

**Republic of Sierra Leone**



**MINISTRY OF HEALTH AND SANITATION**

**ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN**

**FOR THE**

**REHABILITATION/RENOVATION OF TIHUN COMMUNITY HEALTH CENTRE.**

**UNDER THE**

**SIERRA LEONE QUALITY ESSENTIAL HEALTH SERVICES AND SYSTEMS SUPPORT PROJECT  
(SL-QEHSSP)**

**FINAL REPORT**

**MAY 2025**

## Table of Contents

LIST OF ABBREVIATIONS.....	4
EXECUTIVE SUMMARY .....	5
CHAPTER 1      INTRODUCTION.....	9
1.0    Background.....	9
1.1    Sub-Project description .....	9
1.2    Site Location/Access.....	12
1.3    Site Description.....	12
1.4    Sub Project Activities and Labour Force.....	13
1.5    Objective of the Study .....	13
1.6    Scope of assignment.....	14
1.7    Methodology .....	14
CHAPTER 2      LEGAL AND POLICY FRAMEWORK .....	15
2.1    National Legal and Policy Framework .....	15
2.2    World Bank Environmental and Social Framework and Accompanying Standards .....	19
2.3    Environmental and Social Risk Classification of Sub-Project.....	22
2.4    Relevant World Bank Group Guidelines, 2007 .....	22
CHAPTER 3      BASELINE CONDITIONS .....	24
3.1    Description of Tihun Community Health Center.....	24
3.1.1    Staff Strength .....	24
3.1.2    Hospital Attendance and Top Five Causes of OPD Attendance.....	25
3.1.3    Existing Health Care Waste Management Practices at the Facility .....	25
3.1.4    Estimated Quantity of Healthcare Waste Generated from the Facility .....	26
3.2    Land Use Activities within the Sub-Project Zone.....	27
3.3    CHC Land Ownership .....	27
3.4    Natural Environment.....	27
3.4.1    Topography .....	27
3.4.2    Climate.....	27
3.4.3    Soils and Geology .....	28
3.4.4    Ambient Air and Noise Levels.....	28
3.5    Socio-Economic Characteristics.....	28

3.5.1	Population of the Sphere of Influence .....	28
3.5.2	Economic Activities on the Site .....	28
3.6	Water and Energy Supply .....	28
<b>CHAPTER 4</b>	<b>STAKEHOLDER CONSULTATIONS .....</b>	<b>30</b>
4.1	Stakeholder Identification .....	30
4.2	Stakeholder Consultation .....	30
4.3	Consultation Process and Channel Used .....	30
4.4	Consultation Matrix .....	30
<b>CHAPTER 5</b>	<b>ENVIRONMENT AND SOCIAL MANAGEMENT PLAN.....</b>	<b>34</b>
5.1	Introduction.....	34
5.2	Implementation of Environmental and Social Management Plan (ESMP) .....	34
5.3	Institutional Arrangements for Implementing and Monitoring the ESMP .....	53
5.4	Environmental and Social Reporting and Disclosure .....	54
5.5	ESMP Budget and Sources of Funding .....	55
<b>CHAPTER 6</b>	<b>EMERGENCY RESPONSE PROCEDURES .....</b>	<b>56</b>
6.1	Fire Emergency.....	56
6.1.1	Small Fires.....	56
6.1.2	Large Fires.....	56
6.2	Accidents.....	56
6.3	Bites .....	57
6.4	Oil/Solvent Spills.....	58
6.4.1	Spillage on Hard Surface .....	58
6.4.2	Spillage on the Ground .....	58
6.4.3	Spillage Reagents, Drugs and Specimen.....	58
<b>CHAPTER 7</b>	<b>GRIEVANCE REDRESS MECHANISM .....</b>	<b>59</b>
7.1	Grievance Redress Process .....	59
7.2	Management of Reported Grievances.....	59
7.3	Monitoring Complaints.....	59
7.4	Grievance Redress Procedures: Anticipated Grievance Categories .....	59
7.4.1	Gender-Based Violence.....	60
7.4.2	Labor/Work-Related Grievances .....	60
7.4.3	Grievances Related to the Implementation of Civil Works.....	61

7.4.4	Corruption and Corruption-Related Grievances .....	62
ANNEXES	.....	63
A:	Site plan.....	63
Annex B:	Location Map.....	64
Annex C:	The Site and its Environs .....	65
Annex D:	Site Visits and Stakeholder Engagements Pictures .....	66
Annex E:	Land Ownership Note.....	72
Annex F:	Minutes of Meetings .....	73
Annex F:	Minutes of Meetings.....	73
Annex G:	Environmental and Social Clause for Contractors.....	86
Annex H:	Sample Code of Conduct for Site Worker.....	91
Annex I:	Addressing Occupational Health and Safety Risks in Nearby Communities.....	98
Annex J:	Standard Operating Procedures for Health Care Waste Management-Covid-19 and Other Infectious Diseases: Sierra Leone .....	100
Annex K:	Infection Prevention and Control Protocol for Health Care Settings.....	104
Annex L:	Sierra Leone Burial Standard Operating Procedures .....	106
Annex M:	Grievance Registration Form .....	113
Annex N:	Chance Find Procedure .....	114
Annex O:	Standard Operating Procedure (SOP) for Case Investigation and Contact Tracing in a Mpox Outbreak .....	115
Annex P:	Guidelines for Incinerators .....	117
ANNEX Q:	Guidelines for the operation of an incinerator .....	118
ANNEX R:	Guidelines for Pathological Waste (limbs, organs, placentae, etc.) Management .....	119

## LIST OF ABBREVIATIONS

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

## EXECUTIVE SUMMARY

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 aims to "increase utilization and improve the quality of reproductive, maternal, child health, and nutrition services in the selected areas." It focuses on addressing the immediate need for basic essential health services in regions 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, 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) across five districts: Bonthe, Kailahun, Falaba, Tonkolili, and Western Rural Districts. The Tihun Community Health Centre is one of the three designated hubs (Community Health Centres) in the Bonthe 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 anticipated to pose risks and negative 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 classified as carrying 'Moderate' environmental and social risk under the World Bank Environmental and Social Framework (ESF). The Bank, therefore, recommended preparing and approving an Environmental and Social Management Plan (ESMP) prior to the commencement of works, leading to the creation of this plan. The Environmental and Social Management Plan is developed in accordance with World Bank Environmental and Social Standard 1 (ESS1) for the Assessment and Management of Environmental and Social Risks and Impacts, alongside other relevant World Bank Environmental and Social Standards (ESSs) and pertinent Sierra Leonean laws such as the Environmental Protection Act of 2022. Relevant guidelines from the World Health Organization (WHO), World Bank Group Environmental Health and Safety Guidelines (EHSGs), Good International Industrial Practices (GIIP), and World Bank Good Practice Notes are also included in this document.

The sub-project includes rehabilitating and expanding the existing maternity unit (main CHC building) at the Tihun Community Health Centre, renovating the two existing staff quarters, and enhancing the condition of the facility's waste zone area. The proposed expansion of the main block will occupy part of the remaining space. The expansion and extension work will require 360.85 square meters of land.

The project activities include excavation, ground blinding, block work, re-roofing, and installing windows, doors, and fittings. An estimated maximum of fifty (50) workers will be involved in civil work. This will encompass skilled labor, such as engineers; semi-skilled labor, such as masons and carpenters; and unskilled labor, such as laborers. Some of the equipment on site will include poke vibrators and concrete mixers. All rehabilitation, renovation, and expansion/extension work will be completed within eight (8) months.

The Tihun Community Health Centre (7°56'25.38"N and Longitude -12°8'59.25" W) is located in Tihun in the Sogbini Chiefdom, Bonthe District. Tihun is situated 17.2 km south of the leading commercial town of Matru Jong. Access to the site is via the main Tihun Road, which leads directly to the Tihun CHC. Additionally, the CHC is 0.7 km south of the main road from Matru Jong, near the Movement of Faith Senior Secondary School, and 0.6 km north of the Tihun community via the Movement of Faith Junior Secondary School. It is also worth noting that the CHC is unfenced.

The Tihun Community Health Centre serves eleven communities within a 10-kilometer radius of Tihun, catering to a catchment population of 5,810. The CHC provides essential health services, including antenatal care (supervised deliveries), postnatal care, and immunization for children under five. Additional services offered at the facility include family planning, pharmacy services, and outpatient care. The health center is staffed by twenty-six clinical and allied health workers, including Community Health Officers, midwives, Senior Community Health Nurses (SECHN), Maternal and Child Health Aides (MCHA), and cleaners. Monthly visits to the outpatient department range from 558 to 1,131, with approximately 30 deliveries conducted each month. Malaria is the leading cause of illness within the center's catchment area, accounting for 649 outpatient visits from January to December 2023. Pneumonia and sexually transmitted diseases follow in second and third place, respectively. Healthcare waste management is a significant challenge for the facility. Waste is collected from all generation points and transported to an unprotected waste zone and incinerated in an open pit. Although waste is segregated at the point of generation, it often becomes mixed at the final disposal site, increasing the amount of infectious waste. While the facility displays safety signs for proper healthcare waste disposal, sanitary tools and personal protective equipment (PPE) are insufficient. The health center generates between 5.8 and 14.2 kilograms of healthcare waste daily, necessitating appropriate disposal measures.

The Community Health Centre at Tihun in the Bonthe District in the Southern Province experiences high temperatures throughout the year. The facility is located at 35.81 meters (117.49 feet) above sea level. Southern provinces have a tropical monsoon climate (Classification: Am). The yearly temperature is 28.07°C (82.53°F), 0.46% higher than Sierra Leone's averages. The area typically receives about 264.99 millimeters (10.43 inches) of precipitation and has about 253.34 rainy days (69.41% of the time) annually.(see <https://weatherandclimate.com/sierra-leone/southern-sierra-leonen>). Noise and dust levels at the premises, though not measured, appeared to be within the established permissible noise level during the field visit. The site is flat, and it's partially developed. There are no economic and land use activities within the premises of the Tihun Community Health Centre, where rehabilitation and expansion work will be carried out.

Three consultative meetings were held during the field visit to the project community/facility. The first meeting involved the facility staff, while the second and third meetings were with community residents and opinion leaders. Topics discussed during these meetings included Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH), along with mitigation measures. Additional topics included Grievance Redress Mechanisms (GRM), the selection and training of the Grievance Redress Committee (GRC) members, and the composition of the sub-project Grievance Redress Committees (GRCs). This Environmental and Social Management Plan (ESMP) outlines a series of mitigation, monitoring, and institutional measures to be implemented during the project's execution and operation. The goal is to eliminate adverse environmental and social risks and impacts while reducing them to acceptable levels. The

potential environmental and social risks associated with the project include accidents involving site workers, patients, and staff at the facility and their exposure to pathogens. Additional concerns include water, noise, soil, and air pollution, the generation of construction and healthcare waste, and the incidence of child labor on-site. There is a risk that contractors might try to undermine Sierra Leonean labor laws, social protection measures, and environmental regulations. During the operational phase, inadequate cleaning and disinfection practices could expose patients, facility workers, and the public to pathogens, leading to infectious diseases such as cholera and typhoid fever. The occurrence of Gender-Based Violence (GBV), including Sexual Abuse and Exploitation (SEA) and Sexual Harassment (SH), also poses risks during both the construction and operational phases. As part of the rehabilitation and expansion efforts, services at the Community Health Centre will be temporarily adjusted.

The mitigation measures outlined in the Environmental and Social Management Plan (ESMP) for the construction phase include the enforcement of environmental and social clauses in the works contract, which are binding on the Contractor and any Subcontractors involved in the sub-project. These measures ensure that personal protective equipment (PPE) is used, and it requires site workers to sign a Code of Conduct CoC. Additionally, sensitization and training sessions will be conducted for site workers and the community, covering topics such as gender-based violence (GBV), sexual exploitation and abuse (SEA), and sexual harassment (SH). During the Operational Phase, the ESMP also addresses occupational health and safety, healthcare waste management, infection prevention and control, and enforcing PPE usage. The plan suggests appointing trained focal persons at both community and facility levels to handle complaints regarding GBV, SEA, and SH, as well as other grievances. These focal persons will refer cases to GBV Service Providers, the Family Support Unit (FSU) of the Sierra Leone Police, and other appropriate agencies for effective case management. These preventive, accountability, and reporting measures align with a survivor-centered methodology and adhere to the Sierra Leone GBV Referral Pathway. The costs associated with these mitigation measures and the designated responsible parties for their implementation have been included in the ESMP, which also features an environmental and social monitoring plan.

The Ministry of Health will be responsible for environmental and social monitoring and reporting during the construction phase of the sub-project. The Ministry has an Integrated Health Project Administration Unit (IHPAU). The Environmental and Social Safeguards Unit at IHPAU will ensure that the implementation of the sub-project meets the requirements of the relevant World Bank Environmental and Social Standards (ESSs) and Sierra Leonean environmental, labor, planning, social protection, and public health laws apply during the construction phase. Under the QEHSSSP, the Ministry of Health is responsible for designing and overseeing civil works in selected hubs within the Bonthe District, including the Tihun Community Health Centre. The Supervising Engineer and Health and Safety Officer from Partners in Health will assist the IHPAU Safeguards Unit with environmental and social monitoring and reporting functions throughout the construction process. The Contractor will carry out environmental and social avoidance, minimization, mitigation, and corrective measures during this phase.

The Ministry of Health operates the Tihun Community Health Centre. The Ministry of Health (MoH) will oversee its operational management and maintenance, providing workers with PPE, cleaning supplies, and sanitary facilities and tools. The Ministry will also ensure that environmental and social risk requirements are continually managed and monitored. A Community Health Officer has been appointed to lead the Tihun

Community Health Centre. The Community Health Officer responsible for the facility will manage its daily operations. Under QEHSSSP, the MoH supports the management of selected hubs in the Bothe District to enhance service delivery, reporting, staff recruitment, and capacity building. The Operations Officer at the facility will also ensure that it remains tidy. Other individuals responsible for environmental and social management and monitoring include the Infection Prevention and Control (IPC) Focal Person, Grievance Redress Focal Persons, members of the Grievance Redress Committee, and the Laboratory and Pharmacy Technical Officers overseeing the pharmacy and laboratory, respectively.

A Grievance Redress Mechanism (GRM) for the general population, project workers, and survivors of Gender Violence, along with emergency response procedures for routine hazards related to civil works and the operation of healthcare facilities of this type, have also been included as part of the Environmental and Social Management Plan (ESMP) (see Sections 6.0 and 7.0, respectively). Environmental and Social Contractual Clauses intended for insertion into the works contract or bidding documents, as well as a sample Code of Conduct for site workers, have also been attached in the Annexes (see Appendices G and H). Additionally, the Annexes include Standard Operating Procedures (SOPs) for Sierra Leone Burials and Healthcare Waste Management for the Republic of Sierra Leone (see Annexes K and I) and a Chance Find Procedure, included as Annex M.

The estimated cost for implementing this ESMP and environmental and social monitoring outside the works contract price is Nine Thousand eight hundred and Fifty United States Dollars (USD 9,850.00), including One Thousand United States dollars (USD 1,000.00) for decommissioning. Table 5.8 presents the summary cost estimates and the proposed funding source for the Environmental and Social Management Plan.

## CHAPTER 1 INTRODUCTION

### 1.0 Background

In collaboration with the World Bank, the Government of Sierra Leone has launched the Quality Essential Health System Strengthening Support Project (QEHSSSP), a comprehensive initiative designed to transform healthcare delivery nationwide. This project seeks to establish a hub-and-spoke organizational framework at the district level, which will streamline and enhance access to health services, focusing on the needs of women and children.

At the heart of the QEHSSSP lies the ambition to significantly increase the utilization and elevate the quality of maternal and child health services in targeted regions. By doing so, the project aims to foster resilient health systems that serve as a robust foundation for an efficient, effective, and accountable healthcare infrastructure.

The anticipated outcome is a marked increase in the coverage and acceptance of essential health services. This progress is expected to significantly reduce morbidity and mortality rates, ultimately improving health outcomes for the population and ensuring that vulnerable groups receive the care they need.

The components of the project include:

- 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: Bonthe, Kailahun, Falaba, Tonkolili, and Western Rural Districts. The Tihun Community Health Centre is one of the two selected hubs (Community Health Centers) in Bonthe for the proposed rehabilitation and expansion works under the Sierra Leone Quality Essential Health Services, Systems, and Support Project (QEHSSSP).

The rehabilitation and renovation of the Tihun Community Health Centre are expected to pose risks and have minor impacts on the environment, social systems, and human health during the construction and operational phases. Following an environmental and social screening exercise, the Bank determined that the project should be classified as carrying "Moderate" environmental and social risk according to the World Bank's Environmental and Social Framework. Consequently, the Bank recommended preparing and approving an Environmental and Social Management Plan (ESMP) before the commencement of work. Therefore, this plan is being prepared.

### 1.1 Sub-Project description

The proposed sub-project aims to enhance the facilities and services at the Tihun Community Health Center. The rehabilitation work covers fixing damaged roof connections and floors, fixing links and faults in electrical and plumbing connections, and replacing damaged taps. There will also be an expansion of the existing Maternity Unit to provide additional space to meet the under-list requirements:

- Provide separate observation wards for children, adult males, and females, respectively.

- Increase the number of beds in the post-natal ward from 3 to 6 and that of the labor ward from 2 to 4.
- Provide an antenatal room, mini laboratory/blood bank, and mini operating theatre.

The proposed works will add 172.58 square meters to the existing block, spanning from the west side of the labor ward and the waiting room. The details are as follows:

The upgrading works will convert the abandoned incinerator house into a mini morgue, holding up to four (4) corps for not less than 24 hours. This will avoid the current situation where corpses are kept in the ward until they are transferred to the mortuary at UBC Hospital or families collect them for burial. It will not have a cooling system. The project will also improve the waste zone area and install a 20-kilogram/hour double chamber electric incinerator. The details are as follows:

#### **A. Rehabilitation of the Main Tihun CHC Building**

##### **Roof Structure**

- Repair defective sections of the alu-zinc roofing sheet covering with 8 feet 28-gauged corrugated iron sheets.

##### **Doors**

- Remove and replace all wooden doors that needed repairs with mahogany panel doors and plywood flush doors where necessary. Introduce steel doors to specific areas. All doors should be installed complete with door locks.

##### **Ceiling**

- Remove and replace the failing 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 damaged electrical cables and fittings on walls. Provide and install a submersible booster for the water pump in the existing borehole to supply water to the elevated water tank with a new reticulation system.

##### **External work**

- Install water reticulation pipes to supply water from the elevated water storage tank into the facility.
- Using drainage formwork, introduce a surface water drainage and apron with a precast reinforced concrete 'U' shaped gutter to the side of the building.

#### **B. Expansion of the Main Block to Create Space for the Maternity and Observation wards, Blood Bank, and Laboratory**

##### **Roof Structure**

- Construct a roof structure with 8-foot-long, 28-gauge corrugated iron sheets on a new roof structure made of seasoned and treated hardwood.

##### **Wall**

- Constructing partition walls and adding extensions will create more rooms for labor and observation, providing space for males, females, and children from the west side of the maternity room and the waiting area.

#### **Floor**

- Install 600mm x 600mm non-slip porcelain floor tiles over the entire floor area and 300mm x 300mm non-slip floor tiles over the toilet floor area with 50mm thick bedding.

#### **Doors**

- Make good to existing wooden panel doors, provide and install new doors where necessary, and install door locks.

#### **Windows**

- Install casement windows to allow window openings and wind flow.

#### **Ceiling**

- Use a hardboard for the ceiling.

#### **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 into the walls. Connect facility to new water reticulation system.

#### **External Work**

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

### **C. Convert the Incinerator House to A Mini Mortuary**

#### **Roof Structure**

- Remove and replace leaky roof coverings.

#### **Doors**

- Make good to existing wooden panel doors, provide and install new doors where necessary, and install door locks.

#### **Windows**

- Repair and replace casement windows with damaged windows.

#### **Ceiling**

- Remove and replace damaged ceiling components with 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 into the walls. Connect water reticulation pipes to supply water and add washrooms and fittings.

#### **External work**

- Introduce a surface water drainage and apron with Precast reinforced concrete.

### **B. Improving and Expanding the Waste Management Area**

- Construct a sharp pit, ash pit, and burning pit for general waste and rehabilitate the placenta pit.
- Build a superstructure over the waste zone area of 16 square meters

The estimated time for rehabilitation is Eight (8) Months.

## 1.2 Site Location/Access

The proposed rehabilitation and expansion will occur at the Tihun Community Health Centre in the small rural town of Tihun in the Sogbini Chiefdom, Bonthe District. It is situated at Latitude 7°56'25.38"N and Longitude 12°08'59.25"W. Tihun is located 17.2 km south of the leading commercial town of Mattru Jong. Access to the site is via the Main Tihun road, which leads directly to the Tihun CHC. In addition, the CHC is 00.7km South of the main road from Mattru Jong via the Movement of Faith Senior Secondary School and 16km north of the Tihun community Via the Movement of Faith Junior Secondary School. It is also worth noting that the CHC is unfenced.

## 1.3 Site Description

The Tihun Community Health Center (CHC) covers an area of 5,711.56 square meters (approximately 0.57 acres). The proposed expansion includes 94.22 square meters on the west side of the maternity ward and 78.36 square meters on the south side of the waiting area.

The expansion site and the existing buildings that will be rehabilitated are located at the Tihun Community Health Center, along the main road leading into town from Mattru Jong. The highest and lowest elevations on the site are 15 meters and 18 meters above sea level, respectively. Residential buildings are located across the main road and behind the eastern perimeter of the CHC.

The site designated for the proposed expansion of the Community Health Center is east of the main CHC building, in front of the abandoned incinerator house (see Annex B).

The Tihun CHC is a single-story facility that includes a waiting room, observation rooms for males, females, and children in one room, and an office for the Community Health Officer (CHO). It also has a delivery room, a labor room, a postnatal room, and an Outpatient Department. Additionally, the facility has two toilets (one for staff and one for patients), a bathroom, and a small space designated for isolation.

Other existing infrastructure on the premises includes:

- A non-functional borehole with a hand pump (see Annex C: Plates 12)
- An abandoned incinerator house
- A 0.4 MW solar system
- A non-functional placenta pit
- Two elevated water storage tanks (see Annex C: Plates 16)
- A non-functional hand-dug well

#### 1.4 Sub Project Activities and Labour Force

Pre-Construction Phase: A screening exercise that included site visits and observations, a review of relevant literature, and consultations with stakeholders was conducted from June 4 to June 6, 2024. This phase also involved selecting and training members of the Grievance Redress Committee (GRC) and Grievance focal persons. Draft Engineering and the Bill of Quantities (BOQ) are being prepared for approval by the Ministry of Health and the Bank. These activities contributed to the preparation of the Environmental and Social Screening Report. The Bank will review and approve the screening report and recommend an Environmental and Social Risk Category for the sub-project, along with the appropriate ESF instrument to be developed for approval. Architectural and engineering designs will also be finalized for the Bank's approval. An Environmental and Social Management Plan (ESMP) will be prepared, approved by the Bank, and disclosed prior to the commencement of civil works.

Construction Phase: The rehabilitation and expansion work will involve trenching, demolishing, and partitioning walls, as well as laying cables and pipes and performing masonry. Additional activities during the construction phase include painting, floor tiling, and roofing.

Operational Phase: When completed, the facility will offer services for pregnant and lactating women, newborn babies, and other patients. These include antenatal and postnatal check-ups, supervised delivery, laboratory, pharmacy, and outpatient/inpatient services.

The project site will have a team of around 50 semi-skilled laborers (masons, carpenters, steel benders, painters) and unskilled laborers. An engineer, along with an environmental officer, a social officer, a health and safety officer, and a site supervisor, will make up the skilled labor force overseeing the civil works. Once the facility is operational, healthcare professionals, including nurses, community health officers, laboratory technicians, pharmacists, midwives, and maternal and child health aides, will manage the community health centre. Additionally, there will be support workers and service providers, such as waste handlers and transporters, who will also be employed at the health centre.

During the rehabilitation of the Tihun CHC, various machinery and equipment will be used. Machinery and equipment that will be used for the sub-project include:

- i. Concrete mixer (4)
- ii. Poke vibrator (1)
- iii. Haulage vehicles (3)

After the sub-project is completed and operational, additional equipment will be installed or provided at the health center. The estimated construction period is six months."

#### 1.5 Objective of the Study

The main objective of the ESMP is to examine the proposed extension and minor rehabilitation works at the Tihun 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.

## 1.6 Scope of assignment

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

## 1.7 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 16 and 19 for consultation pictures)

## CHAPTER 2 LEGAL AND POLICY FRAMEWORK

### 2.1 National Legal and Policy Framework

Several laws in Sierra Leone concern development, public health issues, and the environment in general. The major environmental and social laws related to this sub-project are listed in Table 1.1.

**Table 1.1: 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 adverse environmental impacts for which an EIA or EMP is required under the Act's Regulation should not be implemented unless an EIA/EMP has been concluded and approved in accordance with these regulations.</p> <p>Once an application is made to the Agency. It screens the application and advises on the need for an environmental license and, subsequently, the appropriate instrument that will be prepared with the accompanying guidelines for projects that require an Environmental Impact License. SL-EPA screens and categories projects that require an Environmental Impact License into Category A, B, and C, respectively, based on:</p> <ol style="list-style-type: none"> <li>i. Location, size, and likely output of the undertaking.</li> <li>ii. Technology intended to be used.</li> <li>iii. Magnitude and sensitivity of impacts.</li> <li>iv. Concerns of the general public, if any, and in particular concerns of immediate residents if any; and</li> <li>v. Land use and other factors relevant to the particular undertaking to which the application relates.</li> </ol> <p>Projects rated as Category A and B require an Environmental Impact Assessment, while registration and screening suffice for Category C projects.</p> <p>Our reading of Section 24: First Schedule of the Act indicates that this subproject (rehabilitation of a 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</p>

Legislation	Relevant Sections
	<p>communities from public health risks, prevent and control the spread of infectious diseases, and encourage local government and community participation in protecting public health and 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, and 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>
<p><b>The Factories Act of 1974</b></p>	<p>The Factories Act of 1974 demands all aspects of cleanliness and reports of all injuries, accidents, diseases, and deaths. 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, work prohibition, and factory closing.</p> <p>The Act promotes cleanliness, health, and safety in the work environment and applies to owners, occupiers, supervisors, and workers alike.</p>
<p><b>Employment Act, 2023</b></p>	<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 the same and discriminating against workers and job seekers based on membership of a trade union. It also prohibits employers from putting 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 recognized agreements between labor and employers.</p> <p>Section VI of the Employment Act states that a 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</p>

Legislation	Relevant Sections
	<p>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 the employment of children under 15 years of age, while people 18 years of age and below may not be employed to do work that will jeopardize their health and safety.</p>
<p><b>The National Fire Service Act, 1980</b></p>	<p>The Act establishes and lays out the constituents of the Sierra Leone Fire Service and 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>
<p><b>Child Rights Act, 2007</b></p>	<p>Part III of the Act talks about the Employment of Children. It stipulates the minimum age at which free education ends when children can engage in full-time employment or apprenticeship at fifteen (15 years). However, the Act allows children to engage in light work (non-strenuous and non-hazardous work) at the age of thirteen (13), only persons eighteen (18) years and above can engage in hazardous work such as civil works. The Act, which prohibits children from working at night, also set conditions for an apprenticeship. To meet the requirements of this Act, persons 18 years or below must not work on-site.</p>
<p><b>Sexual Offences Act, 2012, as Amended in 2019</b></p>	<p>The Sexual Offences Act of 2012 criminalizes non-consensual sex between persons, including spouses. The Act increased the consensual age from 13 years under the Prevention of Cruelty against Children Act (CAP 31) to 18 years. Section 19 of the Act introduces the concept of sexual penetration, which replaces Unlawful Canal Knowledge and increases the organs involved in sexual penetration to include the mouth and anus. The Act further provides that the use of an object for penetration satisfies the act of sexual penetration. The Act is gender neutral, technically including sexual acts between the same sexes. Marriage is not a defense for perpetrators under this Act. The confidentiality of victims (survivors) during investigation and prosecution is guaranteed under the Act. The Act also provides medical assistance for survivors and sets out sanctions for offenders, including jail terms.</p>
<p><b>Local Government Act, 2004/2016/2022</b></p>	<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 local community's highest political and legislative authority. The Councils are responsible for promoting the locality's development with the resources at their disposal and those 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 bylaws consistent with the provisions of the national constitution. The bylaws may cover community health and safety issues, including sanitation, food safety, and animal husbandry.</p> <p>Under Schedule III of the Act, functions under the Ministry of Health devolved to the Councils include maintenance of non-technical equipment, facilities management, and procurement of equipment and medicines. The District Health Management Team (DHMT) at the Council supervises activities at Community Health Centres under their jurisdiction. The Council plays a role in facility maintenance.</p>

Legislation	Relevant Sections
Gender Equality and Women Empowerment Act, 2022	This Act seeks to address gender imbalances in Sierra Leone's socio-economic and political landscape by making provisions for increased participation (at least 30% appointment) of women in decision-making and promoting gender equality in employment and training through gender mainstreaming and budgeting initiatives.
Persons with Disability Act, 2011	Per Section 24(2) of this Act, public buildings/facilities accessed by the public must be disability friendly. In contrast, Section 14 (2) encourages the government to adapt existing structures to enhance access by persons with disabilities. 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. The design of facilities at the Community Health Centre will meet the requirements of Universal Access.
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 the 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 encounters an offense.
The Anti-Corruption Act, 2008	The Act establishes the independent Anti-Corruption Commission to prevent, investigate, prosecute, and punish corruption, corrupt practices, and related matters. The ACC and the ACC Electronic Platform 5158 will be utilized to receive corruption and other complaints.
The Right to Access Information Act, 2013	The Act provided for disclosing information held by public authorities or persons providing services. To meet this Act's requirements, this ESMP must be disclosed online and at the community level.
National Policies on Health and Safety	Various health and safety policies are developed by the Ministry of Health and Sanitation that align with national frameworks to ensure the wellbeing and safety of individuals in public spaces, including schools and workplaces.
The Education Act (2004)	This act establishes the legal framework for education in Sierra Leone, emphasizing the importance of safe and conducive learning environments for children and young people.
The National Youth Policy (2014)**	This policy outlines strategies to promote the wellbeing and safeguard the rights of youth in Sierra Leone, including their involvement in decision-making processes and access to education and healthcare.
The National Gender Equality Policy (2021)	This policy aims to promote gender equality and empower women and girls, addressing issues of violence against women and creating a safer environment for all genders.
The National Gender Equality Pact 2022 (2010)	This policy aims to promote gender equality and empower women and girls, addressing issues of violence against women and creating a safer environment for all genders.

Legislation	Relevant Sections
The Labour Act (2007)	This legislation provides for the regulation of employment and labour conditions, including health and safety standards in the workplace. It safeguards workers' rights and wellbeing, promoting safe working environments.
The Domestic Violence Act (2007)	This legislation aims to protect individuals from domestic violence, providing a legal structure for victims to seek protection and support services. It emphasizes the need for safer environments for vulnerable individuals in their homes
The Child Rights Act (2007)	This act provides a comprehensive framework for the protection of children's rights in Sierra Leone, aligning with the United Nations Convention on the Rights of the Child. It addresses issues such as child welfare, education, health, and protection from abuse and neglect.

In addition to the above legislation, 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.
- National Policy on Gender Equality and Women's Empowerment Act, 2022.

## 2.2 World Bank Environmental and Social Framework and Accompanying Standards

The World Bank ESF seeks to support borrowers in developing and implementing environmentally and socially sustainable projects as well as building capacity to assess and manage environmental and social impacts and risks associated with the implementation and operation of projects. 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, and 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 1.2.

**Table 1.2: Relevant Environmental and Social Standards**

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

Relevant Environmental & Social Standards	Required Measures and Actions
	<p>haulage and construction trucks and equipment that can lead to loss of life and properties of residents within the project corridor. Measures to mitigate these risks have been presented in this ESMP.</p> <ul style="list-style-type: none"> <li>• ESMF prescribed measures to ensure community health and safety, including measures to prevent and minimize exposure and community spread of SARS COV-2 virus and other pathogens and maximize the safety of workers during the construction and operation phase</li> <li>• The ESF ESS4 Good Practice Note recommends the avoidance of adverse impacts on the health and safety of project-affected communities during the project life cycle from both routine and nonroutine circumstances, as well as avoidance or minimization of community exposure to project-related traffic and road safety risks, diseases, and hazardous materials. To have in place effective measures to address emergency events and to ensure that the safeguarding of personnel and property is carried out in a manner that avoids or minimizes risks to the project-affected communities.</li> </ul>
<b>ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	<ul style="list-style-type: none"> <li>• No livelihoods will be lost as part of implementing this sub-project because No project persons will be affected. The facility will also not be shut down as a result of the rehabilitation and expansion works</li> <li>• Services at the Tihun Health Centre will be shifted during the construction and rehabilitation phase. It is very unlikely that one or two inpatients will be moved to the new site as part of the relocation of services at CHC.</li> <li>• A resettlement action plan is unnecessary for this sub-project as per the proportionality concept. There is no anticipated displacement in this subproject</li> </ul>
<b>ESS8: Cultural Heritage</b>	<ul style="list-style-type: none"> <li>• Much as the health facility is not located within or close to a culturally sensitive area, there is the possibility of a “Chance Find” during excavations as part of the civil works. Intangible cultural activities such as festivals and rites may take place before or during the execution of works. A chance find procedure is attached to this ESMP as Annex M</li> </ul>
<b>ESS10- Stakeholder Engagement and Information Disclosure</b>	<ul style="list-style-type: none"> <li>• The MoH/IPHAU has undertaken appropriate community and stakeholder outreach for this construction works and has established accessible, transparent, participatory, time-bound grievance redress mechanisms following the Stakeholder Engagement Plan (SEP) for the QEHSSSP and the MoH Grievance Redress Framework approved by the Bank. Stakeholder engagement and community consultations were undertaken before the commencement of works in line with the requirements of ESS10.</li> <li>• The facility managers and the district medical officer have been informed of the minutes of the community consultation. Further consultations will occur during the construction and operational phases.</li> <li>• The ESMP will be disclosed on the MoH website and within the health care facility, and copies will be made available to the Local Council, facility management, the District Health Officer, and the chief of the project community.</li> </ul>

### 2.3 Environmental and Social Risk Classification of Sub-Project

The proposed rehabilitation and operation of ANC and OPD at Tihun 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 Substantial, implying that they can and will be effectively mitigated by identifying and implementing 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, 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.

The bank assigned the sub-project to a sub-project Substantial environmental and social risk rating for foregone reasons. Subsequently, it recommended preparing and approving an Environmental and Social Management Plan (ESMP) before the commencement of work; hence, this plan was prepared.

### 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 performance levels and measures normally acceptable to IFC and generally 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 become project or site-specific requirements if acceptable to the IFC/World Bank. The World Bank Group EHS Guidelines for Water and Sanitation are relevant for this project.

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

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

Various actors will implement strategies throughout the project cycle to identify GBV/SEA/SH risks on bank-financed projects, including risk mapping, assessment, and stakeholder consultation. The document discusses mitigation and minimizing measures, such as using Codes of Conduct, GBV Service Providers, Environmental and Social Management Plans, and capacity assessment. The guidance note also outlines 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, transparent 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 or other communicable diseases. The interim note is helpful for both project consultants and contractors despite the fact that the pandemic has curbed in Sierra Leone.

## CHAPTER 3 BASELINE CONDITIONS

The baseline information covers the immediate project environment. It was acquired through site visits, inspections, literature reviews, and stakeholder consultations. The report considered the adjoining land uses and the natural and socio-economic environment of the project zone.

### 3.1 Description of Tihun Community Health Center

The Tihun Community Health Center plays a vital role in the well-being of seven diverse communities within a 10-kilometer radius of Tihun. In 2024, the estimated total population benefiting from this center was approximately 5,810 residents. The communities served include Karlah, home to 1,783 individuals; Semabu, with a population of 528; Njagbahun, which counts 413 residents; Batogie, with 322; Nyandehun, housing 173; Baama, accommodating 132; and Kenyehun, the smallest with just 20 inhabitants. The distances from the health center vary, with residents traveling between 2.5 and 5 miles to access crucial healthcare services.

The CHC offers an array of essential health services to meet the needs of the community, including:

- Anti-natal services: facilitate supervised deliveries, ensuring safe childbirth and care for mothers and newborns.
- Post-natal services: designed to provide essential support and health checks for new mothers and their babies.
- Under-five services: focusing on the health and wellness of children under five years old, promoting healthy growth and development.
- Family Planning services that empower individuals and families to make informed decisions about their reproductive health.
- Outpatient services: These services cater to a wide range of health issues for residents who may not require overnight care.
- Records and Biostatistics: Maintaining accurate health records is crucial for tracking health trends and improving service delivery.
- Pharmacy services that ensure access to necessary medications and health supplies.

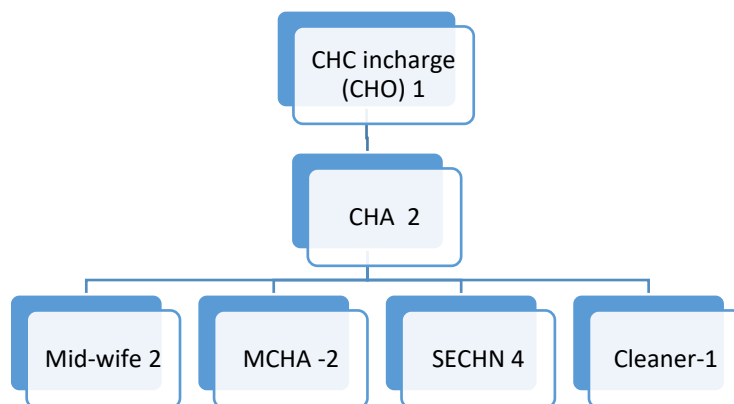
Within the health center, the Anti-natal Unit is equipped with one bed to accommodate expectant mothers. At the same time, the Post-natal Unit has three beds, providing a comfortable space for recovery and care. The Tihun Community Health Center is a cornerstone of health support, fostering healthier communities and brighter futures for its residents.

#### 3.1.1 Staff Strength

Data from the facility head indicates ten (10) health staff members at Tihun Community Health Centre. There will be no increase in staff because of the proposed rehabilitation works. Still, IHPAU is recruiting additional staff for the facility, including a Monitoring and Evaluation Officer. The categories of staff are:

- i. Community Health Officers -2
- ii. Community Health Aide 1
- iii. Midwife -1
- iv. State Enrolled Community Health Nurses (SECHNs) -3
- v. Maternal and Child Health Aide (MCH-AIDE)-2

vi. Cleaner



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

It is estimated that between 296 and 517 people visit the facility monthly. Outpatient visits are highest in June and lowest in December 2023. In terms of deliveries per month, the numbers seem to hover around 13 per month, with the highest being 15 (January) and the lowest being 10. Malaria remains the top-most cause of morbidity within the catchment, accounting for 1785 outpatient visits from January to November 2024. This is followed by Pneumonia (550) and Antepartum hemorrhage (APH) (417) in a distant second and third. Table 3.1 presents Monthly OPD attendance, and the top five causes of morbidity reported at the Tihun CHC.

**Table 3.1: 2024 Hospital Attendance and Top Five Diseases-Tihun CHC**

*Months	Hospital Attendance			Top Five Diseases by OPD Attendance						Deliveries
	Under 5 years	5 years and above	Total	Malaria	Pneumonia	APH	Diarrhoeal Diseases	Skin Infection	Other Diseases	
January	358	300	658	175	27	13	16	49	142	30
February	352	249	601	155	18	26	23	13	106	27
March	273	285	558	146	49	50	18	20	138	26
April	230	265	495	130	41	20	16	28	100	30
May	365	485	850	146	39	34	15	9	155	10
June	443	513	953	176	55	24	23	17	247	12
July	657	474	1131	177	50	20	11	9	144	10
August	358	392	750	158	62	86	9	2	136	10
Sept	368	351	719	163	41	21	7	15	123	12
October	354	445	799	125	59	34	16	0	104	11
Nov	271	375	646	105	63	47	9	15	60	10
Dec	358	296	654	129	46	42	17	9	25	12
<b>Total</b>	<b>4387</b>	<b>4430</b>	<b>8994</b>	<b>1785</b>	<b>550</b>	<b>417</b>	<b>180</b>	<b>186</b>	<b>1480</b>	<b>190</b>

### 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 waste is transported by hand, as there is no covered trolley or 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. Infection waste is burned openly 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 of at the in-situ placenta pit with a well-designed vent pipe. Liquid wastes-black water and grey water are channeled into a septic tank with a soak way pit, while stormwater is channeled into open drains.

### 3.1.4 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 was weighed using a 150kg capacity weighing scale.
- The waste generated in each department was collected and weighed two (2) times a day (morning and evening) for seven (7) consecutive days from 4<sup>th</sup> to 10<sup>th</sup> December 2023 (see Annex D: Plate 13 for weighing 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) was weighed and recorded before the end of the day's shift (6.00-7.00 pm)
- Data was entered and analyzed using Microsoft Excel.
- The summation of the morning and evening weighs provided the total daily quantity of waste generated for the facility, which is presented in Table 3.2.

**Table 3.2: Total Amount of Waste Generated Per Day at Tihun 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 IHPAU Medical Waste Specialist

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

The Community Health Centre is a single-story building with a waiting room and observation rooms designated for males, females, and children. It includes an office for the Community Health Officer (CHO), a delivery/labor room, a postnatal room, a general observation room, and an Outpatient Department. The facility also has two toilets—one for staff and one for patients—along with a bathroom and a small isolation space.

The premises cover an area of 5,571.56 square meters, but the existing structures occupy less than 850 square meters. An additional 172.85 square meters will be needed for the proposed expansion and civil works (see the floor plan attached as Annex A). This expansion will include 94.22 square meters on the west side of the maternity ward and 78.36 square meters on the south side of the waiting area.

The expansion site, along with the existing buildings that will be rehabilitated, is located at the Tihun Community Health Center, situated along the main road leading into town from Matru. The premises are partly developed with physical structures, namely:

- The Main CHC building
- Non-functional borehole with a hand pump. (see Annex D: Plates: 12)
- An abandoned incinerator house;
- 0.4MW solar system
- A non-functional placenta pit; and
- Two elevated water storage tanks (see Annex D: Plates: 14); and
- A non-functional hand-dug well

In addition, there are three (3) sandcrete detached staff quarters with Aluzinc roofs within the CHC premises (see Annex C: Plate: 15). Each quarter has two bedrooms and a sitting room. One of the three quarters is vacant.

### 3.3 CHC Land Ownership

The Ministry of Health owns the land on which Tihun CHC Health Center is located. The current Community Health Center was rehabilitated in 2013 to accommodate the increase in population. No land documentation covers the site of the Community Health Center, but a comfort letter will be provided and submitted to the Bank. The authorities have been advised to commence land documentation processes for the parcel of land in question.

### 3.4 Natural Environment

#### 3.4.1 Topography

Tihun, a subproject site in Sogbini chiefdom, Bothe District. The sub-project site is flat and is located at an elevation of 2 meters above sea level. The highest and lowest elevations are 17 and 55.77 feet, with an average mean of 36.38 feet.

#### 3.4.2 Climate

Tihun is a quaint rural town in the Sogbini Chiefdom within the Bonthe District of Sierra Leone's Southern Province. This charming community experiences a consistently warm climate, with an average high

temperature of 31.2°C (88.2°F). This temperature profile closely mirrors that of April, which is characterized as the warmest month of the year in the region, where average highs reach up to 32.1°C (89.8°F) and average lows dip to around 25.8°C (78.4°F).

In April, the heat index—which measures how hot it feels when humidity is factored in with the actual temperature—soars to a staggering 42°C (107.6°F), creating an oppressive environment for residents and visitors alike. The combination of high temperatures and humidity levels contributes to the tropical essence of Tihun, influencing local lifestyle, agricultural practices, and the overall atmosphere of this serene, sun-soaked town in Sierra Leone.

### 3.4.3 Soils and Geology

The surface composition of the site at Tihun features a partially engineered landscape characterized by varying degrees of development and natural formations. The project's location is predominantly flat, lending itself to ease of access and construction. The topography exhibits subtle variations contributing to the site's drainage patterns and potential soil erosion issues. The Screening assessments indicate a mix of soil types, with clay and silt interspersed with sandy deposits, influencing soil stability and fertility. Understanding these characteristics is crucial for effective planning and development within the area.

### 3.4.4 Ambient Air and Noise Levels

Ambient air quality was observed as satisfactory at the premises. Particulates (dust) from demolishing and site preparation will deteriorate the quality of air on the site and its immediate environs during the construction phase. Paints may generate VOCs. But should not exceed the acceptable level of 20-48AQI

## 3.5 Socio-Economic Characteristics

### 3.5.1 Population of the Sphere of Influence

The Tihun Community Health Centre, which is set to be expanded and rehabilitated, is located in the Tihun Bothe District. However, its core functions extend to the surrounding Tihun community. The estimated catchment population 2024 is 5,810, including seven villages: Karleh, Semabu, Njagbahun, Batogie, Nyandehun, Baama, and Kenyehun.

### 3.5.2 Economic Activities on the Site

There are no economic activities within the premises of the Tihun CHC, where rehabilitation and expansion work will take place. However, the population serviced by the center is largely engaged in agricultural enterprises.

## 3.6 Water and Energy Supply

The water supply system comprises two overhead storage tanks (5,000-liters), a functional hand-dug well with a hand pump, and a non-functional submersible pump (see Annex D, see Plate 12). This system was intended to supply water to the elevated storage tank for distribution within the CHC. Since the CHC water supply system is not functional, the Community water system (borehole) supplies the facility with water. Supply is intermittent, which means water is supplied in the morning from 8 am to 12 noon.

The Tihun Community Health Center has access to electricity twenty-four (24) hours a day from a 0.4MW solar system operated by Power Gen Solar Company that provides light for the community in Tihun. The system

also supplies the Tihun community with electricity 12 hours a day, from 7 pm to 7 am. A 3kVA diesel generator serves as a backup energy source for the refrigerator that stores vaccines for the Expanded Program on Immunization (EPI) and recharging solar power batteries during the rainy seasons.

The Contractor will not use the Community Health Center's electric power and water supply during the construction phase and will arrange his own power and water supply needs for the rehabilitation work.

## CHAPTER 4 STAKEHOLDER CONSULTATIONS

### 4.1 Stakeholder Identification

Stakeholder identification and consultation are integral parts of an Environmental and Social Management Plan. This project involves stakeholders such as Tihun residents, service providers, beneficiaries, etc. CHC staff and community stakeholders have been identified and briefed through stakeholder engagement meetings. Identify the GRC members who have also been identified and trained to record concerns.

### 4.2 Stakeholder Consultation

The stakeholders consulted were the facility staff and community members, including the traditional authority, beneficiaries, etc. (See Annex D: Plates 17 and 19 for pictures of consultation and Annex F for minutes of meetings).

### 4.3 Consultation Process and Channel Used

The consultation process involved arranging meetings with stakeholders with signed minutes. Nomination and training of GRC members, sensitization of stakeholders and health facility staff on the subproject and its benefits.

### 4.4 Consultation Matrix

The matrix of decisions taken at the stakeholders' consultation, 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
Tihun Community	3/06/24	24	Community Meeting	<ul style="list-style-type: none"> <li>- Purpose of meeting</li> <li>- Scope of the rehabilitation, renovation, and expansion works</li> <li>- Impacts/risks and the need for mitigation measures</li> <li>- GBV/SEA/SH issues and mitigation measures</li> <li>- Temporary relocation of affected staff and services at the CHC</li> <li>- Grievance Redress mechanisms and formation of Sub Project GRCs</li> </ul>	<ul style="list-style-type: none"> <li>- An ESMP will be prepared and approved by the Bank. It will contain mitigation measures for anticipated environmental and social impacts/risks. It will be disclosed here in the community so that community members can support its implementation</li> <li>The MOH Safety Officer/Engineer will be responsible for ensuring the contractor implements mitigation measures on a day-to-day basis. IHPAU Safeguards Specialists will be responsible for environmental and social monitoring</li> <li>- Mitigation measures outlined include alternative routes to bring materials to the site to avoid the weak bridge, provision of security on site, awareness creation, and further community engagement, which were discussed as some of the mitigation measures</li> <li>- The Paramount Chief and community elected to provide temporary accommodation for the affected staff and CHC at no cost to the project.</li> <li>- The Paramount Chief offered his property to be used as the building to host the CHC temporarily during the construction (rehabilitation) phase.</li> <li>- The Community, through the Paramount Chief, also promised to provide temporary accommodation for the two CHC staff whose quarters will be renovated under the project at no cost to the project</li> <li>- The building that will accommodate CHC temporarily during the construction phase will require minor renovation. The project will undertake minor work.</li> <li>- A participatory grievance redress system will be established with multiple reporting points, including community and facility focal persons. GRCs will be established before the project begins so that people with concerns during project implementation can report and have their issues heard, investigated, and resolved amicably.</li> </ul>	<ul style="list-style-type: none"> <li>- Further community engagement has been planned during the disclosure of the Site Specific ESMP</li> </ul>

Stakeholder	Date of Consultation	Attendance / No. of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at	Future Engagement Plans
					<ul style="list-style-type: none"> <li>- The EOC 117 platform is also being looked at so that it also receives complaints.</li> <li>- The community stakeholders (see Table 7.1 for a list of GRC members and community focal people) duly nominated the Grievance Redress Committee and focal persons.</li> <li>- GBV/SEA/SH can be reported to the facility (focal persons) or community focal persons) and the issues will be handled from that point with the privacy it deserves. There are laws against GBV, and IHPAU will ensure that complaints are investigated, and the culprits are dealt with. The victims will be supported during the process.</li> <li>- The nearest GBV One Stop Centre is in Mattru. The facility and community focal persons will also receive GBV/SEA/SH grievances. IHPAU will involve them in GRC and GBV training and sensitization</li> </ul>	
Meeting with Health Facility Staff	4/06/24	16	Meeting	<ul style="list-style-type: none"> <li>- Rationale for the project</li> <li>- Project description and duration</li> <li>- Inconveniences and project impacts/risks</li> <li>- Relocation of the facility and affected staff (CHO, Maternal and Child Health Aide, and their households)</li> <li>- Grievance Redress</li> </ul>	<ul style="list-style-type: none"> <li>- Affected staff will be temporarily relocated to accommodation within the town.</li> <li>- The community leadership should be engaged to scout for suitable accommodation</li> <li>- 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</li> <li>- A participatory grievance redress system will be put in place with multiple reporting points before the project begins so that people who have concerns during project implementation can report and have their issues heard, investigated, and resolved amicably. The CHC was asked to nominate two Focal Persons (One Male and one Female as focal persons to receive grievances and forward their names and contact to the IHPAU Social Safeguards Specialist)</li> <li>- There will be a committee made up of representatives of local stakeholders including traditional authorities and representatives of the aggrieved party(ties) who investigate and resolve grievances</li> </ul>	<ul style="list-style-type: none"> <li>- Further community engagement has been planned during the disclosure of the Site Specific ESMP</li> <li>- The timing of relocation is to minimize any disruption of services and inconvenience to the affected households.</li> </ul>

Stakeholder	Date of Consultation	Attendance / No. of Officials Consulted	Channel of Consultation	Issues Consulted On	Conclusions Arrived at	Future Engagement Plans
				Mechanisms and composition of Sub-Project Grievance Redress Committee - Dissemination of safeguards documents and project information	associated with the implementation of the project. If this Committee fails to address any grievance, it will be forwarded to the IHPAU Social Safeguards 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, the Engineer and the Council	

## CHAPTER 5 ENVIRONMENT AND SOCIAL MANAGEMENT PLAN

### 5.1 Introduction

This chapter describes activities to avoid, minimize, and/or mitigate the proposed subproject's environmental and social risks and impacts. It indicates the responsibilities of organizations or individuals involved in environmental and social monitoring.

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

Environmental and social impacts or risks during project implementation may arise in the short, medium, and long term. The construction contractor responsible for executing the work is responsible for most mitigation measures during the construction phase. The associated costs are expected to be included in the Works Contracts. Mitigation measures during the operational phase fall under the MoH's responsibility.

The ESMP is presented in Tables 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 in 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)
<b>Climate Change</b>	Rising ambient and indoor air temperatures	It has been documented that Tihun and its environs, where the CHC is located, are susceptible to climate change-related heat waves with related mortality and morbidity for pregnant women, the aged, and persons with underlying health conditions	NA	<ul style="list-style-type: none"> <li>- Blackout curtains or heat-reflective window blinds will be used to seal cool air in the facility</li> <li>- Ceiling fans will be installed in consulting rooms, wards, and offices to reduce indoor temperature</li> <li>- Light Emitting Diode (LED) bulbs will be used in the facility instead of incandescent lights</li> <li>- Windows will be provided with external window shades</li> <li>- Health-insulating window films will be installed at the wards</li> <li>- Window shatters (casement windows) will be installed on windows at the facility; no pane windows will be installed at the facility</li> </ul>	MoH/IHPAU	<b>No Separate Cost</b> <i>(Cost to be captured as part of the Project BoQs)</i>
<b>Resettlement Health care services</b>	Temporary disruption of health care services at the facility	The planned rehabilitation and expansion work on the main CHC building will be in phases to permit the rotation of healthcare service delivery. The civil works will begin by expanding the East side of the maternity and waiting room while services continue in the main CHC block. After the expansion, maternity and post-natal care services will be moved to the newly completed expansion for minor	Extension of the main maternity blocks and the waiting area, e.g., replacement of the existing roof	<ul style="list-style-type: none"> <li>- The Main CHC building will have minor repairs, and the maternity and waiting area will be expanded. Partitioned with wood (see Annex C, plate 23&amp;24 proposed site for expansion)</li> <li>- Once the main CHC minor rehabilitation and expansion works are completed, the equipment and services will be transported back to the Main CHC.</li> <li>- Notifications and posters will be placed at the entrance of the CHC to re-direct patients and visitors to the new location</li> <li>- At least four (4) radio announcements will be made to inform residents of Tihun and the catchment communities about the need for the temporary relocation of the CHC, measures put in place to</li> </ul>	MoH* CHO**	<b>No Separate Cost</b> <i>(there won't be any cost for relocating to the expanded blocks because it is within the same building)</i> <i>The cost to cover the four radio</i>

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		rehabilitation at the Main block.		<p>ensure uninterrupted service delivery, and the new temporary location of the CHC</p> <ul style="list-style-type: none"> <li>- No loss of livelihood is anticipated as the affected health personnel will still be on the government payroll during the renovation</li> <li>- The premises will be fumigated with formaldehyde by a trained gang wearing appropriate PPE (e.g., HEPA masks) at least one week prior to occupancy</li> </ul>		<i>announcements is 800</i>
<b>Improper layout, poor design, and supervision of works</b>	Structural defects and design flaws	<p>The newly expanded/rehabilitated structures may exclude access to vulnerable groups such as older people and people with disabilities 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 to design and supervise rehabilitation and expansion works can lead to structural defects, design flaws such as buildings with poor ventilation, and substandard building materials, fittings, and finishes. These building defects can cause accidents</p>	Design and Supervision of Works	<ul style="list-style-type: none"> <li>- A qualified and competent engineering team will handle the design and supervision of the work.</li> <li>- A competent Authority will undertake the final inspection of all buildings and installations before handing them over to MoH</li> <li>- Architectural and engineering designs, including Bills of Quantities of proposed structures that will be rehabilitated/expanded, will include ramps, railings, and features for older people and people with disabilities.</li> <li>- The design of units to be expanded will be checked by the Local Government Authority so that it meets universal access and life &amp; fire safety requirements/standards as well as national building codes of Sierra Leone, e.g., installation of fire extinguishers</li> <li>- New rehabilitations/extensions will have adequate water and toilet facilities</li> <li>- Designs will consider the risk of SEA/SH, especially when designing toilet facilities.</li> </ul>	IHPAU/MoH	<b>No Separate Cost</b>

Theme	Potential Impact/ Risk	Risk and Impacts Description	Activities	Proposed Mitigation Measures	Responsible Party	Budget (USD)
		such as fire outbreaks and collapse of structures, leading to injuries, loss of property, and fatalities.				
<b>Fire Outbreaks</b>	Incidence of fire outbreaks	The use of substandard electrical cables and fixes, human errors, and fluctuating electricity may spark fires, which can destroy property and equipment at the CHC as well as lead to injuries and fatalities	Operations at the facility	<ul style="list-style-type: none"> <li>- Ensure that the Electricity Distribution and Supply Authority (EDSA) approves cables, switches, and other electrical fittings</li> <li>- At least two smoke detectors and two fire extinguishers at the facility</li> <li>- At least five fire extinguishers and five smoke detectors at the Temporary CHC</li> <li>- Paste the contact numbers of the nearest fire station and Health Facility at vantage points on the premises.</li> <li>- A designated assembly point will be provided and well-labeled on the premises</li> <li>- Workers at the facility will be provided with basic training in fire prevention and fighting by personnel from the nearest Fire Force in BO at least once a year for three years starting from the construction phase</li> </ul>	MoH/IHPAU	<b>USD 2,500</b> <i>(Cost covers the USD 1,000.00 for extinguishers and smoke detectors in the Tihun CHC and Temporary CHC building (SOS building), USD 1,000.00 for two fire training sessions @ USD 500.00 per session</i>

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

Theme	Potential Impact/ Risk	Proposed Mitigation Measures	Responsible Party
<b>General construction activities- Labor issues</b>	<ul style="list-style-type: none"> <li>• Increase in short-term employment.</li> <li>• Included E&amp;S/OH staff during employment</li> </ul>	<ul style="list-style-type: none"> <li>- Preference shall be given to local communities in terms of employment for semi-skilled and unskilled labor, e.g., artisans</li> <li>- Hire dedicated E&amp;S/OHS staff</li> <li>- The ESMP should be implemented in its entirety by the contractor.</li> </ul>	Contractor
	<p>Incidence of discriminatory labor practices, child and forced labor.</p>	<ul style="list-style-type: none"> <li>- All workers will be given contracts specifying the type of work they are to undertake and their remuneration package, as well as the conditions of service in line with the Employment Act, 2023, and other Sierra Leone labor laws</li> <li>- Workers will be notified of their rights and processes involved in joining and forming workers’ unions on-site</li> <li>- Contractual clauses against child and forced labor, as well as discrimination by sex, ethnicity, and religion, will be inserted in the Contractor’s Contract document</li> <li>- Environmental and Social Contractual Clauses (see Annex E) will be inserted in the Contract document, prohibiting the Contractor, sub-contractors, and their employees from child and forced labor and reporting all such cases to the nearest FSU office, binding on the Contractor and Supervising Engineer</li> <li>- All prospective workers will provide an identity card or other proof of identification meeting the age of employment before they are employed on-site</li> <li>- A Code of Conduct (see Annex F) 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, sexual exploitation, and Abuse/sexual harassment</li> <li>- The Contractor will be required to consider alternative work schedules or shifts to accommodate hiring more female workers.</li> <li>- Site workers will have access to an accessible, participatory, time-bound work, work-based grievance redress system with a focal point for reporting their grievances and receiving feedback</li> </ul>	Contractor

Theme	Potential Impact/ Risk	Proposed Mitigation Measures	Responsible Party
<b>General construction activities – Worker's Accommodation</b>	Poor accommodation for site workers	<ul style="list-style-type: none"> <li>- Site workers will not be allowed to sleep or cook on site (the CHC premises)</li> <li>- The Contractor will rent sandcrete buildings for site workers</li> <li>- The rented house will have the under-listed facilities:               <ul style="list-style-type: none"> <li>o Clean, safe, and enclosed toilet facilities</li> <li>o enclosed bathrooms</li> <li>o kitchens</li> <li>o eating areas</li> <li>o potable water</li> <li>o electricity (at night)</li> <li>o 2 refuse bins are to be emptied daily and disposed of at the approved landfill site by a private collector</li> </ul> </li> <li>- The Contractor shall not put more than three (3) workers in a standard (12 square meters) room</li> <li>- Each habitable room will be well-ventilated</li> </ul>	Contractor
<b>General construction activities – Occupational Health and Safety (OHS) and Community Health and Safety (CHS)</b>	Safety of site workers and nearby schools and communities	<ul style="list-style-type: none"> <li>- Site workers will undergo medical screening before they are deployed on-site</li> <li>- Site workers will receive OHS and SEA/SH/GBV training at least twice during the construction phase</li> <li>- Workers will sign and agree to the Code of Conduct (see Annex F) prepared for the sub-project</li> <li>- Random checks will be done to prevent substance abuse</li> <li>- Site workers will be provided with PPEs (e.g., hard hats, safety boots, earplugs, reflectors, etc.) suitable for the assignment</li> <li>- Potable water will be provided for site workers at all times</li> <li>- Daily toolbox meetings will be organized for site workers</li> <li>- An Environmental, Social, Health, and Safety Officer will be employed to ensure compliance with occupational, health, and safety protocols/rules on site, e.g., enforcing the wearing of PPEs, facilitating toolbox meetings, and ensuring good housekeeping, among other roles</li> <li>- Prohibitive warning and directional signs will be provided on-site</li> </ul>	Contractor

Theme	Potential Impact/ Risk	Proposed Mitigation Measures	Responsible Party
		<ul style="list-style-type: none"> <li>- The Contractor will be made to provide at least 2 fire extinguishers and 2 First Aid Boxes on site</li> <li>- Contact numbers of the nearest fire station will be pasted at vantage points on-site</li> <li>- Clear sanctions and rewards for non-compliance and compliance, respectively, will be provided in the Code of Conduct (see Annex F) to be signed by workers</li> <li>- 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</li> <li>- The Contractor will notify the Supervising Engineer and the relevant authorities, including SL-Police, Factories Inspectorate Department, IHPAU, and Local Council of any accident/incident within 12 hours of its occurrence and provide a detailed accident/incident report in the subsequent monthly progress report.</li> </ul>	
<b>General construction activities - Material Sources</b>	Excessive use of construction materials.	<ul style="list-style-type: none"> <li>- Procure materials from certified suppliers</li> <li>- The cost of reinstatement of material sources after use is implicit in the unit cost of the various materials (sand/gravel and quarry products)</li> </ul>	Contractor
	Inefficient Resource use (Excessive use of water and energy)	<ul style="list-style-type: none"> <li>- Construction equipment will be turned off whenever not in use</li> <li>- Rainwater will be harvested and used for construction activities whenever possible</li> <li>- Contractors will be required to source their water outside that of the health facility during the execution of works (dig their water wells) or secure written agreements with the health facility to co-use their water source prior to using the health facility's water sources</li> <li>- Contractors will be responsible for providing their energy outside that of the health facility sources during the execution of works</li> </ul>	Contractor
<b>General construction activities - Noise and Air Pollution</b>	Increase in noise pollution	<ul style="list-style-type: none"> <li>- Concentrate the noisiest types of work into a short period as much as possible and during the least disruptive times of the day (between 3.00 pm and 6.00 pm)</li> <li>- Concrete mixers will be fitted with mufflers to minimize noise</li> <li>- Authorities at the health facility and nearby residents will be informed of any activities that will generate excessive noise and dust, and agree on mitigation measures to minimize same with timelines with the affected stakeholders at least 24 hours before the commencement of the planned activity</li> </ul>	Contractor

Theme	Potential Impact/ Risk	Proposed Mitigation Measures	Responsible Party
	Reduction in ambient air quality	<ul style="list-style-type: none"> <li>- The construction zone will be doused at least two times a day</li> <li>- Wood will be treated off-site</li> <li>- Painters and workers engaged in the treatment of wood off-site will be made to wear nose masks, gloves, overalls, and boots.</li> <li>- Good ventilation will be provided on-site</li> <li>- Equipment and vehicles will be turned off when not in use</li> <li>- Debagging of cement will be done in an enclosed area at least 50 meters away from the nearest ward or unit</li> <li>- Workers will be required to undertake the debagging of cement wearing appropriate Personal Protective Equipment (PPE), such as overalls, nose masks with HEPA filters, hand gloves, and earplugs.</li> <li>- Haulage and delivery trucks, as well as equipment on haulage routes, will be made to drive at a speed less than 20km/h</li> <li>- Trucks carrying sand and fine particles will be covered with a tarpaulin</li> </ul>	
<b>General construction activities – General Pollution management</b>	Generation of refuse and human waste	<ul style="list-style-type: none"> <li>- Two mobile toilets will be provided on-site (one (1) male and one (1) female) or secure written agreements with the health facility to use their toilet facilities prior to the commencement of works</li> <li>- Two (2) colored refuse bins will be provided on-site</li> <li>- Mobile toilets will be dislodged after the close of work every day</li> <li>- Refuse will be collected by a private refuse collection company once a day</li> </ul>	Contractor
<b>General construction activities – Non-hazardous waste management</b>	Generation of Construction waste	<ul style="list-style-type: none"> <li>- The contractor will reuse off-cuts from pipes, cables, electrical fittings, and broken tiles for other civil works elsewhere.</li> <li>- Wood residue, cement blocks, and other waste will be used as filling material.</li> <li>- Waste that cannot be reused will be transported to the approved landfill site</li> </ul>	Contractor
<b>General construction activities – hazardous waste management</b>	Generation of hazardous waste	<ul style="list-style-type: none"> <li>- Empty paint and solvent containers will be collected and kept in a well-ventilated storeroom with a paved floor and returned to suppliers to be re-used</li> <li>- No lead-based paints will be used as part of renovation, rehabilitation, and expansion works</li> </ul>	Contractor

Theme	Potential Impact/ Risk	Proposed Mitigation Measures	Responsible Party
		<ul style="list-style-type: none"> <li>- Workers involved in painting will be made to use the appropriate PPE, e.g., gloves, nose mask, overalls, and boots</li> </ul>	
	Soil pollution	<ul style="list-style-type: none"> <li>- All hazardous substances and materials will be stored in appropriate locations with impervious surfaces and adequate secondary containment.</li> <li>- Oils, fuel, and other lubricants will be stored at least 100 meters from water bodies.</li> <li>- Oil traps will be installed on drains from storage areas and work zones.</li> <li>- Construction workers will be provided adequate training in using, storing, and handling hazardous substances.</li> <li>- Drip pans will be placed under equipment and vehicles during repairs, servicing, and routine maintenance to collect waste oils/fuel and lubricant for re-use or sale to other entities, e.g., machine operators, to be re-used</li> <li>- Material Safety Data Sheets (MSDS) for each hazardous material should be kept within the storage area where substances are stored, and at the site office</li> <li>- All equipment will be inspected daily for leakage and immediately repaired if leaks are detected</li> </ul>	Contractor
<b>General construction activities – Soil Erosion</b>	Increase in soil erosion	<ul style="list-style-type: none"> <li>- Clearing of the site will be staggered to ensure that only portions of the site required for immediate construction activities are cleared</li> <li>- Barriers will be created to trap materials (aggregates) under storage</li> </ul>	Contractor
<b>General construction activities – Ponding</b>	Incidence of ponding	<ul style="list-style-type: none"> <li>- Trenches and holes will be immediately backfilled or covered after the pipes and other infrastructure have been laid</li> <li>- Water will be pumped out of trenches/holes every day after work</li> <li>- The site will be cleaned daily after work</li> </ul>	Contractor
<b>General construction activities – traffic and road safety</b>	Incidence of traffic accidents and	<ul style="list-style-type: none"> <li>- Delivery trucks and construction vehicles will drive below 20km/hr. speed limit</li> <li>- Trucks transporting friable materials (e.g., sand) will be covered with a tarpaulin</li> <li>- The truck conveying roofing sheets to the construction zone will carry appropriate warning signals, such as red flags and rotating amber lights</li> </ul>	Contractor

Theme	Potential Impact/ Risk	Proposed Mitigation Measures	Responsible Party
		<ul style="list-style-type: none"> <li>- All construction vehicles will be embossed with bold identification numbers at the rear, front, and sides for easy identification</li> <li>- The Contractor will be responsible for cleaning up spillage on any road as well as fixing any damage to property, road, and/or utilities within the road space to the satisfaction of regulators and the Supervising Engineers within 12 hours of occurrence</li> <li>- The Contractors will notify the Supervising Engineer and the relevant authorities, including SL-Police, IHPAU, and the Local Council, of any road accident within 12 hours of its occurrence</li> </ul>	
<b>General Construction Activities-Community safety issues</b>	Outbreak and/or spread of infectious diseases	<ul style="list-style-type: none"> <li>- Pools of stagnant water will be pumped out of trenches and holes daily</li> <li>- A Site Supervisor will be employed to ensure good housekeeping on-site</li> <li>- Two (2) colored-coded refuse bins will be provided at the site, which will be emptied twice a day</li> </ul>	Contractor
	Accidents/Incidents on-site	<ul style="list-style-type: none"> <li>- The site will be hoarded with aluminum or an approved material by the Supervising Engineer</li> <li>- A warden will be placed at the gate of the premises at all times to prevent unauthorized people from accessing the premises</li> <li>- Visitors to the site will be screened at the gate, provided with, and made to wear the required safety gear before entering the site</li> <li>- The existing ward and other Units will be evacuated during the construction</li> <li>- The site will be cleaned after work every day and after major waste-generation activities</li> <li>- Tools, construction waste, and materials will be stored at designated well-marked zones and barricaded with caution tape</li> <li>- The Contractor will notify the Supervising Engineer and the relevant authorities, including SL-Police, Factory Inspectorate Department, IHPAU, and Local Council of any accident within 12 hours of its occurrence</li> </ul>	
	Accidents involving construction	<ul style="list-style-type: none"> <li>- Delivery trucks and construction vehicles will be made to drive at a speed of less than 20km/hr. speed limit</li> </ul>	

Theme	Potential Impact/ Risk	Proposed Mitigation Measures	Responsible Party
	equipment and vehicles	<ul style="list-style-type: none"> <li>- In addition to the formal vehicle registration numbers, all construction vehicles, haulage trucks, and equipment will be embossed with two-digit identification numbers in front, at the back, and sides for easy identification</li> <li>- The contractor will emboss the company’s phone contact boldly on all vehicles and equipment</li> <li>- The Contractor will notify the Supervising Engineer and the relevant authorities, including SL-Police, IHPAU, and the Local Council, of any road accident within 12 hours of its occurrence</li> </ul>	
	Utility disruptions and inconveniences associated with the works	<ul style="list-style-type: none"> <li>- The public will be notified through community radio announcements at least 24 hours before any planned disruptions in the supply of utilities resulting from the civil works and accompanying mitigation measures.</li> <li>- Authorities at the health facility and affected parties will be notified about any planned disruptions in the supply of utilities that will result from the civil works. Mitigation measures with timelines will be agreed upon at least one week before the planned disruption. The notice will be repeated 24 hours before the planned outage or shutdown.</li> <li>- Authorities at the health facility, affected parties, and community leaders will be immediately informed about any unplanned (accidental) water and power supply disruption and measures to restore services with timelines.</li> </ul>	Contractor
<b>General construction activities- Water pollution</b>	Incidence of Water pollution	<ul style="list-style-type: none"> <li>- A Site Supervisor will be employed to ensure good housekeeping on site and enforce pollution prevention measures on site</li> <li>- Construction equipment and vehicles will cleanse 100 meters away from local streams and waterbodies</li> <li>- Oils, fuel, and other lubricants will be stored at least 100 meters from water bodies.</li> <li>- Screens, oil/grease traps, or inceptors will be installed on drains from material storage areas and work zones where activities that can cause potential oil spillage will be occurring and at outfalls into local waterbodies</li> <li>- Provide two mobile toilets for site workers and visitors (1 male and one female) or secure a written agreement from the Health Facility Management to use their toilet facilities before the commencement of works</li> </ul>	Contractor

Theme	Potential Impact/ Risk	Proposed Mitigation Measures	Responsible Party
		<ul style="list-style-type: none"> <li>- The Contractor will ensure that toilet facilities are kept clean and well-maintained at all times</li> <li>- Two (2) colored refuse bins will be provided on-site.</li> <li>- The refuse bins and mobile toilets will be emptied daily</li> </ul>	
<b>General construction activities</b> <b>GBV/SEA/SH Issues</b>	Incidence of GBV/SEA/SH Lack of community support/community dissatisfaction with project activities	<ul style="list-style-type: none"> <li>- Contractual Clauses on mandatory and regular training for workers on required lawful conduct and legal consequences for failure to comply with laws on non-discrimination and GBV/SEA/SH will be inserted into the Contract documents of the contractor and supervising Consultant.</li> <li>- Contractual Clauses (see Annex E) 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 contracts Contractor and Supervising Consultant</li> <li>- Contractual clauses (against rape, defilement, and other Gender-Based Violence as well as child and forced labor will be inserted into the contract of the Contractor</li> <li>- Workers on site will sign a Code of Conduct with sanctions on rape defilement, abuse, and other gender-based violence</li> <li>- One (1) sensitization workshop will be undertaken for employees of the Contractor/Supervising Consultant as well as health facility workers</li> <li>- One (1) sensitization workshop will be organized for community members at Tihun, including workers at the Community Health Center</li> <li>- The Contractor will provide contact numbers of the nearest FSU office and GBV Service Providers within the immediate project zone (Community Health Center)</li> <li>- Prohibition posters on sexual exploitation, abuse, and harassment will be pasted in and around the site.</li> <li>- The Contractor will paste the contact numbers of the GBV/SEA/SH focal persons at the community and health facility levels, the nearest FSU office and GBV Service Providers, as well as the EOC 117/ACC 515 toll-free numbers on site and other vantage points within the project zone and community</li> <li>- Extensive community engagement, consultations, and GRM system to manage GBV and sub-project-related grievances will be established</li> </ul>	-Contractor

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

Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
<b>General facility operation-labor issues</b>	Working under unfavorable working conditions without an accessible, fair, participatory grievance redress system	Health workers may be denied allowances and access to training programs.	- 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, and GRM framework for QEHSSSP (see Section 7 for details)	MoH	<b>USD 2,000.00</b> <i>Cost covers the organization of four (4) occupational health and safety training for workers at the facility for two years, USD500.00 per year. No cost. No budget for PPEs has been made under this ESMP. PPEs are to be supplied to all 14 hubs under QEHSSSP. Hence, the cost under this ESMP will amount to double counting)</i>
<b>General facility operation, Occupational Health and Safety issues</b>	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 the tasks they perform. These can get them injured and expose them to infections such as tetanus, which can cause morbidity and mortality	- All Units	- 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 wear the appropriate PPE. - Workers will be trained in the appropriate wearing and use of PPEs at least twice a year based on WHO guidelines on the proper use of PPEs and other GIIPs	MoH CHO	<b>No separate Cost.</b> <i>(No budget for PPEs has been made in this ESMP. PPEs are to be supplied to all the selected 14 hubs under QEHSSSP. Hence, costing under this ESMP will amount to double counting)</i>

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

Theme	Impact/Risk	Risks and Description	Impacts	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
					<p>WHO guidelines (see attached in Annex I and J) will be implemented at the facility</p> <ul style="list-style-type: none"> <li>- *Cleaners will be provided with appropriate PPEs such as gowns or aprons, gloves, eye protection (masks, goggles, or face screens), and boots or closed work shoes</li> <li>- *Cleaners will be trained twice yearly in proper infection prevention, control, and healthcare waste management best practices (including handwashing before and after cleaning activities, how to use PPE, etc.)</li> </ul>		<i>captured as part of the OHS training cost above</i>
<b>General facility operation, Spillage of specimens, drugs, and reagents</b>	Incidence of spills	Contaminated sharps, specimens, or drugs may spill in transit, during handling, and/or during laboratory investigation, exposing patients, technicians, and facility workers to pathogens and hazardous material.		<ul style="list-style-type: none"> <li>- Laboratory</li> <li>- Pharmacy</li> <li>- Wards</li> </ul>	<ul style="list-style-type: none"> <li>- Staff will wear gloves and protective clothing, including face and eye protection when cleaning spills.</li> <li>- *Training will be provided for staff of the facility and cleaners in spillage containment and cleaning up as part of staff OHS training</li> <li>- A spillage clean-up strategy has been discussed (see Section 6.4) as part of the Emergency Response Procedures in Section 6</li> </ul>	Operation Officer	<b>No Separate Cost</b> ( <i>Cost of training captured as part of workers' OHS training cost above</i> )
<b>General facility operation, Storage of waste and expire drugs</b>	Waste Management	<b>Training in waste management SOPs and GIIPs</b>		<ul style="list-style-type: none"> <li>- CHC</li> </ul>	<ul style="list-style-type: none"> <li>- Training clinical staff, cleaners, and incinerator operators in collecting, quantifying, and recording healthcare waste.</li> <li>- Training of Incinerator operators on sustainable utilization of the Incinerator.</li> <li>- Healthcare workers trained in waste management SOPs and GIIPs.</li> </ul>	IHPAU Safeguard Unit and MoH	<b>USD 3,000.00</b> ( <i>Cost covers 1 Training clinical staff, cleaners, and Incinerator operators.</i> )

Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
<b>General facility operation - Collection, Storage, Transportation Treatment, and Disposal of Sharps</b>	Exposure to pathogens and injury from sharp waste	Sharp waste (syringes, vials, needles, blades, knives, lancets, scalpels, broken glasses, etc.) can cause cuts and other injuries as well as transmit infectious diseases among health and allied health workers and patients at the facility	- All units	<ul style="list-style-type: none"> <li>- Sharp waste will be collected in sharp boxes and transported to the sharp pit for treatment and safe disposal</li> <li>- SL-SOPs for healthcare waste management prepared under the World Bank COVID-19 Emergency Response and Health Systems Preparedness Project (see Annex I) will be implemented at the facility</li> <li>- *All persons involved in the collection, storage, transportation, and disposal of sharp waste will be trained on the relevant WHO COVID-19/MPox 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 GIIPs including the use of PPEs and reporting requirements once a year</li> <li>- *Appropriate PPEs, including hand gloves, nose masks, boots, overalls, and goggles, will be provided for all staff involved in waste handling</li> </ul>	CHO Pharmacy Technician Laboratory Technician	<b>No Separate Cost</b> <i>(Sharp boxes will be supplied to all the 14 hubs under QEHSSSP during the project lifespan. Hence, the cost for sharp boxes under this ESMP will amount to double counting. After the project, MoH will supply sharp boxes as part of its operational expenditure. Training cost captured under OHS training above for the duration of the QEHSSSP)</i>
<b>General facility operation - Collection, Storage, Transportation, and Disposal of</b>	Exposure to expired drugs and reagents with hazardous and/or toxic chemicals	Expired drugs and other hazardous consumables from the facility, if not well stored, can make them inefficacious. Exposure to poorly disposed chemical and pharmaceutical waste can cause harm with the	- Pharmacy - Laboratory	<ul style="list-style-type: none"> <li>- Chemicals and pharmaceutical waste will be kept in specially designated cabinets with the appropriate temperature and humidity levels, away from direct sunlight and under lock and key.</li> <li>- Stock inventory will be undertaken to minimize the incidence of expired reagents and pharmaceutical products</li> </ul>	CHO Pharmacy Technician Laboratory Technician	<b>No Separate Cost</b>

Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
<b>Chemical/Pharmaceutical Waste</b>		potential to cause long-term or permanent morbidity or mortality, e.g., organ failure and environmental pollution		<ul style="list-style-type: none"> <li>- If drugs, reagents, and other consumables expire, they will be separated from the other stock and kept in a different cabinet under lock and key</li> <li>- The SL Pharmacy Board will be notified to collect expired drugs, reagents, and consumables in accordance with Sierra Leonean law and dispose of them under supervision.</li> </ul>		
<b>General facility operation - Anatomical Waste (Placentas, blood, and fetuses)</b>		Poor disposal of anatomical waste such as blood, body fluids, fetuses, and placentas can spread infectious diseases and contaminate water resources	Anti-Natal Laboratory	<ul style="list-style-type: none"> <li>- Placentas will be disposed of at the in-situ placenta pit located within the facility or given to the family in line with Sierra Leonean norms.</li> <li>- Blood and other body fluids will be disposed of in the existing septic tanks at the facility.</li> <li>- Cotton wool and gauze soaked with blood and body fluids will be stored in a separate color-coded refuse bin and sent to the in-situ burning pit</li> <li>- SL-Burial teams will be called to take delivery of infected fetuses for burial in line with SL-Burial Protocols prepared under REDISSE and COVID-19 project (see Appendix K for SL-Burial SOPs).</li> </ul>	Cleaners	<b>No Separate Cost</b>
<b>General facility operation - Collection Storage, Transportation of General Waste</b>	<ul style="list-style-type: none"> <li>- Increase in morbidity and/or mortality from poor handling of general waste from the facility</li> </ul>	<ul style="list-style-type: none"> <li>- General waste such as food residue, paper, and human waste will be generated from all facility units; if not properly handled or disposed of, it will expose workers and patients to pathogens and</li> </ul>	<ul style="list-style-type: none"> <li>- All Units</li> </ul>	<ul style="list-style-type: none"> <li>- *Eight (8) color-coded bins will be provided within the facility.</li> <li>- Health and allied health workers at the facility will be trained in GIIPs in solid waste management and waste handling, including waste segregation</li> <li>- Refuse will be collected daily by cleaners at the facility and sent to the burning pit</li> </ul>	CHO	<p><b>USD 400.00</b></p> <p><i>The cost covers USD 400.00 for eight (8) refuse bins (for collecting general waste) and USD 50.00 per bin. No training cost has been estimated for IPC and waste</i></p>

Theme	Impact/Risk	Risks and Impacts Description	Location	Proposed Mitigation Measures	Responsible Party	Budget USD
		associated diseases such as typhoid fever. It will make the facility untidy		<ul style="list-style-type: none"> <li>- Liquid waste (black and grey water) will be channeled into in-situ septic tanks and soakaways.</li> <li>- Septic tanks will be dislodged at least once a year or when they are full, whichever occurs earlier.</li> <li>- Storm water will be channeled through open drains.</li> </ul>		<i>management here, as these will be dealt with as part of OHS training for staff</i>
<b>General facility operation – Fire Prevention and Combating</b>	- Incidence of fire outbreaks	- Human errors, poor electricity fittings, and wiring, as well as overheating equipment and circuits, can spark fires, which can spread to other units of the facility, leading to loss of life and property	- All Units	<ul style="list-style-type: none"> <li>- Provide hose reels on each floor of the premises</li> <li>- Smoke detectors will be installed in each room and hallway in the facility</li> <li>- At least six (6) fire extinguishers will be installed at the facility</li> <li>- Paste the contact numbers of the nearest fire station and Health Facility at vantage points on the premises.</li> <li>- Designated assembly points will be provided and well-labeled on the premises</li> <li>- Workers at the facility will be provided with basic training in fire prevention and fighting by personnel of the Sierra Leone Fire Force once a year</li> </ul>	MoH	<b>USD 2000.00 (Cost covers USD 600.00 for six Fire Extinguishers USD 100.00 per extinguisher, USD 400.00 for purchasing smoke detectors, and USD 1,000.00 for fire training and drills)</b>

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

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

#### a. Construction Phase

The Ministry of Health will be responsible for the construction/decommissioning phase and environmental and social monitoring and reporting. The Ministry has the Integrated Health Project Administration Unit, responsible for fiduciary and procurement under bank-funded projects. The unit is also responsible for ensuring environmental and social management and monitoring and reporting 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 the construction phase's 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 before its advertisement.
- ii. The construction and supervision contracts' insertion of environmental and social clauses.
- 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 MOH Engineers the task of designing and supervising the civil works in selected hubs in the Bonthe District, including the Tihun Community Health Centre. They 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. The safeguard unit will also give oversight monitoring. Implementing the construction/rehabilitation phase, as well as environmental and social minimizing and mitigation measures in the ESMP, shall be the responsibility of the Sub Project Contractor.

Other institutions such as the Environmental Protection Agency, Bonthe District Council, and Ministry of Labor and Social Security (Factory Inspectors) undertake ad-hoc monitoring of the project's environmental, social, health, and safety performance. 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 MOH) 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 and community and facility focal persons, who have been identified for grievance uptake, including GBV/SE/SH cases.

The World Bank will also undertake implementation support missions and recommend capacity strengthening and other measures to support sound 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, and procuring PPEs, cleaning materials, and sanitation facilities/sanitary tools. The Ministry will also ensure the right staff is retained and trained at the facility. Under QEHSSSP, IHPAU is 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 to manage the facility. A Deputy, who is also a Community Health Officer, supports her. The facility also has an IPC Focal Person and Operations Officer who will implement the healthcare waste management, infection prevention, 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.

Stakeholders such as the Facility Management Committee, the Environmental Health Directorate of the Ministry of Health, Local Councils, and the Environmental Protection Agency also have a stake in the environmental and social monitoring of the ESMP. They will notify the District Medical Officer (DMO) of any recommendation(s) to improve service delivery and the 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 and community and Facility Focal Persons, who have been identified for grievance uptake and resolution, including GBV/SE/SH cases.

#### c. Decommissioning Stage

In the long term, the Ministry of Health will be responsible for decommissioning hospital equipment and facilities at the Community Health Centre.

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

### **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. Site-specific disclosures will also be made at the Community Health Centre's premises. The World Bank will disclose the ESMP on its 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 in immediate project environments 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 and 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 concerning 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 are to be taken next month.

The Supervising Engineer (MOH) will also dedicate a chapter in the monthly progress report, submitted to IHPAU, to the state of the project's environmental and social safeguards issues. The IHPAU safeguards specialists will review and validate this. 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 Nine Thousand Eight Hundred United States Dollars (USD 9,800.00). Table 5.8 presents the summary cost estimates and the proposed sources of funding.

**Table 5.7: Estimated Budget for ESMP Implementation**

#	Item	*Amount (USD)	Source of Funding
1.	General facility operation-Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment (GBV Sensitization)	1,000.00	Project
2.	General facility operation-labor issues (OHS Training for CHC Staff)	2,000.00	Project
3.	Training in waste management SOPs and GIIPs	3,000.00	Project
4	General facility operation- Collection Storage, Transportation of General Waste (Cost of 4 refuse bins for the Facility	800.00	Project
5.	General Facility operation –Fire Prevention and Fighting equipment	2,000.00	Project
6.	Decommissioning cost	1,000.00	Project
	<b>**Total</b>	<b>9,800.00</b>	-

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

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

## CHAPTER 6 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 from a position against the prevailing wind direction 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 filled 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 trained fire volunteers cannot put out, and the SNFS must 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 secure 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 Contractor's Environment, Social, Health, and Safety Officer.

- 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 contractor's Environment, Social Health, and Safety Officer will investigate and record the accident/injury, including its source and cause.
- 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. Suppose the accident/injury is such that the victim cannot be moved. In that case, 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 Contractor's Environment, Social Health, and Safety Officer 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 where the bite is below the level of the heart, and call for help if required.
- Undertake the underlisted 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 (concrete/ tiled/paved floor) such as 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 disinfectants, and report to the contractor's Environment, Social Health, and Safety Officer, who will decide on 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 the 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
- Disinfectants should be poured concentrically, beginning at the outer margin of the spill area and working toward the center.
- After the appropriate time (like 30 minutes), the material should be cleared away.
- If sharp objects or body parts are involved, a dustpan, faucet, or piece of stiff cardboard should 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 in a leak-proof, puncture-resistant waste disposal container.
- After successful disinfection, the facility's Operations Officer will be informed that the area has been cleaned and disinfected.

## CHAPTER 7 GRIEVANCE REDRESS MECHANISM

The consultation processes showed that the execution of the project would generate environmental and social concerns, notably excessive noise and dust generation and accidents involving 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 account for the specific issues, cultural context, local customs, 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 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 MoH's environmental and social officer (see Appendix L 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. The call recipient should document all details when complaints are received via phone.
- Where the affected person cannot 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 people 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 Tihun Community Health Centres under QEHSSSP are based on the QEHSSSP GBV Action Plan and the GRM framework for the MoH approved by the World Bank. They align 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. If necessary, the grievance redress mechanisms will be monitored and enhanced 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 NPHA/EOC 117 Call Centre directly with their complaints.

Upon receiving the complaint, the recipient, if not the NPHA/EOC 117 Call Centre, will document it and relay it to the NPHA/EOC 117 platform, with the survivor's consent. The NPHA/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 prosecution with the survivor's consent while the survivor receives psychosocial support. When the court gives judgment, and its decision is implemented, the outcome will be relayed to the NPHA/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 survivor's agreement, will update the NPHA/117 EOC Platform and the IHPAU Social Safeguards Specialist on the case status. Once the court and survivor confirm that the case is closed, the IHPAU Social Safeguards Specialist will close the case on the NPHA/EOC 117 Platform. 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 programs, good or poor service delivery, and sexual harassment and abuse at the workplace will be received by the NPHA/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 NPHA/EOC 117 Call Centre, it is documented and transmitted to the facility head. 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., a Disciplinary Committee or Facility Management Committee. Once the healthcare facility management cannot resolve or deems a grievance 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 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 that fail 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 cannot resolve,

the grievance will be referred to the judiciary. This notwithstanding, aggrieved workers reserve the right to petition the court directly on industrial relations issues 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 NPHA/EOC 117 Call Centre on the status of grievances. The NPHA/EOC117 Call Centre uploads the status onto the NPHA/EOC 117 Platform. Outcomes will also be communicated to aggrieved parties via the NPHA/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 implement 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, 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) and delays in the payment of remuneration. Substandard 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 call the NPHA/EOC 117 Call Centre directly to report a grievance. If the Focal Persons receive the complaint, they will document and transmit it to the NPHA/ EOC 117 Call Centre, where it will be logged into the system. The Focal Persons and NPHA/117 Call Centre will both transmit grievances 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–Tihun CHC**

Name	Designation	Phone Number
<b>Mustapha Jalloh</b>	CHC – In charge	078906902
<b>Mr. Patrick Jusu</b>	Midwife	076360445
<b>Joseph A Gbongay</b>	Pastor	075786099
<b>Joseph Michael</b>	Youth	072275773
<b>Tommy Massaquoi</b>	Emam	076335865
<b>Moinyai Dongboi</b>	Chairlady	079440208
<b>Eddie Amara</b>	Facility Management Committee Chairman	079-13855
<b>Julius k Bockarie</b>	Court Chairman	078575886
<b>Alice Songa</b>	Community Member	075213950
<b>Mbayoh Mammy</b>	Town Chief	076187279
<b>Amie Dauda</b>	Woman Leader	076319540
<b>Franklyn Alphaji Songa</b>	Woman Leader	079502950

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 NPHA/EOC 117 Call Centre with the status of grievances

Suppose the Sub Project Level Grievance Redress Committee fails to resolve a grievance within three (3) working days. In that case, the matter shall be escalated to the Project Level GRC domiciled in the Ministry. The Project Level Grievance Redress Committee shall follow processes similar to those of the Sub Project Level GRC. The Project Level GRC will consist of:

- The CMO-Chairman.
- 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, the aggrieved person can petition the Honorable Minister of the Ministry of Health. An aggrieved party, unsatisfied 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. It is mandated to conduct intelligence/surveillance operations and investigate instances of alleged or suspected corruption referred to by any person or authority that has come to its attention. The Commission also prosecutes all suspected person(s) and organizations in accordance with the Anti-Corruption Act 2008. The Establishing Act, amended in 2008, provides protection for whistle-blowers.

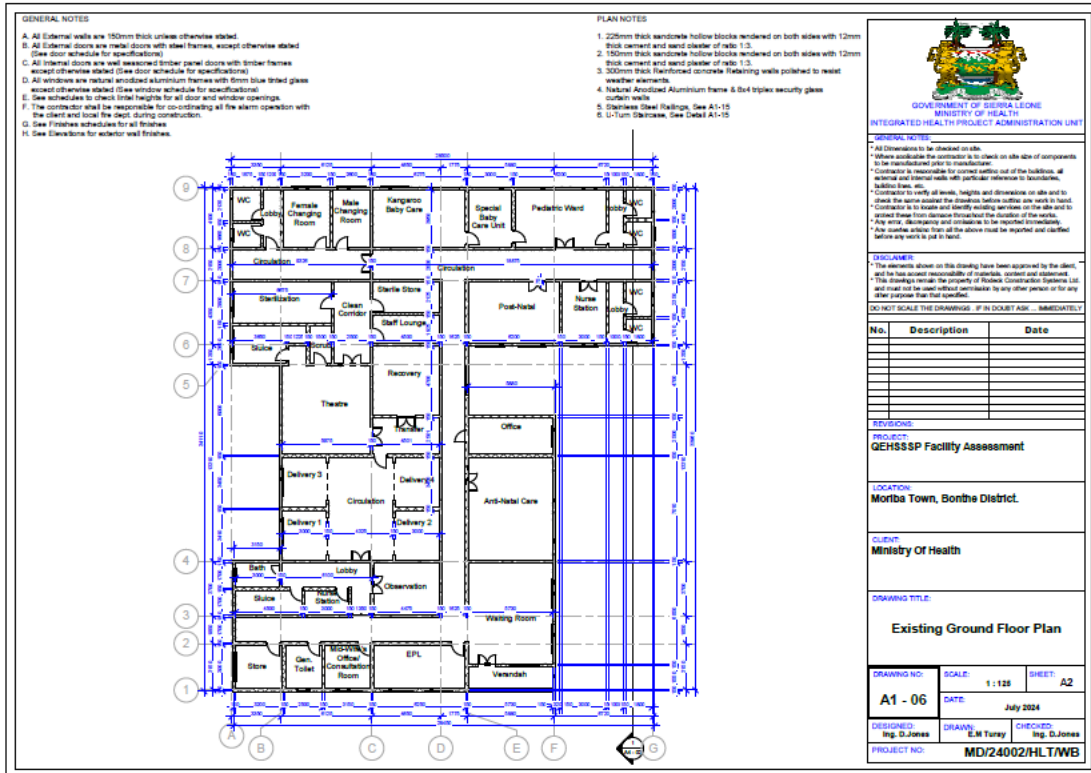
One can report corruption and corruption-related cases to the Commission via the ACC digital platform by texting or calling their toll-free hotline, 5158. The platform receives, sorts, and tracks grievances and provides feedback to aggrieved parties after investigations. The system can also generate 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.

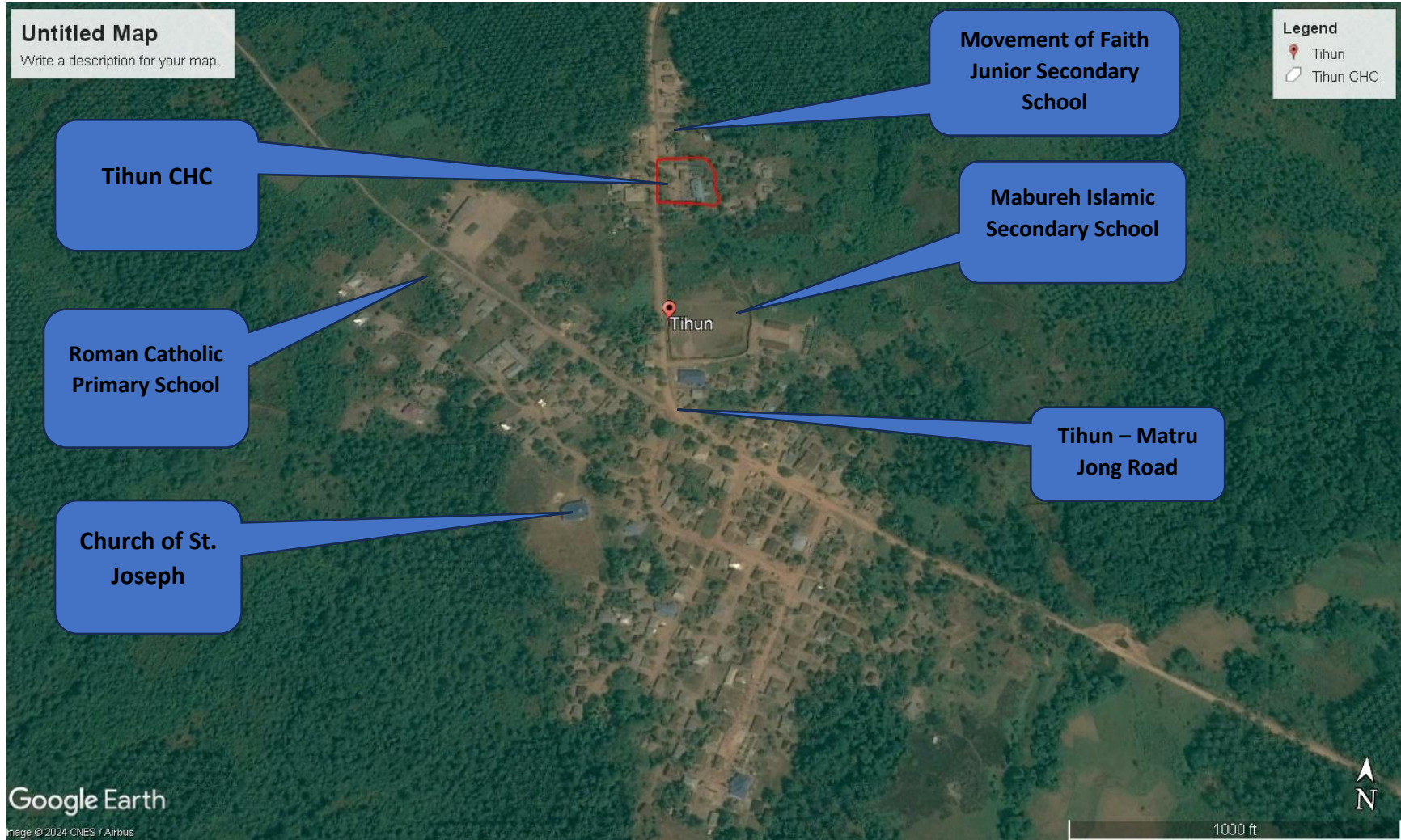
Non-corruption cases that find their way onto the ACC 515 Platform or are set up will be promptly referred to the Ministry of Health via the NPHA/EOC 117 platform, where they will be sorted and transmitted to the appropriate agency for resolution, and vice versa.

# ANNEXES

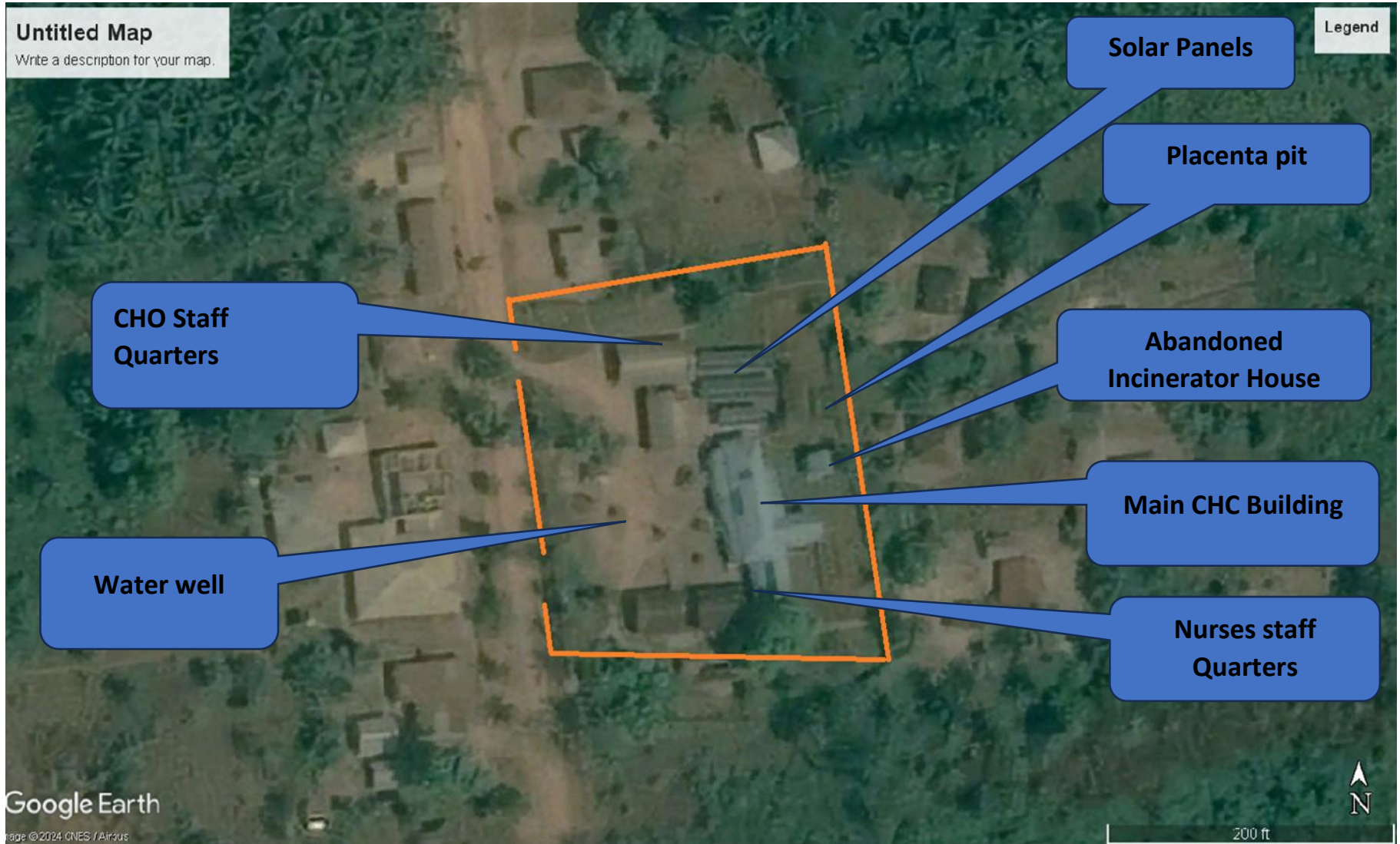
## A: Site plan



Annex B: Location Map



Annex C: The Site and its Environs



Annex D: Site Visits and Stakeholder Engagements Pictures

Plate 1: Observation room for Males, Females, and kids



Plate 2: Waiting Room



Plate 3: Pharmacy



Plate 4: treatment room



**Plate 5: Labor ward**



**Plate 6: Labor ward washroom**



**Plate 7: Labor ward toilet**



**Plate 8: licking roof of the labor room toilet**



**Plate 9: Postnatal ward**



**Plate 10: Isolation space**



**Plate 11: Patient toilet**



**Plate 12: Nonfunctioning handpump bore hole**



**Plate 13: Community solar system.**



**Plate 14: Elevated water storage tank (nonfunctioning)**



**Plate 15: Falling ceiling of staff quarter**



**Plate 16: Stakeholder engagement meeting**



**Plate 17: Meeting with Health Staff.**



**Plate 18: Training GRCs**



**Plate 19: Entrance meeting with the community stakeholders.**



**Plate 20: CHO Office**



**Plate 21: Placenta Pit**



**Plate 22: Solar Panels**



**Plate 23: Proposed Site for Extension.**



**Plate 24: Propose site for Extension back of the Observation Rooms**






THE AGREEMENT BETWEEN THE LAND OWNERS FAMILY AND THE TITANI COMMUNITY


WE the Bugue Family who are the land owner has agreed to give this land to the Titan Community for the construction of health facility for our people. So this agreement is an evidence from us. As from today the 23<sup>rd</sup> June 2025,

FAMILY - Members

signature

- 1 Joseph A. Bongay   
23<sup>rd</sup>/06/2025
- 2 Ngeibuva Yafah. 
- 3 Momoh Domingo   
23/6/2025

TOWN CHIEF.

Mbayoh Mammy  
Sig. 

Annex F: Minutes of Meetings

Annex F: Minutes of Meetings

<b>Rehabilitation and Expansion of the Tihun Community Health Centre: Minutes of the Community Consultation at the Tihun Court Barrie</b>				<b>Action By</b>
Present at the meeting were:				
<b>SN</b>	<b>Name</b>	<b>Designation</b>	<b>Mobile number</b>	
1.	Keelson S. Deuyboi	Pastor	076598950	
2.	Franklyn A. Songa	Ward Coordinator	079502950	
3.	Nenneh Amara	Lactating Mother		
4.	Amie Dauda	Women’s Leader	076319540	
5.	Mohamed Sellu	Stakeholder	076518088	
6.	Thomas Ndolla	Teacher	078363592	
7.	Bobor Mivheal	Youth leader	072275773	
8.	Ahmed D. Belewal	Stakeholder	076300720	
9..	Eddie Amara	FMC Chairman	079013855	
10.	Mustapha Jalloh	CHO	078906902	
11.	JOSEPH A. Gbongay	Pastor	075786099	
12.	Mohamed Bangalie	Youth leader	078354523	
13.	Tommy Massaquoi	EMAU	076335865	
14.	Jennifer D. Saige	Midwife	076360445	
15.	Joseph Micheal	Youth	072275773	
16.	Mbayoh Mammy	Town Chief	076187279	
17.	Julius K. Backarie	Court Chairman	078575886	
18.	Alice Songa	Traditional leader	075212950	
19.	Saidu Jusufu	Section Chief	076587904	
20.	Regina Dongboi	Women Leader	078023677	
21.	Jauna Koroma	Section SGT Police	078468141	
22.	Baindu Barrie	Pregnant Woman		
23.	Abibatu Amara	Lactating mother	070767635	
24.	Mohamed D. Kanneh	CHA	076272795	
25.	Jattu Songa	Pregnant Woman		
26.	Dr. Emmanuel Abeka	TA-E&S	073787201	
27.	Mrs. Juliana Kamanda	Head – ES Unit	076267748	
28.	Francis Koroma	MWM Specialist	078938884	
29.	Christiana Fortune	Env. Specialist	078403189	
<b>Introduction</b>				
On the 1 <sup>st</sup> June 2024 at 11:05 am, a meeting was held where all attendees introduced themselves. The IHPAU Safeguards Team consisted of Dr. Emmanuel Environmental and Social Safeguards Technical Advisor, Mrs. Juliana Kamanda,				

<p align="center"><b>Rehabilitation and Expansion of the Tihun Community Health Centre: Minutes of the Community Consultation at the Tihun Court Barrie</b></p>	<p align="center"><b>Action By</b></p>
<p>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, Francis Koroma, Environmental Safeguard and Medical Waste Management Specialist and Christiana Fortune, Environmental Safeguard specialist.</p> <p>Mrs. Kamanda from IHPAU called the meeting to order. The Tihun town stakeholders and the IHPAU team introduced themselves. After the introduction of members, there was a short silent prayer.</p> <p>Mrs. Kamanda explained that the goal of the World Bank-supported Quality Essential Health Systems and Services Strengthening Project (QEHSASP) is to enhance the quality of essential health service delivery, especially maternal and child health in five (5) selected districts in Sierra Leone (Western Rural, Bonthe, Falaba, Tonkolili, and Kailahun Districts) using “Hub and Spokes” model. She explained further that the QEHSASP included assessing and improving staffing capacity, equipment holding, and existing infrastructure in selected health facilities (CHCs, the hubs).</p> <p>Mrs. Kamanda also explained that the purpose of the meeting was to discuss the adverse environmental and social risks/impacts associated with the proposed rehabilitation of the Tihun CHC under QEHSASP. She stated that the discussion at the meeting will aid the preparation of a safeguard instrument called an Environmental and Social Management Plan (ESMP), which will be used to manage and mitigate the identified risks/impacts.</p> <p>This instrument will ensure that the rehabilitation of the Tihun Community Health Centre and the operation of the facility are undertaken safely and sustainably, and that any challenge identified will be resolved promptly and amicably in a transparent manner.</p> <p>The staff of the CHC were delighted with the news of the development and were excited by the benefits it would bring to the Tihun township and its environs. The CHO in charge of the CHC asked about the fate of the services during the construction phase, to which Mrs Juliana Kamanda responded that shifting of services within the Tihun CHC would be discussed in the community meeting.</p>	



<p align="center"><b>Rehabilitation and Expansion of the Tihun Community Health Centre: Minutes of the Community Consultation at the Tihun Court Barrie</b></p>	<p align="center"><b>Action By</b></p>
<p>Francis mentioned that the construction work might cause some noise and dust, but the Works Contract will include specific clauses to minimize the impact. He 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>Waste Management</u></p> <p>Francis explained that construction waste will be generated, which could result from the construction activities during the rehabilitation of the Tihun CHC. The Contractor will be tasked in the contractor clauses to ensure that all construction waste is safely collected, transported, and disposed-off in approved disposal sites</p> <p>Fecal waste and wastewater will also be generated during construction activities. The contractor will be responsible for providing a mobile toilet for staff use and ensuring the safe disposal of all wastewater during the construction phase of the project. The community should inform the Grievance focal persons on the improper disposal of construction waste, fecal waste, and wastewater from the construction site during the construction phase of the project.</p> <p><u>Community Safety</u></p> <p>Christiana 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 Tihun town chief assured the IHPAU safeguard team that the community will fully support the implementation of the health and safety measures to avoid and minimize accidents/incidents.</p> <p><u>Labor Management</u></p> <p>Madam Juliana urged the 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 Community leaders to ensure that all personnel contracted by the contractor have signed contracts as well as codes of conduct.</p>	<p>and the community</p> <p>Contractor, Town Chief and the community</p> <p>Contractor, IHPAU &amp; the community</p> <p>IHPAU and Contractor</p>

<p align="center"><b>Rehabilitation and Expansion of the Tihun Community Health Centre: Minutes of the Community Consultation at the Tihun Court Barrie</b></p>	<p align="center"><b>Action By</b></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 service for the Maternity Section would be temporarily relocated within CHC to ensure the continuation of Maternity services. 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>Dr. Abeka advised that the CHC Incharge should work with the community leaders to develop a formal comfort letter on Land Ownership whiles MoH prepare a Conveyance document for the Tihun CHC.</p> <p><u>Gender-Based Violence (GBV) Issues</u></p> <p>Mrs. Kamanda explained what Gender Based Violence (GBV), sexual harassment (SH) and sexual exploitation (SEA) are and how they may arise during the</p>	<p>IHPAU Safeguards Unit. GRC, DHMT and the community</p>

<p align="center"><b>Rehabilitation and Expansion of the Tihun Community Health Centre: Minutes of the Community Consultation at the Tihun Court Barrie</b></p>	<p align="center"><b>Action By</b></p>
<p>implementation of the QEHSSSP, particularly during the upgrade of the Tihun CHC. She elucidated on how GBV issues may arise. She said for example, that some civil 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 Matru Jong, UBC Hospital. The facility and community focal persons will also receive GBV/SEA/SH grievances. IHPAU will involve them in GRC and GBV training and sensitization.</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 IHPAU Safeguard Unit and the Risk Communication 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 48 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 and DHMT</p>

<p align="center"><b>Rehabilitation and Expansion of the Tihun Community Health Centre: Minutes of the Community Consultation at the Tihun Court Barrie</b></p>	<p align="center"><b>Action By</b></p>																																																				
<p>Operational Centre (EOC) 117 platforms 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 twelve members who were selected from different sub-committees and the health facility. Madam Amie Dauda and Mr. Julius K. Backarie, the Court Chairman, were selected as the community focal person, whilst CHO Jalloh and Jennifer Sergie would serve as focal persons for the health facility The following are the members of the committee:</p> <table border="1" data-bbox="263 1037 1289 1520"> <thead> <tr> <th>SN</th> <th>Name</th> <th>Designation</th> <th>Mobile number</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Franklyn A. Songa</td> <td>Ward Coordinator</td> <td>079502950</td> </tr> <tr> <td>2.</td> <td>Amie Dauda</td> <td>Women’s Leader</td> <td>076319540</td> </tr> <tr> <td>3.</td> <td>Eddie Amara</td> <td>FMC Chairman</td> <td>079013855</td> </tr> <tr> <td>4.</td> <td>Mustapha Jalloh</td> <td>CHO</td> <td>078906902</td> </tr> <tr> <td>5.</td> <td>J A. Gbongay</td> <td>Pastor</td> <td>075786099</td> </tr> <tr> <td>6.</td> <td>Mohamed Bangalie</td> <td>Youth leader</td> <td>078354523</td> </tr> <tr> <td>7.</td> <td>Tommy Massaquoi</td> <td>EMAU</td> <td>076335865</td> </tr> <tr> <td>8.</td> <td>Jennifer D. Saige</td> <td>Midwife</td> <td>076360445</td> </tr> <tr> <td>9.</td> <td>Joseph Micheal</td> <td>Youth</td> <td>072275773</td> </tr> <tr> <td>10.</td> <td>Mbayoh Mammy</td> <td>Town Chief</td> <td>076187279</td> </tr> <tr> <td>11.</td> <td>Julius K. Backarie</td> <td>Court Chairman</td> <td>078575886</td> </tr> <tr> <td>12.</td> <td>Alice Songa</td> <td>Traditional leader</td> <td>075212950</td> </tr> </tbody> </table> <p><u>Relocation of CHC Services</u></p> <p>During the construction process of the Maternity services will need to be temporarily relocated within the CHC building for a period of six months during the rehabilitation phase. To address this, the CHO will rearrange the facility to temporarily accommodate Maternity services when construction work start.</p> <p><u>Shifting of the maternity services within Tihun CHC</u></p>	SN	Name	Designation	Mobile number	1.	Franklyn A. Songa	Ward Coordinator	079502950	2.	Amie Dauda	Women’s Leader	076319540	3.	Eddie Amara	FMC Chairman	079013855	4.	Mustapha Jalloh	CHO	078906902	5.	J A. Gbongay	Pastor	075786099	6.	Mohamed Bangalie	Youth leader	078354523	7.	Tommy Massaquoi	EMAU	076335865	8.	Jennifer D. Saige	Midwife	076360445	9.	Joseph Micheal	Youth	072275773	10.	Mbayoh Mammy	Town Chief	076187279	11.	Julius K. Backarie	Court Chairman	078575886	12.	Alice Songa	Traditional leader	075212950	<p>Town Chief and the Community</p>
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<p>At the community meeting, the stakeholders consulted among themselves on relocating the Community Health Centre (CHC) staff. The community, represented by the Town Chief, agreed to comply with the condition during the rehabilitation period.</p> <p><u>Any other Business (AOB)</u></p> <p>Mrs. Amie Dauda – Women Leader expressed the community's wiliness to support the proposed rehabilitation works and went further to state that the community agreed to even assign somebody to be cleaning the CHC compound. Dr Abeka stated that this project will cover the recruitment and payment of salary to the cleaners of the Tihun CHC.</p> <p>Mr. Saidu Jusufu, a community stakeholder, inquired if the grievance redress committee members would receive any payment. Madam Juliana responded that no allowance would be given to the committee members. However, she informed the meeting that the committee members will be trained to handle, document and report on grievances.</p> <p>The Town Chief – Mr. Mbayoh Mammy asked for their terms of reference for the GRC. Dr. Emmanuel replied that the terms of reference would be discussed during the training sessions.</p> <p><u>ESMP and Disclosure Issues</u></p> <p>Mrs.Kamanda explained that the consultation process is an integral part of the Environmental and Social Assessment. The discussions held during this process will be documented in a report called the Environmental and Social Management Plan. This report will then be reviewed and approved by the World Bank. Once approved, copies of the report will be made available to the Town Chief, CHO, DMO, so that anyone interested in reading it will find copies available at the facility as well as the appropriate stakeholders.</p>	
<p><u>Conclusion and next step</u></p> <p>- 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.</p>	<p>IHPAU Safeguards Unit</p> <p>Contractor</p>

	<b>Rehabilitation and Expansion of the Tihun Community Health Centre: Minutes of the Community Consultation at the Tihun Court Barrie</b>	<b>Action By</b>
	<ul style="list-style-type: none"> <li>- The Contractor will be responsible for ensuring its staff implements mitigation measures on a day-to-day basis. IHPAU Safeguards Specialists will be responsible for environmental and social monitoring.</li> <li>- Mitigation measures outlined include alternative routes to bring materials to site to avoid the disruption of the Day to day Healthcare service at the CHC.</li> <li>- Provision of security on site, awareness creation and further community engagement were discussed as some of the mitigation measures</li> <li>- The Paramount Chief offered his property to be temporarily host the delivery of services during the construction (rehabilitation) of the CHC.</li> <li>- 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 QEHS SSP implementation, so that persons who have concerns during project implementation can report, have their issues heard, investigated, and resolved amicably.</li> </ul>	<p>Contractor</p> <p>Town Chief and the Community</p> <p>IHPAU Safeguards Unit and GRC</p>
<p><b>3.0</b></p>	<p><b><u>CLOSING</u></b></p> <p>The community stakeholders and Town 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 2:40pm.</p>	

No.	<b>Rehabilitation and Expansion of Tihun Community Health Centre: Minutes of Meeting with Staff of Tihun Community Health Centre on the 24<sup>th</sup> March 2024 at the Tihun Community Centre</b>				<b>Action Point</b>																																																																				
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<b>1.0</b>	<p><b>Introduction</b></p> <p>On the 1<sup>st</sup> June, 2024, at 2.50 pm, a meeting was held where all attendees introduced themselves. The IHPAU Safeguards Team consisted of Dr. Emmanuel Environmental and Social Safeguards Technical Advisor, 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, Christiana Monica Fortune-Environmental Safeguard Specialist with additional Point of Entry responsibilities, and Francis Koroma, Environmental Safeguard and Medical Waste Management Specialist.</p>																																																																								

	<p>The Community Health Officer in charge of the Tihun Community Health Centre called the meeting to order. After this, the Tihun Community Health Centre staff introduced themselves, while the CHO introduced the IHPAU team. After the introduction of members, there was a short silent prayer. The (CHO) announced that the team for IHPAU</p> <p>Mrs. Kamanda explained that the goal of the World Bank's support project -Quality Essential Health Systems and Services Strengthening Project (QEHSSSP) is to enhance the quality of essential health service delivery, especially maternal and child health in five (5) selected districts in Sierra Leone (Western Rural, Bonthe, Falaba, Tonkolili, and Kailahun Districts) using “Hub and Spokes” model. She continued that, aspects of the QEHSSSP included assessing and improving staffing capacity, equipment holding, and existing infrastructure in selected health facilities (CHCs, the hubs).</p> <p>Mrs. Kamanada also mentioned that the purpose of the meeting was to discuss the adverse environmental and social risks/impacts associated with the proposed rehabilitation and expansion of the Tihun Community Health Centre under QEHSSSP. They stated that the discussion at the meeting will aid the preparation of a safeguard instrument called an Environmental and Social Management Plan (ESMP) that will be used to manage and mitigate the identified risks/impacts.</p> <p>This instrument will ensure that the rehabilitation/expansion of the Tihun Community Health Centre and the operation of the facility is undertaken safely and sustainably and that any challenge is identified and resolved promptly and amicably in a transparent manner.</p> <p>The staff of the CHC were delighted with the news about the rehabilitation works and were excited by the benefits it would bring to the Tihun town and its environs. The CHO in charge of the CHC asked about the fate of the services during the construction phase, to which Mrs. Kamanda responded that due to the availability space within the facility, rehabilitation/ expansion of the maternity room and toilets do not pose high risk for relocation. The Maternity services would be discussed in the community meeting.</p>	
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<p><b>2.0</b></p>	<p><b>Discussions</b></p> <p>Dr. Abeka indicated that the proposed civil works will include re-roofing the Maternity room, expansion of the toilets to accommodate a laundry area, deepening of the water well and installation of a water pump, rehabilitation of the waste management building and incinerator, and painting of the buildings.</p> <p>Dr. Abeka mentioned that once they shift of maternity service to another area within the CHC building, the incidence of adverse construction-related environmental and social impacts such as noise, accidents, and injuries on them and patients would be reduced to the barest minimum.</p> <p>Mrs. Kamanda, however, mentioned that certain adverse social risks/impacts such as child labor and Gender-Based Violence- including Sexual Exploitation, and Abuse (SEA) and Sexual Harassment (SH) could occur during the construction and operational phases of the project. She indicated that these incidents and other project-related grievances should be reported promptly. She further explained that staff would nominate two (2) focal persons (one male and one female) to receive, document, and transmit all project-related grievances including GBV/SEA/SH cases at the facility level. The community will also select two persons (one male and one female) to serve the same purpose. The names and contacts of these focal persons will be pasted at vantage points in the community at the project site and temporary CHC premises.</p> <p>For reporting GBV/SEA/SH cases Mrs. Kamanda also mentioned that the survivors could also report to One Stop GBV Centre at Prince Marie Children's Hospital and any Family Support Unit Police Station. She concluded on the note that a local Grievance Redress Committee will be formed with members drawn from the traditional authority, Western Area Rural District Council, etc. to investigate and resolve non-GBV/SEA/SH grievances associated with civil works.</p> <p>Madam Jennifer D. Sergie raised concerns about the space of the labor room and inadequate equipment including the delivery beds. Mrs. Kamanda replied saying that the labour ward will be expanded to accommodate more beds and laundry facility will be constructed close to the toilet.</p> <p>Mr. Mustapha Jalloh, the CHO in charge, reported that they have received QEHSSSP drugs and staff have been interviewed has been posted to the facility enabling them to offer more services. He mentioned that they are facing challenges in the</p>	
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	<p>management of healthcare waste due to the non-functioning of the incinerator and inadequate waste collection bins and liners.</p> <p>Mrs. Kamanda, in her response, indicated that these inputs would be captured in the design and BOQ for the rehabilitation works/ facility upgrade currently under preparation. She explained that the CHC staff would review and make the design before Bank approval.</p> <p>Madam Jennifer D. Sergie – Midwife asked about the filled placenta and sharp pits at the waste zone building. Francis Koroma stated that the IHPAU Safeguards Team and the CHC Management would assess the premises of the temporary CHC for a suitable location for a temporary waste zone area.</p> <p>Mr. Mustapha Jalloh asked about the water supply to the Tihun Community Health Centre and the proposed temporary CHC premises. Christiana stated that the rehabilitation of the water well will be incorporated into the BOQ for the rehabilitation of Tihun CHC.</p> <p>CHO Jalloh then asked whether the Tihun CHC premises would be fenced. Dr. Emmanuel Abeka replied that the CHC will indeed be fenced.</p>	
3.0	<p><b>CLOSING</b></p> <p>The CHO Jalloh of the Tihun CHC thanked the IHPAU team for the meeting and expressed his desire for further engagements to be undertaken during project implementation.</p> <p>Mrs. Kamanda also thanked the staff for their participation in the meeting and reminded them to select the two focal persons and submit their names and contacts to her as soon as possible. She indicated further consultations and community sensitizations are being planned under QEHSSSP, and they will be informed accordingly.</p> <p>The IHPAU team expressed their gratitude to the participants, and the meeting ended at 4.08 pm.</p>	

To be signed during the first quarter ESCP monitoring in May 2025

## 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 and 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. Suppose the Contractor fails to implement the approved ESMP after written instruction by the Supervising Engineer to fulfill his/her obligation within the requested time. In that case, 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 necessary measures to avoid undesirable adverse environmental and social impacts and, wherever possible, restore work sites to acceptable standards and abide by any environmental performance requirements specified in the Site Specific EMSP. In general, these measures should include but not be limited to:
  - *Minimizing 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 protection of workers, patients, and households living in the vicinity of dust-producing activities. (It is mandatory for contractors and subcontractors to measure air quality and dust emission).*
  - *Ensure that noise levels emanating from machinery, vehicles, and noisy construction activities (e.g., excavation) are minimal for the safety, health, and protection of workers, households, and patients near 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. Also, ensure that stagnant water in uncovered trenches is treated in the best way to avoid creating breeding grounds for mosquitoes.*
  - *Upon discovery of ancient heritage, relics, or anything that might or be 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 the fulfillment of the measures aimed at protecting such historical, cultural or archaeological resources.*
  - *Implement soil erosion control measures in order to avoid surface runoff and prevent siltation, etc.*
  - *Ensure that garbage, sanitation, and drinking water are provided for construction workers.*
  - *Ensure that local materials are used as much as possible to avoid the importation of foreign materials 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 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 accordance with the Council's waste management regulations.
8. Wastewater from washing equipment shall not be discharged into roadside drains and water bodies
9. Used oil from maintenance works shall be collected and disposed of appropriately at designated sites, reused, or sold for reuse locally.
10. Site spoils and temporary stockpiles shall be located at least 100 meters from the drainage systems, and surface runoff shall be directed away from stockpiles to prevent erosion.
11. The Contractor shall avoid conflicting with the water demands of the health care facility and the local community at all costs.
12. Abstraction of water from wetlands and waterbodies shall be avoided.
13. Water from construction projects containing spoils, site effluent, cement, and oils shall not be allowed to flow into natural water and drainage courses.
14. No cleansing of construction equipment and vehicles shall be undertaken within 100 meters of any waterbody or wetland
15. The Contractor shall provide potable water, refuse bins, as well as clean and well-maintained safe toilet facilities for employees on site

#### **Traffic Management**

16. Materials shall be delivered on-site over the weekend, before 6:00 a.m. or after 4.00 pm.
17. Delivery vehicles will use alternative access and avoid the main facility entrance, wards, and other functional zones within the health center 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 must agree with the Supervising Engineer which elements will 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.
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21. Leftover materials will be collected and used for other purposes.

### **Health and Safety**

22. The Contractor shall mount an awareness, health, safety, and hygiene campaign in advance of the construction work.
23. Workers, patients, and local residents shall be sensitized to health and safety risks associated with the work, including Fire Prevention and Containment, as well as Occupational Health and Safety
24. The Contractor shall make all his/her employees available for all OHS and Emergency Preparedness Training/Demonstration Programs organized under the project.
25. Appropriate warning, directional, and prohibitory signs shall be provided at appropriate site locations.
26. Construction vehicles within communities shall not exceed the maximum speed limit of 20km per hour.
27. The Contractor shall appoint a qualified Environmental, Social, and 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 behaviors, 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 the Senior Social Safeguards Specialist of IHPAU/MoH within 24 hours of receiving such as a report. Survivor confidentiality shall be maintained, and all survivor identifiers will be excluded from any information or reports provided.
31. The survivor shall immediately be referred to the medical and psychosocial service.
32. The Contractor shall support investigations of GBV/SEA/SH cases and implementation of the accountability framework.
33. The Contractor shall make all his/her employees available for all Gender-Based Violence Sensitization Programs 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 human rights violations.

### **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 concerning environmental, social, health, and safety issues during site meetings and environmental and social monitoring visits, as well as how problems, issues, and concerns were mitigated*
36. Significant health and safety incidents must be reported within 24 hours. Therefore, such incident reporting shall be done individually.
  37. The Contractor shall keep his own records on persons' health, safety, welfare, and property damage. These records shall include such records and copies of incident/accident reports as appendices to monthly reports.
  38. environmental and social performance details 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, 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 that engage in child or forced labor
42. in his recruitment, the Contractor shall not discriminate by gender, religion, ethnicity, etc.
43. The Contractor shall familiarize 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 is 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/without 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 before the power outage/cut in water supply. The notice shall be repeated 24 hours before the planned outage or shutdown.
49. The Contractor shall immediately inform hospital authorities and affected persons of any accidental power cuts or water supply disruptions, along with mitigation measures and 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 consult 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 member to serve on each site's Subproject Grievance Redress Committee.
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. compliance with these conditions is expected to be part of standard good workmanship and state-of-the-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 applying the contractual agreements, the lack of respect for the environmental and social clauses duly observed by the Contractor could justify the contract's termination.

## Annex H: Sample Code of Conduct for Site Worker

All the employees of the Contractor and support staff of the 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 expressed 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 the 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 children and forced labor.
- g. The company will not tolerate any form of child or forced labor from any sub-contractor/employee who practices 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 exercise 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 the same for their employees
- b. Contractor employees shall be responsible for removing themselves from danger as much as possible whenever they have good reason to believe there is an imminent and serious danger to their safety or health. They should have a duty to inform their supervisor immediately.
- c. Employees/key experts will be provided with the appropriate protective gear for the operations or activities and request the 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, and 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 to avoid accidents and injury to health.
- h. Every employee shall take reasonable care of their own safety and health and those of others 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 they believe presents a risk and cannot correctly 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 to 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 use
- o. All employees shall comply with the employer's safety and health measures. Employees should not operate or interfere with plants and equipment 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 near fires, dangerous or toxic substances, running machines or vehicles, and heavy equipment.
- q. Supervisors should not assign employees to undertake activities for which the latter do not have the necessary competence, training, or certification or have not been stated in their contract with the Company. Employees should not undertake any assigned activity for which they do not have the necessary competence, training, or certification or that has not been stated in their contract with the Company. Every employee is encouraged to contribute by integrating environmental sustainability issues in our industry into our business planning, strategies, and decision-making.
- r. Employees shall avail themselves of all OHS, HIV/AIDS, Gender-Based Violence, Emergency Preparedness Training/Sensitization Programs organized under the project.
- s. All Company employees should strive to conserve resources and reduce waste through re-use and other energy conservation measures. Workers shall not engage in any activity outside of the task dedicated to them or outside of the project activity.
- t. Employees shall not commit the 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 illegal under the laws of Sierra Leone, including marijuana.
- b. No employee shall smoke or consume alcohol or illegal substances while on duty, including lunches, during overtime meals, or on company property.
- a. Officers and directors may authorize, in advance, the consumption of alcohol for special occasions or specific 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 based on color, race, religion, age, nationality, sex, marital or family status, ethnic affiliation, pregnancy, sexual orientation, disability, or other reasons is prohibited.
- b. In some instances, 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 the necessary competence, training, or certification or that is not 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 applying objective criteria, fair and unprejudiced opinion, personal performance, and merit.
- d. Recruitments, transfers, training, maternity leave, and standard terms and conditions will be conducted in accordance with 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 its host communities by setting good corporate citizenship standards while respecting local sensitivities.
- b. The Company will regularly contribute to communities' economic and social development and expect 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' 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 that create an environment that 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 is responsible for ensuring 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 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 offenses).*
- 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, 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, thoughtfully, 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, abuse, or 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. to report and deal with sexual harassment and crimes, the Company will provide a hotline to 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, NPHA/EOC 117 toll-free line, FSU of Sierra Leone by the survivor or other employees'

## 7. Violence or Exploitation

- a. No employee shall bear any weapon on site unless he/she has been authorized and has a legitimate business reason to do so. Even so, this will have to be with the permission of the appropriate supervisor and manager and in conformity with the laws of Sierra Leone.
- b. The company is committed to maintaining a safe, 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 the Environment, Health and Safety Officer.
  - b. Every employee shall be responsible for the safety and well-being of any person under the age of 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, 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 exploit, abuse or harasses.
- f. Employees are to provide safe environments for children and youth at all times on-site

#### **9. Sanitation Requirement**

- a. The Company should provide sanitary tools and maintain sanitary facilities (according to building regulations) for all employees to ensure their health and safety. All such facilities shall be labeled with an inscription in English for every employee's understanding.
- b. Every employee/key expert shall be responsible for appropriately using 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 regarding the use of sanitary facilities shall attract punitive action, 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 organization's best interests.
- b. Employee/key experts must not use their positions, or the knowledge gained due to 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 due to his or her position in the Company.
- e. Supervisors/managers should be promptly informed of any situation that involves, or may reasonably be expected to involve, a conflict of interest with the Company.

#### **11. Protection and Proper Use of Property**

- a. All employees, unless otherwise directed, are responsible for acquiring, using, maintaining, and disposing of company assets (e.g., materials, equipment, tools, real property, information, data, intellectual property, and funds) and services. Asset acquisition should comply with the company's procurement standards.
- 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 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. Upon termination of employment and at any other time during your employment, when requested, you must hand over the 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 monitor their Internet use.
- h. Every employee shall use company assets only for legal and ethical activities.

#### **12. Report on 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. C. All reports of misconduct, unethical behavior, conflict of interest, or illegal activity must be handled confidentially and treated seriously and discreetly.
- d. Employees may report anonymously should that be their preference.
- e. If a grievance is raised to a manager regarding discriminatory behavior or harassment, the manager must notify the employee immediately, regardless 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 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: Addressing Occupational Health and Safety Risks in Nearby Communities

Ensuring the health and safety of communities surrounding schools is essential, as various occupational hazards can impact both students and residents. Below are some key considerations and strategies to mitigate occupational health and safety risks in nearby communities:

### 1. Community Risk Assessment

- Conduct thorough assessments to identify potential health risks associated with nearby industries, facilities, or environmental hazards.
- Engage with community members, local organizations, and public health officials to gather insights on perceived risks.

### 2. Pollution Control Measures

- Work with local industries and regulatory bodies to monitor and minimize air and water pollution that could affect school environments and community health.
- Promote the implementation of best practices in waste management and emissions reductions.

### 3. Emergency Preparedness Planning

- Develop emergency response plans that include resources for dealing with chemical spills, natural disasters, and other emergencies that might pose a risk to both schools and nearby communities.
- Conduct drills with both local schools and community members to ensure preparedness for any potential incident.

### 4. Health Education and Resources

- Provide educational programs on occupational health and safety to raise awareness about risks posed by local industries and environmental factors.
- Offer resources for residents and school staff regarding health screenings and preventive care.

### 5. Collaboration with Local Health Authorities

- Strengthen partnerships with local health departments and organizations to stay informed about emerging risks and effective safety standards.
- Organize community health fairs and workshops focusing on occupational health topics relevant to both students and residents.

### 6. Promoting Safe Practices

- Encourage community members and local businesses to adopt safe practices around hazardous materials, tools, or equipment.
- Support initiatives that foster safe recreational areas, ensuring they are free from industrial runoff and other environmental hazards.

### 7. Child Safety Policies

- Advocate for and implement policies specifically to protect children from occupational hazards, such as restricting proximity to hazardous sites or ensuring safe transportation routes to schools.

- Provide training for parents and teachers on recognizing signs of environmental health issues affecting children.

#### 8. Access to Healthcare

- Ensure that community members, especially in areas surrounding schools, have access to affordable healthcare services that address occupational health needs.
- Encourage routine health check-ups focusing on occupational risks and exposures.

#### 9. Community Involvement in Safety Initiatives

- Engage residents in safety committees or advisory boards to foster a sense of ownership and share responsibility for community health.
- Promote volunteer opportunities for clean-up activities that improve local environments and enhance public spaces.

#### 10. Regular Communication and Feedback

- Establish open channels for community feedback on health and safety concerns, allowing for ongoing risk assessment and collaborative problem-solving.
- Keep the community informed about changes to local policies, health initiatives, and safety protocols.

#### Conclusion

Addressing occupational health and safety risks in nearby communities can significantly enhance the safety and well-being of students and residents. A collaborative, proactive approach is essential for fostering a healthy environment that benefits the entire community. Continual assessment and adaptation of these strategies will ensure that we respond effectively to the community's evolving needs.

## Annex J: Standard Operating Procedures for Health Care Waste Management-Covid-19 and Other Infectious Diseases: Sierra Leone

### Introduction

COVID-19/MPox or other infectious diseases spread 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 the excreta of the infected person.

All health care waste produced during patient care should be collected safely in designated containers and bags, treated, and then safely disposed of, treated, or both, preferably on-site.

The safe handling of waste generated through the care of patients with COVID-19 /MPox or other other infectious diseases is based on three main principles:

- 1) Segregation, safe containment, and packaging of waste should be performed as closely as possible to the point of generation.
- 2) Limiting 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.

### The objective of the SoP

The main objective of this SoP is to outline concise directives to personnel charged with the responsibility of collecting, storing, transporting, and disposing of healthcare waste to prevent the transmission of COVID-19/MPox or other infectious diseases from these wastes.

### SCENARIOS:

SCENARIO 1. Management of COVID-19/MPox or other health care WASTE at the quarantine homes, Isolation, laboratory, and treatment centers in phases one and two of the outbreaks.

SCENARIO 2. Management of COVID-19/MPox or 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 coughing 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-sharp solid waste in the biohazard bag. The bag should not be filled more than two-thirds full to allow safe closure.
- Carefully place sharps waste in an appropriate disposable sharps container and close the container. To allow safe closure, containers should not be filled more than two-thirds full.
- Prepare filled bags and sharps containers for onsite inactivation
- Place closed sharps containers in a biohazard bag.
- Close the bag using a method that will not tear or puncture it (e.g., tying the neck of the 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 the 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 with 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 area's periphery 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 never open the container or double-bagged waste.
- For onsite treatment, disinfection personnel wearing appropriate PPE should
- Safely transfer waste in a transport cart to a dedicated waste autoclave room, secured storage location, or incineration area.

## **SCENARIO 1.**

### **D. AT DISPOSAL POINTS**

#### **Select Site for disposal of COVID-19/MPox or other infectious disease-contaminated solid waste**

- Select a disposal point (incinerator/burning pit) on the health facility grounds
- Disposal points 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 a 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, avoid splashing by pouring from a low level into the toilet.
- Close the lid first and then flush the 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) When handling infectious waste, Wear an appropriate set of PPES, heavy-duty rubber gloves, and goggles.
- 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 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/MPOX-OR 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 it in an isolated latrine or toilet set aside for COVID-19/Mpox or other infectious disease cases. (NB: Avoid splashing when disposing of liquid infectious waste)
- Burning is the recommended method for disposing of other COVID-19/MPox or infectious disease-contaminated waste. 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/MPox and other infectious disease waste at community level**

- If the number of positive COVID-19/MPox or other infectious disease cases increases and there is evidence of community spread and where there is widespread use of face masks. Proper disposal is observed within communities, and all households and citizenry should be encouraged to segregate waste at all points of generation.
- Risk communication
- Training and Selection of Youth Groups and waste collectors should be conducted nationwide.
- Locally made incinerators should be utilized at the designated dump sites for incineration of used masks and PPEs

## Annex K: 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/MPox or other infectious diseases or people under investigation in Healthcare Settings)*

### HEALTH CARE SETTINGS

#### 1. Minimize the 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, ensure 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 face masks in waiting rooms and patient rooms
- Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only patients who are definitively infected with COVID-19 or the same infectious diseases are placed together in the same room. No other patients can be placed in the same room.

#### 2. Adherent 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 Personnel

- Train all staff and volunteers on the symptoms of COVID-19/MPox or other infectious diseases, how they spread, and how to protect themselves. Train on the correct use and disposal of personal protective equipment (PPE), including gloves, gowns, face masks, eye protection, and respirators (if available), and check that they understand
- Train cleaning staff on the 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/MPox or other infectious diseases. Alternative communications should be encouraged, for example, by the use of mobile phones. Exceptions only for end-of-life situations and children requiring emotional care. At these times, visitors should use PPE.
- 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/MPOX OR OTHER INFECTIOUS DISEASES**

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

- Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19/Mpox or, other infectious diseases should be immediately removed from the site and tested for the virus at the nearest local hospital
- Close co-workers and those sharing accommodation 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
- People under investigation for COVID-19/Mpox or 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/MPox or other infectious diseases, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital)
- If project workers live at home, any worker with a family member with a confirmed or suspected case of COVID-19 or another infectious disease should be quarantined from the project site for 14 days and continue 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/MPox or other infectious diseases, how they are 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 person 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, and 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/MPox or other infectious diseases be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible
- Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area where the worker was present before any further work is undertaken in that area.

Annex L: Sierra Leone Burial Standard Operating Procedures



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

**STANDARD OPERATING PROCEDURE FOR SAFE, DIGNIFIED MEDICAL BURIALS OF COVID-19/MPOX  
OR 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/MPOx or other infectious diseases.

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

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

## **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 the 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 to the patient before 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 masks and gloves to prevent infection.
  3. One Health Officer to support family members and oversee the infection control measures
- Family members should be discouraged from handling the body sealed in a body bag. However, if they wish, they should follow proper instructions for handling the body and use an N95 mask for extra precautions. Religious representatives shall be allowed to join family members in performing rituals.

## **Step 1: Preparation of disinfectants**

- Disinfectant solutions must be prepared on the same day with a 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 Burial Procedures**

All deaths must be reported to the health authority immediately.

A 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 from the mortuary without swabbing.

A complete case investigation for all deaths will be carried out.

In all instances, deaths should be registered with the birth and death office in accordance with the vital statistics system.

#### **Application of Standard Case Definitions**

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

**Action:** Do not collect swabs; immediately conduct a safe, dignified medical burial.

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

**Action:** conduct a 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/MPOx or other infectious diseases case definition.

**Action:** No swabbing; conduct safe dignified medical burial immediately.

**Non-Ebola death:** Any death with an apparent cause (such as a car accident, burns, or other pre-existing medical condition); no link to COVID-19/MPOx or other infectious diseases; and no signs or symptoms of COVID-19/MPOx or other infectious diseases.

**Action:** Do not collect a swab sample. In high-transmission areas, conduct safe, dignified medical burial immediately; in no- or low-transmission areas, 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 (e.g., clothing or personal objects) to be buried with the body.

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 arrive at the cemetery.

Inform the family that a coffin can be used if they supply one. The body does not need to be disinfected before being transferred 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 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, the family could place a memorial mark at or near the grave site when the soil is filled in.

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

No burial should occur after 1800 hrs. or 6 PM.

### **Precautions**

The burial team will have 2 vehicles. One vehicle will transport the burial team and supplies, and the second vehicle will transport the bodies. However, the second vehicle must have a separate front cab so that the burial team and driver will not be exposed to the bodies.

There is no need to disinfect the body before transferring 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 a 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 mattresses, bedding, blankets, bed nets, and clothes used by the deceased, should be collected and burned at a safe distance away from the house.

The deceased's belongings do not need to be burned or otherwise disposed of. They should be cleaned with a detergent and disinfected 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 shields, masks, suits, and rubber boots or shoe covers). Thick rubber gloves should be used for the second pair (or outer layer) of gloves.

Healthcare workers or mortuary staff who prepare 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 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 touches or carries 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.

In the event of accidental contact with the body or infectious body fluids, take a closed container or sprayer with a strong (0.5%) chlorine (1:10 bleach) solution. You can also use it to clean up spills in the vehicle.

### **How to prepare for Burial Site 1**

The grave should be at least 2.4 meters (8 feet) deep and be dug by a grave digger before the burial teams arrive with the bodies.

All medical burials will take place in designated sites approved by local communities.

The burial site should be 30 meters (almost 100 feet) from any water source and 500 meters from the nearest habitat.

Burial depth should be at least 15 meters (50 feet) above the groundwater table.

Before removing the bodies from the back of the vehicle, the burial team will dress in unused personal protective equipment.

### **How to prepare for 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 one 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 the family provided a plaque or grave marker when the body was being collected, the burial team should mark the grave with this identification.

### **How to prepare for a 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 the 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, as the solution is corrosive.

**Check List**

Use Safe Burial Practices

Prepare the Body Safely

Transport the Body Safely

Preparing for Burial Site

Disinfect the Vehicle after Transporting the Body

Annex M: 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 N: 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 material of cultural, archeological, historical, paleontological, or other cultural significance;
- ii. Report ‘the Find’ to the Supervising Consultant;
- iii. The Supervising 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).

## Annex O: Standard Operating Procedure (SOP) for Case Investigation and Contact Tracing in a Mpox Outbreak

### 1. Purpose

To provide a structured approach for **case investigation** and **contact tracing** during an Mpox outbreak to ensure rapid identification, isolation, and management of cases, thereby preventing further transmission.

### 2. Scope

This SOP applies to **all surveillance officers, healthcare workers, and public health teams** involved in Mpox outbreak response at the district and national levels.

### 3. Responsibilities

- **Case Investigation Team (CIT):** Conducts case investigations, verifies cases, and collects epidemiological data.
- **Contact Tracing Team (CTT):** Identifies, monitors, and follows up with close contacts of confirmed or probable cases.
- **Laboratory Team:** Supports case confirmation through specimen collection and testing.
- **Data Management Team:** Ensures proper documentation and real-time data sharing.
- **Risk Communication Team:** Provides health education and risk communication to contacts and the community.

### 4. Case Investigation Procedures

#### 4.1 Case Identification

- Identify suspected Mpox cases based on **clinical presentation** and **epidemiological criteria**.
- Use the case definitions provided by the **Ministry of Health (MoH)** and **World Health Organization (WHO)**.

#### 4.2 Case Verification and Notification

- Confirm suspected cases through **clinical assessment** and **laboratory testing (PCR test for Mpox virus)**.
- Immediately **notify health authorities** and report cases through the established surveillance system.

#### 4.3 Data Collection

- Use a standardized **Case Investigation Form (CIF)** to collect:
  - Demographic details
  - Clinical symptoms and onset date
  - Travel history and exposure risk
  - Contact history
  - Vaccination status
- Conduct **face-to-face or telephone interviews** with patients or caregivers.

#### 4.4 Specimen Collection and Laboratory Testing

- Collect **lesion, throat, or blood samples** for laboratory testing.
- Label, package, and transport specimens following **biosafety protocols**.

### 5. Contact Tracing Procedures

#### 5.1 Identification of Contacts

- Contact is **any individual** who had direct or indirect exposure to a confirmed/probable Mpox case within the infectious period (21 days before symptom onset to isolation).

- Categories of contacts:
  - **Household members**
  - **Healthcare workers (without PPE use)**
  - **Sexual partners**
  - **Social and workplace contacts**

## 5.2 Contact Registration and Risk Categorization

- Register all contacts in a **Contact Listing Form**.
- Categorize risk levels:
  - **High-risk:** Direct skin-to-skin contact, prolonged face-to-face exposure, or exposure to bodily fluids.
  - **Moderate risk:** Indirect contact with contaminated surfaces or shared items.
  - **Low risk:** Brief or casual interaction with a case.

## 5.3 Contact Monitoring and Follow-up

- Monitor contacts for **21 days** from the last exposure.
- Conduct **daily health checks** via calls or home visits.
- Advise contacts to self-monitor for symptoms and report immediately if symptoms develop.

## 5.4 Quarantine and Isolation Measures

- **High-risk contacts** may require **quarantine** and medical observation.
- **Symptomatic contacts** should be immediately **isolated and tested** for Mpox.

## 5.5 End of Follow-up

- Contacts with **no symptoms** after 21 days are released from monitoring.
- If symptoms develop, they transition to **case management**.

## 6. Data Management and Reporting

- Ensure **real-time data entry** into the surveillance system.
- Share **daily reports** with the **National Health Response Team**.
- Maintain **confidentiality** of patient and contact information.

## 7. Risk Communication and Community Engagement

- Provide **accurate information** to cases, contacts, and the public.
- Address **misconceptions** and promote **preventive measures** (hygiene, vaccination).

## 8. Infection Prevention and Control (IPC) Measures

- Train health workers on **proper PPE use** and **safe specimen handling**.
- Disinfect patient environments and healthcare settings.

## 9. Evaluation and Continuous Improvement

- Conduct **weekly review meetings** to assess the effectiveness of case investigation and contact tracing efforts.
- Modify strategies based on **feedback and emerging data**.

## 10. Conclusion

Timely **case investigation** and **contact tracing** are critical in Mpox outbreak response. This SOP ensures a **coordinated, efficient, and effective** approach to controlling transmission.

## Annex P: Guidelines for Incinerators

Additional guidelines for the operation of incinerations are as follows:

- i. Imported and European Union certified incinerators should be considered under the project instead of locally manufactured systems.
- ii. Single-chamber, drum and brick incinerators should not be accepted for use in HCF/Laboratories and Common Bio-Medical Waste Treatment Facilities (see a picture of containerized incinerator in Annex D-Plate 2).
- iii. Chlorinated waste such as polyvinyl chloride plastics should be minimized or eliminated from the waste to be incinerated.
- iv. The temperature in the primary chamber should be at least 800 °C and that in the secondary chamber should be at least 1000 °C.
- v. Introduction of the waste in the combustion chamber only at temperatures of 850°C; (The plant should have an automatic system to prevent waste feed before the above-mentioned temperature is reached).
- vi. Installation of auxiliary burners (for start-up and shut-down operations).
- vii. Avoidance of starts and stops of the incineration process).
- viii. The chambers should not operate at temperatures below 850°C and there should be no cold regions.
- ix. Control of oxygen input depending on the heating value and consistency of feed material to provide sufficient oxygen content at an average of 6% Oxygen by volume.
- x. Minimum residence time of 2 seconds at between 1300°C to 1500°C in the secondary chamber.
- xi. High turbulence of exhaust gases and reduction of air excess should be achieved by injection of secondary air or re-circulated flue gas, pre-heating of the airstreams and regulated air inflow.
- xii. Incinerators must meet emissions standards in the World Bank Group EHS for health facilities namely:

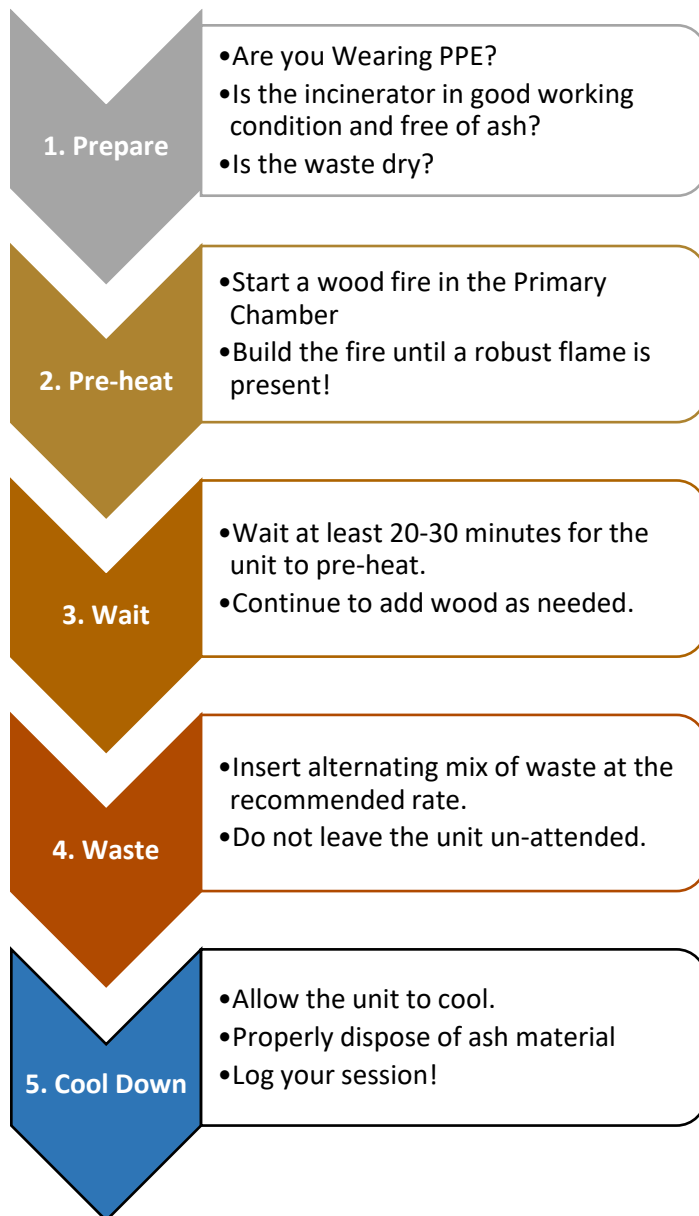
a) Total Particulate matter (PM)	-10 mg/Nm <sup>3</sup>
b) Total organic carbon (TOC)	- 10 mg/Nm <sup>3</sup>
c) Hydrogen Chloride (HCl)	- 10mg/Nm <sup>3</sup>
d) Hydrogen Fluoride (HF)	- 1 mg/Nm <sup>3</sup>
e) Sulfur dioxide (SO <sub>2</sub> )	- 50 mg/Nm <sup>3</sup>
f) Carbon Monoxide (CO)	- 50 mg/Nm <sup>3</sup>
g) NO <sub>x</sub>	- 200-400 <sup>(a)</sup> mg/Nm <sup>3</sup>
h) Mercury (Hg)	- 0.05mg/Nm <sup>3</sup>
i) Cadmium + Thallium (Cd + Tl)	- 0.05mg/Nm <sup>3</sup>
j) Sb, As, Pb, Cr, Co, Cu, Mn, Ni and V	- 0.05 mg/Nm <sup>3</sup>
k) Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	- 0.1mg/Nm <sup>3</sup> TEQ

Notes: a. 200 mg/m<sup>3</sup> for new plants or for existing incinerators with a nominal capacity exceeding 6 tons per hour; 400 mg/m<sup>3</sup> for existing incinerators with a nominal capacity of 6 tons per hour or less b. Oxygen level for incinerators is 7 percent.

The choice of a particular type of treatment technology will depend on the volume and types of waste stream anticipated from the HCF and laboratories in consultation with the Ministry of Health and Sanitation.

## ANNEX Q: Guidelines for the operation of an incinerator

- A good incinerator generally consists of:
  - Primary combustion chamber (waste burning chamber).
  - Secondary chamber\* (exhaust gas burning chamber).
- Many incinerators must be pre-heated before waste is added.
- Mix of dry and wetter material must be added during waste burning to ensure good temperature is maintained.
- Rate of loading should be controlled, and overloading should be avoided.
- Sufficient time must be provided for the carbon in the waste ash to combust and for cooling down ~1 hr plus 20 min for each hour of operation or usually 2 to 3 hr total.



**Fig. 3. Incinerator Operation Principles**

## ANNEX R: Guidelines for Pathological Waste (limbs, organs, placentae, etc.) Management

In management of pathological waste, the following should be observed:

- Body parts must be disposed of safely and with respect to local culture.
- Remember – body parts are infectious waste.
- Body parts must not be placed in burn-pit, but they should be buried in a separate 2m deep (non-burn) pit away from the public.
- Access areas, patient-care areas, vegetable gardens, water-table and water courses.
- Seal body-part container (bag or bin) with tape.
- Transport and lower carefully and with respect into burial pit.
- Cover with 10cm of soil after each deposit into pit.
- When a pit is 3/4 filled with soil, dig a new one.