of the parcel of land in question during the public consultative meeting and has drafted a letter to that effect to the District Medical Health Officer (see letter from the Lahun Family in Appendix E to be attached).

### **3.4 Natural Environment**

#### **3.4.1 Topography**

The site is a relatively flat land. The highest and lowest elevations are 1,254 and 1,236 feet above mean sea level respectively with an average of 1,245 feet. The proposed site for expansion is west and north of the main Community Health Centre.

#### **3.4.2 Climate**

The Community Health Centre is located Buedu town, the Kailahun District. Kailahun District experiences high temperatures throughout the year. The district has a Tropical Monsoon Climate (Classification: Am). It typically receives about 312.69 millimeters (12.31 inches) of precipitation and has 266.64 rainy days (73.05% of the time) annually. The average temperature during the day is between 27°C and 32°C while the average nighttime temperature is between 24°C and 26°C. The hottest month is March just before the main rainy season, while the coolest month is August.

#### **3.4.3 Soils and Geology**

The geology of Kailahun District consists of Mesozoic intrusion. The complex primarily consists of gabbro and other igneous rocks. The soils in the area are laterite with clay intrusions.

#### **3.4.4 Ambient Air and Noise Levels**

Ambient air quality is satisfactory at the premises. No activity generated noise and dust within the cemetery. During the harmattan/dry season, dust levels may be elevated due to the influence of the northeast trade winds.

### **3.5 Economic Activities on the Site**

There are no economic activities within the premises of the Buedu CHC, where the rehabilitation works will take place

### **3.6 Water and Energy Supply**

The facility has access to the community mini grid electricity and a small solar power unit is used to maintain Cold Chain (Refrigerator) at the facility runs for twenty-four hours. Hand-dug wells with two (2) elevated tanks (5,000L tanks) supplies the facility with water.

## 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. Residents of Buedu, Partners in Health and Ministry of Health and staff of the facility are stakeholders of this project.

#### 4.2 Stakeholder Consultation

The stakeholders consulted were the Staff of the Facility as well as residents of the community including the traditional authority (see Appendix D: Plate 1 and 2 for consultation pictures and Appendix F for minutes of meetings). Representatives of Partners In Health attended both meetings.

#### 4.3 Consultation Process and Channel Used

The consultation process involved arranging meetings with stakeholders with signed minutes.

#### 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	Future Engagement Plans
Buedu Community	6/10/23	22	Community Meeting	<ul style="list-style-type: none"> <li>- Purpose of meeting</li> <li>- Scope of the rehabilitation, renovation and expansion works</li> <li>- Impacts/risks and the need for mitigation measures</li> <li>- GBV/SEA/SH issues and mitigation measures</li> <li>- Temporary relocation of</li> </ul>	<ul style="list-style-type: none"> <li>- An ESMP will be prepared and approved by the Bank. It will contain mitigation measures for anticipated environmental and social impacts/risks. It will be disclosed here in the community so that community members can support its implementation</li> <li>- PIH Safety Officer/Engineer will be responsible for ensuring the contractor implements mitigation measures on a day-to-day basis. IHPAU Safeguards Specialists will be responsible for environmental and social monitoring</li> </ul>	<ul style="list-style-type: none"> <li>- Further community engagement have been planned during the disclosure of the Site Specific ESMP</li> </ul>

				<p>affected staff and services at the CHC</p> <p>- Grievance Redress mechanisms and formation of Sub Project GRCs</p>	<ul style="list-style-type: none"> <li>- Mitigation measures outlined include alternative routes to bring materials to site to avoid the ongoing road construction works, provision of security on site, awareness creation and further community engagement were discussed as some of the mitigation measures.</li> <li>- The Buedu Town Chief and community leaders promised to inform their people on the propose sub-project.</li> <li>- The Isolation building will be first renovated to accommodate staff and daily outpatient services during construction phase/ renovation of the Main Community Health Centre (CHC).</li> <li>- A participatory grievance redress system will be put in place with multiple reporting points including community and facility focal persons and GRCs will be established before the project begins so that persons who have concerns during project implementation can report, have their issues, heard, investigated, and resolved amicably.</li> <li>- The EOC 117-platform is also being looked at so that it also receive complaints.</li> <li>- The community stakeholders (see Table 7.1 for list of GRC members and community focal persons) duly nominated the Grievance Redress Committee and focal persons.</li> <li>- GBV/SEA/SH can be reported to the facility (focal persons) or community focal persons) and the issues will be handled from that point with the privacy it deserves. There are laws against GBV and</li> </ul>	
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					<p>IHPAU will ensure that complaints are investigated and the culprits are dealt with. The victim will be supported during the process.</p> <ul style="list-style-type: none"> <li>- Nearest GBV One Stop Centre is in Kailahun Government Hospital. The facility and community focal persons will also receive GBV/SEA/SH grievances. IHPAU will involve them in GRC and GBV training and sensitization</li> </ul>	
Meeting with Health Facility Staff	6/10/23	7	Meeting	<ul style="list-style-type: none"> <li>- Rationale for the project</li> <li>- Project description and duration</li> <li>- Inconveniences and project impacts/risks</li> <li>- Grievance Redress Mechanisms and composition of Sub-Project Grievance Redress Committee</li> <li>- Dissemination of safeguards documents and project information</li> </ul>	<ul style="list-style-type: none"> <li>- During the construction phase, the Isolation building will be rehabilitated first so that the healthcare operation in the main building can be temporarily relocated to allow the rehabilitation of the main CHC building.</li> <li>- A participatory grievance redress system will be put in place with multiple reporting points before the project begins so that persons who have concerns during project implementation can report, have their issues heard, investigated, and resolved amicably. The CHC was asked to nominate two Focal Persons (One Male; One Female as focal persons to receive grievances and forward their names and contact to the IHPAU Social Safeguards Specialist)</li> <li>- There will be a committee made up of representatives of local stakeholders including traditional authorities and representatives of the aggrieved party(ies) who investigate and resolve grievances associated with the implementation of the project. If this Committee fails to address any grievance, it will be forwarded to the IHPAU Social Safeguards</li> </ul>	<ul style="list-style-type: none"> <li>- Further community engagement have been planned during the disclosure of the Site Specific ESMP</li> <li>- Timing of shifting of CHC operation to minimize any disruption of services and inconvenience to the affected households.</li> </ul>



					<p>Specialist and the Project level GRC, the Minister and/or courts in that order.</p> <ul style="list-style-type: none"> <li>- GBV/SEA/SH cases should be reported to the health facility or community focal persons, EOC 117, FSU or the GBV Service Providers.</li> <li>- Accidents should be reported to the Community or Facility Focal Persons, Engineer and the Council</li> </ul>	
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## 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 the responsibilities of organizations or individuals who will be involved in the environmental and social monitoring of the project.

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

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

The ESMP is presented in Table 5.1 to 5.4 showing the:

- Activity;
- Potential E&S Risks and Impacts;
- Proposed Mitigation Measures;
- Responsibility Party; and
- Estimated Budget.

There is also an accompanying environmental and social monitoring framework in Table 5.5-5.7. A Chance Find Procedure to guide the treatment of any archaeological, historical, cultural and other finds is attached as Appendix M.

**Table 5.1: Environmental and Social Risks and Measures during the Planning Mitigation Stage**

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
Improper lay out, poor design and poor supervision of works	Structural defects and design flaws	<p>The new expanded/rehabilitated structures may exclude access to vulnerable groups such as the aged and person with disability, if appropriate facilities for this group, such as ramps and disability -friendly toilets, are not installed in the facility.</p> <p>Failure to use competent and qualified professionals in the design and supervision of rehabilitation and expansion works can lead to structural defects, design flaws such as buildings with poor ventilation and the use of substandard building materials, fittings and finishes. These building defects can cause accidents such as fire out</p>	Design and Supervision of Works	<ul style="list-style-type: none"> <li>Design and supervision of works will be handled by a qualified and competent engineering team</li> <li>A competent Authority will undertake the final inspection of all buildings and installations prior to handing over to MoH</li> <li>Architectural and engineering designs, including Bills of Quantities of proposed structures that will be rehabilitated/expanded will be include ramps railings and features for the aged and persons with disability</li> <li>The design of units to be expanded will be checked by the Local Government Authority so that it meets universal access and life &amp; fire safety requirements/standards as well as national building codes of Sierra Leone e.g. installation of smoke detectors and fire extinguishers at the facility and ensuring the use of approved electrical and plumbing fittings/wires</li> <li>New rehabilitations/extensions will have adequate water and toilet facilities</li> <li>Designs will keep in mind the risk of SEA/SH, especially when designing toilet facilities. E.g.</li> </ul>	PIH	No Separate Cost

		breaks and collapse of structures leading to injuries, loss of property and fatalities				
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\*MoH will be responsible for the payment of the cost of relocation (transportation, loading and offloading costs)

\*\* CHO together with PIH will be responsible for supervising the relocation of services and affected staff and reporting to the DMO

**Table 5.2: Environmental and Social Risks and Mitigation Measures during the Construction Stage (Rehabilitation/Expansion Works)**

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
<b>General construction activities-Labor issues</b>	Increase in short-term employment	<ul style="list-style-type: none"> <li>The works will create employment for contractors, who will intend to employ professionals, artisans and laborers.</li> </ul>	<ul style="list-style-type: none"> <li>All construction activities</li> </ul>	<ul style="list-style-type: none"> <li>Preference shall be given to local communities in terms of employment for semi-skilled and unskilled labor e.g. artisans</li> </ul>	Sub Project Contractor	<b>No Separate Cost</b>
	Incidence of discriminatory labor practices, child and forced labor	<ul style="list-style-type: none"> <li>Workers involved in the works may be paid rates below the stipulated national minimum wage or may be working under poor service conditions and without contracts.</li> <li>Site workers may be denied their right to form or join any member of the Sierra Leone Confederation of Trade Unions by the Contractor (their employer)</li> <li>The Contractor and sub-contractors may practice</li> </ul>	<ul style="list-style-type: none"> <li>All construction activities</li> </ul>	<ul style="list-style-type: none"> <li>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 Employment Act, 2023 and other Sierra Leone labor laws</li> <li>Workers will be notified of their rights and processes involved in joining and forming workers' unions on-site</li> <li>Contractual clauses against child and forced labor as well as</li> </ul>	Sub Project Contractor	<b>No Separate Cost</b>

		unfair/discriminatory recruitment practices (e.g., against women), recruit unqualified persons to work on the site and/or subvert national labor laws, e.g., employ children and minors		<p>discrimination by sex, ethnicity and religion will inserted in the Contractor's Contract document</p> <ul style="list-style-type: none"> <li>• Environmental and Social Contractual clauses (see Appendix G) will be inserted in the Contract document prohibiting the Contractor, sub-contractors and their employees from child and forced labor and reporting all such cases to the nearest FSU office binding on the Contractor and Supervising Engineer</li> <li>• All prospective workers will provide an identity card or other proof of identification meeting the age of employment before they are employed on-site</li> <li>• A Code of Conduct (see Appendix H) will be prepared for and signed by the contractor's employees including those of any sub-contractors informing them of the sanctions for Child and Forced Labor</li> </ul>		
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				<ul style="list-style-type: none"> <li>The Contractor will be required to consider alternative work schedules or shifts to accommodate the hiring of more female workers.</li> <li>Site workers will have access to an accessible, participatory time-bound work based grievance redress system with a focal point for reporting their grievances and receiving feedback</li> </ul>		
<b>General construction activities – Workers Accommodation</b>	Poor accommodation for site workers	Contractors may provide sub-standard accommodation, that is, housing with poorly ventilated rooms without basic sanitation and catering facilities for site workers who reside outside the project community. Site workers may crowd themselves in small rooms. These conditions may facilitate the outbreak and/or community spread of infectious diseases such as cholera	<ul style="list-style-type: none"> <li>All construction activities</li> </ul>	<ul style="list-style-type: none"> <li>Site workers will not be allowed to sleep or cook on site (the CHC premises)</li> <li>The Contractor will rent sandcrete buildings for site workers</li> <li>The rented house will have the under-listed facilities: <ul style="list-style-type: none"> <li>Clean, safe and enclosed toilet facilities</li> <li>enclosed bathrooms</li> <li>kitchens</li> <li>eating areas</li> <li>potable water</li> <li>electricity (at night)</li> </ul> </li> <li>2 refuse bins are to be emptied daily and disposed-off at the</li> </ul>	Sub Project Contractor	<b>No Separate Cost</b> ( <i>Cost will be included as part of the Contractor's financial proposal</i> )

				approved landfill site by a private collector <ul style="list-style-type: none"> <li>• The Contractor shall not put more than three (3) workers in a standard (12square meters) room</li> <li>• Each habitable room will be well-ventilated</li> </ul>		
<b>General construction activities – Occupational Health and Safety (OHS)</b>		Work-related accidents such as burns, falls and cuts might occur due to human errors, workers not wearing appropriate PPEs required for their assignments, poor installation of equipment and faulty equipment as well as poor housekeeping.	<ul style="list-style-type: none"> <li>• All construction activities</li> </ul>	<ul style="list-style-type: none"> <li>• Site workers will undergo medical screening before they are deployed on-site</li> <li>• Site workers will receive OHS training at least twice during the construction phase</li> <li>• Workers will sign and agree to the Code of Conduct (see Appendix H) prepared for the sub project</li> <li>• Random checks will be done to prevent substance abuse</li> <li>• Site workers will be provided with PPEs (e.g. hard hats, safety boots, earplugs, reflectors etc.) suitable for the assignment</li> <li>• Potable water will be provided for site workers at all times</li> <li>• Daily toolbox meetings will be organized for site workers</li> </ul>	Sub Project Contractor	<b>No Separate Cost</b> ( <i>Cost of procuring PPEs, E&amp;S officer, fire extinguisher, first aid box and warning signs as well as training of employees in OHS will be included as part of the Contractor's financial proposal</i> )

				<ul style="list-style-type: none"> <li>• An Environmental, Social, Health and Safety Officer will be employed to ensure compliance with occupational, health and safety protocols/rules on site e.g. enforcing the wearing of PPEs, facilitating toolbox meetings and ensuring good housekeeping, among other roles</li> <li>• Prohibitive, warning and directional signs will be provided on site</li> <li>• The Contractor will be made to provide at least 2 fire extinguishers and 2 First Aid Box on site</li> <li>• Contact numbers of the nearest fire station will be pasted at vantage points on-site</li> <li>• Clear sanctions and rewards for non-compliance and compliance respectively will be provided in the Code of Conduct (see Appendix H) to be signed by workers</li> <li>• Training of site workers in OHS, fire prevention and</li> </ul>		
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				<p>combating (including fire drills) as well as good housekeeping practices will be undertaken at least twice during the construction phase</p> <ul style="list-style-type: none"> <li>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 and provide a detailed accident/incident report in the subsequent monthly progress report.</li> </ul>		
<b>General construction activities - Material Sources</b>	Excessive use of construction materials.	Unsustainable exploitation of lumber, sand and borrow pits as well as quarries for wood and aggregates will exhaust them and turn these material sources into potential accident zones	<ul style="list-style-type: none"> <li>Block work</li> <li>Roofing</li> <li>Plastering</li> <li>Fabricating doors and windows</li> </ul>	<ul style="list-style-type: none"> <li>Procure materials from certified suppliers</li> <li>Cost of reinstatement of material sources after use is implicit in the unit cost of the various materials (sand/gravel and quarry products)</li> </ul>	Sub Project Contractor	<b>No Separate Cost</b>
	Inefficient Resource use (Excessive use of water and energy)	Excessive use of water and energy (electricity and fuel) will reduce the availability of water and energy for the health facility and the local community	<ul style="list-style-type: none"> <li>Concrete works</li> <li>Installation of furnishes/</li> </ul>	<ul style="list-style-type: none"> <li>Construction equipment will be turned off whenever not in use</li> <li>Rainwater will be harvested and used for construction activities, whenever possible</li> </ul>	Subproject Contractor	<b>No Separate Cost</b> ( <i>Cost of fuel, electricity and water that will be utilized during the works</i> )

			<ul style="list-style-type: none"> <li>• plumbing and electrical fittings</li> <li>• Welding</li> </ul>	<ul style="list-style-type: none"> <li>• Contractors will be required to source their water outside that of the health facility during the execution of works (Dig their water wells) or secure written agreements with the health facility to co-use their water source, prior to using the health facility's water sources</li> <li>• Contractors will be responsible for providing their energy outside that of the health facility sources during the execution of works</li> </ul>		<i>will be included as part of the Contractor's financial proposal)</i>
<b>General construction activities - Noise and Air Pollution</b>	Increase in noise pollution	Background noise level at the site and its immediate environs may increase intermittently as a result of construction activities and the movement of delivery vehicles and haulage trucks This will inconvenience hospital staff and patients	<ul style="list-style-type: none"> <li>• Demolishing of structures</li> <li>• Digging of the foundation</li> <li>• Welding. Bending of iron rods</li> <li>• installation of windows and doors</li> <li>• Replacing of damaged ceiling and roof members</li> </ul>	<ul style="list-style-type: none"> <li>• Concentrate the noisiest types of work into a short period as much as possible and during the least disruptive times of the day (between 3.00 pm and 6.00 pm)</li> <li>• Concrete mixers will be fitted with mufflers to minimize noise</li> <li>• Authorities at the health facility and nearby residents will be informed of any activities that will generate excessive noise and dust and agree on mitigation measures to minimize same with</li> </ul>	Sub-Project Contractor	<b>No Separate Cost</b> (Cost captured as part of BOQ)

			<ul style="list-style-type: none"> <li>• Loading and off-loading of materials</li> </ul>	timelines with the affected stakeholders at least 24 hours before the commencement planned activity		
	Reduction in ambient air quality	Exposure to cement dust, emissions from paints, thinners and pesticides for treating wood and other solvents as well as delivery vehicles can reduce ambient air quality and put residents nearby, site workers, patients and health care workers at the Community Health Centre at risk of respiratory tract diseases such as asthma.	<ul style="list-style-type: none"> <li>• Mixing of concrete</li> <li>• Painting</li> <li>• Roofing</li> <li>• Haulage</li> <li>• Clearing</li> <li>• Trenching</li> <li>• Digging of pits</li> </ul>	<ul style="list-style-type: none"> <li>• The construction zone will be doused at least two times a day</li> <li>• Wood will be treated off-site</li> <li>• Painters and workers engaged in the treatment of wood off-site will be made to wear nose masks, gloves, overalls and boots;</li> <li>• Good ventilation will be provided on-site</li> <li>• Equipment and vehicles will be turned off when not in use</li> <li>• Debagging of cement will be done in an enclosed area at least 50 meters away from the nearest ward or unit</li> <li>• Workers wearing appropriate Personal Protective Equipment (PPE) such as overalls, nose masks with HEPA filters, hand gloves and earplugs will be made to undertake debagging of cement.</li> <li>• Haulage and delivery trucks as well as equipment on haulage</li> </ul>		

				<p>routes will be made to drive at a speed less than 20km/h</p> <ul style="list-style-type: none"> <li>Trucks carrying sand and fine particles will be covered with tarpaulin</li> </ul>		
<b>General construction activities – General pollution management</b>	Generation of refuse and human waste	Workers on site will generate human waste and refuse, notably, food residue. Poor housekeeping leading to littering on site, can clog drainage channels as well as facilitate the outbreak and spread of sanitary-related diseases like cholera.	<ul style="list-style-type: none"> <li>General Construction Activities</li> </ul>	<ul style="list-style-type: none"> <li>Two mobile toilets will be provided on site (one (1) male and one (1) female) or secure written agreements with the health facility to use their toilet facilities, prior to the commencement of works</li> <li>Two (2) colored refuse bins will be provided on site</li> <li>Mobile toilets will be dislodged after the close of work every day</li> <li>Refuse will be collected by a private refuse collection company once a day</li> </ul>	Sub-Project Contractor	<b>No Separate Cost</b> ( <i>Cost captured as part of BOQ</i> )
<b>General construction activities – Non-hazardous waste management</b>	Generation of Construction waste	Construction waste such as sand, broken tiles debris, off-cuts generated as part of the rehabilitation and expansion works, if not collected, well stored and disposed of could cause accidents, obstruct the movement of site workers, patients, health workers,	<ul style="list-style-type: none"> <li>Digging and trenching</li> <li>Demolishing of structures</li> <li>Fixing of doors and windows,</li> <li>Roofing and re-roofing</li> <li>Wiring</li> </ul>	<ul style="list-style-type: none"> <li>Off-cuts from pipes, cables and electrical fittings as well as broken tiles will be reused by the Contractor for other civil works elsewhere;</li> <li>Wood residue, cement blocks and other waste will be used as fill material;</li> </ul>	Sub-Project Contractor	<b>No Separate Cost</b> ( <i>Cost of hauling waste will be included as part of the Contractor's financial proposal</i> )

		vehicles and equipment on site and also make the site untidy.		<ul style="list-style-type: none"> <li>Waste that cannot be reused will be transported to the approved landfill site</li> </ul>		
<b>General construction activities – hazardous waste management</b>	Generation of hazardous waste	<ul style="list-style-type: none"> <li>Used paint and solvent containers may contain traces of hazardous chemicals such as lead. Human contact and/or ingestion of such hazardous waste can lead to skin diseases and poisoning respectively, especially if lead-based paints are used.</li> </ul>	<ul style="list-style-type: none"> <li>Painting</li> </ul>	<ul style="list-style-type: none"> <li>Empty paint and solvent containers will be collected and kept in a well-ventilated store room with a paved floor and returned to suppliers to be re-used</li> <li>No lead-based paints will be used as part of renovation, rehabilitation and expansion works</li> <li>Workers involved in painting will be made to use the appropriate PPEs e.g. gloves, nose mask overalls and boots</li> </ul>	Sub-Project Contractor	<b>No Separate Cost</b> ( <i>Cost of procuring PPEs will be included as part of the Contractor's financial proposal</i> )
	Soil pollution	<ul style="list-style-type: none"> <li>Oil, fuel and lubricants in transit or storage may spill accidentally and/or drip from construction equipment or vehicles during operation, repair and maintenance of construction vehicles and equipment contaminating the soil and, possibly, groundwater resources.</li> </ul>	<ul style="list-style-type: none"> <li>Storing of building materials and machine accessories/ parts</li> <li>Operation, repair and maintenance of construction</li> </ul>	<ul style="list-style-type: none"> <li>All hazardous substances and materials will be stored in appropriate locations with impervious surfaces and adequate secondary containment;</li> <li>Oils, fuel and other lubricants will be stored at least 100 meters away from water bodies;</li> </ul>	Subproject Contractor	<b>No Separate Cost</b>

			equipment and vehicles	<ul style="list-style-type: none"> <li>• Oil traps will be installed on drains from storage areas and work zones;</li> <li>• Construction workers will be provided with adequate training on the use, storage and handling of hazardous substances;</li> <li>• Drip pans will be placed under equipment and vehicles during repairs, servicing and routine maintenance to collect waste oils/fuel and lubricant for re-use or sale to other entities, e.g. machine operators, to be re-used</li> <li>• Material Safety Data Sheets (MSDS) for each hazardous material should be kept within the storage area where substances are stored and at the site office</li> <li>• All equipment will be inspected daily for leakage and immediately repaired, if leaks are detected</li> </ul>		
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<b>General construction activities – Soil Erosion</b>	Increase in soil erosion	Clearing of land for the expansion/extension of the maternity ward will leave the site bare, making it susceptible to erosion	<ul style="list-style-type: none"> <li>• Site preparation</li> <li>• Material Storage (Aggregates)</li> </ul>	<ul style="list-style-type: none"> <li>• Clearing of the site will be staggered to ensure that only portions of the site required for immediate construction activities are cleared</li> <li>• Barriers will be created to trap materials (aggregates) under storage</li> </ul>	Sub Project Contractor	<b>No Separate Cost</b>
<b>General construction activities Ponding</b>	Incidence of ponding	Spoils, debris and litter generated by site workers and construction activities can clog local drains and trenches to create localized flooding.	<ul style="list-style-type: none"> <li>• Trenching</li> <li>• Digging of septic tanks etc.</li> <li>• Demolishing of structures</li> </ul>	<ul style="list-style-type: none"> <li>• Trenches and holes will be immediately backfilled or covered after the pipes and other infrastructure have been laid</li> <li>• Water will be pumped out of trenches/holes every day after work</li> <li>• The site will be cleaned daily after work</li> </ul>	Sub Project Contractor	<b>No Separate Cost</b>
<b>General construction activities – traffic and road safety</b>	Incidence traffic accidents and	Trucks carrying the construction materials and furnishes to be installed on site could be involved in accidents leading to spillage of materials, injuries, fatalities and/or loss of property including livestock as well as cause traffic congestion	<ul style="list-style-type: none"> <li>• Haulage of construction materials, waste and furnishes</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery trucks and construction vehicles will drive below the 20km/hr. speed limit</li> <li>• Trucks transporting friable materials (e.g. sand) will be covered with tarpaulin</li> <li>• The truck conveying roofing sheets to the construction zone will carry appropriate warning signals such as red flags and rotating amber lights</li> </ul>	Sub-Project Contractor	<b>No Separate Cost</b> ( <i>Cost to be captured in BOQ</i> )

				<ul style="list-style-type: none"> <li>• All construction vehicles will be embossed with bold identification numbers at the rear, front and sides for easy identification</li> <li>• 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 12 hours of occurrence</li> <li>• The Contractors 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</li> </ul>		
<b>General Construction Activities- Community safety issues</b>	Outbreak and/or spread of infectious diseases	Site workers may exposed to pathogens including the SARS COV-2 virus can contribute to the community's 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	<ul style="list-style-type: none"> <li>• All construction activities</li> </ul>	<ul style="list-style-type: none"> <li>• Pools of stagnant water will be pumped out of trenches and holes daily</li> <li>• A Site Supervisor will be employed to ensure good housekeeping on-site</li> <li>• Two (2) colored-coded refuse bins will be provided at the site</li> </ul>	Sub-Project Contractor	<b>No Separate Cost</b> ( <i>Cost of procuring E&amp;S officer, fire and refuse bins will be included as part of the part Contractor's</i> )



		of mosquitoes that cause malaria and also other sanitary-related diseases like cholera		which will be emptied twice a day		<i>financial proposal)</i>
	Accidents/Incidents on site	Visitors, patients, and persons from the community who access the facility can slip, be hit by flying objects get pricked by nails cut scraps and debris etc. on site or its immediate environs. Such persons may also be at risk of getting injured or dying	<ul style="list-style-type: none"> <li>• All construction activities</li> </ul>	<ul style="list-style-type: none"> <li>• The site will be hoarded with aluminum or an approved material by the Supervising Engineer</li> <li>• A warden will be placed at the gate of the premises at all times to prevent unauthorized persons from accessing the premises</li> <li>• Visitors to the site will be screened at the gate, provided with, and made to wear the required safety gear before entering the site</li> <li>• The existing ward and other Units will be evacuated during the construction</li> <li>• The site will be cleaned after work every day and after major waste-generation activities</li> <li>• Tools, construction waste and materials will be stored at designated well-marked zones</li> </ul>		

				<p>and barricaded with caution tape</p> <ul style="list-style-type: none"> <li>The Contractor will notify the Supervising Engineer and the relevant authorities including SL-Police, Factory Inspectorate Department, IHPAU and Local Council of any accident within 12 hours of its occurrence</li> </ul>		
	Accidents involving construction equipment and vehicles	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"> <li>Haulage</li> <li>All construction activities</li> </ul>	<ul style="list-style-type: none"> <li>Delivery trucks and construction vehicles will be made to drive below the 20km/hr speed limit</li> <li>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</li> <li>The contractor will emboss the company's phone contact boldly on all vehicles and equipment</li> <li>The Contractor will notify the Supervising Engineer and the relevant authorities including SL-Police, IHPAU and the Local</li> </ul>		

				Council of any road accident within 12 hours of its occurrence		
	Utility disruptions and inconveniences associated with the works	Power and/or water systems may be shut down temporarily. Power and/or waterlines may be cut during the construction phase of the project. These may result in temporary disruptions in water and/or electricity supply to the health care facility and nearby residents.	<ul style="list-style-type: none"> <li>• Trenching</li> <li>• Digging of Foundation etc.</li> <li>• Plumbing</li> <li>• Fixing of electrical appliances and fittings</li> <li>• Haulage</li> </ul>	<ul style="list-style-type: none"> <li>• The public will be notified of any planned disruptions in the supply of utilities that will result from the civil works and accompanying mitigation measures through community radio announcements at least 24 hours ahead of the planned disruption.</li> <li>• Authorities at the health facility and affected parties will be notified about any planned disruptions in the supply of utilities that will result from the civil works and mitigation measures with timelines will agreed with it at least one week ahead of the planned disruption. The notice will be repeated 24 hours ahead of the planned outage or shutdown.</li> <li>• Authorities at the health facility, affected parties and community leaders will be immediately informed about any unplanned (accidental)</li> </ul>	Sub Project Contractor	<b>No Separate Cost</b>

				disruption in water and power supply and measures to restore services with timelines.		
<b>General construction activities-Water pollution</b>	Incidence of Water pollution	Poor housekeeping, oil, lubricant and chemical spills and contaminated wastewater from construction activities may flow into nearby streams declining the quality of the water and threatening the life of aquatic animals in the streams	<ul style="list-style-type: none"> <li>• Vehicles and Equipment repairs and cleansing</li> <li>• All Construction</li> </ul>	<ul style="list-style-type: none"> <li>• A Site Supervisor will be employed to ensure good housekeeping on site and enforce pollution prevention measures on site</li> <li>• Construction equipment and vehicles will be cleansed at 100 meters away from local streams and waterbodies</li> <li>• Oils, fuel and other lubricants will be stored at least 100 meters away from water bodies;</li> <li>• Screens, oil/grease traps or inceptors will be installed on drains from material storage areas and work zones where activities that can cause potential oil spillage will be occurring and at outfalls into local waterbodies</li> <li>• Provide 2 mobile toilets for site workers and visitors (1 male; and 1 female) or secure a written agreement from the Health Facility Management to</li> </ul>	Sub-Project Contractor	<b>No Separate Cost</b> ( <i>Cost to be captured in BOQ</i> )

				<p>use their toilet facilities, prior to the commencement of works</p> <ul style="list-style-type: none"> <li>• The Contractor will ensure that toilet facilities are kept clean and well-maintained at all times</li> <li>• Two (2) colored refuse bins will be provided on site;</li> <li>• The refuse bins and mobile toilets will be emptied daily</li> </ul>		
<b>General construction activities - GBV/SEA/SH Issues</b>	<p>Incidence of GBV/SEA/SH</p> <p>Lack of community support/community dissatisfaction with project activities</p>	<p>Site workers may be perpetrators or survivors of sexual exploitation, abuse and/or harassment and other forms of Gender Based Violence such as defiling young girls and rape</p>	<ul style="list-style-type: none"> <li>• All construction activities</li> </ul>	<ul style="list-style-type: none"> <li>• Contractual Clauses on mandatory and regular training for workers on required lawful conduct and legal consequences for failure to comply with laws on non-discrimination and GBV/SEA/SH will be inserted into the Contract documents of the contractor and supervising Consultant;</li> <li>• Contractual Clauses (see Appendix G) with a commitment to cooperate with law enforcement agencies (e.g. FSU) investigating cases of gender-based violence will be inserted into the contract documents of</li> </ul>	<p>Sub-Project Contractor</p>	<p><b>1,000.00</b> (Cost covers the 2 GBV/SEA/SH sensitization sessions @ USD 500.00 per session)</p>

				<p>the Contractor and Supervising Consultant</p> <ul style="list-style-type: none"> <li>• Contractual clauses (against rape, defilement and other Gender-Based Violence as well as child and forced labor will be inserted into the contract of the Contractor</li> <li>• Workers on site will sign a Code of Conduct with sanctions on rape defilement, abuse and other gender-based violence</li> <li>• One (1) sensitization workshop will be undertaken for employees of the Contractor/Supervising Consultant as well as health facility workers</li> <li>• One (1) sensitization workshop will be organized for community members at Buedu including workers at the Community Health Centre</li> <li>• The Contractor will provide contact numbers of the nearest FSU office and GBV Service Providers within the immediate project zone (Community Health Centre)</li> </ul>		
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				<ul style="list-style-type: none"> <li>Prohibition posters on sexual exploitation, abuse and harassment will be pasted in and around the site.</li> <li>The Contractor will paste the contact numbers of the GBV/SEA/SH focal persons at the community and health facility levels, the nearest FSU office and GBV Service Providers in Kailahun Government Hospital (45 kilometer distance from Buedu) as well as the EOC 117/ACC 515 toll-free numbers on site and other vantage points within the project zone and community</li> <li>Extensive community engagement, consultations and GRM system to manage GBV and sub-project-related grievances will be established</li> </ul>		
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**Table 5.3: Environmental and Social Risks and Mitigation Measures during the Operational Phase**

Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
<b>General facility</b>	Working under unfavourable working	Health workers may be denied the allowances and	- All Units	- A transparent, fair, participatory time-bound grievance redress system for workers established at the CHC will be established in line with the ESS2,	MoH PIH*	<b>USD 2,000.00</b> <i>Cost covers the organization of four (4)</i>

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
operation-labor issues	conditions without an accessible, fair, participatory grievance redress system	access to training programmes.			ESS10, Civil Service Code, GRM framework for QEHSSSP (see Section 7 for details)		<i>occupational health and safety training for workers at the facility for two years USD500.00 per year. No cost. No budget for PPEs has been made under this ESMP. PPEs are to be supplied to all 14 hubs under QEHSSSP. hence cost under this ESMP will amount to double counting)</i>
General facility operation-Occupational Health and Safety issues	Incidence of Occupational, Health and Safety (OHS) risk	There is the possibility that health workers such as the Maternal and Child Health Aides at the facility will be working without the appropriate PPEs and /or inadequate knowledge of protocols associated with tasks they perform at the facility. These can get them injured and expose them to infections such as tetanus, which can cause morbidity and mortality	- All Units		<ul style="list-style-type: none"> <li>- Appropriate PPEs including gloves, overalls, masks, face shields and boots will be provided according to their work requirements</li> <li>- All workers at the facility will be vaccinated against communicable and infectious diseases such as cholera and tetanus as recommended by the WHO guidelines</li> <li>- Daily inspections will be undertaken to ensure that workers are inappropriate PPEs.</li> <li>- Workers will be trained in the appropriate ways of wearing and using PPEs at least twice a year based on WHO guidelines on the appropriate use of PPEs and other GIIPs</li> <li>- Provide at least four fire extinguishers in the fac</li> </ul>	MoH CHO	<b>No separate Cost.</b> <i>(No budget for PPEs has been made in this ESMP. PPEs are to be supplied to all the selected 14 hubs under QEHSSSP. Hence, costing under this ESMP will amount to double counting)</i>



Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
<b>General facility operation - Gender-Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment</b>	Incidence of GBV/SEA/SH	Staff of the facility as well as residents of the project and/or catchment communities may be perpetrators or survivors of rape, defilement and other forms GBV such as SEA/SH incidents	Entire health facility	<ul style="list-style-type: none"> <li>- *A focal person will be appointed and trained in GBV/SEA/SH to receive GBV/SH/SEA complaints, sort and forward them to the appropriate agency e.g. FSU, nearest One Stop GBV Centre and health facility</li> <li>- Contact number of GBV/SEA//SH focal person will be pasted in the corridors, consulting rooms, and notice boards as well as within the community and catchment communities</li> <li>- 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</li> <li>- Survivors of GBV/SEA/SH will be given the option to refer to the case for investigation and prosecution or otherwise.</li> <li>- Staff in the facility will be sensitized on GBV/SEA/SH issues, GBV Manual etc.</li> </ul>	*CHO GBV/SEA/SH Focal Person Head of the Health Facility PIH**	<b>USD 1,000.00</b> <i>(Cost covers the sensitisation on GBV/SEA/SH issues etc. for site workers and workers at the facility for USD 500.00 per session)</i>
<b>General facility operation – cleaning</b>	Incidence of infectious diseases	Inappropriate cleaning and disinfection methods can expose cleaners and other workers at the facility and patients at the facility to pathogens such as <i>Vibrio cholera</i> and infectious diseases such as cholera	General facility activities	<ul style="list-style-type: none"> <li>- The facility already has cleaners who are on the government payroll these workers will continue work at the facility post the rehabilitation</li> <li>- *Cleaning staff will be provided adequate cleaning equipment, materials, and disinfectants e.g. sodium hypochlorite</li> <li>- IPC Protocols and SL-SOPs for healthcare waste management prepared for the COVID-19 Emergency Response and Health Systems Preparedness Project based on the WHO</li> </ul>	PIH* CHO	<b>No Separate Cost</b> <i>(No budget for PPEs. PPEs are to be supplied to all the 14 hubs under QEHSSSP during the project lifespan. Hence costing under PPEs under this ESMP will amount to double counting. After the project, MoH will</i>

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
					guidelines (see attached in Appendix I and J) will be implemented at the facility <ul style="list-style-type: none"><li>- *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</li><li>- *Cleaners will be trained twice every year in proper infection prevention, control, and healthcare waste management best practices (including handwashing prior to and after conducting cleaning activities; how to use PPE etc.)</li></ul>		supply PPEs as part of its operational expenditure). Training cost has been captured as part of OHS training cost above
General facility operation- Spillage of specimen, drugs and reagents	Incidence of spills	Contaminated sharps, specimens or drugs may spill in transit, during handling and/or laboratory investigation putting patients, technicians and workers at the facility at risk of exposure to pathogens and hazardous material.	<ul style="list-style-type: none"><li>- Laboratory</li><li>- Pharmacy</li><li>- Wards</li></ul>	<ul style="list-style-type: none"><li>- Gloves and protective clothing, including face and eye protection, will be worn when staff are cleaning spills.</li><li>- *Training will be provided for staff of the facility and cleaners in spillage containment and clean up as part of staff OHS training</li><li>- A spillage clean-up strategy has been discussed (see Section 6.4) as part of the Emergency Response Procedures in Section 6</li></ul>	<ul style="list-style-type: none"><li>- Operation Officer</li><li>- PIH</li></ul>	No Separate Cost (Cost of training captured as part of workers' OHS training cost above)	
General facility operation- Storage of Drugs and Reagents		Drugs and reagents may go bad due to temperature excursions, spillage and physical damage reducing their efficacy	<ul style="list-style-type: none"><li>- Pharmacy</li><li>- Laboratory</li></ul>	<ul style="list-style-type: none"><li>- Reagents, drugs and vaccines will be kept at the appropriate temperature and humidity levels away from direct sunlight under lock and key</li><li>- Reagents, drugs and vaccines will be stored based on compatibility and not in alphabetical order.</li></ul>	Pharmacist Technician Laboratory Technician **Clinical Laboratory Program	USD 1,000.00 (Cost covers 1 Training program a year for 2 years for 4 staff of the laboratory and pharmacy staff at the facility @USD 500.00 per year. Facility	

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
					<ul style="list-style-type: none"><li>- Incompatible substances e.g. acids and alkalis will not be stored close to each other</li><li>- Material Safety Data Sheets (MSDS) also referred to as Safety Data Sheets (SDS) for each reagent and drug in stock will be kept at the laboratory, medicine storeroom (pharmacy) and the office of the CHO.</li><li>- Volatile toxics and odoriferous reagents will be stored in ventilated cabinets.</li><li>- Inflammable liquids will be stored in approved flammable liquid storage cabinets.</li><li>- Only authorised persons with the required PPEs will be allowed to enter the laboratory and maternity wards</li><li>- **Workers at the Laboratory and Pharmacy will be trained relevant GIIPs and Sierra Leone Laboratory SOPs</li></ul>		<i>already has refrigerators connected to a Solar Unit for storing drugs and other essentials</i>
<b>General facility operation - Collection, Storage, Transportation Treatment and Disposal of Sharps</b>	Exposure to pathogens and injury from sharp waste	Sharp waste (syringes, vials, needles, blades, knives, lancets, scalpels, broken glasses etc.) can cause cut and other injuries as well as transmit infectious diseases among health and allied health workers and patients at the facility	- All units	<ul style="list-style-type: none"><li>- Sharp waste will be collected in sharp boxes and transported to the sharp pit for treatment and safe disposal</li><li>- SL-SOPs for healthcare waste management prepared under the World Bank COVID-19 Emergency Response and Health Systems Preparedness Project (see Appendix I) with will be implemented at the facility</li><li>- *All persons involved in the collection, storage, transportation and disposal of sharp waste will be trained on the relevant WHO COVID-19</li></ul>	CHO Pharmacy Technician Laboratory Technician PIH*	<b><i>No Separate Cost</i></b> <i>(Sharp boxes are to be supplied to all the 14 hubs under QEHSASP during the project lifespan. Hence, the cost for sharp boxes under this ESMP will amount to double counting. After the project, MoH will supply sharp boxes as</i>	

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
					<p>Guidelines, Emergency Response Procedures, Infection Prevention and Control Protocols and the Government of Sierra Leone SOPs (see Appendix I of SL-SOP for Healthcare Waste Management SOP and Appendix J Infection Prevention and Control Protocol) as well as other GIIPs including the use of PPEs and reporting requirements once a year</p> <ul style="list-style-type: none"> <li>- *Appropriate PPEs including hand gloves, nose mask, boots, overalls and goggles will be provided for all staff involved in waste handling</li> </ul>		<i>part of its operational expenditure). Training cost captured under OHS training above for the duration QEHSSSP)</i>
<b>General facility operation - Collection Storage, Transportation and Disposal of Chemical/Pharmaceutical Waste</b>	Exposure to expired drugs and reagents with hazardous and/or toxic chemicals	Expired drugs and other consumables, hazardous in nature, from the facility, if not well stored can make them inefficacious. Exposure to poorly disposed chemical and pharmaceutical waste 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"> <li>- Pharmacy</li> <li>- Laboratory</li> </ul>	<ul style="list-style-type: none"> <li>- 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.</li> <li>- Stock inventory will be undertaken to minimise the incidence of expired reagents and pharmaceutical products</li> <li>- In the event that drugs, reagents and other consumables expire, they will be separated from the other stock and kept in a different cabinet under lock and key</li> <li>- 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.</li> </ul>	CHO Pharmacy Technician Laboratory Technician	<b>No Separate Cost</b>

Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
General facility operation - Anatomical Waste (Placentas, blood and fetuses)		Poor disposal of anatomical waste such as blood, body fluids, fetuses and placentas can spread infectious diseases and contaminate water resources	Anti-Natal Laboratory	<ul style="list-style-type: none"> <li>- Placentas will be disposed-off at the in-situ placenta pit located within the facility or given to the family in line with Sierra Leonean norms.</li> <li>- Blood and other body fluids will be disposed-off into the existing septic tanks/soakaways at the facility.</li> <li>- Cotton wool and gauze soaked with blood and body fluids will be stored in a separate color-coded refuse bin and sent to the in-situ burning pit</li> <li>- SL-Burial teams will be called to take delivery of infected fetuses for burial in line with SL-Burial Protocols prepared under REDISSE and COVID-19 project (see Appendix K for SL-Burial SOPs).</li> </ul>	Cleaners	No Separate Cost
General facility operation - Collection Storage, Transportation of General Waste	<ul style="list-style-type: none"> <li>• Increase in morbidity and/or mortality from poor handling of general waste from the facility</li> </ul>	<ul style="list-style-type: none"> <li>• General waste such as food residue and waste paper and human waste will be generated from all units of the facility, if not properly handled disposed-off will expose workers, patients to pathogens and the with associated diseases such as typhoid fever. It will make the facility untidy</li> </ul>	- All Units	<ul style="list-style-type: none"> <li>- *Eight (8) color-coded bins will be provided within the facility.</li> <li>- Health and allied health workers at the facility will be trained in GIIPs in solid waste management and waste handling including waste segregation</li> <li>- Refuse will be collected daily by cleaners at the facility and sent to the burning pit</li> <li>- Liquid waste (black and grey water) will be channelled into in-situ septic tanks and soakaways.</li> <li>- Septic tanks will be dislodged at least once a year or when they are full, whichever occurs earlier.</li> <li>- Storm water will be channelled through open drains.</li> </ul>	CHO PIH*	<b>USD 400.00</b> <i>Cost covers USD 400.00 for eight (8) refuse bins (for the collection of general waste) @ USD 50.00 per bin. No training cost has been estimated for IPC and waste management here as these will be dealt with as part of OHS training for staff</i>

Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
General facility operation – Fire Prevention and Combating	<ul style="list-style-type: none"> <li>Incidence of fire out breaks</li> </ul>	<ul style="list-style-type: none"> <li>Human errors, poor electricity fittings and wiring as well as overheating equipment and circuits can spark fires which can spread to other units of the facility leading to loss of life and property</li> </ul>	- All Units	<ul style="list-style-type: none"> <li>Provide hose reels on each floor of the premises</li> <li>Smoke detectors will be installed in each room and hall way in the facility</li> <li>At least six (6) fire extinguishers will be installed at the facility</li> <li>Paste the contact numbers of the nearest fire station and Health Facility at vantage points on the premise</li> <li>Designated assembly points will be provided and well labelled on the premises</li> <li>Workers at the facility will be provided with basic training in fire prevention and fighting by personnel of the Sierra Leone Fire Force once a year</li> </ul>	PIH	<b>USD 2000.00 ( Cost covers USD 600.00 for six Fire Extinguishers @ USD USD100.00 per extinguisher, USD 400.00 for purchasing smoke detectors and USD 1,000.00 fire training and drills)</b>
General facility operation – Fire Prevention and Combating	<ul style="list-style-type: none"> <li>Incidence of fire out breaks</li> </ul>	<ul style="list-style-type: none"> <li>Human errors, poor electricity fittings and wiring as well as overheating equipment and circuits can spark fires which can spread to other units of the facility leading to loss of life and property</li> </ul>	- All Units	<ul style="list-style-type: none"> <li>Provide hose reels on each floor of the premises</li> </ul>	General facility operation – Fire Prevention and Combating	Incidence of fire out breaks

*\*PIH will only be responsible during the implementation of QEHSSSP. Post the QEHSSSP, the CHO/MoH will be responsible*

*\*\*Responsible for training in Laboratory SOP and GIIPs*

**Table 5.4: Environmental and Social Risks and Mitigation Measures during Decommission Phase**

Theme	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"> <li>• All temporary structures erected by Contractors will be dismantled;</li> <li>• Dismantled parts including wood pieces and sandcrete blocks will be arranged according to type and prepared for transportation to Contractors' workshops or sold to dealers for other civil works;</li> <li>• Unwanted wood residue and other waste will be hauled to the approved final disposal site at the approved landfill site.</li> <li>• All equipment and machinery that are usable will be moved to a new project site or sent to the contractor's packing yard.</li> <li>• Non-usable equipment and metals will be sold as scrap to the scrap dealers</li> </ul>	Sub-Project Contractor	<b>No Separate Cost</b> (Cost to be capture in BOQ)
	Units, equipment and/or entire buildings may be decommissioned because they are obsolete, dilapidated or out of use	<ul style="list-style-type: none"> <li>• Usable equipment from the CHC will be disinfected and relocated to facilities as directed by the MoH.</li> <li>• The entire premises will be cordoned off to avoid unauthorized access.</li> <li>• The CHC buildings (Units) will be fumigated using trained gangs in appropriate PPEs.</li> <li>• After fumigation, access to the premises will be restricted for a minimum of one week before assigning another use to the building (Unit) or demolishing it.</li> </ul>	MoH	USD 1,000.00

### 5.3 Institutional Arrangements for Implementing and Monitoring the ESMP

#### a. Construction Phase

The Ministry of Health will be responsible for construction/decommissioning phase environmental and social monitoring and reporting. The Ministry has the Integrated Health Project Administration Unit in charge of the responsibility of fiduciary and procurement under Bank funded projects. 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 team at IHPAU will be responsible for:

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

Under the QEHSSSP, the Ministry of Health has assigned Partners in Health (PIH) the task of designing and supervising the civil works in selected hubs in the Kailahun District including the Buedu Community Health Centre. Partners in Health (PIH) will therefore be responsible for the supervision of the rehabilitation and expansion works including compliance with the environmental and social clauses in the Works Contract as well as issuing site instructions on the authority of the IHPAU/MoH. PIH has an Infrastructure Unit headed by a qualified Engineer. PIH also has a Health and Safety Officer on their infrastructure team. Implementing construction phase environmental and social minimizing and mitigation measures in the ESMP shall be responsibility of the Sub Project Contractor.

Other institutions such as Environmental Protection Agency, Kailahun District 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, of 2004/2022, and the Environmental Protection Agency Act, of 2008/2022 back the oversight and monitoring roles assigned to these agencies. They will notify IHPAU of any findings and recommendations together with timelines for implementing their recommendation. IHPAU shall notify the Supervising Engineer (at PIH) to instruct the Contractor to implement the measures during the construction phase.

Other actors' with roles in environmental and social management and monitoring are GBV Service Providers, Community, and Facility Focal Persons, who have been identified for grievance uptake and resolution including GBV/SE/SH cases.

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

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*ESMP for the Rehabilitation/Renovation of Buedu Community Health Centre*



complementary in ensuring smooth project implementation and sound environmental and social performance by the Contractor.

**b. Operational Phase**

The facility belongs to the Ministry of Health. The Ministry will be responsible for facility and equipment maintenance and repairs as well as the procurement of PPEs, cleaning materials and sanitation facilities/sanitary tools. The Ministry will also be responsible for ensuring that the right caliber of staff are retained and trained at the facility. Under QEHSSSP, Partners in Health (PIH) are required to support the management of the selected hubs in the Kailahun District in terms of service delivery, reporting, staff recruitment and training.

The Ministry has appointed a Community Health Officer as the in-charge of the facility. A Deputy, who is also a Community Health Officer, supports her. There is also an IPC Focal Person and Operations Officer at the facility who will be responsible for the implementation of health care waste management, infection prevention and control protocols, SOPs and mitigation measures outlined in this ESMP during the operational phase. These actors have also been assigned supporting monitoring roles at this stage.

Stakeholder such as Facility Management Committee, Environmental Health Directorate of the Ministry of Health, Local Councils, and Environmental Protection Agency also have a stake in environmental and social monitoring of the ESMP. They will notify District Medical Officer (DMO) of any recommendation(s) to improve service delivery and environmental and social performance of the facility during their monitoring visits. Other actors with roles in environmental and social management and monitoring are GBV Service Providers, Community, and Facility Focal Persons, who have been identified for grievance uptake and resolution including GBV/SE/SH cases.

**c. Decommissioning Stage**

Decommissioning of hospital equipment and facilities at the Community Health Centre will be the responsibility of the Ministry of Health in the very long-term.

The environmental and social monitoring roles are presented in Table 5.5-5.7.

**Table 5:5: Environmental and Social Monitoring Planning Phase**

Theme	Monitoring Indicators	Frequency of Monitoring	Means of Verification	*Responsibility Party	Supporting Agencies
Temporary disruption of health care services	<ul style="list-style-type: none"> <li>Timing of relocation</li> <li>Condition of the temporary accommodation prior to relocation</li> </ul>	One-off	Site visit	IHPAU Safeguards Unit	PIH

**Table 5:6: Environmental and Social Monitoring Operational Phase**

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	**Supporting Agencies
General Facility operation –Worker's OHS/labor issues	<ul style="list-style-type: none"> <li>Number of health workers and ancillary workers with Formal Contracts</li> <li>Presence of under- aged workers (18 years and below) or otherwise</li> <li>Availability and use of PPEs for health care and ancillary workers</li> <li>Knowledge of SL-Civil Service Code of Conduct or otherwise</li> <li>Unpaid arrears (amount and number of months) of allowances due to health care and ancillary workers or otherwise</li> <li>Number of fraud cases and office abuse e cases reported</li> <li>Suspected or confirmed cases of infectious diseases</li> </ul>	Monthly	<ul style="list-style-type: none"> <li>Snap Checks at the Facility</li> <li>Discussions with health and allied health workers</li> </ul>	<ul style="list-style-type: none"> <li>**DHMT</li> </ul>	<ul style="list-style-type: none"> <li>**HRMO</li> <li>*IPC Focal Person</li> </ul>

General Facility operation -Gender- Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	<ul style="list-style-type: none"> <li>• Presence of GVB/SEA/SH of Focal Person at the Facility</li> <li>• Number of GVB/SEA/SH cases reported by type</li> </ul>	Monthly	<ul style="list-style-type: none"> <li>• EOC 117</li> <li>• Grievance Redress Platform</li> </ul>	IHPAU Social Safeguards Specialist, Community and facility focal persons, GRC	**HRMO (MoH)
Health Care Waste Management	<ul style="list-style-type: none"> <li>• Presence of colored coded bins with the appropriate material and clearly labelled appropriately at the Health Centre</li> <li>• Waste placed in appropriate receptacles</li> <li>• Number of times waste is collected</li> <li>• Presence of overflowing receptacles</li> <li>• Type and quantity of waste</li> <li>• Odor</li> <li>• Availability and use of PPEs</li> <li>• Presence of waste collection procedures pasted at relevant sections of the HCF</li> <li>• Number of waste collectors/staff trained in waste collection SOPs and GIIPs e.g., waste segregation and color codes</li> <li>• Number of training programmes undertaken</li> <li>• Number of spills, accidents and/or incidents</li> <li>• Presence of flies and otherwise at collection points</li> </ul>	Daily	<ul style="list-style-type: none"> <li>• Inspections</li> </ul>	<ul style="list-style-type: none"> <li>• **MoH</li> <li>• IHPAU Waste Management specialist</li> <li>• Environmental Health Directorate of MoH</li> </ul>	*IPC Focal Person
Emergency Response	<ul style="list-style-type: none"> <li>• Presence of fire installations e.g., fire extinguishers, smoke detectors etc. at the CHC</li> <li>• Presence of spill kits at the facility etc.</li> <li>• Number of workers trained in relevant Emergency Response Procedures</li> </ul>	Monthly	<ul style="list-style-type: none"> <li>• Inspections</li> </ul>	<ul style="list-style-type: none"> <li>• **MoH</li> <li>• Environmental Health Directorate of MoH</li> </ul>	<ul style="list-style-type: none"> <li>• *IPC Focal Person</li> </ul>

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	<ul style="list-style-type: none"> <li>• Number of training programmes undertaken</li> <li>• Number of fire drills undertaken</li> <li>• Number and type of accidents/incidents</li> <li>• Number and type of accidents reported within 12 hours of occurrence</li> </ul>				
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\*. Local actors assigned with monitoring roles are within the community/facility hence no budget has been assigned to them.

\*\* Central and local government agencies with monitoring will fund their activities from their own budget; hence, no budget has been assigned to them in this ESMP

**Table 5:7: Environmental and Social Monitoring Operational Phase**

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	**Supporting Agencies
<b>General Facility operation –Worker's OHS/labor issues</b>	<ul style="list-style-type: none"> <li>• Number of health workers and ancillary workers with Formal Contracts</li> <li>• Presence of under- aged workers (18 years and below) or otherwise</li> <li>• Availability and use of PPEs for health care and ancillary workers</li> <li>• Knowledge of SL-Civil Service Code of Conduct or otherwise</li> <li>• Unpaid arrears (amount and number of months) of allowances due to health care and ancillary workers or otherwise</li> <li>• Number of fraud cases and office abuse e cases reported</li> <li>• Suspected or confirmed cases of infectious diseases</li> </ul>	Monthly	<ul style="list-style-type: none"> <li>• Snap Checks at the Facility</li> <li>• Discussions with health and allied health workers</li> </ul>	<ul style="list-style-type: none"> <li>• **DHMT</li> </ul>	<ul style="list-style-type: none"> <li>• **HRMO</li> <li>• *IPC Focal Person</li> </ul>

<b>General Facility operation -Gender- Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment</b>	<ul style="list-style-type: none"> <li>• Presence of GVB/SEA/SH of Focal Person at the Facility</li> <li>• Number of GVB/SEA/SH cases reported by type</li> </ul>	Monthly	<ul style="list-style-type: none"> <li>• EOC 117 Platform</li> <li>• Grievance Redress Grievance Register at the Health Facility</li> </ul>	IHPAU Social Safeguards Specialist	**HRMO (MoH)
<b>Health Care Waste Management</b>	<ul style="list-style-type: none"> <li>• Presence of colored coded bins with the appropriate material and clearly labelled appropriately at the Health Centre</li> <li>• Waste placed in appropriate receptacles</li> <li>• Number of times waste is collected</li> <li>• Presence of overflowing receptacles</li> <li>• Type and quantity of waste</li> <li>• Odor</li> <li>• Availability and use of PPEs</li> <li>• Presence of waste collection procedures pasted at relevant sections of the HCF</li> <li>• Number of waste collectors/staff trained in waste collection SOPs and GIIPs e.g., waste segregation and color codes</li> <li>• Number of training programmes undertaken</li> <li>• Number of spills, accidents and/or incidents</li> <li>• Presence of flies and otherwise at collection points</li> </ul>	Daily	<ul style="list-style-type: none"> <li>• Inspections</li> </ul>	<ul style="list-style-type: none"> <li>• **MoH</li> <li>• Environmental Health Directorate of MoH</li> </ul>	*IPC Focal Person
<b>Emergency Response</b>	<ul style="list-style-type: none"> <li>• Presence of fire installations e.g., fire extinguishers, smoke detectors etc. at the CHC</li> <li>• Presence of spill kits at the facility etc.</li> <li>• Number of workers trained in relevant Emergency Response Procedures</li> <li>• Number of training programmes undertaken</li> <li>• Number of fire drills undertaken</li> </ul>	Monthly	<ul style="list-style-type: none"> <li>• Inspections</li> </ul>	<ul style="list-style-type: none"> <li>• **MoHs</li> <li>• Environmental Health Directorate of MoH</li> </ul>	<ul style="list-style-type: none"> <li>• *IPC Focal Person</li> </ul>

	<ul style="list-style-type: none"> <li>• Number and type of accidents/incidents</li> <li>• Number and type of accidents reported within 12 hours of occurrence</li> <li>• Presence of Fire Extinguishers at the facility</li> <li>• Presence of smoke detectors at the facility</li> <li>• Condition of fire extinguishers and smoke detectors at the facility</li> </ul>				
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\*. Local actors assigned with monitoring roles are within the community/facility hence no budget has been assigned to them.

\*\* Central and local government agencies with monitoring roles will fund their activities from their own budget; hence, no budget has been assigned to them in this ESMP

#### 5.4 Environmental and Social Reporting and Disclosure

The Ministry of Health will disclose the ESMP on its website, once the World Bank approves it. There will also be site-specific disclosure at the premises of the Community Health Centre. The World Bank will disclose the ESMP on the World Bank's External Website. Hard copies of the ESMP shall also be placed at the District Council, the facility, and the MoH Head Office for public viewing.

As part of monitoring the ESMP, it is expected that the safeguards specialists at IHPAU will undertake site visits and report on compliance with the relevant ESSs and national laws. The report will cover 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 report 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:

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

The Supervising Engineer (PIH) will also dedicate a chapter in the monthly progress report, submitted to IHPAU, 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 its quarterly reports to the Bank.

#### 5.5 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 at Six Thousand, Eight Hundred United States Dollars (USD 6,800.00). Table 5.8 presents the summary cost estimates and the proposed sources of funding.

**Table 5.8: Estimated Budget for ESMP Implementation**

#	Item	*Amount (USD)	Source of Funding
1.	General facility operation-Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment (GBV Sensitization)	1,000.00	Project
2.	General facility operation-labor issues (OHS Training for CHC Staff)	2,000.00	Project
3.	Training in Laboratory and Pharmacy SOPs and GIIPs	1,000.00	Project
4.	General facility operation-Collection Storage, Transportation of General Waste (Cost of 4 refuse bins for the Facility)	800.00	Project
6.	General Facility operation –Fire Prevention and Fighting	2,000.00	Project
7.	Decommissioning cost	1,000.00	Project
8.	<b>**Total</b>	<b>7,800.00</b>	-

*\*Cost build-up details can be found in Tables 5.1 to 5.4*

*\*\*No cost has been assigned for Environmental and Social Monitoring of the ESMP. This is because all cost associated with IHPAU environmental and social monitoring functions has been consolidated in the QEHS SSP Annual Work Plan under Component 3 for approval by the Bank*



## CHAPTER SIX

### 6.0 EMERGENCY RESPONSE PROCEDURES

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 facility/site 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 a 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 trained fire volunteers and the SNFS will have to be called to fight them. 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, workshops, and security posts;
- The Environment, Social Health, and Safety Officer of the Contractor has to check on the 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 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 the Supervising Consultant.

## 6.3 Bites

The following should be undertaken in the event of snakebites and stings from scorpions and other reptiles:

- Identify the type of snake/scorpion e.g. color, and length (if possible, take a picture from a safe distance)
- Keep calm, sit down in a position where the bite is below the level of the heart, and call for help, if required.
- Undertake the under-listed procedures and inform the Environmental, Social, Health, and Safety Officer:
  - Remove rings and watches before swelling starts;
  - Wash the bite with soap and water;
  - Cover the bite with a clean, dry dressing;
  - Mark the leading edge of tenderness/swelling on the skin and write the time alongside it (or keep the time in mind).
- Transport the victim to the nearest health care facility in a vehicle (the victim should not drive him/herself) for anti-venom as soon as possible.

The victim should not undertake the following listed below:

- pick up the snake or try to trap it;
- wait for symptoms to appear if bitten, get medical help right away;

- apply a tourniquet;
- slash the wound with a knife or cut it in any way;
- try to suck out the venom;
- apply ice or immerse the wound in water;
- drink alcohol as a painkiller;
- take pain relievers (such as aspirin, ibuprofen, naproxen); and
- apply electric shock or folk therapies.

#### 6.4. Oil/Solvent Spills

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

##### 6.4.1 Spillage on Hard Surface

Immediately contain the spillage using saw dust provided at the site to prevent it from spreading. Collect the used sawdust; 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 sawdust. If the spilled product comes into contact with any part of the body, quickly wash the body part with a lot of clean running water and immediately report it to the Supervising Consultant.

##### 6.4.2 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 landfill site;
- If the spilled product comes 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.

##### 6.4.3 Spillage: Reagents, Drugs and Specimen

The under-listed should be undertaken in the event of reagent, drug and specimen spill:

- The spill should be covered with cloth or paper towels to contain it.
- An appropriate agent should be poured over the paper towels/cloth and the immediately surrounding area
- Disinfectant should be poured concentrically beginning at the outer margin of the spill area, working toward the Centre.
- After the appropriate amount of time (like 30 minutes), the material should be cleared away.

- If there are sharps and body parts involved a dustpan, faucet or a piece of stiff cardboard should be used to collect the material and deposit it into a puncture-resistant container for disposal.
- The spill area should be clean and disinfected (if necessary, the steps will be repeated until the spill is cleaned)
- The contaminated material should be disposed of into a leak-proof, puncture-resistant waste disposal container.
- After successful disinfection, the Operations Officer at the facility will be informed that the area has been cleaned and disinfected.

## CHAPTER SEVEN

### 7.0 GRIEVANCE REDRESS MECHANISMS

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 the 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 communicating 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 MoH (see Appendix G for a Sample Grievance Redress Form for recording grievances). Where such is 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
- The 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 Procedures: Anticipated Grievance Categories

Grievance redress procedures outlined below for various grievances relating to the proposed rehabilitation, expansion and operation of the Buedu Community Health Centre under QEHSSSP are based on the approved GRM framework for the MoH approved by the World Bank. It aligns with the World Bank ESS2 and ESS10 as well as various Sierra Leone Codes and guidelines such as the Sierra Leone GBV Referral Protocol and the Civil Service Code. The grievance redress mechanisms will be monitored enhanced, if necessary, during the project life cycle.

##### 7.4.1 Gender-Based Violence

The proposal is to report any GBV/SEA/SH incident verbally to the GBV/SEA/SH focal person at a health care facility, Sub Project Grievance Redress Committee Member (Community Focal Person) and/or nearest GBV Service Provider or FSU office for the necessary investigations and survival support services. Survivors may also call or text the EOC 117 Call Centre directly with their complaints.

Upon receiving the complaint, the recipient, if not the EOC 117 Call Centre will document the complaint and relay it to the EOC 117 platform, with the consent of the survivor. The 117 EOC Platform, the focal person at the facility, Sub Project Grievance Redress Committee Member will refer the case to the nearest GBV Service Provider (One Stop GBV Centre) for health care facility (where there is no One Stop GBV Centre) for medical examination. From there, the case will be referred to the FSU for the necessary investigations with the concurrence of the survivor. Once investigations are completed and a case is established against the perpetrator, the case will be forwarded to court for persecution with the consent of the survivor, while the survivor receives psychosocial support. When the court gives judgment and its decision is implemented, the outcome will be relayed to the EOC 117 Platform and the survivor officially by the health care facility, One Stop GBV Centre and/or FSU, and then the case will be closed.

At each stage, the health care facility, One Stop GBV Centre and/or FSU with the agreement of the survivor will update the 117 EOC Platform and the IHPAU Social Safeguards Specialist on the status of the case. The IHPAU Social Safeguards Specialist will close the case on the EOC 117 Platform, once the court and survivor confirm that the case is closed. Case management including medical and psychosocial support, investigations and prosecutions is free in Sierra Leone.

##### 7.4.2 Labor/Work-Related Grievances

Labor-related grievances including shortage of PPEs, delays in the payment of allowances, acts of indiscipline, exclusion from training programmes, good or poor service delivery and sexual harassment and abuse at the workplace will be received by the EOC 117 platform directly or at the facility/community level by the focal persons. The complaint can be made verbally, via text, call or in writing (including grievance/suggestion boxes placed at vantage points at the facility). If the focal person receives the complaints, he/she will document them; they will be captured in the database and forwarded to the Head of the Facility. If the complaint is reported directly to the EOC 117 Call Centre, it is documented and transmitted to the facility head in question. The facility head

assesses the complaint and determines whether a Unit Head can resolve it internally, or a committee set up within the facility e.g. Disciplinary Committee or Facility Management Committee. Once the healthcare facility management is unable to resolve a grievance or it deems it beyond its remit, it will be escalated to the District Health Management Team (DHMT). At the DHMT, the District Medical Officer will assess the grievance and determine the appropriate personalities, departments or Committees (e.g. One Health Platform) to resolve the grievance.

If the DHMT fails to resolve the issue or the issue is beyond its remit, it will be referred to the appropriate Directorate at the Ministry of Health for its attention. Issues beyond the Ministry's Directorates or those it fails to resolve will be escalated to the Office of the Chief Medical Officer (CMO) and then to the Minister, Ministry of Health. If the former fails to resolve the issue (grievances beyond the Minister) and the ones he/she is not able to resolve the grievance, it will be referred to the judiciary. This notwithstanding aggrieved workers reserve the right to petition the court on industrial relation issues directly as per the Constitution of the Republic of Sierra Leone.

At each stage of the grievance redress system, the agents in charge will update the EOC 117 Call Centre on the status of grievances. The EOC Call Centre upload the status onto the 117 Platform. Outcomes will also be communicated to aggrieved parties via the EOC 117 platform and the focal persons at the facility/institutional level. Finally, the IHPAU Social Safeguards Specialist upon satisfactory confirmation from the aggrieved party or the court shall sign off conclusions and implemented actions including anonymity concerns.

#### 7.4.3 Grievances Related to the Implementation of Civil Works

Grievances arising out of the implementation of sub-projects typically consist of delays in the commencement of works, implementation of reinstatements as well as delays and payment of compensation due to accidents and incidents occasioned by the execution of rehabilitation and expansion works. Site workers may also present complaints such as working without contracts and Personal Protective Equipment (PPEs) as well as delays in the payment of remuneration. Sub-standard works, design flaws and structural defects also fall under this category.

Grievances of this nature will be reported to Community Focal Persons or Focal Persons at the health facility verbally, via text, phone call and in writing. Alternatively, aggrieved parties may directly call the EOC 117 Call Centre to report a grievance. If the Focal Persons receive the complaint, they will document and transmit it to the EOC 117 Call Centre, where it will be logged into the system. The Focal Persons and 117 Call Centre will both transmit the grievance to the Chairperson of a localized Sub Project Grievance Redress Committee that will be established for each sub-project. During the community meeting, the person presented in Table 7.1.

**Table 7.1: Grievance Redress Committee Members—Buedu CHC**

SN	Name	Designation	Phone Number
1.	Sahr Kaiyeh	GRC Community Focal Person/ Chairman	078661509
2.	Fallah Bockarie	Assistance GRC Focal Person/ Sectary	079665600
3.	Samuel D. Sesay	Police officer/FSU	076420832
4.	Fatmata S. Bayoh	Woman Representative/Leader	076287828

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5.	Sahr Bafu	Traditional Leader (Community Focal Person)-Female	078365524
6.	Edna I. Sesay	ONS Representative	078009093
7.	Festus Mohamed	CHO	079431832
8.	Sona Lamin	CHW Leader	-
9.	Goria Gbonda	Female youth leader	078746204
10.	Keifale Bayoh	FMC Chairman	073974787

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

- Verification, investigation, negotiations, and actions;
- Provide feedback to parties;
- Secure agreements on;
- Follow up on the implementation of recommended mitigation actions; and
- Update EOC 117 Call Centre with the status of grievances

If the Sub Project Level Grievance Redress Committee fails to resolve a grievance within three (3) working days, the matter shall be escalated to the Project Level GRC domiciled in the Ministry. 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;
- Team Lead at IHPAU;
- Social Safeguards Specialist at IHPAU – (Secretary and Focal Person);
- A representative of a National CSO/NGO;
- Representative of the PAP.

The Committee shall seek guidance and refer specialized cases to the relevant State Authorities as may be required. If the Project Level Grievance Redress Committee fails to resolve an issue, then the aggrieved person can petition the Honorable Minister of the Ministry of Health. An aggrieved party not satisfied after exhausting all the above processes can seek redress in a court of law.

#### 7.4.4 Corruption and Corruption-Related Grievances.

The Anti-Corruption Commission (ACC) is the independent body in Sierra Leone with the mandate to conduct intelligence/surveillance operations and investigate instances of alleged or suspected corruption referred to it by any person or authority or which has come to its attention. The Commission also prosecutes all suspected person(s) and organizations in accordance with the Anti-Corruption Act 2008. The Establishing Act, amended in 2008 provides protection for whistle-blowers.

One can report corruption and corruption-related cases to the Commission via the ACC digital platform by texting or calling their toll-free hotline 515. The platform receives sorts and tracks grievances and provides feedback to aggrieved parties after investigations. The system can also



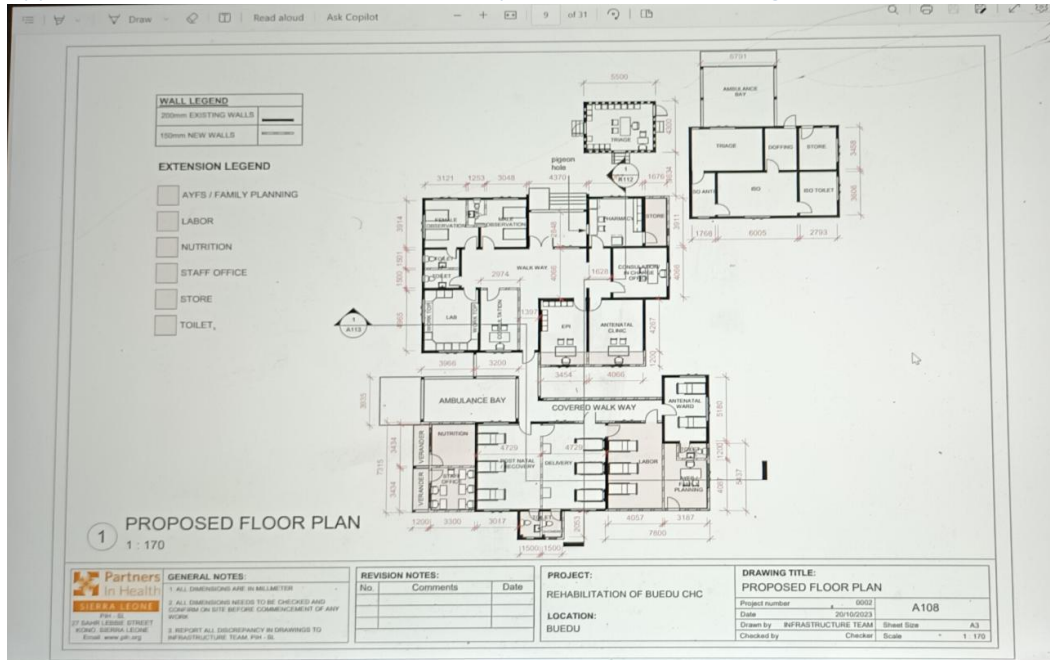
generate status reports of lodged complaints on demand. Another route to report corruption and corruption-related cases such as bribery and misappropriation of resources is through the Commission's Community Monitors embedded in communities across the country.

Once a complaint is lodged with a community monitor, it is transmitted to the District Office for documentation, sorting and onward transmission to the Intelligence and Investigations Department at the Head Office (Freetown) for assessment and investigation based on the merits of the evidence assessed. Once investigations establish corruption, the case is transmitted to the Prosecutions Department, which prepares the case for prosecution and represents the Commission in Court.

Non-corruption cases that find their way onto the ACC 515 Platform or set up will be promptly referred to the Ministry of Health via the EOC 117 platform, where they will be sorted and transmitted to the appropriate agency for resolution, and vice-versa.

## APPENDICES

### Appendix A: Floor Plan of Buedu Community Health Centre including Extensions



Appendix B: Location Map of Buedu Community Health Centre



Appendix C: The Site and its Environs in the Context of Buedu Community Health Centre





## Appendix D: Site Pictures

**Plate 1. Community Meeting**



**Plate 2: Meeting with Staff of the Facility**



**Plate 3: Maternity Block**



**Plate 4: ANC Block**



**Plate 5: Labor Ward**



**Plate 6: Isolation Building with Ambulance Bay**



**Plate 7: Laundry Facility**



**Plate 8: Toilets and Shower Building**



**Plate 9: Elevated 5,000L Water Tank**



**Plate 10: Waste Zone Area**



**Plate 11: Main Buedu CHC Building**

**Plate 12: Waiting Area in the Buedu CHC Building**







## Appendix E: Letters

### A. Letter for Confirming Land Ownership:

**LAND SALES' AGREEMENT FORM**

AN AGREEMENT MADE this 25<sup>th</sup> day of SEPTEMBER 2023

Between LATUN FAMILY / ALHAJI GIBBA LATUN

In the KISSI TONGI Chiefdom KAILAHUN District EASTERN

Province of the Republic of Sierra Leone, (herein called the **VENDOR**) of the other part, and

COMMUNITY HEALTH CENTRE BUEDU

In the KISSI TONGI Chiefdom KAILAHUN District EASTERN

Province of the Republic of Sierra Leone, (herein called the **PURCHASER**) of the other part,

Whereby the Vendor LATUN FAMILY / ALHAJI GIBBA LATUN

Being the rightful owner/holder of the land and or land/house situated and being

at DANA ROAD layout in the KISSI TONGI

Chiefdom KAILAHUN District EASTERN Province of the Republic of Sierra Leone

agreed to sell and do sell aforementioned land/House thereto together with the plantation contained in

the plot to COMMUNITY HEALTH CENTRE / MOHS-DA aforementioned

to himself herself, heir and assigns in the consideration of or as family compensation of the sum of

Le 400,000 OLD NOTE (400 NEW NOTE)

Paid by PURCHASER COMMUNITY HEALTH CENTRE / MOHS-DA

Which receipt the VENDOR LATUN FAMILY / ALHAJI GIBBA LATUN

Aforementioned hereby acknowledges:

**DESCRIPTION OF AREA (ABOUT)**

FRONTAGE: 114'-0"

SIDE TO: 470'-0"

BACK: 164'-0"

SIDE TO: 444'-0"


Being property situated between private properties and on Dana Road

Plan No. \_\_\_\_\_ Building Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Town Council Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

Native Administrative Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

Respectively hereby Attached.

  
 25/9/23

VENDOR AGREES TO:

- i. That the purchase price of Le 400,000 being paid outright by the PURCHASER, the amount so paid is the sole price for the Land aforementioned.
- ii. That an outright payment to handover the Land and the plantations there to be the PURCHASER on the Land in the condition as first seen and that the PURCHASER takes no responsibility for damage or destruction of property either by fire or otherwise during the interval of handing over.
- iii. That the PURCHASER is at liberty to process with the use of the use of the Land or such other as may deem necessary without any interference by the VENDOR  
That the purchaser has right over the Land

THE PURCHASER AGREES:

- a) To pay the purchaser price outright:
- b) To observe all Customary Laws and Town Council Laws
- c) Not to dispose of the Land unknown to any of the Landholding family or any of the Chiefdom Council
- d) The PURCHASER accepts the above conditions

Both parties agree that this document be approved by the Paramount Chief/Speaker or any Council of the KISSI TONGI Chiefdom/KALATHUN District, both parties HERETO set their hands and stamps the day and year first written above.

VENDOR: LAHUN FAMILY / ALHADI GIBBA LAHUN Date: 25-09-2023

PURCHASER: Community Health Center / MOHS - DHMT Date: 25-09-2023

With the consent of Chief MICHEAL HALLIE KENDOR Date: 25-09-2023

For and on behalf of Landholding Family LAHUN FAMILY / ALHADI GIBBA LAHUN

Signed by both parties in the presence of:

- 1) LAHUN FAMILY / ALHADI GIBBA LAHUN Date 25-09-2023
- 2) COMMUNITY HEALTH CENTER / MOHS - DHMT Date 25-09-2023

AGREEMENT READ INTERPRETED INTO KISSI MENDE KIRIO

LANGUAGE UNDERSTOOD BY BOTH SIGNED AND DELIVER IN OUR PARTIES AND WITNESSES, SIGNED AND DELIVER IN OUR PRESENCE:

- 1) KIEFALA BAYOH (FMC Lahan) Date 25-09-2023
- 2) Rev. SOLOMON LAHAN Date 25-09-2023
- 3) ISHMIEL LAHAN Date 25-09-2023
- 4) Mariam KADIATU LAHAN Date 25-09-2023

**KISSI TONGI CHIEFDOM**  
Administration Office  
Kailahun District  
P.O. Box 110, Mei Mei Leh Wala  
Contact: +23276 9951259 / 076 328482 / 077 210285

**RECEIPT**

No. 277  
Date: 25/1/23

Received from: DHNT/Buedu, CHC  
in the sum of Four hundred and twenty  
Leone (Ls 400,000)  
payment for: Lease to DHNT/CHC Buedu

Cash Ls 400,000  
Stamp

Signature: [Signature]  
Cashier's full Name

## Appendix F: Minutes of Meetings

### Minute of Meeting with Stakeholders in Buedu Community

Minute No.	Minute of the Community Consultation	Action By
1.0	<p>The meeting began at 11:00 am with prayers from both Muslim and Christian faiths. The prayers were followed by self-introductions by meeting participants as well as the IHPAU Safeguards Team, which consisted of Mrs. Juliana Kamanda, the Senior Social Safeguards Specialist and Head of the Environmental Safeguards Unit of the Integrated Health Project Administration (IHPAU) of the Ministry of Health, Christiana Monica Fortune, the Environmental Safeguard Specialist, and Frances Koroma, the Medical Waste Management Specialist. The community stakeholders included the section Chief, the Police, the traditional heads, the Buedu Community Health Centre (CHC) Community Health Officer (CHO) in charge, as well as PIH staff.</p> <p>The Head of the Safeguard Unit explained the purpose of the meeting. She indicated that the purpose of the meeting was first, describe components and</p>	

ESMP for the Rehabilitation/Renovation of Buedu Community Health Centre

Minute No.	Minute of the Community Consultation	Action By
	<p>activities related to the rehabilitation and expansion of the Buedu Community Health Centre under the MoH-World Bank funded the Quality Essential Health Services and Systems Support Project (QEHSSSP) and discuss the potential environmental and social impacts/risks and mitigation measures associated with the proposed works. She mentioned that as part of the meeting grievance redress committee member to handle and resolve any concern arising from the implementation of the project will be established.</p> <p>She further explained that the QEHSSSP is funded by the World Bank and implemented by the Ministry of Health. She pointed out that the Ministry of Health (MoH) has contracted Partners in Health (PIH) to support it during in project implementation within the Kailahun District, where two hubs Bandajuma Yawei and Buedu Community Health Centre have been selected for upgrading. She stated that the civil works will involve expansion of the current infrastructure to provide adequate space to accommodate improved service delivery. The mentioned that the project's focus is on obstetric and newborn care and that Buedu CHC was selected as one of the Hubs for the upgrading because of its large catchment population in addition to it's hard to reach location. She also explained that QEHSSSP aims to enhance accessibility to medicines, essential service delivery equipment, laboratory supplies and consumables, and cleaning and infection prevention and control materials to enhance the cleanliness of the health facility.</p> <p>She informed the group that the rehabilitation and renovation work is expected to last six to eight months and that the meeting was part of the consultation aspect of the environmental and social assessment, which must be completed before civil works begin.</p> <p>As part of briefing the group, Christiana mentioned that the proposed construction works could pose adverse unintended environmental and social impacts/risks such as intermittent noise, air pollution, accidents and/or incidents, community safety, labor management of the civil works contract and Gender-Based Violence. Christiana emphasized that these environmental and social impacts would affect the project area's workers, patients, visitors, and residents of the community. Francis assured the meeting that the identified risks will be addressed in a mitigation plan in the Environmental and Social Management Plan (ESMP). Christiana stressed the importance of the community taking responsibility for overseeing the project to ensure it delivers its intended purpose. The community oversight she stated would include the monitoring of the rehabilitation and construction process to ensure that it meets the community's needs.</p> <p><b>ISSUES DISCUSSED</b></p> <p><b>Accidents and Incidents</b></p> <p>Francis mentioned that accidents may happen during the construction/civil works phase, which could involve the Contractor's equipment, cuts, and haulage trucks. These accidents can result in damage to property, injuries, and even fatalities. He advised that any such accidents should be reported to the committee focal persons. Several measures will be put in place to ensure health and safety,</p>	

Minute No.	Minute of the Community Consultation	Action By
	<p>including sensitization meetings with the community, training for staff on handling materials on-site and in transit using an alternative route to avoid the Ongoing Kailahun – Buedu main Road Construction. He informed the meeting that PIH has hired and deployed security personnel at the CHC to help protect construction materials but the safety of the materials would also require active involvement of the community monitoring the civil works.</p> <p>Christiana explained that accident and incident cases should be reported to focal persons of the Grievance Redress Committee (GRC) who would investigate and resolve the issues but should notify the Social Safeguards Specialist at IHPAU from the occurrence of the accident/incident and during every stage of investigation and resolution. She informed the meeting that the setting up of a GRC will be explained during course of the meeting. She emphasized that in the instant that the GRC fails to settle a case, it will be referred to IHPAU where a panel will be assembled to investigate and resolve it. The contact details of the IHPAU Social Safeguards Specialist, focal persons and Community Grievance Redress Committee members will be displayed on the outer wall of the Buedu CHC and other visible locations in the community for easy access.</p> <p>Madam Juliana emphasized that the Contractor would be responsible for repairing and compensating for all damages and infractions resulting from their construction activities. This includes damage to shops, livestock, in addition to medical bills of people injured by accidents/incidents due to civil works. She elicited the support of the community and any affected persons to report to the nominated focal persons, in order to initiate an investigation and take necessary actions.</p> <p><b>Noise and Air Pollution</b></p> <p>Christiana mentioned that the construction work might cause some noise and dust, but the Works Contract will include specific clauses to minimize the impact. She mentioned that, for instance, the Contractor will carry out such activities on weekends and could give the community at least 24 hours' notice before any significant noise or dust-generating activity. If the noise and dust become too much, residents can report to the focal persons, who will then notify the Grievance Redress Committee and the IHPAU Social Safeguards Specialist to take necessary action against the contractor.</p> <p><b>Community Safety</b></p> <p>Madam Juliana informed the meeting that although it is an obligation on the part of the contractor and team to ensure that the community is safe from incidents/accidents arising from the civil works, it is also the responsibility of the community to avoid marked areas of construction as much as possible. She added that a health and safety officer from PIH will also be present to supervise the civil works.</p> <p>The Section Chief assured the safeguard team that the community will fully support the implementation of the health and safety measures to avoid and minimize accidents/incidents. The committee will also receive and investigate any accidents or incidents that occur.</p> <p><b>Labor Management</b></p>	

Minute No.	Minute of the Community Consultation	Action By
	<p>Madam Juliana urged that community to be on the look-out for employment of children under the age of 18 years by the contractor. She also highlighted the need for the PIH Safety officer to ensure that all personnel contracted by the contractor signed contracts as well as codes of conduct that will be developed and approved by the Bank for the rehabilitation works.</p> <p>The PIH Safety Officer, present at the meeting, concurred that it was a good suggestion and confirmed it would be included in the Works Contract. However, she clarified that the Health and Safety Officer will not replace the Grievance Redress Committee and the focal persons. She explained that residents will feel more comfortable reporting grievances to the community focal persons rather than the Health and Safety Officer of the Contractor and PIH.</p> <p><b>Project Commencement and Preparatory Work</b>  During a meeting, the Community Health Officer, in-charge of the facility, asked about the duration of the construction work and whether there is sufficient funds to complete the rehabilitation works. Mrs. Kamanda assured everyone that the World Bank has provided funding to complete the project once the scope of works is agreed between the Ministry and Bank. She also mentioned that after completing processes such as environmental and social assessments, the project will start, and the funds will remain strong. Mrs. Kamanda confirmed that the project would be completed as planned.</p> <p><b>Continuity of service delivery</b>  Francis explained that before the rehabilitation work begins, the health facility would be temporarily relocated to a building provided by the PC in the community during the rehabilitation phase. This is necessary to ensure continuous delivery of health services as well as to assure the safety of the patients and staff. Christiana added that rehabilitations works is no threat to jobs of workers at the facility.</p> <p><b>Gender-Based Violence (GBV) Issues</b>  Madam Juliana explained that what Gender Based Violence (GBV), sexual harassment (SH) and sexual exploitation (SEA) are and how they may arise during the implementation of the QEHSSSP, particularly during the upgrade of the Buedu CHC. She elucidated on how GBV issues may arise. She said for example, that some site workers who would be in the community for only a short time may lure young girls, married women with money and may even rape or defile the victims. She enlisted the support of the community to prevent, avoid and/or limit the occurrence of GBV/SH/SEA during project implementation. A key mitigation measure she explained is the formation of a grievance redress committee in the community to address such issues arising from project implementation. She stressed the need to notify the committee and the authorities if any GBV/SH/SEA issues happen. She further explained that focal persons nominated by the community would receive grievances, including those related to GBV/SEA/SH and</p>	

Minute No.	Minute of the Community Consultation	Action By
	<p>transmit/report to the appropriate authority. The IHPAU Safeguards Unit will train the Grievance Redress Committee and focal persons on how to receive and handle GBV/SEA/SH cases. Other ways of reporting GBV/SEA/SH cases she mentioned were the Buedu Community Health Centre, One Stop GBV Centre in Kailahun Government Hospital and the nearest Police Station.</p> <p>She advised that the focal persons should be well-known, accessible, and respected in the community. The nearest GBV One Stop Centre is in Kailahun. The facility and community focal persons will also receive GBV/SEA/SH grievances. IHPAU will involve them in GRC and GBV training and sensitization.</p> <p>Mrs. Kamanda also emphasized that GBV issues, notably defilement, and rape, are serious crimes, and failure to report and adequately dealing with them can have serious implications for the project. The implication for example she stressed could result in the suspension of the rehabilitation works and other projects in the health portfolio. Therefore, she elicited the community to expose perpetrators and avoid attacking survivors due to the fear of project cancellation, if they speak up. In addition, Madam Kamanda informed the meeting that MoH/IHPAU Safeguard Unit will embark on community sensitization to educate and inform staff and the community about the law associated with GBV/SH/SEA issues as well as the project grievance redress mechanisms.</p> <p>Mrs. Kamanda also indicated that although survivors have the option to choose whether they want to proceed with the case or not, GBV cases should be reported within 24 hours of their occurrence so IHPAU can document them. Documentation shall be anonymous. She added that site wo verbal and other forms of abuse and bad behavior to the focal persons. The MoH Emergency Operational Centre (EOC) 117 platform is also being upgraded to receive such complaints.</p> <p><b>Formation of Grievance Redress Committee (GRC)</b></p> <p>The Senior Social Safeguards Specialist explained the importance of grievance redress mechanisms on World Bank funded projects to ensure minimization of project implementation challenges whilst ensuring that project affected person's concerns are addressed amicably. She also elucidated on the criteria for the selection of GRC members and took the group through the QEHSASP grievance redress mechanisms.</p> <p>The stakeholders consulted and reached a consensus to form a committee that will investigate and address project related grievances. The committee is composed of ten members, who were selected from different sub-committees. Mr. Sahr K. Kaiyeh, a Councilor of constituency-002 Buedu town, was selected as the focal</p>	

Minute No.	Minute of the Community Consultation	Action By																																	
	<p>person, and Fallah Bockarie, a Primary School Teacher in Buedu town would serve as the secretary. The following are the members of the committee:</p> <table> <tr> <th>Name</th><th>Designation</th><th>Phone Number</th></tr> <tr> <td>Sahr Kaiyeh</td><td>GRC Focal Person/ Chairman</td><td>079313770</td></tr> <tr> <td>Fallah Bockarie</td><td>Assistance GRC Focal Person/ Sectary</td><td>079665600</td></tr> <tr> <td>Samuel D. Sesay</td><td>Police officer/FSU</td><td>076420832</td></tr> <tr> <td>Fatmata S. Bayoh</td><td>Woman Representative/Leader</td><td>076287828</td></tr> <tr> <td>Sahr Bafu</td><td>Traditional Leader (Community Focal Person)-Female</td><td>078365524</td></tr> <tr> <td>Edna I. Sesay</td><td>ONS Representative</td><td>078009093</td></tr> <tr> <td>Festus Mohamed</td><td>CHO</td><td>079431832</td></tr> <tr> <td>Sona Lamin</td><td>CHW Leader</td><td>-</td></tr> <tr> <td>Goria Gbonda</td><td>Female youth leader</td><td>078746204</td></tr> <tr> <td>Keifale Bayoh</td><td>FMC Chairman</td><td>073974787</td></tr> </table>	Name	Designation	Phone Number	Sahr Kaiyeh	GRC Focal Person/ Chairman	079313770	Fallah Bockarie	Assistance GRC Focal Person/ Sectary	079665600	Samuel D. Sesay	Police officer/FSU	076420832	Fatmata S. Bayoh	Woman Representative/Leader	076287828	Sahr Bafu	Traditional Leader (Community Focal Person)-Female	078365524	Edna I. Sesay	ONS Representative	078009093	Festus Mohamed	CHO	079431832	Sona Lamin	CHW Leader	-	Goria Gbonda	Female youth leader	078746204	Keifale Bayoh	FMC Chairman	073974787	
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2.0	<p><u>Relocation of CHC Services</u></p> <p>During the construction phase of the CHC building, services, patients and employees will need to be temporarily relocated to the Isolation Building within the six months construction period. To address this, the Isolation building which is presently without patient will be renovated to temporarily accommodate services of the main CHC building. This shifting of service will also continue when rehabilitating the other buildings during the construction phase. The CHO in-charged and community stakeholders agreed for the shifting of services during the construction phase of the project. A thorough assessment has been conducted with PIH to determine the necessary rehabilitation work on the facility that needs to be carried out on the Isolation building used for the temporary relocation of the CHC services.</p> <p><u>Any Other Business (AOB)</u></p> <p>Mr. Hallie D. James, a section chief of Kiissi Tengi chiefdom, inquired if the committee members would receive any payment. Mrs. Juliana responded that no allowance would be given to the committee members. However, they would be trained to document and report grievances.</p>	Community committee																																	


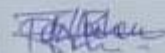
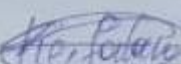



Minute No.	Minute of the Community Consultation	Action By
	<p>Mr. Fallah Bockarie a School Teacher and member of the GRC committee asked, how and when are they going to get the GRC Terms of reference (TOR). Francis replied that the terms of reference would be discussed during the GRC training sessions and copies of the GRC TOR shared to key stakeholders.</p> <p><b>ESMP and Disclosure Issues</b></p> <p>Mrs. Kamanda explained that the consultation process is an integral part of the Environmental and Social Assessment. The discussions held during this process will be documented in a report called the Environmental and Social Management Plan. This report will then be reviewed and approved by the World Bank. Once approved, copies of the report will be made available to the Section Chief, CHO, DMO, PIH Engineer, so that anyone interested in reading it will find copies will be available at the facility as well as the appropriate stakeholders.</p>	<p>IHPAU Safeguards Unit/Community</p> <p>IHPAU Safeguards Unit</p> <p>Community committee/ PIH safety officer</p> <p>IHPAU Safeguards Unit</p>
	<p><u>Conclusion and next step</u></p> <ul style="list-style-type: none"> <li>• An ESMP will be prepared and approved by the Bank. It will contain mitigation measures for anticipated environmental and social impacts/risks. It will be disclosed here in the community so that community members can support its implementation</li> <li>• PIH Safety Officer/Engineer will be responsible for ensuring the contractor implements mitigation measures on a day-to-day basis.</li> <li>• IHPAU Safeguards Specialists will be responsible for environmental and social monitoring.</li> <li>• Mitigation measures outlined include alternative routes to bring materials to site, provision of security on site, awareness creation and further community engagement were discussed as some of the mitigation measures</li> <li>• The CHO in-charge of the Buedu CHC suggested that the Isolation building can be used to host the main CHC temporarily during the construction (rehabilitation) phase.</li> <li>• The Isolation building that will accommodate that the main CHC building staff and patient temporarily during the construction phase will require minor renovation. The project will undertake their minor works.</li> <li>• A participatory grievance redress system will be put in place with multiple reporting points including community and facility focal persons and GRCs will be established before the project begins so that persons who have concerns during</li> </ul>	

Minute No.	Minute of the Community Consultation	Action By
	project implementation can report, have their issues, heard, investigated, and resolved amicably.	
3.0	<b>CLOSING</b> The community stakeholders and Section chief of Kissy Tongi Chiefdom present at the meeting expressed their satisfaction with the project and anticipation for its implementation. The IHPAU team expressed their gratitude to the participants, and the meeting ended at 13:45 pm.	

	established before the project begins so that persons who have concerns with project implementation can report, have their issues, heard, investigated, and resolved amicably.	
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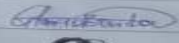

Name & Designation	Signature	Date
Sahr Bafu <sup>traditional</sup> leader		6/11/23
Fallah Boctarie secretary		6/11/23
Kierfalah Bayoh <sup>FMC</sup> Chairman		6/11/23
Festus Mohamed <sup>CTO</sup> facility incharge		6/11/23

**Minute of meeting – Stakeholder Consultation on the renovation/rehabilitation of Buedu Community Health Centre (CHC Staff)**

Minute No.	Minute for Buedu CHC meeting	Action Point
1.0	<p>On the 6<sup>th</sup> of November 2023, at 9:15 am, a meeting was held where all attendees introduced themselves. The IHPAU Safeguards Team consisted of Mrs. Juliana Kamanda, Senior Social Safeguards Specialist and Head of the <b>Environmental</b> and Social Safeguards Unit of the Integrated Health Project Administration (IHPAU) of the Ministry of Health, Christiana Monica Fortune, Environmental Safeguard Specialist with additional Point of Entry responsibilities, and Frances Koroma, Environmental Safeguard and Medical Waste Management Specialist. A team of PIH staff including civil engineer, architect and safety officer.</p> <p>After a brief self-introduction of stakeholder's present, the Head of the Safeguard Unit explained the purpose of the meeting to all present. The objective was to screen and assess the site for environmental and social risks. She discussed with the CHC staff the process of screening their facility, which involves identifying any environmental and social risks. The identified risks will aid in the development of a safeguard instrument that will be used to manage and mitigate the identified risks. This instrument will ensure a safe manner in which the rehabilitation/civil works of the CHC and the space where services will be temporarily relocated can take place. The goal of the project is to enhance the quality of essential health service delivery in the Kailahun district, as well as Bonthe, Falaba, Tonkolili, and Western Area Rural districts. This will be achieved by implementing a Hub and Spoke service delivery model. This model maximizes financing and human resources by supporting the delivery of quality essential health services, such as:</p> <ul style="list-style-type: none"> <li>Conducting an assessment to determine staffing, supply and equipment, and infrastructure and nutritional support needs of designated health facilities (CHCs, the hubs).</li> <li>Supporting facility-level management information systems by developing integrated clinical processes, data registry, digital patient files, and other documentation to inform clinical decision-making.</li> <li>Recruiting, training, and coaching/mentoring qualified health, administrative, and operational personnel.</li> <li>Improving availability of medicines, laboratory supplies and equipment, consumables, and cleaning and infection prevention and control materials.</li> <li>Rehabilitating and/or constructing selected climate-smart health facilities and providing climate-sensitive medical equipment, constant water and electricity supply.</li> </ul>	

	<p>Ensuring smooth functioning of health facilities through facility operations and routine maintenance.</p> <p>Adopting climate adaptation measures to minimize negative climate-related health impacts on patients.</p> <p>Providing nutritional support services to targeted beneficiaries, including ready-to-use therapeutic foods, nutritional counselling, and community outreaches to women of childbearing age on how to prepare nutritious meals for their children.</p>	
2.0	<p>Discussion</p> <p>The staff of the CHC expressed delight and gratitude for the news of the development and were happy with the benefits it would bring to the community. The CHO in-charge, Mr. Festus Mohamed of the CHC asked about the fate of the services during the construction phase, to which Mrs. Juliana Kamanda responded that the matter would be discussed in the community meeting. The Pharmacist explained about the poor state of the drugs store and the open burning of healthcare waste within the waste zone area and Mrs. Juliana Kamanda suggested bringing it up with the community authority and PIH staff during the stakeholders consultative meeting.</p> <p>The safeguard team explained the expected roles and responsibilities of CHC staff for civil works, and the staff agreed to cooperate. Festus Mohamed, the CHO in charge, has reported that PIH's intervention has resulted in the facility receiving new staff, enabling them to offer more services. However, he mentioned that they are facing challenges regarding space for ANC, drug storage, beds, staff accommodation, and poor waste management due to the non-functioning of the incinerator. In response, Mrs. Juliana Kamanda explained that PIH and MOH have developed a new design for the CHC. She requested a PIH engineer to present and share the design with the safeguard unit at IHPAU and CHC staff. The design was shown to all CHC staff and IHPAU Safeguard Unit staff present. The IHPAU Safeguard team made recommendations on the design, which needed to be approved by the DMO.</p> <p>The CHC in-charge, Mr. Festus Mohamed, then asked if they were planning to relocate the CHC operation. Mr. Alpha Bah replied saying that the Isolation Building will be renovated to temporarily accommodate the main CHC building operation, when civil works starts on the main CHC building. The CHO In-charge welcomed the idea and accepted that the Isolation building which is presently not in use can be temporally used for shifting of CHC operation when civil works start.</p>	<ul style="list-style-type: none"> <li>PIH engineer to share Facility design and plan to IHPAU Safeguards Unit and CHC In-charge.</li> <li>PIH engineer to review design and plan to include recommendations made by the safeguard unit and further approved by the DMO.</li> <li>In the stakeholder's meeting, issues around</li> </ul>

		relocation of the daily healthcare services and staff accommodation should be discussed. A temporal building (s) should be allocated for daily healthcare services and staff accommodation.
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		1. Name of the building 2. Address 3. Location 4. Date 5. Signature 6. Date 7. Signature 8. Date 9. Signature 10. Date
Name & Designation	Signature	Date
Festus Mohamed		4/11/23
Gloria E. Glenda Midwife		6/11/23
Festus Mohamed leader		6/11/23

## Appendix G: Environmental and Social Clause for Contractors

In order 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 all Sierra Leonean labour, public health, planning, social protection and environmental laws as well as the Site 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 all relevant Sierra Leonean laws, and prepare his work strategy and plan to fully incorporate relevant provisions of that ESMP and laws. If the Contractor fails to implement the approved ESMP after written instruction by the Supervising Engineer to fulfil his/her obligation within the requested time, the client reserves the right to arrange through the Supervision Engineer for the execution of the missing action(s) 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 and wherever possible, restore work sites to acceptable standards, and abide by any environmental performance requirements specified in the Site Specific 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 the health, safety and the protection of workers, patients and households 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, households and patients within the vicinity of high noise levels.*
  - *Prevent oils, lubricants and wastewater used or produced during the execution of works from entering rivers, streams, and other natural water bodies/reservoirs, and ensure 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, cultural or historical importance during the execution of works,' immediately report such findings to the Site Engineer so that the appropriate authorities may be expeditiously contacted for fulfilment of the measures aimed at protecting such historical, cultural or archaeological resources.*
  - *Implement soil erosion control measures in order to avoid surface run off and prevents siltation, etc.*
  - *Ensure that garbage, sanitation and drinking water 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/mitigation can be implemented properly, and if necessary, adapted to changing and unforeseen conditions.
  5. Besides the regular inspection of sites and work zones by the Supervising Engineer for adherence to the contract conditions and specifications, IHPAU Environmental and Social Safeguards Unit will oversee compliance with these environmental, social, health and safety conditions and any proposed mitigation measures. State environmental authorities such as the Environmental Protection Agency, Sierra Leone Fire Force, Kailahun District Council and Ministry of Works and Public Assets may carry out similar inspection and monitoring 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 in order to contain spillage.
7. 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's waste management regulations.
8. Waste water from washing equipment shall not be discharged into road side drains and waterbodies
9. Used oil from maintenance works shall be collected and disposed-off appropriately at designated sites, be reused or sold for re-use locally.
10. Site spoils and temporary stockpiles shall be located at least 100 meters away from the drainage systems and surface run off shall be directed away from stockpiles to prevent erosion.
11. The Contractor shall at all costs avoid conflicting with water demands of the health care facility and the local community.
12. Abstraction of water from wetlands and waterbodies shall be avoided.
13. No construction water containing spoils or site effluent, cement and oils shall be allowed to flow into natural water and drainage courses.
14. No cleansing of construction equipment and vehicles shall be undertaken within 100 meters of any waterbody or wetland

15. The Contractor shall provide potable water, refuse bins as well as clean and well maintained safe toilet facilities for employees on site

#### **Traffic Management**

16. Materials shall be delivered on site over the weekend or before 6-00 a.m. or after 4.00pm.
17. Delivery vehicles will use the alternative access and avoid the main facility entrance, wards and other functional zones within the health centre, as much as possible.

#### **Disposal of Unusable Elements**

18. Unusable materials and construction elements such as pipes, cables, accessories and demolished structures will be disposed of in a manner approved by the Supervising Engineer, Council and Hospital Authorities. The Contractor has to agree with the Supervising Engineer, 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.
19. Unsuitable and demolished elements shall be dismantled to a size fitting on ordinary trucks for transport.
20. Unsuitable and demolished elements shall be dismantled to a size fitting on ordinary trucks for transportation.
21. Left over materials will be collected and used for other purposes.

#### **Health and Safety**

22. In advance of the construction work, the Contractor shall mount an awareness, health, safety and hygiene campaign.
23. Workers, patients and local residents shall be sensitized on health and safety risks associated with the works including Fire Prevention and Containment as well as Occupational Health and Safety
24. The Contractor shall make available all his/her employees for all OHS and Emergency Preparedness Training/Demonstration Programmes organized under the project.
25. Adequate warning, directional and prohibitory signs etc. shall be provided at appropriate locations on site.
26. Construction vehicles shall not exceed maximum speed limit of 20km per hour, within communities.
27. The Contractor shall appoint a qualified Environmental, Social, Health Safety Officer on site
28. The Environmental, Social, Health and Safety Officer shall be disclosed to the Hospital Authorities and residents of the project community.

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

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



30. The Contractor shall report any incidence of rape, defilement or other Gender Based Violence and illicit sexual affairs to the nearest FSU, the health care facility, the Supervising Engineer and Senior Social Safeguards Specialist of IHPAU/MoH within 24 hours of receiving such as a report. Survivor confidentiality shall be maintained, and all identifiers of the survivor will be excluded from any information or reports provided.
31. Survivor shall immediately be referred to the medical and psychosocial service
32. The Contractor shall support investigations of GBV/SEA/SH cases and implementation the accountability framework.
33. The Contractor shall make available all his/her employees for all Gender Based Violence Sensitization Programmes organized under the project.
34. 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 of human rights.

#### **Environmental and Social Reporting**

35. The Contractor shall submit monthly progress reports to the Supervising Engineer on compliance with these general conditions and the project ESMP. The report shall include:
  - *Problems encountered in relation to environmental, social, health and safety aspects of the (e.g. employment generation, grievances, number of PPEs supplied, Incidents/accidents/near misses, including those that led to delays, cost consequences, etc. as a result thereof*
  - *Changes of assumptions, conditions, measures, designs, and actual works in relation to aspects; and*
  - *Observations, concerns raised and/or decisions taken with regard to environmental, social, health and safety issues during site meetings and environmental and social monitoring visits as well as how problems, issues, concerns were mitigated*
36. Reporting of significant health and safety incidents must be done within 24 hours. Such incident reporting shall, therefore, be done individually.
37. 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/accident reports, as appendices to monthly report reports.
38. Details on the environmental and social performance will be reported to the Client through monthly progress reports.

#### **Labour Relations**

39. The Contractor shall not employ minors (18 years and below) as part of his casual or permanent employees
40. The Contractor shall not engage in forced labour of kind including forcing employees to work on statutory holidays
41. The Contractor shall not procure goods or services from third party suppliers that engage child or forced labour

42. The Contractor in his recruitment shall not discriminate by gender, religion and ethnicity etc.
43. The Contractor shall familiarise himself with the Employment Act, 2023 and other labour related laws in Sierra Leone and work within these laws.
44. All workers shall be given contracts specifying their tasks, responsibilities and Conditions of Service in line with Sierra Leone Labour Laws
45. The Contractor shall set up a participatory, fair and transparent work-based grievance redress system headed by a management member and protect aggrieved employees against discrimination and persecution.
46. 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 intra personal 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.
47. The Contractor shall inform employees about their right to form or join existing labour unions

#### **Community Relations**

48. The Contractor shall inform healthcare facility authorities, households and the public of any impending power cuts or water supply disruptions together with mitigation measures including timelines at least a week ahead of the power outage/cut in water supply. The notice shall be repeated 24 hours ahead of the planned outage or shut down.
49. The Contractor shall immediately inform hospital authorities and affected persons of any accidental power cuts or water supply disruptions together with mitigation measures including timelines.
50. The Contractor shall comply with any security and infectious prevention and control protocols as outlined by the Health Authorities
51. The Contractor shall liaise with the Health Authorities and Grievance Redress Committee to address all grievances and observe all local customs that fall within the laws of Sierra Leone.
52. The Contractor shall nominate a Senior Management Staff to serve on the Sub Project Grievance Redress Committee at each sub-project site.
53. The Contractor shall comply with the recommendations of a Grievance Redress Committee as approved by IHPAU and communicated by the Supervising Engineer

#### **Cost of Compliance**

54. 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.

#### **Sanctions**

55. 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 H: Sample Conduct of Conduct for Site Worker

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 Employment Act, 2023 and other applicable labour 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 Employment Act, 2023 and other labour 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 Labour Social Security
- f. Workers/employees who falsify their ages will be summarily dismissed, as the company does not tolerate child and forced labour.
- g. The company will not tolerate any form of child or forced labour from any sub-contractor/employee who practice forced or child labour
- h. Employees are required to report suspected cases of child or forced labour on site to Stats Social Specialist IHPAU, FSU or Ministry of Labour 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 Environmental, Social, 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. Safety-shutters or all vacant power points should protected with plastic plug protectors cover power points.
- 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, HIV/AIDS Gender Based Violence, Emergency Preparedness Training/Sensitization Programmes organized under the project.
- u. All Company employees should strive to conserve resources and reduce waste through re-use and other energy conservation measures.
- v. Workers shall not engage in any activity outside of the task dedicated to them or outside of the project activity.

- w. Employees shall not commit contractor's equipment, labor or services to activities outside of the project activities.

### **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 as long as 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 colour, 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 Labour 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 Labour 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 Labour 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 by the use of 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 Social Safeguards Specialist, Community and Facility Health Focal Persons, 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 because of making a complaint of sexual exploitation, and abuse, sexual harassment.
- j. Immediate disciplinary action will be taken against anyone who victimizes or retaliates against someone who has made a complaint of sexual harassment.
- k. 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.
- l. Rape, defilement and assault cases shall be reported to the nearest Police Force, GBV Service Providers, Facility or Community Level Focal Person, EOC 117 toll free line, FSU of the Sierra Leone 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 him or her.
- c. *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.*
- d. 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.
- e. 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.
- f. Employees are to provide safe environments for children and youth at all times 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 be in compliance with 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 be are to handle such cases as 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 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.

## **Appendix I: Standard Operating Procedures For Health Care Waste Management- COVID-19 and Other Infectious Diseases: Sierra Leone**

### **Introduction**

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

All health care waste produced during the care of 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 and other infectious diseases 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 and other infectious diseases emanating from these wastes

### **SCENARIOS:**

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

SCENARIO 2. Management of COVID-19 and other 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 and other infectious disease emergency waste at community level**

- If the number of positive COVID-19 and other infectious disease emergency 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 J: Infection Prevention and Control Protocol for Health Care Settings

*(Adapted from the Centre for Disease Control Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 and other infectious diseases or persons under investigation 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 or the same infectious diseases. 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 and other infectious diseases, how they 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 and OTHER INFECTIOUS DISEASES**

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

- Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19 and other infectious diseases 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 and other infectious diseases 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 and other infectious diseases, 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 and other infectious diseases 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 and other infectious diseases, 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 and other infectious diseases 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 K: Sierra Leone Burial Standard Operating Procedures**



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

**STANDARD OPERATING PROCEDURE FOR SAFE, DIGNIFIED MEDICAL BURIALS OF  
COVID -19 AND OTHER INFECTED 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 and other infectious Diseases;

Only the lungs of patients with pandemic influenza, if handled improperly during an autopsy, can be infectious. Safe, dignified medical burial is an important part of the current COVID-19 outbreak and other infectious diseases 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:

Dignified, safe medical burial procedures,  
Classification of deaths,  
Engagement of families and communities,  
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

a.

#### **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 and other infectious diseases case definition.

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 2<sup>nd</sup> 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**

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.

Health care workers or mortuary staff preparing the body (e.g. washing the body, tidying hair, trimming nails, or shaving) should wear appropriate PPE.

Give the family clear instructions not to touch or kiss the body but can view it.

Embalming is not recommended to avoid excessive manipulation of the body.

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 L: 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 M: Chance Find Procedure**

Project Contractors will be responsible for familiarizing themselves with the “Chance Find”

Procedure presented below in case a cultural heritage resource is uncovered during excavation and other aspects of the civil works.

- i. Stop working in the zone immediately following the discovery of a material of cultural, archeological, historical, paleontological or other cultural significance;
- ii. Report ‘the Find’ to the Supervising Consultant;
- iii. The Surprising Engineer shall verify the item or resource and notify the relevant Authorities e.g. Western Area Rural District Council, Ministry of Health and Sanitation, Ministry of Tourism and Cultural Affairs and other relevant stakeholders about “the Find”;
- iv. The Contractor shall cordon off the area and provide security to prevent unauthorized entry
- v. Prevent, penalize and report any unauthorized person found within the inner perimeter of the restricted zone obtaining the cultural heritage resource; and
- vi. The Contractor shall re-start work in the area only upon approval by the Council and/or the appropriate State Agency(ies).