

REPUBLIC OF SIERRA LEONE



MINISTRY OF HEALTH

ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

FOR THE

REHABILITATION AND EXPANSION OF BANDAUMA YAWEI COMMUNITY HEALTH CENTRE

UNDER THE

QUALITY ESSENTIAL HEALTH SERVICES AND SYSTEMS SUPPORT PROJECT

FINAL REPORT

February 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
SL	Sierra Leone
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:

- (a) Component 1: Improving Quality, Efficiency, and Effectiveness of RMNCAH-N Services;
- (b) Component 2: Health Systems Strengthening;
- (c) Component 3: Project Management and Monitoring and Evaluation; and
- (d) 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 Bandajuma Yawei 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 impacts on the environment, social systems, and human health during the rehabilitation/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, 2022. 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 rehabilitating and expanding the existing maternity unit (main CHC building) at the Bandajuma Yawei Community Health Centre, renovating the two (2) existing staff quarters and improving the condition of the waste zone area at the facility. Additionally, a building where services the facility will be temporarily relocated during the rehabilitation/construction phase will also undergo minor upgrades to make it fit for purpose. The Community Health Centre premises covers a total area of 22,470 square metres, of which less than 800 square metres 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 360.85 square metres of land.

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 labourers. 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 Bandajuma Yawei Community Health Centre (Latitude 8°18'34.95"N and Longitude 10°50'54.02" W) is located in Bandajuma Yawei. Bandajuma Yawei is approximately 173 kilometres east of Kailahun town, the capital of Kailahun District. Bandajuma Yawei can be accessed from Kailahun Town via Segbwema-Daru Junction-Daru Junction-Bunumbu, along Segbwema-Sefadu Highway. The Bandajuma Yawei Community Health Centre is located south of the town, along the Segbwema-Sefadu Highway.

The Bandajuma Yawei Community Health Centre serves eleven (11) communities, which are within a radius of 10 kilometres of Bandajuma Yawei with a catchment population of 10,049. It provides basic essential health package services 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-six (26) clinical and allied health workers including Community Health Officers, 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 115 and 265, while deliveries hovers around 30 per month. Malaria remains the top-most cause of morbidity within the catchment of the Bandajuma Yawei Community Health Centre, accounting for 649 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. It is burnt in an unprotected open pit. In spite of the fact the waste is segregated at all points of generation, at final treatment site they are mixed which increases the amount of infectious waste. The facility has safety signs on safe disposal of healthcare waste but sanitary tools and PPEs are inadequate. The facility generates between 5.6 and 14.3 kilograms of healthcare waste daily, which needs to be properly disposed-off.

The Community Health Centre is located at Bandajuma Yawei in the Kailahun District. Kailahun District experiences high temperatures throughout the year. The district has a Tropical Monsoon Climate. It typically receives about 312.69 millimetres (12.31 inches) of precipitation annually and average relativity humidity is 81.32%. The warmest month is March (38.66°C/101.59°F) just before the main rainy season, while the coldest month is January (19.41°C/66.94°F)(see <https://weatherandclimate.com/sierra-leone/eastern-sierra-leone/kailahun>). Noise and dust levels at the premises were satisfactory during the field visit. The site slopes gently towards the Kongba Stream, about 70 metres north of the boundary of the Bandajuma Yawei Community Health Centre. There are no economic and land use activities within the premises of the Bandajuma Yawei Community Health Centre, where the rehabilitation and expansion works will be carried out.

Two (2) consultative meetings were held during the field visit to 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 relocation of the services at the Bandajuma Yawei Community Health Centre as well as occupants of the two (2) staff quarters at the facility proposed for renovation under the project. The community offered to provide the buildings that will temporarily accommodate services at the Community Health Centre and the two (2) affected staff during the rehabilitation/expansion phase. The building proposed to temporarily host services at the health centre belongs to the Paramount Chief of the Yawei Chiefdom, while that proposed for the two (2) staff belongs to a resident of the community. Letters from the paramount chief are attached to confirm these resolutions (see Annex E for letters). 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, electrical cables and fittings, replacing the leaking ceiling with a hardboard, and painting the building to make it fit for purpose as well as some external works. These works will be undertaken as part of the sub-project.

This Environmental and Social Management Plan (ESMP) consists of a 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 attempt to subvert Sierra Leonean labor, social protection and environmental laws. During the operational phase, inappropriate cleaning and disinfection practises can expose patients and workers at the facility as well as the public to pathogens that cause infectious diseases like cholera and typhoid fever. The incidence of Gender- Based Violence (GBV) including 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. Two staff of facility will be temporarily displaced from their duty post so it can be renovated, while services at the Community Health Centre will be temporarily disrupted as part of the rehabilitation and expansion works.

Mitigation measures proffered in the ESMP for the construction phase including enforcement of Environmental and Social Clauses inserted into the Works Contract that will be binding on the Contractor and any Sub-Contractor that will be employed on the sub-project, 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 occupational health and safety, health care waste management and infection, prevention and control as well as enforcement of the use of Personnel Protective Equipment (PPEs). 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 preventive, accountability, and reporting measures are in line with the survivor-centred approach and the Sierra Leone GBV Referral Pathway. 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. This document also contains actions to ensure the smooth relocation of services at the Community Health Centre and affected staff in the two (2) quarters slated for renovation, to the allotted spaces prior to the commencement of works.

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 Bandajuma Yawei 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 Bandajuma Yawei Community Health Centre belongs to the Ministry of Health. The Ministry of Health (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 Bandajuma Yawei Community Health Centre. 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. 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 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 Infection Prevention and Control (IPC) Focal Person, 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 civil works 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 Annexes (see Appendix G and H). Also attached in the Annexes are Standard Operating Procedures (SOPs) for Sierra Leone Burials and Health care Waste Management for the Republic of Sierra Leone (see Annex K and I) and a Chance Find Procedure, attached as Annex M.

The estimated cost for implementing this ESMP and environmental and social monitoring, outside the works contract price is Nine Thousand, Three Hundred and Fifty United States Dollars (USD 9,300.00). This includes One Thousand United Dollars (USD 1,000.00) to relocate services at the health facility to the building assigned for the temporary relocation of the facility and Five Hundred United States Dollars (USD 500.00) to relocate the two (2) affected facility staff to a temporary accommodation. 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:

- (e) Component 1: Improving Quality, Efficiency, and Effectiveness of RMNCAH-N Services
- (f) Component 2: Health Systems Strengthening
- (g) Component 3: Project Management and Monitoring and Evaluation
- (h) 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 Bandajuma Yawei 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 upgrading the Bandajuma Yawei Community Health Centre (CHC) by rehabilitating and expanding the existing structures. This will involve expansion of the existing maternity unit, rehabilitating the two (2) staff quarters and improvement of the waste zone area. Additionally, the building where the CHC services will be temporarily relocated will undergo minor renovation to make it fit for purpose. The sub-project will consist of the following components:

a. Rehabilitation and Extension of the CHC Building:

Extending the existing rectangular structure (428.6 square metres) currently accommodating the laboratory, pharmacy, male and female observation rooms into a U-shaped building (see Annex D: Plate 3 and 4 for pictures of the existing building). The additional space (360.85 square metres) will be used for a Maternity Unit consisting of one each of the following: delivery room, labor ward, family planning/GBV

Unit and consultation room each with a toilet and bath. Other additions to the structure are the Anti-Natal and Postal wards. Expanded Programme for Immunization/Under 5 Clinic, Nutrition, Store, and Procedure Room, triage as well as a record store (see Annex A for the design-Floor Plan). Other components of the sub-project include improving the CHC's waste zone area and minor renovation of the structure that will affect services temporarily during the construction. Other aspects of rehabilitation of the main CHC block will include:

i. Reroofing of the main block

- Replace the existing aluminium roof structure and introduce a ring beam over all walls
- Replace the existing roof structure with new and seasoned hardwood, and install new roof covering with 8-foot-long and 28-gauge corrugated iron sheets.
- Replace and remove damaged sections of the ceiling with hard board

Walls

- Increase wall height by introducing a reinforced concrete ring beam over all walls, introduce partition walls where necessary as well and render all new walls internally and externally.

Floor

- Install 600mm x 600mm non-slippery porcelain floor tiles over the entire floor with 50mm thick bedding.

Doors

- Remove and replace all wooden doors with seasoned mahogany panel doors, plywood flush doors and steel doors with locks.

Windows

- Remove and replace all windows with either new casement windows or aluminium glazed sliding windows.

Painting

- Painting of all walls and ceilings internally and externally with high-quality emulsion and enamel paint

Electrical and Plumbing

- Install electrical cables and fittings to walls. Provide and install a booster water pump to the existing water well to supply water to the facility with a new reticulation system.

External works

- Introduce surface water drains and apron with a precast reinforced concrete 'U' shaped gutter to the side of drainage in formwork and shelter on blinded excavated material and compacted trenches.

b. Renovation of the Structure Earmarked for Temporary Relocation of Services during the Construction Phase

The minor renovation that will be undertaken on the proposed building that will temporarily host the services that will be displaced from the Bandajuma Yawei CHC. The minor renovations will cover the under-listed works:

- Fixing of widow glasses;
- Installation of two (2) toilets;
- Installation of a plumbing;
- Install electrical cables and fittings to walls;
- Replace the leaking ceiling with a hardboard
- Painting

External Works

- Introduce a surface water drainage and apron with a precast reinforced concrete 'U' shaped gutter to the side of drainage in formwork and shelter on blinded.
- Excavate Material and compact trenches.
- Spread gravel around the structure to minimise erosion

c. Rehabilitation of Two (2) Staff Quarters

Re-Roof Structure

- Mend sections of an existing roof that leaks

Walls

- Increase 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.

Floor

- Install 600mm x 600mm non-slippery porcelain floor tiles over the entire floor with 50mm thick bedding.

Doors

- Remove and replace 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.

Windows

- Replace all windows with new casement windows in certain sections and aluminium-glazed sliding windows in others.

Ceiling

- Replace the ceiling with a hardboard.

Painting

- Painting of all walls and ceilings internally and externally with high-quality emulsion and enamel paint

Electrical and plumbing

- Install electrical cables and fittings to walls. Provide and install a booster water pump to the existing water well to supply water to the staff quarters with a new reticulation system.

External work

- Introduce a surface water drainage and apron with a precast reinforced concrete 'U' shaped gutter to the side of drainage in formwork and shelter on blinded Excavated Material and compacted trenches.
- Construct a new septic tank

- Spread gravel around the staff quarters
- d. Improving the Waste Zone Area
 - Lining the existing ash pit with concrete and providing a cover
 - Construct a short wall with a roof and partitioned waste holding area
 - Construct an open burn pit

1.2 Site Location/Access

The Community Health Centre (Latitude 8°18'34.95"N and Longitude 10°50'54.02" W) is located within Bandajuma Yawei town. Bandajuma Yawei town is approximately 173 kilometres east of Kailahun town; the capital of Kailahun District Bandajuma Yawei can be accessed from Kailahun Town via Segbwema-Daru Junction-Daru-Bunumbu along Segbwema-Sefadu Highway. Bandajuma Yawei Community Health Centre is also located south of the town, along the Segbwema-Sefadu Highway (see Annex B for the locational Map).

The community health centre building and staff quarters proposed for expansion and rehabilitation are located on the premises of the health facility but the building proposed for the temporary relocation of services at the Community Health Centre is 0.3 kilometres north of the facility near the paramount chief's compound (see Annex D: Plate 10). The main block that will be rehabilitated and expanded is between the staff quarters the CHC solar panel.

1.3 Site Description

The Bandajuma Yawei Community Health Centre slopes gently towards the Kongba Stream, which is about 70 metres north of the site. The highest and lowest elevations on the premises are 666 and 624 feet above mean sea level respectively with an average of 645 feet. The site is partly developed with physical structures namely:

- i. The main Community Health Centre Building;
- ii. Two (2) existing staff quarters;
- iii. A hand dug with a pump;
- iv. Waste Zone Area (including a non-functioning incinerator, sharp and placenta pits)
- v. Solar system;
- vi. Two (2) septic tanks; and
- vii. Two (2) outer toilets with a total of nine (9) drop holes and two bathrooms

1.4 Sub-Project Activities and Labor Force

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

- i. Excavation (trenching);
- ii. Ground blinding with concrete;
- iii. Block work;
- iv. Installation of doors, gates, solar panels, solar lights, and overhead water tanks
- v. Painting;
- vi. Laying of pipes

- vii. Roofing of structures
- viii. 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:

- i. Concrete mixer (4)
- ii. Poke vibrator (1)
- iii. 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 Bandajuma Yawei 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 mitigate the identified adverse environmental and social impacts/risks.

1.5 Scope of the Assignment

The proposed sub-project involves the rehabilitation and expansion works at Bandajuma Yawei Community Health Centre (CHC). The scope of work for the assignment is to prepare an Environmental and Social Management Plan (ESMP) in line with the laws of Sierra Leone such as the Environmental Protection Act, 2008/201/2022, and the World Bank Environmental and Social Standard 1 - Assessment and Management of Environmental and Social Risks and Impacts (ESS1) and other relevant national instruments/laws and international best practices.

1.6 Methodology

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

- Literature review;
- Screening exercise (Site visit, observation and inspection) and
- Stakeholder consultations (see Annex 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
Environment Protection Agency Act, 2008/2010/2022	<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 licenses holders) and the Board of Directors of SL-EPA in the event that an environmental license is granted.</p> <p>Part IV of the EPA Act 2008/2022 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> <ul style="list-style-type: none"> i. Location, size, and likely output of the undertaking; ii. Technology intended to be used; iii. Magnitude and sensitivity of impacts; iv. Concerns of the general public, if any, and in particular concerns of immediate residents if any; and v. Land use and other factors relevant to the particular undertaking to which the application relates. <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>
The Freetown Improvement Extension (Amendment) Act, 1964	<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>
The Public Health Act 2022	<p>This Act repeals and replaces the Public Health Ordinance, of 1960. It is to promote, protect and improve public health and well-being 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>
The Factories Act of 1974	<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 labor 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>
Employment Act, 2023	<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 labor 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>
The National Fire Service Act, 1980	<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>

Child Rights Act, 2007	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.
Sexual Offences Act, 2012 as Amended in 2019	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.
Local Government Act, 2004/2016/2022	<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 bye-laws consistent with the provisions of the national constitution. The bye laws may cover community health and safety issues including sanitation, food safety, and animal husbandry.</p> <p>Under Schedule III of the Act, functions under the Ministry of Health 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 plays a role in facility maintenance.</p>
Gender Equality and Women Empowerment Act, 2022	This Act seeks to address gender imbalances in the socio-economic and political landscape of Sierra Leone by making provisions for increased participation (at least 30% appointment) of women in decision making and also promote gender equality employment and training through gender mainstreaming and budgeting initiatives.
Persons with Disability Act, 2011	<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>
Prevention and Control of HIV and AIDS Act, 2007	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 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.
The Anti-Corruption Act, 2008	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.

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:

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

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

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"> • 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.
ESS2-Labor and Working Conditions	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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.
ESS3-Resource Efficiency and Pollution Prevention and Management	<ul style="list-style-type: none"> • Appropriate pollution prevention, resource conservation, and IPC&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. • Materials such as sand and gravel for the sub-project will be sourced from local third-party suppliers within the sub-project corridor. No borrow pits and quarries will be established for undertaking this sub-project. • IPC Protocol and Sierra Leone SOPs for Health care Waste Management and Burial are attached as Annex I, J and K) SOPs
ESS4-Community Health and Safety	<ul style="list-style-type: none"> • 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 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.

	<ul style="list-style-type: none"> 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
ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	<ul style="list-style-type: none"> 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 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 be provided with temporary accommodation by the community. Services at the Bandajuma Yawei Community Health Centre will be temporarily relocated to a new accommodation during the construction phase. There is a very remote possibility that the relocation of services at the CHC will involve movement of one or two in-patients to the new site. A resettlement action plan is not necessary for this sub project as per the proportionality concept. The magnitude of anticipated displacement is very small i.e. -2 households moving temporarily. Measures have been outlined in this ESMP for the smooth transition of the affected households and services at the CHC into temporary accommodation provided by the community (see details in Table 5.1)
ESS8: Cultural Heritage	<ul style="list-style-type: none"> 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 Annex M
ESS10-Stakeholder Engagement and Information Disclosure	<ul style="list-style-type: none"> 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. 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. 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.

2.3 Environmental and Social Risk Classification of Sub-Project

The proposed rehabilitation and operation of ANC and OPD at Bandajuma Yawei Community Health Centre is a small-scale project that involves minimum site-sensitive activities. The potential adverse impacts and risks associated with the project activities are mostly predictable, temporary, and reversible. The risk is classified as Moderate, implying that they can and will be effectively mitigated through the identification and implementation of appropriate, cost effective and established E&S risk mitigation and management measures described in an Environmental and Social Management Plan (ESMP) as prepared

for the activity. The Integrated Health Project Administration Unit's (IHPAU) Safeguards Unit, which is the Project Implementing Agency of the Ministry of Health, will monitor the environmental risk mitigations in the project. The Safeguards Unit is staffed with dedicated specialists in charge of social safeguards, environmental safeguards, and healthcare waste management. Furthermore, a Safeguards Technical Advisor is supporting the Safeguards Unit.

From the foregoing reasons, the sub-project is assigned moderate environmental and social risk rating by the Bank. It 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.

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 Practise 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 favours and actual or threatened sexual intrusion, Work Place Sexual Harassment (SH) in the form of unwanted sexual advances, requests for sexual favours, 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 project already prepared an GBV/SEA/SH Action Plan which proposes adaptable survivor-centred 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 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. 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. 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. 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 was 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 Bandajuma Yawei Community Health Centre

The Bandajuma Yawei Community Health Centre serves eleven (11) communities, which are within a radius of 10 kilometres of Bandajuma Yawei. It is estimated that the catchment population of the facility in 2023 is 10,049. The communities are Bandajuma (4,782), Tentihun (2,373), Ngeblama (1,834), Futta (331), Njabama (237) Vaama (194), Pujehun (186), Kalema (35), Njabwema (32), Kpuwabu (25) and Kamaru (20). 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 bed while the Postal Unit has two (2) beds.

3.1.1 Staff Strength

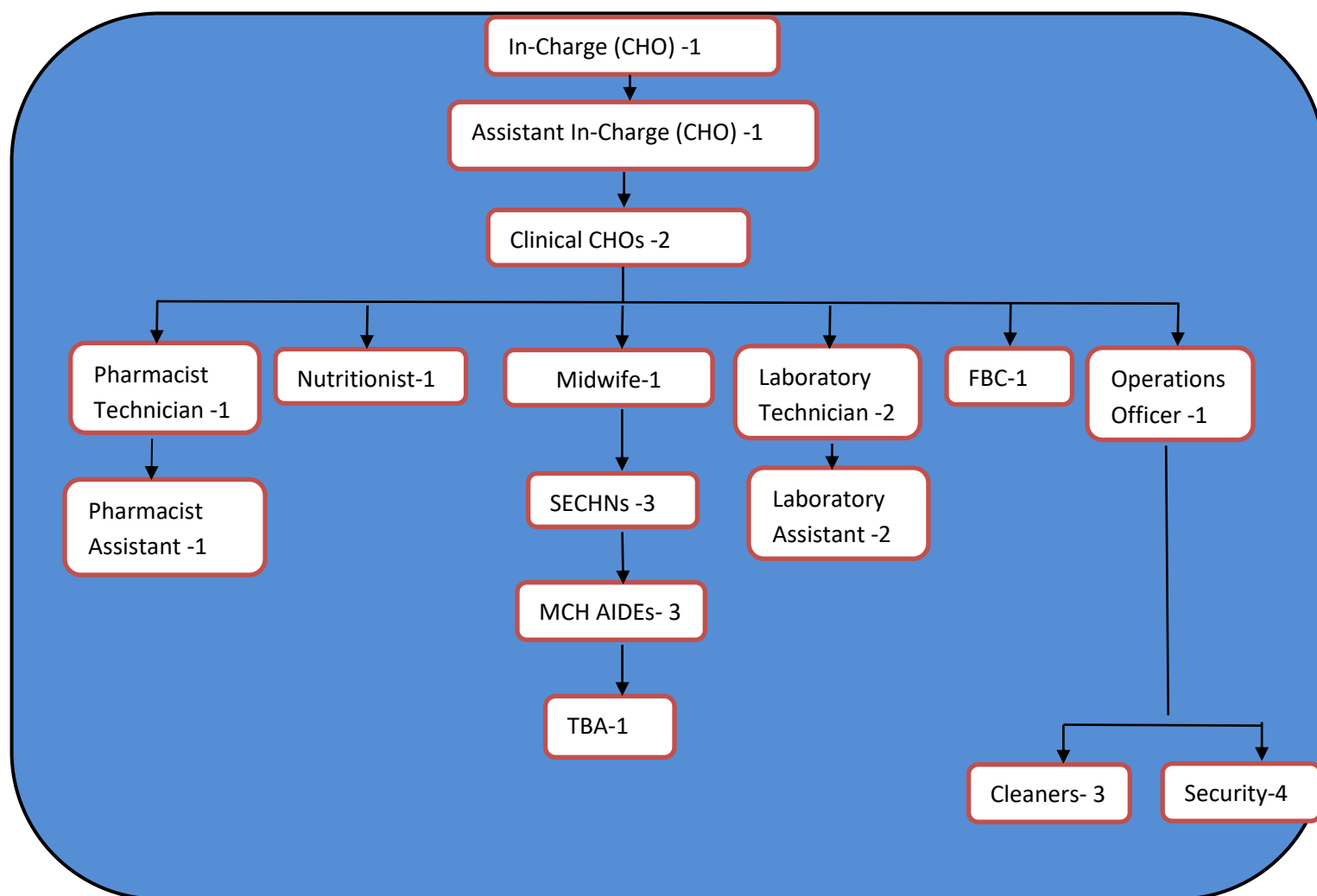
Data from the facility head indicate that twenty-six (26) people work at the Bandajuma Yawei Community Health Centre. There will be no increase in staff because of the proposed rehabilitation works but Partners in Health are in the process of recruiting additional staff for the facility including a Monitoring and Evaluation Officer. The categories of staff are:

- i. Community Health Officers -4
- ii. Midwife -1
- iii. State Enrolled Community Health Nurses (SECHNs) -2
- iv. Pharmacist Technician -1
- v. Pharmacist Assistant-1
- vi. Operations Assistant-1
- vii. Maternal and Child Health Aide (MCH-AIDE)-3
- viii. Facility Based Co-ordinator (FBC)-1
- ix. Environmental Health Officers (Cleaners) -3
- x. Nutrition -1
- xi. Laboratory Technicians-2
- xii. Laboratory Assistants- 2

- xiii. Screener (SECHN)-1
- xiv. Traditional Birth Attendant -1
- xv. Security - 4

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

Fig. 3.1: Staff Organogram Bandajuma Yawei CHC



3.1.1 Hospital Attendance and Top Five Causes of OPD Attendance

It is estimated that between 115 and 265 persons visit the facility monthly. Outpatient visits are highest in January and lowest in October. In terms of deliveries per month, the numbers seem to hover around 30 per month with the highest being 31 (July and August) and the lowest being 26. Malaria remains the top-most cause of morbidity within the catchment, accounting for 649 outpatient visits from January to November 2023. This is followed by Pneumonia (235) and Sexually Transmitted Diseases (160) in a distant second and third. Table 3.1 presents Monthly OPD attendance and the top five causes of morbidity reported at the Bandajuma Yawei CHC.

Table 3.1: Hospital Attendance and Top Five Diseases-Bandajuma Yawei CHC

*Months	Hospital Attendance			Top Five Diseases by OPD Attendance						Deliveries
	Under 5 years	5 years and above	Total	Malaria	Pneumonia	STDs	Diarrhoeal Diseases	Hypertension	Other Diseases	
January	50	215	265	34	23	18	12	6	142	30
February	60	171	231	38	34	11	12	3	106	27
March	61	187	248	45	15	13	7	4	138	26
April	63	145	208	34	19	17	7	1	100	30
May	82	141	223	60	25	24	5	11	69	29
June	81	158	239	34	23	5	12	1	134	30
July	75	173	248	108	22	21	6	4	56	31
August	64	175	239	104	12	29	6	2	55	31
September	64	120	184	62	14	11	4	3	60	30
October	55	60	115	46	17	3	1	0	21	27
November	74	103	177	84	31	8	11	8	8	27
Total	729	1,648	2,377	649	235	160	83	43	889	318

Source: Data from Bandajuma Yawei 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 labelled 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 Annex 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 Annex 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 channelled into a septic tank with a soak way pit, while storm water is channelled 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:

- waste bins with liners were positioned at all the points of care/waste generation at every department in the facility;
- All generated waste were weighed using a 150kg capacity weighing scale;
- The waste generated in each department were collected and weighed two (2) times a day (morning and evening) for seven (7) consecutive days from 4th to 10th December 2023 (see Annex D: Plate 13 for weighing of health care waste)

- 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)
- Data were entered and analysed using Microsoft Excel;
- 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 Bandajuma Yawei CHC

Days	Amount of Health care Waste Generated in Kg/day		
	Morning Shift	Late Shift	Total
Monday	4.9	8.5	13.4
Tuesday	5.5	7.9	13.4
Wednesday	4.7	7.5	12.2
Thursday	5.2	9	14.2
Friday	2.8	4.5	7.3
Saturday	2.3	5.3	7.6
Sunday	1.9	3.9	5.8

Source: Estimated by the Medical Waste Specialist

Table 3.2 reveals that the Bandajuma Yawei Community Health Centre generates a maximum of 14.2 kilograms of healthcare waste per day on Thursdays with the lowest value being 5.8 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 foetuses 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 15.62 kg per day.

Liquid waste is generated from the two (2) out-house toilets and one (1) Water Closet toilet at the maternity ward. The black water ends up in an in-situ septic tank connected to a soak-away. While grey water from the bathrooms is channelled 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 22,470 square metres of which less than 800 square metres accommodate the existing structures. An additional space (360.85 square metres) will be required for the proposed expansion works (see Floor Plan attached as Annex A). The Bandajuma Yawei Community Health Centre is isolated. There are no properties abutting the health facility. The premises is partly developed with physical structures namely:

- i. The main Community Health Centre Building (see Annex C: Plate 3);
- ii. Two (2) existing staff quarters are due for rehabilitation (see Annex C: Plate 6 and 7);
- iii. A hand dug with a non-functioning pump (see Annex C: Plate 8);
- iv. Waste Zone Area in poor condition, including a non-functioning incinerator, sharp, burning and placenta pits
- v. A functioning Solar system, which provides power for the facility;
- vi. Two (2) septic tanks;
- vii. Two (2) outhouse toilets with a total of six drop holes of which two drop holes are in use; and
- viii. Two structures with a total of three bathrooms

There is a stream about 70 metres north-west of the boundary of the CHC premises.

3.3 CHC Land Ownership

The paramount chief of Bandajuma Yawei donated the land, on which Bandajuma Yawei Community Health Centre is located, to the Ministry of Health in the 1950s. The first structure constructed on the site are the current staff, quarters, which were formerly the CHC building. The current Community Health Centre was constructed in 1972. There is no land documentation covering the site of the Bandajuma Yawei Community Health Centre. This notwithstanding, the land owner, the paramount chief, 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 letters from the Paramount Chief and minutes of meeting attached as in Annex E and F respectively). In the letter, the paramount chief also advised the authorities to commence land documentation processes for the parcel of land in question.

3.3 Natural Environment

3.3.1 Topography

The site slopes gently towards the Kongba Stream, which about 70 metres north of the site. The highest and lowest elevations are 666 and 624 feet above mean sea level respectively with an average of 645 feet.

3.3.2 Climate

The Community Health Centre is located Bandajuma Yawei, 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 millimetres (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 April just before the main rainy season, while the coolest month is August.

3.3.3 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.

3.3.4 Ambient Air and Noise Levels

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

3.4 Economic Activities on the Site

There are no economic activities within the premises of the Bandajuma Yawei CHC, where the rehabilitation and expansion works will take place

3.5 Water and Energy Supply

The facility is supplied with electricity from two (2) Solar Units. One unit, which is dedicated to the Cold Chain (Refrigerator) at the facility runs for twenty-four hours. The second unit serves the entire facility and runs from 9.00 am to 5.00 pm and 9.00 pm to 2.00 am. A hand-dug well with a non-functional pump supplies the facility with water. There are also two (2) 500-litre overhead water storage tanks at the facility, which are currently not in use because the pump on the water well is not functioning.

3.6 Description of the Proposed Building to Temporary Accommodate Health Care Services

The proposed structure for the temporary relocation of health services at the Bandajuma Community Health Centre during the rehabilitation phase, offered by the community (see letter attached as Annex E), is located near the paramount chief's house. It is about 250 metres northwest of the Bandajuma Yawei Community Health Centre. It occupies an estimated total floor area of 121 square metres. The nearest structure is a residential property about 15 metres, on the other side of the main Town Road (see Annex B). The building belongs to the Paramount of Bandajuma Yawei, who has offered it to the project at no cost (see the confirmatory letter attached as Annex E).

The building is roofed with zinc roofing sheets. It is a four (4) bedroom detached house with a sitting room (see Annex C: Plate 10). Each of the rooms covers an estimated floor area of 12 square metres. There are spaces for two (2) toilets but they are yet to be fixed. Minor leaks were observed during the inspection as part of the screening exercise (see Annex C: Plate 11). Window frames were installed but there were no louver blades. Water for the building is from a gravity spring system. The property is connected to the Community Mini Grid Solar System.

External works in the form of construction of drains and aprons as well as putting gravel material on the compound had not been undertaken as at the time of the field visit. Upon completing the minor upgrading works and partitioning the building with wood to accommodate the various units of the facility, the building will be fit for purpose.

3.7 Temporary Accommodation for Affected Staff during the Renovation of Staff Quarters

The Community Health Officer (head of the facility), the Maternal, Child Health Aide, and their households occupy the two (2) staff quarters that have been proposed for rehabilitation under the project. The Community Health Officer's household has four (4) members (3 children and 1 adult), while that of the Maternal and Child Health Aid has five (5) members (four children and 1 adult). Each of the two (2) staff quarters has two (2) bedrooms and one sitting with an external kitchen, bathroom and toilet. The houses are connected to the Community Mini Grid Solar System.

The proposed building that will temporarily host the two households during the construction phase (renovation of the two staff quarters) is located 25 metres northwest of the healthcare facility (see Annex B). It is a sandcrete duplex house with a zinc roof, each wing has two bedrooms and a sitting room (see Annex C: Plate 12). There is an outer kitchen, toilet and bathroom. The community has agreed to provide the building during the eight (8) month rehabilitation period at no cost to the project.

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 Bandajuma Yawei, 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 Annex D: Plate 1 and 2 for consultation pictures and Annex 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
Bandajuma Yawei Community	3/10/23	24	Community Meeting	<ul style="list-style-type: none"> - Purpose of meeting - Scope of the rehabilitation, renovation and expansion works - Impacts/risks and the need for mitigation measures - GBV/SEA/SH issues and mitigation measures - Temporary relocation of affected staff and services at the CHC - Grievance Redress mechanisms and formation of Sub Project GRCs 	<ul style="list-style-type: none"> - 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 - 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 - Mitigation measures outlined include alternative routes to bring materials to site to avoid the weak bridge, provision of security on site, awareness creation and further community engagement were discussed as some of the mitigation measures - The Paramount Chief and community elected to provide temporary accommodation for both the affected staff and CHC at no cost to the project. - The Paramount Chief offered his property to be used as the building to host the CHC temporarily during the construction (rehabilitation) phase. - The Community, through the Paramount Chief, also promised to provide temporary accommodation to the two CHC staff, whose quarters will be renovation under the project, at no cost to the project - The building that will accommodate that CHC temporarily during the construction phase will require minor renovation. The project will undertake their minor works. - 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. 	<ul style="list-style-type: none"> - Further community engagement have been planned during the disclosure of the Site Specific ESMP

					<ul style="list-style-type: none"> - The EOC 117-platform is also being looked at so that it also receive complaints. - 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. - 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 IHPAU will ensure that complaints are investigated and the culprits are dealt with. The victim will be supported during the process. - 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 	
Meeting with Health Facility Staff	2/10/23	16	Meeting	<ul style="list-style-type: none"> - Rationale for the project - Project description and duration - Inconveniences and project impacts/risks - Relocation of the facility and affected staff (CHO and Maternal and Child Health Aide and their households) - Grievance Redress Mechanisms and 	<ul style="list-style-type: none"> - Affected staff will be temporarily re-located to an accommodation within the town. - The community leadership should be engaged to scout for a suitable accommodation - The health facility will be relocated to a temporary location in the community. Accommodation for the affected staff and the CHC will be further discussed at the Community Meeting - 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) - There will be a committee made up of representatives of local stakeholders including traditional authorities and representatives of the aggrieved party(ties) 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 	<ul style="list-style-type: none"> - Further community engagement have been planned during the disclosure of the Site Specific ESMP - Timing of relocation to minimize any disruption of services and inconvenience to the affected households.

				composition of Sub-Project Grievance Redress Committee - Dissemination of safeguards documents and project information	Specialist and the Project level GRC, the Minister and/or courts in that order. - GBV/SEA/SH cases should be reported to the health facility or community focal persons, EOC 117, FSU or the GBV Service Providers. - Accidents should be reported to the Community or Facility Focal Persons, Engineer and the Council	
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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:

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

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

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
Resettlement - Health care services	Temporary disruption of health care services at the facility	Health care services are incompatible with the proposed rehabilitation and expansion works on the main CHC building. The civil works will temporarily disrupt service delivery at the facility such as maternity and post-natal services, with the potential to cause increased mortality and morbidity, especially maternal and child mortality	Demolishing Re-roofing Block work	<ul style="list-style-type: none"> - The paramount chief of the community has offered a four-bedroom sandcrete building where health delivery services at the CHC (hub) can be temporarily relocated during the construction phase (see Annex E for letter from Paramount Chief) - An MOU/ agreement will be signed prior to the commencement of works between MoH/DHMT and Paramount chief specifying the terms and conditions of releasing the temporary accommodation that will host the services at the CHC temporary, as well as the scope of retrofitting the building post occupancy by the CHC. - The building will be upgraded and partitioned with wood to the satisfaction of the Health Centre Authorities at a cost to the project (see Section 1.2 for detailed activities on the upgrading of the temporary accommodation for the CHC) - Once the main CHC building rehabilitation and expansion works are completed, the equipment will be transported back to the CHC, the wooden partitions will be removed and the structure will revert to the owner (the Paramount Chief) - Transportation including loading and offloading of equipment to and from the temporary accommodation will be absorbed by the project - Notifications and posters will be placed at the entrance of the CHC to re-direct patients and visitors to the new location - At least four (4) radio announcements and out-rich visit to each of the communities will be made to inform residents of Bandajuma Yawei and the catchment communities about the need for the temporary relocation of the CHC, 	MoH* CHO**	USD 1,100.00 <i>(Cost includes (USD 200.00 for loading and off-loading of equipment (2 - way trip) as well as hiring a truck (including fuel and payment to the driver) to transport equipment to the temporary building that will accommodate the CHC prior to the commencement of works and then back to the original CHC building, post-rehabilitation and expansion @ USD 800.00) as well as USD 100.00 for radio announcement</i>

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
				measures put in place to ensure uninterrupted service delivery and new temporary location of the CHC - The CHO and IHPAU Safeguards Team have inspected the proposed structure and indicated that it will be fit for purpose, once the minor works and portioning are undertaken. - No loss of livelihood is anticipated as the affected health personnel will still be on the government payroll during the renovation		
	Temporary displacement of 2 households living in the 2 staff quarters to be rehabilitated	The continued presence of two households with 9 persons living in the two staff quarters earmarked for rehabilitation raises health and safety concerns, hence they will be temporarily displaced from their residences	Fixing defective roofs	- No loss of livelihood is anticipated as the affected health personnel will still be on the government payroll during the renovation of the two staff quarters - The community has offered to provide accommodation for the two (2) affected households at no cost to the project during the 6-month rehabilitation period (see letter attached as Annex E - The project will bear the cost of transportation (including loading and offloading) of personal effects of the two (2) affected households to and the temporary accommodation and their quarters	Paramount Chief MoH	USD 500.00 (<i>Cost covers USD 400.00 for hiring a truck to move the personnel effects for the 2 households to and from the temporary accommodation @ USD 200.00 per household and USD 100.00 for loading and off-loading (2 way trip) @ USD 50.00 per household.</i>)
Improper lay out, poor design and supervision of works	Structural defects and design flaws	The new expanded/rehabilitated structures may exclude access to vulnerable groups such as the aged and person with	Design and Supervision of Works	- Design and supervision of works will be handled by a qualified and competent engineering team - a competent Authority will undertake the final inspection of all buildings and installations is prior to handing over to MoH	PIH	No Separate Cost

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		<p>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 breaks and collapse of structures leading to injuries, loss of property and fatalities</p>		<ul style="list-style-type: none"> - 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 - The design of units to be expanded will be checked by the Local Government Authority so that it meets universal access and life & fire safety requirements/standards as well as national building codes of Sierra Leone e.g. installation of fire extinguishers. - New rehabilitations/extensions will have adequate water and toilet facilities - Designs will keep in mind the risk of SEA/SH, especially when designing toilet facilities. 		

**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/Renovation/Expansion Works)

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
General construction activities-Labor issues	Increase in short-term employment	<ul style="list-style-type: none"> The works will create employment for contractors, who will intend to employ professionals, artisans and laborers. 	<ul style="list-style-type: none"> All construction activities 	<ul style="list-style-type: none"> Preference shall be given to local communities in terms of employment for semi-skilled and unskilled labor e.g. artisans Encourage at least 30% employment of women among the workforce 	Sub Project Contractor	No Separate Cost
	Incidence of discriminatory labor practices, child and forced labor	<ul style="list-style-type: none"> 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. 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) The Contractor and sub-contractors may practice 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 	<ul style="list-style-type: none"> All construction activities 	<ul style="list-style-type: none"> 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 labor laws Workers will be notified of their rights and processes involved in joining and forming workers' unions on-site Contractual clauses against child and forced labor as well as discrimination by sex, ethnicity and religion will be inserted in the Contractor's Contract document Environmental and Social Contractual clauses (see Annex 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 All prospective workers will provide an identity card or other proof of identification meeting the age of 	Sub Project Contractor	No Separate Cost

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
				<p>employment before they are employed on-site</p> <ul style="list-style-type: none"> - A Code of Conduct (see Annex 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 - The Contractor will be required to consider alternative work schedules or shifts to accommodate the hiring of more female workers. - Site workers will have access to an accessible, participatory time-bound workbased grievance redress system with a focal point for reporting their grievances and receiving feedback 		
General construction activities – Workers Accommodation	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"> • All construction activities 	<ul style="list-style-type: none"> - Site workers will not be allowed to sleep or cook on site (the CHC premises) - The Contractor will rent sandcrete buildings for site workers - The rented house will have the under-listed facilities: <ul style="list-style-type: none"> ○ Clean, safe and enclosed toilet facilities ○ enclosed bathrooms ○ kitchens ○ eating areas ○ potable water ○ electricity (at night) ○ 2 refuse bins are to be emptied daily and disposed-off at the approved landfill site by a private collector 	Sub Project Contractor	No Separate Cost (<i>Cost will be included as part of the Contractor's financial proposal</i>)

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
				<ul style="list-style-type: none"> - The Contractor shall not put more than three (3) workers in a standard (12 square metres) room - Each habitable room will be well-ventilated 		
General construction activities – Occupational Health and Safety (OHS)		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"> • All construction activities 	<ul style="list-style-type: none"> - Site workers will undergo medical screening before they are deployed on-site - Site workers will receive OHS training at least twice during the construction phase - Workers will sign and agree to the Code of Conduct (see Annex H) prepared for the sub project - Random checks will be done to prevent substance abuse - Site workers will be provided with PPEs (e.g. hard hats, safety boots, earplugs, reflectors etc.) suitable for the assignment - Potable water will be provided for site workers at all times - Daily toolbox meetings will be organized for site workers - 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 - Prohibitive, warning and directional signs will be provided on site 	Sub Project Contractor	No Separate Cost (<i>Cost of procuring PPEs, E&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>)

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
				<ul style="list-style-type: none"> - The Contractor will be made to provide at least 2 fire extinguishers and 2 First Aid Box on site - Contact numbers of the nearest fire station will be pasted at vantage points on-site - Clear sanctions and rewards for non-compliance and compliance respectively will be provided in the Code of Conduct (see Annex H) to be signed by workers - Training of site workers in OHS, fire prevention and combating (including fire drills) as well as good housekeeping practices will be undertaken at least twice during the construction phase - 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. 		
General construction activities - Material Sources	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"> • Block work • Roofing • Plastering • Fabricating doors and windows 	<ul style="list-style-type: none"> - Procure materials from certified suppliers - Cost of reinstatement of material sources after use is implicit in the unit cost of the various materials (sand/gravel and quarry products) 	Sub Project Contractor	No Separate Cost
	Inefficient Resource use (Excessive use	Excessive use of water and energy (electricity and fuel) will reduce the availability of water	<ul style="list-style-type: none"> • Concrete works • Installation of furnishes/ 	<ul style="list-style-type: none"> - Construction equipment will be turned off whenever not in use 	Subproject Contractor	No Separate Cost <i>(Cost of fuel, electricity)</i>

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
	of water and energy)	and energy for the health facility and the local community	<ul style="list-style-type: none"> • plumbing and electrical fittings • Welding 	<ul style="list-style-type: none"> - Rainwater will be harvested and used for construction activities, whenever possible - 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 - Contractors will be responsible for providing their energy outside that of the health facility sources during the execution of works 		<i>and water that will utilized during the works will be included as part of the Contractor's financial proposal)</i>
General construction activities - Noise and Air Pollution	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"> • Demolishing of structures • Digging of the foundation • Welding. Bending of iron rods • installation of windows and doors • Replacing of damaged ceiling and roof members • Loading and off-loading of materials 	<ul style="list-style-type: none"> - 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) - Concrete mixers will be fitted with mufflers to minimize noise - 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 timelines with the affected stakeholders at least 24 hours before the commencement planned activity 	Sub-Project Contractor	No Separate Cost (Cost captured as part of BOQ)
	Reduction in ambient air quality	Exposure to cement dust, emissions from paints, thinners	<ul style="list-style-type: none"> • Mixing of concrete 	<ul style="list-style-type: none"> - The construction zone will be doused at least two times a day 		

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		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"> • Painting • Roofing • Haulage • Clearing • Trenching • Digging of pits 	<ul style="list-style-type: none"> - Wood will be treated off-site - Painters and workers engaged in the treatment of wood off-site will be made to wear nose masks, gloves, overalls and boots; - Good ventilation will be provided on-site - Equipment and vehicles will be turned off when not in use - Debagging of cement will be done in an enclosed area at least 50 metres away from the nearest ward or unit - 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. - Haulage and delivery trucks as well as equipment on haulage routes will be made to drive at a speed less than 20km/h - Trucks carrying sand and fine particles will be covered with tarpaulin 		
General construction activities – General Pollution management	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"> • General Construction Activities 	<ul style="list-style-type: none"> - 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 - Two (2) colored refuse bins will be provided on site - Mobile toilets will be dislodged after the close of work every day - Refuse will be collected by a private refuse collection company once a day 	Sub-Project Contractor	No Separate Cost (<i>Cost captured as part of BOQ</i>)

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
General construction activities – Non-hazardous waste management	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, vehicles and equipment on site and also make the site untidy.	<ul style="list-style-type: none"> • Digging and trenching • Demolishing of structures • Fixing of doors and windows, • Roofing and re-roofing • Wiring 	<ul style="list-style-type: none"> - Off-cuts from pipes, cables and electrical fittings as well as broken tiles will be reused by the Contractor for other civil works elsewhere; - Wood residue, cement blocks and other waste will be used as fill material; - Waste that cannot be reused will be transported to the approved landfill site 	Sub-Project Contractor	No Separate Cost (<i>Cost of hauling waste will be included as part of the Contractor's financial proposal</i>)
General construction activities – hazardous waste management	Generation of hazardous waste	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Painting 	<ul style="list-style-type: none"> - 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 - No lead-based paints will be used as part of renovation, rehabilitation and expansion works - Workers involved in painting will be made to use the appropriate PPEs e.g. gloves, nose mask overalls and boots 	Sub-Project Contractor	No Separate Cost (<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"> • 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. 	<ul style="list-style-type: none"> • Storing of building materials and machine accessories/ parts • Operation, repair and maintenance of construction 	<ul style="list-style-type: none"> - All hazardous substances and materials will be stored in appropriate locations with impervious surfaces and adequate secondary containment; - Oils, fuel and other lubricants will be stored at least 100 metres away from water bodies; - Oil traps will be installed on drains from storage areas and work zones; 	Subproject Contractor	No Separate Cost

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
			equipment and vehicles	<ul style="list-style-type: none"> - Construction workers will be provided with adequate training on the use, storage and handling of hazardous substances; - Drip pans will 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 - 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 - All equipment will be inspected daily for leakage and immediately repaired, if leaks are detected 		
General construction activities – Soil Erosion	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"> • Site preparation • Material Storage (Aggregates) 	<ul style="list-style-type: none"> - Clearing of the site will be staggered to ensure that only portions of the site required for immediate construction activities are cleared - Barriers will created to trap materials (aggregates) under storage 	Sub Project Contractor	No Separate Cost
General construction activities – Ponding	Incidence of ponding	Spoils, debris and litter generated by site workers and construction activities can clog local drains and trenches to create localised flooding.	<ul style="list-style-type: none"> • Trenching • Digging of septic tanks etc. • Demolishing of structures 	<ul style="list-style-type: none"> - Trenches and holes will be immediately backfilled or covered after the pipes and other infrastructure have been laid - Water will be pumped out of trenches/holes every day after work - The site will be cleaned daily after work 	Sub Project Contractor	No Separate Cost
General construction activities – traffic and road safety	Incidence traffic accidents and	Trucks carrying the construction materials and furnishes to be installed on site could be involved in accidents leading to	<ul style="list-style-type: none"> • Haulage of construction materials, 	<ul style="list-style-type: none"> - Delivery trucks and construction vehicles will drive below the 20km/hr. speed limit - Trucks transporting flyable materials (e.g. sand) will be covered with tarpaulin 	Sub-Project Contractor	No Separate Cost <i>(Cost to be captured in BOQ)</i>

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		spillage of materials, injuries, fatalities and/or loss of property including livestock as well as cause traffic congestion	waste and furnishes	<ul style="list-style-type: none"> - The truck conveying roofing sheets to the construction zone will carry appropriate warning signals such as red flags and rotating amber lights - All construction vehicles will be embossed with bold identification numbers at the rear, front and sides for easy identification - The Contractor will be responsible for cleaning up spillage on any road as well as fixing any damage to property, road and/or utilities within the road space to the satisfaction of regulators and the Supervising Engineers within 12 hours of occurrence - 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 		
General Construction activities Community safety issues	Outbreak and/or spread of infectious diseases	Site workers may be 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 of mosquitoes that cause malaria and also other sanitary-related diseases like cholera	<ul style="list-style-type: none"> • All construction activities 	<ul style="list-style-type: none"> - Pools of stagnant water will be pumped out of trenches and holes daily - A Site Supervisor will be employed to ensure good housekeeping on-site - Two (2) colored-coded refuse bins will be provided at the site which will be emptied twice a day 	Sub-Project Contractor	No Separate Cost (<i>Cost of procuring E&S officer, fire and refuse bins will be included as part of the part Contractor's financial proposal</i>)

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
	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"> All construction activities 	<ul style="list-style-type: none"> The site will be hoarded with aluminum or an approved material by the Supervising Engineer A warden will be placed at the gate of the premises at all times to prevent unauthorized persons from accessing the premises Visitors to the site will be screened at the gate, provided with, and made to wear the required safety gear before entering the site The existing ward and other Units will be evacuated during the construction The site will be cleaned after work every day and after major waste-generation activities Tools, construction waste and materials will be stored at designated well-marked zones and barricaded with caution tape 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 		
	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"> Haulage All construction activities 	<ul style="list-style-type: none"> Delivery trucks and construction vehicles will be made to drive below the 20km/hr speed limit In addition to the formal vehicle registration numbers all construction vehicles, haulage trucks and equipment will be clearly embossed with two-digit 		

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
				<p>identification numbers in front, at the back and sides for easy identification</p> <ul style="list-style-type: none"> - The contractor will emboss the company's phone contact boldly on all vehicles and equipment - The Contractor will notify the Supervising Engineer and the relevant authorities including SL-Police, IHPAU and the Local 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"> • Trenching • Digging of Foundation etc. • Plumbing • Fixing of electrical appliances and fittings • Haulage 	<ul style="list-style-type: none"> - 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. - 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. - Authorities at the health facility, affected parties and community leaders will be immediately informed about any unplanned (accidental) disruption in water and power supply and measures to restore services with timelines. 	Sub Project Contractor	No Separate Cost

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
General construction activities-Water pollution	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"> • Vehicles and Equipment repairs and cleansing • All Construction 	<ul style="list-style-type: none"> - A Site Supervisor will be employed to ensure good housekeeping on site and enforce pollution prevention measures on site - Construction equipment and vehicles will be cleansed at 100 metres away from local streams and waterbodies - Oils, fuel and other lubricants will be stored at least 100 metres away from water bodies; - 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 - 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 use their toilet facilities, prior to the commencement of works - The Contractor will ensure that toilet facilities are kept clean and well-maintained at all times - Two (2) colored refuse bins will be provided on site; - The refuse bins and mobile toilets will be emptied daily 	Sub-Project Contractor	No Separate Cost (<i>Cost to be captured in BOQ</i>)
General construction activities - GBV/SEA/SH Issues	Incidence of GBV/SEA/SH	Site workers may be perpetrators or survivors of sexual exploitation, abuse	<ul style="list-style-type: none"> • All construction activities 	<ul style="list-style-type: none"> - Contractual Clauses on mandatory and regular training for workers on required lawful conduct and legal consequences for 	Sub-Project Contractor	1,000.00 (<i>Cost covers the 2 GBV/SEA/</i>

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
	Lack of community support/community dissatisfaction with project activities	and/or harassment and other forms of Gender Based Violence such as defiling young girls and rape		<p>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;</p> <ul style="list-style-type: none"> - Contractual Clauses (see Annex 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 the Contractor and Supervising Consultant - 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 - Workers on site will sign a Code of Conduct with sanctions on rape defilement, abuse and other gender-based violence - One (1) sensitization workshop will be undertaken for employees of the Contractor/Supervising Consultant as well as health facility workers - One (1) sensitization workshop will be organized for community members at Bandajuma Yawei including workers at the Community Health Centre - The Contractor will provide contact numbers of the nearest FSU office and GBV Service Providers within the immediate project zone (Community Health Centre) 		<i>SH sensitization sessions @ USD 500.00 per session)</i>

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
				<ul style="list-style-type: none"> - Prohibition posters on sexual exploitation, abuse and harassment will be pasted in and around the site. - 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 as well as the EOC 117/ACC 515 toll-free numbers on site and other vantage points within the project zone and community - Extensive community engagement, consultations and GRM system to manage GBV and sub-project-related grievances will be established 		

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

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
General facility operation-labor issues	Working under unfavourable working conditions without an accessible, fair, participatory grievance redress system	Health workers may be denied the allowances and access to training programmes.		- 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, ESS10, Civil Service Code, GRM framework for QEHSSSP (see Section 7 for details)	MoH PIH*	USD 2,000.00 <i>Cost covers the organisation of four (4) 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</i>

Theme	Impact/Risk	Risks and Description	Impacts Location	Proposed Mitigation Measures	Responsible Party	Budget USD
						<i>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"> - Appropriate PPEs including gloves, overalls, masks, face shields and boots will be provided according to their work requirements - All workers at the facility will be vaccinated against communicable and infectious diseases such as cholera and tetanus as recommended by the WHO guidelines - Daily inspections will be undertaken to ensure that workers are in appropriate PPEs. - Workers will be trained in the appropriate wearing and use of PPEs at least twice a year based on WHO guidelines on the appropriate use of PPEs and other GIIPs 	MoH CHO	No separate Cost. <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>
General facility operation - Gender-Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	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"> - *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 - 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 - 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 - Survivors of GBV/SEA/SH will be given the option to refer to the case for investigation and prosecution or otherwise. 	*CHO GBV/SEA/SH Focal Person Head of the Health Facility PIH**	USD 1,000.00 <i>(Cost covers the sensitisation on GBV/SEA/SH issues etc. for site workers and d workers at the facility for USD 500.00 per session)</i>

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
					- Staff in the facility will be sensitized on GBV/SEA/SH issues, GBV Manual etc.		
General facility operation – cleaning	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"> - The facility already has cleaners who are on the government payroll these workers will continue work at the facility post the rehabilitation - *Cleaning staff will be provided adequate cleaning equipment, materials, and disinfectants e.g. sodium hypochlorite - 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 guidelines (see attached in Annex I and J) will be implemented at the facility - *Cleaners will be provided with appropriate PPEs such as gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes - *Cleaners will be trained twice every year in proper infection prevention, control, and healthcare waste management best practices (including handwashing prior to and after conducting cleaning activities; how to use PPE etc.) 	PIH* CHO	No Separate Cost (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 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		<ul style="list-style-type: none"> - Laboratory - Pharmacy - Wards 	<ul style="list-style-type: none"> - Gloves and protective clothing, including face and eye protection, will be worn when staff are cleaning spills. - *Training will be provided for staff of the facility and cleaners in spillage containment and clean up as part of staff OHS training 	<ul style="list-style-type: none"> - Operation Officer - PIH 	No Separate Cost (Cost of training captured as part of workers' OHS training cost above)

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
		of exposure to pathogens and hazardous material.			- A spillage clean-up strategy has been discussed (see Section 6.4) as part of the Emergency Response Procedures in Section 6		
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	- Pharmacy - Laboratory		<ul style="list-style-type: none"> - Reagents, drugs and vaccines will be kept at the appropriate temperature and humidity levels away from direct sunlight under lock and key - Reagents, drugs and vaccines will be stored based on compatibility and not in alphabetical order. - Incompatible substances e.g. acids and alkalis will not be stored close to each other - 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. - Volatile toxics and odoriferous reagents will be stored in ventilated cabinets. - Inflammable liquids will be stored in approved flammable liquid storage cabinets. - Only authorised persons with the required PPEs will be allowed to enter the laboratory and maternity wards - **Workers at the Laboratory and Pharmacy will be trained relevant GIIPs and Sierra Leone Laboratory SOPs 	Pharmacist Technician Laboratory Technician **Clinical Laboratory Programme	USD 1,000.00 (Cost covers 1 Training programme a year for 2 years for 4 staff of the laboratory and pharmacy staff at the facility @USD 500.00 per year. Facility already has refrigerators connected to a Solar Unit for storing drugs and other essentials)
General facility operation - Collection, Storage, Transportatio	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	- All units		<ul style="list-style-type: none"> - Sharp waste will be collected in sharp boxes and transported to the sharp pit for treatment and safe disposal - SL-SOPs for healthcare waste management prepared under the World Bank COVID-19 Emergency Response and Health Systems 	CHO Pharmacy Technician Laboratory Technician PIH*	No Separate Cost (Sharp boxes are to be supplied to all the 14 hubs under QEHSSSP during the project lifespan. Hence, the cost

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
n Treatment and Disposal of Sharps		among health and allied health workers and patients at the facility			<p>Preparedness Project (see Annex I) with will be implemented at the facility</p> <ul style="list-style-type: none"> - *All persons involved in the collection, storage, transportation and disposal of sharp waste will be trained on the relevant WHO COVID-19 Guidelines, Emergency Response, Procedures Infection Prevention and Control Protocols and the Government of Sierra Leone SOPs (see Appendix I of SL-SOP for Health care Waste Management SOP and Annex J Infection Prevention and Control Protocol) as well as other GILPs including the use of PPEs and reporting requirements once a year - *Appropriate PPEs including hand gloves, nose mask, boots, overalls and goggles will be provided for all staff involved in waste handling 		<i>for sharp boxes under this ESMP will amount to double counting. After the project, MoH will supply sharp boxes as part of its operational expenditure). Training cost captured under OHS training above for the duration QEHSSSP)</i>
General facility operation - Collection Storage, Transportation and Disposal of Chemical/Pharmaceutical Waste	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 inefficient. 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	- Pharmacy - Laboratory		<ul style="list-style-type: none"> - Chemicals and pharmaceutical waste will be kept in specially designated cabinets with the appropriate temperature and humidity levels, away from direct sunlight and under lock and key. - Stock inventory will be undertaken to minimise the incidence of expired reagents and pharmaceutical products - 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 - The SL-Pharmacy Board will be notified for collection of expired drugs, reagents and consumables in line with Sierra Leonean law for disposal under supervision. 	CHO Pharmacy Technician Laboratory Technician	No Separate Cost

Theme	Impact/Risk	Risks and Description	Impacts	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"> - 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. - Blood and other body fluids will be disposed-off into the existing septic tanks at the facility. - 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 - 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). 	Cleaners	No Separate Cost
General facility operation - Collection, Storage, Transportation of General Waste	<ul style="list-style-type: none"> • Increase in morbidity and/or mortality from poor handling of general waste from the facility 	<ul style="list-style-type: none"> • 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 		- All Units	<ul style="list-style-type: none"> - *Eight (8) color-coded bins will be provided within the facility. - Health and allied health workers at the facility will be trained in GIIPs in solid waste management and waste handling including waste segregation - Refuse will be collected daily by cleaners at the facility and sent to the burning pit - Liquid waste (black and grey water) will be channelled into in-situ septic tanks and soakaways. - Septic tanks will be dislodged at least once a year or when they are full, whichever occurs earlier. - Storm water will be channelled through open drains. 	CHO PIH*	USD 400.00 <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>
General facility operation - Fire Prevention and Combating	<ul style="list-style-type: none"> • Incidence of fire outbreaks 	<ul style="list-style-type: none"> • Human errors, poor electricity fittings and wiring as well as overheating equipment and circuits can spark fires which can spread to other 		- All Units	<ul style="list-style-type: none"> - Provide hose reels on each floor of the premises - Smoke detectors will be installed in each room and hall way in the facility - At least six (6) fire extinguishers will be installed at the facility 	PIH	USD 2000.00 <i>(Cost covers USD 600.00 for six Fire Extinguishers @ USD 100.00 per extinguisher, USD 400.00 for purchasing smoke detectors and</i>

Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
		units of the facility leading to loss of life and property		<ul style="list-style-type: none"> - Paste the contact numbers of the nearest fire station and Health Facility at vantage points on the premise - Designated assembly points will be provided and well labelled on the premises - 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 		<i>USD 1,000.00 (fire training and drills)</i>

*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"> • All temporary structures erected by Contractors will be dismantled; • Dismantled parts including wood pieces and sandcrete blocks will be arranged according to type and prepared for transportation to Contractors' workshops or sold to dealers for other civil works; • Unwanted wood residue and other waste will be hauled to the approved final disposal site at the approved landfill site. • All equipment and machinery that are usable will be moved to a new project site or sent to the contractor's packing yard. • Non-usable equipment and metals will be sold as scrap to the scrap dealers 	Sub-Project Contractor	No Separate Cost <i>(Cost to be capture in BOQ)</i>
	Failure to reinstate buildings temporary accommodating CHC services post occupancy	<ul style="list-style-type: none"> • Retrofitting will be undertaking on the host facility to the specifications indicated in the agreement between the property owner and MoH as mention in table 5.1 	MoH	USD 1,000.00
	Units, equipment and/or entire buildings may be decommissioned because they are obsolete, dilapidated or out of use	<ul style="list-style-type: none"> • Usable equipment from the CHC will be disinfected and relocated to facilities as directed by the MoH. • The entire premises will be cordoned off to avoid unauthorized access. • The CHC buildings (Units) will be fumigated using trained gangs in appropriate PPEs. • 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. 	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:

- i. the insertion of relevant mitigation measures (to cost) in the bidding documents prior to its advertisement;
- ii. the insertion of the environmental and social clauses in the construction and supervision contracts;
- iii. review environmental and social reports submitted by the project contractors and supervising consultants during the construction phase based on the agreed template/frequency/mechanism;
- iv. monitoring the environmental, social, health and safety performance (compliance and non-compliance) of works by contractors during the implementation of the works; and
- v. 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 Bandajuma Yawei 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/rehabilitation 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 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 calibre of staff is 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 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"> Timing of relocation 	One-off	Site visit	IHPAU Safeguards Unit	PIH
Temporary displacement of 2 households living in the 2 staff quarters to be rehabilitated	<ul style="list-style-type: none"> Number of persons relocated Condition of the temporary accommodation prior to relocation 	One-off	Site visit	IHPAU Safeguards Unit	PIH

Table 5.6: Environmental and Social Monitoring Construction (Rehabilitation/Renovation/Expansion) Phase

Theme	Monitoring Indicators	Frequency of Monitoring	Means of Verification	*Responsibility Party	Supporting Agencies
General construction activities-Labor issues	<ul style="list-style-type: none"> Number of Contractor and Sub-Contractor employees with formal Contracts Presence of under-aged workers (18 years and below) or otherwise Number and type of employees recruited from the community by gender Average monthly income of project workers and informal workers by gender 	Monthly	<ul style="list-style-type: none"> Site Visits Inspection of Employees' Contracts Contractor's pay out records Interview with site workers 	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)
General construction activities – workers accommodation	<ul style="list-style-type: none"> Presence of safe toilet facilities, potable water, enclosed bathrooms and electricity at workers accommodation 	Monthly	Site observation	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)
General construction activities – Occupational Health and Safety (OHS)	<ul style="list-style-type: none"> Number, type, place, and time of accidents/incidents Number of OHS and hygiene training programs provided for contractors' employees. 	Daily**	<ul style="list-style-type: none"> Site observation Contractor's Accident Records book 	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> Factories Inspectorate Department PIH (Supervising Engineer and Safety Officer)

Theme	Monitoring Indicators	Frequency of Monitoring	Means of Verification	*Responsibility Party	Supporting Agencies
	<ul style="list-style-type: none"> Number of workers on site wearing the appropriate PPEs or not The presence of a Health and Safety Officer on-site Site workers level of compliance with OHS standards e.g., wearing of PPEs Presence of First Aid Kits on-site Presence of functional Fire Extinguishers on Site Number of accidents reported to appropriate authorities e.g. IHPAU/MoH/Factories Inspectorate Department within 12 hours of occurrence 		<ul style="list-style-type: none"> Accident/Incident Reports 		
General construction activities - Material Sources	<ul style="list-style-type: none"> Certified suppliers by Local Councils or otherwise (suppliers with valid certificates or authorisation for the Council) 	One-off	Inspection	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)
General construction activities - Noise and Air Pollution	<ul style="list-style-type: none"> Number of complaints of elevated noise, smoke, and dust levels Odor 	Daily*	<ul style="list-style-type: none"> Site Visits Inspections 	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)
General construction activities-General Pollution management	<ul style="list-style-type: none"> The presence (number) of mobile toilets and refuse bins or signed agreement with CHC Management to use toilet facilities at the CHC premises Incidence of open defecation on the site and its environs Presence of littering on the site and its immediate environs Number of times waste is lifted in a week Clean site 	Daily*	<ul style="list-style-type: none"> Site observation Inspection 	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)

Theme	Monitoring Indicators	Frequency of Monitoring	Means of Verification	*Responsibility Party	Supporting Agencies
General construction activities-Non-hazardous waste management	<ul style="list-style-type: none"> Clean site Number of complaints from workers and visitors to the project site Number of accidents 	Daily*	Site observation	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)
General construction activities – hazardous waste management	<ul style="list-style-type: none"> Storage areas cordoned off and secured Number of spills Number/proportion of workers in the appropriate PPE worker in the storage area and/or when handling hazardous materials Number of oil/grease traps or interceptors installed on drains from work zones or material storage areas where there is a potential for oil spillage Evidence of contaminated soils (colored soil) Emergency response time 	Daily*	Site observation	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)
General construction activities – Soil Erosion	<ul style="list-style-type: none"> Presence of gullies on site or in immediate environs 	Daily*	Site observation	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)
General construction activities – Ponding	<ul style="list-style-type: none"> Presence of pools of stagnant water on site or in the immediate site environs Presences of clogged drains or otherwise 	Daily*	Site observation	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> PIH (Supervising Engineer and Safety Officer)
General construction activities – traffic and road safety	<ul style="list-style-type: none"> Number of road accidents reported e.g. vehicle breakdowns, Number of spills reported Response time Number of severe accidents reported to appropriate authorities e.g. IHPAU/MoH within 12 hours of occurrence 	Monthly	<ul style="list-style-type: none"> Accident Records books Accident/Incident Reports 	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> Supervising Engineer SL-Police

Theme	Monitoring Indicators	Frequency of Monitoring	Means of Verification	*Responsibility Party	Supporting Agencies
General Construction activities-Community safety issues (Grievances)	<ul style="list-style-type: none"> • Presence of uptake point of complaints (community and focal persons, GRCs) • The duration between case reporting, feedback, and case completion • The average time taken for the settlement of cases 	Monthly	<ul style="list-style-type: none"> • Grievance Redress Register • ACC/EOC Grievance Redress Platform 	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> • EOC • ACC • GRCs • Community and Facility Focal Person
General construction activities-Water pollution	<ul style="list-style-type: none"> • Colour • Odour • Complaints • Water quality parameter • Number of oil/grease traps or interceptors installed on drains from work zones or material 	Daily*	<ul style="list-style-type: none"> • Observation • Laboratory investigation 	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> • PIH (Supervising Engineer and Safety Officer)
General construction activities - GBV/SEA/SH issues	<ul style="list-style-type: none"> • Uptake points of complaints • Number of GBV/SEA/SH cases reported by type • Status of access to SEA/SH services. • Number of workers signing CoC • Number of workers and community sensitization on GBV/SEA/SH risks undertaken. • Number of communities and workers knowledgeable of GBV/SEA/SH Grievance processes and referral pathways. 	Daily*	<ul style="list-style-type: none"> • Grievance Redress Register • EOC 117 Grievance Platform • Records and discussions with nearest FSU, GBV Service Providers and Facility/Community Focal Persons 	MoH (IHPAU Safeguards Unit)	<ul style="list-style-type: none"> • GBV Service Providers • FSU • Community and Facility Focal Persons • GRC

****Monitored daily but reported on monthly and quarterly***

*****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 QEHSSSP Annual Work Plan under Component 3 for approval by the Bank***

Table 5:7: 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"> • Number of health workers and ancillary workers with Formal Contracts • Presence of under- aged workers (18 years and below) or otherwise • Availability and use of PPEs for health care and ancillary workers • Knowledge of SL-Civil Service Code of Conduct or otherwise • Unpaid arrears (amount and number of months) of allowances due to health care and ancillary workers or otherwise • Number of fraud cases and office abuse e cases reported • Suspected or confirmed cases of infectious diseases 	Monthly	<ul style="list-style-type: none"> • Snap Checks at the Facility • Discussions with health and allied health workers 	• **DHMT	<ul style="list-style-type: none"> • **HRMO • *IPC Focal Person
General Facility operation -Gender- Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	<ul style="list-style-type: none"> • Presence of GVB/SEA/SH of Focal Person at the Facility • Number of GVB/SEA/SH cases reported by type 	Monthly	<ul style="list-style-type: none"> • EOC 117 Platform • Grievance Redress Grievance Register at the Health Facility 	IHPAU Social Safeguards Specialist	**HRMO (MoH)
Health Care Waste Management	<ul style="list-style-type: none"> • Presence of colored coded bins with the appropriate material and clearly labelled appropriately at the Health Centre • Waste placed in appropriate receptacles • Number of times waste is collected • Presence of overflowing receptacles • Type and quantity of waste 	Daily	<ul style="list-style-type: none"> • Inspections 	• **MoH Environmental Health Directorate of MoH	*IPC Focal Person

	<ul style="list-style-type: none"> • Odor • Availability and use of PPEs • Presence of waste collection procedures pasted at relevant sections of the HCF • Number of waste collectors/staff trained in waste collection SOPs and GIIPs e.g., waste segregation and color codes • Number of training programmes undertaken • Number of spills, accidents and/or incidents • Presence of flies and otherwise at collection points 				
Emergency Response	<ul style="list-style-type: none"> • Presence of fire installations e.g., fire extinguishers, smoke detectors etc. at the CHC • Presence of spill kits at the facility etc. • Number of workers trained in relevant Emergency Response Procedures • Number of training programmes undertaken • Number of fire drills undertaken • Number and type of accidents/incidents • Number and type of accidents reported within 12 hours of occurrence 	Monthly	<ul style="list-style-type: none"> • Inspections 	<ul style="list-style-type: none"> • **MoHs Environmental Health Directorate of MoH 	<ul style="list-style-type: none"> • *IPC Focal Person

*. 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

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:

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

The 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 Nine Thousand, Three Hundred United States Dollars (USD 9,300.00). 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.	Relocation of - Health care services to Temporary Accommodation	1,000.00	Project
2.	Re-location of 2 Affected Staff and their households	500.00	Project
3.	General facility operation-Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment (GBV Sensitization)	1,000.00	Project
4.	General facility operation-labor issues (OHS Training for CHC Staff)	2,000.00	Project
5.	Training in Laboratory and Pharmacy SOPs and GIIPs	1,000.00	Project
5	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
.	**Total	9,300.00	-

**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 QEHSSSP 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, however, the approved GRM Roadmap will guide the process. 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 Bandajuma Yawei Community Health Centre under QEHSSSP are based on the QEHSSSPGBV Action Plan and the 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–Bandajuma Yawei CHC

Name	Designation	Phone Number
Baindu B Korom	CHC – In charge	079313770
Mr. Patrick Jusu	Police officer/FSU	078168745
Betty Gondo	Woman Representative/Leader	-
Massah Juana	Traditional Leader (Community Focal Person)-Female	076100256
Adama Sheriff	Traditional Leader	078163241
Amidu Yarpoi	PIH Representative	075387135
Amara Momoh	Facility Management Committee Representative	075504521
Henry A Karimu	Section Chief	078618830
Mr.Abubakar Shaka Ganu	Traditional Leader (Community Focal Person-Male)	077901375
Ehmil Juana	Section Chief	078389128

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:

- (i) Verification, investigation, negotiations, and actions;
- (ii) Provide feedback to parties;
- (iii) Secure agreements on recommended mitigation actions;
- (iv) Follow up on the implementation of recommended mitigation actions; and
- (v) 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 Honourable 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 organisations in accordance with the Anti-Corruption Act 2008. The Establishing Act, amended in 2008 provides protection for whistle-blowers.

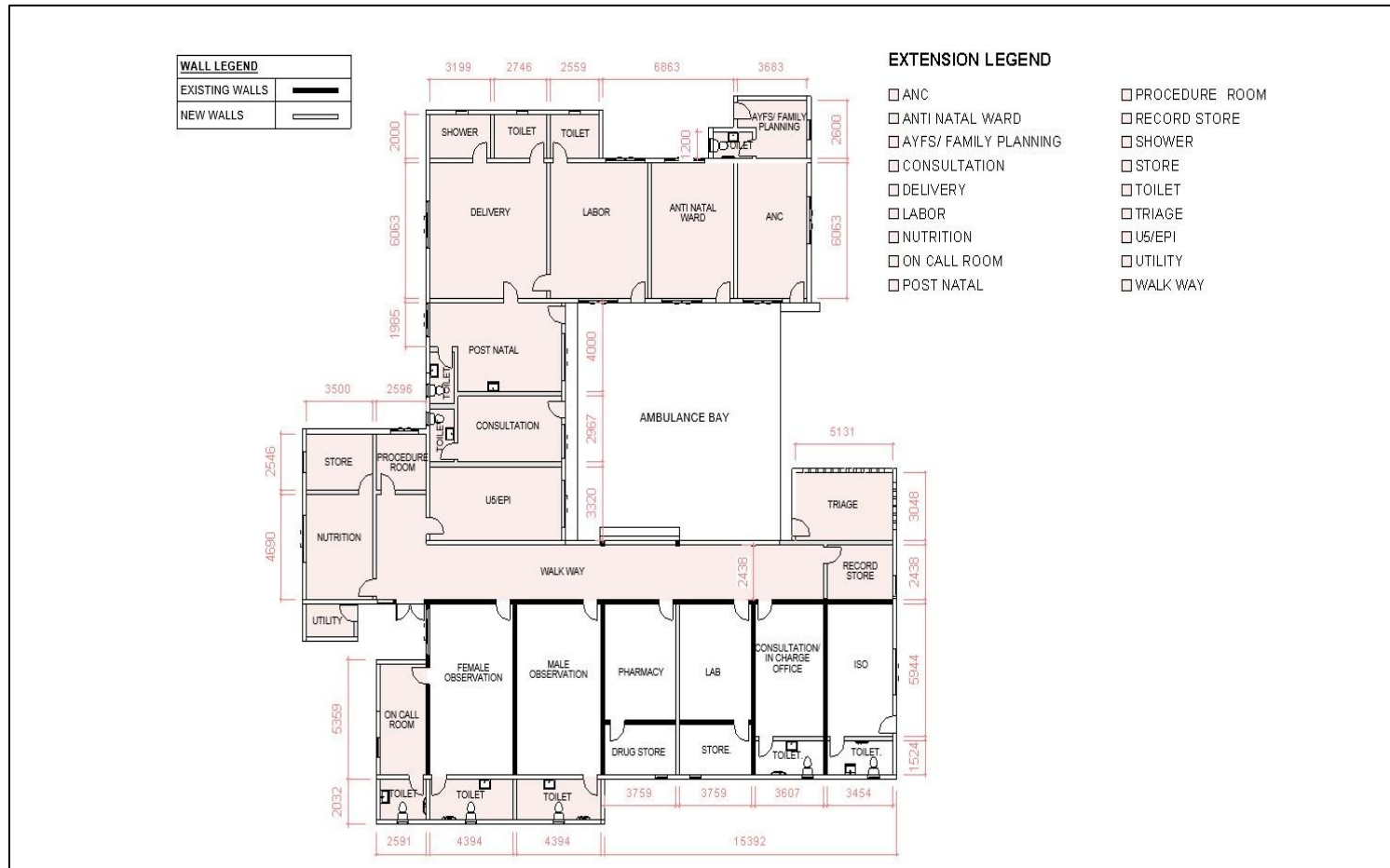
One can report corruption and corruption-related cases to the Commission via the ACC digital platform by texting or calling their toll-free hotline 515. The platform receives sorts and tracks grievances and provides feedback to aggrieved parties after investigations. The system can also generate status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

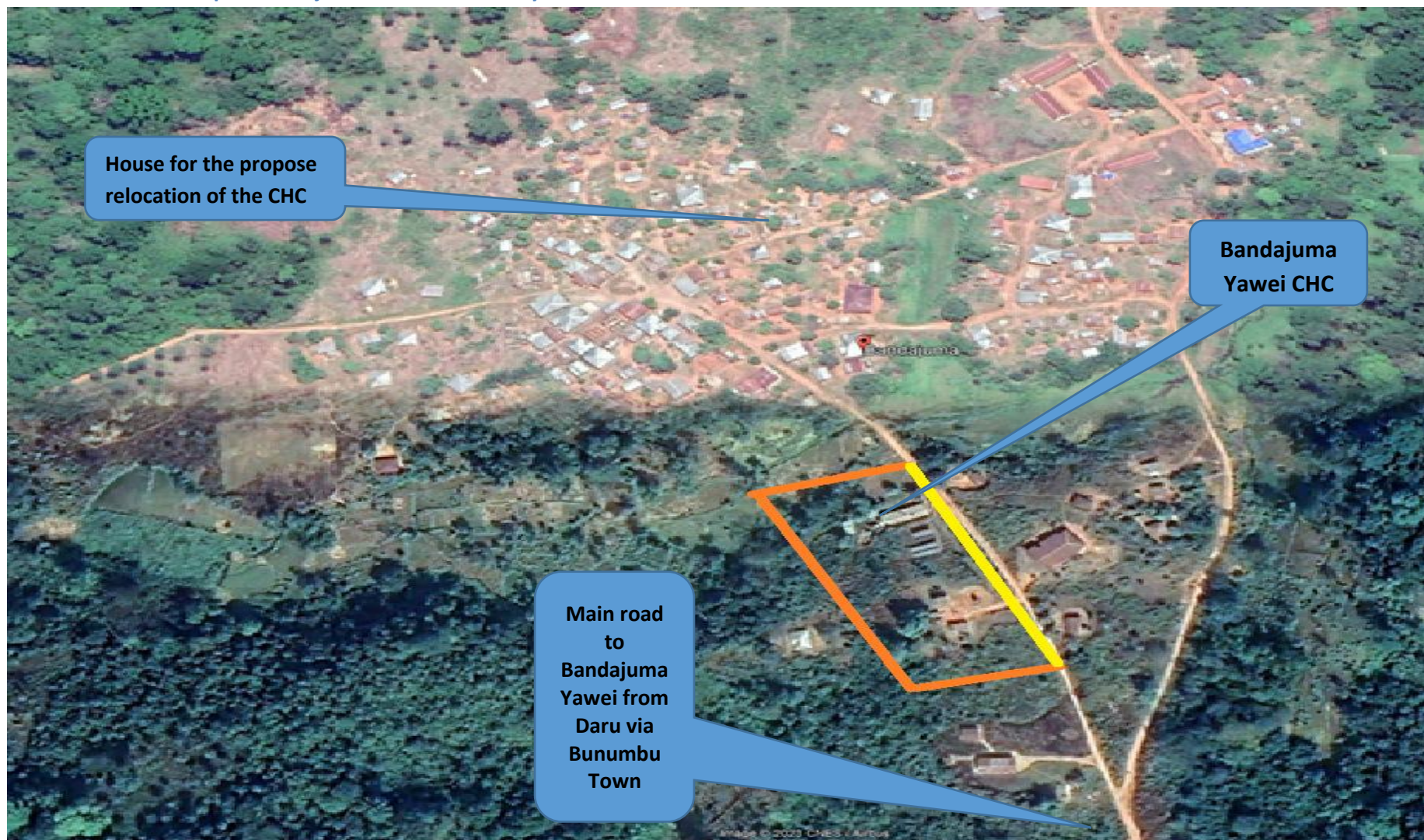
Non-corruption cases that find their way onto the ACC 515 Platform or set up will be promptly referred to the Ministry of Health via the EOC 117 platform, where they will be sorted and transmitted to the appropriate agency for resolution, and vice-versa.

ANNEXES

Annex A: Floor Plan of Bandajuma Yawei Community Health Centre including Extensions



Annex B: Location Map of Bandajuma Yawei Community Health Centre



Annex C: The Site and its Environs



Annex D: Pictures

Plate 1: Community Meeting



Plate 2: Meeting with Staff of the Facility



Plate 3: Main CHC Building to be Rehabilitated



Plate 4: Existing Maternity Ward (with One Bed)



Plate 5: Proposed Site for CHC Expansion



Plate 6: Staff Quarter to be Rehabilitated (No.1)



Plate 7: Staff Quarter to be Rehabilitated (No.2)



Plate 8: Existing Water Well (Pump not functioning)



Plate 9: Burning Pit @ Waste Zone Area



Plate 10: Temporary Accommodation for the CHC



Plate 11: Internal Toilet @Temporary Accommodation-CHC



Plate 12: Temporary Accommodation for Affected Staff



Plate 13: Weighing Healthcare Waste



Annex E: Letters

A. Letter for Temporary Accommodation for CHC and Affected Staff


Bandajima Yawei
Yawei Chieftain
Kailahun District
10th December 2025

To: Who it may concern

Dear Sir/Madam,

This is to Confirm that I, the Paramount Chief of Yawei Chieftain, and on behalf of Yawei Chieftain, have consented to offer one dwelling house of four (4) rooms, two flush toilet (Self contained) to be occupied by the Staff of The health Centre to be used as a temporary clinic house for a period of six months. This is to enhance the operations of the clinic whilst the Construction/Expansion of the Sector shall Continued undisturbed. The use of the Said building by the Sector is free of cost (FOC). By the same gesture all the Staff shall be provided with Suitable accommodation, also free of cost.

Yours Sincerely



B. Letter for Confirming Land Ownership: Bandajuma Yawei CHC

Bandajuma Yawei
Yawei Chiefdom
Kailahun District
25th September, 2023

The District Medical Officer
Kailahun Government Hospital
Kailahun Town.

Dear Sir/Madam,

Allocation of a piece of land for the
construction of a hospital

It is with pleasure to inform you that
the Yawei Development Committee headed by the
Paramount Chief, P.C. Francis A.K. Gbordoma, has
graciously agreed to offer a land space
measuring 105m X 214m X 105m situated
at Nogou Ngieya Section in Bandajuma town.

Please facilitate the survey of the said
space, prepare a site plan and it will
be duly signed as a ~~briefed~~ bonafide
property of the Sierra Leone government for the
use of the above purpose.

Yours Sincerely



Annex F: Minutes of Meetings

Minutes of the Community Consultation					Action By
	Present at the meeting were:				
	No.	Name	Designation	Telephone	
	1.	PC Francis A.Korvaya Gbondo	PC Yawei Chiefdom	076658852	
	2.	AbuBakarr S. Ghunu	Chiefdom Speaker	079554063	
	3.	Henry Kuyembeh	Stakeholder	076601493	
	4.	Morie Vandí	Stakeholder	075623788	
	5.	Francis Faya	PIH Safety Officer	079471152	
	6.	Joseph Faya	Stakeholder	078441127	
	7.	Foday Sam	Youth Chairman	075401835	
	8.	Patrick Jusu Brima	Police Commanding Officer	078168745	
	9.	Abu Saffa	Stakeholder	072544772	
	10.	Swarray Leinsam	Stakeholder	074827010	
	11.	Christopher Momoh Saffa	PIH Health Staff	078094797	
	12.	Momodu Sow	Stakeholder	078164389	
	13.	Momoh Luseni	Stakeholder		
	14.	Momoh Saffa	Stakeholder	078618484	
	15.	Betty Gbondo	Women’s Town Chief		
	16.	Henry A. Karimu	Traditional Ruler	078618830	
	17.	James Taima	Traditional Ruler		
	18.	Festus Jusu	Town Chief	076100256	
	19.	John Kuyembeh	Stakeholder	076395974	
	20.	Amara Momoh	FMC Chairman	075504521	
	21.	Baindu B Koroma	CHO – Bandajuma CHC	079313770	
	22.	Ehmil Juana	Section Chief	078389128	
	23.	Amidu Yorpoi	Stakeholder	075387135	
	24.	Massa Juana	Stakeholder	076100265	
	25.	Gladys Adama Sheriff	Teacher	078163241	
	26.	Juliana Kamanda	Social Safeguard Specialist	076267748	
	27.	Francis Koroma	Medical Waste Specialist		
	28.	Christiana Fortune	Env. Safeguards Specialist		
	The meeting began at 9:45 am with prayers from both Muslim and Christian faiths. The prayers were followed by self-introductions by meeting participants as well as				

	Minutes of the Community Consultation	Action By
	<p>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 Paramount Chief, the Police, the traditional heads, the Bandajuma Yawei 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. The purpose of the meeting was firstly, to discuss the potential risks identified by the IHPAU Safeguard Team during the environmental and social risk assessments conducted on the proposed infrastructural upgrade on the Bandajuma Yawei CHC and secondly to commence with the establishment of a grievance redress committee to handle and resolve any concern arising from the implementation of the Quality Essential Health Services and Systems Support Project (QEHSSSP) at the Bandajuma Yawei CHC.</p> <p>She stated that the meeting was called to discuss issues relating to the proposed rehabilitation/renovation of the Bandajuma Yawei Community Health Centre and mentioned that the Ministry of Health, in collaboration with Partners in Health (PIH), plan to rehabilitate the Bandajuma Yawei Community Health Centre with support from the World Bank. She stated that the civil works will involve expansion of the current infrastructure to provide appropriate space to accommodate improved service delivery as well as renovate the two staff quarters. She underscored that the project would focus on obstetric and newborn care and that Bandajuma Yawei CHC had been selected as one of the Hubs because of its large catchment population in addition to it's hard to reach location. She also explained that the World Bank funding aims to enhance the accessibility of 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. She informed that the rehabilitation and renovation work is expected to last six 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>During the meeting, Francis and Christiana discussed that the proposed construction works could pose certain identified potential risks and negative</p>	

	Minutes of the Community Consultation	Action By
	<p>impacts 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>	
2.0	<p>ISSUES DISCUSSED</p> <p><u>Accidents and Incidents</u></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, including sensitization meetings with the community, training for staff on handling materials on-site and in transit using an alternative route to avoid the Kongba stream weak bridge. 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</p>	<p>Contractor IHPAU Safeguards Unit. GRC, PIH Safety Officer and the community</p>

	Minutes of the Community Consultation	Action By
	<p>members will be displayed on the outer wall of the Bandajuma Yawei 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><u>Noise and Air Pollution</u></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><u>Community Safety</u></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 that prevent entrance to the works site.</p> <p>The Paramount 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. A health and safety officer from PIH will also be present to supervise the civil works.</p> <p><u>Labor Management</u></p> <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 to have signed contracts as well as codes of conduct.</p>	<p>Contractor, PIH Safety Officer and the community</p> <p>Contractor, PIH Safety Officer and the community</p> <p>Contractor, PIH Safety Officer & the community</p>

	Minutes of the Community Consultation	Action By
	<p>The PIH Safety Officer 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><u>Project Commencement and Preparatory Work</u></p> <p>During a meeting about the Community Health Centre (CHC), the person in charge asked about the duration of the construction work and if there would be sufficient funds to complete the rehabilitation project. Mrs. Kamanda assured everyone that the World Bank has provided funding to complete the project. 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>With regards to funding and completion of the rehabilitation works, the Community Health Officer in charge of the Community Health Centre asked how long the construction work would last and if there would be enough funding to complete the renovation project once it started.</p> <p>Mrs. Kamanda assured those present that there is funding from the World Bank to complete the project and that once processes such as environmental and social assessments are completed, and the project begins and the funds will be available to complete the civil works. She also stated that the project will be completed as planned.</p> <p><u>Continuity of service delivery</u></p> <p>Christiana 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. Francis added that rehabilitations works is no threat to jobs of workers at the facility.</p> <p><u>Gender-Based Violence (GBV) Issues</u></p>	<p>IHPAU and PIH</p>

	Minutes of the Community Consultation	Action By
	<p>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 Bandajuma Yawei CHC. She elucidated on how GBV issues may arise. She said for example, that some civil works 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 and 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 committee would receive grievances, including those related to GBV/SEA/SH, try to resolve and transmit/report to the appropriate authority. The IHPAU Safeguards Unit will train the committee on how to receive and handle GBV/SEA/SH cases.</p> <p>She advised the committee 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 continuation if they speak up. In addition, Madam Kamanda informed the meeting that MoH/IHPAU Safeguard Unit will embark on community sensitization meetings to educate and inform staff and the community about the law associated with GBV/SH/SEA issues.</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 workers should also report verbal and other forms of abuse and bad behavior to the focal persons. The MoH Emergency</p>	<p>IHPAU Safeguards Unit. GRC, PIH Safety Officer and the community</p>

	Minutes of the Community Consultation	Action By																																	
	<p>Operational Centre (EOC) 117 platform is also being upgraded to receive such complaints.</p> <p><u>Formation of Grievance Redress Committee (GRC)</u></p> <p>The Senior Social Safeguards Specialist explained the importance of establishing a GRC on all 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.</p> <p>The stakeholders consulted and reached a consensus to form a committee that will address project related grievances. The committee would be composed of ten members who were selected from different sub-committees. Mr. Abubakar Shaka Ganu, the Chiefdom Speaker, was selected as the focal person, and Emile Juana would serve as the secretary. The following are the members of the committee:</p> <table border="1"> <thead> <tr> <th>Name</th><th>Designation</th><th>Phone Number</th></tr> </thead> <tbody> <tr> <td>Baindu B Korom</td><td>CHC in charge</td><td>079313770</td></tr> <tr> <td>Mr. Patrick Jusu</td><td>Police officer</td><td>078168745</td></tr> <tr> <td>Amidu Yorpoi</td><td>Town chief</td><td>075387135</td></tr> <tr> <td>Betty Gondo</td><td>Women's Leader</td><td>-</td></tr> <tr> <td>Massah Juana</td><td>Traditional leader</td><td>076100256</td></tr> <tr> <td>Adama Sheriff</td><td>Traditional leader</td><td>078163241</td></tr> <tr> <td>Amara Momoh</td><td>FMC chairman</td><td>075504521</td></tr> <tr> <td>Henry A Karimu</td><td>Section chief</td><td>078618830</td></tr> <tr> <td>Mr. Abubakar Shaka Ghunu,</td><td>Chiefdom Speaker</td><td>077901375</td></tr> <tr> <td>Ehmil Juana</td><td>Section chief</td><td>078389128</td></tr> </tbody> </table> <p><u>Relocation of CHC Services</u></p> <p>During the construction process of the CHC services, patients and employees will need to be temporarily relocated for a period of six months during the rehabilitation phase. To address this, the Paramount Chief has kindly offered a</p>	Name	Designation	Phone Number	Baindu B Korom	CHC in charge	079313770	Mr. Patrick Jusu	Police officer	078168745	Amidu Yorpoi	Town chief	075387135	Betty Gondo	Women's Leader	-	Massah Juana	Traditional leader	076100256	Adama Sheriff	Traditional leader	078163241	Amara Momoh	FMC chairman	075504521	Henry A Karimu	Section chief	078618830	Mr. Abubakar Shaka Ghunu,	Chiefdom Speaker	077901375	Ehmil Juana	Section chief	078389128	IHPAU Safeguards Unit and PIH
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	Minutes of the Community Consultation	Action By
	<ul style="list-style-type: none"> - 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 the implementation of mitigation measures. 	IHPAU Safeguards Unit
	<p>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.</p>	PIH Safety Officer
	<ul style="list-style-type: none"> - Mitigation measures outlined include alternative routes to bring materials to site to avoid the weak bridge leading to the CHC over the Kongba stream 	PIH Safety Officer
	<ul style="list-style-type: none"> - Provision of security on site, awareness creation and further community engagement were discussed as some of the mitigation measures 	IHPAU and PIH
	<ul style="list-style-type: none"> - The Paramount Chief and community elected to provide temporary accommodation for both the affected staff and CHC at no cost to the project. 	PC and the Community
	<ul style="list-style-type: none"> - The Paramount Chief offered his property to be temporarily host the delivery of services during the construction (rehabilitation) of the CHC. 	PC and the Community
	<ul style="list-style-type: none"> - The Community, through the Paramount Chief, also promised to provide temporary accommodation to the two CHC staff whose quarters will be renovated under the project, 	PC and the Community
	<ul style="list-style-type: none"> - The building that will accommodate that CHC temporarily during the construction phase will require minor renovation. The project will undertake their minor works 	PC and the community
	<ul style="list-style-type: none"> - A participatory grievance redress system will be put in place with multiple reporting points including community and facility focal persons. The GRC will be established especially before the civil work begins and throughout the QEHSSSP implementation, so that persons who have concerns during project implementation can report, have their issues heard, investigated, and resolved amicably. 	HPAU Safeguards Unit and GRC

	Minutes of the Community Consultation	Action By
3.0	<p><u>CLOSING</u></p> <p>The community stakeholders and Paramount Chief 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 12.39pm.</p>	

Name and Designation	Signature	Date
Francis A K Gbondo		14/2/24
Joseph Fuyi		14/02/2024
Abubakarr S. Gburemu		14/02/2024
Amara Momoh		14/02/2024

Min. #	Minutes of Meeting with Staff of Bandajuma Yawei Community Health Centre (CHC)				Action Point
	Present at the meeting were:				
	No.	Name	Designation	Telephone	
	1.	Francis Koroma	Medical Waste Management. Specialist	078938884	
	2.	Christiana Fortune	Environmental safeguard Specialist	078403189	
	3.	Juliana Kamanda	Senior Social Safeguard Specialist.	076267740	
	4.	Baindu B. Koroma	Community Health Officer in Charge	079313770	
	5.	Sahr Fallah Folleh	Facility case coordinator	078861018	
	6.	Abu Momoh Solokoh	Pharmacy Technician	076413905	
	7.	Lucinda S. Sundu	Maternal &Child Health Aide	078579019	
	8.	Susan Vandí	Maternal &Child Health Aide	079961688	
	9.	Mariama Boima	Midwife	078096131	
	10.	Vandi Johnny	Env. Health Worker	073086842	
	11.	Mohamed Umaru	Community Health Officer	079705177	
	12.	Bockarie Samba	State Enrolled Community Health Nurse	076688443	
	13.	Ibrahim Alieu	Community Health Officer	078348191	
	14.	Augustine Brima	Laboratory Technician	079206590	
	15.	Joe Lahai	G4S Security Officer	088062118	
	16.	Micheal Samura	G4S Security Officer	030188037	
	17.	Konie Julius	G4S Security Officer	076347941	
	18.	Aipha Umaru Bah	Infrastructure Engineer	077632280	
	19.	Francis Faya	Safety Officer		
	20.	Amidu Yorpoi	Operation Assistant	075387135	
	<u>Introduction</u> The meeting with staff of the Bandajuma Yawei Community Health Centre (CHC) was held at 9:45 am on the 2nd of November 2023. The meeting started with self-introductions by participants. The IHPAU Safeguards Team consisted of Mrs. Juliana Kamanda, Senior Social Safeguards Specialist and Head of the Environmental and Social Safeguards Unit of the Integrated Health Project Administration (IHPAU) of the Ministry of Health (MoH), Christiana Monica Fortune, Environmental Safeguard Specialist and				

	<p>Francis Koroma, Environmental Safeguard and Medical Waste Management Specialist.</p> <p>Following the self-introductions, the Head of the Safeguard Unit explained that the purpose of the meeting was to assess the site for environmental and social risks in preparation for the civil works that will upgrade the facility. She explained that the identified risks will support the development of the safeguard instrument that will manage and mitigate the identified risks. This instrument will ensure a safe manner in which the rehabilitation/civil works of the CHC, staff quarters, and the space where service, s will be relocated can take place.</p> <p>She also added that the goal of the project is to enhance the quality of essential health service delivery in selected CHCs in the Kailahun Bonthe, Falaba, Tonkolili, and Western Area Rural Districts. This will be achieved by implementing a Hub and Spoke service delivery model which will be piloted by Partners in Health (PIH) firstly in selected CHCs the Kailahun District and the remaining districts above. She further explained that the model enhances maternal, child and adolescent health amongst others, by upgrading the CHC, increasing and mentoring human resource; improving the availability of medicines required equipment supplies and consumables; facility-level management information systems, light and water supply; as well as nutritional support to under-fives with the purpose of supporting the delivery of quality essential health services.</p>	
2.0	<p>Discussion</p> <p>The staff of the CHC expressed elation and appreciation for learning of the developments along with the benefits the project would bring to the community.</p> <p>The CHO in charge of the CHC enquired about the fate of the services during the construction phase as well as families living in the staff quarters. Madam Juliana responded that the matter would be discussed in the community meeting. The midwife raised concerns about leaks in her accommodation. Madam Juliana also suggested bringing it up with the community authority during the meeting.</p> <p>The safeguard team explained the expected roles and responsibilities of CHC staff for civil works, and the staff agreed to cooperate Madam Baindu</p>	<ul style="list-style-type: none"> • PIH engineer to share Facility design and plan to IHPAU Safeguards Unit • PIH engineer to discuss Safeguards recommen

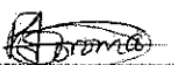
	<p>Koroma, the CHO in charge, has reported that PIH's intervention has resulted in the facility receiving new staff, enabling them to offer more services. However, she mentioned that they are facing challenges regarding space for ANC, drug storage, beds, staff accommodation, and poor waste management due to the non-functioning of the incinerator. In response, Mrs. Juliana Kamanda explained that PIH has developed a new design for the CHC. She requested the PIH engineer to present and share the design with the safeguard unit at IHPAU. The design was shown to all CHC staff and IHPAU Safeguard Unit staff present. The IHPAU Safeguard team made recommendations on the design but incorporation will depend on approval by the District Medical Officer (DMO).</p> <p>The security officer, Mr. Joe Lahai, enquired about the fencing of the CHC. In response, the PIH engineer, Mr. Alpha Bah, explained that the proposed rehabilitation of the CHC building is a U-shaped design and will be enclosed, with only one entrance following approval of the design from the Ministry of Health.</p>	<p>dations with the DMO.</p> <ul style="list-style-type: none"> • The issues around relocation of healthcare services and accommodation for staff will be discussed at the community meeting.
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Name and Designation

Signature

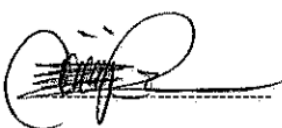
Date

Baindu B. Koroma CHO



14/2/2024

Amidu Jarpoi



14/2/24

Annex 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 labor, 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 ESMP. 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 metres 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 metres 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.

Labor 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 labor 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 labor

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 labor 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 Labor 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 labor 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.

Annex 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 labor laws in Sierra Leone.
- b. Employees/key experts will enjoy freedom of association and expression as defined in the Constitution of Sierra Leone and express in the Employment Act, 2023 and other labor laws in Sierra Leone.
- c. The Organization will not condone the activities of employees who achieve results through violation of the law or unethical business dealings. This includes any payments for illegal acts, indirect contributions, rebates, and bribery.
- d. The Organization shall not permit any activity that fails to stand the closest possible public scrutiny.
- e. Employees uncertain about the application or interpretation of any legal requirements should refer the matter to appropriate line supervisor or the Ministry of Labor Social Security
- f. Workers/employees who falsify their ages will be summarily dismissed, as the company does not tolerate child and forced labor.
- g. The company will not tolerate any form of child or forced labor from any sub-contractor/employee who practice forced or child labor
- h. Employees are required to report suspected cases of child or forced labor on site to Stats Social Specialist IHPAU, FSU or Ministry of Labor and Social Security

2. Compliance with Applicable Health and Safety Requirements

- a. All employees' have the right and duty to ensure safe working conditions to the extent of exercising control over tools, equipment, machinery and processes and to express their views on working conditions that may affect their safety and health. Sub-contractors will do same for their employees
- b. Employees of the Contractor shall be responsible for removing themselves from danger as much as possible whenever they have good reason to believe that there is an imminent and serious danger to their safety or health. They should have the duty so to inform their supervisor immediately.
- c. Employees/key experts will be provided with the appropriate protective gear for the operations or activities and request for same before engaging in any activity associated with the works.
- d. No worker shall be allowed to undertake any work without wearing approved protective clothing/gear.
- e. Workers shall use and take care of personal protective equipment, protective clothing and facilities placed at their disposal and not misuse anything provided for their own protection or the protection of others

- f. First time offenders who are not in the appropriate protective gear will receive a verbal caution, second time offenders will receive a formal written caution, while multiple offenders will receive sanctions ranging from suspensions to dismissal.
- g. Except in an emergency, employees, unless duly authorized, should not interfere with, remove, alter or displace any safety device or other appliance furnished for their protection or the protection of others, or interfere with any method or process adopted with a view to avoiding accidents and injury to health.
- h. Every employee shall take reasonable care for their own safety and health and that of other persons who may be affected by their acts or omissions at work;
- i. Workers shall report to their immediate supervisor, and 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 be 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 they 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 they 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 color, race, religion, age, nationality, sex, marital or family status, ethnic affiliation, pregnancy, sexual orientation, disability or other reason is prohibited.
- b. In certain cases, however, the requirements of safety regulations relating to specific positions/activities within a construction business will take precedence over clause 4(a).
- c. We do not employ any person below the legal minimum age (18 years) and will require commitments from suppliers and subcontractors to refrain from such practices
- d. Workers are not to undertake any assigned activity for which they do not have necessary competence, training or certification or that has not been stated in their contract with the Company.
- e. Recruitment, job transfer and progression, remuneration and training and award of discretionary bonuses when applicable are determined solely by the application of objective criteria, fair and unprejudiced opinion, personal performance and merit.
- d. Recruitments, transfers, training, maternity leave and standard terms and conditions will be done in accordance within line Sierra Leone Labor laws.
- e. Employees who perceive that they have been discriminated against can seek redress through their supervisor, Environmental, Health and Safety Officer, management and/or the Ministry of Labor and Social Welfare

5. Interaction with Community

- a. The Company strives to cultivate a local identity in each of its host communities by setting good corporate citizenship standards, while respecting local sensitivities.

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

6. Sexual Harassment

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

- a. Sexual harassment is unlawful.
- b. This company does not tolerate sexual harassment in any form.
- c. Every employee has a responsibility to ensure that sexual harassment does not occur.
- d. No employee shall under any circumstance sexually engage another either 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.

Annex 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 outbreaks.

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 and other infectious disease 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-AND OTHER INFECTIOUS DISEASE 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-and other infectious disease 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 waste at community level

- If the number of positive COVID-19 and other infectious disease 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

Annex 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 and other infectious disease 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 or 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 disease 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 disease 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 disease, 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 disease 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 disease, 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 disease 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.

Annex 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

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 and other infectious disease 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 counselor should be included in the discussion with the family.

Express condolences for the family's loss.

Counsel the family about why special steps (safe medical burial) need to be taken.

The burial team should be aware of the family's cultural practices and religious beliefs and help the family understand why some practices cannot be done because they place the family or others at risk for exposure.

Family and community members can pray for the deceased while the body is being removed, from a safe distance.

If they wish, allow the family to give any objects to be buried with the body (e.g., clothing or personal objects).

Inform the family of exactly where the body will be taken and if they are planning on viewing the burial what time the burial team will be arriving at the cemetery.

Inform the family that a coffin can be used if they supply one. There is no need to disinfect the body before transfer to the mortuary area;

Body bags are not necessary, although they may be used for other reasons (e.g. excessive body fluid leakage); and

Few mourners (not more than 10, including religious leaders) could be allowed to attend the medical burial.

Standard Operating Procedure for Safe Burials

Mourners are required to maintain a safe distance of at least six feet from the grave site.

Following the burial, when the grave is filled in with soil, the family could place a memorial mark at or near the grave site.

Facility for Hand washing with soap and water should be available at the cemetery.

No burial should occur after 1800 hrs or 6PM.

Precautions

The burial team will have 2 vehicles, 1 vehicle is for transporting the burial team and supplies; and 2nd vehicle transports the bodies but must have a separate front cab where the burial team and driver will not be exposed to the bodies

There is no need to disinfect the body before transfer to the mortuary area;

Body bags are not necessary, although they may be used for other reasons (e.g. excessive body fluid leakage); and

Appropriate PPE must be available, including face shield (preferably) or goggles, gloves and boots.

The burial team should not touch dead bodies of suspect, probable, or confirmed COVID 19 cases without PPEs.

All materials such as mattress, bedding including blankets and bed nets, clothes used by the deceased should be collected and burnt at a safe distance away from the house.

The belongings of the deceased person do not need to be burned or otherwise disposed of. They should be cleaned with a detergent followed by disinfection with a solution of at least 70% ethanol or 0.1% (1000 ppm) bleach.

Clothing and other fabric belonging to the deceased should be machine washed with warm water at 60–90°C (140–194°F) and laundry detergent.

Safe Body Preparation and Removal

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 metres (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 metres (almost 100 feet) from any water source and 500 metres from the nearest habitat.

Burial depth should be at least 15 metres (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

Annex 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):

.....

.....

Annex 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).