REPUBLIC OF SIERRA LEONE

MINISTRY OF HEALTH AND SANITATION

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

FOR THE

ADDITIONAL FINANCING COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT

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

June 2021

Table of Contents

List of Abbreviations

ACC	Anti-Corruption Commission
AEFI	Adverse Events Following Immunization
AF	Additional Financing
AIDS	Acquired Immune Deficiency Syndrome
BSL	Biosafety Level
CDC	Center for Disease Control and Prevention
CHW	Community Health Workers
CMO	Chief Medical Officer
COVAX	COVID-19 Vaccines Global Access Facility
COVID-19 Vac. TWG	COVID-19 Vaccination Technical Working Group
COVID-19	Coronavirus Disease 2019
DEOC	District Emergency Operations Center
DHIS2	District Health Information System 2
DHMT	District Health Management Team
DICOVERC	District COVID-19 Emergency Response Center
E&S	Environmental and Social
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
EPI	Expanded Program for Immunization
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESHMP	Environmental Social and Health Management Plan (same as ESMP)
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FAO	Food and Agriculture Organization (of the United Nations)
FCDO	Foreign and Commonwealth and Development Office
FSU	Family Support Unit (of the Sierra Leone Police Force)
GAVI	Global Alliance for Vaccines and Immunizations
Global Fund	Global Fund to Fight AIDS, Malaria and Tuberculosis
GoSL	Government of Sierra Leone
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
GRS	Grievance Redress System
HCF	Health Care Facility
HCU	Health Care Unit
HCW	Health Care Waste
HEPA	High Efficiency Particulate Air filter
HIV	Human Immunodeficiency Virus
HR	Human Resource
ICC	Interagency Coordination Committee
ICU	Intensive Care Unit
ICWMP	Infection Control and Waste Management Plan
IHPAU	Integrated Health Project Administration Unit
IPC	Infection Prevention and Control
IPCP	Infection Prevention and Control Protocol
JICA	Japanese International Cooperation Agency
KAP	Knowledge, Attitudes and Practices
LMP	Labour Management Plan
MoHS	Ministry of Health and Sanitation
NA	Not Available
NAPHS	National Action Plan for Health Security
NCPWD	National Commission for Persons with Disability
NCRA	National Civil Registration Authority
NGO	Non-Governmental Organisations
NITAG	National Immunization Technical Advisory Group

OHS	Occupational Health and Safety
OPD	Out Patients Department
PBSL	Pharmacy Board of Sierra Leone
POE	Port of Entry
PPE	Personal Protection Equipment
SARS COV 2	2019 Novel Coronavirus
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SL	Sierra Leone
SLUDI	Sierra Leone Union Disability Issues
SOP	Standard Operating Procedure
TA	Technical Assistance
TCC	Technical Coordination Committee
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Aid for International Development
USCDC	United States Center for Disease Control and Prevention
USD	United States Dollars
VAC	Vaccine Approval Criteria
VIRAT	Vaccine Introduction Readiness Assessment
VRAF	Vaccine Readiness Assessment Framework
WHO	World Health Organisation

Executive Summary

This Environmental and Social Management Framework (ESMF) is developed for the Additional Financing (AF) for the COVID-19 Emergency Preparedness and Response Project. The objectives of the ESMF are to provide a framework for environmental and social management of the project, providing clear procedures and methodologies for environmental and social screening, assessment, review, approval, and monitoring of activities to be financed under both the parent and the Additional Financing project. The ESMF of the AF is an update of that of the parent project, prepared, consulted on and subsequently disclosed on June 26, 2020. The project aims "to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sierra Leone."

The Components of the Parent Project are:

(a) Component 1: Supporting national and sub-national public health institutions for prevention and preparedness. Component 1 has two sub-components to support: (i) strengthening surveillance systems for emerging infectious diseases particularly for COVID-19 by using a risk-based approach; and (ii) risk communication and community engagement (RCCE) to inform the general public risks of infection and preventive measures.

(b) Component 2: Strengthening multi-sector, national institutions and platforms for policy development and coordination of prevention and preparedness using One Health approach. Component 2 supports: (i) the national and sub-national coordination for COVID-19 emergency response; and (ii) strengthening institutional capacity, especially for the Emergency Operations Center (EOC) and the Freetown City Council (FCC) where the highest number of COVID-19 cases has been consistently recorded, thus is considered as an epicenter of the COVID-19 pandemic in Sierra Leone.

(c) Component 3 had four sub-components, one of which on social and financial support to households was dropped at the first restructuring. The project supports under Component 3: (i) case management, including IPC measures; (ii) strengthening capacities of treatment and isolation centers and laboratories; and (iii) safe and dignified burial with lessons learned from the Ebola crisis.

(d) Component 4: Implementation management and monitoring and evaluation. Component 4 has two sub-components. One is to support project management, including the compliance with the fiduciary requirements. Another one is to strengthen M&E system for the project.

GoSL also decided to replace the proposed rehabilitation/refurbishing of the isolation, intensive care and quarantine centers with the establishment of an infectious disease facility at Lungi, post the preparation of the Parent Project.

The AF will also include the following changes:

(a) Revision of the total project cost from US$7.5 million to US$16.0 million to account for commitments of US$8.5 million, US$5.0 million of which is from IDA grant and US$3.5 million is from the HEPRTF grant;

(b) Scaling up of risk communication and community engagement for COVID-19 vaccination under sub-component 1.2;

(c) Expansion of support for national and district coordination for COVID-19 vaccination under Component 2;

(d) Replace the sub-component 3.3, whose activities for social and financial support to households were dropped at the first restructuring, with a sub-component for the operationalization of the COVID-19 vaccine deployment (See details below);

(e) Addition of sub-component 3.5 to scale up COVID-19 vaccines acquisition beyond 20 percent

of the total population;

(f) Revision of the results framework to include new indicators for the COVID-19 vaccine deployment under the proposed AF and modify indicators in response to the evolving pandemic situations; and

(g) Extension of the closing date of the project from March 31, 2022 to June 30, 2023.

The following type of activities shall not be eligible for finance under the Project:

- Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) adverse impacts;
- Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to COVID-19 treatment;
- Activities that may have significant adverse social impacts and may give rise to significant social conflict;
- Activities that may affect rights of vulnerable or disadvantaged groups;
- Activities that may involve permanent resettlement or adverse impacts on cultural heritage
- All the other excluded activities set out in the ESMF of the Project.

Under the Parent Project, a number of milestones were achieved. Notable among them are the supply of 247,375 Personal Protective Equipment (PPEs) and 143,6000 IPC materials. Currently, COVID-19 tests are ready within 72 hours. The Anti-Corruption Commission (ACC) toll-free line was configured to take up COVID-19 related calls and as at December 2020 about 15,000 COVID-19 related calls were recorded. These notwithstanding, the decision to establish an Infectious Disease Center at Lungi International Airport after the preparation of the ESMF and inadequate staff to follow up on mitigation measures outlined in the ESMF of the Parent Project were major setbacks in terms of environmental and social safeguards during the implementation of the Parent Project. These are likely to be resolved under the AF as this ESMF has been updated to cover the proposed establishment of the Infectious Disease Center (Isolation Center, Treatment Center and ICU) and an Environmental and Social Safeguards Technical Advisor has been be recruited by the Integrated Health Project Administration Unit (IHPAU) to support the safeguards team.

This ESMF has been developed specifically to avoid, minimize or mitigate adverse environmental and social impacts and risks. The ESMF is consistent with existing national legislation, the World Bank's Environmental and Social Framework (ESF) as well as relevant World Health Organization (WHO) and Center for Disease Control (CDC) guidelines and other Good International Industry Practices (GIIPs). It also includes templates for environmental and social screening of activities, the preparation of Environmental and Social Management Plans (ESMPs), an Infection Control and Waste Management Plan (ICWMP), and an Infection Prevention Control Protocol (IPCP) under the project. There is a stand-alone Stakeholder Engagement Plan (SEP) that is being updated to be submitted for the Bank's review and subsequent approval. These documents will provide guidance on stakeholder/citizen engagement and labor management respectively, under the project. An Environmental and Social Commitment Plan (ESCP) for the project has been prepared and publicly disclosed, with high-level commitment of the Government to mitigate/manage the adverse environmental and social risks and impacts of the project.

Potential adverse environmental and social (E&S) risks and impacts associated with the project are:

i. occupational health and safety issues related to civil works, handling of vaccines and reagents used for testing, and health care waste management;

ii. community health and safety issues related to the transportation and storage of vaccines and handling of health care waste;

iii. the novelty of the vaccines has the potential to create a sense of anxiety, mistrust, misinformation and rumor among the communities affecting the vaccination campaign through vaccine hesitancy;
iv. risks relating to Gender Based Violence (GBV), Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) faced particularly by female project and community workers and beneficiaries due to their participation in vaccination and its outreach;
v. labor risks including child labor, workers working without contracts and discrimination against women and other vulnerable groups in accessing job opportunities under the project; and
vi. generation of infectious and non-infectious health care waste notably used syringes and needles and empty vials.

More importantly, an unfair and inequitable system of selecting vulnerable groups/individuals for vaccination together with poor risk communication and poor deployment of the impending immunization exercise could exclude vulnerable persons/groups such as persons with co-morbidities. There is also the issue of forced vaccination and Adverse Events Following Immunization (AEFI), which must be monitored and dealt with, so that they do not become a public health concern and feed into any negative public perception and propaganda about the vaccination exercise. Poor packaging, transportation, storage, and handling of vaccines, during the operational phase, can lead to physical damage and temperature excursion rendering the vaccines ineffective. Injuries, fatalities, or assassination of health-care workers by insurgents is another social risk.

Broad mitigation measures outlined in this ESMF align with the World Bank's ESF and are drawn from the relevant WHO COVID-19 guidelines, World Bank Interim notes, World Bank Group Environmental, Health and Safety guidelines and various Ministry of Health and Sanitation (MoHS) guidelines. These include measures such as cold chain assessment, and provisions for backup power supply in health care and vaccine storage and vaccination centers. These measures, together with staff capacity building using various technical guidelines relevant to their work and adherence to rigorous temperature monitoring systems at vaccine storage and vaccination centers, will form the focus of measures to deal with the anticipated environmental and social risks and impacts, such as temperature excursion and physical damage to vaccines, which may undermine the efficacy of the vaccines. Other mitigation measures include social marketing of the vaccination exercise and other project components, adhering to Codes of Conduct and enforcing the use of (PPE among project workers. Within the project set up, accessible, participatory and fair grievance redress mechanisms have also been instituted to deal with a wide range of grievances that are likely to arise out of project implementation-including those that relate to GBV, SEA and SH. An AEFI monitoring system has also been set up by MoHS.

To ensure that the mitigation measures are contextualized, implemented and monitored, the preparation, disclosure and implementation of E&S instruments such as Environmental and Social Screening Reports, Site Specific - ESMPs, ICWMPs and Codes of Conducts (for site and health workers) will be used. These, coupled with the enforcement of environmental and social clauses inserted into contract documents and reporting mechanisms, form the focus of procedures to address environmental and social risks and impacts associated with the project. All activities will be screened for their environmental and social risks and impacts, so that the category of activities and the appropriate level of assessment are determined. This will enable the appropriate E&S instruments to be prepared for approval by the World Bank and the respective national authorities, e.g., SL-EPA prior to the commencement of the activities.

Project management arrangements used under the COVID-19 parent project will be adopted under this AF. The MoHS will continue to be responsible for the overall project implementation, prompt and

efficient coordination, oversight, and monitoring of the project. The MoHS, especially the EPI, will closely coordinate with the ICC and the national and district EOCs as well as the National and District COVID-19 Vaccine Technical Working Group and the NITAG. The Social Mobilization Pillar of the National COVID-19 Response Working Group will remain in close collaboration with Local Councils and communities. The ACC will continue to play an important role to oversee the appropriate fund utilization and mitigate risks of corruption.

Other stakeholders involved in aspects of ESMF implementation are Health Care Facility Managers, Gender Based Violence (GBV) Service Providers, traditional and religious leaders, Project Contractors and Consultants as well as development partners like United Nations Children's Fund (UNICEF), the WHO, GAVI, the Alliance; US Center for Disease Control and Prevention (CDC); United States Aid for International Development (USAID), United Kingdom Foreign and Commonwealth and Development Office (FCDO); Japan International Cooperation Agency (JICA); and the Global Fund to Fight AIDS, Malaria and Tuberculosis (the Global Fund). Training programs to build capacity for the implementation of mitigation and management measures outlined in the ESMF have been costed and added to the ESMF implementation budget. These include training programs in grievance redress mechanisms (GRM), community mobilization, waste management, GBV, SEA and SH and relevant WHO and MoHS COVID-19 guidelines.

It is estimated that an amount of of Two Hundred and Seventy Thousand United States Dollars (USD 270,000.00) will be required for implementing the Environmental and Social Management Framework. The estimated cost includes the cost of training programs proposed in this ESMF.

1.0 Introduction

This ESMF assists the Government of Sierra Leone (GoSL) in identifying the type of environmental and social assessments that should be carried out for the Sierra Leone COVID-19 Emergency Preparedness and Response Project Additional Financing as well as its parent project. The Project involves the construction and operation of healthcare facilities, and the deployment of a safe and effective vaccine in response to the COVID-19 pandemic. The ESMF has been prepared in accordance with the World Bank's Environmental and Social Framework (ESF). It is an update on the ESMF of the Parent project consulted on, prepared and subsequently disclosed in-country on June 26, 2020.

The World Bank is providing support to the Governments for preparedness planning to provide optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will be provided for a number of different activities, all aimed at strengthening national health care systems, including systems for the deployment of a safe and effective vaccine. The Project's Development Objective (PDO) is, "to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sierra Leone."

This ESMF includes templates for Project Screening (Annex A), ESMP (Annex B) and the Infection Control and Waste Management Plan (ICWMP) (Annex C) as well as Infection Prevention and Control Protocol (Annex D). The ESMP template identifies potential environmental, social, health and safety issues associated with the establishment and operation of healthcare facilities in response to COVID-19. The ICWMP template focuses on infection control and healthcare waste management practices during the operation of healthcare facilities. The ESMP and ICWMP will set out appropriate measures for infection control and waste management during operation of the relevant healthcare facilities. The project-specific ICWMP will be developed according to this health-sector wise HCWMP, the ESMF and WHO COVID-19 guidelines.

Other specific environmental and social management instruments and tools that are required by the ESF, such as the SEP have been developed and will be implemented throughout the project period as agreed and included in the ESCP.

1.1 Purpose of the Environmental and Social Management Framework

The COVID-19 Emergency Response and Health Systems Preparedness Project including the Additional Financing for the supply and rolling out of the priority vaccination exercise in the Sierra Leone will be a nationwide project. The purpose of this framework is to guide the Ministry of Health and Sanitation, the EOC/IHPAU and their Environmental and Safeguard Unit on E&S screening and subsequent assessments during implementation, including site-specific plans in accordance with the ESF under the AF.

1.2 Rationale for Environmental and Social Management Framework

The exact locations and details of the planned vaccination centers vaccine storage areas and other sites under the project are currently not known. Moreover, deployment of vaccines to be supplied under this AF and other interventions will cover the whole country. Therefore, a framework approach has been adopted to address potential social and environmental risks and impacts and ensure consistent treatment of social and environmental issues during all phases of project: preparation, implementation, operation, and decommissioning.

1.3 The Scope of the Environmental and Social Management Framework

The scope of this framework includes procedures relevant to the development of the project activities, including how to conduct screening of activities/sub-projects to assess the environmental and social risks and impacts and identify mitigation measures, as part of subproject-specific assessments and plans. This ESMF covers a broad description of the project, existing policy and legal frameworks, relevant WHO, World Bank, USCDC's guidelines and Country relevant guidelines for COVID-19, baseline condition broad environmental and social impacts and accompanying mitigation measures, procedures for environmental and social assessment, stakeholder engagement, and institutional arrangement and responsibilities. This ESMF has been developed specifically to avoid, reduce, or mitigate adverse social and environmental risks and impacts.

It is an update of the Parent Project's ESMF consulted on, prepared and subsequently disclosed in-country on 26th June, 2020. The updates reflect additional risks and impacts associated with the procurement and deployment of vaccines and immunizing priority vulnerable groups/persons susceptible to COVID-19 together with accompanying mitigation measures. Also discussed under this ESMF are issues of vaccine hesitancy, commercialization and inclusiveness, forced vaccination and Adverse Effects Following Immunization (AEFI) as well as policies to reach out to vulnerable groups in difficult to reach areas.

2.0 Project Description

The Project activities involves the construction of an Infectious Disease Hospital Center in Lungi as well as the procurement of goods such as PPE, chemical/biological reagents, vaccines and non-vaccine equipment for laboratories, health care and ancillary workers involved in frontline activities as part of the fight against the COVID-19 pandemic.

No land acquisition and temporary displacement or livelihood disruption of informal workers are envisaged under the project on account of the fact that existing vaccines storage and vaccination centers will be upgraded and used for the vaccine deployment and vaccination exercise. Apart from these, the site identified for the establishment of the Infectious Disease Center is unencumbered. The Project will also not involve trans-boundary movement of specimen, samples, or any hazardous materials. Churches, mosques and other private and public places not will be used as vaccination centers. Vaccination centers will be set up within existing health care facilities and mobile vaccination teams will be stationed at these facilities.

The existing waste management systems will be used. Sharp boxes and biohazard bags would be required for the collection of used needles, syringes, empty vials and swabs. Both centralized and on-site waste treatment methods are employed. Where incinerators are non-functioning, open burning pits (2 to 3-meter-deep and 1.5 meters above groundwater level) are the common methods. Ash pits should be dug at each incineration points for the final disposal of ash after incineration. Training will be conducted for the National Supervisors, District Supervisors, Waste Handlers and Incinerator Operators on the safe management of vaccination campaign wastes across the country.

2.1 Policy for Fair, Equitable and Inclusive Vaccine Deployment

The priority vaccination exercise will cover up to 25 percent of the population. To ensure a fair and equitable access to vaccines, a National COVID-19 Vaccine Deployment and Vaccination Plan has been prepared. The plan has a selection criteria and list of vulnerable groups based on the WHO Fair Allocation Framework of COVID-19 Vaccines and other local considerations. Vulnerable groups targeted for priority vaccination are health workers in both public and private facilities including volunteers, and person aged above 70 years old as the primary group, then those aged 60-70, adults between 30 to 59 years old with co-morbidities and essential service providers such as educational workers, security services and law enforcement officers as the second priority group. Finally, those between 18 and 59 years old without co-morbidities will be covered except pregnant women. Estimated number of persons in the respective categories were obtained from the National Civil Registration Authority (NCRA) database.

The plan is to register all targeted groups prior to the vaccination and make appointments to ask them for vaccination as well as for booster doses, through SMS. For some specific target groups, the mobile teams will visit them to vaccinate them.

Of the 2,654 vaccinators will be deployed for the vaccination exercise, some will be stationed in health facilities designated as vaccination centers, to deliver the vaccines while others will be deployed as mobile teams to reach vulnerable persons/groups who cannot make it to the designated vaccination centers.

2.2 Project Components- Parent Project

The components are as follows:

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

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

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

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

This component supports implementation of activities to strengthen the core capacities as described in the NAPHS 2018-2022 and improve collaboration among all the relevant sectors, including health, agriculture, and environment as part of strengthening the national one health platform. Under Component 2, support will also be provided to the National EOC to effectively coordinate and promptly respond to public health threats as well as the Freetown City Council (FCC) and other local councils to implement COVID-19 preparedness and response activities.

Component 3: Emergency COVID-19 Response

This component has the following sub-components:

i. Case Management, including IPC which supports the training of health facilities staff and front-line workers on risk mitigation measures, provision of appropriate PPEs and IPC materials together with establishing and implementing treatment and hospital infection control guidelines and strategies to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and early discharge;
ii. Health Systems Strengthening, which supports the establishment of a sample referral system to care for COVID-19 patients. This sub-component will also promote local production of Alcohol Base Hand Rub (ABHR) sanitizers and liquid soap and locally-made masks. This component is building the capacity of health personnel (clinical and non-clinical staff) working in the designated health facilities and laboratories and mobilize additional health personnel, support training of health personnel, and other health worker operational expenses. The component also supports the District Health Management Teams (DHMTs) to monitor COVID-19 response and preparedness activities at the district and community levels.
iii. Safe and Dignified Burial. To prevent occurrence of lack of burial space resulting from the possibility of high mortality from an escalation of the COVID 19 disease, the project supports the FCC in acquiring and developing safe and dignified burial grounds.

Component 4: Implementation Management and Monitoring and Evaluation

Component Four consists of:

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

2.3 Activities under Additional Financing

The changes proposed for the AF entail expanding the scope of activities in the parent project: Sierra Leone COVID-19 Emergency Preparedness and Response, adjusting its overall design. In summary, the proposed AF will include the following changes:

(a) Revision of the total project cost from US$7.5 million to US$16.0 million to account for commitments of US$8.5 million, US$5.0 million of which is from IDA grant and US$3.5 million is from the HEPRTF grant;
(b) Scaling up of risk communication and community engagement for COVID-19 vaccination under sub-component 1.2;
(c) Expansion of support for national and district coordination for COVID-19 vaccination under Component 2;
(d) Replace the sub-component 3.3, whose activities for social and financial support to households were dropped at the first restructuring, with a sub-component for the operationalization of the COVID-19 vaccine deployment (See details below);
(e) Addition of sub-component 3.5 to scale up COVID-19 vaccines acquisition beyond 20 percent of the total population;
(f) Revision of the results framework to include new indicators for the COVID-19 vaccine deployment under the proposed AF and modify indicators in response to the evolving pandemic situations; and
(g) Extension of the closing date of the project from March 31, 2022 to June 30, 2023.

The additional activities will be incorporated into the existing components of the parent project as described below based on information obtained from the Project Paper.

Component 1: Supporting national and sub-national public health institutions for prevention and preparedness

Sub-component 1.2: Community Engagement and Risk Communication

The parent project's activities that support risk communication and community engagement will continue and expand to include communication and social mobilization on COVID-19 vaccination. With the lessons learned from the first 10 days of COVID-19 vaccination in the country, the GoSL needs to intensify risk communication and community engagement to improve COVID-19 vaccine literacy and acceptance, which includes building confidence and trust, and reducing stigma around the vaccine. The current uptake of COVID-19 vaccination is slower than expected, especially in the Western Urban and Rural Areas where the high density of populations, particularly in informal settlements, is observed and record the highest number of COVID-19 cases (see details in Annex 3). This activity is critical for the COVID-19 vaccination, building on the ongoing efforts for strengthening community-based disease surveillance and the 117 Toll-Free Emergency Call Center under the REDISSE, the active Community Health Worker (CHW) Program under the HSDSSP, and community engagement with Councilors, the Tribal Heads, religious leaders, Mammy Queens, youth leaders, WDC members and volunteers under the parent project. The AF will actively facilitate the MoHS for the engagement of CSOs and community-based organizations (CBOs) to monitor the vaccine deployment processes and to ensure no forced vaccination and their feedback to be incorporated into the improved COVID-19 vaccination. Communication activities will also have a focus on climate-related diseases to ensure greater awareness of the risks among key population groups about the climate-related health risks linked to the COVID-19 crisis.

Component 2: Strengthening multi-sector, national institutions and platforms for policy development and coordination of prevention and preparedness using One Health approach

The scope of the parent project's support for national and district coordination will be expanded to include the National and District COVID-19 Vaccine Technical Working Groups and the NITAG. These coordination mechanisms operate under the umbrella of the ICC and the EOC. Strengthening the existing coordination mechanism by disbursing directly from the IHPAU to the DHMTs is expected to

solve the current constraints in delayed fund disbursement for social mobilization and COVID-19 vaccination at the designated vaccine centers in the district headquarters.

Component 3: Emergency COVID-19 Response

Sub-component 3.3: COVID-19 vaccines service delivery

New activities will be added to support the enhancement of preparation and operationalization of COVID-19 vaccines deployment in the country. The project will support service delivery at the national and sub-national levels, including:: (i) the development of necessary COVID-19 deployment micro plans, based on the COVID-19 vaccine readiness assessment results; (ii) support the MoHS and the PBSL for monitoring and supervision of the safety of COVID-19 vaccines and deployment in the country; (iii) (iii) procurement of essential consumables and equipment for the COVID-19 vaccination nationwide, including syringes, graves and face masks to ensure the safety of vaccinators and vaccinees; (iv) training of vaccinators and volunteers for scale-up of the COVID-19 vaccination, including the integrated training for CHWs in their routine refresher training; (v) strengthening M&E system, especially stock management of COVID-19 vaccines, using the existing SMT, and the vaccine coverage as per the set target population groups. The support includes training of district vaccination teams in data entries to effectively utilize the developed vaccine surveillance system, which is linked to the DHIS2; (vi) enhancing logistics to scale up COVID-19 vaccination, including medical waste management; and (vii) strengthening vaccine safety surveillance to effectively monitor and promptly respond to and investigate AEFI, which could contribute to health systems strengthening in the context of Sierra Leone. The above is an indicative list of activities and that technical assistance for prioritization will be provided, whenever needed, to ensure that the prioritized activities are financed. It is also expected to scale up mobile vaccination teams to further reach the population, especially health workers, outside of the district headquarters.

The proposed AF will pay special attention to: (i) the enforcement of policies related to ensuring that there is no forced vaccination and that any mandatory vaccination program (such as for entry to schools) is well designed, following due process for those who choose to opt out; (ii) acceptable approved policy for prioritized intra-country vaccine allocation; (iii) regulatory standards at the national level, including pharmacovigilance; and (iv) appropriate minimum standards for vaccine management. The policies for prioritizing intra-country vaccine allocations follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of the country's population by focusing first on health workers and frontline officers and then focusing on the elderly and those with underlying conditions that places them at higher risk.

Sub-component 3.5: COVID-19 Vaccines Acquisition

The support for vaccines, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 3: Emergency COVID-19 Response of the parent project. Up to US$4.00 million out of the US$5.00 million from IDA grant will be used to expand the coverage of additional COVID-19 vaccines to the COVAX Facility by 3.5 percent to make it a total of 24.98 percent of the population vaccinated. Sierra Leone will use the COVAX Facility, the AVATT or bilateral agreements for vaccine purchase either individually or jointly with neighboring countries. The compliance with the World Bank's VAC is required for all Project COVID-19 Vaccines. However, the VAC does not constitute an approval, validation, or endorsement by the World Bank of the Project COVID-19 Vaccines' safety or efficacy. The relevant regulatory authority or the PBSL is solely responsible for the assessment of the Project COVID-19 Vaccines' safety and efficacy, and for the authorization and deployment of these vaccines in the country. This will be done through the existing framework for vaccine registration, safety and regulation.

2.4 Changes in the Parent Project: Establishment of an Infectious Disease Center

The GoSL has indicated its decision to abandon the planned rehabilitation works on existing isolation and quarantine centres and treatment units, proposed under Components 1 and 2 of the Parent Project and in its place the GoSL has proposed the establishment of an Infectious Disease Center at Freetown International Airport at Lungi.

3.0 Policy and Legal Framework

3.1 World Bank Environmental and Social Framework

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

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

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

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

ESS	Key Requirements	Status	Remarks/Comments
Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental and Impacts	ESS1 provides structured processes or procedures for project categorization, assessing and evaluating project environmental and social risks and impacts as well as management of same (mitigation hierarchy). This standard also sets out Borrower's requirements including the preparation of various instruments such as Environmental and Social Management Frameworks Environmental and Social Impact Assessment, Environmental and Social Management Plans and Environmental and Social Commitment Plans as well as information disclosure. The standard also lays out project environmental and social monitoring and reporting requirements. ESS1 establishes the applicability of the other ESSs. It establishes the basis for categorizing projects based on the borrower's capacity to manage and monitor environmental and social risks/impacts as well as the implementation of mitigation measures, socio-political context, scale of the undertaken as well as spatial extent and significance of anticipated impacts/risks	Relevant	• Activities/Sub projects under the Parent Project and AF such as and the establishment of the Infectious Disease Center, the deployment of vaccines and immunization of eligible persons will be associated with environmental and social risks/impacts including the generation of health care waste, which is likely to be infectious and/or hazardous. This can lead to exposure of health care and ancillary workers as well as communities to pathogens. Some vulnerable persons/groups may also miss-out on the vaccines due to physical and socio-economic barriers. Incidence of Sexual Exploitation, Abuse and Harassment as well as Gender Based Violence are also likely to occur during the implementation of the project. There is also the remote possibility of forced vaccination. These and other risks/impacts need to be identified and assessed in a structured manner and appropriate mitigation measures proffered based on the mitigation hierarchy. • Assess the environmental and social risks and impacts of proposed Project activities, including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project in accordance with ESSs and the Environmental and Social Management Framework (ESMF) to be prepared for the Project. The ESMF will be based on an updated version of the ESMF of the Parent Project. The ESMF will also include a template for a medical waste management plan which will be part of the ESMP • Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities as per the assessment process, in accordance with the ESSs and the ESMF the EHSGs, and other relevant Good International Industry Practice (GIIP) including WHO guidelines on Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", procurement, storage and distribution of COVID-19 vaccines, repatriation and quarantine of travellers in relation to the outbreak of novel coronavirus 2019-nCoV", Code of Ethics and Professional Conduct, and any other relevant guidelines in a manner acceptable to the Association.

			• Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts. • Other safeguards instruments to be prepared for approval by the World Bank, based on this ESMF, are the ESMPs for construction/civil/electrical works and vaccine storage and vaccination centers, ICWMP, LMPs etc. All the safeguards' instruments and other relevant project documents will be appropriately disclosed. These instruments will present mitigation measures and monitoring plans to deal with various E&S risks/impacts associated with the specific sub projects/activities, which will be implemented under the Sierra Leone COVID-19 Emergency Preparedness and Response Project (Parent Project and Additional Financing). • The Environmental and social specialist has been recruited and assigned to IHPAU/EOC and should be maintained to carry out Project activities throughout Project implementation. The E&S TA has been recruited
Environmental and Social Standard 2 (ESS2): Labor and Working Conditions	It is to ensure a safe, healthy and conducive working environment for workers and ensure that the environment is free of forced and child labor as well as other forms of intimidation, discrimination and harassment. ESS2 also ensures that workers have channels for grievance redress, freedom of association and access to collective bargaining rights as prescribed by national law. The standard also seeks to protect vulnerable workers. The requirements of Labor and Working Conditions extends to direct, indirect, community and contracted workers as well as primary supply workers on a Bank financed projects.	Relevant	• Health workers and volunteers involved in vaccine deployment, vaccination and risk communication, testing and attending to COVID 19 patients and ancillary workers such as sanitation workers, security personnel and sanitation service providers assigned to the selected HCFs,, POEs and other operations will require PPEs and operational health and safety procedures to maximize their safety and prevent exposure to SARS-COV-2 as well as contain the spread of the virus. Same will be required for employees of contractors and sub-contractors, who will be undertaken civil works as well as installing equipment in selected health care facilities. • Contractors in charge of on physical works and electrical installations under Component 2 and 3 will engage direct employees, sub-contractors, and casual labor and third-party suppliers among others. The work environment should be safe and devoid of stigmatizations, discrimination, intimidation and all forms of harassment and abuse as well as Gender based Violence.

			• Child and forced labor among all category of employees must not be tolerated on the project. • Site and frontline workers involved in vaccine deployment, inoculation, testing, contact tracing and case management together with employees of project contractors and consultants, sub-contractors as well as health workers involved in the fight against COVID-19 etc., must have channels to report their grievances and receive feedback in a transparent and timeous manner without victimization. • The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.
Environmental and Social Standard 3(ESS3): Resource Efficiency and Pollution Prevention and Management	ESS 3 promotes sustainable resource utilization, avoid and/or minimize project pollution, generation of hazardous and non-hazardous waste and project related emissions. This standard enjoins Borrowers to ensure efficient use of energy, water and other raw materials as well as manage air pollution, hazardous and non-hazardous waste, chemicals and hazardous materials (including pesticides) in both degraded and non-degraded areas given their technical and financial feasibility in line with Good International Industry Practice (GIIP).	Relevant	• Empty vials together with used syringes and needle from the immunization exercise, used PPEs, test kits and equipment as well as other health care waste possibly infected with SARS-COV-2 virus and other pathogens will have to be properly removed, collected, stored, transported and disposed of to prevent spread among frontline and health workers and also among the general population • Construction waste including concrete and wood residue will be generated during the establishment of the Infectious Disease Center (Isolation Center, Treatment Center and ICU) • Civil works will involve the use of water, cement, wood, sand and gravel as well as other building materials will be used as part of the project as well as energy. Cost, availability, accessibility, acceptability and environmental consideration should be factored into the choice of construction materials and sources of energy of the project. • Improper storage, installation and use of PPEs as well as medical equipment such as ventilators and improper administration of drugs to treat symptoms of COVID 19 can reduce their efficiency and efficacy, potentially, increasing mortality rates

			• Relevant aspects of this standard shall be considered, as needed, under Assessment and Management of Environmental and Social Impacts/Risks, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes. • Resource efficiency and pollution prevention and management measures will be covered under the ESMPs. A health care waste management system/plan will be in place for medical waste management during Ebola.
Environmental and Social Standard 4 (ESS4): Community Health and Safety	Environmental and Social Standard 4 (ESS4) is titled, "Community Health and Safety". The objective of this standard is to anticipate, avoid and/or mitigate adverse project impacts on beneficiary communities as well as safeguard project affected communities from traffic and road safety risks, diseases and hazardous materials associated with project implementation and operation. ESS4 enjoins Borrowers to establish contingency measures for emergencies, security, traffic management, road safety and the protection of eco-systems. The standard also requires the design of infrastructure to meet GIIP. ESS4 also talks about requirements for dam safety.	Relevant	• Used PPEs, needles and syringes, test kits and equipment as well as other health care possibly infected with SARS-COV-2 and other pathogens will have to be properly disposed of to prevent exposure of the local population to these pathogens. • Project vehicles may be involved in accidents leading to loss of lives and/or residents in communities where civil works will be undertaken • Close interaction between vaccination teams and other project workers and community members could expose residents of project communities to communicable/infectious diseases including COVID-19 • Relevant aspects of this standard shall be considered, as needed, during Assessment and Management of Environmental and Social Risks/Impacts including, inter alia, measures to: minimize the potential for community exposure to communicable diseases; ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the Project; manage the risks of the use of security personnel; manage the risks of labor influx; and prevent and respond to sexual exploitation and abuse, and sexual harassment.
Environmental and Social Standard 5 (ESS5): Land Acquisition, Restrictions on Land use and	ESS5 seeks to avoid forced evictions and involuntary resettlement, improve living conditions of the poor and execute resettlement activities as sustainable development programs. The standard requires that affected persons, households and communities are consulted meaningfully. It is also a requirement under ESS5 that information on the resettlement alternatives,	Not Relevant	• The Lungi Infectious Disease Center (Isolation Center, Treatment Center and ICU) will be constructed on government land (Lungi Government Hospital premises) • The component requiring land for safe and dignified burials was taken out of the project during the first project restructuring

Involuntary Resettlement	eligibility criteria and compensation packages for project-affected persons, inputs of PAPs, agreements and outcomes are disclosed to project stakeholders and affected persons.		
Environmental and Social Standard 6 (ESS6): Biodiversity Conservation and Sustainable Management of Living Natural Resources	ESS6 seeks to conserve and protect bio-diversity and habitats, as well as support livelihoods of local communities by adopting practices that integrate conservation and development priorities of the local communities into projects. ESS 6 establishes the applicability of the mitigation hierarchy (from avoidance to offsetting) to projects that are likely to have adverse impacts on natural and critical habitats. It also seeks to promote sustainability in the management of living natural resources. The standard defines critical and natural habitats, set out the guidelines for project implementation in these environmentally sensitive zones, commercial production or harvesting of natural resources as well as treatment of alien and invasive species.	Relevant	• No critical and natural habitats will be impacted under this project as the site for the Infectious Disease Center are not located in or in proximity to any environmental sensitive area • None of the project components have the potential to introduce invasive species
Environmental and Social Standard 7 (ESS7): Indigenous Persons/Sub Saharan African Historically Underserved Traditional Underserved Traditional	To ensure that the development process fosters full respect for human rights, dignity, aspirations, identity, culture, and natural resource-based livelihoods of Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities. It is also aimed at avoiding adverse impacts of projects on Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities, or when avoidance is not possible, to minimize, mitigate and/or compensate for such impacts.	Not Relevant	• This category of persons is not found in Sierra Leone

Local Communities			
Environmental and Social Standard 8 (ESS8): Cultural Heritage	It defines the elements of cultural heritage to include tangible assets such as shrines, artefacts' and stones and intangible assets such as taboos. ESS 8 lays out the Bank's requirements for development within or close to culturally sensitive zones. This standard also discusses the requirements that should be met prior to the development of projects that are likely to have adverse risks and impacts on cultural heritage sites and resources. The critical requirements include meaningful consultation with affected persons, experts and other interested parties, confidentially/disclosure as well as movement and commercial use of cultural (heritage) resources. The Bank's Environmental and Social Standard on Cultural Heritage seeks to protect cultural heritage resources from adverse project impacts and establish them as an integral part of sustainable development.	Relevant	• Much as the selected health facilities are not located within or close to culturally sensitively area, there is the possibility of a "Chance Find" during excavations for the establishment of the Infectious Disease Center (Isolation Center, Treatment Center and ICU) at Lungi • Relevant aspects of this standard shall be considered, as needed, as part of the Assessment and Management of Environmental and Social Risks/Impacts.
Environmental and Social Standard 9 (ESS9): Financial Intermediaries	Sets out how the Financial Intermediaries (FI) will assess and manage environmental and social risks and impacts associated with the subprojects it finances. It also promotes good environmental and social management practices in the subprojects the FI finances as well as good environmental and sound human resources management within the FI. It also set out modalities for harmonizing environmental and policies of the Bank with that of an FI in cases where the FI has different environmental and social policies	Not Relevant	• No Financial Intermediaries are involved in this project

Environmental and Social Standard 10 (ESS10): Stakeholder Engagement and Information Disclosure	ESS10 establishes a systematic approach to stakeholder engagement, while ensuring that appropriate information on project risks and impacts are provided to stakeholders in a timely, comprehensive, accessible and appropriate manner. The standard also ensures inclusive and effective engagement of project affected parties throughout the project cycle and provides avenues for assessing stakeholder interest and incorporating their views into project design and monitoring of projects. As part of meeting the requirements of ESS 10, borrowers are to undertake meaningful consultation and engagement of stakeholders throughout the project life cycle. They are also expected to disclose relevant project information, safeguards report, notably, Stakeholder Engagement Plans as part of fulfilling the requirement of this standard. ESS10 also requires borrowers to set up grievance redress systems that are transparent, culturally appropriate, objective, discrete, accessible as well as sensitive and responsive to the needs of aggrieved persons	Relevant	• Stakeholders involved in the fight against COVID-19 including vaccination teams, health workers and vulnerable groups should be identified together with how they can influence the project outcomes and how the project will impact them and their interests. These stakeholders must be consulted early and regularly throughout the project life cycle for their views and inputs on the proposed project interventions such as risk communication and how to reach out to vulnerable groups and reach same with vaccines in a systematic manner • Sample testing under Component 1 and social interventions planned under Component 3 such as broadcasting COVID-19 preventive measures will require information packaging and dissemination in a manner that can be assimilated by the local population and vulnerable groups target for priority vaccination through the media and other outlets • Results of research, safeguards instruments will have to be disclosed to stakeholders for them to make inputs and apply the recommendations. • Transparent and accessible channels will have to be provided under the project to receive grievances of project affected persons including vulnerable persons identified for priority vaccination and AEFIs. The grievances must be investigated, resolved and feedback provided in a participatory, transparent and timeous manner. • Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association. • Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association

3.2 Project Categorisation under the World Bank ESF

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

The environmental and social risk categorization for the project is Substantial. On the environmental front, the major risks revolves around the vaccine rollout exercise, which is expected to generate millions of units of general, hazardous and infectious wastes, including cotton swabs, vials, used syringes, needles and vaccine containers from inoculation centers. These wastes will be processed at existing medical waste facilities in hospitals across the country. Some of these facilities are working but they are heavily reliant on poorly managed, incinerators. The infectious health care waste management plan (IHCWMP) of the parent project shall be updated within 30 days after effectiveness and implemented throughout project's lifespan. Other risks relating to construction and/or operation of health care facilities can be mitigated through a general or activity specific Environmental and Social Management Plans (ESMPs).

Social risks associated with the proposed project include inequity in access to vaccines. People living in remote or isolated communities, persons with disabilities, the elderly, homeless, those in informal settlements, and women could potentially miss-out on vaccination due to elite capture, distance and poor road network to health facilities, and barriers in communication. Ensuring the health and safety of workers and protecting the public from the risks of COVID-19 infection is paramount. Mobilization of groups for mass vaccination and the associated infectious waste materials generation are potential sources of COVID-19 transmission. The AF will procure additional IPC materials for vaccination. Adherence to all COVID-19 prevention measures will be observed at vaccination locations. The project's grievance redress system is also available to allow workers quickly inform management of issues such as lack of PPEs.

Another potential risk is vaccine commercialization and remote possibility of forced vaccination. Vaccines that the World Bank finances will be provided free of charge to the population and no user fees will be levied. The communication campaign will build public knowledge on this through the ACC. This will be complemented with the engagement of CSOs and CBOs to monitor vaccine deployment processes, and ensure their feedback informs any needed improvements on an on-going basis. The AF is not likely to employ security forces in any aspects of the vaccine deployment. However, if it becomes necessary, the project will assess and establish their terms of engagement within the community and vaccination centers.

Gender and Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) considerations: About 62 percent of the total health workforce of Sierra Leone are women, the majority of who require more direct contacts with patients for longer time. In fact, more female health workers have been infected by COVID-19 than male health workers. There are likely gaps in access to information sources and absorption level of correct information about COVID-19 among women as compared with men as education and illiteracy rate are higher among women. Some women need to gain authorization from their husbands to get vaccinated. Moreover, pandemics can create or exacerbate the conditions that especially put women and girls at greater risk of SEA/SH. For instance, women and girls may be forced into exchanging sexual favors for access to testing, treatment, vaccines or even supplies. The proposed AF will address the above gender gaps and ensures the implementation of equitable COVID-19 vaccine distribution and information dissemination during the national COVID-19 vaccine campaign. There will be clear messaging to prohibit SEA/SH during provision of health care whether healthcare providers

are perpetrators or survivors. The project will make information available to health service providers on where gender-based violence (GBV) psychosocial support and emergency medical services can be accessed (within the health system). Additional rapid guidance on how to deal with SEA/H complaints within existing GRMs will be communicated.

3.3 Relevant Technical WHO Guidelines for COVID-19 Virus

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

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

WHO has updated its technical brief for water and sanitation practitioners amidst outbreak of the COVID-19. The guidelines cover water, sanitation and health care waste management. It presents strategies in WASH in the health care setting as well as the home/community environment. Thematic areas discussed under WASH in the health care setting include practises for hand hygiene, sanitation and plumbing, emptying latrines and holding tanks, transporting excreta off-site, toilets and handling faeces, cleaning practises and safe disposing of greywater or water from washing PPEs, surfaces and floors. https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance

3.3.2 Rationale on the Use of PPEs

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

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

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

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

This WHO guideline is intended for health care workers, health care managers, and infection prevention teams at the facility level but it is also relevant for national, regional and district levels teams. It recommends triage, early recognition and source control measures including isolating suspected COVID-19 patients in the health facility setting to contain the spread of COVID-19. Other recommendations mentioned in the document are applying standard precautions for all patients such as hand washing after contact with respiratory secretions and offering medical masks to patients suspected to have contracted COVID-19 while in waiting/public areas or in cohorting rooms. The guideline also proposes the implementation of additional empiric precautions (droplet, contact and airborne precautions) for patients suspected to have contracted COVID-19. Such measures include

designating a team of health care workers to care exclusively for suspected or confirmed cases to reduce the risk of transmission, whenever possible. These measures, together with implementing administrative, environmental and engineering controls, some of which are training of health care workers in COVID-19 precautionary measures, provision of laundry services (for infected garments and beddings), ensuring that rooms are well ventilated (60L/s) and 1 metre spacing between patients, are proposed in the guideline. Finally, it outlines procedures for collecting and handling laboratory specimens from suspected patients. Notably among these measures are hand delivering all specimens, whenever possible and avoiding the use pneumatic-tube systems in the transportation of specimens (see https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2020.4 for details).

3.3.5 Getting Your Work Place Ready for COVID-19

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

3.3.6 Framework for Allocation and Prioritization of COVID-19 Vaccination

The WHO document offers broad guidance on the allocation of COVID-19 vaccines between countries as well as the prioritization of groups for vaccination within countries while supply is limited based on the values framework. The overarching goal is for COVID-19 vaccines to contribute significantly to the equitable protection and promotion of human well-being among all people of the world.

Key principles outline to guide the globally and national distribution of COVID-19 vaccines in the document are human well-being, equal respect (equal opportunity for all group and individuals based on an acceptable criteria), global equity (support countries to meet vaccines needs of the populations), national equity, reciprocity (protect those who are significantly risk in order to protect others) and legitimacy.

In the guideline, criteria for prioritizing vulnerable populations in-country for vaccination based with the twelve (12) objectives of the Values Framework are outlined. Vulnerable groups in relation to COVID-19 as presented in the document include health workers, the aged as defined by national law, groups living in dense urban residential areas as well as persons with comorbidity.

3.3.7 Interim Guideline Diagnostics, Therapeutics, Vaccine Readiness, and other Health Products for COVID-19 (2020)

This guideline primarily ensures the provision of health products for COVID-19 patients in designated COVID-19 facilities. It allows health facilities to assess the availability and status of stocks of critical COVID-19 medicines, equipment and supplies on site and identifies areas that need further attention to enable them respond effectively to the pandemic. The document contains checklists for identification and description of health facilities, adequacy of selected medicines and supplies as well as Personnel Protective Equipment and Infection Prevention and Control in relation to COVID-19 readiness, vaccine storage and handling for COVID-19 (see https://www.who.int/publications/i/item/WHO-2019-nCoV-HCF_assessment-Products-2020.1 for details).

3.3.8 Surveillance of Adverse Events following Immunization

This manual provides guidance for the managers of immunization programs (and others responsible for vaccine safety and quality) on the following areas: (i) strategies and systems for ensuring quality and safety of vaccines; (ii) the objectives of vaccine and immunization safety surveillance; (iii) AEFI surveillance system: reporting, investigation, causality assessment and the new classification of cause-specific AEFIs; (iv) understanding vaccine reactions for better decision-making; (v) the best use of

surveillance data; and (vi) response processes, including a communication strategy on immunization safety for the public and the media. The document also discusses roles and responsibilities in the deployment of vaccines.

3.3.9 Laboratory Testing Strategy Recommendations for COVID-19

The document provides broad modalities for testing suspected cases of COVID-19 for countries dealing with:

1. no reported cases (no cases transmission scenario);
2. clusters of cases;
3. community transmission; and
4. sporadic cases.

The laboratory testing recommendation also covers strategies for prioritized testing (see https://apps.who.int/iris/bitstream/handle/10665/331509/WHO-COVID-19-lab_testing-2020.1-eng.pdf for details)

3.3.10 Diagnostic Testing for SARS-CoV-2

This document provides interim guidance to laboratories and stakeholders involved in laboratory testing for suspected cases of COVID-19. It provides covers; bio-safety practices at the laboratory; specimen collection, transportation and storage; and the types of tests that can be undertaken to detect exposure to SARS COV-2 virus. The document further discusses methods for reporting test results. (see https://www.who.int/publications/i/item/diagnostic-testing-for-sars-cov-2).

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

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

3.3.12 WHO Code of Ethics and Professional Conduct

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

3.3.13 CDC Coronavirus Lab Biosafety Guidelines

The guideline discusses procedures/requirements for laboratory biosafety, routine laboratory procedures, viral isolation, working with animals suspected to be infected with the Coronavirus, referral of specimen to laboratories and packaging/shipping. The key recommendations in the guideline includes basing laboratory procedures on the results of risk assessments of the laboratory, ensuring that only personnel demonstrating capability to undertake procedures in strict conformity to laid protocols are utilised in laboratories, using disinfectants with proven activity against enveloped

viruses in laboratories and the fact that BSL 2 equivalent procedures must be in propagative work in the laboratories (see https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html for details).

3.4 Relevant World Bank Group Guidelines

3.4.1 World Bank Group EHSG, 2007

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

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

This interim note emphasizes the importance of careful scenario planning, clear procedures and protocols, management systems, effective communication and coordination and the need for high levels of responsiveness in a changing environment due the COVID 19 pandemic. It recommends assessing current situation of projects, putting in place mitigation measures to avoid or minimize the chances of infection (Corona virus) and planning what to do if either project workers become infected or the work force including workers from proximate communities are affected by COVID-19. The recommendation in this interim note covers cleaning and waste disposal, medical services and general hygiene for the workforce together with management of site entry and exit points, work practices and medical supplies for site workers. There are also recommendations to ensure continuity in supply of materials and project activities amidst disruption supply chains as a result of COVID-19. The interim note is useful for both PIU staff and Project Consultants and Contractors (see https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/ESF%20Safeguards%20Interim%20Note%20Construction%20Civil%20Works%20COVID.pdf-).

Additional guidance is listed in Annex E-Resource List: COVID-19 Guidance.

3.5 National Laws

There are several laws in Sierra Leone concerned with development, social protection, public health issues and the environment in general. The under listed which relates to the project are also presented in Table 3.2 together with a brief gap analysis and gap filling measures:

i. Environmental Protection Agency Act, 2008;
ii. The Freetown Improvement Extension (Amendment) Act, 1964;
iii. The Public Health Ordinance, 1960;
iv. Public Health Amendment Act, 2014;
v. Pharmacy and Drugs Act, 2001 (as Amended in 2007);
vi. National Medical Supplies Agency Act, 2017;

vii. The Factories Act of 1974;
viii. Regulation of Wages and Industrial Relations Act 1971 (No. 18);
ix. The National Fire Service Act, 1980;
x. Child Right Act, 2007;
xi. Sexual Offences Act, 2012 as Amended in 2019;
xii. The Hospital Boards Act 2003 (amended in 2007);
xiii. Sierra Leone Health Service Commission Act, 2011;
xiv. Local Government Act, 2004;
xv. Persons with Disability Act, 2011;
xvi. Prevention and Control of HIV and AIDS Act, 2007;
xvii. The Anti-Corruption Act, 2008;
xviii. The Right to Access Information Act, 2013; and
xix. Proclamation 2020.

Table 3.2: Relevant In-Country Laws

Legislation	Relevant Sections	Comments/Gaps	Gap Filling Measures
Environmental Protection Agency Act, 2008	The EPA Act is the legislation governing the protection of the environment and the EIA/ESIA process. This Act establishes the role and function of the Environment Protection Agency (EPA) for monitoring implementation and evaluation of national environmental policies of Sierra Leone as well as the obligations of the proponent (environmental licenses' holders) and the Board of Directors of SL-EPA in the event that an environmental license is granted. Part IV of the EPA Act 2008 exclusively deals with the activities that require an EIA and requirements of an EIA. This part of the Act emphasizes the processes and procedures leading to the acquisition of environmental licenses with respect to the	Although most of the provisions under the Act relate to ESS1, the SL-EPA classification/categorization scheme (Category A, B and C) does not align with the World Bank's categorization (High, Substantial, Moderate and Low risk) under ESS1. In terms of information disclosure, a requirement of ESS1 and ESS10, Section 27 (1) of the Environmental Protection Agency Act, 2008 stipulates that the Agency upon receiving the draft EIA report shall circulate it to professional bodies, associations, ministries and governmental organizations for their comments. Under Section 27(2) the Agency is also required to openly display the EIA report in two consecutive issues of the Gazette as well as in the newspapers to allow for public viewing. The proponent is expected to address the comments from the general public as received through the Executive Director within	MoHS will have to apply for environmental licenses of all sub projects/procurements with safeguards concerns from SL-EPA by formally applying to the Agency. Upon screening the projects appropriate instruments as may be directed by the SL-EPA will be prepared and approved by SL-EPA, after which an Environmental License will be issued to cover that particular sub project, prior to the commencement of works, intervention and/or procurement. The scope of consultations in the SEP will be widened to include PAPs and vulnerable groups and other stakeholders who have interest or will impacted by the project but are outside those mentioned in the

	conduct of an acceptable EIA studies. Projects likely to have negative environmental impacts or for which an EIA or ESMP is required under the Act's Regulation, should not be implemented, unless an EIA/EMP has been concluded and approved in accordance with these regulations.	fourteen (14) days upon receipt of the comments. The law is silent on involuntary resettlement.	EPA Act, as required in ESS1 and ESS10.
The Freetown Improvement Extension (Amendment) Act, 1964	The Act establishes Freetown and its surrounding districts as a planning area and sets out town planning regulations to guide development control in the designated planning area. Section 19 empowers the Director of Public Works to approve building plans as well as undertake premises (building) inspection and certification prior to occupancy. Section 18 confers the power to alter, repair or pull-down defective structures and structures detrimental to public health and safety at cost to the developer to Director of Public Works, subject to the consent of a magistrate.	ESS4 requires that project designs are reviewed and certified by independent professional entities prior to implementation. The Freetown Improvement Extension (Amendment) Act, 1964 gives such authority to the Director of Public Works.	No gap filling measures required
The Public Health Ordinance, 1960	This Act remains the principal piece of public health-related legislation in Sierra Leone. The Act places sanitation management, premises inspection, environmental hygiene, food safety, prevention of water pollution and designation of sanitary of sites under the remit	The Ordinance has some good provisions to minimize community exposure to health issues as required by ESS4.	No gap filling measures required

	of the Ministry of Health and Sanitation and by extension the Health Authorities at the local level. The Act confers the power to declare health areas and appoint of persons/bodies to act as the Health Authorities on the Minister of Health and Sanitation. These areas may include POEs, urban, rural or working zones. More importantly, Part II of the Act also empowers the Minister to set up Endemic Control Areas and appoint Endemic Control Authorities with powers to undertake civil works and other actions necessary for the control of endemic diseases or the elimination of insect or animal vectors of endemic diseases in such Endemic Control Areas. Part II Section 11(2) gives Endemic Control Authorities the same powers as Health Authorities in terms the prevention, treatment and notification of disease. Health Authorities and Endemic Control Authorities have powers under Part IV of the Act (Control of Notifiable Diseases) to cause the testing of a person suspected of a notification disease. Under Part IV Section 44-45, Health Authorities and Endemic Disease Authorities under the authorization of the Minister of Health and Sanitation may provide		

	emergency temporary accommodation for isolating patients and separate isolation accommodation for person/persons suspected to have a notification disease as well as contacts in accessible areas away from inhabited dwellings. This section also talks decommissioning of isolation accommodation after inmates are discharged. These notwithstanding, the definition of notifiable disease as provided in Part IV section 2 is limited to smallpox or meningitis, although Section 3(1) allows the Minister to add or expunge diseases from the list.		
Public Health Amendment Act, 2014	This amendment to the Public Health Act, 1960 added Ebola and other communicable disease to Section 2 of the Public Health Ordinance, 1960**.**	Consistent with the community exposure to health issues requirement under ESS4	No gap filling measures required
Pharmacy and Drugs Act, 2001 (as Amended in 2007)	The Act establishes the Pharmacy Board to regulate pharmaceutical practice in Sierra Leone among others. Section 40 prohibits the manufacture of Class A and B drugs except under the supervision of a pharmacist or a person approved by the Board. Part V: Control and Manufacture and Storage of Drugs also provides for the appropriate labelling and storage of drugs. Part VI is dedicated to the	Consistent with ESS4 requirement under management and safety of hazardous materials in ESS4	No gap filling measures required

	transportation, importation and export of drugs. It prohibits the importation of drugs or specialties not registered under section 55. The 2007 amendment indicates that license fees should be paid into the consolidated fund.		
National Medical Supplies Agency Act, 2017	The Act establishes the National Medical Supply Agency. Its functions include procuring and selling medical supplies as per the Pharmacy Act, 2001, maintain strict security protocols for the storage of drugs and medical supplies in its storage facilities and other storage facilities as well as procure, distribute and donate medical supplies to all government health facilities and public bodies as requested by the Ministry of Health and Sanitation. The Agency is also expected to collect data on stocks levels among others.	Consistent with ESS4 requirement under management and safety of hazardous materials in ESS4	No gap filling measures required
The Factories Act of 1974	The Factories Act, 1974 demands for all aspects of cleanliness, reports of all injuries, accidents, diseases and death. Under this Act the Factories Inspectorate Department under the Ministry of Labour and Social Security has the power to monitor work place compliance in terms of labour laws, especially among factories, and enforce measures to ensure occupational accidents and diseases are	The Act promotes cleanliness, health and safety within the work environment and covers owners, occupiers, supervisors and workers alike, which are all requirements of ESS2. Nonetheless, it is does not extend to sub-contractors as explicitly mentioned in ESS 2, unless one argues that such third parties' entities are themselves "factories" hence they are obligated to comply with the Act.	Sub-contractors will be covered under this project through the preparation and implementation of labour management plans for each sub project.

	minimized within the work environment (Section V of the Factories Act, 1974). The Act expands the definition of factories to include construction sites. It makes reports of accidents, death, injuries and the outbreak of diseases mandatory (Section VII) and empowers the Factory Inspectorate Department to enforce general health and safety conditions within factories. There are also sanctions for non-compliance including fines, jail terms and prohibition of works and closing down of factories. The Act promotes cleanliness, health and safety within the work environment and covers owners, occupiers, supervisors and workers alike.		
Regulation of Wages and Industrial Relations Act 1971 (No. 18)	These regulations specify the collective agreement between Employers in the Building and Construction Trade Group in the Republic of Sierra Leone involving the following Worker Unions: • Artisans, Public Works, and Services Employees Union; • General Construction workers Union; • Skilled and Manual Production workers Union; and	The Act is largely consistent with workers organization and work-based grievance redress mechanisms requirements under ESS2. Nonetheless, timelines for the resolution of grievances and providing feedback to aggrieved workers are not outlined in this regulation. The Act is also silent on the right of aggrieved workers to go to court. Although the law does support any form of discrimination, it does provide explicit measures to enhance vulnerable persons access to employment	Timelines for resolving grievances and the option to access the law court has been introduced in the work-based grievance redress mechanisms of the project. In addition, vulnerable groups will be offered the first right of employment in terms of non-hazardous assignments/tasks

	• Sierra Leone Union of Securities, Watchmen and General Workers Union Conditions of Service issues including Hours of Work (Clause 9), modalities for payment of overtime (Clause 13), Annual Leave and Leave Allowance (Clause 15) and Maternity with full pay for maximum of twelve weeks (Clause 17), Dirty Work Allowance for workers who come into contact with sewerage, rubbish, wood, dust and toxic materials (Clause 56) and Termination of Work Contract (Clause 26) are outlined explicitly in the Act. Health and Safety issues are covered under Clause 37 and 51. They include the Employer providing raincoats, googles, wielding marks, helmets and other safety gear as well as toilet and hand washing facilities for employees. Workers' right to form unions and engage collective bargaining are recognized in Clause 30, whiles workers right to representation is conferred under Clause 32. In this Act, Workers Grievance Redress Mechanisms have been explicitly outlined in Clause 29, in a seven-step process. The process commences		

	from verbally discussing grievances with immediate supervisors, then to management (employers) either directly or through union leadership where unions exist and finally petitioning the Minister of Labour and Social Security in the event that work based grievance redress measures fail to resolve the grievance in question.		
The National Fire Service Act, 1980	The Act establishes and lay out the constituents of the Sierra Leone Fire Service as well as the National Fire Force. It also empowers the Minister to establish Fire Authorities in designated areas. The Act also grants right of entry to fire and police officers for the purposes of fire prevention and control.	The Act does not prescribe standards for fire installations for buildings. It does not also enjoin developers to acquire fire permits, certificates or approval from the National Fire Force or Service prior to the construction of buildings. This makes the law inconsistent with the infrastructure and equipment design under ESS4	The Fire Service/Force will be furnished with the design drawings for the Infectious Disease Center for their input. British Standards (BS) will be the applicable standard for all electrical cables and fittings under the project
Child Right Act, 2007	Part III of the Act talks about the Employment of Children. It stipulates the minimum age at which free education ends, when children can engage in full time employment or apprenticeship at fifteen (15 years) though the Act allows children to engage in light work (non-strenuous and non-hazardous work) at the age of thirteen (13) but only persons eighteen (18) years and above can engage in hazardous work such as civil works. The Act which prohibits children from working at	The Child Rights Acts has adequate provisions to combat child labour. However, the minimum age for light work (13 years) stipulated in the Act is less stringent than the requirements of ESS 2 (14 years).	The project takes the position that children 18 years and below will not participate in any work related to the Sierra Leone COVID 19 Emergency Preparedness and Response Project. This will be reflected in various Labour Management Plans prepared and implemented under the project

	night also set conditions for apprenticeship.		
Sexual Offences Act, 2012 as Amended in 2019	The Sexual Offences Act of 2012 criminalizes non-consensual sex between persons, including spouses. The Act increased the consensual age from 13 years, under the Prevention of Cruelty against Children Act (CAP 31) to 18 years. Section 19 of the Act introduces the concept sexual penetration, which replaces Unlawful Canal Knowledge and increases the organs involved in sexual penetration to include the mouth and anus. The Act further provides that any object used for penetration satisfies the act of sexual penetration. The Act is gender neutral, technically including sexual acts between same sexes. Marriage is not a defense for perpetuators under this Act. The confidentiality of victims (survivors) during investigation and prosecution are guaranteed under the Act. The Act also provides for medical assistance for survivors. The Act explicitly set out sanctions for offenders including jail terms.	The Act aligns well with ESS2 as it promotes safety at work and ensures that survivors of Gender Based Violence, Sexual Abuse and Exploitation and Harassment are not discriminated against within the work environment while seeking redress. It also aligns well with ESS4 as it enjoins the state to provide medical and other forms of support for GBV survivors	To operational this law, GBV Action Plans will be prepared under this project
The Hospital Boards Act	The Act establishes governing boards for	Consistent with ESS4 requirements for	No gap filling measures required

2003 (amended in 2007)	certain specialized and district government hospitals. Act also assigns the functions to the Boards, which includes provision of accommodation and equipment necessary for the listed hospitals to work, construction, operation, maintenance of the hospital facilities such as laboratories, out patients' departments and wards as well as appointment and training of staff of the respective hospitals. The Board, under this Act, may recommend hospital fees for the consideration of the Minister of Health and Sanitation. The 2007 Amendment to this Act sought to stream the fee collection structure by stipulating that fees collected from the hospital involved must be paid into the Consolidated Fund.	Community Exposure to Health Issues and Infrastructure and Equipment Design and Safety	
Sierra Leone Health Service Commission Act, 2011	The Act establishes the Sierra Leone Health Service Commission to assist the Ministry responsible for health in the delivery of affordable and improved healthcare services to the people of Sierra Leone.	Supports the actualization of requirements of ESS4: Community Exposure to Health Issues	No gap filling measures required
Local Government Act, 2004	This Act seeks to devolve all development initiatives and authority to people at the grassroots. As such it has empowered the local councils as the highest political and legislative authority in the locality.	The Act encourages local participation in development as required by ESS10	No gap filling measures required

	The Councils are responsible for promoting the development of the locality with the resources at its disposal and those that they can mobilize from the central government and its agencies, NGOs and the private sector. Part VII Section 90, also empowers the Local Councils to enact by-laws consistent with the provisions of the national constitution. The bye laws may cover community health and safety issues including sanitation, food safety and animal husbandry. Under Schedule III of the Act functions under the Ministry of Health and Sanitation devolved to the Councils are Registration of births and deaths, public health information and education, Primary Health care Secondary Health care, maintenance of non-technical equipment, facilities management and procurement of equipment and medicines. The Act also makes for the establishment of a Ward Development Committees in each ward for a locality as well as their membership in Part XIII. Section 96 (1) charges Ward Development Committees to mobilize the citizenry for self-help and development, act as		

	focal points for discussing local needs and problems, organize communal and voluntary work especially in sanitation and educate residents on their rights and obligations in relation to local government and decentralization.		
Persons with Disability Act, 2011	Per Section 24(2) this Act, public buildings/facilities that are accessed by the general public are to be disability friendly, while Section 14 (2) enjoins government to adapt existing structures to enhance access by persons with disability. In Section 20 and 21 of the Act, it is an offence to deny a person contracts and employment opportunities on the basis disability.	Consistent with non-discriminatory and infrastructure and equipment design and safety requirements under ESS2 and ESS4 respectively	No gap filling measures required
Prevention and Control of HIV and AIDS Act, 2007	The Act seeks to control the spread of HIV-AIDs and prevent discrimination against Person Living with HIV/AIDS. Prevention and Control of HIV and AIDS, Act 2007 enjoins government to create awareness about the mode of transmission and support for Person Living with HIV/AIDS. Section 23 establishes that discrimination of Persons Living with HIV/AIDs in terms of access to employment, health services and education as an offence. While Section 11 also prohibits testing for HIV/AIDS as a condition	Consistent with exposure to community health issues and non-discriminatory requirements of ESS2 and ESS4 respectively	Labour Management requirement shall be incorporated through adequate occupational health and safety measures throughout project implementation consistent with the provisions in the Act and the requirements of ESS2

	for gaining employment, Section 21 makes deliberate or recklessly transmission and non-disclosure of HIV/AIDS positive status prior to sexual encounter an offence.		
The Anti-Corruption Act, 2008	The Act establishes the independent Anti-Corruption Commission for the prevention, investigation, prosecution and punishment of corruption and corrupt practices and related matters.	Consistent with ESS10	No gap filling measures required
The Right to Access Information Act, 2013	The Act provided for the disclosure of information held by public authorities or by persons providing services for them and to provide for other related matters.	Consistent with ESS10	No gap filling measures required
Proclamation 2020	The State of Emergency proclaimed by the President of Sierra on 24th March, 2020 and duly submitted to Parliament, identifies the Corona Virus as a public health threat to lives of people of Sierra Leone as well as the economy and the need to take measures to prevent, protect and curtail the spread in the entire country. It also declared a 12-month state emergency in the whole country starting from March 25, 2020. Measures to contain the spread include limiting public gathering to less than 100 persons, ban on sporting events, adjusting market operation times to	The Proclamation does not pose any risk to the COVID-19 Emergency Preparedness and Response Project. It is not at variance with any of ESS.	No gap filling measures required.

	between 7.00am to 7.00pm and compulsory wearing of face mask in public. The Sierra Leone Armed Forces and police are enforcing compliance with all public health directives. In the Constitution the power of the President to proclamation of a State Emergency and the condition precedent are stipulated in Section 29(1) and (2).		

3.6 International Conventions

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

- Basel Convention on the Control of Trans boundary Movements of Hazardous Wastes and Their Disposal, 1989;
- Kyoto Protocol, 1997;
- International Health Regulations, 2005;
- Stockholm Convention on Persistent Organic Pollutants, 2001;
- Convention for Safeguarding Intangible Cultural Heritage, 2003; and
- Conventions of the Rights of Persons with Disability, 2006.

3.7 Relevant Policies and Plans

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

3.7.1 National Health Policy

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

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

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

discusses actions to ensure timely and accurate information, especially, regarding health, general welfare and prevailing epidemics. The policy is currently under review.

3.7.2 National Health Sector Strategic Plan 2017-2022

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

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

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

3.7.3 Infection Control and National HealthCare Waste Management Plan, 2015

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

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

3.7.4 Sierra Leone National Action Plan for Health Security, 2018 – 2022

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

3.7.5 National COVID 19 Emergency Preparedness and Response Plan

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

- Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events;
- Identify, isolate and care for patients early, including optimized care for infected patients

- Address crucial unknowns regarding extent of transmission and infection, clinical severity and treatment;
- Communicate critical risks and events information to all communities and counter misinformation; and
- Minimize social and economic impact through multi-sectoral partnerships

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

3.7.6 COVID-19 National Vaccine Deployment Plan (NVDP)

The Plan leverages on the lessons learned during the 2014-2016 Ebola outbreak. It sets out the pathway for vaccine approval in Sierra Leone through the Pharmacy Board of Sierra Leone and the criteria for selecting vulnerable groups for priority vaccination, while adopting a phased approach to vaccination. Strategies for transportation and storage for vaccines are also outlined in plan together with waste management strategies. Finally, the plan discusses procedures/process for reaching out to the selected vulnerable groups, monitoring the vaccination exercise as well as AEFIs. It presents institutional arrangements for monitoring the impending immunisation exercise and dealing with AEFI.

4.0 Baseline Conditions

4.1 Location and Population

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

4.2 COVID-19 Status

As of May 17, 2021, 4,107 Cases of COVID-19 have been confirmed in Sierra Leone with 79 deaths, and 3,104 recovered. (Source*: MoHS. Our Live COVID-19 Update.* https://mohs.gov.sl/*)*

4.3 Vulnerable Groups in Sierra Leone Targeted for Priority Vaccination

The basis of vulnerability to COVID-19 in Sierra Leone has been established in the National Vaccine Deployment Plan, which layouts the vulnerable groups for priority vaccination vulnerability according to WHO framework for Allocation and Prioritization of COVID-19 Vaccination. From the plan, Vulnerable groups targeted for priority vaccination are health workers in both public and private facilities including volunteers, and person aged above 70 years old as the primary group, then those aged 60-70, adults between 30 to 59 years old with co-morbidities and essential service providers such as educational workers, security services and law enforcement officers as the second priority group. Finally, those between 18 and 59 years old without co-morbidities will be covered except pregnant women. The estimated number of persons in the age group were obtained from the existing National Civil Registration Authority (NCRA) database. The registration will be made with the consent for all targeted population

Table 4.1 Target Groups for COVID-19 Vaccination – Sierra Leone

Phase		Target population	Number of people	% of population
First Phase: 244,802 (3.0%)	Phase 1a	Health care workers working at all ages in both public and private facilities (doctors, nurses, non-medical staff, volunteers).[1]	45,000	0.6%
	Phase 1b	Those aged 70+	199,802	2.4%
Second Phase: (17.0%)	Phase 2a	Those aged 60-70	1,185,720	14.5%
	Phase 2b	Those aged 30-59 with known co-morbidities	99,220	1.2%
	Phase 2c	Essential workers (educational staff, law enforcement officers) at age 40+	109,880	1.3%
Third Phase: 3,148,800 (38.4%)	Phase 3a	Those aged 30-59 without co-morbidities, not including pregnant women	918,279	11.2%
	Phase 3b	Those aged 18-39, not including pregnant women	2,230,521	27.2%

[1] There is no nursing home in Sierra Leone.

Although vulnerability to COVID-19 in the case of Sierra Leone is largely medical, socio-economic factors have played a part in determining vulnerability as well as causing delays and reducing the success rate of past immunization exercise in the country. These factors include conflict, perceptions that vaccines cause paralysis and/or infertility as well as mistrust of politicians and health workers. These challenges have largely been countered through active donor support in immunization programmes, risk communication, improved security-post the civil conflict. Hence, a steady improvement in immunization rates. These notwithstanding, the country is slightly behind in terms of immunization coverage in Africa. For example, WHO/UNCIEF estimates that Measles Containing Vaccine Coverage in Sierra Leone at 80% compared to 84% in the Africa region as at 2018.

4.4 Vaccine Administration Strategies for the Targeted Priority Vulnerable Groups

Health workers in public and private health facilities will be considered first target group for the COVID-19 vaccination. The DHMTs and hospital management teams will provide the list of all staff (medical and non-medical), including volunteers involved in the health service delivery in their respective districts and hospitals. During the registration process, information on demographics, personal, and self-reported comorbidities will be obtained.

The vaccine administration for the health care workers will be done using a fixed strategy at their respective health facility based on line-list provided by DHMTs and Hospital teams. The frontline health workers (i.e., staff at hospitals/PHUs) will be further prioritized among the health worker group for the 1st set of vaccine followed by support staff (e.g., cleaners, security etc.) and administrative staff at health facilities. The districts will be prioritized based on prevalence of COVID-19 cases. We plan to vaccinate all health workers at the chiefdom level in a phased manner to ensure minimal disruption to the essential services.

The National Civil Registration Authority (NCRA) has an existing database of persons ≥ 70 years of age that will provide ready-made information on this population. The single registration system with the provision of unique IDs will prevent duplicate registration. These persons will be reach through mobile teams and/or via appoints at the nearest vaccination centers.

This population will be reach through a combination of fixed and mobile strategy. The elderly population will be mobilized to reach the health facilities by community mobilisers, CHWs and health workers through various means of communications including mass media. Mobile teams will be available for persons who are unable to reach to health facilities.

Currently, points of service (vaccination centers) have been opened in all 16 districts in Sierra Leone. Going forward, vaccination points will be established within health care facilities at the chiefdom level. These points of service together with mobile teams will reach out to vulnerable persons/groups in remote locations. These will be supported by mobile teams who will reach out to vulnerable groups in difficult to Reach Areas or who are unable to access the designated vaccine centers (see Table 4.2.).

Table 4.2: Existing Vaccination Center in Sierra Leone by District

District	Vaccination Site	District	Vaccination Site	District	Vaccination Site
Bombali	Makeni Gov't Hospital	**Kono**	Koidu Gov't Hosp	**Moyamba**	Moyamba Gov't Hosp
	Kamabai CHC		UMC Jiama Swafe		Njala University
Bonthe	Bonthe Gov't Hosp	**Kambia**	Kambia Gov't Hosp	**Tonkolili**	Magburaka Gov't Hosp

	Ubc Hosp Matru		Madina CHC		Mile 91
Falaba	Mongo CHC	**Koinadugu**	Kabala Gov't Hosp	**Western Rural**	Waterloo Chc
	Falaba		Alkalia CHC		Goderich
Bo	Bo Gov't Hosp	**Karene**	Kamakwie Hosp		Lumley Hospital
	Koribondo CHC		Gbinti	**Western Urban**	Rokupa Govt Hosp
Kailahun	Kailahun Gov't Hosp	**Portoloko**	Port Loko Gov't Hosp		Kinghamman Road Hospital
	Nixon Hosp. Segbwema		Lungi Hospital		
Kenema	Kenema Gov't Hosp	**Pujehun**	Pujehun Govt Hosp		Macauley Street Hospital
	Panguma Hospital		Zimmi CHC		

4.5 Sierra Leone's State of Vaccine Readiness

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

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

The Government of Sierra Leone's vaccine coverage and acquisition plan are a central part of its national vaccination readiness. Sierra Leone's COVID-19 vaccine strategy is to cover at least 20 percent of its population in 2021 and expand to 58.4 percent of the population (an additional 38.4 percent) by the end of 2022. The AF is expected to purchase additional vaccines and cover associated supply chain costs to expand vaccine coverage to an additional 3.5 percent of the population, which would help the country to achieve 25 percent of the population coverage.

Additional vaccines may be obtained through direct purchase or donations from vaccine manufacturers if their vaccines have complied with the World Bank's Vaccine Approval Criteria (VAC). The doses needed for the 20 percent of the population coverage are expected to be obtained for free through the COVAX Facility. An additional 1.12 percent is contributed from the Government of China to cover 95,000 people or 1.12 percent of the total population with Africa Union providing an additional 0.27 percent (see Table 4.3).

Table 4.3: Vaccine Requirement-Sierra Leone

Source of financing	Population targeted		Vaccines		Vaccines already arrived in the country	
	%	Number	Source	Name	Name	Doses
Phase I: Health workers of all ages and those at age 70+						
COVAX grant and other donors for vaccines and IDA/ HEPRTF for deployment	0.6%	48,000	COVAX	SII-AstraZeneca	SII-AstraZeneca	96,000
	0.3%	21,000	MTN/AU	SII-AstraZeneca	SII-AstraZeneca	42,000
	1.2%	100,000	Govt of China	SinoPharm	SinoPham	200,000
	0.9%	75,802	COVAX	tbc		
Phase II: Those at age 60-70, those with co-morbidities at age 30+, essential workers at age 40+						
COVAX grant for vaccines and IDA/ HEPRTF for deployment	17.0%	1,394,820	COVAX	tbc		
Phase III: Those aged 30-59 without co-morbidities and those at age 18+, not including pregnant women						
COVAX grant for vaccines and IDA/ HEPRTF for deployment	1.5%	121,000	COVAX	tbc		
IDA financed vaccines and HEPRTF financed deployment	3.5%	287,000	COVAX or AVATT	tbc		
Financing gap	33.4%	2,741,178		tbc		
National Total	**58.4%**	**4,788,422**				**338,000**

The GoSL is taking a phased approach to manage the uncertainty regarding regulatory approvals, timing of delivery, pricing and other contractual aspects. There is a significant financial gap to cover the rest of 33.4 percent of the population and the GoSL has no means to acquire additional doses to meet the national target of 58.4 percent yet. Sierra Leone is conducting the COVID-19 vaccine deployment readiness assessment, using the Vaccine Introduction Readiness Assessment Tool (VIRAT)/Vaccine Readiness Assessment Framework (VRAF) 2.0 tool. As of March 23, 2021, Sierra Leone scored 60 percent on overall readiness for COVID-19 vaccine deployment.[2]

4.6 Vaccine Storage and Distribution

Vaccines arriving in the country will be received at the International Airport at Lungi and transported by road to the central vaccine store in Freetown within 24 hours of arrival. They will be inspected by a team of logisticians, members of Technical Coordination Committee (TCC) and the Pharmacy Board and a vaccine arrival reports will be prepared and submitted to UNICEF Supply Division within 72 hours.

[2] WHO. COVID-19 vaccine introduction and readiness assessment (VRAF 2.0) dashboard. Retrieved March 23, 2021 from https://app.powerbi.com/view?r=eyJrIjoiOTgzZDRkZWUtOTEwNC00N2E1LTllMDItMmM5ZTM2MmNhYzVkIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

4.6.1 Storage Capacity at the National Level

Vaccines and safe injection supplies will be stored at the national vaccine store located at the Central Medical Stores compound in Freetown. There are three +2 to +8 °C new Walk-in-Cold Rooms (WICRs) with a total storage capacity of 21 cubic meters. In addition to this, there are two old WICRs (one functional and one non-functional). Currently, the country has adequate +2 to +8 °C storage capacity at central level for routine vaccines. However, according to the December 2020 updated national cold chain inventory, an additional WICR of 30 cubic meter will be required to store the COVID-19 vaccine for the first 3% of the target population. If the remaining 17% is going to be shipped in batches; then the new WICR to be procured will be adequate to store the 17%. However, if the 17% allocation is shipped as one consignment, then additional 40 cubic meter WICR would be needed. Already, a request has been submitted to GAVI on cold chain expansion and it is envisaged that once approved, capacity gaps would be filled at central and district levels for the first phase (3%) of the campaign. Alternative will continue to explore the availability of storage facilities at the private sector as a backup.

For negative temperatures (-20 °C), there are 2 Walk-in Freezer Rooms (WIFRs) with a total storage capacity of 14 cubic meters. In addition, there is an old WIFR at central level which is currently being used as a back-up for vaccine storage.

There are six Ultra Cold Chain (UCC) storage units at central level; out of which two are functional and the remaining four require repairs. Additional UCC equipment of 13.8 cubic meter would be needed at central level to store the quantity (300,000 doses) earmarked for the first 3% of the target population.

Prior to distribution, the COVID-19 vaccine will be stored at the National Vaccine Store in a dedicated equipment (WICR) and adequate temperature monitoring mechanisms will be in place to ensure vaccines are in appropriate cold chain condition. Currently, all the walk-in cold rooms are connected to the national electricity grid and are equipped with 2 working standby diesel generators 63 kVA and 30 kVA capacity.

4.6.2 Vaccine Storage at the District Level

Currently, vaccine storage capacity at all the 16 districts is adequate for routine vaccines. However, vaccine storage gaps exist at district level as shown in the table below and additional cold chain equipment would be needed to accommodate the COVID-19 vaccine for the 3% of the target population.

Table 4.4: Vaccine Temperature Storage Requirement at District Level Phase 1

Requirement in Liters for Positive Temperature Storage						Requirement in Litres for Negative Temperature Storage					
Districts	**Capacity required for RI vaccines**	**Volume Required for COVID-19 vaccine**	**Total for RI + COVID-19 vaccine**	**Available**	**Gap**	**Districts**	**Capacity required for RI vaccines**	**Volume Required for COVID-19 vaccine**	**Total for RI + COVID-19 vaccine**	**Available**	**Gap**
Bo	499	169	668	363	305	**Bo**	66	169	235	255	-8
Bonthe	174	59	233	156	77	**Bonthe**	44	59	103	130	-7
Moyamba	276	94	370	261	109	**Moyamba**	31	94	125	138	-2
Pujehun	300	102	402	258	144	**Pujehun**	30	102	131	178	-16

Kailahun	456	155	611	461	150	**Kailahun**	31	155	186	210	-4
Kenema	528	179	708	575	133	**Kenema**	38	179	218	215	22
Kono	439	149	587	442	145	**Kono**	33	149	182	208	-6
Bombali	367	124	491	355	136	**Bombali**	35	124	159	199	-20
Kambia	299	101	401	284	117	**Kambia**	43	101	144	178	-14
Koinadugu	355	120	475	349	126	**Koinadugu**	27	120	147	155	-8
Port Loko	707	240	947	616	331	**Port Loko**	59	240	299	321	-12
Tonkolili	445	151	596	494	102	**Tonkolili**	48	151	199	210	-1
Western Area Rural	385	131	516	361	155	**Western Area Rural**	36	131	167	187	-10
Western Area Urban	915	310	1225	755	470	**Western Area Urban**	89	310	399	459	-50
Total	**499**	**2084**	**668**	**363**	**305**	**Total**	**610**	**2084**	**2694**	**3043**	**00**

Table 4.5: Vaccine Capacity and Gap at the District Level

Districts	Capacity required for RI vaccines	Volume Required for COVID-19 vaccine	Total for RI + COVID-19 vaccine	Available	Gaps
Bo	0.0	125	125	0	125
Bonthe	0.0	43	43	0	43
Moyamba	0.0	69	69	0	69
Pujehun	0.0	75	75	0	75
Kailahun	0.0	114	114	0	114
Kenema	0.0	132	132	0	132
Kono	0.0	110	110	0	110
Bombali	0.0	92	92	0	92
Kambia	0.0	75	75	0	75
Koinadugu	0.0	89	89	0	89
Port Loko	0.0	177	177	0	177
Tonkolili	0.0	111	111	0	111
Western Area Rural	0.0	96	96	0	96
Western Area Urban	0.0	229	229	0	229
Total	**0**	**1536**	**1536**	**0**	**1536**

For UCC at district level, 16 equipment (one for each district) would be needed to store COVID-19 vaccine at -70 °C for the 3% of the target population.

4.6.3 Storage Capacity at Health Facility Level (Points of Service)

At heath facility level (Point of Service), there are 1,112 cold chain equipment; out of which, 812 (73%) are functional and 172 (15%) are obsolete. About 128 (12%) of the equipment are currently not functional. Additional cold chain equipment would be needed at health facility level to accommodate the COVID-19 vaccine for the 3% of the target population. Therefore, the country will require

additional funding to cover this gap. For vaccines to be stored at -70 °C, 196 Arktek carriers will be provided at each chiefdom vaccination center.

4.6.4 Vaccine Transportation

The existing transport system would be used for the COVID-19 vaccine distribution to all district stores. Two refrigerated trucks will be used to transport COVID-19 vaccines to all district stores. The DHMTs will in turn distribute the COVID-19 vaccine to respective health facilities. In the event of vaccine requiring UCC storage needs, the DHMTs will transport vaccine to all the chiefdoms using 4x4 off-road pick-up vehicles. Given the security nature of the country, it is envisaged that there will be no security risk/threats during vaccine transportation.

The security of vaccines right from storage to transportation and distribution at the vaccine site will be ensured through effective collaboration with the security forces, who are already part of the COVID-19 taskforces at national and district level. Vaccine stock data will be monitored on and reconciliation done on a daily basis to ensure vaccine accountability at all levels. There is an existing structure at both district and community level which includes Civil Societies Organisations and community stakeholders in the monitoring and accountability of the supplies.

4.6.5 Human Resource for Cold Chain Management and Vaccination Exercise

There is a dedicated team of six officers (two supply chain specialists and four Cold Chain Officers) for the management of immunization supplies at central level. At district level, there is a total of ninety-six staff (32 DOOs, 32 Cold Room Officers and 32 Cold Chain Technicians) supporting vaccine management activities. In the health facilities, there are a total of 2,654 vaccinators (2 per facility) who deliver immunization services and monitor the performance of the equipment.

4.6.6 Vaccine Monitoring

The DHIS-2 software will be adopted for the COVID-19 vaccination exercise across the country. This will be used for monitoring, stock management, defaulter tracing, sending reminders and evaluation of COVID-19 vaccination. The system will eliminate any room for slippages, and duplication and improve defaulter cases. The system will allow for creation of users (administrators, supervisors and vaccinators), facilities/planning unit and session sites followed by planning and scheduling sessions and implementation of vaccination process.

The system will allow both offline/real time tracking not only the beneficiaries but also the vaccines, at national, and district level. This will allow the system to monitor the utilization, wastage, coverage of COVID-19 at all levels.

4.7 Management System for Health Care Waste in Sierra Leone

Health care waste management is the process of collection, treatment and disposal of the health care waste produced by vaccination. Management of waste related to COVID-19 vaccination requires special attention. Due to the infectious nature of the virus and usage of PPE, large volumes of immunization waste (including; open vaccine, vials, needles, syringes and PPE) will be generated. Safe collection and final disposal of health care waste will eliminate the potential risk to health workers, the public and protect the environment. The health care waste management system in existing HCFs and laboratories are described in Table 4.6.

Table 4.6: Existing Management Practices for Health Care Waste in the Selected Facilities

Operation	Laboratories	HFC
Sterilization	• Not practiced	• Not practiced
Waste Collection	• Waste collected in biohazard bags and placed in colour coded bins. Sharps boxes will be used for sharp wastes. Waste bags should be collected when 3/4th full or daily. Sharps containers should be collected when 3/4th full.	• Waste collected in biohazard bags and placed in colour coded bins. Sharps boxes will be used for sharp wastes. Waste bags should be collected when three quarters full or daily. Sharps containers should be collected when three quarters full.
Waste Transportation (on site)	• Waste placed in colour coded bins, and Sharp Box carried in covered trolley, wheeled bin, or closed cart and disposed of on site. • If none exist, a wheelbarrow or cart may be used. • After transporting waste, PPE & Sanitary Tools should be Wash with soap and warm water after each use, then wipe handles and inner and outer surfaces of the trolley, bin or cart with 0.5% chlorine solution and finally wipe with normal tap water.	• Waste placed in colour coded bins, and Sharp Box carried in covered trolley, wheeled bin, or closed cart and disposed of on site. • If none exist, a wheelbarrow or cart may be used. • After transporting waste, PPE & Sanitary Tools should be wash with soap/detergent and warm water after each use, then wipe handles and inner and outer surfaces of the trolley, bin or cart with 0.5% chlorine solution and finally wipe with normal tap water.
Waste Storage (on Site)	• Waste stored in Colour coded bins with bin liners. Sharp wastes sharp containers. Waste should not be stored for more than 48 hours.	• Waste stored on site in colour coded bins and polythene bags. Sharp wastes sharp containers. Waste should not be stored for more than 48 hours.
Transportation (Off Site)	• NA	• NA
Waste Treatment/Disposal	• Incineration	• Combination of incineration and open burning

NA- Not Applicable

Currently health care waste is mostly collected in colour coded bins. Sharps are collected in sharps containers. The main challenge with waste management is lack of proper segregation. Mixed methods of waste treatment are employed, where incinerators and open burning pits are the common methods. The predominant method is open burning pit as most of the incinerators are either broken down or do not have competent staff to operate them. In some instances, wastes are collected from health facilities and transported to a central point where there is a functional incinerator.

Training will be conducted for the waste handlers and incinerator operators.

4.8 COVID-19 Testing in Sierra Leone

There are six (6) Molecular laboratories fully operationalized in country (CPHRL, Connaught, Jui P3, 34 Military, Makeni and Kenema. However, there is plan on the way to activate Bo molecular laboratory and to deploy GeneXpert in the land boarder districts (Kono, Kambia, Falaba, Karene and Kailahun) to increase in the testing capacity. Presently, there are 35 laboratory staff trained in molecular biology deployed across the molecular laboratories. As at May 18, 2021, a total of 153,257 tests were conducted. Currently, the following services are available in-country.

a. Collecting alert from surveillance, case management and the health hotline source (117),
b. Collection of samples (Local and Internal travellers, Routine, Convalesce and Surge), and
c. RDT (Ab & Ag) and PCR testing.

4.9 Uptake of COVID-19 Vaccines in Sierra Leone

Upon the receipt of the first batch of AstraZeneca vaccines from the COVAX Facility on March 8, 2021, the government launched its COVID-19 vaccination program on March 15, 2021. It then started rolling out nationwide since March 22, 2021. As of May 17, 2021, a total of 62,132 people received their first dose and 7,427 people received their second dose. Among those vaccinated, 52 percent are males and 48 percent are females.

The KAP survey was conducted in February 2021 to assess the COVID-19 vaccines acceptance and hesitancy among the population as well as their KAP on COVID-19 itself and its public health measures. The KAP survey was adapted the Ebola KAP survey framework for the COVID-19 context, using the multi-stage sampling, and selected 6,557 respondents from all the districts in the country. The KAP survey results show insightful findings. Three-fourths of the survey respondents showed acceptance to COVID-19 vaccines. The vaccine acceptancy is higher in rural districts than urban districts. However, even those who showed COVID-19 vaccines acceptance had concerns about the vaccine safety. The majority of key informant interview participants revealed that they were aware of COVID-19 vaccines, yet, had little knowledge about them and their potential side effects. Therefore, they prefer the Government to publicly and clearly assure the safety of COVID-19 vaccines to increase their efficacy of vaccine uptake. They also prefer the high-level government officials to demonstrate their vaccine intake publicly so that they could visibly observe their assurance to the public. Health workers were by far the most trusted information source of COVID-19 vaccines (76 percent), followed by religious leaders (9 percent) and politicians (6 percent). Three-fourths of the survey respondents perceived risks of being infected by COVID-19.

4.10 Implementation Status of the Parent Project and Challenges

The design of the parent project has led to successful implementation to date and has followed technical good practices for COVID-19 response. As part of Component 1, the Project Grievance Redress Structures have been established and integrated into the Anti-Corruption Commissions' toll-free hotlines and SMS platforms and the toll-free number has been disclosed nationwide. The 117 National Emergency Call Center has been scaled up for COVID-19 response with the use of Kobo Toolbox. The 117-emergency call center enables proactive collection of data from the general public, helps case finding of suspected and confirmed COVID-19 cases, and operates as a triage for the public by providing instructions for home-based care or referrals to the designated COVID-19 treatment centers. As of December 2020, the 117-emergency call center managed a total of 1,500 COVID-19 related calls, over 700 of which were suspected cases. Adverts on the mode of transmission of corona virus disease and risk communication protocols on has been disseminated through the print and electronic media in local languages. In the capital alone, the epicenter of COVID-19, 7,681 residents were reached through daily focus group discussions. In Freetown, ward meetings among the Councilors, Tribal Heads, religious leaders, Mammy Queens, Community Health Workers (CHWs),

youth leaders, Ward Development Committee (WDC) members, community influencers, Ward supervisor, coordinators and quality assurance officers. The Grievance Redress Mechanism (GRM) Framework has been developed. Middle-level staff were trained in the use of GRM.

The project extensively supports EOC and Freetown City Council (FCC) for coordination at the national and district levels, convening multi-sectoral collaboration with social welfare, local government, water and sanitation, education, food and agriculture, and security as part of Component 2.

Under Component 3, Seven hundred POE staff, auxiliary and support staff were trained in IPC to ensure their safety during the course of performing their duties. Seventy Psychosocial Support Service (PSS) Chiefdom Field Officers were trained in skills to provide culturally appropriate, basic mental health and psychosocial support to persons and communities affected by COVID-19, especially for those in quarantine homes, treatment centers and community care centers. They are covering 130 out of 190 chiefdoms across the country. The project supported regional molecular laboratories at Ola Children's Hospital, Princess Christian Maternity Hospital, Connaught Hospital, District Hospitals in Bo, Kenema and Makeni, which is underway. The Central Public Health Reference Lab (CPHRL) was connected to two 10,000-liter water tanks. Essential medical supplies and commodities, laboratory diagnostic equipment, reagents, including test kits were procured through the contract between the MoHS and UNICEF.

For the same Component, a total of 1,432 reverse transcription polymerase chain reaction (RT-PCR) test kits and one PCR analyzer were procured and distributed to the country's main laboratories. Sierra Leone now has capacity for rapid COVID-19 testing with results being declared within 72 hours of taking samples. Through UNICEF, the project procured single quantities of essential medicines, equipment, Personal Protective Equipment (PPEs), testing kits, and consumables. These include oxygen concentrators (12,971), household and surgical gloves (16,775), medical devices and equipment (5,769), IPC materials (143,600), Pharmaceuticals (272,060), and PPEs (247,375). The project is currently supporting the establishment of key public health infrastructure (Isolation Center, Treatment Center and ICU) at Freetown International Airport at Lungi, the country's main point of entry. A design firm has been recruited to start the design works. The project is currently supporting construction of key public health infrastructure, an Infectious Disease Center (Isolation Center, Treatment Center and ICU) at Freetown International Airport at Lungi, the country's main point of entry. A design firm has been recruited to start the design works.

In order to meet the objectives of Component 4, the project has financed operational support for the MoHS, and the technical committees to oversee the COVID-19 response, including strategy development, coordinating partners and monitoring project activities across the country.

While the treatment of environmental and social issues has significantly improved so far, capacity gaps still exist at IHPAU as there is in adequate staff to follow up on environmental and social issues in the Parent Project ESMF. The decision of GoSL to replace the proposed rehabilitation/refurbishing of the isolation, intensive care and quarantine centers with the establishment of an infectious disease facility/center at Lungi, post the preparation of the Parent Project ESMF is also a challenge in terms of ensuring compliance with the World Bank's ESF. Grievance Redress Mechanisms also require

strengthen, particularly, the need for a dedicated toll-free line for AEFI reports and other grievances on the Anti-Corruption Commission platform.

To solve these problems, the Ministry has employed a Waste Management Expert and Social Safeguards Specialist and recruited a Safeguards Technical Advisor to support the Safeguards Team at IHPAU/EOC. It is also expected that an Environmental Safeguards Specialist will be employed under the AF to complete the safeguards Unit of IHPAU/EOC. This ESMF also provides guidance to cover the proposed new sub projects as it has been expanded to cover these new interventions. There are also on-going discussions with the Anti-Corruption Commission to provide a dedicated platform for the COVID-19 vaccine project.

5.0 Potential Environmental and Social Impacts/Risks and Mitigation Measures

Under the AF the following activities have safeguards concerns:

- subnational, facility-based and mobile cold chain equipment and supplies, including cold rooms, ice lined refrigerators (ILR) and vaccine carriers;
- the procurement, storage and deployment of vaccines to district storage areas and point of service centers;
- Establishment of an Infectious Disease Center/Facility (Isolation Center, Treatment Center and ICU);
- a nationwide vaccination exercise for prioritized vulnerable groups;
- procurement of COVID-19 vaccines, vaccine logistics and information management systems and information systems to monitor adverse effects from immunization; and
- technical assistance for mass media and nationwide communication campaigns

In addition, there will also be the establishment of an Infectious Disease Center at Lungi International Airport, rehabilitation of three Community Health Centers in the Western Area Urban District and the fencing of an existing burial ground in Waterloo. These sub projects were rolled over from the Parent Project.

The AF will not involve:

- acquisition of existing public or private facilities such as a stadia or hotels and converting them to temporary hospital, quarantine or isolation centers, or other uses;
- the use of public or private facilities such as churches or community centers for the deployment of vaccines;
- financing any external waste management facilities such as third-party sanitary landfills, incinerators, or wastewater treatment plants; and
- financing and improving any landfills or wastewater treatment plants

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

i. Service providers are expected to recruit community health nurses, drivers and others in haulage and ancillary services during the vaccination program providing such category of persons with employment opportunities
ii. Employment opportunities will be directly available for unskilled, semi-skilled and skilled workers such as drivers, laborers and technicians, medical engineers as well as engineers to be engaged by Contractors and Sub-contractors' on subprojects such as installation of cold rooms, construction of the Infectious Disease Center;
iii. The proposed Infectious Disease Hospital/Center to be established, will be available post the COVID-19 pandemic, will enhance preparedness for similar pandemics in future and improve quality of services in the selected health facilities; and
iv. Training programs for health care and ancillary workers that will be delivered under the project will also improve capacity of these workers to better deliver quality health care, currently and during future pandemics.

There will also be some potential adverse environmental and social risks and impacts associated with the interventions under the Parent Project and AF. These are discussed in Table 5.1, 5.2, 5.3 and 5.4 together with their corresponding broad mitigation measures.

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

Potential Adverse Impacts/Risks	Impact/Risk Description	Mitigation Measures
Location and Type of Facility	• Failure to select key POEs for persons entering the country or Freetown and selection of densely populated areas as the Infectious Disease Center (Isolation Center, Treatment Center and ICU) site can increase risk of COVID-19 transmission. • Stigmatization and lack of knowledge about the mode of transmission of the Corona virus is likely to spark community resistance to the siting of the Infectious Disease Center (Isolation Center, Treatment Center and ICU) • Lack of or poor environmental and social screening of proposed sites for HCFs including the Infectious Disease Center at Lungi can lead to locating these facilities close to or within cultural heritage sites, nature reserves and other sensitive social receptors such as residential areas and schools and away from municipal services such as public water supply,	• Selection of sites for the Infectious Disease Center as well as points of service for vaccination and vaccine storage areas was undertaken by MoHS in consultation with the One Health Committee, Facility Managers, Local Councils, local community and youth leadership, and other stakeholders; • All selected vaccine storage and vaccination centers as well as health facilities to be established will be screened for their spatial, environmental, public health and social suitability prior to their approval • Grievance redress systems will be set up to provide avenues for groups to bring their grievances to the attention of authorities for speedy resolution and feedback • Activities to strengthen awareness creation and increase community participation on COVID 19 response will be undertaken

	sewage and waste collection services.	
Type and scale of facilities at the Infectious Disease Centre	• Designing the Infectious Disease Center at Lungi without recourse to WHO COVID-19 guidelines on ventilation and other engineering controls and hand hygiene/sanitary facilities etc., will rather facilitate the spread of COVID 19; • Failure to allow competent professionals to design and supervise the civil works together with equipment installation at the various HCFs andcold rooms can lead to design flaws such as poorly ventilated HCFs, which will contribute to morbidity and mortality from COVID-19 and infectious and non-communicable diseases. • Poorly designing the Infectious Disease Center at Lungi without ramps and separate toilets facilities for females and males may exclude physically challenge persons, women and other vulnerable groups from accessing the facilities • Structural failure due to poor design and supervision of works can lead to loss of life and property	• The environmental and social screening and assessment will identify and examine the salient characteristics and carrying/disposal capacity of proposed health care facilities including waste collection, transportation and storage treatment facilities. • Laboratories within the infectious Disease Center will be established to at least BSL 2 standard. • The design of the new Infectious Disease Center will be guided by the WHO Guidelines on Water, Sanitation, Hygiene, and Waste Management for the COVID-19, Consideration for Quarantine of Individuals in the Context of Containment for Coronavirus Disease (COVID-19), Severe Acute Respiratory Infections Treatment Center and other relevant guidelines; • All facilities will be designed and supervised by competent professionals, e.g., Architects and Engineers together with doctors and public health experts using the approved Building Code; • All design drawings will be vetted by the appropriate professional and town planning authorities (Ministry of Public Works and Assets) as well as the Ministry of Children and Gender and Ministry of Social Welfare and Disability and Women Groups • Site Specific ESMPs and HWMPs will identify and specify routes and times for transporting health care waste from each health care facilities to disposal sites

In adequate Facilities in the Proposed Infectious Disease Center	• Lack of facilities including potable water, sanitation facilities, canteens etc., and facilities that do not to meet the requirements of relevant WHO COVID-19 guidelines and other GIIPs together with inappropriate working ethnics and SOPs will render the facilities ineffective and enhance community spread of COVID-19 and other infectious diseases	• The Infectious Disease Center (Isolation Center, Treatment Center and ICU) will have canteens, water storage facilities, etc. to meet WHO COVID-19 Guidelines for health facilities; Water, Sanitation, Hygiene, and Waste Management for the COVID-19 Virus etc. • Infection Prevention and Control Plans, Health care Waste Management Plans and MoHS COVID-19 SOPs that has been prepared will be implemented in the of the Infectious Disease Center. • Separate quarantine areas and wards for men and women will be provided in the Infectious Disease Center • CoC for workers will be prepared and implemented in the Infectious Disease Center to prevent SEA/SH incidents towards inmates
Exclusion of Vulnerable Groups from the vaccination exercise	• Vulnerable groups and persons susceptible to COVID-19 such as aged with co-morbidities may not be aware of the presence of vaccines for the as well as their eligibility for vaccination	• Adopt procedures, protocols and/or other measures to ensure project beneficiaries who receive vaccines under the Project do so under a program that does not include forced vaccination. • A national deployment and vaccination plan have been prepared to guide the implementation of the vaccination program and ensure that vulnerable groups based on WHO Framework for Allocating and Prioritizing COVID-19 Vaccines are identified and reached with the vaccines • Criteria for selecting the target population for the impending COVID-19 vaccination exercise has been developed based on WHO Framework for Allocating and Prioritizing COVID-19 Vaccines to include health care workers, education workers the aged etc. in the national deployment and vaccination plan • Registers containing the names and details of individuals in the vaccine target (vulnerable) groups e.g., health workers, aged, teachers etc. will be prepared and disclosed
	• Socially vulnerable and medically high-risk persons may be excluded from the priority list or may find it difficult to access vaccination centers enhancing community spread of the virus	• Vaccination teams will have quotas for female vaccinators • Female CDC members, will be trained and roped in to assist in communicating information about the vaccines, implementation arrangements and advocate for eligible women to be inoculated • Gender sensitive but accurate information on COVID-19 through adverts and messages targeting females will be run on print and electronic media • Female community health workers will reach out to females, especially, in rural areas • Vaccination centers will be made gender friendly through the provision of separate vaccination booths and washrooms for males and females in addition to ensuring that female health workers are placed in all vaccination centers

		• Vulnerable persons but eligible persons designated for vaccination, who cannot access vaccination centers due to physical and social barriers will be identified with the support of CDCs, NGOs, DHMTs, DEOC members, religious and tribal leaders. • Mobile teams will deliver service to vulnerable groups/individuals, who cannot physically access vaccine centers or are in very remote areas. • Any vulnerable person or group excluded from the priority list or denied access to the vaccines may self-identify themselves through the project's grievance redress mechanism (GRM) to be provided relief.
Vaccine Preparedness and Readiness	• Non-functional cold rooms and faulty refrigerators will lead to temperature excursion which will render vaccines inefficacious • The deployment of inefficient cooling technologies will increase energy cost and utilization	• The capacity of cold rooms in a number of districts and points of service will be upgraded from refrigerators to cold rooms and solar panel will be installed • Health facilities and vaccination centers and vaccine storage centers requiring additional refrigerators will be supplied under the AF • Health facilities including vaccine storage and vaccination centers will be provided with solar panels to ensure power is always available • Energy efficient technologies such as Variable Speed Drive (VSDs) technology on evaporator fans motors will considered during the upgrading of cold rooms
Forced Vaccination	• Governments may be tempted to implemented a policy of forcing citizens to take COVID-19 vaccinations against their will and human right	• Adverts in the print and electronic media will be used to announce to the public that the vaccination exercise is free but not mandatory in the country • Registration of all eligible vulnerable persons will be undertaken with their consent • All persons taking the vaccines shall be made to sign/thumb print a Consent Form, in the presence of a witness, indicating that they are taking the vaccine on their own accord • Each signatory will be given a copy of the signed/thumb printed Consent Form • Content of the Consent Form will be explained to each person in the local language before they are made to sign/thumb print the Consent Form
Surveillance of Adverse Events Following Immunization	• Vaccines may have adverse side effects on certain individuals that must be tracked, monitored documented, studied and also treated	• Adverse Events Following Immunization (AEFI) Committee co-chaired by EPI of the MoHS and the Pharmacy Board will have oversight of AEFI • The National Expert Committee on Vaccine Safety and Causality Assessment, comprising experts in neurology, cardiology, clinical pharmacy, pharmacology, toxicology, public health, pathology, forensic medicine and pharmacovigilance, will evaluate the causality of AEFI and a vaccine and monitor the reported AEFI data for potential signals of previously unrecognized vaccine-related adverse events • The risk management plan for AEFI developed according to the WHO guidelines for Surveillance of Adverse Events following Immunization and Pharmacy Board's guidelines will be implemented

		• The COVID-19 vaccination registration data will be entered electronically from tablets or laptops at the vaccination centers daily. Where tablets, laptops or electricity are not available, paper-based data entry will be used. • All COVID-19 vaccination registry data will be sent to the District Health Management Teams (DHMTs) who will then report to the MoHS. • Data will be stored in DHIS2, analyzed daily and put in a dashboard at both the national and district levels. • A beneficiary and vaccine electronic tracking system has been developed, linking it to the existing DHIS2 to allow both real-time and offline monitoring of vaccine utilization, wastage, and coverage across the nation. • Training on AEFI surveillance for the COVID-19 vaccine and other issues of vaccine pharmacovigilance will be provided for relevant staff • A hotline will be provided for persons inoculated to report back to the health authorities in the event of any adverse side effects or reactions • All persons inoculated will be provided with a unique identification number that ties in with their biodata e.g., date of vaccination, type of vaccine administered etc. • An AEFI Surveillance System comprising of focal persons at health facility level and District AEFI Committee through to the National AEFI Committee has been established to receive, investigate, respond and report on AEFI issues
Proper design and functional layout of the Infectious Disease Center and Vaccination Centers	• Poorly designed Infectious Disease Center at Lungi and vaccination centers without recourse to the relevant WHO guidelines, the World Bank EHSGs e.g., EHGS for Health Facilities and other GIIPs will contribute to the spread of infectious and other diseases	• The design of the Infectious Disease Center of HCFs will be guided by the WHO Guidelines on Water, Sanitation, Hygiene and Waste Management for the COVID-19, Consideration for Quarantine of Individuals in the Context of Containment for Coronavirus Disease (COVID-19) and other relevant guidelines; • The Infectious Disease Center will be designed and supervised by competent professional e.g., Architects and Engineers together with doctors and public health experts using the approved Building Code. • The design set up and management of the Infectious Disease Center (Isolation Center, Treatment Center and ICU) will take into account the advice provided in the WHO guideline for Severe Acute Respiratory Infections Treatment Center. • Hand washing facilities will be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices. • Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19. • The laboratory within the Infectious Disease Center will be designed to at least BSL 2 standard

Risk Communication	• The novelty of the vaccines has the potential to create a sense of anxiety, mistrust, misinformation and rumor mongering, making people shy away from the immunization exercise (vaccine hesitancy).	• Knowledge, Attitudes, and Practice (KAP) study on COVID 19 including perceptions on vaccines and vaccination has been prepared to guide risk communication under the project • Partner Activity Surveys will be undertaken to update the Risk Communication and Social Mobilization Strategy during implementation • The National Risk Communication and Mobilization Strategy will be updated to tackle issues relating to vaccine hesitancy, forced vaccination, barriers to vaccination etc. and implemented • A communication plan is being prepared based on the National Deployment and Vaccination Plan to guide risk communication etc. for the AF (vaccination exercise) • MoHS staff, Local NGOs, school authorities, DHMTs, EOC and DEOC members, traditional and religious authorities, health workers as well as other national and district and local stakeholders will be involved in the design and dissemination of information on the symptoms, protocols and others about COVID 19. • All persons and groups nominated to provide information on COVID 19 and the COVID 19 vaccines will be trained on the WHO guidelines, GoSL SOPs etc. • A National SOP for Community Engagement will be developed by the Risk Communication and Social Mobilization Pillar at the national level, validated at the national and district level, and shared to guide community engagement under the project • Traditional sources (daily/weekly briefings, information centers, newspaper adverts and information vans), hotlines, text messages, social media and internet (websites) will be used to disseminate information across sectors • All media messages (text messages, social media, radio, television and newspaper) and briefing will be vetted and approved by the Risk Communication and Community Mobilization Pillar • Opinion leaders, religious and traditional leaders, politicians and health will be used in advertisements and campaigns against vaccine hesitancy and negative propaganda against the vaccines and immunization exercise
Procurement of Vaccines and other Supplies	• Possibility that vaccines procured under this project will not meet local storage capacity and conditions in Sierra Leone • Procurement fraud and delays	• A national procurement plan will be developed to guide the procurement of vaccines, medical equipment, and other goods under the project • Vaccine and equipment specifications will be provided by WHO and UNICEF • Only WHO pre-qualified vaccines, equipment, PPEs etc. will be procured • The SinoPham and Covishield vaccines has already been identified as the type of vaccines to be procured for the priority vaccination exercise • World Bank Procurement Rules and Anti-Corruption Guidelines will be used in the procurement of supplies, Consultancies and Physical Works

		• Other vaccines to be used in future will be subject to WHO and Sierra Leone Pharmacy Board approval

Table 5.2: Potential Adverse Environmental and Social Risks and Impacts – Construction/Implementation Phase

Potential Adverse Impacts/ Risks	Impact/Risk Description	Proposed Mitigation Measures
Occupational Health and Safety Issues	Employees of Project Consultants, Contractors and Sub-contractors who will be constructing the Infectious Disease Center may be infected by COVID-19 virus and other pathogens. Accidents may occur during installations and the implementation of civil works.	• The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. • A detailed work program will be prepared for civil works allowing for rotation of workers and other measures that avoid overcrowding on site. • All employees of Project Consultants, Contractors and Sub-Contractors will undergo sensitization on COVID-19 preventive measures and symptoms based on the WHO General Population Guidelines and Guidelines for Rational on the use of Personal Protective Equipment (PPEs) • Contractors and Sub Contractor will implement ESMPs on site • Environmental and Social Clauses inserted into Contract Documents of Project Contractors and Sub-Contractors will be used to enforce compliance to OHS measures in ESMPs and other E&S instruments
Labour Influx	The Contractors and Sub-Contractors may practice unfair/discriminatory recruitment practices (e.g., against women) and recruit unqualified persons to work on site. Consultants, Contractors, and sub-Contractors may attempt to subvert the national labour laws, e.g., employ children and minors.	• A grievance mechanism will be made available to all workers to report any issues associated with OHS and/or labour and working conditions

Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	Employees of Project Contractors and Sub-contractors may be perpetuators or survivors of rape and other GBV, SEA/SH incidents.	• A detailed assessment of GBV/SEA and SH risks will be conducted at the facility and vaccine center, and an Action Plan will be prepared and implemented in accordance with the World Bank requirement. • The Project Grievance Redress Mechanism shall also receive, register and address concerns and grievances related to sexual exploitation and abuse, sexual harassment in a safe and confidential manner, including through the referral of survivors to gender-based violence service providers. • Contractual Clauses making it mandatory for workers to cooperate with law enforcement agencies investigating cases of GBV/SEA/SH, attending regular training, and complying with laws on non-discrimination and GBV/SEA/SH will be inserted in Contractors and Consultants Contracts. • Employees of Project Consultants, Contractors and Sub-Contractors will be made to sign Code of Conduct with acceptable behaviour and sanction against GBV/SEA/SH • Sensitization workshops on GBV shall be undertaken for employees of the Contractor/Supervising Consultants and Sub-Contractors
Environmental risks and impacts associated with resource efficiency and material supply; construction related solid wastes, wastewater, noise, dust and emission management; hazardous materials management	Excessive use of water and energy, soil erosion as well as water, air and noise pollution to together with poor waste management during civil and installation works will contribute to environmental degradation.	• Relevant aspects of this standard (ESS3) shall be considered, as needed, under Environmental and Social Assessment and Management, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes. • Resource efficiency and pollution prevention and management measures will be covered under the ESMP to be prepared. A healthcare waste management system will be in place for medical waste management. • Assess the environmental and social risks and impacts of proposed Project activities, in accordance with ESSs, the Environmental, Health and Safety Guidelines (EHSGs) and its OHS component. • Site specific ESMPs will be prepared capturing minimization and mitigation measures • Enforceable Environmental and Social Clauses will be inserted in the Contracts of Project Contractors and sub-Contractors to ensure environmental conservation and pollution prevention

Community Health and Safety Issues	Visitors and persons working within health facilities as well as cold rooms can be involved in accidents or pick up infections including COVID-19 within the HCF environment and spread it among the general population.	• Communities in which civil works will be undertaken will be sensitized on the COVID-19 symptoms and preventive measures and against stigmatizing persons with COVID-19 and other infectious diseases using the mass media
	Construction equipment and trucks will be involved in accidents leading to injuries, fatalities and loss of property or may cause traffic disruptions. Other community health risks include injuries and community spread of infectious diseases such as COVID-19 resulting from poor waste management as part of the vaccination exercise and from HCFs	• In addition to implementing measures to minimize the incidence of accidents and traffic disruption on site such as ensuring that project drivers keep speed within the 20kmph speed limit, a GRM has been set up as part of the project implementation architecture to receive, investigate and resolve grievances associated with injuries, fatalities and loss of property through accidents and provide information to the general public • Provide site workers with mobile toilets and refuse collection points (dust bins) • Refuse in the bins and liquid waste the mobile toilets to be collected daily and sent to the final disposal site • Laying pipes immediately after trenching and subsequently covering the trenches • Check and pump out water collected in trenches after the day's work on all civil works site • Site workers will be provided with nose masks, a hand washing points and hand sanitizers at multiple points on site • Grievance Redress Mechanisms will be put in place and advertised for communities to report any grievance
Workers Accommodation and Employment	Poorly design and managed Workers' accommodation can enhance community spread of COVID-19 and other infections.	• Accommodation for all site workers will meet the WHO guidelines on Water, Sanitation, Hygiene, and Waste Management for the COVID-19 virus and World ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects with well ventilated, spacious kitchens and canteens etc.
Project Impact on Cultural Heritage	During digging of trenches/holes for foundations, septic tanks etc. workers may 'chance' on materials of cultural, archaeological, historical and/or religious significance.	• A Chance Find Procedure will be prepared for relevant physical works

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

Potential Adverse Impacts/Risks	Description	Proposed Mitigation Measures
Delivery and storage of goods, including samples, pharmaceuticals, vaccines, reagents and hazardous materials	Samples, vaccines specimen, medicines and reagents may spill or go bad during transit because of poor packaging among others rending them ineffective and not fit for purpose	• Vaccines will be flown into Sierra Leone by air under conditions that meet United Nations Model Regulations on the Transport of Dangerous Goods (40) and Infectious Substances Shipping Guidelines and the Manufacturers Specifications • Cross border transportation of medical equipment, medicines, samples/specimen, reagents etc. will be guided by United Nations Model Regulations on the Transport of Dangerous Goods and Infectious Substances Shipping Guidelines. • Packaging for shipment will follow the triple packing approach i.e., packaging will consist of watertight, leak proof receptacle(s) for the specimen/reagents/equipment/ medicine etc., a second watertight, leak-proof packaging to enclose and protect the primary receptacle(s) and a third layer to protect the secondary packaging from physical damage. • Packages will be appropriately labelled to include content, sender, recipient etc.
	Vaccines may spill or go bad on-route to vaccine storage areas and vaccination centers due to temperature excursions and physical damage	• Within the country vaccines will be transported at temperatures of 2-8°C in specialized dried ice packs to various provincial storage centers and Points of Use • Vehicles transporting vaccines will drive at less than 20km/h • Vehicles transporting vaccines will be insured and provided with spill kits
	Vaccines in stock may go bad due to temperature excursions, disasters, spillage and physical damage reducing their efficacy	• A cold chain assessment has been undertaken as part of this project to identify the number and type of equipment (e.g., refrigerators) to be installed in storage areas • Vaccines will be ordered based on inventory records and the number of vulnerable populations • Vaccines will be stored at cold rooms at the national and provincial centers at temperatures of 2-8°C • SOPs and plans will be prepared for both routine and emergency storage and handling of vaccines covering procedures for spillage, arrangement of vaccines in the refrigerated units, avoiding temperature excursion as well as reporting and monitoring processes etc. based on the Center for Disease Control and WHO recommendations • Appropriate fire installations and warning signs will be provided at all the vaccine storage areas
	Poor handling procedures for samples, reagents and	• All specimen meant for testing or observation will be hand delivered • Pneumatic-tube systems will not be used in the transportation of specimen • Only amounts of chemicals (reagents) necessary for daily use will be stored in the main laboratory.

	infectious materials will exposure workers to chemical and biological hazards. It can also render chemicals and reagents inefficacious and produce false outcomes during testing	• Bulk stocks will be kept in specially designated rooms or buildings with the appropriate temperature and humidity levels, away from direct sunlight and under lock and key • Incompatible substances like Alkali metals, e.g., sodium and Carbon dioxide/chlorinated hydrocarbons/water will not be stored close to each other • Material Safety Data Sheets (MSDS) for each chemical (reagent/medicines) in stock will be kept within the storage area where substances are stored in the Supervisor's office • Volatile toxics and odoriferous chemicals will be stored in ventilated cabinets. • Inflammable liquids will be stored in approved flammable liquid storage cabinets. • Samples (swabs) will be stored at temperature between 4-8^{o} C in cold rooms while awaiting testing • Workers at the laboratory within the Infectious Disease Center who will be handling/testing samples will be required to implement BSL 2 handling/testing procedures
Healthcare treatment practices	Infectious and non-infectious sharps waste can cause injuries and infections among health workers, sanitation workers and the general population	• Used and waste needles, syringes, vials (used and unused) from the vaccine exercise will be collected in safety/sharp boxes and sent to the nearest health facilities for disinfection and disposal • Used needles and syringes as part of the vaccination exercise will be stored in separate receptacles (s) and disinfected at the facility • Mechanical needle cutters or electric needle destroyers, where is, will be used to disintegrate needles used during the vaccination exercise before they are transported in sharp boxes and buried in sharps pits or encapsulated • Plastic syringes used in the vaccination exercise will be shredded and buried in the sharp pit • All health facilities will manage their wastes based on the GoSL SOP for health care waste management/health care waste managing plan and colour coding prepared in line with WHO COVID-19
	In appropriate cleaning and disinfection methods can expose workers and in mates at the HCFs, and vaccines storages and vaccination centers to infectious diseases, including COVID-19	• All cleaners and sanitation service providers in the vaccine storage, vaccination isolation centers and laboratories will be trained based on the Site Specific ICWMPs, WHO guidelines on Water, Sanitation, Hygiene and Waste Management for the COVID 19 Virus and other GIIPs • As the laboratory within the Infectious Disease Centre will be BSL 2 or equivalent, cleaning personnel will only enter these facilities with clearance and under supervision by a biosafety officer and/or the laboratory supervisor or their equivalent • All floors and other hard surfaces within the laboratories and HCFs will be brushed, dry dusted, washed, mopped with water containing soap or detergent daily. • All equipment, tables and furniture in the laboratory of the Infectious Disease Center will be disinfected daily with germicides e.g., Sodium hypochlorite solution (5% available chlorine) • Biological Safety Cabinets will be decontaminated using formaldehyde gas

		• Training will be provided for cleaners and sanitation service providers on SOPs such as Spillage containment and clean up
	Poor implementation of infection prevention and control protocols will facilitate the spread COVID-19 and other infectious diseases	• Site Specific SOPs, ICWMPs, IPCPs based on various WHO general and technical guidelines such as those in the WHO guidelines for Rational use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19) and Infection Prevention and Control during Healthcare when COVID-19 is Suspected, Coronavirus Disease (COVID-19) Prevention and Control etc. will be prepared and implemented for all , vaccination and vaccine storage areas and the Infectious Disease Center/HCFs • Virologists, laboratory technicians etc. working on samples in the Infectious Disease Center will implement BSL 2 operational procedures during testing of samples as indicated in the Center for Disease Control guidelines and WHO laboratory Testing Recommendation for COVID-19
	Lack of and poor use PPEs for health workers, vaccinators and workers involved in waste management will expose them to injuries and infectious diseases as well as toxic substances	• Workers will be provided with appropriate PPEs as stipulated in the WHO Guidelines on Rational use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19) e.g., High Efficiency Particulate Air Filter (HEPA) nose masks • Training will be provided for all frontline workers in the use of PPES
Waste (Management) Processes	Poor waste collection methods without recourse for waste segregation can facilitate the outbreak of infectious diseases and exposure health care workers and community members to hazardous and toxic substances	• On onsite waste segregation at HCFs, vaccination centers and labs will be undertaken to prevent mixing of infectious wastes with non-infectious wastes. • Infectious wastes will be treated as medical wastes and transported to a designated MWM facility, in special vehicles, for treatment and disposal. • Waste segregation, packaging, collection, storage disposal, and transport will be conducted in compliance with the ICWMP and WHO COVID-19 Guidelines, SL-SOP on Waste Management • Facility Managers will audit any off-site waste disposal system monthly and institute any remedial measures required to ensure compliance • HCFs/Infectious Disease Center will be made to implement waste collection measures in Site Specific ICWMPs as well as the guideline for Medical Waste Management Plan e.g., source separation based on colour codes • Haulage routes for health care waste will be clearly established and marked within each facility using the areas of least resistance • Waste collectors will be made to wear appropriate PPEs including nose masks, gloves, overalls and boots etc.

	Poor treatment of health care waste can facilitate the outbreak of infectious diseases and exposure health care workers as well as community members to hazardous and toxic substances. Incineration will increase the emission of greenhouse gases	• Pharmaceutical waste in the form of expired drugs will be incinerated, returned to the suppliers' agent or encapsulated and buried within a restricted area within the HealthCare Facility (HFC's) premises • Autoclaves will be used to sterilize infectious waste before disposal where available • Infectious waste such as disposable gloves, gowns etc. will be disposed of using incinerators (on or off site) • Infectious waste that cannot be incinerated e.g., syringes will be disposed of in burial pits within the premises of HCFs • Records including volume and type of waste will be kept in each the healthcare facility • Single-chamber, drum and brick incinerators will not be used in the selected HCFs • Acceptable firing technologies for incinerators are degassing and/or gasification (pyrolysis), Rotary kiln, Grate incineration specially adapted for HCW and Fluidized bed incineration • Incinerators should be at least 800 meters away from the nearest facility • Incinerator ash will have to be disposed of in covered lined pits within the HFC away from scavengers • Workers at incinerator facilities will be provided with PPEs including HEPA nose masks
	Transport of medical materials and wastes to other countries	• No Medical waste will be transported outside of Sierra Leone
	Disposal of health care waste Poor waste disposed can facilitate the outbreak of infectious diseases and exposure health care workers and community members to hazardous and toxic substances	• Health Care Wastes shall be collected, transported, and disposed by professional staff in such a way that they are not mixed with municipal wastes to increase the amount of Health Care/biomedical wastes and harm scavengers, labourers etc. Although Sierra Leone does not have an engineered landfill site but precautions will be taken to decontaminate health care wastes and not mixed them with municipal wastes e.g., using encapsulation and burial pits
Bio-Security Issues	Vaccines and workers at vaccine centers may be exposed to infections such as SARS COV 2 virus and toxic materials and may	• A bio-security risk assessment will be conducted for all the selected vaccination and vaccine storage centers and laboratories • Workers at the vaccination and vaccine storage centers, laboratories and HCF will sign in and out at the facility and go through the necessary screening before they enter the facility

	infect other members of the community. Community members may pick up infectious and exposure to toxic material upon visiting HCFs/Infectious Disease Center or vaccination centers	• Vaccines, specimen/samples and persons to be quarantined will be received by designated trained personnel (e.g., vaccine coordinators for vaccines) who will check the labelling and conditions of the vaccines on arrival at each facility and undertake other paper work before receiving the vaccines, samples or inmates
Labour and Working Conditions	Labour and working conditions of vaccinators and other direct employees of the project may comprised once they work without contracts, unpaid allowance and specific conditions of Service	• The Project shall be carried out in accordance with the applicable requirements of ESS2, as set out in Labour Management Procedures (LMP) to be adopted for the Project, including through, inter alia, implementing adequate occupational health and safety measures (including personal protective equipment, and emergency preparedness and response measures), setting out grievance mechanisms for project workers etc. • All contracts will be vetted by the Ministry of Labour and Social Security before they are signed by workers under the project • All project workers will be given contracts specifying the type of work they are to undertake and their remuneration package as well as their conditions of service. • All project workers will also be provided with a Code of Conduct (CoC), guiding them in their interaction with local communities and other E&S aspects. • All health workers including vaccinators will be insured
Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	Female frontline workers, vulnerable persons, inmates in the HCFs may be survivors or perpetuators of SEA/SH/GBV.	• A grievance mechanism system will be made available to all workers to report any issues associated with OHS and/or labour and working conditions • Sensitization programmes on GBV/SEA/H shall be undertaken for staff of the selected facilities and vaccinators • SOPs including professional code of ethics for frontline workers based on WHO code of Ethics and Professional Conduct will be developed and workers will be made to sign • Contact numbers of the nearest the GBV/SEA/SH Service Provider/FSU will be provided to workers and inmates in the health care facilities/ Infectious Disease Center vaccine storage and vaccination centers and same will be pasted at vantage points within the premises as well as in the project communities • Prohibition posters on GVB, sexual exploitation and harassment will be pasted within the premises of all the Vaccine Centers and in various communities. • A helpline will be provided and disseminated in all the selected HCFs/laboratories and communities by the EOC to deal with GBV/ SEA/H complaints.

		• The hot/helpline will be announced through media (radio, television etc.) in all local languages as well as transmitted to phone numbers through text messages • Background checks on all staff including security personnel to be employed at the Infectious Disease Center (Isolation Center, Treatment Center and ICU) will be undertaken • Media and electronic platforms will be used to emphasize the fact that the vaccination exercise is free and encourage citizens to report any abuse of the system including SEA/H/GBV • A designated management staff of the selected HCFs/laboratories/vaccine storage and vaccination centers will be placed in charge of receiving, sorting or handling of GBV/SEA/H issues and providing feedback to aggrieved parties in each facility • The facilities will maintain a strong collaboration with existing GBV Service Providers/FSU of the SL-Police in their districts/communities
Exclusion from Vaccination	Vulnerable groups/persons in difficult to reach areas may be excluded from the vaccination exercise leading to higher infection rates in such communities	• Vaccination teams will have quotas for female vaccinators • Female CDC members and health workers and opinion leaders will be trained and roped in to assist in communicating information about the vaccines, implementation arrangements and advocate for eligible women to be inoculated • Gender sensitive but accurate information about COVID-19 in adverts and messages targeting females will be run on print and electronic media as well as through the use of female community health workers (CHWs) especially in secured areas • Vaccination centers will be made gender friendly through the provision of separate vaccination booths and washrooms for males and females in addition to ensuring that there are female health workers at all vaccination centers etc. • Vulnerable persons who cannot access vaccination centers due to physical and social barriers will be identified with the support of CDCs, DEOCs, DHMTs, religious and traditional leaders. • Mobile teams will deliver service to vulnerable groups who cannot physically access vaccine centers and are in very remote areas. • Any vulnerable person or group excluded from the priority list or denied access to vaccines may self-identify themselves through the project's grievance redress mechanism (GRM) and will be provided relief
Air pollution and Emission of Greenhouse Gases	Smoke and other Greenhouse Gases (flue gases) will be produced from incinerating health care waste	• Incinerators that will be used as part of the project will have to be located a minimum 800 metres away from the nearest facility • Waste segregation and other measures that reduce the volume of waste to be incinerated will be adopted to minimize the quantity of waste that will be incinerated, hence reducing the level of emissions

	which can cause pollution with public health concerns	• Periodic maintenance to replace or repair defective components (including inspection, spare parts inventory and daily record keeping) will be undertaken to ensure that the incinerators are functioning at an optimum level • Workers operating incinerators will be trained in the appropriate measures to minimize emissions including appropriate start-up and cool-down procedures, achieving and maintaining a minimum temperature before waste is burned, use of appropriate loading/charging rates to maintain appropriate temperatures etc. • Workers at the incinerator sites will be trained on the use of PPEs and its use will be enforced among the workers • Waste will be introduced into the combustion chamber only at temperatures ≥850 °C • Periodic stack tests will be conducted to monitor the presence of dioxins and other emissions
Emergency Response	Fire and other natural disasters and accidents may occur at the HCFs leading to injuries, fatalities and/or destruction of medicines, vaccines and medical equipment	• Prepare Emergency Response Plans for the various facilities covering fire, spillage, exposure to radiation, Accidental releases of infectious or hazardous substances to the environment and medical equipment failure • Life insurance cover will be provided for vaccinators and other frontline workers • Contacts (phone) of the nearest HCF, EOC, police station and Fire station will be placed in the corridors and doors within the Infectious Disease Center (Isolation Center, Treatment Center and ICU) and other HCFs
Fraud and Abuse of Office	There is the possibility of officials involved in the storage and deployment of vaccines or vaccinators diverting or stealing the vaccines, Official involved in procurement and other related activities may be involved in fraud, corrupt practises such as diversion of funds	• A beneficiary and vaccine electronic tracking system has been developed, linking it to the existing DHIS2 to allow both real-time and offline monitoring of vaccine utilization, wastage, and coverage across the nation. • The project GRM structures and the Anti-Corruption Commission Platforms will be extended to cover fraud, corruption and abuse of office under the Sierra Leone COVID 19 Emergency Preparedness and Response Project
Security Concerns	Security personnel deployed to vaccination centers as well as to undertake other	• Only professional Security Officers from Sierra Leonean Army and Police Force will be used in operations under the Project e.g., escorting vaccines • The EOC/MoHS will provide a clear structure under which the security forces will be engaged and their working conditions including scope work

	operations under the project may manhandle people or be involved in GVB/SEA/SH and other human rights abuses	• The MoHS and EOC will carry out risk assessment of the role expected to be play by the security forces • The MoHS will prepare a Security Risk Assessment prior to involving the security forces in any aspect of the Project • Based on the Security Risk Assessment, MoHS will sign a Memorandum of Understanding with the Military High Command and the Police Force outlining their scope of involvement and rules of engagement (ground rules) e.g., when to use force • CCTV cameras will be installed at the Infectious Disease Center • A focal person (management level staff) will be assigned in each of the selected health facilities s with the responsibility of receiving and sorting grievances involving security personnel assigned to the facility and providing feedback to the aggrieved within 3 day working days. • A procedure to report incidence of GVB/SEA/SH as well as cases of unprofessional/unethical behaviour involving security personnel will be pasted in each of the POEs and in various communities where the security forces will be operating • All GVB/SEA/SH issues involving the security personnel engaged on the project will be reported to the FSU of the SL police and the EOC within 24 hours • The MoHS in collaboration with the security apparatus will run background checks on security officers before assigning them under the Project to ensure that the officers deployed have a good disciplinary track record • Security Personnel deployed to the various POEs as well as other operation under the Project will be made to sign a Code of Conduct • Security personnel deployed to the laboratories/health care facilities, POEs and for other operations under the Project will be provided with the necessary PPEs • The security personnel will be trained in human rights including GVB/SEA/SH by the Attorney Generals Department and GVB Service Providers • Security Personnel deployed under the Project will be under the EOC • Security Personnel engaged in any aspect of project will prepared daily reports on their operations to the EOC and MoHS

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

Potential Adverse Impacts/Risks	Impact/Risk Description	Migration Measures

General Decommission	• Failure to dismantle or assign use for site offices, sheds, equipment and material residue after the execution of works can also lead to accidents	• Utility supply to all temporary structures, e.g., workshops and sheds would be disconnected; • All temporary structures erected by Contractors will be dismantled; • Dismantled parts including wood pieces and sandcrete blocks will be arranged according to type and prepared for transportation to Contractors workshops or sold to dealers for other civil works; • Unwanted wood residue and other waste will be hauled to the approved final disposal site. • All equipment and machinery that are usable will be moved to a new project site or sent to the Contractors packing yard. • Non-usable equipment and metals will be sold as scrap to the scrap dealers

6.0 Procedures to Address Environment and Social Issues

6.1 Introduction

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

6.2 Project Screening

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

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

COV- 2;

viii. activities listed in Schedule 24 of the EPA Act, 2008 (as amended); and

ix. importation and exportation of controlled and uncontrolled substances as indicated in Schedule 40 which require an environmental permit under the EPA Act 2008 (as amended).

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

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

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

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

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

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

6.3 Importation of Vaccines

The Pharmacy Board of Sierra Leone (PBSL) is the National Medicines Regulatory Authority mandated by the Pharmacy and Drugs Act 2001 to approve and monitor the introduction of new medical products, including vaccines, and medicines, among others. The PBSL will collaborate with the EPI to utilize the existing regulatory pathways to introduce COVID-19 vaccines into the country. For the introduction and approval of new vaccines, the applicant or manufacturer should submit a product dossier and a comprehensive risk management plan (RMP)/Pharmacovigilance plan to the PBSL for in-country review. The applicant or manufacturer should submit the product dossier in Common Technical Document (CTD) format.

As part of the pandemic preparedness and for emergency use approval of COVID-19 vaccine. PBSL will implement its expedited regulatory pathway, which applies to vaccines that are WHO Prequalified or SRA-approved, or those with WHO Emergency Use Listing, and for which scientific data could be made available. Additionally, an expedited approval will be considered as part of our recognition and reliance framework; which is also applicable in the case of vaccines approved via the Collaborative Registration Procedure (CRP) (i.e., WHO Prequalified or SRA-approved), or vaccines for which joint or assisted scientific opinion has been given by African Vaccine Regulatory Forum (AVAREF). Also, post-market surveillance will be conducted by EPI in collaboration with PBSL.

Vaccines procured and approved based on the aforementioned regulatory pathways will not be subjected to quality control testing. In the event of vaccine not approved by the above-mentioned pathways, the PBSL will review the available evidence and advise the MoHS appropriately. However, the applicant or manufacturer should submit the lot release certificate to PBSL. The indemnity requested by COVAX Facility for COVID-19 vaccine has been provided by Government after deliberation and approval by the cabinet and signed by the Minister of Health and Sanitation and Minister of Finance. The EPI Programme will do custom clearing, storage, and distribution.

After regulatory approval of the vaccine by the PBSL, the agency will expedite the issuing of import and clearance permits according to its guidelines. Approval to import products shall be granted to medical products that have been evaluated and registered by the PBSL.

The EPI program shall apply for the importation of the vaccine from the PBSL. The application will be accompanied by:

- A filled import request form submitted together with a covering letter.
- Lot Release certificate (where applicable) for all batches to be imported

Products imported shall be inspected by officials of PBSL at the port of entry before they are released to CH/EPI.

6.4 Environment and Social Instruments

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

6.4.1 Sub-Projects/Activities Environmental and Social Management Plans (ESMPs)

The envisaged interventions under Component 1, 2 and 3 of the COVID-19 Emergency Preparedness and Response Project in Sierra Leone will involve the establishment of an Infectious Disease Center (Isolation Center, Treatment Center and ICU) and health care facilities. Under the AF, vaccines will be procured, stored and deployed and vaccination exercise will be undertaken in addition to the provision of solar facilities f health care facilities and vaccine storage areas.

For sub projects/activities of this nature, environmental and social screening and/or ESMPs with accompanying ICWMPs and IPCPs should suffice (see Annex B, C and D for sample ESMP, ICWMP and IPCP templates). Once approved by the World Bank, the ESMPs will be disclosed and included in the Works Contracts of the various sub-projects. Sub-project ESMPs including their accompanying contractual clauses will be included as an integral part of any works or supervision contract for each Sub Project.

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

6.4.2 Infection Control Waste Management Plans /Infection and Prevention Control Protocols

Sub Project ICWMPs and ICPCs will be prepared for the Infectious Disease Center (Isolation Center, Treatment Center and ICU) at Lung, health care facilities and vaccine storage and vaccination centers based on the template attached as Annex B and C for approval by the World Bank. These plans and protocols will be prepared by Consultants and review by the Environmental Safeguards Expert to be recruited by the EOC/IHPAU and the Head of the Sanitation Directorate of the Ministry of Health and Sanitation and approved by the World Bank. It will be implemented by Facility Heads/Heads of Departments in health care facilities, who will appoint specific officers to be in-charge of the day-to-day implementation and monitoring of these plans as well as the GoSL's SOPs for health care waste management.

6.4.3 Stakeholder Engagement Plan (SEP)

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

6.4.4 Disclosure of Safeguards Instruments

The final versions of the ESMF and other project and sub project safeguards instruments shall be uploaded on the Ministry of Health and Sanitation and EOC Website. Hard copies shall be disclosed to relevant stakeholders such as SL-EPA, HCFs, and the various Councils. The documents shall be disclosed internally within the Bank and uploaded on to the Bank's Website upon approval by the Bank and subsequent disclosure in-country.

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

After approval by the Safeguards Specialist at IHPAU/EOC, Facility Specific Infection Prevention and Control Protocols and Infection Control and Waste Management Plans will be disclosed in the specific HCFs as well as on the EOC website. Summaries of the mitigation measures and protocols will be pasted at vantage points within the respective HCFs as well as vaccine storage and vaccination centers.

6.4.5 Review and Approval of Safeguards Instruments

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

6.5 Environmental and Social Monitoring

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

a. Monthly Progress Reports

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

The reports will discuss measures to ensure compliance are implemented Some of the measures are ensuring the workers are in the appropriate PPEs, ensuring the sites have adequate warning and directional signs and appoint of dedicated persons to enforce environmental, social, labour, health and safety laws and protocols as well as sanctions for non-compliances. The Project Consultants (Supervising Consultants) will be responsible for ensuring compliance as specified in the ESMPs and Monthly Progress Reports. Implementing corrective measures and compliance mitigation measures in the ESMP will be the responsibility of Sub Project Contractors.

b. Quarterly Reports

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

challenges as well as the environmental and social performance of contractors implementing various sub projects, among others.

c. Third Party Reports

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

d. SL-EPA Monitoring

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

A list of monitoring Indicators, frequency of monitoring and responsible party/parties for monitoring are presented in Table 6.1 and 6.2. The indicators are not exhaustive and can be updated during the preparation of sub project safeguards instruments.

Table 6.1: Monitoring Indicators- Construction/Implementation Phase

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	Supporting Agencies
Occupational Health and Safety Issues	• Number, type, place and time of accidents/incidents and/or near misses • Number of OHS and hygiene training programmes provided for contractors' and sub-contractors employees. • Number of workers on site wearing the appropriate PPEs • Presence of Health and Safety Officer on Site or otherwise • Site workers level of compliance with OHS standards e.g. wearing of PPEs • Presence of First Aid Kits on site or otherwise • Presence of Fire Extinguishers on Site • Hoarding material • Presence of handwashing facilities and hand sanitisers on site or otherwise • Suspected and confirmed COVID 19 cases on site	• Daily	• Site Visits • Contractors Accident Records books • Accident/Incident Reports	• MoHS (IHPAU Safeguards Unit)	• SL-EPA • Sub Project Consultant
Labour Related Issues	• Number of Contractor and Sub-Contractor employees with formal Contracts • Presence of under aged workers (18 years and below) or otherwise	• Monthly	• Site Visits • Inspection of Employees Contracts	• MoHS (IHPAU Safeguards Unit)	• SL-EPA • Sub Project Consultant

	• Number and type of employees recruited from the community by gender • Average monthly income of project workers and informal workers by gender				
Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	• Uptake points of complaints • Number of SEA/SH/GBV cases reported by type • Number of SEA/SH/GBV cases under investigation by type • Number of cases under prosecution by type • Number of cases discharged by outcome • Sex and age of perpetuators and survivors • Duration between case reportage, feedback and case completion	• Daily	• ACC Redress Mechanism Platform • On Site Grievance Redress Register	• MoHS (IHPAU Safeguards Unit)	• SL-EPA • Sub Project Consultant • GBV Service Providers • ACC Community Monitors • Sierra Leone - FSU
Environmental risks and impacts associated with resource efficiency and material supply	• Number of times dust suppression through dousing is undertaken daily • Compliance of equipment servicing requirement use of new equipment • Number of complaints of elevated noise, smoke and dust levels • Presence of mobile toilets and refuse bins • Incidence of open defecation on the site and its environs • Presence of littering on the site and its immediate environs • Number of times waste is lifted in a week • Clean site • Odour • Condition of burrow pits and other material sources • Signage at material sources	• Daily	• Water Quality Test • (e.g. Turbidity, presence of e-coli in local water bodies) of waterbodies in the project zone • Site Visits • Inspections*	• MoHS (IHPAU Safeguards Unit)	• SL-EPA • Sub Project Consultant
Community Health and Safety Issues	• Uptake point of complaints • Number of GBV/SEA/SH cases reported by type and location (community) • Number of GBV/SEA/SH cases under investigation by type • Number of cases under prosecution by type	• Daily	• Grievance Redress Register • ACC Grievance Redress Platform • Top ten causes of morbidity from hospital records of	• (IHPAU Safeguards Unit)	• Sub Project Consultant • ACC Community Monitors

	• Number of cases discharged by outcome • Sex and age of perpetuators and victims • Duration between case reporting, feedback and case completion		the nearest Health Facility		
Project Impact on Cultural Heritage	• Presence of Chance Find Procedures or otherwise	• Once	• Site Visit	• (IHPAU Safeguards Unit)	• Sub Project Consultants

*For water quality, ambient air and noise levels, site visit and inspect will suffice but when complaints are lodged and disputes arise, proper monitoring involving water sampling, use of an Air Sampler and Noise Meter will be required.

Table 6.2: Monitoring Indicators – Operational Phase

Item	Monitoring Indicators	Frequency of Monitoring	Means of Verification	Responsibility for Monitoring	Supporting Agencies
Delivery and storage of vaccines, reagents etc.	• Number of vaccines in refrigerators and cold rooms • Numbers and types of vaccines experiencing temperature excursion and physical damages • Number and percentage of defective vaccines, reagents chemicals etc. in each consignment that arrives at POEs	Throughout the life span of the Project	• Readings on Vaccine Chain Monitor Cards • Readings on Electronic Vaccine Monitors placed in refrigerators • Results of random quality test on each consignment of vaccines, pharmaceuticals, reagents etc.	• Pharmacy Board	• COVID-19 Vac TWG • The National Expert Committee on Vaccine Safety and Causality Assessment
Health Care Waste Collection	• Presence of colored coded receptacles fabricated with the appropriate material and clearly labelled appropriately • Waste placed in appropriate receptacles • Number of times waste is collected • Presence of overflowing receptacles • Type and quantity of waste • Odour • Presence of sharp/safety boxes at vaccination centers and other appropriate departments/units of COVID-19 laboratories, HCFs/Infectious Disease Center	Daily	• Inspection	• Facility Level Waste Management Focal Person	• (IHPAU Safeguards Unit)

	• Presence of spill clean-up equipment/materials or otherwise • Availability and use of PPEs • Presence of waste collection procedures pasted at relevant sections of the HCF/laboratory or otherwise • Number of waste collectors/staff trained in waste collection SOPs and GIIPs* e.g., waste segregation and color codes* • Number of training programmes undertaken* • Number of spills, accidents and/or incidents • *Presence of flies and otherwise at collection points				
Health Care Waste Storage	• Presence of flies and other pests at storage areas or otherwise • Number of spills and incidence/accidents • Type and quantity of waste • Odour • Availability and use of PPEs • Presence of collection procedures pasted at relevant sections of the HCF/laboratory or otherwise • Number of staff at temporary waste storage areas trained in relevant SOPs and GIIPs* • Number of training programmes undertaken* • Number of times storage areas are cleaned****	Daily	• Inspection	• Waste Management Focal Person	• (IHPAU Safeguards Unit)
Health Care Waste Transportation	• Type of vehicles used for HCW transportation*** • Type and quantity of waste transported • Presence of dedicated haulage routes or otherwise • Presence of Consignment Note/Manifest on haulage vehicles • Frequency of HCF transportation	Daily	• Inspection	• Waste Management Focal Person	• (IHPAU Safeguards Unit)

	• Number of spills and accidents • Presence of spill clean-up equipment/material on vehicles • Availability and use of PPEs for health care waste transporters • SOPs pasted at relevant sections of the HCF/laboratory or otherwise • Number of waste transporters trained in relevant SOPs and GIIPs* • Number of training programmes undertaken*				
Health care Waste Treatment/Disposal	• Type and quantity of waste treated at the treatment facility • Stack tests to measure emissions from incinerators* • Presence of signage at burial and sharp pits • Odour at burial pits • Availability and use of PPEs at treatment sites • Type of final disposal site*** • Number and type of incinerators procured (substandard incinerators built = 0)*** • Number and type of incinerators used for treating health care waste***	Daily	• Inspection	• Waste Management Focal Person	• (IHPAU Safeguards Unit)
Labour and Working Conditions	• Number of vaccinators, waste handlers and ancillary workers with Formal Contracts • Presence of under aged workers (18 years and below) or otherwise • Availability and use of PPEs for health care and ancillary workers • Presence of signed Codes of Conduct or otherwise • Arrears of allowances due health care and ancillary workers or otherwise	Monthly	• ACC Grievance Redress Platform • Snap Checks at the Facility/Vaccination Centers	• MoHS (IHPAU Safeguards Unit)	• Interagency Coordination Committee (ICC) • COVID-19 Vac TWG • District COVID-19 Vac TWG

	• Suspected or confirmed cases of COVID-19 cases on site.				
Gender Based Violence, Sexual Exploitation and Abuse, and Sexual Harassment	• Presence of GVB/SEA/SH of COVID-19 Focal Person within the HCF/Vaccine Storage Center/Vaccination Center • Number of GVB/SEA/SH cases reported by type and location (community) • Number of GVB/SEA/SH case under investigation by type • Number of GVB/SEA/SH cases under prosecution by type • Number of cases discharged by outcome • Sex and age of perpetuators and survivors • Duration between reporting, feedback and case completion	Monthly	• ACC Platform • Grievance Redress Grievance Register at the Facility Level	• MoHS (IHPAU Safeguards Unit)	• GBV Service Providers • SL-Police-FSU
Exclusion from Vaccination	• Number of eligible persons excluded from the register • Number of eligible persons captured in the vaccine register after complaining • Time taken for complains to be resolved	Daily	• ACC Grievance Redress Platform	• MoHS (IHPAU Safeguards Unit)	• COVID-19 Vac TWG • District COVID-19 Vac TWG
Emergency Response	• Presence of fire installations e.g., fire extinguishers, smoke detectors etc. at HCFs vaccination centers and waste trucks • Presence of spill kits in waste trucks wheeled carts, waste storage and treatment areas etc. • Number of staff and ancillary workers trained in relevant Emergency Response Procedures * • Number of training programmes undertaken* • Number of fire drills undertaken** • Number and type of accidents/incidents	Daily	• Inspections	• Facility Waste Management Focal person	• District COVID-19 Vac TWG • MoHS (IHPAU Safeguards Unit)
Fraud and Abuse of Office	• Number of cases fraud and abuse of office cases reported • Number of cases under investigation	• Daily	• ACC Grievance Redress Platform	• COVID-19 Vac TWG • District COVID-19 Vac TWG	• ACC

	• Number of cases under prosecution by type • Number of cases discharged by outcome				
Security Concerns Forced Vaccination	• Number of reported cases of Forced Vaccination by gender, location • Number of reported cases of human rights abuse/violation involving state security forces or apparatchiks by gender and location	• Daily	• ACC Grievance Redress Platform	• Interagency Coordination Committee (ICC)	• MoHS (IHPAU Safeguards Unit)

*Frequency of monitoring this indicator will be quarterly

** Frequency of monitoring this indicator will be annually or as may be required

*** Frequency of monitoring this indicator will be weekly

7.0 Public Consultation and Disclosure

7.1 Public Consultations and Stakeholder Engagement

Due to constraints posed by the COVID-19 outbreak such as restriction on physical movement, the World Bank has issued a guideline: World Bank Group (WBG) response to COVID-19 Stakeholder Engagement, Information Disclosure and Communication. The guideline provides a tentative list of stakeholders to be consulted as part of the preparing COVID-19 Emergency Response and Health System Preparedness Project. These include public institutions involved in the COVID-19 response within the country, relevant international organizations involved in the COVID-19 response, media, disadvantaged, and vulnerable groups like the aged, medical and health staff and health care institutions. The World Bank guideline suggests that local/country and WHO guidelines related to restrictions on movement, public gatherings etc. are as followed.

This project is being prepared under the mobility restriction due to COVID-19 pandemic and extensive public consultations have not been undertaken, apart from consultations with public authorities and health experts at the national level, as well as international health organizations representatives.

Since the effectiveness of the parent project, the SCO and the SPs have been engaged in identifying trusted local civil society, ethnic organizations, community organizations and actors who are acting as

intermediaries for information dissemination and stakeholder engagement and; engaging with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, different communication packages will be prepared and different engagement platforms for different stakeholders will be utilized.

A precautionary approach will be taken during the consultation process to prevent infections, given the highly contagious nature of COVID-19. The following are some considerations for selecting channels of communication, considering the current COVID-19 situation:

- Avoid public gatherings (considering national restrictions or advisories), including public hearings, workshops, and community meetings
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions
- Where direct engagement with project affected people or beneficiaries is necessary, channels will be identified for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators
- Each of the proposed channels of engagement will clearly specify how feedback and suggestions can be provided by stakeholders.
- Trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis, they will also be identified to support communication and social marketing of vaccination exercise and other components that require publicity. For effective stakeholder engagement on COVID-19 vaccination, different communication packages and different engagement platforms for different stakeholders, based on the stakeholder identification above will be employed. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites, and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions, and provide feedback.

A Stakeholder Engagement Plan has been prepared and disclosed for this project. This document identifies stakeholders across scale together with their interest. The SEP analyzes stakeholder interest, their influence of project outcomes as well as how the project will impact them. Finally, it discusses methods that will be used for stakeholder engagement and document stakeholder consultation that will be incorporated into the design of the subprojects. The plan proposes various methods that have

been used and will be used to consult with stakeholders during preparation and implementation of the project. Most of these consultations will be virtual due to COVID-19 mobility restrictions, while social distancing protocols will be observed for the few face to face meetings. The table below present the summary of the methods that will be used for engaging stakeholders.

Table 7.1: Summary of Consultations for Parent Project and Additional Financing

Organization	Position of Consultees	Mode of Consultation	Key Issues discussed	Conclusions/Recommendations and Next Steps
MoHS	Team Lead/Director, Directorate of Environmental Health and Sanitation Manager, Port Health Head of Component 2 Case Management Head of Component 3 Health Systems Social Safeguards Environmental Safeguard Specialist Emergency Preparedness and Response Lead One Health Platform IPC Focal DMO Kenema District Assistant Director	• E-mail exchanges • Zoom meeting • WhatsApp messages	• Existing practices on information disclosure/consultations on COVID-19 • Key stakeholders engaged so far on COVID-19 (Any exclusions so far and why?) • What is working well? • What is not working well? • How can stakeholder engagement and information disclosure be enhanced? • Grievance Redress Mechanisms • Health care Waste Management Systems in selected HFCs	• Ensure one credible and consistent source of information on COVID-19 • Collaboratively develop institutional framework and work plan, • Enhance communication within agencies and to the general public • Engaging communities by inviting key partners to participate • Engaging and seeking inputs from multiple partners • Work closely with IHPAU to ensure timely disbursement of fund for safeguard operation • There is the need to upgrade waste management infrastructure within the Selected HCFs as part of the project • Sanitation Service providers and cleaners should be trained to improve their awareness about the COVID-19 spread and containment measures • Need for PPEs for sanitation workers • Waste segregation needs to be enforced at the ward/department/unit level • Integrate the ACC platform into the Project Grievance Redress system • Presence of channels for health workers to table their concerns

	COVID-19 Focal Person			
	Senior Environmental and Social Officer FCC			
	Senior Environmental and Social Officer FCC			
SLUDI	Chairman	• Email exchanges WhatsApp messages, WhatsApp video call	• How disability issues have been incorporated in COVID-19 preparedness and response activities. • What is working well • What is not work well	• Establish disability unit at the implementing structure as stipulated in the Disability Act of 2011 • Supply PPEs to PWDs • Training project staff on disability issues • Resource Sierra Leone Printing Center to produce brails for visually impaired. • Provide large print and braille version of all IEC materials, sign language interpreters especially TV programs on COVID 19. • Community sensitization particularly with persons with disabilities and disabled persons organizations (DPOs) using accessible format-drama, radio talk and TV shows, songs in local
NCPWD	Executive Secretary			
Disability Rights Movement	Executive Director			
NGO: 50/50	Manager	• Email exchanges	• Gender issues including GBV/SEA/SH inclusion in COVID-19 preparedness and response activities. • What is working well • What is not working well • Stigmatization of suspected COVID 19 patients and persons in isolation	• There is need for community engagements through video screening to allow people to ask questions to reduce the stigma and denial rate on COVID 19. • Do video screening and encourage survivors to share their experiences with the public, how they were able to fight COVIC 19 and overcome it • Design the Infectious Disease Center (Isolation Center, Treatment Center and ICU) and
Market Women Association-		• Email exchanges		

				especially sanitation facilities with women needs in mind • Need to integrated gender issues and GBV awareness/sensitization in the project
Anti-Corruption Commission (ACC)	Consultant for ACC	• Zoom Meeting	• How the ACC's digital platform can be used under the SL COVID-19 Emergency Preparedness and Response Project for purposes of receiving, sorting, referring, tracking and reporting on grievances/complaints • Grievance Redress System for the Project	• Need to integrate/combine the ACC digital platform with existing traditional grievance redress structures • Training on ACC digital platform

7.2 Disclosure

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

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

7.3 Grievance Redress Mechanisms

During the construction, operational and decommissioning phases of the project, grievances may arise from vulnerable groups, site workers, health workers and other frontline staff as well as the general public. These may range from accidents, poor service delivery, unfair treatment, perception corruption and abuse of office to GBV and SEA/H as well as exclusion of eligible vulnerable persons from the impending immunization exercising.

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of projects
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and

Avoids the need to resort to judicial proceedings. However, stakeholders are not prohibited from seeking redress/resolution through judicial proceeds if the GRM was unable to reach a satisfactory resolution.

7.3.1 Avenues to Register Grievances - Uptake Channels

The aggrieved party/parties may file his/her/their grievance(s), relating to any issue associated with the COVID-19 Emergency Preparedness and Response Project, in writing or via telephone (hot line to be provided and disclosed through the mass media), through local community focal persons (phone numbers will be provided by the EOC) or by Anti-Corruption Commission digital platform hotlines (515 for ACC Report Center and 117 for EOC).

Where such complaints are written, the grievance note should be signed and dated by the aggrieved person. Where complaints are received via a phone call, the call recipient should document all details including name and contact of aggrieved party/parties, date and time of complaint, narration of grievance:

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

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database.

7.2 Grievance Redress Institutions

7.2.1 Community Level Focal Persons

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

During the operational phase of the project, each health facility where a project activity, such as vaccination, is being undertaken will have a focal person to undertake the same function as the Community Focal Persons.

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

7.2.2 Sub Project Grievance Redress Committee

Sub Project Grievance Redress Committees will be formed in each of the beneficiary district, where a project activity such as inoculation is being undertaken comprising of:

- Head of the Facility;
- A representative of the Local Council;
- Head of the Selected Health Facility;
- A representative of the District COVID-19 Vac. TWG
- Traditional Authority representative
- District Co-ordinator of the Anti-Corruption Commission;
- A representative of FSU of the SL-Police;
- A representative of GBV Service Provider at the District Level;
- A representative of the DEOC
- A woman representative; and
- A representative of the Aggrieved Party/parties

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

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

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

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

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

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

7.2.3 Minister of Health and Sanitation

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

7.3.4 Court of Law

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

7.4 Anti-Corruption Commission (ACC) Platform

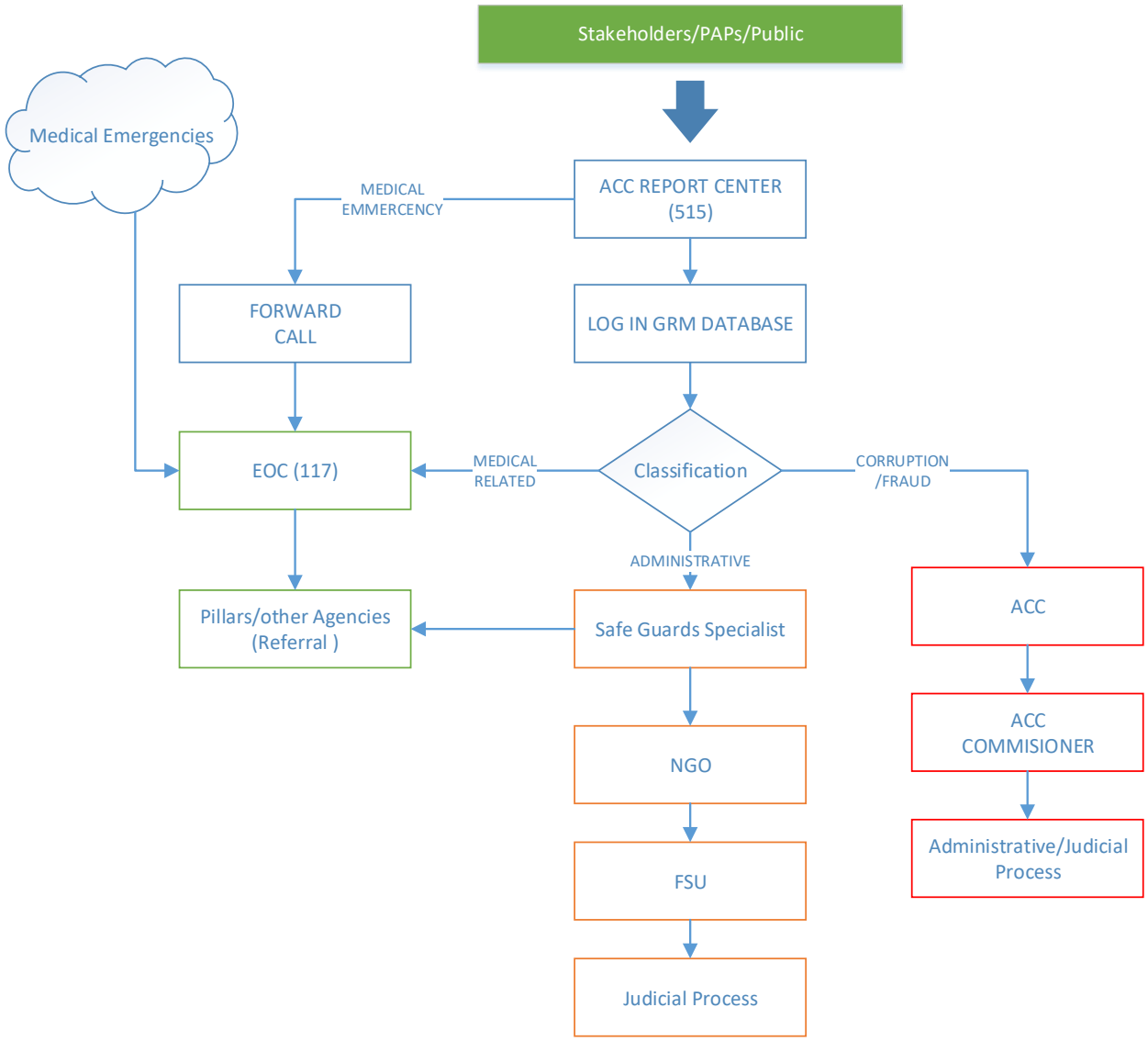
As indicated in Section 9.3 grievance may also be filed via the ACC Report Center. The Anti-Corruption Commission was created through the Anti-Corruption Act, 2000 as an independent commission to investigate government corruption. The establishing Act was amended in 2008 to provide protection for whistle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

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

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

The pathway for ACC Digital Platform is presented in Fig. 7.1. A separate more detailed GRM document for the COVID 19 Emergency Preparedness and Response Project is being prepared for review by the Bank.

Fig. 7.1: The ACC Grievance Redress Pathway



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

7.5 Grievance Redress Mechanisms for Workers on Site

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

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

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

7.6 Grievance for Gender-Based Violence (GBV) issues

There will be specific procedures for addressing GBV/SEA/SH including confidential reporting with safe and ethical documenting of GBV cases. Multiple channels will be in place for a complainant to lodge a complaint in connection to GBV issue. Specific GRM considerations for addressing GBV under COVID-19 are:

- a separate GBV GRM system, potentially run by a GBV Services Provider with feedback to the project GRM, similar to that for parallel GRMs will be established. The GRM operators are to be trained on how to collect GBV cases confidentially and empathetically (with no judgment).
- The Project will establish multiple complaint channels, and these must be trusted by those who need to use them.
- No identifiable information on the survivor should be stored in the GRM logbook or GRM database.
- The GRM should not ask for, or record, information on more than three aspects related to the GBV incident:
    - The nature of the complaint (what the complainant says in her/his own words without direct questioning)
    - If, to the best of complainant's knowledge, the perpetrator was associated with the project; and,
    - If possible, the age and sex of the survivor.
- The GRM should assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. This will be possible because a list of service providers will already be available before project work commences as part of the mapping exercise.
- The information in the GRM must be confidential-especially when related to the identity of the complainant. For GBV, the GRM should primarily serve to: (i) refer complainants to the GBV Services Provider; and (ii) record resolution of the complaint.

Data Sharing: GBV Service Providers will have its own case management process which will be used to gather the necessary detailed data to support the complainant and facilitate resolution of the case referred by the GRM operator. The GBV Services Provider should enter into an information sharing protocol with the GRM Operator to close the case. This information should not go beyond the resolution of the incident, the date the incident was resolved, and that the case is closed. Service providers are under no obligation to provide case data to anyone without the survivor's consent. If the survivor consents to case data being shared the service provider can share information when and if doing so is safe, meaning the sharing of data will not put the survivor or service provider at risk for experiencing more violence. For more information on GBV data sharing see: http://www.gbvims.com/gbvims-tools/isp/. The GRM will have in place processes to immediately notify both the ministry and the World Bank of any GBV complaints with the consent of the survivor.

7.7 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the World Bank's GRS[3]. The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the World Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

7.8 GRM Monitoring and Reporting

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

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

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

Quarterly and Annual Progress Reports

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

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

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

8.0 Institutional Arrangement and Responsibilities

8.1 Institutional Arrangement and Responsibilities

Project management arrangements used under the COVID-19 parent project is adopted under this AF. The Project will be implemented under the auspices of the Ministry of Health and Sanitation as part of the wider national response to the COVID 19 pandemic involving a number of existing of institutions. The government of Sierra Leone (GoSL) has established a high-level governance structure, the National COVID-19 Task Force and the National COVID-19 Emergency Response Center (NaCOVERC) to provide strategic leadership. The National COVID-19 Task Force will have oversight responsibility over project implementation. The Task Force will be responsible for: (a) providing strategic and policy guidance on the implementation of the project;(b) reviewing progress made towards achieving the project's objectives; and (c) facilitating coordination of project activities and removal of any obstacles to the implementation of the project. The National Task Force chaired by the President, also has the Vice President, Members of the National Security Council, Head of the Office of National Security, Chief Medical Officer as well as the Ministers of Health and Sanitation, Defense, Attorney General and Ministry of Justice, Information and Communication, Finance and Economic Planning, Internal Affairs, SL Police Force, Republic of Sierra Leone Armed Forces and other eminent persons who are opted as when necessary.

The MoHS is responsible for project implementation, prompt and efficient coordination and monitoring of the project, and taking all actions including the provision of personnel and other resources. The Project will be implemented under the National Structure on COVID-19 Response. The Chief Medical Officer (CMO) of MoHS shall be the Project Director. Directorates and departments implementing sub project of COVID-19 will support the project implementation country wide in collaboration with district officers/structures. These directorates include the Directorate of Health Security and Emergency, Environmental Health and Sanitation, Medical Supplies and Laboratories and Hospitals as well as Primary Health care (Expanded Programme for Immunization).

The MoHS, especially the Expanded Programme for Immunization, will closely coordinate with the Interagency Coordination Committee and the national Emergency Response Center (EOC) and District Emergency Operations Center (DEOC) as well as the National and District COVID-19 Vaccine Technical Working Groups and the National Technical Advisory Group (NITAG). The Anti-Corruption Commission will continue to play an important role to oversee the appropriate fund utilization and mitigate risks of corruption and complaints and avail their automated platform for receiving and documenting grievances.

The existing EOC headed by the Director of Health Security and Emergencies of MoHS shall coordinate the day-to-day activities of the emergency response activities under the project and report to the CMO of the Ministry of Health and Sanitation. EOC will also serve as a primary focal point for communication with the surveillance teams, designated COVID-19 testing laboratories, treatment/isolation units and quarantine facilities for timely updates of the situations and decision making. It will update the CMO on a monthly basis to ensure smooth project implementation. The EOC has significant experience in managing the World Bank-supported projects and is currently the main implementing institution of the Sierra Leone REDISSE project as well as pandemics such as the Ebola crisis. The IHPAU established in the Ministry of Health and Sanitation shall be in charge of procurement and financial management aspects of the project. IHPAU will also report to the CMO. For the purpose of implementing mitigation measures in the ESMF and the follow up environmental and social issues the EOC/IHPAU has a safeguards unit made up of Environmental and Social Experts.

The Environmental Safeguards Expert of the Safeguards Unit of the EOC/IHPAU responsible for reviewing project related safeguards instruments such as screening reports, ICWMPs and ESMPs, ensuring that sub

project ESMPs and E&S clauses are inserted into Contractors bidding documents as well as monitoring environmental and OHS aspects of the project during implementation. He will be responsible for preparing quarterly reports, which will indicate compliance with OHS and environmental mitigation measures proposed in the Sub Project ESMPs etc. for the Bank's review. The Environmental Safeguards Expert will ensure that the project complies with ESS1, ESS3, ESS4 and ESS8 requirements and also OHS aspects of ESS2. The Environmental Safeguards Officer will be expected to liaise closely with other relevant government agencies and SL-EPA at national and regional levels for the purpose of securing environmental licenses for sub projects and ensure that the implementation of the sub projects conform to national environmental and policies.

The Social Safeguards Expert is responsible for reviewing project related social safeguards instruments such as screening reports, LMPs and ESMPs. He/She will also be responsible for monitoring the implementation of labour and GVB/SEA/SH mitigation measures in the ESMF, Sub Project ESMPs and other safeguards instruments during the preparation and implementation of all project components. The Social Safeguards Officer will also coordinate training and sensitization programmes on social safeguards, OHS and related issues including human rights and SH/SEA/GBV. The Social Safeguards Officer will also be the focal person for grievance redress at the EOC/IHPAU. He/She will ensure that the sub projects are designed and implemented in accordance with ESS1, ESS2 and ESS10 requirements together with Sierra Leone labour and social protection laws/policies. The Social Safeguards Officer will also be responsible for disclosing approved social safeguards instruments. He/She will be responsible setting up and monitoring grievance systems under the project.

The Ministry has also established a number of technical committees for the handling various aspects of the Project. These are:

a. Interagency Coordination Committee (ICC)

The ICC is responsible for final strategic decision making on and approval of all aspects of COVID-19 vaccine introduction in the country including potential vaccine trials, vaccine selection, equitable distribution of vaccine, procurements, earmark financing, delivery mechanisms, prioritization of population groups, vaccine safety surveillance, regional cooperation and assisting neighboring countries, regulatory mechanism, communication and media response, among others. ICC also plays an important role in coordinating partner financing and activities, including the preparation of proposals for support for vaccine introductions and the subsequent roll-out and evaluation of the vaccine introduction. The ICC brings together domestic agencies and international donors/advisors as well Civil Society Organizations (CSOs) as to coordinate efficient and effective use of resources.

b. National Technical Advisory Group (NITAG)

The NITAG is a multidisciplinary group of national experts responsible for providing independent, evidence-informed advice to policymakers and program managers on policy issues related to immunization and vaccines. NITAG also review and contextualize SAGE's policy guidance, taking into account country-specific data, national priorities, and disease epidemiology. NITAG refines, revises, and updates its recommendations to national policymakers regularly as new evidence becomes available. NITAG was set up to make recommendations for childhood vaccinations. Given the nature of the pandemic and the different target groups, the NITAG has adopted additional experts, such as relevant health and social care worker associations such as medical or nursing academies and associations, and occupational health associations. The chairperson and other core members of the NITAG are invited to participate in the National COVID-19 coordination meetings to ensure adequate information flow between the planning, policy, and implementation levels. The NITAG, in its evidence-

based, independent, advisory role, provides transparency and credibility to the decision-making process and contribute to building public confidence in the COVID-19 vaccination programme.

c. Technical Coordination Committee (TCC)

The Technical Coordination Committee TCC is responsible for providing technical guidance for immunization related activities including planning, implementation, monitoring and evaluation of routine immunization services as well as SIAs. The TCC comprises of members from the EPI Program, WHO, UNICEF, CHAI, ICAP, CDC and other ministry of health programs and directorates. Most of the members of the TCC are already embedded in the COVID -19 Vaccination Technical Working Group **(**COVID-19 Vac TWG).

d. COVID -19 Vaccination Technical Working Group (COVID-19 Vac TWG)

A COVID-19 Vac TWG was established as one of the national COVID-19 preparedness and response pillars for the successful planning, coordination, and implementation of COVID-19 vaccine-related activities. The COVID-19 Vac TWG is presided over by the CH/EPI program manager of the MoHS and has a multi-sectoral representation composed of senior-level officials from relevant ministries-social welfare, education, local government, military, communications, finance, ICT, among others), external partners, representatives from private sector providers and civil society organizations, with decision-making authority. The COVID-19 Vac. TWG performs its functions through six sub-groups, including Leadership, Planning, Coordination, and Finance; Communication and Social Mobilization; Logistics and Supply Chain and Waste Management; Vaccine Safety; Monitoring, Evaluation, and Surveillance; and Training and Capacity Building.

The responsibilities of the COVID-19 Vac TWG include:

i. Reviewing global-level information related to COVID-19 vaccines and incorporating it into the planning and preparation for COVID-19 vaccine deployment at the country level.
ii. Considering the recommendation issued by the national immunization technical advisory group (NITAG).
iii. Defining and developing the deployment plan with clear functions, responsibilities, and deadlines for different stakeholders. The plan needs to be aligned with the national COVID-19 preparedness and response plan and include (i) an estimate of costs to facilitate budget advocacy and resource allocation; and (ii) establishing an operations process for coordination, information, and communication.
iv. Providing higher-level authorities with status reports as needed.
v. Communicating with partners and the media.
vi. Ensuring integration with existing immunization programmes and coordination across programmes and different sectors embedding the vaccination programme into existing health system structures.
vii. Coordinating or supporting the implementation of health services readiness and capacity assessments (at facility and community level) to identify bottlenecks and guide the delivery of vaccines and other essential supplies.
viii. Monitoring progress using methods such as a dashboard with key indicators, readiness assessment tools, among others; and
ix. Conducting gap analysis, draw all necessary execution plans, prepare vaccine logistics and supply chain plan, perform a review of data tools, cold chain capacity, expansion of M & E and surveillance activities, identify risks and prepare mitigation plan, plans for communication and mobilization, measures for vaccine safety and training.

e. District COVID-19 Vaccine Technical Working Group (District COVID-19 Vac TWG)

The District COVID-19 Vac. TWG, is a replica of the national COVID-19 Vac TWG at district level responsible for the planning, implementation and monitoring of COVID-19 vaccine deployment at that level. The District COVID-19 Vac. TWG will monitor progress on key activities such as microplanning, communication planning, cold chain, vaccine logistics planning, roll-out of COVID-19 vaccine in the district for progress made and resolving bottlenecks. It will ensure safe storage, transportation and delivery of vaccine doses with sufficient security arrangements so that there are no leakages in the delivery system. The District COVID-19 Vac. TWG will monitor meetings of District AEFI Committee for expedited investigation of AEFI cases. It will also ensure minimal disruption of other routine health services during rollout of COVID-19 vaccine.

f. The National Risk Communication and Social Mobilization Pillar

This Pillar has 31 partners from government ministries, donors, One Health partners, UN agencies, national and international NGOs; CSOs; and Councils, Unions, and Associations including the British High Commission, UNDP, GIZ, Sierra Leone Red Cross, UNICEF and USAID, Breakthrough Action, CARE International, Handicap International and the media are responsible for:

- Conduct national-level Risk Communication Social Mobilization (RCSM) activities including press briefings, mobilization of national stakeholders and structures, and campaign development.
- Coordinate and oversee development of the National RCSM Pillar Strategy and Results Framework and periodic and needs-based reviews and revisions.
- Receive and be responsive to information and requests for support from other pillars.
- Oversee development of SOPs, technical guidelines, and best practice models for risk communication, community support and community mobilization against COVID-19
- identify and recommend a particular participatory community action model for community engagement, that can be adopted by GoSL and partner Community Mobilisers who are not already implementing an appropriate model that meets the requirements of the SOPs
- Think ahead and strategize to prepare for recovery phase.
- Flag strategic, technical, and financial gaps in the RCSM Response with the COVID-19 Emergency Response Coordinator, UN and NGO partners, and donors
- Provide strong support to District RCSM Pillars in the form of strategic, technical and operational guidance, orientations, and trainings.
- Ensure weekly reports are sent and collated as part of national reporting system.
- Conduct routine monitoring and support visits
- Identify and train GoSL and partner on the risk communication and mobilization models at national level.

The Pillar has sub Working Groups including the Messaging and Materials Sub Group, who review contents of COVID-19 messages and adverts before they are aired or put out in the public domain.

g. District Risk Communication and Social Mobilization Pillar

Made up of similar entities as the national body, the District RCSM Teams will confirm the number of Community Mobilisers they have operating in their districts by chiefdom. Duplication and gaps will be flagged with the National RCSM Pillar and UN and NGO partners at the district level, and responded to.

h. The National Expert Committee on Vaccine Safety and Causality Assessment

This Committee which is constituted by the PBSL/EPI/MoHS, has expertise which includes but not limited to internal medicine specialties such as neurology, cardiology, clinical pharmacy, pharmacology and toxicology, public health, pathology and forensic medicine and pharmacovigilance. Reports received from EPI, health workers and parents/vaccine recipients will be presented to the committee for evaluation and causality assessment if necessary. The terms of reference of the committee in relation to vaccine pharmacovigilance are but not limited to:

- Assessing potential causal links between AEFI and a vaccine; and
- monitoring reported AEFI data for potential signals of previously unrecognized vaccine-related adverse events.

Other agencies with assigned responsibilities are the Anti-Corruption Commission, Project Consultants and Contractors, CDCs, traditional and religious leaders, GBV Service Providers and Managers of selected health care facilities used as vaccination centers and vaccine storage areas..

Development Partners, including GAVI, WHO, UNICEF and the World Bank also play various roles under the project. UNICEF's role in the Project includes raising public awareness and promoting healthy behaviors about COVID-19; M&E; behavior change; and procurement of needed supply/equipment. The World Health Organization's role includes support to laboratories; provision of specimen collection kits; supplies for Rapid Response Teams; and technical assistance to the Ministry of Public Health.

Table 8.1, 8.2 and 8.3 presents the responsible agencies of activities outlined in the ESMF.

Table 8.1: Institutional Roles/Responsibilities (ESMF) – Planning and Design Phase

Key Areas	Actions	Responsible Party (Lead Agency)	Supporting Agencies
Environmental and Social Compliance	• Screening of Project Activities • Insertion of Environmental and Social Clauses into Contractors bidding documents, • Reviewing site specific ESMPs, prior to approval by the Bank	E&S Safeguards Unit of IHPAU/EOC	• HCF Managers
	• Approval of ESMPs and other E&S instruments	World Bank	• SL-EPA
Vaccine Preparedness and Readiness	• Implement and monitor the National Vaccine Deployment Plan • Register for vulnerable persons • Prepare and SOPs and guidelines for Immunizations • Oversee the conduct of Rapid Behavioral Assessment Studies • Setting up Grievance Redress Mechanisms • Vaccine approvals • Cold Chain Assessment and upgrading • Procuring solar-grid refrigerators for cold chain.	MoHS	• The National Expert Committee on Vaccine Safety and Causality Assessment • Technical Coordination Committee • Interagency Coordination Committee (ICC) • Pharmacy Board • District COVID-19 Vac TWG • EOC

			• National Medical Supply Agency
Risk Communication	• Implementation of the National Risk Communication and Social Mobilization Strategy • Vetting of adverts, media briefing etc. • Training of Communicators • Preparation and implementation of micro-level risk communication strategies/plans • Prepare and implement SOPs and guidance on Risk Communication and Social Mobilization • Stakeholder Consultation on Risk Communication and Community Mobilization issues	MoHS	• National Risk Communication and Social Mobilization Pillar • District Risk Communication and Social Mobilization Pillar • COVID -19 Vaccination Technical Working Group (COVID-19 Vac TWG) • COVID -19 Vaccination Technical Working Group (COVID-19 Vac TWG) • CDCs • Traditional and Religious Leaders
Vulnerable Groups Access to Vaccines	• Ensuring vaccination centers are gender friendly • Ensuring that eligible persons for vaccination are not excluded due to physical and socio-economic barriers	MoHS	• HCF Managers • District Medical Officers/Medical Superintendent • Interagency Coordination Committee (ICC) • COVID -19 Vaccination Technical Working Group (COVID-19 Vac TWG) • COVID -19 Vaccination Technical Working Group (COVID-19 Vac TWG)
Adverse Events Following Immunization	• Implementing the vaccine safety and surveillance plan • Deploying DHIS2 documentation, data storage and analysis to guide following up on AEFI. • Implementing guidelines for post vaccination surveillance • Receiving, investigating and reporting on complaints about AEFI	MoHS	• Health workers/ Vaccinators • AEFI Focal Persons • District Medical Officers/Medical Superintendent and Teams • The National Expert Committee on Vaccine Safety and Causality Assessment • US CDC/ICAP's • WHO
Procurement of Vaccines and other Supplies	• Preparing and disclosing a national procurement plan	WHO UNICEF GAVI	• IHPAU • Pharmacy Board

	• Provision of vaccine and equipment specifications e.g., cold chain equipment • Liaising with Vaccine and Equipment Suppliers • Vaccine and equipment inspection and validation	MoHS JICA	• National Medical Supply Agency
Location of Vaccination Centers, and Infectious Disease Center etc.	• Selection of vaccine storage areas, vaccination centers and the Infectious Disease Center based on relevant WHO guidelines • Environmental and Social screening of selected vaccine storage sites, vaccination centers* • Setting up Grievance Redress Systems	MoHS	• Technical Coordination Committee • Interagency Coordination Committee (ICC) • E&S Safeguards Unit of IHPAU/EOC • EOC • DEOC • CDCs
Design of Infectious Disease Center	• Ensuring the construction of the Infectious Disease Center are guided by the relevant WHO and Center for Disease Control guidelines and National Building Codes and design and supervision are undertaken by competent professionals • Ensure all designs and work plans are vetted by the appropriate professional and town planning authorities as well as the Ministry of Women Affairs and Ministry of Labor, Social Affairs, Martyrs and Disabled and appropriate permits are obtained • Ensuring that Environmental and Social Clauses are inserted into Contract Documents*	MoHS	• E&S Unit of EOC/IHPAU • Ministry of Works and Public Assets • Ministry of Children and Gender • Ministry of Social Welfare and Disability and Women Groups • Project Consultant

NA - Not Applicable

Table 8.2: Institutional Roles/Responsibilities-Construction Phase

Key Areas	Actions	Responsible Party (Lead Agency)	Supporting Agencies
Environmental risks and impacts associated with resource efficiency and Pollution Prevention	• Implement all relevant Environmental and Social Clauses together with mitigation measures in the ESMF and ESMPs by themselves and their Sub Contractors	Project Contractors	• E&S Safeguards Unit of IHPAU/EOC • Project Consultants
OHS issues	• Prepare and disclose detailed work programs and plans for the civil works and installation based on relevant WHO guidelines and WBG EHSG	Project Contractors	• E&S Safeguards Unit of IHPAU/EOC • Project Consultants

	• Ensure that sensitization and OHS Training programs for employees of Project Contractors and Sub-Contractors will be made to undergo sensitization on COVID 19 preventive measures and symptoms based on the WHO Guidelines • Ensure that WHO and WBG guidelines as well as OHS measures in ESMF and ESMPs are implemented for all Works		
Labor Issues/Risks	• Implement mitigation measures outlined in approved the Approved ESMF, Sub Project ESMPs and Environmental and Social Clauses • Ensure access to GRM by all workers	Project Contractors	• E&S Safeguards Unit of IHPAU/EOC • Project Consultants
Gender Based Violence within the Work Environment	• Ensure workers understand and signs Code of Conduct • Implement Environmental and Social Clauses and mitigation measures in ESMF and ESMPs in relation to GVB/SEA/SH • Ensure their workers are available for all GBV/SEA/SH training sessions	Project Contractors	• E&S Safeguards Unit of IHPAU/EOC
Project Impact on Cultural Heritage	• Preparing a Chance Find Procedure • Implementing Chance Find Procedures in the event of a Chance Find	Project Contractors	• E&S Safeguards Unit of IHPAU/EOC • Project Consultants
Progress Reporting	• Preparing Monthly Progress Report on the civil works and installations with an Environmental and Social Section	Project Contractors	• Project Consultants
Environmental and Social Monitoring	• Monitoring Environmental, Social, Health and Safety performance of Contractors involved in the civil works and installation	E&S Safeguards Unit of IHPAU/EOC	• E&S Safeguards Unit of IHPAU/EOC • Project Consultants

NA- Not Applicable

Table 8.3: Institutional Roles/Responsibilities-Operational Phase

Key Areas	Actions	Responsible Party (Lead Agency)	Supporting Agencies
Transportation of Vaccines, Specimen and in-Country	• Preparing, disclosing and implementing Spillage Contingency Plan • Training of drivers and assistants in the Spillage Contingency Plan • Detailing security escorts to accompany vaccines	MoHS	• SL-Police • SL-Military
Storage and Handling of Vaccines	• Ensuring cold chain assessment is undertaken • Preparing and disclosing SOPs for routine and emergency storage and handling of vaccines • Installations of appropriate fire and emergency response gadgets	MoHS	• National Medical Supply Agency • Vaccination teams • WHO

	• Training of Vaccination teams etc. on SOPs, relevant WHO guidelines etc.		
	• Ensuring the implementation of guidelines for the storage and handling of vaccines in line with WHO and Center for Disease Control guidelines	MoHS	• Facility Managers
Infection Control and Prevention	• Preparing, disclosing and implementing Facility Specific Biosafety, ICWMPs and IPCPs • Implementing of facility based IPCP and ICWMP • Training of employees on and ICWMP, IPCP, MOPH COVID 19 Guidelines on Medical Waste Management SOPs and other relevant WHO and Center for Disease Control guidelines • Providing workers with PPEs, hand hygiene and other relevant equipment as stipulated in relevant WHO guidelines	MoHS	• Facility Managers
Waste Management Processes	• Providing cleaners, janitors, and other conservancy laborer in laboratories and HCFs with the necessary PPEs, cleaning equipment and detergents • Preparing report on the quantity and type of waste	MoHS	• Facility Managers
	• Preparation, disclosure and implementing waste collection and transportation measures in ICWMPs and ICPC e.g., source separation according to color coding, haulage route demarcation • Provision of waste collection and transportation equipment such as leak proof plastic bags, disinfectants, and wheeled trolleys	MoHS	• Facility Managers • E&S Safeguards Unit of IHPAU/EOC
	• Offsite transportation and disposal of used sharps, vials and other HCW	MoHS	• Facility Managers • E&S Safeguards Unit of IHPAU/EOC
	• On and off site disposal facilities	MoHS	• Facility Managers • E&S Safeguards Unit of IHPAU/EOC
Security Issues	• Undertaking and implementing the recommendations of Security Risk Assessments for the selected vaccination and vaccine storage centers, and HCFs • Implement Security Risk Protocols • Undertake security protocols such as running background checks of wardens and other persons recruited to work in the facilities	Facility Managers	• SL-Police • SL- Army
Labor Issues	• Ensuring the vaccinators and other persons recruited have contracts that meet the requirements of Sierra Leone law • Ensuring the health care and other frontline workers have the required PPEs and enforce their use • Setting up work-based Grievance Redress System	MoHS	• District COVID-19 Vac TWG • E&S Unit of IHPAU/EOC • Ministry of Labour and Social Security

GBV and SEA/SH	• Implementing SOPs including professional codes of ethics/conduct developed for vaccine storage areas, vaccination centers, Infectious Disease Center and frontline workers based on WHO code of Ethics and Professional Conduct • Appointing GBV/SEA/SH focal persons for GBVSEA/SH issues and maintain a strong collaboration with existing GBV Service Providers/Police/ NGOs in their communities	Facility Managers	• E&S Unit of IHPAU/EOC • GBV Service Providers
Fraud and Abuse of Office	• Ensure that complaints of fraud, diversion of vaccines and other fraudulent activities and procurement breaches as well as other infractions related to abuse of office and corruption are captured, investigated and reported	MoHS	• ACC
Training	• Training of medical staff, Conversancy laborers, Vaccinators, janitors, caterers on relevant WHO Guidelines, MoHS COVID-19 Guideline/ plans that relate to their jobs • Training in Waste Management Plans/SOPs and WHO guidelines on Waste Management	MoHS	• WHO • E&S Unit of IHPAU/EOC

NA- Not Applicable

8.2 Capacity Building

Under Components 1 and 2 of the Project, elaborate training programmes will be designed and implemented for technical staff within the health sector such as doctors, nurses, laboratory technicians, data analysts and epidemiologists as well as staff of EOC and DEOC to enhance their capacity to response to the COVID-19 pandemic. The training programmes, which will be consistent with national SOPs and WHO guidelines will be complemented with the provision of equipment and PPEs. Therefore, capacity building under the ESMF is limited to E&S concerns as presented in Table 8.4.

Table 8.4: Capacity Needs for ESMF Implementation

Type of Training	Training Contents	Participants	Time frame	Responsible Actor	Est. Cost in USD
Community Mobilization and Risk Communication	• Information on the Selected Vaccine • Risk Communication • Importance of community participation and mobilization to enhance project ownership, transparency and accountability • Community Mobilization Strategies	Traditional Leaders Ward Development Committees, Local Councils, NGOs in COVID-19, religious leaders, school managers youth leaders/groups, Womens groups/leaders RCSM Leadership Body The National Expert Committee on Vaccine	During sub-project mobilization	Safeguards Unit	50,000.00

Type of Training	Training Contents	Participants	Time frame	Responsible Actor	Est. Cost in USD
	• Concept of Vulnerability	Safety and Causality Assessment The Communication and Social Mobilization Technical Working Group Technical Coordination Committee Interagency Coordination Committee (ICC) Pharmacy Board District COVID-19 Vac			
Grievance Redress Mechanisms	• Dispute resolution management and grievance redress • Trust and Consensus Building • Gender Based Violence • Project Grievance Redress Systems	Members of Grievance Redress Committees, Security Forces with assigned tasks under the Project	Before the commencement of the sub-project/works;	Safeguards Unit	30,000.00
Training on relevant WHO COVID 19 Guidelines and GoSL COVID 19 SOPs and other guidelines	• COVID 19 Symptoms and Mode of Transmission • Introduction to relevant WHO Guidelines on COVID 19 • GoSL COVID 19 SOPs and ICWMP	Sanitation Service Providers Cleaners and Canteen Workers at various Health Facilities Nurses, paramedics and doctors Ward Development Committee Members, religious and tribal leaders Health and Safety Officers of Consultants and Contractors Local Manufacturers of Nose Masks and Hand Sanitizers	Before the Commencement of Sub Projects	Safeguards Unit of the EOC	20,000.00
Training for Security Personnel under the project	• Best Practices in Human Security and Human Rights • Sensitization on Code of Conduct, GVB/SEA/SH/Good Human Relations, Ethnical Behavior and Sanctions for unprofessional conduct as	Security Personnel/Wardens at the Infectious Disease Center POEs and Vaccination Centers and Storage Areas Security Personnel Escorting Vaccines	Before the deployment of vaccines	Safeguards Unit of the EOC	30, 000.00

Type of Training	Training Contents	Participants	Time frame	Responsible Actor	Est. Cost in USD
	well as ESS2, ESS4 and ESS10 • COVID 19 Symptoms and Mode of Transmission • Introduction to relevant WHO Guidelines on COVID 19				
Training on ICWMP and GIIPs in the area of Infection Control and Waste Management in times of COVID 19	• Sub Project ICWMPs • Source Separation • Use of PPES etc. • Operation and Maintenance of incinerators	Sanitation Service Providers, Sanitation and Laundry workers/service providers All workers at the Isolation and Quarantine Centers, ICUs and Laboratories as well as Ancillary workers including Incinerator Operators	Twice/ to be repeated twice a year	Health Facility Managers/ Staff	20,000.00
Training in AEFI	• AFEI Guidelines /SOP and Reporting • Data Entry into DHIS2 software	AEFI Focal Persons Health workers/ Vaccinators AEFI Focal Persons District Medical Officers/Medical Superintendent and Teams The National Expert Committee on Vaccine Safety and Causality Assessment	Before and During Vaccination	WHO MoH	30,000.00
Sensitization on GBV/ SEA/SH and Labour Relations	• SL laws on GVB • World Bank ESS that relates to GBV SH/SE/SH • WHO Guidelines on Professional Conduct	Vaccinators AEFI Focal Persons DHMTs Facility Managers Frontline health workers Employees of Project Consultants Employees of Project Contractors Military and Police Personnel involved in Project Activities	Three Times at least one training before deployment	Safeguards Unit of EOC/IHPAU	20,000.00

8.3 Adequacy of Personnel in Charge of Healthcare Facilities

The MoHS has adequate staff in terms of numbers and qualification to manage the vaccination centers, vaccine storage areas and the proposed Infectious Disease Center as well as laboratories including infection prevention and control. This is because most doctors, nurses and paramedics have been trained in infection prevention and control protocols as per the country's infection prevention protocols.

However, very little training has been provided for health care workers in the area of health care waste management. Training programs to build capacity in health care waste management and other relevant areas of project implementation has been in presented in Table 8.4 under Section 8.5.

8.4 Tracking and Recording Healthcare Waste from Healthcare Facilities

The following steps will be followed to track and record waste from the various sections of health care facilities under the project:

- Waste will be segregated at the department/ward level by color codes and the type of receptacle stipulated in the SOP and Healthcare Waste Management Plan
- Waste receptacles will be stationed at vantage points to enable 100% collection
- The weight of the empty receptacles will be obtained from the manufacturers specifications or by weighing and recording the weight of a replica that has not been used
- At the point of collection, each receptacle with its content will be weighed and its weight will be recorded by the janitor in a Consignment Note together with the sources, destination and type of waste, date and time of weighing. Particulars of the janitor will also be recorded on the Co-signed Note
- For waste that would be stored and transported, it will be sent to the holding area, where it will be reweighed and documented as done previously on the Co-signed Note and kept. Prior to it being transported it will be weighed again and documented on the Co-sign Sheet by the person in charge of the holding area. Same, details will be recorded on the Co-signed Note and handed over to the transporter and a copy would be kept at the facility. At the off-site disposal facility, the Transporter will hand over the Co-sign Note to the Manager of the Treatment Facility who will also weigh the waste and complete the Co-sign Note. The Completed Co-sign Note will be returned to the health care facility by the Transporter; .
- Waste that will be disposed of in-situ, will be weighed prior to final disposal and same data would be entered on the Co-signed note by the Treatment/Disposal Facility Manager; and
- Daily reports will be prepared from the Co-signed Notes by the officers in charge of holding areas and treatment/disposal sites covering source, type and quantity of waste for the Health Care Facility Manager, who will compile monthly reports for the project.

8.5 ESMF Budget

It is estimated that a total amount of Two Hundred and Seventy Thousand United States Dollars (USD 270,000.00) will be required to implement activities identified in the Environmental and Social Management Framework. The details are summarised in Table 8.5.

Table 8.5: Estimated Budget for ESMF Implementation

No.	Activities	Cost USD
1	**Training Cost for Training Programmes in Table 8.1**	200,000.00
2	**Preparation and Approval of Sub Project Environmental and Social Safeguards Instruments e.g., ESMPs etc.**	20,000.00
3.	**Disclosure of ESMPs and other safeguards documents**	10,000.00
4	**Setting up of Sub Project and Project Level GRM**	20,000.00

5.	**Environmental and Social Monitoring during the Implementation of ESMF and ot instruments e.g., ESMPs**	20,000.00
6.	**Total**	**270,000.00**

ANNEXES

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

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

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

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

---

2. Sub Project Activities

---

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

---

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

---

5. Location of Sub Project

---

6. Land take:

---------- acres

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

Agriculture	☐	*Residential*	☐	*Existing dugout*	☐
Existing road	☐	*Reservation*	☐	*Park/Recreation*	☐
Industrial	☐	*Other (specify)*	☐		

Comments:

---

8. Site Description

---

9. Land Cover and Topography

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

Vegetation	☐	*Sparse vegetation*	☐	*Physical structure(s)*	☐
Floodplain	☐	*Agriculture (animals)*	☐	*Cultural resource*	☐
Water	☐	*Agriculture (crops)*	☐	*Other specify*	☐

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

Flat	☐	*Valley*	☐	*Slope*	☐	*Undulating*	☐
Hill	☐	*Mountain*	☐	*Depression*	☐		

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

Flat ☐ *Valley* ☐ *Slope* ☐ *Undulating* ☐

Hill ☐ *Mountain* ☐ *Depression* ☐

10. Infrastructure

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

Undeveloped site ☐ *Partly developed site* ☐ *Existing route* ☐

Other (specify) ……

ii. The Sub-Project would involve excavation *Yes* ☐ *No* ☐

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

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

Water supply source	*Yes*	☐	*No*	☐
Pipeline	*Yes*	☐	*No*	☐
Power supply source (Transformer)	*Yes*	☐	*No*	☐
Electricity lines	Yes	☐	No	☐
Drainage	*Yes*	☐	*No*	☐

Other (specify) ……

11. Sources of Energy

_____
_____
_____
_____

12. Inventory of Existing Infrastructure at the Facility or Site

_____
_____
_____
_____
_____

13. Environmental and Social Impacts/Risks

i. Positive Impacts/Risks

---

ii. Negative Impacts/Risks

Air Quality

Would the proposed Sub-Project?

i. Emit during construction (Tick as Appropriate)

Dust ☐ *Smoke* ☐ *VOCs* ☐

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

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

iv. Create objectionable odour affecting people? *Yes* ☐ *No* ☐

Comments:

Biological Resources

Would the proposed Sub-Project?

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

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

iii. Interfere substantially with the movement of any wildlife species or organisms?

Yes ☐ *No* ☐

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

Comments

Cultural Resources

Would the proposed Sub-Project?

i. *Disturb any burial grounds or cemeteries?* *Yes* ☐ *No* ☐

ii. *Cause significant adverse effect on any archaeological or historic site?*

Yes ☐ *No* ☐

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

Comments:

Water Quality and Hydrology

i. *Distance from the nearest water body or drainage channel (minimum distance measured from the edge of the proposed site to the bank of the water body or drain).*

More than 100 metres ☐ *100 meters* ☐ *Less than 100 meters*

Would the proposed Sub-Project?

ii. *Will the sub project involve the use of water?*
Yes ☐ *No* ☐

iii. *Indicate Source of water for the project*

---

iv. *Generate and discharge the following during construction:*

Liquid waste	☐	*Liquid with oily substance*	☐
Liquid with human or animal waste	☐	*Liquid with chemical substance*	☐
Liquid with pH outside 6-9 range	☐	*Liquid with odour/smell*	☐

v. *Lead to changes in the drainage pattern of the area, resulting in erosion or siltation?*

Yes ☐ *No* ☐

vi. *Lead to increase in surface run-off, which could result in flooding on or off-site?*
Yes ☐ *No* ☐

vii. *Increase run-off, which could exceed the capacity of the existing storm water drainage?*
Yes ☐ *No* ☐

Comments

Noise Nuisance

Would the proposed Undertaking:

i. *Generate noise in excess of established permissible noise level?*

Yes ☐ *No* ☐

ii. *Expose persons to excessive vibration and noise?* *Yes* ☐ *No*

Comments

Waste Generation

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

Comments

Land take and Involuntary Resettlement

Will the Sub Project lead to?

Acquisition of Private Property (Temporal/Permanent)		*Yes*	☐	*No*	☐
Physical Displacement of People (Temporal/Permanent)		*Yes*	☐	*No*	☐
Damage to Peoples Assets	*(Temporary/Permanent)*	*Yes*	☐	*No*	☐
Economic Losses	*(Short term/Permanent)*	*Yes*	☐	*No*	☐

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

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

_____
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14. Management of Environmental and Social Impacts/Risks

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15. Summary

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

Does the subproject involve use of security personnel during construction and/or operation of healthcare facilities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively?			ESS7	Vulnerable Groups Plan/IPDP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			*OP7.60 Projects in Disputed Areas*	Governments concerned agree
Will the sub project and its ancillary aspects and related activities involve the use or potential pollution of, or be located in international waterways[4]?			*OP7.50 Projects on International Waterways*	Notification (or exceptions)

Conclusions:

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

_____
_____
_____

[4] International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

Attributes of Ineligible Subprojects
GENERAL CHARACTERISTICS
Concerning significant conversion or degradation of critical natural habitats. Including, but not limited to, any activity within wildlife and forest reserves, national parks, conservation forests and sanctuaries.
Damages cultural property, including but not limited to, any activities that affect the properties inscribed in the World Heritage List and: • Other archaeological and historical sites; and • Religious monuments, structures and cemeteries.
Requires involuntary acquisition of land, or the resettlement or compensation of more than 200 people
Requiring pesticides that fall in WHO classes IA, IB, or II.
Affecting waters of riparian neighbors.
Roads New primary roads and highways.
Irrigation New irrigation and drainage schemes.
Dams Construction of any dams.
Power New power generating capacity of more than 10 MW.
Oil and Gas New exploration, production or distribution. Rehabilitation of production or distribution systems.
Income Generating Activities Activities involving the use of wood for fuel or as raw material from natural habitats. Activities involving the use of hazardous substances.

ANNEX B: Environmental and Social Management Plan (ESMP) Template

Introduction

The Borrower will need to develop an Environmental and Social Management Plan (ESMP), setting out how the environmental and social risks and impacts will be managed through the project lifecycle. This ESMP template includes several matrices identifying key risks and setting out suggested E&S mitigation measures. The Borrower can use the matrices to assist in identifying risks and possible mitigations.

The ESMP should also include other key elements relevant to delivery of the project, such as institutional arrangements, plans for capacity building and training plan, and background information. The Borrower may incorporate relevant sections of the ESMF into the ESMP, with necessary updates.

The matrices illustrate the importance of considering lifecycle management of E&S risks, including during the different phases of the project identified in the ESMF: planning and design, construction, operations and decommissioning.

The issues and risks identified in the matrix are based on current COVID-19 responses and experience of other Bank financed healthcare sector projects. The Borrower should review and add to them during the environmental and social assessment of a subproject.

The WBG EHS Guidelines, WHO technical guidance documents and other GIIPs set out in detail many mitigation measures and good practices and can be used by the Borrower to develop the ESMP. Proper stakeholder engagement should be conducted in determining the mitigation measures, including close involvement of medical and healthcare waste management professionals.

The Infection Control and Waste Management Plan forms part of the ESMP. The ESMP should identify other specific E&S management tools/instruments, such as the Stakeholder Engagement Plan (SEP), labor management procedures (LMP), and/or Medical Waste Management Plan.

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

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify the type, location and scale of healthcare facilities (HCF) or facilities to be used for deployment of vaccines					
Identify the need for new construction, expansion, upgrading and/or rehabilitation					
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system					
Identify the needs for acquisition of land and assets (e.g., acquiring existing assets such as hostel, stadium to hold potential patients)					
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers	Inadequate facilities and processes for treatment of waste	- Estimate potential waste streams, including sharps and vaccine program wastes - Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc. - Specify that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes - Require that receptacles for waste should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited. - Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance. Design training for staff in the segregation of wastes at the time of use			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify needs for transboundary movement of samples, vaccines, specimen, reagent, and hazardous materials					
Identify needs for workforce and type of project workers		- Identify numbers and types of workers - Consider accommodation and measures to minimize cross infection - Use the COVID-19 LMP template to identify possible mitigation measures			
Identify needs for using security personnel during construction and/or operation of HCF					
HCF design – general	- Structural safety risk - Functional layout and engineering control for nosocomial infection				
HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (the elderly, those with preexisting conditions, or the very young) and those with disabilities	Some groups may have difficulty accessing health facilities				
Design of facility should reflect specific treatment requirements, including triage, isolation or quarantine		- The design, set up and management of will take into account the advice provided by WHO guidance for Severe Acute Respiratory Infections Treatment Center. - Hand washing facilities should be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices. - Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19.			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		- Isolation rooms should: - be single rooms with attached bathrooms (or with a dedicated commode); - ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided) - be sited away from busy areas or close to vulnerable or high-risk patients, to minimize chances of infection spread - have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope - have signs on doors to control entry to the room, with the door kept closed - have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.			
Design to consider mortuary arrangements	Insufficient capacity Spread of infection	- Include adequate mortuary arrangements in the design - See WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19)			
Identify the needs for an effective communication campaign on vaccination, including tailored outreach to different groups (including disadvantaged or vulnerable groups), with different partners					

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Assess the capacity of the Borrower to establish effective vaccine cold chain temperature monitoring	Failure to store and handle vaccines properly can reduce vaccine potency, resulting in inadequate immune responses in patients and poor protection against disease	- Support the Borrower to design and establish or improve vaccine cold chain temperature monitoring plan. - See WHO guidance on temperature monitoring5 and Center for Disease Control Vaccine storage and Handling toolkit6			
Assess the capacity of the Borrower to monitor adverse events following immunization (AEFI) in line with WHO guidelines	Insufficient capacity for ensuring immunization safety through detecting, reporting, investigating and responding to AEFI.	- Support the Borrower to design and establish or improve surveillance system of AEFI. - See WHO Global manual of surveillance of adverse events following immunization7.			

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

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	- Impacts on natural habitats, ecological resources and biodiversity				
General construction activities Foundation excavation; borehole digging	- Impacts on soils and groundwater - Geological risks				
General construction activities	- Resource efficiency issues, including raw materials, water and energy use				

[5]https://apps.who.int/iris/bitstream/handle/10665/183583/WHO_IVB_15.04_eng.pdf;jsessionid=9F079AFFA760DBD35C08B13930268B01?sequence=1
[6] https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html
[7] https://www.who.int/vaccine_safety/publications/Global_Manual_revised_12102015.pdf?ua=1

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
	- Materials supply				
General construction activities – general pollution management	- Construction solid waste - Construction wastewater - Nosie - Vibration - Dust - Air emissions from construction equipment				
General construction activities – hazardous waste management	- Fuel, oils, lubricant				
General construction activities – Labor issues	- Workers coming from infected areas - Co-workers becoming infected - Workers introducing infection into community/general public	- Refer to COVID-19 LMP if available. - Consider ways to minimize/control movement in and out of construction areas/site. - If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract - Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk - Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering - Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures.			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		- Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell - Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days - Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days			
General construction activities – Occupational Health and Safety (OHS)					
General construction activities – traffic and road safety					
General construction activities – security personnel					
General construction activities – land and asset	Acquisition of land and assets				
General construction activities	GBV/SEA issues				
General construction activities – cultural heritage	Cultural heritage	Chance-finds procedure			
General construction activities – emergency preparedness and response					
Construction activities related to *onsite* waste management facilities, including temporary storage, incinerator, sewerage system and wastewater treatment works					
Construction activities related to demolition of existing structures or facilities (if needed)					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
To be expanded					

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

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater, and air emissions				
General HCF operation – OHS issues	- Physical hazards - Electrical and explosive hazards - Fire - Chemical use - Ergonomic hazard - Radioactive hazard				
HCF operation – Labor issue	-				
HCF operation - considerations for differentiated treatment for groups with different needs (e.g., the elderly, those with preexisting conditions, the very young, people with disabilities)					
HCF operation – cleaning		- Provide cleaning staff with adequate cleaning equipment, materials, and disinfectant. - Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. - Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide appropriate			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, provide best available alternatives. - Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).			
HCF operation - Infection control and waste management plan					
Mass vaccination program involving deployment of vaccines from many facilities (not just HCF), vehicles and locations	Mass vaccination provides a vector for the spread of disease	- Develop infection control and waste management plan for vaccination program to consider the use of non-HCF for deployment			
Waste minimization, reuse and recycling	Use of incinerators results in emission of dioxins, furans and particulate matter	- Where possible avoid the use of incinerators - If small-scale incineration is the only option, this should be done using best practices, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment prior to disposal with sterile/non-infectious shredded waste and disposed of in suitable waste facilities) - Do not use single-chamber, drum and brick incinerators - If small-scale incinerators are used, adopt best practices to minimize operational impacts.			
Procurement, delivery and set up of equipment for the storage and handling of vaccines and associated medical equipment	- Surfaces of imported materials may be contaminated, and handling and processing may result in spread of COVID-19	- Technical specifications for procuring equipment should require good hygiene practices in line with WHO technical guidance to be observed when preparing the procured goods. - Check national and WHO technical guidance for latest information regarding transmission of COVID			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
	-	on packaging prior to finalization of working protocols at facilities receiving procured goods and update working methods as necessary.			
Transport of goods or supplies, including the delivery, storage and handling of vaccine, specimen, samples, reagents, pharmaceuticals and medical supplies	- COVID-19 is spread by drivers during the transport and distribution of goods or supplies. - Traffic accidents occur during transportation of goods	- Good hygiene and cleaning protocols should be applied. During the transport, truck drivers should be required to wash hands frequently and /or be provided with hand sanitizer and taught how to use it. - Measures to minimize impacts during transportation, including hazardous materials can be found in the EHSGs.			
Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
Transportation and disposal at offsite waste management facilities					
HCF operation – transboundary movement of vaccine, specimen, samples, reagents, medical equipment, and infectious or hazardous materials					
Operation of acquired assets for holding potential COVID-19 patients					
Emergency events	- Spillage - Occupational exposure to infectious disease - Exposure to radiation	- Emergency Response Plan			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
	- Accidental releases of infectious or hazardous substances to the environment - Medical equipment failure - Failure of solid waste and wastewater treatment facilities - Fire - Other emergent events				
Mortuary arrangements	- Arrangements are insufficient - Processes are insufficient	- Implement good infection control practices (see WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19) - Use mortuaries and body bags, together with appropriate E&S during funerals (see WHO Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19)			
Vaccination campaign - considerations for communication and outreach for disadvantaged or vulnerable groups					
Stakeholder engagement – considerations for simple, accurate, accessible and culturally appropriate information dissemination; combating misinformation; responding to grievances					
Targeting of beneficiaries is not done in a fair, equitable and inclusive manner	- Lack of transparency about the vaccination program	- Outreach/communication tools to make potential beneficiaries aware of the eligibility criteria, principles and methods used for targeting			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		- Ensure project includes a functional Grievance Mechanism			
	- Poorest / most needy households are left out	- See above. Clear, transparent and unambiguous eligibility criteria - Use good quality Government data combined with geographical targeting - Use local community structures to identify and select beneficiaries, based on inclusive consultations			
	Lack of diversity and inclusion in vaccination program, resulting in inadequate benefits for other vulnerable groups	- Ensure women participate in the program and, where possible, give preference to women within households as transferees - Work with community representatives/NGOs so that vulnerable groups such as unaccompanied children, youth, Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) survivors, Indigenous Peoples, LGBTI communities, refugees, internally displaced peoples, etc. are included in project activities and benefits			
	SEA/SH increase in project area (e.g., requests for sexual favors to receive vaccinations)	- Consultations to discuss process for identifying vaccination prioritization - Grievance Redress Mechanism (GRM) to be established as soon as possible to handle complaints - Provide information to potential beneficiaries on eligibility criteria and GM process via various media (radio, SMS, television, online, posters) - Work with local NGOs to provide social services for affected beneficiaries, as well as assistance to register			

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

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Time line	Budget
Decommissioning of interim HCF					
Decommissioning of medical equipment					
Regular decommissioning					
To be expanded					

ANNEXC: Infection Control and Waste Management Plan (ICWMP) Template

1. Introduction

1.1 Describe the project context and components

1.2 Describe the targeted healthcare facility (HCF):

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

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

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

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

2.2 Management Measures

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

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

3. Emergency Preparedness and Response

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

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed by the Project E&S Focal Officer in consultation with the relevant Public and

Environmental Health authorities of the Ministry and to be cleared by the World Bank. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

4. Institutional Arrangement and Capacity Building

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

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

5. Monitoring and Reporting

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

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

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

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

Emergency events	- Spillage, - Occupational exposure to infectious - Exposure to radiation, Accidental releases of infectious or hazardous substances to the environment, - Medical equipment failure, - Failure of solid waste and wastewater treatment facilities, -fire - -Other emergent events	Emergency response plan			
Operation of acquired assets for holding potential COVID-19 patients					
To be expanded					

ANNEX D: Infection and Prevention Control Protocol

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

HEALTH CARE SETTINGS

1. **Minimize Chance of Exposure (to staff, other patients, and visitors)**
   - Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated and well-ventilated section of the health care facility to wait, and issue a facemask
   - During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages
   - Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms
   - Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.
2. **Adhere to Standard Precautions**
   - Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly
   - Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only
   - A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.
3. **Training of Personnel**
   - Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand
   - Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.
4. **Manage Visitor Access and Movement**
   - Establish procedures for managing, monitoring, and training visitors
   - All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed
   - Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
   - All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
   - Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID-19

1. **Minimize Chance of Exposure**
   - Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital

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

2. Training of Staff and Precautions

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

3. Managing Access and Spread

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

ANNEX E: Resource List - COVID-19 Guidance

WHO Guidance

Advice for the public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Technical guidance

- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, issued on March 19, 2020
- Recommendations to Member States to Improve Hygiene Practices, issued on April 1, 2020
- Severe Acute Respiratory Infections Treatment Center, issued on March 28, 2020
- Infection prevention and control at health care facilities (with a focus on settings with limited resources), issued in 2018
- Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19), issued on March 18, 2020
- Laboratory Biosafety Manual, 3rd edition, issued in 2014
- Laboratory testing for COVID-19, including specimen collection and shipment, issued on March 19, 2020
- Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios, issued on March 21, 2020
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, issued on March 24, 2020
- Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19, issued on February 11, 2020
- Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings, issued on April 17, 2020
- Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, issued on March 18, 2020
- Oxygen sources and distribution for COVID-19 treatment centers, issued on April 4, 2020
- Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response, issued on March 16, 2020
- Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), issued on March 19, 2020
- Operational considerations for case management of COVID-19 in health facility and community, issued on March 19, 2020
- Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19), issued on February 27, 2020
- Getting your workplace ready for COVID-19, issued on March 19, 2020
- Water, sanitation, hygiene and waste management for COVID-19, issued on March 19, 2020
- Safe management of wastes from health-care activities, issued in 2014
- Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak, issued on March 19, 2020
- Disability Considerations during the COVID-19 outbreak, issued on March 26, 2020
- Global manual on Surveillance of adverse events following immunization, issued 2016
- How to monitor temperature in the vaccine supply chain, issued July 2015

WORLD BANK GROUP GUIDANCE

- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, issued on March 20, 2020

- Technical Note: Use of Military Forces to Assist in COVID-19 Operations, issued on March 25, 2020
- ESF/E&S Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020
- Technical Note on SEA/H for HNP COVID Response Operations, issued in March 2020
- Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020
- Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020
- IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic, issued on April 6, 2020
- WBG EHS Guidelines for Healthcare Facilities, issued on April 30, 2007

MFI GUIDANCE

- EBRD COVID-19 resources (includes list of websites providing information on Covid-1(and guidance materials and resources provided by IFIs)
- ADB Managing Infectious Medical Waste during the COVID-19 Pandemic
- IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework
- Kiwi DEG COVID-19 Guidance for employers, issued on March 31, 2020
- Center for Disease Control Group COVID-19 Guidance for Employers, issued on March 23, 2020
- Center for Disease Control Vaccine Storage and Handling Toolkit, issued 2020