Republic of Liberia
Ministry of Health

Liberia: Health Security Program In West and Central Africa Project

(P179078)

Environmental and Social Management Framework (ESMF)

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ACRONYMS

AWB	Annual Work Plan Budget
BOQs	Bill of Quantities
CDC	Center for Disease Control
C-ESMP	Contractor Environmental and Social Management Plan
CHO	County Health Officer
CoC	Code of Conduct
COVID	Corona Virus Disease
DEOH	Division of Environmental Occupation Health
DHO	District Health Officer
EIA	Environmental Impact Assessment
EMP	Environmental Management Plan
EOC	Emergency Operation Center
EPA	Environmental Protection Agency
EPML	Environmental Protection and Management law
ESCOP	Environmental and Social Code of Conduct
ESMF	Environmental and Social Management Framework
ESMP	Environmental & Social management Plan
ESS	Environmental and Social Standard
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization
GBV	Gender Base Violence
GDP	Gross Domestic Product
GOL	Government of Liberia
GRM	Grievance Redress Mechanism
HCF	Healthcare Facility
HCWMP	Healthcare Waste Management Plan
HIA	Health Impact Assessment
HSCC	Health System Coordination Committee
HSPWCA	Health Security Program West and Central Africa
ICWMP	Infection Control and Waste Management Plan
IDSR	Infectious Disease Reporting System
INWMSP	Integrated National Waste Management Strategy Plan
IPC	Infection Prevention Control
LMP	Labor Management Procedure
MFDP	Ministry of Finance and Development Planning

MIA	Ministry of Internal Affair
MOA	Ministry of Agriculture
MOGCSP	Ministry of Gender Children and Social Protection
MOH	Ministry of Health
MWM	Medical Waste Management
NEPB	National Environmental Protection Board
NGO	Non-governmental Organization
NPHIL	National Public Health Institute of Liberia
NRL	National Reference Laboratory
OHS	Occupational Health and Safety
OP	Operational Policies
PAPs	Project Affected Persons
PCU	Project Coordination Unit
PDO	Project Development Objective
PIU	Project Implementation Unit
POE	Port of Entry
PPE	Personal Protective Equipment
REDISSE	Regional Disease Surveillance System Enhancement
SEA	Sexual Exploitation and Abuse
SEP	Stakeholders Engagement Plan
SGBV	Sexual and Gender Base Violence
SH	Sexual Harassment
SIA	Strategy Impact Assessment
SOP	Standard Operating Procedures
VAC	Violence Against Children
WASH	Water and Sanitation Hygiene
WB	World Bank
WHO	World Health Organization
WMSP	Waste Management Strategy Plan

EXECUTIVE SUMMARY

Background

The World Bank will be supporting the Ministry of Health (MoH) and in coordination with the National Public Health Institute of Liberia (NPHIL) in implementing the Health Security Program in West and Central Africa (HSPWCA) Project. The objective of the project is to improve the resilience and capacity of health systems to prevent, detect and respond to health emergencies in West and Central Africa. The project activities will take place in Cabo Verde Guinea, and Liberia in this first phase of this MPA. However, this ESMF covers proposed activities in Liberia. Specific locations of subproject activities are not known at this stage.

The project activities are aimed towards the building and strengthening of capacity of health systems resilience, to prevent and ensure early detection of disease through early warning or prediction of possible outbreaks of disease and build and strengthen capacity to contain and respond. There will be minimal infrastructure built and it is envisaged that mainly small upgrades to infrastructure will be made to accommodate for various technological requirements to support the building and strengthening of capacity. However, it is noted that the laboratories will be supplied with reagents, chemicals and apparatus that may constitute medical waste once used.

The project will fund health system strengthening; education, health workforce capacity strengthening and awareness raising; development of health service continuity plans during emergencies; strengthen digital information systems and community surveillance systems and platforms and developing regulatory and programmatic frameworks. Any civil works leading to economic or physical resettlement impacts will be excluded from financing from the project.

Anticipated Subprojects consider under the Liberia Health Security Program in West and Central Africa Project are thereby listed in the below table 1 below.

Project Components

The proposed Project will have five components: (i) Prevention of health emergencies; (ii) Detection of health emergencies; (iii) Response to health emergencies; (iv) Program Management and Capacity Building; and (v) Contingent Emergency Response Component (CERC). Broadly, the proposed components are grounded in IHR core capacities that all countries are committed to strengthening.

Purpose and objectives of the ESMF

The purpose of the ESMF is to identify the potential environmental and social risks and impacts of proposed activities under this project and propose suitable mitigation measures to manage these risks and impacts. The ESMF maps out the Liberia laws and regulations and the World Bank policies applicable to the Project, and describes the principles, approaches, implementation arrangements, and environmental and social mitigation measures to be followed.

Table 1: List of tentative sub-projects under the Health Security Programs in West & Central Africa

No.	Sub-Project	Location	Implementing Agency	Description
1	Construction of reference Laboratory in Palala, Bong Cunty	Palala Bong County	MoH/NPHIL	Next Action to be determine
2	Construction of Healthcare Waste management Infrastructure	In the 15 counties across the country	MoH/NPHIL	Next Action to be determine
3	Supply of Reagents and Chemicals	National Regional Laboratory & Proposed Reference Lab	MOH/NPHIL	Next Action to be determine
4	Supply of Apparatus	National Regional Lab & Proposed Reference Lab	MOH/NPHIL	Next Action to be determine
5	Construction of Minor infrastructure to accommodate technical Requirements	To be determine	MOH/NPHIL	Next Action to be determine
6	Precurtionary and quarentine Center at Border point of entry	Focus on point of entry	MOH/NPHIL	Next Action to be determine
7	Construction/rehabilitation of Jordinian Hospital	Star Based, Montserrado	MOH/NPHIL	Next Action to be determine

The project will adhere to the World Bank's Environmental and Social Standards, as well as the Bank Group's environmental, health, and safety guidelines. Five (5) environmental and social standards (ESS) have been identified as relevant to this project. These standards include ESS 1 "Assessment and Management of Environmental and Social Risks and Impacts," ESS 2 "Labor and Working Conditions," ESS 3 "Resource Efficiency and Pollution Prevention," ESS 4 "Community Health and Safety," ESS8 “Cultural Heritage”, and ESS 10 "Stakeholder Engagement and Information Disclosure.

Potential Environmental and Social Risks and Mitigation Strategies

The environmental and social risks and impacts of the project have been assessed as substantial, as while some of these risks may be significant, particularly those associated with the construction and exploitation of the new civil works, most of the risks are site-specific, predictable, medium in magnitude in terms of geographical areas, and can be attenuated through the application of mitigation measures. The environmental and social risks and potential impacts include the generic risks associated with civil works (waste, dust emission, occupational health and safety, and SEA/SH), and the risks associated with the exploitation of infrastructure and the use of the medical equipment. The latter include the risks of infections, improper waste management (i.e. biomedical waste, e-waste, hazardous waste), improper management handling animals and animal tissue specimens. Other possible risks are elite capture and the potential exclusion of vulnerable or disadvantaged groups and individuals.

To address these risks, each country PIU has prepared an Environmental and Social Management Framework (ESMF), a Stakeholder Engagement Plan (SEP), simplified Labor Management Procedures (LMP), which for some (Cabo Verde, Liberia) are annexed to the ESMF while others are a stand-alone LMP document (Guinea and WAHO). In addition, the PIU will update its GBV response action plan that it prepared under the COVID-19 Response Project to cover the MPA’s activities.

Public Consultation and Disclosure

ESMF disclosure and consultation. This document will be disclosed after the draft has been reviewed and approved by the World Bank. Disclosure shall be made via media outlets (including newspapers) and place on the MOH and NPHIL website www.moh.gov.lr and www.nphil.gov.lr respectively. The final version of this document will be used by the MOH, NPHIL, government agencies and other project stakeholders during the project implementation.

Due to the emergency and the need to address issues related to the project, consultations were held with public authorities and health experts, such as Ministry of Health, National Public Health Institute of Liberia, Ministry of Agriculture. Other agencies that are relevant to the developmental agenda of the project that need to be engage prior to project effectiveness include; Ministry of Defence, Ministry of Foreign Affairs, non-governmental agencies such as CDC Africa, WHO, USAID among others that will form part of the consultation process. Mostly, these consultations will be done through WebEx meeting during project preparation stage.

Henceforth, the participation and involvement of key institutions such as MOH and NPHIL through the Risk Communication Unit to reach out to the public will be emphasized on media institutions.

Several stakeholder engagements have taken place across many parts of the country during the implementation of other projects within the PIU. The stakeholder engagement activities will be documented through semi-annual progress reports, to be shared with the World Bank. These engagements shall continue to be an integral part of this project throughout the duration of the project life cycle.

Grievance Mechanism

GRM Description

The Project would have multiple stakeholders and implementing agencies and would use a combination of approaches in the delivery of services and benefits. These approaches could lead to complaints, misunderstandings, conflicts, and disputes. Having an effective GRM in place will serve the objectives of reducing conflicts and risks such as external interference, corruption, social exclusion, or mismanagement; improving the quality of project activities and results; sexual and Gender-Based violence issues and serving as important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

Institutional Arrangements, Responsibilities and Capacity Building

Implementing Agencies

Ministry of Health & the National Public Health institute of Liberia. The Ministry of Health working with the National Public Health Institute (NPHIL) will be the implementing agency for the project. The Project Implementation Unit (PIU) of the World Bank Funded Health Portfolio under the Ministry of Health will be responsible for the day-to-day management of project activities. The institutional arrangements will be the same as for the ongoing Regional Disease Surveillance Systems Enhancement Project Phase II (P159040) REDISSE II Project. The REDISSE II Project is technically implemented by the NPHIL, under the oversight of the MOH. The PIU includes designated Technical Coordinators under different

Bank's health projects including REDISSE II. The REDISSE II project coordinator manages Project Coordination Unit (PCU) specifically for REDISSE II. The PIU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc to support major Components under the Project. The nature of the project requires a partnership and coordination mechanisms between national, county level, and local stakeholders.

Monitoring

ESMF Implementation Budget: The project has estimated US$879,300.00 (Eight Hundred and Seventy-Nine Thousand Three Hundred United States dollars) for the implementation of the ESMF. This allocated fund will support the hiring of one local environmental and social safeguard consultants as an addition to the current capacity in the PIU for safeguard implementation.

INTRODUCTION AND BACKGROUND

The World Bank is providing support to the Government of Liberia through the Health Security Program in West and Center Africa Project for preparedness and to scale-up the region's capacities to prevent health emergencies through strengthened planning and management of health security resources and preventing and minimizing the impacts of health threats such as zoonoses and AMR.

This support will lead to countries' prioritization, coordination, regulation, management, and monitoring of national health security agendas that are aligned and harmonized with regional and global targets. This encompasses technical support to the development and management of National Action Plans for Health Security (NAPHS); mapping of regional and national resources for prevention, detection, and response to health emergencies; and alignment of development partners and financing to country needs and priorities for health security. Proposed activities include national capacity building for prevention activities of regional importance that require regional harmonization; multisectoral collaboration embedded in the One Health approach (the intersection of animal, environmental, and human health), in light of the growing threat of zoonoses-related outbreaks, with attention to AMR and climate-sensitive diseases (e.g., malaria, dengue, Lassa fever); enhancing the quality of laboratory systems to ensure timely and accurate identification and characterization of pathogens.

Proposed activities would also aim to strengthen regional interconnected laboratory networks, by supporting the establishment and implementation of regional laboratory protocols, referral and transport systems, necessary laboratory infrastructure, and laboratory supplies for testing priority diseases. Other intervention aims to build and sustain capacities that can prevent an outbreak from becoming an epidemic or pandemic, through a focus on disease control and effective health emergency response.

The project supports the critical building blocks for strong implementation and coordination required for implementing a regional program. Specific institutional capacity building activities at national and regional levels include program coordination, hands-on technical assistance for improving contract management (e.g., hands on extended implementation support or other fiduciary coaching), monitoring and evaluation (data collection, tracking, reporting and knowledge management), procurement, financial management (FM) and disbursement monitoring, management of social and environmental risks, including climate change**.**

Despite these efforts, serious weaknesses remain, therefore, early identification in communities and health facilities, compliance with infection prevention and control measures, contact tracing, and good hygiene practices remain major challenges. Liberia's overall state of preparedness has been assessed as moderate (67 percent) across nine technical domains Moreover, Liberia continues to have one of the weakest health systems in the world. This is evident from the severe shortage of human and financial resources (2016 per capita health spending: US$68.3), limited institutional capacity and infrastructure, weak health information systems, and critical gaps in the availability of essential inputs including drugs, equipment, and medical supplies.

Environmental Risk Rating. The project activities are aimed towards the building and strengthening of capacity of health systems resilience, to prevent and ensure early detection of disease through early warning or prediction of possible outbreaks of disease and build and

strengthen capacity to contain and respond. There will be infrastructure built for health centres, animal inspection posts, storage facilities and laboratories and it is envisaged that some upgrades to infrastructure will be made to accommodate for various technological requirements to support the building and strengthening of capacity.The upgrades will mostly focus on energy-efficient upgrades, including structural improvements, roofing, electrical safety, improvements in lighting, telecommunications, plumbing and water storage as well as the inclusion of ramps to facilitate access for people who are disabled. However, it is noted that the laboratories will be supplied with reagents, chemicals and apparatus that may constitute medical waste once used. The proper storage, handling, use and disposal needs to be carefully incorporated into the design to minimize the impact on both the environment and social spheres. Animals and animal tissue will need to be kept and managed to ensure proper handeling of both animals and the specimens collected.

Social Risk Rating

The social risks associated with the project include the potential for elite capture and the exclusion of vulnerable or disadvantaged groups and individuals, such as individuals living in remote areas, or with physical handicaps, from project benefits. Social risks also include risks associated with labor conditions and the protection of the labor force, during civil works construction, such as child and forced labor, as well as the occupational risks for the healthcare workforce (risk of being exposed to infections, working under extreme pressure, and risks of physical and psychological abuse). The project will also lead to occupational and community health and safety risks, as well as the potential for sexual abuse and exploitation and sexual harassment, associated with both construction and exploitation phases of the various infrastructures financed by the project (health centers, laboratories) and the use/administration of medical equipment, vaccines, or reagents. While some of the social risks may be significant, particularly those associated with the new civil works, most of the risks are site-specific, predictable, medium in magnitude in terms of geographical areas, and can be attenuated through the application of mitigation measured. The social risk are therefore rated as “Substantial”.

To address these risks, each country PIU has prepared an Environmental and Social Management Framework (ESMF), a Stakeholder Engagement Plan (SEP), simplified Labor Management Procedures (LMP). Moreover, the PIU will update its GBV response action plan that it prepared under the COVID-19 Response Project to coverthe MPA’s activities.

Environmental and Social Management Framework (ESMF)

Since the details of specific subproject activities are not known at this stage, an ESMF is required. It has been prepared to assist the Government of Liberia in developing environmental and social instruments in response to the project activities following national regulations and the ESF.

The Specific objectives of the ESMF are to:

(a) assess the potential environmental and social risks and impacts of the proposed Project and propose mitigation measures

(b) establish procedures for the environmental and social screening, review, approval, and implementation of activities

(c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental and social issues related to the activities

(d) identify the staffing requirements, as well as the training and capacity building needed to successfully implement the provisions of the ESMF

(e) address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; and

(f) establish the budget requirements for implementation of the ESMF.

The ESMF covers processes to be followed for (i) environmental and social screening to guide decision-making; (ii) conducting environmental impacts assessment and preparation of ESMPs for selected subprojects; (iii) Preliminary assessment of anticipated environmental impacts (iv) generic environmental social management measures to avoid, minimize and mitigate anticipated impacts and (v) institutional arrangements for environmental management, including monitoring and reporting. Screening procedures will identify whether civil works that leads to physical or economic resettlement impacts and whether the health structures to be renovated could contain asbestos. Any subproject with such impacts will be automatically excluded.

The ESMF provides guidelines for the development of appropriate prevention and mitigation measures for adverse impacts that might result from project activities. The ESMF includes an exclusion list, checklist for Environmental and Social Management Plans (ESMPs), a template for Infection Control and Waste Management Plans (ICWMPs) and Guidelines for Safe Management of Healthcare Waste for the operations of health structures financed by the project, a CERC Addendum to guide the preparation of environmental and social measures should CERC activities be triggered, and simplified Labor Management Procedures (LMP). The ICWMP aims to provide an overarching action plan for proper infection control and healthcare waste management practices during healthcare facilities.

All the environmental and social instruments and their timings of development and implementation are defined in the project Environmental and Social Commitment Plan (ESCP), which forms part of the Project's legal agreement between the World Bank and the Government of Liberia.

PROJECT DESCRIPTION

The project activities are aimed towards the building and strengthening of capacity of health systems resilience, to prevent and ensure early detection of disease through early warning or prediction of possible outbreaks of disease and build and strengthen capacity to contain and respond. There will be minimal infrastructure built and it is envisaged that mainly small upgrades to infrastructure will be made to accommodate for various technological requirements to support the building and strengthening of capacity. However, it is noted that the laboratories will be supplied with reagents, chemicals and apparatus that may constitute medical waste once used. The proper storage, handling, use and disposal needs to be carefully incorporated into the design to minimize the impact on both the environment and social spheres. Whilst it is understood that previous projects supplied COVID supplies, this project had a broader focus and thus a broader consideration if the possible impacts associated is exercised. The project will fund health system strengthening; education, health workforce capacity strengthening and awareness raising; development of health service continuity plans during emergencies; strengthen digital information systems and community surveillance systems and platforms and developing regulatory and programmatic frameworks. Any civil works leading to physical or economic resettlement impacts will be excluded from the project. All of the Sub-project site specific for the project is owned by the agency (MOH), therefore economic resettlement will not be invasive for the rehabilitation or reconstruction activities.

PDO Statement

The Project Development Objective (PDO) is to improve the resilience and capacity to prevent, detect and respond to health emergencies in West and Central Africa.

Project Components

The proposed Project will have five components: (i) Prevention of health emergencies; (ii) Detection of health emergencies; (iii) Response to health emergencies; (iv) Program Management and Capacity Building; and (v) Contingent Emergency Response Component (CERC). Broadly, the proposed components are grounded in IHR core capacities that all countries are committed to strengthening.

Component 1: Prevention of Health Emergencies (US$2.5 million). This component aims to scale-up the region's capacities to prevent health emergencies through strengthened planning and management of health security resources and preventing and minimizing the impacts of health threats such as zoonoses and AMR.

Subcomponent 1.1 Health Security Governance, Planning, and Stewardship (US$ 0.9 million). Activities under this sub-component aim to strengthen the governance structure and institutional frameworks within the MOH and NPHIL to ensure coordination and oversight of the implementation of policies and core NAPHS activities. This sub-component will support joint assessments, planning, monitoring, and supervision of core prevention, detection, and response interventions. Additionally, it will strengthen multisectoral coordination through MoUs among human, animal, environmental health, and other line Ministries to address all public health hazards. Finally, this sub-component will support information exchange platforms, coordination for sample transport, and cross-border meetings with neighboring countries (e.g, Mano River Union Countries).

Subcomponent 1.2 Scaling-up One Health Agenda and combatting Antimicrobial Resistance (AMR) (US$ 1.6 million). This sub-component will support the One Health

governance structure and the functionality of the One Health Secretariat on its day-to-day planning and coordination activities. The Project will finance activities that strengthen One Health coordination mechanisms at national and subnational levels involving stakeholders from human, animal and environment sectors, by (i) harmonizing guidelines, regulatory instruments, management systems, and data collection tools for monitoring and evaluation of One Health interventions; (ii) developing AMR costed workplans and frameworks for guiding the stewardship of the One Health Secretariat in the implementation of AMR-related interventions; and (iii) establishing an Animal Health Regulatory Body to combat counterfeit drugs and food. Additionally, this subcomponent will finance the (i) implementation of One Health simulation exercises; and (ii) the development and monitoring of guidelines and regulations for prevention, including the optimization of antimicrobial use in animal and human health sectors, sanitary animal production practices,[1] and water, sanitation, and hygiene practices (WASH). These activities will be complemented by community engagement and sensitization to improve awareness and uptake of One Health and AMR guidelines and interventions, with a focus on gender equity and inclusion of vulnerable populations.

Component 2: Detection of Health Emergencies (US$8.00 million). All efforts to prevent and mitigate impacts of health emergencies depend on disease surveillance. This component aims to strengthen the capacities required to timely detect possible health threats through multisectoral surveillance systems and mechanisms for data sharing within and across borders, strong regional laboratory networks and the multisectoral and integrated workforce required to enable early detection of health emergencies.

Sub-component 2.1. Collaborative Surveillance ($2.00 million).[2]: Activities under this sub-component will aim to improve surveillance capacities at all levels by: (i) improving human and animal surveillance workforce capabilities to prevent, detect and respond to public health threats (trainings in case detection, job aids, case definition, platform updates etc.) in line with data privacy and data security protocols; (ii) supporting emergency investigation (rumors, outbreak of unexplained deaths) and allocate funding for timely response; (iii) Develop and update the electronic database and data warehouse (human, animal and environment) for disease surveillance interoperability linked to e-IDSR; and (iv) strengthening cross-borders and Points of Entry (PoE) surveillance with a One Health approach. This sub-component will also support the construction and refurbishment of animal quarantine centers, health triage sites, and border environmental surveillance sites, including the solarization of these facilities and equipping and maintaining their operations.

Subcomponent 2.2. Laboratory Quality and Capacity ($4.00 million). Activities under this sub-component will aim to:

- Strengthen laboratory and workforce capabilities including genomic sequencing (human, animal and environment) to prevent, detect and respond to public health threats.
- Procure, equipment, reagents and laboratory supplies for human, animal and environmental health
- Establish and strengthen laboratory capacity for testing microbials and antibiotic at sentinel sites (AMR)
- Recruit and train needed workforce for laboratory services
- Revision of biosafety and biosecurity policy and framework and establish systems with minimum criteria for operation.

[1] In line with the Africa Centers for Disease and Control Framework for Antimicrobial Resistance; 2018-2023.

[2] WHO defines Collaborative surveillance as "Collaborative surveillance is the systematic strengthening of capacity and collaboration among diverse stakeholders, both within and beyond the health sector, with the ultimate goal of enhancing public health intelligence and improving evidence for decision-making".

- Revise standard operating procedures for waste management (disposal of dangerous chemicals and infectious agents) and occupational safety.
- Procure and distribute environmental health sample collection and transport kits (Water, food, etc.)
- Conduct training in handling and transfer of biological materials (e.g., specimen sample transportation)
- Develop electronic sample tracking system (database) that monitors and inventory dangerous pathogens and toxins (information management), linked to web-based … eIDSR platform.
- Implement Laboratory Information Management System (LIMS), share results or feedback information to county- and local-level within 72 hours.
- Support Laboratory accreditation and licensure for the National Reference Laboratory, Central Veterinary Laboratory, EPA Laboratory and National Standard Laboratory
- Procure and install laboratory equipment for 3 animal-labs in AQC
- Support for in-country licensure and accreditation for facility, institution (human, animal and environment)
- Construct and maintain operations of the Palala Laboratory.
- Support routine maintenance and repair through service contracts (develop preventative maintenance plan)
- Conduct monitoring and supervision of laboratories (human, animal and environment) for quality management.
- Establish and strengthen quality management system and programs (Internal and External Assurance), develop enrollment schemes, procure panel, conduct training, monitoring and supervision.
- Develop performance monitoring mechanism and framework with indicators definition to track key milestones, data sources, reporting and feedback standardize.
- Conduct twinning program with accredited laboratories for EQA (human, animal and environment)

Subcomponent 2.3. Multi-disciplinary human resources for health emergencies ($2.00 million). Activities under this sub-component will include:

- Development of the One Health Workforce strategy.
- Training of animal health workers as veterinarians (advance)
- Institutionalization and implementation of Field Epidemiology Training Program (FETP) for basic, intermediate and Advanced, and incorporating In-Service Applied Veterinary Epidemiology Training for para-veterinarians and veterinarians.
- Conducting integrated trainings in case investigation and management for priority disease to responders and surge workforce (human, animal and environment).
- Developing a database for tracking spectrum frontline workers with specialize capacity (human, animal and environment) to multisectoral surge workforce plans in the event of health emergencies.
- Developing the curriculum for public health emergency management fellowship and train workforce to conduct core incident management system (IMS) functions.
- Training service providers in infection prevention and control (IPC).
- Developing guidelines and train workers for chemical and radiological events
- Developing and strengthening capacity of management teams (core implementers and project management team).

Component 3. Health Emergency Response (US$5.50 million). This component aims to build and sustain capacities that can prevent an outbreak from becoming an epidemic or pandemic, through a focus on disease control and effective health emergency response.

Subcomponent 3.1. Health Emergency Management (US$ 2.00 million). This subcomponent will support activities such as:

- Updating the Rapid Response Team Framework for deployment of surge team or personnel (human, animal and environment) during public health emergencies.
- Developing all hazards risk profile, vulnerability, and capacity/readiness assessment for potential public health threats.
- Procure, installing, and maintaining solar systems at PHEOC for uninterrupted operations.
- Equipping PHEOC with logistics including IT equipment and supplies (development of dashboard for tracking or monitor incoming calls and media).
- Supporting the implementation of early and after-action reviews.
- Developing SoPs for public health emergency logistics and supply chain management system at national and sub-national levels.
- Updating medical countermeasure action plan.
- Developing public health emergency financial management guidelines.
- Procuring and stockpiling emergency supplies.

Subcomponent 3.2. Health service delivery for health emergencies (US$ 3.50 million). Activities under this sub-component will include support to:

- Develop health emergencies action plan or framework for relevant institutions.
- Conduct research in priority areas development and innovation in emergency preparedness and response.
- Procure, IPC supplies and strengthen waste management measures at national, sub-national and health facility levels.
- Construct waste management, water supply and sterilization in health care facilities for safe isolation, including appropriate infrastructure, materials and equipment for IPC.
- Support patient referral system (procurement of ambulance, support functionality, repair and maintenance).
- Develop mechanisms for monitoring service continuity during emergency, based on existing guidelines with minimum package of services (human, animal and environment).
- Conduct joint monitoring for compliance and effectiveness and provide regular feedback for mitigating measures.
- Procure, install solar system at major health facilities.
- Construction and rehabilitation of isolation areas, precautionary observation centers for continuation of service provision at PoEs
- Conduct perception survey during public health emergency
- Develop and implement multisectoral risk communication and community engagement plan
- Conduct cross-border engagement for information sharing and monitoring
- Train media in information management and communication (electronic, print and social)
- Conduct risk communications campaigns to raise awareness on signs and symptoms of priority diseases through radio talk shows and community outreach
- Develop, update, print and distribute job aids for frontline workers,
- Conduct trainings of community workers to enhance performance of frontline workers (human, animal and environment) linked to event-based surveillance.

Component 4. Program Management and Institutional Capacity (US$ 2.0 million). This component will support core project staff for coordination and management functions, will provide operations support (functionality and movement, repair and maintenance of vehicles, generators, support to insurance, procurement of stationaries, PFMU Support etc.), and will

support project staff capacity development by attending short term courses, international conferences and/or review meetings for information sharing and best practices. Additionally, the Project will finance project performance and programmatic reviews, annual self-assessment with subject matter experts (JEE 3.0 Tool), support on-site verifications, supervision and monitoring including trainings, workshops, meetings and quality check by core project staff and procure and provide logistical support, communication for smooth project management for timely response and reporting.

Component 5: Contingent Emergency Response Component (CERC) (US$ 0.00). This component will be activated as needed based on the established procedures described under the main PAD and Project Operations Manual.

ENVIRONMENTAL AND SOCIAL POLICY, LEGAL AND REGULATORY FRAMEWORK

Relevant National Laws and Regulations

An overview of laws and regulations that have relevance for environmental and social issues for the Liberia Health Security and Resilience in West and Center Africa Project (see Table 2).

Table 2: List of National Laws and Regulations

Title of Legal Document	Relevant of project Document	Date enacted	Line Ministry/Agency responsible for implementation and enforcement
Guidelines for the Safe Management of Healthcare Waste in Liberia (2019)	Relevant	2019	Ministry of Health & National Public Health Institute of Liberia
National Health and Social Welfare Policy 2007-2011	Relevant	2007	Ministry of Health
National Health Policy and Plan 2011-2021	Relevant	2011	Ministry of Health
Land Right Policy	Relevant	2013	Lands Commission of Liberia
National Gender Policy	Relevant	2009	Ministry of Gender Children and Social Protection
Water Supply and Sanitation policy	Relevant	April 2009	NPHIL, Ministry of Public Works & Water and Sewer
Water, Sanitation, and Hygiene (WASH) Pillar Standards Operating Procedures (SOP) on Safe Management of Healthcare in Liberia	Relevant	April 2020	NPHIL, MOH
Environmental Protection Agency Act	Relevant	2002	Environmental Protection Agency
Environmental Protection and Management Law (EPML) of Liberia	Relevant	2002	Environmental Protection Agency
The Public Health Law: Title 33 of the Liberian Code of Law Revised of 1976	Relevant	Revised (2019)	Ministry of Health & National Public Health Institute of Liberia
The Decent Work Act of Liberia	Relevant	2015	Labor Ministry
International Guideline for COVID-19 Virus	Relevant		World Health Organization (WHO), US-CDC
WHO Guideline for Severe Acute Respiratory Infection Treatment Center Infection Prevention and Control during HealthCare when COVID-19 is suspected	Relevant		World Health Organization (WHO), US-CDC
Title of Legal Documents			**Institution**
WHO Water, Sanitation, Hygiene and Waste Management for COVID-19 Virus	Relevant		World Health Organization (WHO), US-CDC
Guideline for Environmental Infection Control in Health Care Facility	Relevant	Updated July 2019	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)
Protection from PSEA during COVID-19 Response WHO, UNICEF, UNHCR, UNFPA, WFP IOM, OCHA, CHS Alliance, Interaction, UN Victims Right Advocate	Relevant		WHO, UNICEF, UNHCR, UNFPA, WFP IOM, OCHA, CHS Alliance, Interaction, UN
Applicable World Bank Environmental and Social Standards	Relevant		The World Bank

Overview of key National Environmental Legal Provision

Overview of Key National Environmental Legal Provisions. Key laws and regulations relevant to the Health Security and Resilience in West and Center Africa Project are discussed below:

a. **The Environmental Protection Agency Act.** Section 37 of the EPA Act requires project proponent or developer to conduct environmental impact assessment and obtain permit from the EPA before undertaking activities that require environmental impact assessment as defined by the EPA in its policies, guidelines, and regulations. The implementation of the Liberia Health Security Program in West and Central Africa Project, subproject activities might not require major Environmental Impact Assessment (EIA).

b. **The Environmental Protection and Management Law (EPML) of Liberia**. The law forms the legal framework for the sustainable development, management and protection of the environment and natural resources by the Environmental Protection Agency in partnership with relevant ministries, autonomous agencies, and organizations as well as in a close and responsive relationship with the people of Liberia. The Law is intended as a comprehensive coordinating legal framework, to be implemented through collaboration between the Environment Protection Agency and line ministries (in the case of healthcare, the MOH) and agencies (in the case of the public health and research, the NPHIL), local authorities and the public. It provides the framework for formulation, reviewing, updating, and harmonizing all environment-related sectoral laws.

   The national environmental regulatory framework is adequate to ensure that environmental and social concerns are incorporated in the designs of subprojects and that subprojects are implemented in environmentally sustainable ways. Part III of the Law establishes a comprehensive framework that covers provisions for environmental impact assessment, including procedures and substantive standards for the approval and rejection of projects. Section 6 requires EIA license or permit for projects or activities in Annex I of the EPML. Prior to commencement of activities listed in Annex 1 of the EPML, an EIA screening exercise must be undertaken to determine whether the project is exempt from an EIA study or if not which of two level of such study are required to obtain the necessary permit. These comprise:

   - An Environmental Review (ER); and
   - A full EIA.

   A project is exempt from such studies either if the screening identifies that there is minimal potential for significant impacts, or if adequate mitigation measures be identified in the screening to address any impact; in the latter case a Finding of No Significant Impact (FONSI) is made, and the associated certificate of approval is issued.

   A review of the Environmental Review or EIA Report is undertaken by the EPA, ministries of government, and relevant agencies. Public consultation is also required and, if deemed necessary, a public hearing may be undertaken in specific circumstances prior to the EPA providing a decision on whether to grant approval and issue of the EIA license or permit to enable the project to proceed.

c. **The Public Health Law: Title 33 of the Liberian Code of Law revise of 1976.** This law provides comprehensive legislation on matters relating to public health, including control of diseases, environmental sanitation, and regulation of Medical Waste

Management Approval Guideline for Liberia (2019). The Government of Liberia promulgated the Medical Waste revised guidelines 2019 for processing and management of Medical Waste in Liberia. It was prepared through active participation with the MoH, NPHIL and the WHO mainly with the objective to manage healthcare wastes at healthcare facilities and increase access to basic services and improved sanitations and protecting the environment. The Medical Waste Management Revised Guidelines 2019 forms the base of management of all medical waste in the country. The guidelines are applicable only to waste management facility/operators i.e., those involved in transportation, treatment, and disposal of medical waste. The law provides for guidance on the collections, storage, treatment, and disposal of medical waste for management facilities/operators. The institutions or agencies involved in collection, transport, storage, must obtain authorization from the NPHIL.

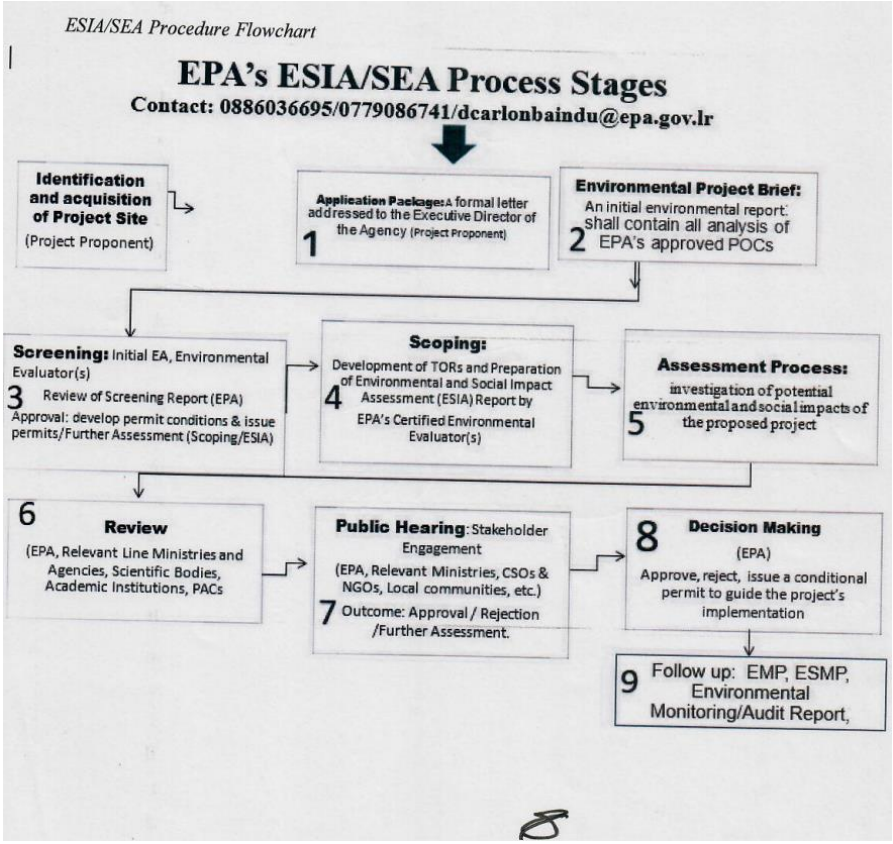
National Environmental and Social Assessment and Permitting

The Environmental Protection Agency is the government authority responsible for the management of environmental and social issues. The EPA serves as the principal authority for managing and regulating environmental quality (including environmental and social impact assessments), and it is directed to coordinate all activities relating to environmental protection and the sustainable use of natural resources. It also promotes environmental awareness and oversees the implementation of international conventions related to the environment.

Section 2, subsection 2.1 of the revised ESIA/SEA (2022) Procedural Guidelines mandates that the project's proponent must seek an ESIA permit and submit a Project Brief before initiating project activities. If the project or activity falls within the defined list in Annex 1 of Liberia's Environment Protection and Management Law (EMPL), the proponent must apply for an ESIA permit and provide a project brief, which incurs a specified review fee.

Upon submission of the project brief, if the EPA deems it complete, a copy is sent to relevant line ministries/agencies for comments within ten days. Additionally, Part III sec. 6-7 of the EPML requires the project proponent to apply for an Environmental Impact Assessment License before commencing any projects or activities listed in Annex I of the law. After submitting this application, the project proponent must publish a notice of intent, summarizing relevant project information, to inform stakeholders and interested parties. Below Figure provides the ESIA process stages of the EPA.

Figure 1: ESIA Process Stages of the EPA



Applicability of relevant international and regional conventions and technical guidelines

These are relevant international and regional conventions and technical guidelines that have been adopted by the Ministry of Health, such as:

a. **Stockholm Convention for Persistent Organic Pollutants**, **Basel Convention for hazardous wastes and disposal**

b. **The Decent Work Act of Liberia.** The Decent Work Act is the national labor legislation that outlines worker's rights. The Decent Work Act (2015) contains provisions on several issues including, but not limited to wages and deduction, working hours and breaks, leaves, labor disputes, and Occupational Health and Safety (OHS).

Wages and deductions: The Decent Work Act sets out a minimum salary of every category of workers under the employed of concession, industrial, company business etc. The minimum wage in the formal sector (concession, industry, business, company, etc.) worker/employee is United States Sixty-eight cents (US$0.68) per hour or United States Five Dollars – Fifty Cents (US$5.50) per day. Domestic and/or casual worker/employee is entitled to a minimum wage of United States Forty-three Cents (US$0.43) per hour or United States Three Dollars – Fifty Cents (US$3.50) per day.

Working Hours: Part V, Chapter 17, Sec. 17.1a of the Decent Work Act states that ordinary working hours shall be eight hours in any one day and forty-eight hours in any one week. The Act also requires employers to clearly display a notice showing the hours at which work begins and ends and the daily rest periods, in a readily accessible location in any workplace under their control.

Leave: The right to annual leave is guaranteed to all employees under the Labor Law of Liberia. Chapter 18, Sec. 18.1 of the Act provides that any employee who works based on an individual labor contract shall benefit from the right for annual rest leave. Every employee is entitled to a minimum uninterrupted period of annual leave as follows:
During the first twelve (12) months of continuous service with an employer, the number of working days in one (1) week. During the first twenty-four (24) months of continuous service with an employer, the number of working days in two (2) weeks.
For continuous service of thirty-six (36) months, the number of working days in three (3) weeks; and for continuous service with the same employer for sixty (60) months and thereafter, the number of working days in four (4) weeks. An employee who has taken either of this annual leave shall receive their full remuneration as per the civil servant Standing Order and Decent Work Act. The Act also provides for paid maternity and paternity leave, sick leave, bereavement leave, and leave to care for other.

Labor Dispute: The Act contains provisions for resolution of labor dispute in Liberia. The Act has provisions in these section that allow workers to resolve individual and collective disputes between the employer and the employee(s) over the terms and conditions of a labor agreement.

Occupational Health and Safety (OHS): Part VI of the Act which covers Occupational Safety and Health is very extensive and generally covers most of the key requirements of para. 24-30 of ESS2. Part VI covers several themes including the following:

- Objectives of the OHS legislation which are generally in line with the objectives of ESS2. Amongst others, the objectives are to:
- Provide secure the safety, health and welfare of employees and other persons at work.
- Eliminate at their source, so far as is reasonably practicable, risks to the safety, health and welfare of employees and other persons at work.
- Ensure that the safety and health of members of the public are not exposed to risks arising from work or workplaces
- Provide for the involvement of workers, employers, and organizations representing those persons, in the formulation and implementation of safety, health and welfare standards.

Part VI, Chapter 25, of the Act provides requirements for Employer's Obligations. It covers general duties of employers, including the duty to ensure so far as is reasonably practicable the safety and health at work of all workers they have engaged; the duty to provide and maintain plant and systems of work that are safe and without risks to health; and the duty to provide, in appropriate languages, such information, instruction, training and supervision as may be necessary to ensure the safety and health of workers they have engaged. Liberia ratified Convention C182 - Worst Forms of Child Labour Convention, 1999 (No. 182) and ILO Convention 138 on Child Labour and Palemo-protocol for purposes of child labour and human trafficking.

c. **WHO Rationale Use of PPE.** This document is intended to guide those who are involved in distributing and managing of PPE, as well as public health authorities and individuals in healthcare and community settings. It aims to provide information about when PPE use is most appropriate. PPE is only one effective measure within a package that comprises administrative and environmental and engineering controls, as described in WHO's Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in healthcare facilities.

The World Bank Environmental and Social Framework (ESF).

The World Bank's assessment of the environmental and social risk of the project is **Substantial**. The project activities are aimed towards the building and strengthening of capacity of health systems resilience, to prevent and ensure early detection of disease through early warning or prediction of possible outbreaks of disease and build and strengthen capacity to contain and respond. There will be minimal infrastructure built and it is envisaged that mainly small upgrades to infrastructure will be made to accommodate for various technological requirements to support the building and strengthening of capacity. However, it is noted that the laboratories will be supplied with reagents, chemicals and apparatus that may constitute medical waste once used.

As discussed above, the project will follow the World Bank Environmental and Social Standards (ESSs), as well as the World Bank Group Environmental, Health and Safety Guidelines. Relevant ESS include ESS1 Assessment and Management of Environmental Social Risk and Impacts; ESS2 Labor and Working Condition; ESS3 Resources Efficiency and Pollution Prevention and Management; ESS4 Community Health and Safety; ESS8 Cultural Heritage and ESS10 Stakeholder Engagement and Information Disclosure

- ***ESS 1 - Assessment and Management of Environmental and Social Risks and Impacts***. ESS 1 sets out the Client's responsibilities for assessing, managing, and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, to achieve environmental and social outcomes consistent with the ESSs.
- ***ESS 2 – Labor and Working Conditions***. ESS 2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. ESS2 applies to project workers including full-time, part-time, temporary, seasonal, and migrant workers.
- ***ESS 3 – Resource and Efficiency, Pollution Prevention and Management***. ESS 3 recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels.
- ***ESS 4 – Community Health and Safety***. ESS 4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.
- ***ESS 10 – Stakeholder Engagement and Information Disclosure***. ESS 10 recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

Mitigation measures outlined in the world Bank Group Environmental Health and Safety Guidelines for Health Care Facilities will also be followed: https://www.ifc.org/content/dam/ifc/doc/2000/2007-health-care-facilities-ehs-guidelines-en.pdf

Table 3: Required Project Environmental and Social Standards Measures and Actions

Environmental & Social Standards	Key Requirements	Status	Relevance
Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental Risk 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) through the rolling out of an ESMF. The standard sets out MoH's requirements for Liberia Health Security and Resilience in West and Center Africa project including the preparation of various instruments such as Environmental and Social Management Frameworks, Stakeholder Engagement Plan, 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	• ESS1 is relevant for the project because project activities are expected to carry moderate to substantial environmental and social risks. These risks include improper management of medical waste, the potential for elite capture or exclusion of disadvantaged and vulnerable individuals from project benefits, health and safety concerns within the community and workplace (exposure to biological, chemical, and psychological risks in healthcare facilities), reputational risks, and risks related to Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH)." ### • Ministry of Health (MOH) shall establish and maintain assigned departments/Units with qualified staff and resources to support the management of ESHS risks and impacts of the Project including additional environmental and social Safeguard specialists. • The Environmental and Social Management Framework (ESMF) Will support the management of these risks • The MOH and NPHIL will ensure strict adherence to the national guidelines for the safe management of healthcare waste in Liberia. This ESMF will also be reviewed and approved by the World Bank and subsequently be disclose in country
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 project.	Relevant	• ESS2 is relevant for the project because there are certain labor risks for project workers. Labor-related risks include • Occupational Health and Safety (OHS) measures in line with the ESMF, LMP and WHO guidelines shall be established and complied in all facilities, including laboratories, Treatment centers, and POCs. • A Grievance Redress Mechanism for workers and assignment of focal points to address these grievances shall be maintained within Ministry of Health (MOH) • Provisions to prevent sexual Exploitation and Abuse (SEA), Gender Based Violence (GBV) and Sexual Harassment (SH) and Child Labor has already been established by the PIU team for contracted

Environmental & Social Standards	Key Requirements	Status	Relevance
			workers in line with relevant national laws and legislation. These instruments shall also be included in all relevant contracts.
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	• ESS 3 is relevant for the project because project activities are expected to generate pollution to air, water and land and consume finite resources that may threaten people and the environment. The PIU will ensure that the MOH and NPHIL adhere to the guidelines for safe management of Healthcare Waste in treatment centers, POCs and health facilities. This responsibility will be added into the TOR of the additional Environmental and Social Safeguard Staff assistants to be hire by the project for the monitoring and implementation of the project activities through out the duration of the project life cycle
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	Relevant	Precautions measures in line with the ESMF, Guidelines for safe management and healthcare waste and WHO guidelines shall be put in place to prevent or minimize the spread of the infectious disease within health facilities, laboratories, POCs, and treatment centers to the community.
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	Relevant	• ESS10 is relevant for all projects given the need to engage with beneficiaries and stakeholders on development activities that affect their lives. • A Stakeholder Engagement Plan (SEP) including a Grievance Redress Mechanism have been submitted to the World Bank for their approval and shall be disclosed in country as appropriate. • The disclosure of the SEP shall be immediate upon the approval of the WB. Grievance Redress Mechanism have been established at the level of the PIU and a joint committee with the NPHIL, MOA and MOH and working well for all of the project under the portfolio.

Environmental & Social Standards	Key Requirements	Status	Relevance
	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		

Differences Between the Existing Environmental and Social Framework Requirements and the World Bank's ESS

The table below presents a comparison between the requirements of the World Bank's Environmental and Social Standards applicable to the project and the national legislation in Liberia.

Table 4: Comparison of EPA 's Policy (ESIA/SEA, 2022) Procedural Guidelines and Policy of WB's ESS and Gap Assessment and Gap Filling Measures

GAP	***YES***	*Suggest there is a gap*		
GAP	***NO***	*Suggests no gap*		
N°	**World Bank ESF Standards for E&S requirements**	**EPA Liberia's ESIA/SEA Procedures Guidelines (2022), & EMPL (2003)**	**Gap**	**Measures to Bridge the Gap**
1	ESS 1: Assessment and Management of Environmental Risk and Impacts	Sec. 2-2.5: Prior to the commencement of works, a proponent whose project /activity falls under the prescribed list of Annex 1 of the Environment Protection and Management Law of Liberia (EMPL) is required to obtain an application for EIA permit/ license	NO	Implement the project-specific ESF instruments Such as ESMPs EMP, SEP and other documents
2	ESS 2 : Labor and Working Conditions	Both ESIA/SEA procedural guidelines or EPML does not have provisions for labor and working conditions although this is provided as an Act (Labour and Working Condition, 2015) under the Ministry of Labor	Yes	Implement the simplified LMP. The welfare of any project workers is essential hence, EPA should consider incorporating labor provisions for all projects activities.
3	ESS 3 : Resource Efficiency and Pollution Prevention and Management	Part IV and V Sec. 51-73 of the EPML provides measures for pollution prevention and management	Some gaps	Although the EMPL provides provisions for pollution prevention, no clause or provision for resource efficiency. Recommendation: EPA must provide for resource efficiency.
4	ESS4: Community Health and Safety	Part II – Sect. 5 of the EPML provides measures for Protecting the Right to a Clean and Healthy Environment.	Some gaps	Implement project-specific ESF instruments
5	ESS8: Cultural Heritage	Ministry of Information Culture and Tourism	Some gaps	Chance-find procedures are part of the ESMF and will be part of site-specific ESMPs
6	ESS10: Stakeholder Engagement and Information Disclosure	Part XI – Sect. 100-104, of the EMPL provides measures for information, access, education and public awareness.	Some gaps	The bridge of these provisions should be improved by strong enforcement measures in place for the project such as the implementation of the SEP.

Based on the above analysis of the government provisions and World Bank's ESSs, the deficiencies identified in the national EIA framework are addressed through project-specific mitigation measures that are outlined in the various ESF instruments prepared for the project as well as capacity building activities.

ENVIRONMENTAL AND SOCIAL BASELINE

Physical Environment. Liberia is a Sub-Saharan nation in West Africa located at 6 °N, 9 °W. It borders the north Atlantic Ocean to the southwest (580 kilometers (360 mi) of coastline) and three other African nations on the other three sides, Sierra Leone to the northwest, Guinea to the northeast and Ivory Coast (Côte d'Ivoire) to the east. In total, Liberia comprises 110,000 square kilometers (43,000 sq mi) of which 96,300 square kilometers (37,190 sq mi) is land and 15,000 square kilometers (5,810 sq mi) is water.

Figure 2: Relief Map of Liberia

Air and Climate. In Liberia, the climate is tropical, hot, and humid all year round, with a rainy season from May to October due to the African monsoon, and frequent rains in the other months, except in the short dry season that runs from December to February, which is more marked in the north. Along the coast, the rainfall exceeds 3,000 millimeters (118 inches) per year. In the northern part of the coast, in Monrovia, rainfall reaches as high as 5 meters (16.5 feet) per year. In the interior, precipitation is less abundant, and drops in some areas below 2,000 mm (79 in) per year.

Water and Sanitation. The water, sanitation, and hygiene sector in Liberia faces governance, capacity, and finance constraints that hinder access to improved water and sanitation. Government responsibilities for the sector are spread across eight ministries and institutions with different mandates, while no regulatory authority exists to set and enforce sector standards. Public institutions have an inadequate number of staff in key positions, while government financial spending in the sector has not kept pace with even modest budget allocations. These compounding factors during post-conflict and post-Ebola epidemic recovery efforts have limited people's access to drinking water, sanitation, and hygiene, and have led to an over-reliance on donor funding. As a result, only 70 percent of Liberians have access to basic drinking water, and 17 percent to basic sanitation.

Waste Management. In Liberia, waste management activities are getting worse daily due to shortage of a comprehensive waste management framework, the absence of guidelines regarding the responsibilities of waste generators, and the decision-makers' lack of intent to design and implement a sustainable and integrated management system. Recommendations for collaborative efforts are made by focusing on delivering a waste strategy which concentrates on waste minimization, recycling, resource recovery, and promoting sustainable waste management practices for communities, small businesses, corporations, and government institutions in Liberia. In the health sector in Liberia, Healthcare waste management has been significantly addressed in most of the facilities through the provision rehabilitation/construction of waste management infrastructure.

Health Care Waste Management in Liberia, both the MoH and NPHIL are responsible for healthcare waste management including proper segregation and temporary storage. Local agencies are responsible for managing out-house waste, including collection from temporary storage, transportation, and final disposal. This concept holds good for all the district hospitals, medical hospitals, and clinics. To make the management of healthcare waste effective, supply of logistics and technical support to the health facilities together with smooth coordination with local agencies and EPA is of dominant importance.

Also, cooperatives such as city corporations play essential role in waste management including medical waste. Out-house management of medical waste is operational in five counties namely Margibi, Montserrado, Lofa, Bong and Rivercess where centralized facilities have been set up for medical waste management. In these counties, there are agreements between city corporations and service providers. The institutions or agencies involved in the collection, transport, and storage must obtain authorization from the MoH/NPHIL. These institutions are responsible for collection, treatment, and disposal of waste. They meet their expenses through the service charges it collects directly from the healthcare facilities with whom it enters a service contract for transport, treatment, and disposal of the medical waste. The medical waste management facility in Liberia is operated by some local NGOs in collaboration with government and support from other international donors. In Liberia, Medical Waste Management has been previously identified as a challenge in the health sector as highlighted in several reports and assessments (Healthcare Waste Management Practices in Liberia: An Investigative Case Study in 2016) and the major findings from the assessment are the following:

- The segregation of waste in most facilities is delegated to the sweepers who do not have formal training. The nurses or the ward-in-charge who has received MWM training are not being able to supervise or transfer their knowledge adequately resulting in HCWM practices not being implemented.
- There is lack of uniformity in color-coding and segregation procedures among the facilities.
- Information and Communication materials on HCWM are not visible at the appropriate places in health facilities.
- Landfill is the most practiced disposal method of healthcare waste at some facilities.
- Sometime burial pit is used for disposal of body parts that were generated from surgical procedures.

- Incineration of waste is done under low temperature sometime, which resulted in lapses as there are incomplete combustion of waste as well as inadequate disposal of the ash that however poses threats to public health and the Environment.
- In some cases, needles and syringes are not destroyed before disposal and the needle cutters do not function in some facility (blades becoming blunt after one or two uses) and more often the needle-cutters are usually kept inside the cupboards and are not used.
- Inadequate number of color-coded bins often improperly placed results in different waste streams getting mixed.
- Lack of waste separation at source.
- In adequate disposal facilities such as incinerators and needle cutters in health facilities.
- Lack of systems and protocols to guide medical waste management including storage, transportation, and disposal.
- HCW either burnt in ovens/single chamber incinerators or is buried inside the compounds of HFCs.
- Many health care facilities do not have enough PPEs and appropriate tools/equipment for handing health care waste.

Under the National Public Health Institute of Liberia, the Division of Environmental and Occupational Health has taken initiatives to address issues related to Medical Waste Management (MWM) in the health sector. In this regard, the guidelines for safe management of healthcare waste were developed. Monitoring system for waste management and training on MWM at various levels were also done. NPHIL also explored the feasibility of different waste management options in several healthcare facilities in the country.

The national IPC guidelines are a reference document for IPC best practices in Liberia and are intended to be used in all health facilities by all health care workers.

An effective IPC program is an essential component of any health service delivery; its implementation depends on the efficiency of the management and organization of the program at all levels of the health system. The guidelines were adopted for COVID-19 project and since then there has been series of training conducted in various health facilities across the country which include biomedical waste management.

Population and Economy.

Liberia is a low-income country in West Africa with a total population of 5,302,681, out of which approximately one third are adolescents and youth (10-24 years old). Despite some improvements in the country's economic performance in 2021 and 2022, GDP per capita is still among the lowest in the world at US$1,724 in 2022. Moreover, the country is still recovering from the effects of two devastating civil wars (1989-1996 and 1999-2003), the Ebola Virus Disease (EVD) crisis (2014-2016), and the recent COVID-19 pandemic.

Liberia faces important challenges that hinder its capacity to accelerate economic growth and to further promote socio-economic development. These include the low productivity of the primary sector, land tenure insecurity, limited access to technology, and weak transportation

infrastructure. Despite moderate economic growth and low inflation rates in 2020 and 2021[3], increases in the price of fuel and rice in 2022 led to higher cost of living, exacerbating poverty rates and leading to worsened living standards.

In this context, Liberia has struggled to achieve its targets for the Sustainable Development Goals and human development outcomes are weak. Liberia ranked 169 out of 174 in the Human Capital Index with a HCI of 0.32 in 2020, which means that a child born today in Liberia is expected to be 32 percent as productive when they grow up as they could be if they enjoyed complete education and full health. In 2021, life expectancy in Liberia was 61 years and the country has some of the worse health outcomes in the region[4]. Furthermore, gender inequalities persist, and Liberia was ranked 156 out of 162 countries on the Gender Inequality Index in 2019. Women in rural areas and poor urban communities have limited access to quality education, healthcare, and employment opportunities. Moreover, high fertility rates, early childbearing, child marriages, high dropout rates from school, and GBV remain significantly prevalent in the country.

Healthcare. Liberia's institutions and organizational capacity were severely eroded through the period of the civil war, and just as it was recovering, the Ebola Virus Disease (EVD) outbreak (2014-16) struck. The health sector in the country was particularly affected as it lost an invaluable mass of its skilled human resource and institutional asset base. At the same time, the capacity and organizational abilities of the institutions essential for enabling an effective and efficient health system to function were severely depleted. This weak institutional base is reflected in an inadequate health workforce (in terms of inadequate numbers, limited skill-mix and distribution, and necessary technical skills to provide quality health care), with no clearly defined career path or incentives to work in the system, and with little accountability and transparency; and dysfunctional management and organizational systems that hinder timely and affordable drugs and services availability to the sick and needy.

While Liberia made significant progress in health service delivery, after the civil wars and till 2013, the EVD outbreak (2014-16) reversed some of the previous gains and constrained the health system's functionality. Between 1986 and 2013, the country's under-five mortality and infant mortality rates declined from 220 deaths to 94 deaths per 1,000 live births and from 144 deaths to 54 deaths per 1,000 live births, respectively. Moreover, health and service delivery indicators improved between 2000 and 2013: the measles immunization coverage increased from 52 percent to 74.2 percent; the prevalence of stunting among children under five years old declined from 39 percent in 2007 to 32 percent in 2013; and life expectancy at birth increased from 52 years to 61 years. The EVD crisis reversed some of these achievements: deliveries by skilled birth attendants fell by 7 percent, fourth antenatal care visit dropped by 8 percent, measles coverage rate declined by 21 percent, and health facility utilization rates plummeted by 40 percent. The country also lost a staggering 10 percent of its doctors and 8 percent of its nurses and midwives to the EVD—over 8 percent of the nation's health workforce. A 2015 study estimated that the deaths of these workers could potentially increase the maternal mortality rate by 111 percent relative to the pre-EVD baseline. Liberia's maternal mortality rate at 1,072 deaths for every 100,000 pregnancies (i.e., 1 death for every 93 women)

[3] Improvements in the economic situation in 2021 and 2022 contributed to the decline of poverty rates by 1 and 0.5 percentage points respectively. The international poverty rate (US$2.15 person/day purchasing power parity [PPP]) in 2022 was 35.5 percent.

[4] World Development Indicators

is among the highest in the world. Despite a decline in the stunting rate, Liberia still has the sixth- and eighth-highest stunting rates in West Africa for male and female children, respectively. Adequate nutrition, particularly in the first five years of a child's life, is vital to physical, social, and cognitive development; and to a child's readiness to learn and is linked to better educational and economic outcomes.

In Liberia there are no third-party sanitary landfills. All generic solid wastes are centralized in public landfills. Each county operates one public landfill. Hazardous medical waste is not disposed in landfills, but handled appropriately by the health facilities who are generating their own waste. Some major hospitals and health facilities have their own incinerating system while other small health centers and clinic sometimes inappropriately disposed of their waste either by open burn or formally disposed of it by burying.

Incinerators

- Currently, operational incinerators for medical wastes are predominantly owned by county and referral hospitals. Each health facility and each referral hospital operate a well performing incinerator with acceptable minimum standards from which, all medical wastes in the respectable catchment areas are treated.
- To date, the MoH operates several treatment centers in the country, with isolation units at major health facilities in all counties.
- Waste generated by the National Reference Laboratory (NRL) are also incinerated on site.

Baseline information on Vaccine Readiness

Liberia has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with the support of international organizations (WHO, UNICEF, GAVI, and the World Bank). This assessment considers the government's vaccine deployment strategy. According to the most recent evaluation on June 7, 2021, Liberia stands at a readiness level of eighty-three percent (83%), a marked improvement from the readiness level reported on December 7, 2020 (50.7 percent).

The effort to contain the spread of diseases in Liberia is led by the Incident Management System (IMS) of which the Minister of Health is the chairperson. The National Public Health Institute with support from other partners leads the technical committees/working groups. The MoH recently developed a national deployment and vaccination Plan (NDVP) for other zoonosis diseases.

The Plan is consistent with the Joint Continental Strategy, as agreed with African Union Ministers of Health in February 2020 under the auspices of the Africa CDC, a flagship institution established by the African Union with a continental mandate for infectious disease surveillance and control.

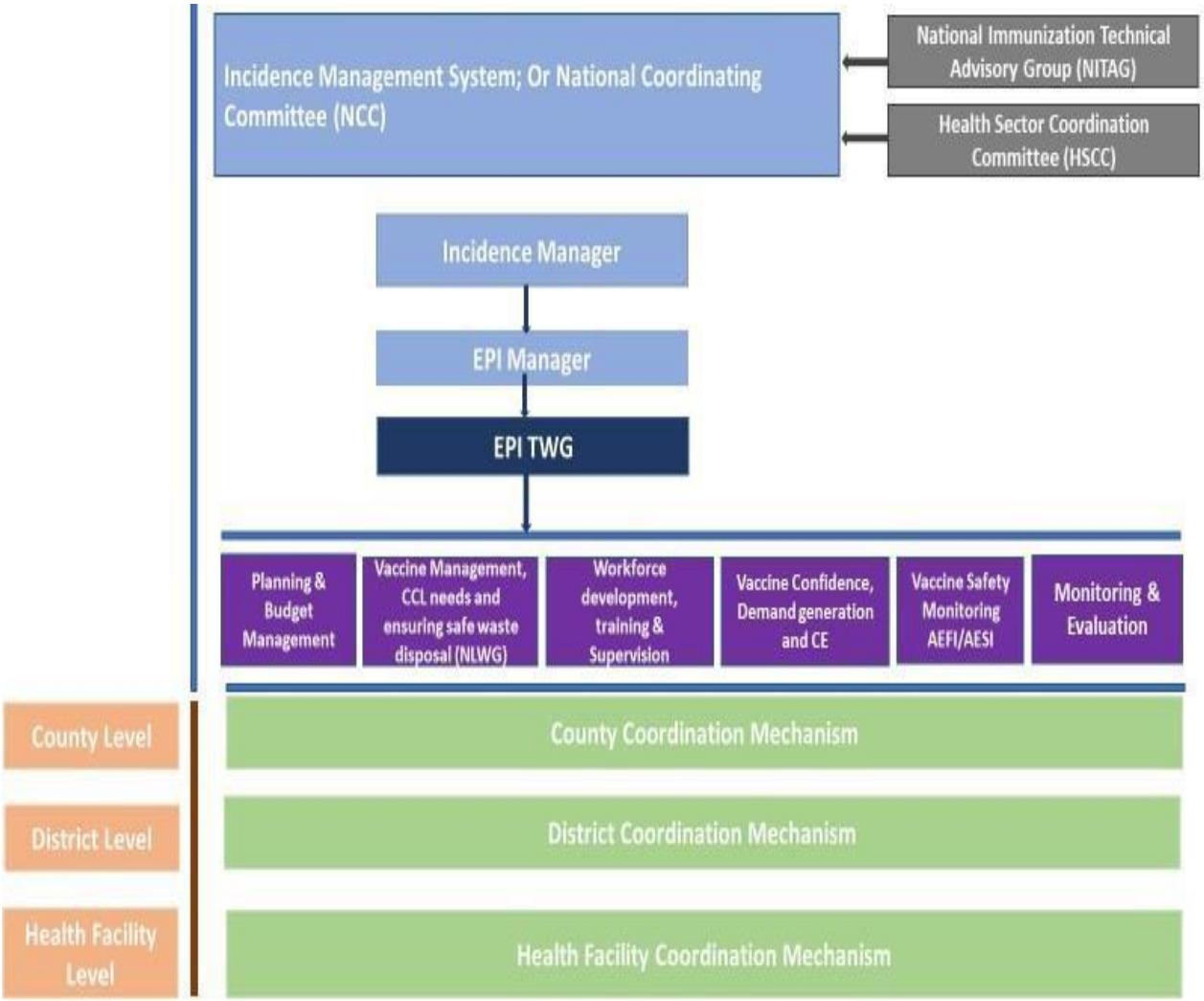
The target priority population for vaccination includes health and social workers; security organs; elderly people (65 years old and above); people living with chronic conditions; people living in specific high-density settings such as prisons in slum communities and other frontline workers that may be identified as being at high risk of the disease. By the end of 2022, Liberia is intending to reach the African Union (AU) target of 60 % of the eligible population.

Governance and Accountability Framework

There have been critical gaps in the health-care delivery systems of many economies including Liberia. These gaps have exposed the level of fragmentation in the global governance system as it relates to a more structural mechanism to coordinate the pooling and sharing of resources needed to combat any pandemics.

Being cognizant of these evident but critical challenges, Liberia will leverage on the existing mechanism through the Incidence Management System (IMS) with an enhanced structure to coordinate, pool and share resources, vaccine administration, management, and retrieval. Additionally, it will help increase vaccine confidence and demand generation for other traditional vaccine in Liberia. The Incidence Management System (IMS) has been established to guide and oversee the surveillance system in Liberia. Please see chart below:

Figure 3: Governance and Accountability Structure



POTENTIAL ENVIRONMENTAL, SOCIAL RISK & IMPACTS STANDARD MITIGATION

The execution of the project has the potential to yield both negative and positive social impacts. The positive social impacts of the project include reduced incidence of diseases and spread; increased access to health care services; increased productivity of the working population; improved skills in handling certain diseases through practice; increased life expectancy; and increased stock of health facilities.

The environmental and social risks and impacts of the project have been assessed as substantial, as while some of these risks may be significant, particularly those associated with the construction and exploitation of the new civil works, most of the risks are site-specific, predictable, medium in magnitude in terms of geographical areas, and can be attenuated through the application of mitigation measures. The environmental and social risks and potential impacts include the generic risks associated with civil works (waste, dust emission, occupational health and safety, and SEA/SH), and the risks associated with the exploitation of infrastructure and the use of the medical equipment. The latter include the risks of infections, improper waste management (i.e., biomedical waste, e-waste, hazardous waste), improper management handling animals and animal tissue specimens. Other possible risks are elite capture and the potential exclusion of vulnerable or disadvantaged groups and individuals.

Key environmental and social risks are summarized in the table below:

Table 5: key environmental and social risks and mitigation measures

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
Planning and Designing Phase		
Selection and sitting of quarantine and isolation center	Conflicts and tensions	• In line with the project SEP, adequate engagements will be held with communities living in proximity to areas identified to be used as isolation and treatment centers especially for animals. • Grievance redress system will be decentralized and publicized as credible means for resolving community concerns.
	Persons with disability may have difficulty in accessing and using isolation and quarantine centers	• Isolation, and treatment centers would be made disability friendly.
Procurement of goods and supplies e.g., PPE, cleaning materials, vaccines, vaccine storage or vaccine distribution equipment,	Shortage of goods and supplies	• Procure according to recommended technical specifications as outlined in WHO guidelines, other good international industry practice (GIIP) and manufacturers requirements

Vaccine deployment planning and coordination	• Inequitable distribution of vaccines
	• No proper identification of target populations
	• Waste of resources
	• Poor vaccination coverage
		• Plan deployment of traditional vaccine:
		  ○ based on epidemiological need.
		  ○ recognizing vulnerable populations.
		  ○ Recognizing community health and safety protection.
		• Ensure smooth deployment, implementation, and monitoring of vaccines by:
		  ○ Establishing a national immunization technical advisory committees headed by the EPI unit to provide government with evidence-based recommendations and policy guidance specifically related to diseases.
		  ○ ensuring project's E&S focal point is represented.
		  ○ strengthening relevant heath sector and multi sectoral coordinating mechanisms at national, and sub-national levels to play a critical role in the administration of vaccines to the local level

	Potential human rights abuses by military or security personnel engaged for project activities, including deployment of vaccines e.g., sexual exploitation and abuse (SEA), extortion	• Assess risks and impacts of engaging such personnel. • Describe measures to manage such risks and impacts, guided by the principles of proportionality, GIIP and applicable law, in relation to hiring, screening, training, equipping, and monitoring of such personnel. • Describe the standards, protocols and codes of conduct that need to be adopted for the selection and screening of such personnel to verify that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force. • Describe plans to ensure that such personnel are adequately instructed and trained, prior to

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
		deployment and on a regular basis, on the use of force and appropriate conduct (including in relation to civilian-military engagement, SEA and SH, and other relevant areas). • Depending on the scope of risks, discuss the need for a third-party monitoring arrangement.
Vaccine readiness and prioritization	• Inequitable distribution of vaccines • No proper identification of target populations • Waste of resources • Poor vaccination coverage	• Provide an assessment on whether the facilities are in a ready state to provide vaccines, according to the guidance provided by WHO on vaccine readiness. • Describe how a fair, equitable and inclusive policy for in-country vaccine access and allocation was/will be developed. • identify any risks for exclusion of certain groups or perception of exclusion and inequity. • Provide details on how the government intends to reach out to disadvantaged and vulnerable groups to ensure access to vaccines. • Describe how procedures, protocols or other measures will be developed to ensure voluntary consent for vaccination (including communicating potential adverse impacts of the vaccine and what to do if such adverse impacts occur). • Describe how policies will be developed to ensure that there is no forced vaccination. • Assess the potential social and economic costs for individuals and households to get vaccinated, including direct and indirect costs such as transportation costs to reach vaccination center in rural areas. • Assess the communication plan of the government, and the capacity and resources to implement it in a manner that reaches out to different groups, including disadvantaged and vulnerable groups.
Surveillance of Adverse Events Following Immunization (AEFI)	• Poor monitoring and management of adverse events following immunization (AEFI)	• Assess capacity to monitor AEFI. • If such capacity is low elaborate how the project would support the Borrower to design, establish and maintain a surveillance system of adverse events following immunization in line with WHO guidelines as part of the proposed projects.
Construction Phase		
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, Laboratory, and isolation centers hospitals	Generation of construction waste	• Mark and allow persons to harvest trees and shrubs for firewood before and/or after site preparation works. • Implement waste minimization measures, including re-use of waste where appropriate and feasible. • Dispose of waste at approved waste dumpsites.
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals,	Impact on air quality	• Clearing of vegetation will be limited to areas that will be required for construction works during a particular time to reduce dust releases. Permits will be required before clearing • Dust-generating earth movements will be slowed down during periods/days of strong winds. • Dusty work areas in or close to communities and sensitive receptors such as health

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
Laboratory and isolation centers, hospitals		facilities will be watered regularly to prevent the release of dust. • Access roads to project sites will be watered to suppress dust generation. • Sites cleared for construction works will be sprayed with water to reduce the generation of dust. • Stockpiles of sand and gravels will be watered to prevent the blowing of dust particles into the atmosphere during dry and windy periods. • Trucks carrying sand, aggregates and gravels to the sites and carting away excavated spoils and other waste will have to cover the loads with tarpaulin. • Vehicles and construction machinery will be serviced and maintained in accordance with manufacturers' specifications for efficient combustion to reduce exhaust emissions. • Access roads close to communities will be provided with speed breakers to reduce speed and dust generation.
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Noise generation and vibration	• Construction works will be carried out during daytime, i.e., between 7am-5pm, so as not to expose residents of nearby communities to high-level noise at night. • Access to construction sites will be planned in such a way that construction-related traffic will, as much as possible, avoid residential areas. • Where noisy activities are to be undertaken, residents in nearby communities and facilities will be given prior notice of the planned works, the expected noise levels and vibration and the period during which they will occur. This is to help prepare the people psychologically for the resultant disturbance. • When construction activities are to be undertaken near sensitive receptors such as health facilities, prior information about the works should be given to the affected institutions to prepare them psychologically for the disturbance. • When construction activities are to be undertaken near sensitive receptors such as hospitals and schools for prolong periods, barricades/fences may be erected, where feasible, to absorb some of the noise and reduce the exposure of persons using the facilities. • Vehicles and machines used at the construction sites will be serviced and maintained regularly to reduce noise.
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, Laboratory	Disruption of utilities	• Utility lines that may be affected shall be relocated before commencement of construction works. • Residents of affected communities shall be informed of the relocation and the attendant disruptions in the utilities. • Where necessary, alternative access to utilities shall be provided.
Repair refurbishment, renovation or leasing of damaged public or private	Increased traffic	• The Traffic Management Plan will be developed for safe access to construction sites with minimum negative impact on community safety.

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
buildings including hospitals, quarantine, and isolation centers hospitals		• Signboards to inform motorists and the public in advance of construction works should be erected. • Traffic wardens/flagmen should be employed to direct traffic to and from the project sites. • The Contractor(s) will also ensure that excavations, trenches, and other earth movements are provided with effective barriers and reflective signage to prevent any accidental approach by vehicles during the day and night. • Alternative access roads will be constructed to divert construction vehicles from public roads where feasible. • Upon completion of the works for which the temporary traffic arrangements have been made, the installations shall be removed
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Public/community health and safety	• Fence off construction sites to prevent unauthorized entry to the construction areas and to protect members of the public from any activities undertaken by the Contractor(s). • Implement dust suppression measures at sites. • Implement noise management measures such as regular servicing of vehicles and equipment. • Ensure disposal of construction waste at approved dumping place. • Avoid water stagnation in construction trenches to prevent breeding of mosquitoes and other disease-born vectors. • Provide flagmen at busy public and children crossing points on routes used by construction vehicles or trucks. • Provide adequate and standard signages to sensitize communities on ongoing construction works at vantage points especially on roads used by construction vehicles. • Sensitize project workers and communities on sexually transmitted infections (STIs) and other communicable diseases. • As a precaution to minimize the spread of diseases, contractors will be required to minimize interface between workers and communities' members
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Gender-Based violence and sexual harassment and exploitation	• Strong and sanction embedded clauses in contractors' agreements on child labor, sexual harassment etc. • Conduct background check on workers before employment. • Demand code of conduct from contractors and supervising consultants • Sensitize contractors, supervising consultants and work on issues of GBV. • Contractors ESMP includes actions to prevent GBV. • Clear referral pathways to access service providers in place. • GBV sensitive GRM in place

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Employment and labor conditions	• Strong and sanction embedded clauses in contractors' agreements on child labor, payment above minimum wage rate and provision of other workers' benefits. • Include clauses in work contracts to as far as practicable utilize local labor and give equal opportunities to women and should not discriminate against vulnerable groups who have the capacity to work. • Include labor management procedures in ESMP for sub-projects. • Ensure freedom of association of workers
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Incidence of crime and conflict	• Grievance redress system will resolve localized conflicts. • Crimes such as theft, rape and defilement will be reported to the nearest police station directly or through the grievance redress system. • Contractors will maintain safe keeping of valuable rehabilitation materials
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Occupational health and safety	• The Contractor(s) will prepare Occupational Health and Safety Plan which will contain all measures and precautions necessary to ensure the health, safety and welfare of all persons entitled to be on the project sites. • All persons engaged in the construction works shall be provided with personal protective clothing such as hard boots, helmets, nose masks, anti-vibrational gloves earmuffs and overalls. • Ensure the proper use of the protective clothing by all construction workers through appropriate training and enforcement. • Organize periodic training programs on workers' health and safety. • Well-stocked first-aid kits and trained first-aid officers shall be maintained at all construction sites. • Site supervisors will have to ensure that conditions on the sites do not unnecessarily expose the workers to potential hazards and risks, especially by implementing appropriate mitigation measures. • Contractors will be required to prepare guidelines or plan to avoid worker exposure to a disease of pandemic. Such plan will include provision to provide face mask, hand gloves and other protection materials for workers, facilities for regular hand washing and adjustment of work to contain appropriate social distancing.
Operational Phase		
Management and use of testing, treatment, quarantine, and isolation centers	Increased pressure on utilities	• Implement sustainable energy and water management system to reduce wastage and enhance efficient use of utilities. • Develop opportunities for the inclusion of non-renewable energy sources in the energy mix consumed at the facilities. For instance, installing solar lights for lighting of the premises.

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
		• Reduce reliance on utilities by drilling boreholes and installing gensets at the health care facilities. • Sensitize or train workers on sustainable energy and water practices. • Energy saving and efficient gadgets will be used in the hospital facilities.
Management and use of testing, treatment, quarantine, and isolation centers	Increased traffic	• The Traffic Management Plan will be developed for safe access to the health facilities. • Traffic wardens/flagmen should be employed to direct traffic to and from the health facilities. • Traffic management structures such as speed ramps will be erected to control speed in the vicinity of the facilities. • Speed limits shall on imposed on vehicles accessing the facilities. • Car parking lots shall be provided within the facilities to prevent vehicles from parking along local roads
Management and use of testing, treatment, quarantine, and isolation centers	Generation of biomedical waste	• Biomedical Waste Management System shall be implemented to minimize the adverse impacts on the human, land, and water environment. • Provision and use of PPE for all workers involved in waste management. • Waste segregation at source to aid effective management. • Treatment of infectious waste prior to disposal by steam sterilization (autoclaving), dry heat thermal treatment, chemical disinfection processes, etc. • Incineration of wastes. • Disposal of waste at landfill facilities
Management and use of testing, treatment, quarantine, and isolation centers	Generation of liquid waste	• Construction of sewerage and wastewater treatment plants to treat wastewater before being released into the environment
Management and use of testing, treatment, quarantine, and isolation centers	Public health and safety	• Educate fringe communities on unauthorized access and loitering and the potential health dangers the hospitals pose to them. • Proper management/disposal of biomedical waste will prevent air pollution due to bad odor. • Proper management/disposal of biomedical waste will prevent scavengers from collecting sharps and other equipment for reuse. • Proper wastewater management to prevent creation of insanitary conditions. • Proper traffic management to prevent accidents at the facilities. • Adequate stakeholder engagement in line with the project SEP. • As a precaution to minimize the spread of disease from isolation and treatment centers to community, facility managers will be trained and required to implement containment measures.

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
	Occupational health and safety	• Facilities shall develop and implement Occupational Health and Safety Plans; in line with WHO protocols and • Provision and use of proper industry recommended Personal Protective Equipment (PPEs) by staff to protect them against infectious diseases, polluted air, and other hazards. • Proper management/disposal of biomedical solid and liquid waste • Training and education of best practices in hazardous waste handling, storage, and disposal. • Training on proper equipment use methods. • Good housekeeping practices to maintain sanitary conditions at the facilities. • Proper job scheduling to reduce stress and musculoskeletal injuries. • Provision of right tools to workers for the right job. • Provision of health resources and services on site and referral mechanisms of ill/injured workers to health facilities
Management and use of testing, treatment, quarantine, and isolation centers	Increase in community tension and unrest	• Grievance redress system will be decentralized and publicized as credible means for resolving community concerns. • In line with the project SEP, adequate engagements will be held with communities living in proximity to areas identified to be used as isolation and treatment centers.
Management and use of Laboratory	Lack of proper quality control measures. Occupational exposure to infectious agents or hazardous chemicals. Accidental injuries, such as needlestick injuries. Poorly managed laboratory safety practices. Contamination or spoilage of samples. Equipment calibration issues.	• Provide comprehensive training on laboratory safety, infection control, and the proper handling of hazardous materials. • Develop and enforce SOPs for all laboratory processes to ensure consistency and minimize errors. • Implement a regular maintenance schedule for laboratory equipment and instruments to prevent breakdowns. • Develop and follow strict protocols for sample collection, labeling, storage, and disposal. • Implement infection control practices to protect laboratory staff and prevent the spread of infections within the laboratory. • Conduct regular internal and external audits and assessments to identify areas for improvement and address non-conformities.
Management and use of testing, treatment, quarantine, and isolation centers	Risk of sexual harassment, exploitation, and abuse	• Sensitize healthcare workers and patients at isolation and treatment centers on GBV issues.
Infection control and waste management	Infections from medical waste	• Waste minimization, reuse, and recycling • Use of incinerators results in emission of dioxins, furans, and particulate matter. • Ensure proper delivery and storage of specimen, samples, reagents, pharmaceuticals, and medical supplies.

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
		• Ensure proper storage and handling of specimen, samples, reagents, and infectious materials. • Ensure waste segregation, packaging, color coding and labelling. • Onsite waste treatment and disposal • Ensure proper waste transportation to and disposal in offsite treatment and disposal facilities. • Proper handling of emergency events such as o Spillage. o Occupational exposure to infectious disease. o Exposure to radiation. o Accidental releases of infectious or hazardous substances to the environment. o Medical equipment failure. o Failure of solid waste and wastewater treatment facilities o Fires. o Other emergent events • Mortuary arrangements Implement good infection control practices (see WHO Infection Prevention and Control for the safe management of a dead body in the context of the Health Security and Resilience in West and Center Africa project • Use mortuaries and body bags, together with appropriate safeguards during funerals (see WHO Practical considerations and recommendations for religious leaders and faith-based communities in the context of the project
in-country supply chain and climate-friendly cold chain system	refrigerants may cause depletion of the ozone layer, contribute to GHG, require huge amount of energy	• Use of alternative refrigerants with zero or low climate impact in the refrigeration system. • Use of more energy-efficient technology for the refrigeration system. • To include relevant technical specifications as part of procuring cold storage/chain equipment and transport and/or stipulating performance standards for the cold chain service providers • Ensure that the refrigeration system including its maintenance and servicing, complies with the requirements of the CCO on ODS. • Improve energy efficiency of refrigeration systems through maintenance of the refrigeration systems, implementation of procedures and best practices that reduces energy consumptions of chillers and refrigeration systems, e.g. closing the doors of cold rooms during operation, switching-off mobile refrigeration units while opening doors of refrigerated trucks, parking refrigerated trucks in the shade, regular controls and

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
		monitoring of all equipment parameters, such as energy performance, pressure, and temperature. • Observe proper handling of refrigerants and during servicing and ensure that workers involved in servicing are trained to avoid leakage of refrigerant in the atmosphere and use PEEs to avoid exposure to refrigerants.
Vaccination delivery strategies	Low vaccination coverage	• Align vaccine strategies and sites with the preferences of target groups and the public to maximize uptake. • Operate a robust national vaccine safety monitoring and AEFI system. • Is there a need to devise non-traditional and perhaps novel immunization strategies for reaching priority target populations? • The final national vaccination strategy will be defined by the characteristics of vaccine products as they become available. • to collaborate with programs and different sectors to leverage existing service delivery infrastructure. • to plan for, resource and implement Infection Prevention and Control (IPC) and environmental measures when providing vaccination, including the use of PPE by health workers.
Enhance vaccine acceptance and uptake.	Low vaccination coverage.	• Provide an enabling environment by making vaccination easy, quick, and affordable, in all relevant respects: • reduce barriers like distant vaccination centers, direct/indirect costs, time consuming processes etc. • build trust and acceptance of the vaccines through engagement of political decision-makers, immunization program managers, community and religious leaders, health workers, civil society organizations, media outlets and digital platforms. • Harness social influences to promote favorable behaviors of both health professionals and the general population by: o Publicizing social norms in favor of vaccination o Highlighting new and emerging norms in favor of vaccination o Leveraging the role of health professionals o Empowering health professionals to promote vaccination.
Information management, including vaccination information.	Lack of evidence for planning, performance monitoring, evaluation and problems solving	• Design information system to evaluate program coverage to the most detailed level possible (Sub-district). • Update DHIMS online reporting system to capture performance data on immunization, isolation, treatment, screening etc., disaggregated by risk group, and standardization of data reporting from the local to the national level. • Technologies that facilitate data collection in real time may be employed.

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions
		• Conduct analysis and monitoring of implementation coverage by risk groups. • Capture of digital address and other geo-referencing information that identifies inequalities may be employed.
DECOMMISSIONING PHASE		
Discontinuing the use of private facilities as Isolation and treatment centers	Exposure of new occupants to Zoonosis disease	• Implement deep disinfection of isolation and quarantine centers. • Ensure proper cleaning of beddings and facilities in rooms.

PROCEDURES AND IMPLEMENTATION ARRANGEMENTS

1.1.Environmental and Social Risk Management Procedures

The environmental and social risk management procedures will be implemented through the Project's subproject selection process. In summary, the procedures aim to do the following:

The environmental and social management procedure includes the following elements: (i) environmental and social selection process; (ii) responsibilities for implementing and monitoring measures; (iii) capacity building in environmental and social management; (iv) monitoring, follow-up, and evaluation.

Environmental and social risk management procedures will be implemented as part of the project's sub-project selection process. In summary, these procedures have the following objectives:

Table 6: Project cycle and environmental and social risk management procedures

Project stage	Environmental and social milestones	Environmental and social management procedures
a. Assessment and analysis: Identification of sub-projects	Environmental and social screening process	▪ When identifying sub-projects, it is crucial their eligibility by consulting the ***Exclusion List provided in the table*** below. ▪ For all activities, use the ***Screening Form in Appendix*** to identify and assess potential environmental and social risks and effects, and then identify suitable mitigation measures for the sub-project. ▪ Determine the necessary documents, permits and authorizations required by government environmental regulations.
b. Development and planning: Planning of sub-project activities, allocation of human and budgetary resources, and the implementation of monitoring measures.	Planning	▪ Utilize the Screening report form findings to adopt and/or create pertinent environmental and social plans and procedures. ▪ For sub-projects assessed as having low and moderate risk, adhere to the provisions outlined in national legislation. For substantial and high-risk sub-projects, follow the environmental and social guidelines set forth in the World Bank's NES (Environmental and Social Framework). ▪ For activities requiring Environmental and Social Management Plans (ESMPs), submit the initial five ESMPs (or another number as agreed upon with the World Bank) for review and non-objection before commencing tendering procedures (for sub-projects requiring tendering) and/or the commencement of activities (for sub-projects not requiring tendering). ▪ Ensure that the content of the ESMPs is effectively communicated to relevant parties and conduct consultations with affected populations in accordance with the Project Management and Procurement Plan (PMPP). ▪ Fulfill all requirements for documents, permits, and authorizations stipulated by government environmental regulations. ▪ Provide training to the staff responsible for implementing and monitoring the plans. ▪ Integrate the pertinent environmental and social procedures and plans into the records of suppliers and service providers, and provide training to these suppliers and service providers on the applicable procedures and plans.
c. Implementation and monitoring:	Implementation	▪ Ensure that project plans are carried out through on-site visits, regular reporting, and other scheduled checks.

Project stage	Environmental and social milestones	Environmental and social management procedures
Support for project implementation and ongoing monitoring of projects		▪ Address and investigate complaints and feedback from project beneficiaries. ▪ Maintain efforts to raise awareness and offer training for staff, volunteers, service providers, suppliers, and the affected communities.
d. Review and evaluation: Gathering qualitative, quantitative, and/or participatory data using a sample as the foundation.	End of execution	▪ Evaluate the effective implementation of the plans. ▪ Verify that the physical sites have been appropriately restored.

a. Assessment and Analysis of the Sub-Project - Environmental and Social Screening

In the initial phase, it's essential to review all proposed activities to confirm their alignment with the eligible activities defined within the project's scope and to verify that they do not appear on the environmental and social exclusion list provided in the table below.

Table 7: Exclusion list

- Weapons, including but not limited to mines, guns, ammunition and explosives.
- Support for the manufacture of any hazardous product, including alcohol, tobacco and controlled substances.
- Any construction in protected areas or priority areas for the preservation of biodiversity, as defined in national legislation.
- Activities likely to cause significant loss or damage to essential natural habitats, directly or indirectly, or to have negative effects on natural habitats.
- Activities involving extensive harvesting and the sale/trade of forest resources (timber, bamboo, charcoal, wildlife, etc.) on a large scale.
- Activities involving the conversion of forest land into agricultural land or logging activities in primary forests.
- Purchase or use of banned or restricted pesticides, insecticides, herbicides and other hazardous chemicals (banned under national legislation and the World Health Organization's list of Category 1A and 1B pesticides).
- Any renovation work on sites where asbestos has been identified or is likely to be present.
- Construction of new dams or refurbishment of existing dams, including structural and/or functional changes; or irrigation or water supply sub-projects that will rely on the reserves and operation of an existing dam or a dam under construction for water supply.
- Activities involving the use of international waterways.
- Any activity affecting the physical cultural heritage, including tombs, temples, churches, historical remains, archaeological sites or other cultural buildings.
- Activities likely to cause or lead to forced labour or ill-treatment of children, exploitation of children through labour or trafficking in human beings, or sub-projects employing or engaging, within the framework of the project, children who have not yet reached the age of 18, in conditions that may present a danger for them or compromise their education or harm their health or physical, mental, spiritual, moral or social development.
- Any activity that leads to economic or physical involuntary resettlement impacts on land where ownership or use rights are disputed.
- Any activity presenting high environmental and social risks and impacts
- Any activity likely to affect the rights of vulnerable populations (rural population groups, illiterate people, women, people living with disabilities, people living in areas not served by public services, etc.) or other disadvantaged minorities.
- Any activity requiring free, prior and informed consent (FPIC), as defined in NES no. 7].

As the second step, the MoH PIU will employ the Environmental and Social Screening Form, provided in Annex 4, to pinpoint and evaluate the environmental and social risks associated with the activities. This assessment will help in ascertaining the suitable mitigation measures. The Screening Form outlines a range of mitigation measures and plans that may be applicable to specific activities, including environmental and social codes of practice, environmental and social management plans, workforce management procedures, incidental discovery procedures, and more.

Additionally, the MoH PIU will identify the necessary documents, permits, and authorizations mandated by government environmental regulations.

b. Development and planning of sub-projects - development of environmental and social plans

Based on the outlined process and the Screening Form, the MOH PIU will adopt the necessary environmental and social management measures. These measures may either be pre-defined in the annexes of this ESMF (such as codes of good environmental and social practices, workforce management procedures, etc.) or developed as site-specific environmental and social management plans.

If site-specific ESMPs are deemed necessary, the PIU will prepare these and any other relevant documents as required. The MOH PIU will oversee the approval and compilation of ESMPs and other applicable forms. The contents of the ESMPs will be effectively communicated to relevant parties in an accessible manner, and consultations will be conducted with affected populations to address environmental and social risks and corresponding mitigation measures. In cases where multiple sub-projects or contracts are concurrently underway in a specific location, an overarching ESMP covering several sub-projects or contracts may be developed. Some sub-projects with moderate risks may also benefit from the preparation of a site-specific environmental and social assessment before an ESMP is formulated.

The initial [five] ESMPs (or an alternative number, such as the first five ESMPs of each sub-project category, or as agreed with the World Bank) will be submitted to the Bank for prior review and approval. After these initial five, the Bank and the MOH will jointly determine whether further ESMPs or specific categories of ESMPs (e.g., for activities exceeding a certain budget or certain types of activities) need to undergo screening.

Additionally, the MOH PIU will compile the necessary documents and obtain the required authorizations and permits in accordance with government environmental regulations before initiating any project-related activities.

At this stage, staff assigned to various sub-project activities should receive training in the related environmental and social management plans. The MoH should provide this training to field staff.

Furthermore, the MOH PIU must ensure that all successful contractors, subcontractors, and suppliers comprehend and integrate environmental and social risk mitigation measures into their standard operating procedures for civil works. The PIU should provide training to these contractors to ensure their understanding and implementation of these measures, and contractors should, in turn, pass on such training to relevant subcontractors and suppliers. The PIU should also verify that the entities or communities responsible for the ongoing operation and maintenance of the investment have received training in the applicable environmental and social management measures for the operational stage, as deemed appropriate.

c. Implementation and Monitoring - Execution of Environmental and Social Management Measures

During the project implementation phase, oversight of environmental and social aspects will involve various parties, including project management teams, technical experts, environmental and social officers, and external stakeholders such as government authorities and local communities.

Specialized supervisory teams, consisting of project management, environmental, social, and technical experts, will be tasked with monitoring the execution of the project's environmental and social management procedures. These teams will conduct field inspections, assess performance, and identify potential issues.

Regular site visits will be conducted to oversee activities, ensure compliance with environmental and social standards, and promptly address any problems that arise. The supervisory teams may request regular monitoring reports from those responsible for each sub-project site. These reports should include information on progress, encountered challenges, and implemented mitigation measures.

Frequent coordination meetings will be held among the supervisory parties, including government representatives and local communities. These meetings serve as a platform to discuss progress, address issues, and find solutions.

The MOH PIU involved in project execution will ensure that monitoring practices consider the environmental and social risks identified in the Environmental and Social Management Framework (ESMF). Monitoring will encompass the implementation of risk mitigation plans as part of routine project oversight activities.

At a minimum, monitoring reports will encompass:

i. Overall implementation of environmental and social risk management instruments and measures,
ii. Environmental or social issues arising from project activities and how they have been resolved or mitigated, along with timelines,
iii. Occupational health and safety performance, including incidents and accidents,
iv. Public health and safety,
v. Stakeholder engagement as outlined in the Project Stakeholder Engagement ,
vi. Public information dissemination,
vii. Implementation progress and project completion,
viii. A summary of beneficiary complaints or feedback, including follow-up and closure in accordance with the SEP. Reports generated at the local level will be sent to the national-level MOH PIU, which will compile and transmit them to the World Bank every six months.

Throughout project implementation, the MOH PIU will continue to provide training and raise awareness among relevant stakeholders, including staff, selected contractors and suppliers, and communities, to support the execution of environmental and social risk mitigation and management measures. An initial list of training needs is provided in section 6.3 below.

The MOH PIU will also actively monitor beneficiary complaints and feedback (in alignment with the PMPP) to assess the implementation of project activities and the effectiveness of environmental and social risk mitigation measures.

Lastly, in the event that the PIU becomes aware of a significant incident related to the project with potential adverse impacts on the environment, affected communities, the public, or workers, it is obligated to notify the Bank within 48 hours of becoming aware of the incident. Such incidents include fatalities, forced or child labor, misconduct by project workers against community members (including gender-based violence), violent community protests, or abductions.

d. Completion - review and assessment of environmental and social measures

Following the conclusion of project activities, the MOH PIU will conduct a comprehensive review and assessment of the progress and completion of all project activities, along with any required environmental and social risk mitigation measures. A mid-term assessment of the implementation of E&S activities will be undertaken prior to the mid-term implementation mission. This will be included in the ESCP during an update of the document and re-disclosed.

For civil works, in particular, the PIU will closely monitor site rehabilitation and landscaping efforts in affected areas to ensure they adhere to appropriate and acceptable standards before closing contracts. These activities will align with the measures specified in Environmental and Social Management Plans (ESMPs) and other relevant plans. At a minimum, sites must be restored to the same condition and standard as they were before work commenced. Any outstanding issues must be addressed before considering a sub-project as complete.

The MOH PIU will compile an implementation completion report, encompassing the final evaluation of compliance with environmental and social risk management measures. This report will be submitted to the World Bank for review and documentation.

1.2. Technical assistance activities

The MOH PIU will take measures to ensure that advisory services, studies (including health-related research as part of sub-component 1.2), capacity-building initiatives (which encompass management training at sub-national, national, and regional levels, including topics like infection prevention and control - IPC), training, and any other technical assistance activities conducted under the project adhere to terms of reference that are acceptable to the World Bank and align with the Bank's Environmental and Social Standards. Additionally, the MOH PIU will oversee that the outcomes of these activities are in accordance with the specified terms of reference.

1.3. Conditional emergency response component

The Conditional Emergency Response Component (CERC) manual to be created for the project will provide a comprehensive description of how environmental and social risks will be assessed, managed, and addressed in the event of CERC activation. Depending on the sub-project activities funded under this component, it may serve as either an independent environmental and social management framework for CERC or as an addendum to the existing framework. This addendum has been formulated to provide guidance and structure for the environmental procedures and processes during the execution of CERC activities.

The ESMF-CERC Addendum found in annex 9 will serve as a reference when developing the CERC Manual. If additional or revised documents are deemed necessary, such as an

Emergency Implementation Plan outlining the actions to be taken following an emergency situation assessment, the MoH PIU will be responsible for their preparation. These documents will undergo consultation, followed by adoption and publication in accordance with the guidelines specified in the CERC Manual, and the requisite measures and actions will be implemented accordingly.

1.4.Implementation procedures

The table below summarizes the roles and responsibilities for implementing **environmental and social management** measures.

Table 8: Project implementation

Level/Responsible party	Roles and responsibilities
National/ MOH PIU	▪ Provide support to field staff engaged in environmental and social risk management and ensure supervision and quality control of their services. ▪ Gather and review screening forms, ESMPs and others safeguards instruments, assess their quality, and grant approval when appropriate. Maintain records at all stages of the process. ▪ Supervise the comprehensive implementation and monitoring of environmental and social risk mitigation and management activities. Compile progress reports received from local entities or sub-projects and submit quarterly (or semi-annual) reports to the World Bank. ▪ Conduct training sessions for staff from central and field services, as well as service providers and suppliers responsible for executing the Conditional Grant for ESMF. ▪ If procurement is managed centrally, ensure that all procurement documents and contracts encompass the relevant environmental and social management provisions outlined in the screening forms, ESMPs, and Environmental and Social Codes of Practice (ESCOPs).
Regional/local/field staff	▪ Ensure that project activities do not fall within the Negative List. Complete screening forms for the pertinent sub-project activities and transmit them to the national level. ▪ When deemed necessary, develop site-specific ESMPs for sub-project activities and forward the completed forms to the national level. ▪ Supervise the day-to-day implementation and monitoring of environmental and social risk mitigation measures and provide monthly progress and performance reports at the national level. ▪ Conduct training sessions for contractors, suppliers, and local community members regarding pertinent environmental and social risk mitigation measures. Educate them on their roles and responsibilities in this regard. ▪ If contracts are awarded at the regional level, ensure that all procurement documents and contracts incorporate the relevant environmental and social management provisions outlined in the screening forms, ESMPs, and ESCOPs.
Local service providers and suppliers	▪ Adhere to the environmental and social risk mitigation and management measures outlined in the project's ESMPs, ESCOPs, and contractual documents, as well as in accordance with national and local regulations.

	▪ Implement all required actions to safeguard the health and safety of workers and the broader public. Take steps to prevent, reduce, or mitigate any environmental harm stemming from project operations.

1.5. Training and capacity-building proposal

The successful implementation of the project will depend, among other things, on the effective application of the environmental and social risk management measures described in this ESMF. Training and capacity building will be required for key stakeholders to ensure effective implementation of the ESMF, SEP and other environmental and social documents. An initial approach to training is presented in the table below.

Wherever possible, training in environmental and social risk management will be integrated into the project cycle and operational procedures. Given the need to raise awareness among project workers and stakeholders at different levels, a cascade model is proposed whereby information is transmitted from the national level to the field.

Table 9: Proposed approach to training and capacity building

Level	Responsible party	Public	Topics/Themes likely to be covered
National level	World Bank	National staff responsible for the overall implementation of the ESMF	ESMF and associated approaches, including: ▪ Defining and evaluating environmental and social risks. ▪ Choosing and implementing suitable environmental and social risk management measures and tools. ▪ Conducting environmental and social monitoring and submitting reports. ▪ Handling incident and accident reports. ▪ Applying workforce management procedures, including the adoption of a code of conduct, incident reporting, addressing issues of sexual exploitation and abuse, and dealing with cases of sexual harassment. ▪ Implementing the SEP and the grievance redress mechanism (GRM) and feedback from project beneficiaries.
Regional level	National staff	Regional staff Service providers and suppliers	ESMF and associated approaches: ▪ Defining and evaluating environmental and social risks. ▪ Choosing and implementing suitable environmental and social risk management measures. ▪ Conducting environmental and social monitoring and preparing reports. ▪ Handling incident and accident reports. ▪ Implementing workforce management procedures, which encompass adopting a code of conduct, reporting incidents, addressing issues related to sexual exploitation and abuse, and addressing cases of sexual harassment.

Level	Responsible party	Public	Topics/Themes likely to be covered
			▪ Implementing the SEP and the GRM and feedback from project beneficiaries.
Local/site level	Regional staff	Local staff Local service providers and suppliers	▪ Application of the SEP and the GRM from beneficiaries. ▪ Application of workforce management procedures, including the code of conduct, incident reporting, sexual exploitation and abuse and sexual harassment ▪ Application of ESCOPs or ESMPs, as appropriate
Community level	Local staff	Members of the community Community workers, where applicable	▪ Implementing critical occupational health and safety measures and ensuring the use of personal protective equipment where necessary. ▪ Addressing concerns related to public health and safety. ▪ Enforcing a code of conduct for employees. ▪ Dealing with matters concerning the prevention of sexual exploitation and abuse as well as sexual harassment, including implementing appropriate measures. ▪ Implementing measures to mitigate the spread of epidemics. ▪ Managing complaints, including those from employees.

Specialized E&S trainings:

Table 10: Proposed Training and Capacity Building Approach (including stakeholder engagements)

Level	Responsible Parties	Audience	Topics to be covered
Project Preparatory Stage	Ministry of Health (MoH), Project Implementation Unit (PIU), Environmental Protection Agency (EPA), Ministry of Agriculture (MoA), National Public Health Institution of Liberia (NPHIL)	Healthcare providers, project staff, project affected persons, vulnerable and at-risk population, local government authorities, implementing entities, other health implementing partners, farmers, human and animal health workers	• Orientation on E&S instruments and information about the project • Stakeholders' engagements
During Implementation	MoH, PIU, EPA, MoA, NPHIL	Healthcare providers, implementing entities, project affected persons, vulnerable population, NGOs, CSOs, project staff, local government authorities, other health implementing partners, contractors and sub-contractors, farmers, human and animal healthcare workers	• Project environmental and social impact risk and mitigation approach • Engagement and information disclosure • Information to project beneficiaries and PAPs • Health and safety culture • Medical waste management • Management of grievance mechanism
Project Closure	MoH, PIU, EPA, MoA, NPHIL	Healthcare providers, implementing entities, NGOs, CSOs, project staff, local	• Provision of information on sub-project implementation of E&S requirements

Level	Responsible Parties	Audience	Topics to be covered
		government authorities, other health implementing partners, farmers	• Provision of information on sub-project completed during implementation

1.6. Public consultation and disclosure

The key stakeholders include the implementing Ministries, relevant government agencies specially set up to help implement the governance and implementation of the project and beneficiary communities. This ESMF will be publicly consulted on and disclosed in-country (and globally through the World Bank Portal) in a form and language appropriate for public comprehension after its finalization.

All comments provided during these consultations will be recorded, and included in the final ESMF and any subsequent safeguard instruments which will be developed as required.

1.7. Estimated Budget

The project has estimated US$879,300.00 (Eight Hundred and Seventy-Nine Thousand Three Hundred dollars) for the implementation of the ESMF. This allocated fund will support the hiring of one local environmental and social safeguard consultants as an addition to the current capacity in the PIU for safeguard implementation (one GBV/social development specialist, one environmental specialist, one communication specialist). Also, the fund will support the implementation of the SEP, supervision costs, monitoring, training, and implementation of the GRM. Detail cost of the budget will be presented in the overall project work plan and budget for Bank's no objection.

The following table lists estimated cost items for the implementation for the ESMF, which have been included in the overall project budget:

Table 11: ESMF Implementation Budget

Activities	Cost (US$)
Training of implementing entities, contractors, and other entities	103,800
Orientation of successful contractors on the preparation of site-specific ESMPs	15,000
Cost of obtaining clearances or permits	50,000
Monitor implementation of activities in the ESMF including site-specific ESMPs	450,000
Disclosure of project E&S documentation such as ESCP, ESMF, & SEP	20,000
Grievance Redress Mechanism	80,000
Environmental and Social Standards (ESS) audits	160,500
Total Budget	**879,300**

GRIEVANCE REDRESS MECHANISM (GRM)

GRM Description. Having an effective GRM in place will also serve the objectives of reducing conflicts and risks such as external interference, corruption, social exclusion, or mismanagement; improving the quality of project activities and results; and serving as important feedback and learning mechanism for project management regarding the strengths and weaknesses of project procedures and implementation processes.

Who can communicate grievances and provide feedback? The GRM will be accessible to a wide range of project stakeholders who believe they are affected directly or indirectly by the project. These will include beneficiaries, community members, project implementers/contractors, civil society, media. All of whom will be encouraged to refer their grievances and feedback to the GRM.

What types of grievance/feedback will this GRM address? The GRM can be used to submit complaints, feedback, queries, suggestions, or compliments related to the overall management and implementation of the project activities, including:

Violation of project policies, guidelines, or procedures, including those related to procurement, labor procedures, child labor, health and safety of contract workers and gender violence.

- Disputes relating to resource use restrictions may arise between or among targeted districts and communities.
- Grievances that may arise from members of communities who are dissatisfied with the project planning measures, or actual implementation of project investments; and
- Any issues with land donations, asset acquisition or resettlement specifically for project supported activities.

The main objective of a Grievance Redress Mechanism (GRM) is to assist in resolving 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 the project.
- 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.

The GRM's functions are based on the principles of transparency, accessibility, inclusiveness, fairness and impartiality and responsiveness.

The project specific GRM will include the following steps:

- ***Step 1:*** Grievance raised with the PIU hotline.
- ***Step 2:*** Grievance raised with the Health Facility Grievance Committee.
- ***Step 3:*** Grievance raised with the County Grievance Committee.
- ***Step 4:*** Grievance raised with the National Complaints Management Committee (NCMC).

Step 1: <u>Hotline.</u> Project stakeholders and citizens can submit complaints on any issues by addressing the hotline to be established by the Project Implementation Unit at the national level. The designated hotline operator will accept and register all complaints and grievances received through phone calls and SMS. All grievances will be forwarded for consideration to the National Complaints Management Committee at PIU.

Step 2: **<u>Health Facility Level</u>**. Health Facility Grievance Committee will be established in each health facility supported with financing under the Health Security and Resilience in West and Center Africa Project. The HFGC will address and resolve complaints within 10 days of

receiving complaints. The HFGC will be headed by the medical director and comprise key relevant departments: IPC & sanitation, human resource, administration, quality improvement etc. The HFGC will select the Grievance Focal Person (GFP), who will be responsible for maintaining grievance logs. If the issue cannot be resolved at the health facility level, then it will be escalated by the HFGC to the County Grievance Committee.

Step 3: **County Level**. County Grievance Committee will be established in each county. The CGC will also address and resolve complaints within 10 days of receiving complaints. The CGC will be headed by the County Health officer and comprise key relevant departments: M&E, Health Promotion Officer, County Surveillance Officer, Environmental Health Officer, and Community Health Focal Person. The CGC will select the Grievance Focal Person (GFP), who will be responsible for maintaining Grievance logs. If the issue cannot be resolved at the county level, then it will be escalated by the CGC to the PIU.

Step 4: **National Level**. If there is a situation in which there is no response from the County level CGC, or if the response is not satisfactory then complainants and feedback providers have an option to contact the PIU directly to follow up on the issue. The PIU will establish a National Complaints Management Committee (comprising medical professionals, M&E, E&S specialists) and will assign a Grievance Focal Person to be responsible for complaints and issues related to all HCFs, Counties and components. The PIU Manager will make a final decision after a thorough review of the investigation and verification findings. The timeline for complaint resolution at the national level will be 10 days upon receipt of the complaint. The complainant will be informed of the outcome immediately and at the latest within 5 days of the decision.

Court of Law Mechanism. If the complaint is still not resolved to the satisfaction of the complainant, then s/he can submit his/her complaint to the appropriate court of law.

GRM Monitoring and Reporting. The PIU Environmental and Social safeguard officers will be responsible for:

- Collecting and analyzing the qualitative data from the Grievance Focal Persons (GFPs) on the number, substance, and status of complaints and storing them in a single project database.
- Monitoring outstanding issues and proposing measures to resolve them; and
- Preparing Semi-annual reports on GRM mechanisms to be shared with the World Bank.

Institutional Arrangements, Responsibilities and Capacity Building

Responsibility of the Implementing Agencies

Ministry of Health & the National Public Health institute of Liberia. The Ministry of Health working with the National Public Health Institute (NPHIL) will be the implementing agency for the project. The Project Implementation Unit (PIU) of the World Bank Funded Health Portfolio under the Ministry of Health will be responsible for the day-to-day management of project activities. The institutional arrangements will the same as for the Outgoing Regional Disease Surveillance Systems Enhancement Project Phase II (P159040). The Health Security and Resilience Programmes in West and Central Africa project is technically implemented by the NPHI/MOA and under the oversight of the MOH. The PIU includes designated Technical Coordinators under different Bank health projects including Outgoing REDISSE II. The PIU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units,

media outlets, health workers, etc. supported under Component 4 of the Project. The stakeholder engagement activities will be documented through semi-annual progress reports, to be shared with the World Bank. The nature of the project requires a partnership and coordination mechanisms between national, county level, and local stakeholders.

The PIU will support the IMS and the NPHIL to explicitly implement certain technical activities, including procurement of medical supplies, equipment, and hire contractors to carry out small-scale rehabilitations of treatment centers or health facilities and isolation facilities and laboratory. The PIU will also be responsible for preparing a consolidated annual workplan and budget with technical support from pillar leads within the response framework. Financial management will be the responsibility of the PIU in the Ministry of Health and the Project Financial Management Unit (PFMU) within the Ministry of Finance and Development Planning (MFDP).

All activity requests under individual components will emanate from the pillar leads within the response framework and will be processed by the PIU under the supervision and attestation of the Technical Coordinator.

The PIU will hire additional Social Safeguard Specialist with the following responsibilities:

- Collaborate with the Environmental Specialist to conduct sub project activities for social impacts and its mitigation measures outline during the project design and preparations.
- Plan and ensure adequate consultation and engagement with key project stakeholders, including Project Affected Persons (PAPs), local authorities, community leaders, NGOs, other interested stakeholders, and public institutions, With support from the PIU environmental and social safeguard specialist.
- Oversee the implementation of already functional Grievance Redress Mechanism, ensuring and making sure that grievances related PAPs, cases related to Gender-Based violence and local populations have adequate and accessible mechanisms for lodging complaints about the project or project related and receiving timely response to such complaints.
- Actively work with the project environmentalist in implementing already developed project environmental and social framework document such as the Stakeholder engagement Plan (SEP), Environmental and Social management Plan (ESMP), Gender Based Violence Action Plan, Labor Management procedure (LMP), Healthcare Waste Management Plan (HWMP), and the overall implementation of the Environmental and Social Commitment Plan (ESCP) which provide detail reference to the mentioned documents.
- Initiate and undertake social due diligence prior to commencement of works and liaise with contractors to address pertinent community-related issues
- Work closely with the Environmental Specialists in planning and managing social risks associated with the sub-projects; participate in periodic field supervision mission to monitor and ensure compliance with social safeguard policies throughout the project life and prepare monthly reports of the activities and submit.
- Ensure adequate social safeguards records and documentations are kept and updated.
- Identify and analyse stakeholders and their concerns about the project, and lead community engagement efforts and activities and ensure adequate community and stakeholder participation and involvement are made
- Serve as the lead community liaison for the project and maintain close contacts and sustainable relation with local communities / stakeholders throughout the project life

- Oversee the implementation of the project and ensure that public complaints about the sub-project activities are adequately addressed and documented; and
- Initiate and perform other related tasks as may be necessary for the successful implementation of the project.
- The NPHIL in collaboration with MOH has designated some of its employee as waste management officers, with support, for specific handling of healthcare waste and infectious waste at various health facilities and laboratories across the Liberia.

Under the IMS, other institutions, as indicated below, with similar responsibilities linked to environmental and social management as part of their mandate, are part of the steering and technical committees supporting decisions linked to the disposal of solid and liquid waste, including mitigation measures.

- Ministry of Health
- National Public Health Institute of Liberia
- Ministry of Agriculture
- National Disaster Management Agency
- National Fisheries and Aquaculture Authority
- Ministry of Commerce
- Environmental Protection Agency
- Ministry of Public Works
- Ministry of Gender, Children and Social protection
- Local Government
- Key partners and Stakeholders

The role of the EPA in the implementation of this ESMF needs to be emphasized. The involvement and participation of EPA in the implementation of this ESMF is fundamental to achieving the desired environmental and social outcomes. As the lead environmental regulator and administrator of environmental regulations in the country, it oversees compliance with environmental assessment, establishes standards and guidelines to prevent pollution, facilitates public participation and engagement, and issues environmental permits for development projects.

STAKEHOLDER ENGAGEMENT, DISCLOSURE, AND CONSULTATIONS

Stakeholder engagement is an effective platform designed to establish a productive interaction with potentially affected parties during the preparatory stage of a project and should remain meaningful throughout the project implementation.

Laboratory operation is one of the key core activities of the project. On the 28 of July 2022, a team from the Project Implementation Unit (PIU)/MoH held a one-day stakeholders engagement meeting with 40 stakeholders of the Charlesville Township and staff of the National Reference Laboratory. The primary objective of the engagement meeting was to provide information about the operation of the National Reference Laboratory, specifically (community health and safety); waste management, waste transportation and disposal. These engagements were designed to enlighten the minds of community dwellers on the health and safety and prevention of potential spill of disease from the laboratory to the community.

Simultaneously, an engagement meeting has taken place at various construction of sub-project implementation site. A town hall meeting was also held in Palala Bong County specifically for the proposed Regional Laboratory construction. The meetings were attended by key stakeholders such as the current health facility staff and other interested parties of the community. Annex 2 details the list of the participants of the meeting. For the project preparatory stage, another engagement meeting was held at the Project Implementation Unit main office at the Ministry of Health, discussing issues relating to the upcoming project.

Analysis of Stakeholder and Plan

This section identifies key stakeholders who will be informed and consulted about the project, including individuals, groups, institution, or communities. It will also identify and include disadvantaged or vulnerable individuals or groups, who may have limitations in participating and/or in understanding the project information or in participating in the consultation process. Collaboration with stakeholders throughout the Project development often requires the identification of persons within a group who act as appropriate representatives of interest or influence. The grouping of stakeholders is categorized into four sections based upon their influence on the project implementation. The sections include:

Category 1: This section includes stakeholders that are considered as direct implementers and owners of the project. Their influence remains high during the project implementation while with a medium. Some are captured as low influence based on their participation process.

Category 2: These include government ministries, agencies, and development partners. Their influence is categorized as high and medium based on their direct involvement in the process.

Category 3: This category includes research institution such as Center for Agriculture and Research Institute (CARI) which has a high influence. Other category of medium influence includes CSO, NGOs, CBOs, and media and jointly secure of low influence.

Category 4: This section includes direct project affected persons, the vulnerable and disadvantage group, farmers, and the affected communities. Their influence and interest remain high throughout the duration of the project.

CHECKLIST 2 Environmental and Social Codes of Practice –

WASTE MANAGEMENT PROCEDURES

Target: Health Care Workers/Health Care Facilities/Laboratories

August 2020

General Instructions

- All health care waste produced during the care of COVID-19 patients must be considered as infectious waste and should be segregated and collected safely in designated containers and bags, treated, and then safely disposed (WHO).
- Train the staffs who are assigned in handling, treatment, and disposal of waste management
- Train staff on how to put on and remove PPE.
- Ensure necessary PPE (Gown, gloves, face mask, goggles or face shield, gumboots) is provided to all staffs, as required.
- Ensure staff wear PPE when handling and disposing waste according to HCW guideline.
- Undertake proper segregation at source including:
  - Ensure all staff are provided training on color coding and handling of infectious and hazardous waste
  - All departments, laboratories and service delivery areas should be provided with appropriate equipment (needle cutters; sharps boxes) and color-coded bins

General Waste – Food waste, paper, disposable cups, plates, spoons etc.

- Collect in black bag
- Close and tie when 2/3rd full
- Transfer the waste to a temporary storage point for general waste along a specified route at a fixed time point and store the waste separately at a fixed location
- Transport to landfill away from facility

Infectious Waste – Gown, gloves, apron, shoe cover, disposable items, mask etc.

- Collect in small biohazard red bags
- Close, seal the bag with cable ties and tie lose when 2/3 full
- Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- Securely transfer to approved and professionally managed MOH incinerators
- Transport other infectious waste according to general medical waste protocols

Sharp Waste and needles

- Put in puncture proof plastic container
- Close the lid and seal the container when 2/3 full
- Put in the red bag and tie lose
- Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- Securely transfer out for incinerating or appropriate disposal

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;

CHECKLIST 4 Environmental and Social Codes of Practice –

SMALL SCALE CONSTRUCTION, UPGRADES, REHAB, EXPANSION

Target: Construction Workers OHS/Project Supervisor/Facility Manager

March 2021

Worker Safety

- The local construction and environment inspectorates and communities have been notified of upcoming activities
- The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works)
- All legally required permits have been acquired for construction and/or rehabilitation
- The Contractor formally agrees that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment.
- Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots)
- Appropriate signposting of the sites will inform workers of key rules and regulations to follow.
- All incidents and accidents will be logged and reported
- Only qualified individuals will operate equipment, machinery and vehicles

General Rehabilitation and/or Construction

- During interior demolition debris-chutes shall be used above the first floor
- Demolition debris shall be kept in controlled area and sprayed with water mist to reduce debris dust
- During pneumatic drilling/wall destruction dust shall be suppressed by ongoing water spraying and/or installing dust screen enclosures at site
- The surrounding environment (sidewalks, roads) shall be kept free of debris to minimize dust
- There will be no open burning of construction / waste material at the site
- There will be no excessive idling of construction vehicles at sites
- Construction noise will be limited to restricted times agreed to in the permit
- During operations the engine covers of generators, air compressors and other powered mechanical equipment shall be closed, and equipment placed as far away from residential areas as possible
- The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.
- excavation or trench will not remain open when not in immediate use

Waste Management

- Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities.
- Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers.
- Construction waste will be collected and disposed properly by licensed collectors
- The records of waste disposal will be maintained as proof for proper management as designed.
- Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)

Wastewater Treatment

- The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities
- Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment
- Monitoring of new wastewater systems (before/after) will be carried out
- Construction vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surface water bodies.

Traffic Management

- avoid obstructing or blocking public roads
- permanently maintain the flow of traffic during the construction
- Use proper signal measures for trucks entering and exiting work site

Emergency Disaster and Preparedness Plan

- Fire safety measures will be designed including available firefighting equipment
- Hazardous response and containment plan operational
- Emergency response plans related to natural or man-made disasters fully functional.
- Regular training for staff, drills and evacuation tests, etc.

REFERENCES

- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);

CHECKLIST 9 Environmental and Social Codes of Practice – SEXUAL EXPLOITATION, ABUSE, and HARRASEMENT (SEAH) PREVENTION AND RESPONSE

Target: Staff/Administrators/Contractors

March 2021

Policies And Professional Conduct Standards

- Foster improved organizational culture and norms through effective value-based leadership and guidance on goals, values, behaviors, and expectations related to SEAH prevention and response, including the promotion of inclusive, non-discriminatory, gender-balanced work environments and opportunities,
- Ensure sustained senior-level engagement and leadership commitments to shift or sustain positive organizational culture and norms in relation to SEAH prevention and response
- Develop a Code of Conduct that provides explicit standards on professional conduct, lists prohibited behaviors and provisions for addressing SEAH, and includes disciplinary sanctions, ensuring they are publicly available and conveyed to staff and senior management consistently throughout key employment cycle moments
- Develop a SEAH Prevention and Response Action Plan, which includes an Accountability and Response Framework with a committed budget
- Establish specific ESCOPs for construction contractors and subcontractors *(see ESCOP # 5)

Response And Support Mechanisms

- Disseminate specific procedures for SEAH including confidential reporting with safe and ethical documenting of GBV cases as part of an effective mechanism (GM) with multiple gender-sensitive and age-appropriate channels to initiate a complaint.
- Carry out and disseminate to communities and project personnel a mapping of the GBV services that are available and accessible in the project area, including an assessment of their quality in line with international GBV standards and national protocols
- Ensure through a national organization or civil society actor the timely and quality provision of care to GBV survivors in a coordinated way with gender-based violence and child-protection services

Training, Awareness Raising, and Communication

- Raise community awareness on SEAH through the development of culturally sensitive IEC material and campaigns, with a focus on the provision of information on: SEAH core concepts and code of conduct contents, reporting mechanisms and channels, as well as GBV available in the area
- Develop and facilitate regular training and capacity building for management and staff at different level on standards, codes of conduct, mechanisms to file complaints and report misconduct included in the GM, and the implications of breaching standards, to ensure effective cultural change and promote a safe, confident, and mutually-respectful work environment.

Monitoring, Evaluation, and Reporting

- Establish mechanisms for monitoring and reviewing SEAH implemented activities

- Carry out regular consultations with community members, with a special focus on vulnerable groups, women and girls on the GBV risks present in the areas
- Provide summary information on a quarterly and annual basis around all of these provisions and processes and the project GM
- Develop information sharing protocols to safely and ethically notify the WB on SEAH cases.

REFERENCES

- World Bank Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing involving Major Civil Works, Good Practice Note, 2020 http://pubdocs.worldbank.org/en/741681582580194727/ESF-Good-Practice-Note-on-GBV-in-Major-Civil-Works-v2.pdf
- UNICEF Strategy to Prevent and Respond to Sexual Exploitation and Abuse and Sexual Harassment, 2019 https://www.unicef.org/sites/default/files/2019-05/UNICEF-Strategy-Prevent-Respond-Sexual-Exploitation-Abuse-Sexual-Harassment-January-2019.pdf
- DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance: Key Pillars of Prevention and Response 2021 http://www.oecd.org/dac/gender-development/dac-recommendation-on-ending-sexual-exploitation-abuse-and-harassment.htm
- IFAD policy to preventing and responding to sexual harassment, sexual exploitation and abuse 2018https://www.ifad.org/en/document-detail/asset/40738506
- Interagency Steering Committee (IASC) Interim Guidance Checklist To Protect From Sexual Exploitation And Abuse During Covid-19
- https://worldbankgroup.sharepoint.com/sites/gsg/SPS/Documents/2.%20Focus%20Areas%20Resources%20(KSB%20Resources)/Gender-Based%20Violence/GBV%20Guidance%20Tools/GBV%20COVID-19%20Resource%20Hub/IASC%20Checklist%20PSEA%20during%20COVID%2019.pdf
- UNFPA: The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming, 2019 https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf
- Interagency Steering Committee (IASC) Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response, 2020 https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf

Annex 4: Screening Form

The objective of the screening form is to guide the Borrower in 1) assessing the various environmental and social risks and impacts that different sub-project activities will pose, and 2) selecting the right environmental and social management plans that will be applicable to those sub-project activities.

One of the key considerations is whether the sub-project activities can use pre-prepared management measures already included in the ESMF, such as ESCOPs, the simplified LMP or a Pesticide Management Plan OR whether sub-project activities require the preparation of site-specific management instruments.

The E&S Screening procedure comprises of two stages-process:

(1) Initial screening by using the **Exclusion List** of the ESMF; and

(2) Screening the proposed activities to identify the approach for E&S risk management.

1. Subproject Information:

Subproject Title	
Subproject Location	
Regional Unit in Charge	
Estimated Cost	
Start/Completion Date	
Brief Description of Subproject	

2. Environmental and Social Screening Questionnaires

Questions	Answer		Next Steps
	Yes	No	
ESS1			
1. Is the subproject likely to have significant adverse environmental impacts that are sensitive and unprecedented that trigger the 'Ineligible Activities' or other exclusion criteria?			If "Yes": Exclude from project.
Questions 2 and 3 below are examples. These two are critical questions in the Screening Form, as they will determine whether a sub-project can use pre-prepared ESCOPs included in Annex 2 or needs to prepare a site-specific ESMP. If all the sub-projects are expected to be low risk, then all sub-projects may be able to use the pre-prepared ESCOPs. However, if there are some sub-project activities, such as construction of community bridges, which may propose moderate risk, these may require site-specific ESMPs to be prepared. Think of the sub-project activities in your project and separate those that may be low risk and those that may be moderate risk. 2. Does the subproject involve <u>new construction or significant expansion</u> of ponds, solid waste management systems, shelters, roads (including access roads), community centers, schools, bridges and jetties?			If "Yes": 1. Prepare a site-specific E&S Assessment and/or ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in bidding documents.

Questions	Answer		Next Steps
	Yes	No	
3. Does the subproject involve renovation or rehabilitation of any small-scale infrastructure, such as groundwater wells, latrines, showers/washing facilities, or shelters?			If "Yes": 1. Apply relevant measures based on the ESCOPs in Annex 2 (unless one of the questions below raises specific environmental risks and requires a site-specific ESMP). 2. Include E&S risk management measures in bidding documents.
4. Will construction or renovation works require new borrow pits or quarries to be opened?			If "Yes": 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in bidding documents.
5. Does the project lead to any risks and impacts on, individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable.[5]			If "Yes": Apply relevant measures described in the ESMF and SEP.
ESS2			
6. Does the subproject involve uses of goods and equipment involving forced labor, child labor, or other harmful or exploitative forms of labor?			If "Yes": Exclude from project.
7. Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?			If "Yes": Apply LMP in Annex 4.
8. Will the workers be exposed to workplace hazards that needs to be managed in accordance with local regulations and EHSGs? Do workers need PPE relative to the potential risks and hazards associated with their work?			If "Yes": Apply LMP in Annex 4.
9. Is there a risk that women may be underpaid when compared to men when working on the project construction?			If "Yes": Apply LMP in Annex 4.
ESS3			
10. Does the subproject lead to exposure to asbestos for workers and the community?			1.If "Yes": exclude from financing .
11. Is the project likely to generate solid or liquid waste that could adversely impact soils, vegetation, rivers, streams or groundwater, or nearby communities?			. Prepare a site-specific ESMP for the proposed subproject, and include E&S risk management measures in bidding documents.
12. Are works likely to cause significant negative impacts to air and / or water quality?			If "Yes": 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in bidding documents.

[5] "Disadvantaged or vulnerable" refers to those individuals or groups who, by virtue of, for example, their age, gender, ethnicity, religion, physical, mental or other disability, social, civic or health status, sexual orientation, gender identity, economic disadvantages or ethnic peoples status, and/or dependence on unique natural resources, may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits.

Questions	Answer		Next Steps
	Yes	No	
14. Is there any potential to have impact on soil or water bodies due to agro-chemicals (e.g., pesticides) used in farmlands due to the consequences of the subproject activities (e.g., development of irrigation system, agriculture related activities, seed and fertilizer assistance, procurement of pesticides)?			If "Yes": Apply Fertilizer and Pest Management Plan in Annex 7.
ESS4			
15. Is there a risk of increased community exposure to communicable disease (su, HIV/AIDS, Malaria), or increase in the risk of traffic related accidents?			If "Yes": Apply LMP in Annex 4 and relevant measures in SEP.
17. Is an influx of workers, from outside the community, expected? Would workers be expected to use health services of the community? Would they create pressures on existing community services (water, electricity, health, recreation, others?)			If "Yes": Apply LMP in Annex 4.
18. Is there a risk that SEA/SH may increase as a result of project works?			If "Yes": Apply LMP in Annex 4.
19. Would any public facilities, such as schools, health clinic, church be negatively affected by construction?			If "Yes": Apply relevant measures based on the ESCOPs in Annex 2 (unless one of the other questions in the screening form raises specific environmental and social risks and requires a site-specific ESMP).
20. Will the subproject require the government to retain workers to provide security to safeguard the subproject?			If "Yes": Prepare a site-specific ESMP for the proposed subproject, including an assessment of potential risks and mitigation measures of using security personnel.
ESS5			
21. Will the subproject require the involuntary acquisition of new land (will the government use eminent domain powers to acquire the land)?[6]			If "Yes": exclude from the project
22. Will the subproject lead to temporary or permanent physical displacement (including people without legal claims to land)?			If "Yes": exclude from the project
23. Will the subproject lead to economic displacement (such as loss of assets or livelihoods, or access to resources due to land acquisition or access restrictions)?			If "Yes": exclude from the project
25. Has the site of the subproject been acquired through eminent domain in the past 5 years, in anticipation of the subproject?			If "Yes": exclude from the project
26. Are there any associated facilities needed for the subproject (such as access roads or electricity			If "Yes": exclude from the project

[6] Environmental and Social Standard 5, Footnote 10: "In some circumstances, it may be proposed that part or all of the land to be used by the project is donated on a voluntary basis without payment of full compensation. Subject to prior Bank approval, this may be acceptable providing the Borrower demonstrates that: (a) the potential donor or donors have been appropriately informed and consulted about the project and the choices available to them; (b) potential donors are aware that refusal is an option, and have confirmed in writing their willingness to proceed with the donation; (c) the amount of land being donated is minor and will not reduce the donor's remaining land area below that required to maintain the donor's livelihood at current levels; (d) no household relocation is involved; (e) the donor is expected to benefit directly from the project; and (f) for community or collective land, donation can only occur with the consent of individuals using or occupying the land. The Borrower will maintain a transparent record of all consultations and agreements reached."

Questions	Answer		Next Steps
	Yes	No	
transmission lines) that will require the involuntary acquisition of new land?			
27. Is private land required for the subproject activity being voluntarily donated to the project?[7]			If "Yes": exclude from the project
ESS6			
28. Does the subproject involve activities that have potential to cause any significant loss or degradation of critical habitats[8] whether directly or indirectly, or which would lead to adverse impacts on natural habitats[9]?			If "Yes": Exclude from project.
27. Will the project involve the conversion or degradation of non-critical natural habitats?			If "Yes": 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in bidding documents.
28. Will this activity require clearance of mangroves?			If "Yes": Exclude from project.
29. Will this activity require clearance of trees, including inland natural vegetation?			If "Yes": 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Exclude from project if more that x hectares of tree and vegetation cutting is expected. 2. Include E&S risk management measures in bidding documents.
30. Will there be any significant impact on any ecosystems of importance (especially those supporting rare, threatened or endangered species of flora and fauna)?			If "Yes": Exclude from project.
ESS7			
31. Are there any Indigenous Peoples or Sub-Saharan African Historically Underserved Traditional Local Communities present in the subproject area and are likely to be affected by the proposed subproject negatively?			If "Yes": Prepare an Indigenous Peoples Plan OR Include the requirements of an Indigenous Peoples Plan in the SEP.
ESS8			

[7] Environmental and Social Standard 5, Footnote 10: "In some circumstances, it may be proposed that part or all of the land to be used by the project is donated on a voluntary basis without payment of full compensation. Subject to prior Bank approval, this may be acceptable providing the Borrower demonstrates that: (a) the potential donor or donors have been appropriately informed and consulted about the project and the choices available to them; (b) potential donors are aware that refusal is an option, and have confirmed in writing their willingness to proceed with the donation; (c) the amount of land being donated is minor and will not reduce the donor's remaining land area below that required to maintain the donor's livelihood at current levels; (d) no household relocation is involved; (e) the donor is expected to benefit directly from the project; and (f) for community or collective land, donation can only occur with the consent of individuals using or occupying the land. The Borrower will maintain a transparent record of all consultations and agreements reached."

[8] Environmental and Social Standard 6, paragraph 23: "Critical habitat is defined as areas with high biodiversity importance or value, including (a) Habitat of significant importance to Critically Endangered or Endangered species, as listed in the IUCN Red List of threatened species or equivalent national approaches; (b) Habitat of significant importance to endemic or restricted-range species; (c) Habitat supporting globally or nationally significant concentrations of migratory or congregatory species; (d) Highly threatened or unique ecosystems; and (e) Ecological functions or characteristics that are needed to maintain the viability of the biodiversity values described above in (a) to (d)."

[9] Environmental and Social Standard 6, paragraph 21: "Natural habitats are areas composed of viable assemblages of plant and/or animal species of largely native origin, and/or where human activity has not essentially modified an area's primary ecological functions and species composition."

Questions	Answer		Next Steps
	Yes	No	
32. Is the subproject to be located adjacent to a sensitive site (historical or archaeological or culturally significant site) or facility?			If "Yes": Apply Chance Find Procedures in Annex 5.
33. Locate near buildings, sacred trees or objects having spiritual values to local communities (e.g. memorials, graves or stones) or require excavation near there?			If "Yes": Apply Chance Find Procedures in Annex 5.

3. Conclusion

Based on the result from the screening above, please list the E&S risk management instruments to be prepared / adopt and implemented:

Name and title of person who conducted screening:

Date of screening:

Annex 5: Screening Tool for impacts associated with land acquisition, involuntary resettlement and restrictions of land use (ESS 5)

1. SUBPROJECT DESCRIPTION

1.1 Subproject name :

1.2 Location :

1.3 Subproject description :

	Yes	No	Comments
1.3.1Technical specification of the planned infrastructure (footprint dimension, technical specifications to the extent these are known, etc…)			
1.3.2 Renovation			
1.3.3 Extension			
1.3.4 New construction			
1.3.5 Dimension de l'emprise requise par le sous-projet			
1.3.6 Date de début/finalisation des travaux (*indiquer dans case « commentaire »)			

2. OBSERVATIONS FROM SITE VISIT (please include date)

2. Assets observed on the site	Yes	No	Comment and if known, users or owners of assets
2.1 Empty land			
2.2 Structure (house, ancillary structure, business)			
2.3 Crops/trees			
2.4 Restriction of access or of use to natural resources			
2.5 Other assets			

3. LAND OWNERSHIP AND USES

	Yes	No	Comments
3.1 Public land[10]			
3.2 Private land			
3.3 Communal			
3.4 Ownership unknown			

[10] In the affirmative, please indicate the legal documentation observed and if possible include a copy in annex

4. **CONSULTATIONS ON LAND OWNERSHIP AND USES RECUEIL DE (these could be with neighbors adjacent to the land plot sought, the village chief, government representatives, etc…)**

5. **PHOTOS (of the plot and assets)**

6. **KEY FINDING :**

☐ The subproject generates impacts associated with involuntary resettlement (economic or physical), land acquisition or restriction of land use	☐ The subproject ***does not generate*** impacts associated with involuntary resettlement (economic or physical), land acquisition or restriction of land use

Annex 6: 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 disease: 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.
- 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.

- 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 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. 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 are 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. 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.

Table 12: ICWMP

Activities	Potential E&S Issues and Risks	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 - 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					

Subproject Type	Environmental Prevention/Mitigation Measures	Responsible Party
Buildings		
In general	a) Provide adequate drainage in the building's immediate surroundings to avoid standing water, insect related diseases (malaria, etc.) and unsanitary conditions. (Implementation phase) b) Include sanitary facilities such as toilets and basins for hand-washing. (Implementation phase) c) Restrict use of asbestos cement tiles as roofing. (Implementation phase) d) Tiled floors are preferred for easier cleaning and more hygienic. (Planning and implementation phases)	
Shelters, community centers, schools, kindergartens.	a) Design of schools, community centres, markets should follow relevant requirements on life and fire safety required by National Building Codes and relevant guidelines from the concerned Ministries. (Planning phase) b) Schools: Maximise natural light and ventilation systems to minimise needs for artificial light and air conditioning; use large windows for bright and well-ventilated rooms. (Planning phase)	
Roads, Bridges and Jetties		
Roads connecting villages, between villages and townships.	General Considerations: a) Control placement of all construction waste (including earth cuts) to approved disposal sites (at >300 m from rivers, streams, lakes, or wetlands). If we do have to dispose spent oil unexpectedly, we should use safe disposal method capable by rural community. For example- burning spend oil as fuel. (Implementation phase) b) Erosion control measures should be applied before the rainy season begins, preferably immediately following construction. Maintain, and reapply the measures until vegetation is successfully established. (Implementation and post-implementation phases) c) Sediment control structures should be applied where needed to slow or redirect runoff and trap sediment until vegetation is established. (Implementation and post-implementation phases) d) Avoid road construction in unstable soils, steep slopes and nearby riverbanks. Additional measures (see the section below) need to be applied should there be no alternatives for road alignments. (Planning phase)	
	Protect slopes from erosion and landslides by the following measures (Implementation phase): a) Indigenous Species, fast-growing grass on slopes prone to erosion. These grasses help stabilise the slope and protect soil from erosion by rain and runoff. Locally available species possessing the properties of good growth, dense ground cover and deep root shall be used for stabilisation. b) Provide interceptor ditch, particularly effective in the areas of high intensity rainfall and where slopes are exposed. This type of ditch intercepts and carries surface run-off away from erodible areas and slopes before reaching the steeper slopes, thus reducing the potential surface erosion. c) For steep slopes, a stepped embankment (terracing) is needed for greater stability. d) Place a retaining wall at the lower part of the unstable slope. The wall needs to have weeping holes for drainage of the road sub-base, thus reducing pressure on the wall. e) Rocks (riprap) can be used in addition to protect the slope.	

Subproject Type	Environmental Prevention/Mitigation Measures	Responsible Party
	f) Prevent uncontrolled water discharge from the road surface by sufficiently large drainage ditches and to drain water away from the down slope.	
Bridges (less than 20 meters) and Jetties	Erosion protection (Planning and implementation phases): a) The main method of slope and erosion protection is the construction of gabions (gravity walls that support jetties bankment or slopes which have a potential to slip) and ordinary stone pitching. • The slope of gabions should be in the ratio of at least 1 vertical: 2 horizontals. Flatter slopes may be adopted depending on the site terrain. • The filling of the gabions should be from strong and competent rock which is laid very closely packed to maximize the weight. • Bracing wire should be used to prevent the gabion bulging out. The bracing wire should be placed at each third of the gabion height. • The gabions should be firmly anchored into the ground by founding the gabions below the expected scour depth level. • In cases where stone pitching is not provided, the top layer should be covered by soil to encourage the growth of grass and the stabilization of the slopes. b) Stone pitching may be provided as the only erosion protection measure in those cases where the erosion potential is deemed minimal. Stone pitching is not very resistant to strong water current and is mainly used as the top finish on gabion walls.	
	Water Quality and Fauna (Implementation phase): a) Restrict duration and timing of in-stream activities to lower flow periods (dry season) and avoid periods critical to biological cycles of valued flora and fauna (e.g., spawning) b) Water flow diversion should be avoided; if it is impossible to avoid, impacts should be assessed, and mitigation proposed. c) Establish clear separation of concrete mixing and works from drainage areas and waterways	
Water Supply		
Shallow Groundwater Wells	a) Site wells so that appropriate zone of sanitary protection can be established. (Planning phase) b) Equip with slab around the well for easy drainage, a crossbeam and a pulley to support the use of only one rope and bucket for collecting water. One rope and bucket is more hygienic for the well and water. (Implementation phase) c) Install steel steps/rungs (inside wall of a deep well) for maintenance and in case of emergency. (Implementation phase) d) A groundwater well usually has a wide-open water area. It is necessary to provide a cover/roof/wire mesh on top to protect this area from falling leaves or debris. (Implementation phase) e) Wells should always be located upstream of the septic tank soak-away. Build the soak-away as far away as possible from the well (minimum 15 m/50 feet) as it can influence the quality of the drinking water when it is too close.-(Planning and implementation phases) f) Before using a new water source, test water quality and when intended for potable purposes ensure water meets the national drinking water standard. Water quality should also be monitored in the case of all well rehabilitation. (Post implementation phase)	
Spring	a) Every spring capture should be equipped with a filter and a sand trap. Add a wall between the inflow and the outlet pipe to create chamber for settling out sand; build the wall with a notch (lowered section) for controlled flow. Sand must be cleaned out periodically (operation and maintenance). (Implementation and post-implementation phases) b) Collection basin for spring capture needs to have a perforated PVC pipe (holes diameter 2mm) to be used as a screen for the water intake. Alternatively, a short pipe with wire mesh (screen) around the open end should be provided. (Implementation phase) c) Collection basin needs to have a fence to protect the spring from public access and risk of contamination; and a roof/cover over the spring to prevent leaves or other debris from entering the basin. (Implementation phase)	
Rainwater harvesting	a) Rainwater storage reservoir should be intact, connected to roof gutter system, with all faucets and piping intact. (Implementation phase) b) If distribution pipes are attached into the storage reservoir, install the distribution	

Subproject Type	Environmental Prevention/Mitigation Measures	Responsible Party
	pipes 10cm above the storage/tank bottom for better use of the storage capacity. (Implementation phase) c) Cover must be fitted tightly onto the top of the storage reservoir to avoid overheating and growth of algae (from direct sunlight), and to prevent insects, solid debris and leaves from entering the storage tank. (Implementation phase) d) A ventilation pipe with fly screen should be placed in the cover to help aerate the tank/reservoir which is necessary for good water quality. (Implementation phase) e) Roof gutters need to be cleared regularly, as bird and animal feces and leaf litter on roofs or guttering can pose a health risk if they are washed into the reservoir tank. (Post-implementation phase) f) Reservoir tanks need an overflow so that in time of really heavy rain, the excess water can drain away. The overflow should be designed to prevent backflow and stop vermin/rodents/insects entering the system. A good design will allow the main storage tank to overflow at least twice a year to remove built up of floating sediment on the top of the stored water and maintain good water quality. (Planning and implementation phases)	
Installation / Rehabilitation of pipelines	Preventing contamination at water sources: a) Build a structure with roof over the water source to prevent leaves or other debris from entering into the basin. (Implementation phase) b) A fence is needed to protect the water sources (springs particularly) from public access and risk of contamination. (Implementation phase) c) The sand/gravel filter traps sediment before the spring flow enters the collection chamber and has to be changed during periodical maintenance. (Implementation and post-implementation phases) Pipe Laying: a) PVC water transmission and distribution piping need to be buried underground (coverage 50cm minimum) to prevent pipe against external damage (e.g. passing vehicles, solar UV radiation, etc.). Exposing PVC pipe to UV radiation causes the plasticizer in the PVC pipe to evaporate causing loss of integrity and brittleness. (Implementation phase) b) Pipe shall be laid in a straight line, over a constantly falling slope. (Implementation phase) c) When conditions do not allow piping to be buried (i.e. pipe is used above ground), then metal pipe must be used, and supported/braced as excessive movement may lead to leaks and breaks. (Implementation phase) d) Outlet pipes and fittings from water storage/basin shall not be PVC pipe due to exposure to solar UV/sunlight. Metal piping and fittings are preferred. (Implementation phase) e) When the distribution pipes are laying via forest area, the following considerations are needed (Planning and implementation phases): • The route must be considered with minimum effects of changing the existing situations of the forest as well as the least habitats area of the animals • Setbacks distances from important natural features (e.g. mineral licks, wildlife features such as nest, leks, dens, staging areas, lambing areas, calving areas) to conserve wildlife values should be kept, if necessary.	
Electrification		
Solar power supply	a) Tidy wiring for easy maintenance and reduces the risk of accidents. (Implementation phase) b) Need to raise community awareness on electrical hazards and health and safety concerns, as well as proper maintenance of solar panels (Implementation and post-implementation phases) c) Need to raise community awareness on proper disposal of solar panels, specifically avoiding disposal of panels near water bodies (Post-implementation phase)	
Access to Sanitation		
Public latrines/toilets	a) All toilets must have a septic tank made from non-permeable material such as concrete, plastic or fiberglass to provide primary treatment of fecal waste. (Implementation phase) b) PVC pipe used to connect pour-flush toilet to a septic tank must be buried underground or covered over (with cement) for protection and to prevent exposure to sunlight. (Implementation phase) c) Metal pipe is a preferred choice to be used as the gas vent pipe on septic tanks. Never use PVC pipe as it is unable to withstand long-term exposure to sunlight.	

Subproject Type	Environmental Prevention/Mitigation Measures	Responsible Party
	(Implementation phase) d) A toilet should be at least 20 meters from water sources (well, spring, river). (Planning and implementation phases)	
Wastewater Systems		
Wastewater sewerage and treatment	a) Septic tanks must have a vent pipe to prevent the build-up of gas inside the chamber and shall have a 'manhole' that provides access inside the tank if needed. (Implementation phase) b) Ensure that the septic tanks have two chambers: first chamber is for settling of sludge, and the second chamber is for aerobic treatment. These chambers will generally treat wastewater better. Partially treated septic tank effluent can pollute groundwater and surface water. (Implementation phase) c) Do not discharge septic tank effluent to an open drain or other surface water. The effluents need to be treated before final disposal. This may be achieved through: (i) an underground leach field, (ii) a vegetated leach field, or (iii) a pit for soaking away. (Implementation phase) d) Community awareness should be raised so that the community inspects the septic tanks periodically and ensures that the septic tanks are emptied every few years for the tank to continue to function properly. (Implementation and post-implementation phases)	
Solid Waste Management	a) Solid waste depots/disposal need to be located on hard-standing areas that prevent waste entering surface or groundwater. (Implementation phase) b) Waste depots/storage/disposal should be contained, sealed and/or roofed/covered to prevent storm water contamination. Wastes need to be emptied regularly. (Implementation phase)	

1. INTRODUCTION

The primary objective of the World Bank's Environmental and Social Standard (ESS 2) on 'Labor and Working Conditions' is to promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly while also providing them with safe and healthy working conditions. Specific objectives embedded in this general objective include:

- To promote safety and health at work.
- To promote the fair treatment, nondiscrimination, and equal opportunity of project workers.
- To protect workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate.
- To prevent the use of all forms of forced labor and child labor
- To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law.
- To provide project workers with accessible means to raise workplace concerns.

Accordingly, the purpose of this Labor Management Procedure (LMP) is to facilitate the planning and implementation of the project by identifying the main labor requirements and the associated risks especially with Health Security and Resilience in West and Center Africa Project and determining the resources necessary to address the project-related labor issues. The LMP also sets out general guidance relevant to different forms of labor but also issues and concerns that relate to the Project.

2. OVERVIEW OF LABOUR USE ON THE PROJECT

Types of project workers: Implementation of the project will involve different categories of workers for different activities associated with the response activities. ESS2 classifies project workers into the following four groups: (i) direct workers, (ii) contracted workers, (iii) primary supply workers, and (iv) community laborers. As per this classification and labor needs of this project, three groups of workers including contracted workers, primary supplier workers, and community workers are applicable to this project.

The following categories of workers are expected to be key in the response activities:

Direct Workers

Project Implementation Unit (PIU)

These are workers that are expected to work directly on the project management team. This team is responsible for overall project management with oversight responsibility on fiduciary and procurement, environmental and social, Gender-Based violence (GBV), and sexual exploitation and abuse (SEA) issues. The Ministry of Health (MOH) has a project implementation unit (PIU) that is currently implementing several World Bank financed projects. This PIU will be responsible for the implementation of this project. The PIU has 15 staffs, including a Project Manager, Deputy Project Manager, Procurement Specialists, Program Officer, and Environmental Officer. Additional staff, including a Social Safeguard Specialist, will be recruited specifically for the implementation of this project. These are permanent staff required for the full duration of the project.

Short Term Technical Staff

In addition to these permanent staff required for the full duration of the Project, the Project may directly hire other technical staff for limited duration based on specific needs. For example, when civil works are undertaken for the renovation of healthcare centers, and treatment facilities, etc., a civil engineer may be required for monitoring the various sites.

All these staff, including the civil servants assigned to serve in the PIU, are considered as direct staff of the project under ESS2 and the respective standards and provisions will apply. However, the civil servants assigned to serve in the PIU of the Project, whether full-time or part-time, will be bound by their existing public sector employment agreement or arrangement, and provisions under this LMP will not apply to such parties. However, their health and safety need as required under ESS2 will be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to Health Security and Resilience in West and Center Africa project, will apply to them.

Health care Workers

Healthcare workers are expected to shoulder most of the burdens of fighting this pandemic. The project is expected to engage approximately five thousand (5000) healthcare workers. Healthcare workers will play many roles in the response activities and will be engaged in the project as direct workers, contracted workers, or civil servants. The frontline service providers are expected to be mainly direct workers engaged by the project to carry out specific activities, including contact tracing and other frontline services.

Contracted Workers

Most of the workers required during renovation activities will be contracted workers. Contracted workers would be needed for masonry, electrical, plumbing and support activities. The number of contracted workers will vary throughout the period of renovation activities. The rehabilitation works associated with this project is in two phases: Reference laboratory in Palala Bong County; and the renovation of the Star Based facility. For the two facilities combined renovations, the project is expected to hire between 25-50 contracted workers. Both facilities are in separate locations and will be renovated by different contractors.

Community Workers

Even though the project is not designed and conducted for the purpose of fostering community-driven development, the project will engage a number of community workers in circumstances defined in paragraph 34 of ESS2 and as defined in component 1 of the project document. There will be particularly labour hire for the major civil renovation works. Minor casual activities will be driven by qualified local community labourers as means of community-based empowerment and involvement of locals.
Specific section of ESS2 which is applicable to community workers in this project is described below:

(a) The nature and scope of the project

(b) The specific project activities in which the community workers are engaged.

(c) The nature of the potential risk and impact to the community workers

As the infection moves into a community phase, particular attention was given to community members and youth to ensure people regularly entering the community wash their hands, wear the appropriate PPEs, and maintain social distancing.

3. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

Project Activities and Key Labor Risks

The potential risks related to labor and working conditions are work-related discrimination, GBV/SEA and OSH risks. Project labor risks including those specific to project are described below:

Project Activities	Key Labor Risks
Preparation and implementation of risk communication, community engagement and behavior change, including social distancing measures and associated mitigation strategies.	• Inadequate terms and conditions of employment for employees and consultants, including those relating to hours of work, wages, overtime, etc. • Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. • Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment. • Risks of contamination during community visits. • Workers as vectors of disease and hence risks to community health and safety. • Risks of child labor and forced labor, though expected to be minimal
Increasing laboratory and diagnostic capacity • Training to health workers and other frontline stakeholders • Increasing number of testing kits, expansion of special panel kits, expansion of testing capacity to • Transportation of samples • Certification of safety cabinets	• Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out the testing, transporting samples, delivering training, etc.
	• Stigma and passing on infections to family members and community. • Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. • Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. • Absence of a mechanism to express grievances and protect rights. • regarding working conditions and terms of employment • Risks of child labor and forced labor, though expected to be minimal. • Social tensions due to concerns about community health and safety
Containment and treatment efforts • Establishment of local isolation units in hospitals • Establishment of treatment facilities in other existing spaces • Intensified contact tracing of known cases.	• Workers brought in to carry out the civil works required to establish isolation units, quarantine facilities, may become vectors for transmission of disease to other workers in construction project sites and nearby communities. • Untenable overtime, psychological distress, fatigue, occupational burnout among health care workers

Project Activities	Key Labor Risks
• Expansion of intensive care unit (ICU) capacity, including the establishment of additional ICU beds and the necessary equipment and supplies to make them functional. • Training on implementation guidelines and SOPs to frontline health workers, hotel and resort staff, airport personnel and other frontline stakeholders.	• Risks associated with GBV and SEA/SH in quarantine/isolation facilities. • Risks of exposure while handling of medical specimens or treatment of zoonosis or any pathological illness to patients. • Stigma and passing on infections to family and community. • Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. • Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. • Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment. • Risks of child labor and forced labor among frontline stakeholders, though expected to be minimal. • Social tensions due to concerns about infection spread to the communities in the vicinity of the HCFs, quarantine centers, etc.
Renovation, refurbishment & minor civil works	• Fall from height or fall from the same level. • Contact with moving parts of a machine and tools. • Contact with electrical tool and wires. • Exposure to hazardous substances • Extreme muscular exertion (materials handling) • Struck by moving vehicles and equipment and falling objects. • Exposure to high level of noise • Heat exhaustion • Exposure to dust • Exposure to hand-arm vibration (HAV) or whole-body vibration (WBV) • Exposures to metal fumes and to ultraviolet (UV) radiation • GBV and SEA

4. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS & CONDITIONS

Below is the overview of the key aspects of the national labor law taking into consideration of terms and conditions of ESS2 (Labor and working conditions, paragraph 11).

Wages and Deduction

The amount and form of remuneration in Liberia is determined by the individual labor contract. Payment of wages is done monthly. The Labor Law of Liberia requires employers to pay wages that are due to an employee in cash, except where the employee agrees in writing to payment of wages by postal order, money order, check or lodgment at a financial institution to the credit of an account standing in the name of that employee or in the name of that employee and some other person or persons jointly.

The Labor Laws set out a minimum salary of every category of workers under the employed of concession, industrial, company business etc. based on the Decent Work Act. The minimum wage in the formal sector (concession, industry, business, company, etc.) worker/employee is United States Sixty-eight cents (US$0.68) per hour or United States Five Dollars – Fifty Cents (US$5.50) per day. Domestic and/or casual worker/employee is entitled to a minimum wage of United States Forty-three Cents (US$0.43) per hour or United States Three Dollars – Fifty Cents (US$3.50) per day. The employers usually deduct the income tax and health and social insurance contributions automatically from the wages and transfer them to the Liberia Revenue Authority or appropriate and social authorities.

Working Hour & Break

The Decent Work Act of Liberia (Part V, Chapter 17, Sec. 17.1a) states that the ordinary working hours shall be eight hours in any one day and forty-eight hours in any one week. The Act also requires employers to clearly display a notice showing the hours at which work begins and ends and the daily rest periods, in a readily accessible location in any workplace under their control.

Overtime Work

Section 17.5 of the Act allows overtime work. Any hour worked more than the ordinary working hours of eight hours per day is overtime. An employer may require an employee to work a maximum of five hours beyond ordinary hours of work in any week, and all work more than ordinary hours shall be paid at a rate not less than fifty per cent above the normal rate for that work.

Meal Break

Section 17.7 of the Act requires an employer to give an employee who works continuously for more than five hours a meal interval of at least one continuous hour, for which time the employee shall be paid.

Daily Rest period

Section 17.9 of the Act requires an employer to allow an employee a daily rest period of at least twelve consecutive hours between ending and commencing work.

Leaves

The right to annual leave is guaranteed to all employees under the Labor Law of Liberia. Chapter 18, Sec. 18.1 of the Act provides that any employee who works based on an individual labor contract shall benefit from the right for annual rest leave. Every employee is entitled to a minimum uninterrupted period of annual leave as follows:

i) During the first twelve (12) months of continuous service with an employer, the number of working days in one (1) week.
ii) During the first twenty-four (24) months of continuous service with an employer, the number of working days in two (2) weeks.
iii) For continuous service of thirty-six (36) months, the number of working days in three (3) weeks; and
iv) For continuous service with the same employer for sixty (60) months and thereafter, the number of working days in four (4) weeks. An employee who has taken either of this annual leave shall receive their full remuneration as per the civil servant Standing Order and Decent Work Act.

The Act also provides for paid maternity and paternity leave, sick leave, bereavement leave, and leave to care for other.

Figure 4: Short terms and Seasonal Contracts

Short-term and seasonal contracts are not clearly covered in the Liberian Labor Law and practically those employees do not benefit from annual leaves.

Labor Dispute

Sections 40.1- 40.6 of the Decent Work Act contain provisions for resolution of labor dispute in Liberia. The Act has provisions in this section that allow workers to resolve individual and collective disputes between the employer and the employee(s) over the terms and conditions of a labor agreement.

5. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

The Liberia Labor law (the Decent Work Act, 2015) is the primary legislation that provides the framework for occupational health and safety (OHS) in Liberia. Part VI of the Act which covers Occupational Safety and Health is very extensive and generally covers most of the key requirements of para. 24-30 of ESS2. Part VI covers several themes including the following:

Objectives of the OHS legislation which are generally in line with the objectives of ESS2.

Amongst others, the objectives are to:

i) Provide secure the safety, health and welfare of employees and other persons at work.

ii) Eliminate at their source, so far as is reasonably practicable, risks to the safety, health and welfare of employees and other persons at work.

iii) Ensure that the safety and health of members of the public are not exposed to risks arising from work or workplaces.

iv) Provide for the involvement of workers, employers, and organizations representing those persons, in the formulation and implementation of safety, health and welfare standards; and

Employer's Obligation

Part VI, Chapter 25, of the Act provides requirements for Employer's Obligations. It covers general duties of employers, including the duty to ensure so far as is reasonably practicable the safety and health at work of all workers they have engaged; the duty to provide and maintain plan and systems of work that are safe and without risks to health; and the duty to provide, in

appropriate languages, such information, instruction, training and supervision as may be necessary to ensure the safety and health of workers they have engaged.

In according with the provision of best practice and environmental regulation of the World Bank, the borrower (GOL) to obligate occupational health and safety OHS in the Contractor Environmental and Social Management Plan (C-ESMP). It is the responsibility of the contractor to ensure that during construction works prevention of the spread of disease are adhere to which include adequate social distancing, wearing of the appropriate PPEs and hand washing are observed at the project site. These measures are part of the C-ESMP prepared before the start of the project.

Employer-employee occupational safety and health collaborations will be through the health & safety personnel (that should be formed at each workplace), which empower the worker with the ability to manage the intended and unintended health and social consequences from the work being done. In addition, there will be a need for the creation of public awareness, which will further empower all persons in the workplace to safeguard their own health through training and workplace publicity-campaign (mainly through signage) to generate social consciousness of potential occupational safety and health hazards.

In addition, for POCs, treatment centers and health facilities managing cases, the measures provided in the WHO guidance will be applied. Specifically, the following shall be streamlined:

a) Appoint a dedicated team with responsibilities to identify and implement actions that can mitigate the effects on the facility and community around it.
b) Develop and provide information on good practices for preventing disease transmission, particularly observing recommendations on social distancing, and for training staff to recognize the symptoms.
c) Ask workers to stay away from work in cases where they exhibit any symptoms or have been in close contact with a confirmed cases with patient during the previous 14 days.
d) Provide enough water/soap handwashing facilities in all workplaces and provide disposable tissues and garbage bins. People should be encouraged to speak up if they encounter non-conforming behavior.
e) Adjust workplace designs and work processes to minimize close contact among workers. This may include working in shifts and/or expanding the work areas.
f) Provide suitable personal protective equipment (PPE) to personnel performing the cleaning activities. Follow the manufacturers' instructions for use of cleaning and disinfection products.
g) Assess and ascertain the suitability and safety of workers' accommodation.

Figure 5: Except from Decent Work Act of Liberia

Even though OHS provisions in the Decent Work Act of Liberia are exhaustive and generally cover the objectives and requirements set out in ESS2 paragraphs 24-30, implementation and enforcement of these provisions are generally weak due to several reasons, including the lack of capacity, logistics, and inadequate funding. The MOH will therefore need to ensure that all applicable provisions are implemented and contractually enforceable by ensuring appropriate clauses and provisions are included in all relevant contracts.

6. POLICIES AND PROCEDURES FOR MANAGEMENT OF LABOR ISSUES UNDER THE PROJECT

This section sets out the mitigation measures that will be adopted by the project to address the risks mentioned in Section 3, including those relating to responding to the specific risks to workers posed by any zoonosis disease

a) Terms of Employment: Direct Workers

- All project staff will be provided with an employment contract as per the requirements of Employment Decent Work Act of Liberia
- Maximum working hours for staff will not exceed the maximum limit set in the Decent Work Act, i.e., 48 hours a week.
- Equal training opportunity will be available to all staff working in the project without discrimination, based on gender or otherwise, as specified in the Decent Work Act. It is responsibility of the Project Director to ensure that such discrimination does not exist.
- All project staff will be provided with health insurance packages, equivalent to that given by other government companies and institutions working in similar capacities.
- Any foreign party employed by the project will have a valid work permit and a work visa while working in Liberia as required by the relevant laws.
- All staff will be made aware of GRM available for the staff as specified under this LMP.

To ensure enforcement of these aspects highlighted in the LMP, these provisions will be included in the employment contracts of all direct workers. If workers, particularly health care workers, are allowed (or required) to work longer hours than normal, due to emergency, this should be documented alongside measures taken to protect such workers (e.g., mandatory rest breaks).

b) Terms and Conditions: Contracted Workers

- List of workers to be utilized in relation to the project, with proof of employment will be required to be submitted to PIU by all contractors.
- Construction work can only commence once the following conditions are met:
- Site specific plan (after risk assessment) appropriate for the level of the contractor's undertaken developed prior to the commencement of work.
- Induction covering the risks and hazards of the contractor's undertaking for all workers once hired.
- Toolbox training completed by all staff employed by the contractor.
- All the required Personal Protective Equipment are acquired by the contractor for all workers.
- An internal transparent and accountable system will be established within the company to tackle issues of sexual harassment, physical and psychological harassment, and workplace bullying. Details of this system will be shared with PIU prior to signing any contracts or agreements.
- The leave policy of the company will be shared and confirmed that it is in line with national laws and regulations.
- All foreign parties employed by all contractors/investors will have valid work permit. The work permit details will be shared with PIU.
- All vehicles used by any contractor/investor for the purpose of the project will have valid registration, insurance, and road worthiness.
- All contracted staff will be made aware of grievance redress mechanism available for the staff specified under this LMP.

To ensure the enforcement of the provisions mentioned here for the contract workers by the contractor, the conditions highlighted here will be included in the contracts signed with all the contractors. If workers, particularly health care workers, are allowed (or required) to work longer hours than normal because of any emergency, this should be documented alongside measures taken to protect such workers (e.g., mandatory rest breaks).

c) Working Conditions and Living Arrangements: Direct Workers and Contracted Workers

- Entry and exit from site/workplace will be strictly controlled.
- Separate male and female toilet facilities will be provided at all project offices, field/construction sites.
- Potable drinking water and handwashing facilities will be available at all project offices and field/construction sites.
- Working environment will be clean, hygienic, and safe.
- All project offices will be free of pests. Where pests are detected pest control measures will be taken immediately.
- Fire detection and firefighting equipment will be available at all project offices.
- Emergency evacuation plan will be established for all project offices and staff will be made aware of the plan and periodic simulation exercises that needs to be implemented. Adequate safety signs will be installed at the work site giving clear direction. These will be provided in addition to English in the language of the workforce.
- Construction work site will be demarcated & fenced, and warning signs will be displayed in English.
- Work tasks will be rearranged or numbers of workers on the worksite will be reduced to allow social/physical distancing, or rotating workers through a 24-hour schedule.
- Adequate PPE will be provided to workers, including:
- Facemasks, gloves, etc., if possible, to prevent spread of diseases.
- Enclosed shoes will be worn by all staff (safety shoes are preferable).
- Safety harness will be provided (through contractors, investors, or project directly) when.
- climbing heights at project sites.
- Worker accommodation, if required and relevant, will have the following provisions:
- Accommodation arrangements will be reviewed, to see if they are adequate and designed to reduce contact with the community.
- Male and Female workforce will be housed separately.
- Constant and reliable electricity supply will be made available. In addition, sufficient lighting and cooling systems will be established.
- Shower and toilet facilities will be available at the accommodation site. A minimum ratio of 01 toilet/shower per 20 workers will be maintained. Separate facilities will be provided for men and women.
- Toilet and drainage will be connected to local sewer system, where not available septic tanks will be used for treatment prior to disposal.
- Individual bedding will be provided to all workers.
- Storage space for individual belongings will be provided for all workers.
- Designated locations for waste disposal with clearly marked bins will be established. Bins will be emptied daily, and the site will be cleaned daily.
- Meals to the site will be prepared from a Health Protection Agency (HPA) certified facility (whether food is prepared on site or offsite)
- Monthly inspection to determine pest infestation on the site will be carried out.

To ensure enforcement of these aspects highlighted in the LMP, these provisions will be included in the employment contracts of all direct workers. Further, to ensure the enforcement of the provisions mentioned here for the contract workers by the contractor, the conditions highlighted here will be included in the contracts signed with all the contractors.

7. RESPONSIBLE STAFF

The overall responsibility for the implementation of all aspects of the project lies with the Project Implementation Unit (PIU) of the Ministry of Health. The PIU currently has 15 staff, including a Project Manager who is the head of the portfolio and a Deputy Project Manager. Other key project staff include 2 procurement Specialists, 1 Finance Manager, 1 Finance Assistant, 1 Environmental Specialist, 1 Program Officer and a couple of few other staff. Additional staff, including a Social Safeguard Specialist, will be recruited specifically for the implementation of this project.

The PIU under the direct supervision of the Project Manager will coordinate the engagement and management of project workers and a designated staff such as the Environmental and Social Safeguard specialist for the following activities:

(a) Ensure that contractor(s) responsible for the civil works under the project prepare the OHS plan to meet the requirements of national occupational health and safety regulations before the start of the works.
(b) Monitor regularly that the Contractor(s) are meeting contractual obligations towards contracted and sub-contracted workers as included in the General Conditions of Contract the World Bank Standard Bidding Documents, and in line with ESS2 and Decent Work Act
(c) Monitor that OHS standards are met at workplaces in line with national occupational health and safety legislation and Occupational Health and Safety Plan.
(d) Ensure that the workers for all contractors and subcontractors are aware about the grievance redress mechanism.
(e) Ensure that grievances are registered and addressed properly by the appropriate party.

For project activities involving renovation/refurbishment and minor civil works, the contractor is expected to oversee labor and safety performance on a regular basis (daily) on behalf of the employer.

Amongst other obligations required by the Labor Law of Liberia and the relevant World Bank's Environmental and Social Standards, the contractor will be responsible for the following:

i) Develop a Contractor's Environmental, Health and Safety Plan that meets the Employer's requirement which incorporates requirements of ESS2 and OHS provisions in the Decent Work Act of Liberia prior to the commencement of work.
ii) Assign or employ a competent person responsible for the adaption and implementation of the OHS plan to the requirements of the project.
iii) Ensure so far as is reasonably practicable the safety and health at work of all workers they have engaged.
iv) Provide and maintain plant and systems of work that are safe and without risks to health.
v) Maintain records of recruitment and employment process of contracted workers.
vi) Clearly communicate job description and employment conditions to contracted workers.
vii) Develop a system for regular review and reporting of labor, and occupational safety and health performance on site.

viii) Develop and implement a grievance redress mechanism that would record and address the grievances raised by the workers.
ix) Deliver regular orientation and OHS training to employees.

8. POLICIES AND PROCEDURES

Forced labor which consist of any work or services not voluntary performed that is exacted from an individual under threat of force or penalty will not be used in connection with the project.

Freedom from forced or compulsory labor

No person in Liberia shall be subjected to forced or compulsory labor, provided however that this does not prohibit work or service. A person shall not directly or indirectly cause, permit or require any person to perform forced labor except in the event of emergency, that is to say, in the event of war or of a calamity or threatened calamity, such as fire, flood, famine, earthquake, violent epidemic or epizootic diseases, invasion by animal, insect or vegetable pests, and in general any circumstance that would endanger the existence or the well-being of the whole or part of the population.

Freedom from the worst forms of child labor

Part II, Section 2.3, of the Decent Work Act prohibits child labor. The Act defines a child as a person under the age of 18. The Act prohibits the following:

i) All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict.
ii) The use, procuring or offering of a child for prostitution, to produce pornography or for pornographic performances.
iii) The use, procuring or offering of a child for illicit activities, for the production and trafficking of drugs as defined in the relevant international treaties.
iv) Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or welfare of children.

Employment rights and Obligation

All the workers hired under the project, whether direct, contracted, or sub-contracted, will be employed based on the principles of non-discrimination.

Without limiting the scope of the preceding provision, all persons who work or who seek to work in Liberia are entitled to enjoy and to exercise the rights and protections conferred by this Act irrespective of:

i) Race, tribe, indigenous group, language, color, descent, national, social, or ethnic extraction or origin, economic status, community, or occupation.
ii) Immigrant or temporary resident status.
iii) Sex, gender identity or sexual orientation.
iv) Marital status or family responsibilities; previous, current, or future pregnancy or breastfeeding.
v) Political affiliation or opinion, or ideological conviction.
vi) Physical or mental disability; health status including HIV or AIDS status, whether actual or perceived; and

vii) Irrelevant criminal record, acquittal of a crime or dismissal of a criminal prosecution against them; or personal association with someone possessing or perceived to possess one or more of these attributes.

9. AGE OF EMPLOYMENT

The minimum age for employment on the project will be in line with the requirements of Liberia Labor Law since the Labor Law specifies a higher age than that specified ESS2 para. 17. Section 21.2 of the Decent Work Act prohibits the employment of children under the age of fifteen (15) in full time employment. However, Sections 21.3 of the Act permits children under 15 years to be employed in light work provided:

i) They may only work for a maximum of two hours in a day and fourteen hours in a week; and ii) are employed in compliance with any prescribed procedures.
ii) The work is not likely to be harmful to a child's health or safety, moral or material welfare or development; and ii) is not such as to prejudice the child's attendance at school or their capacity to benefit from instruction.

The Act prohibits children from engaging in hazardous work. It defines hazardous work as work involving the following:

i) Work which exposes children to physical, psychological, or sexual abuse.
ii) Work underground, under water, at dangerous heights or in confined spaces.
iii) Work with dangerous machinery, equipment, and tools, or which involves the manual handling or transport of heavy loads.
iv) Work in an unhealthy environment which may, for example, expose children to hazardous substances, agents, or processes, or to temperatures, noise levels, or vibrations damaging to their health; or
v) Work under particularly difficult conditions such as work for long hours or during the night, or work where the child is unreasonably confined to the premises of the employer.

A child over the minimum age but not less than 18 years may be employed by the project provided conditions in para.18 of ESS2 are satisfied, and that no child over the minimum age and under the age of 18 will be employed or engaged in connection with the project in a manner that is likely to interfere with the child's education or be harmful to the child's health or physical, mental, spiritual, moral, or social development.

Construction works are generally classified as hazardous activities. Therefore, no person under the age of 18 will be employed to engage in construction works. The contractor will be responsible to ensure those employed to engage in construction activities are 18 years or above. It is the contractor's responsibility to establish verifiable systems and procedures to implement this requirement.

Whenever it is brought to the attention of the employer of the presence of a person or persons below the minimum age of employment in the employ of the contractor, the employer may investigate immediately and, if proven, request the contractor to immediately terminate said person's contract, while paying all due benefits, and remove them from site immediately.

10. TERMS AND CONDITIONS

The terms and conditions of employment applying to workers in this project will largely depend on the nature of their employment contracts and shall be governed by the Liberian Labor Law. These terms and conditions will be clearly mentioned in the written contracts for all type of workers, whether full-time or part-time, and be made known to project workers prior to

commencement of work. Detail terms and conditions related to wages and hours of work are provided in Section 3 of this LMP.

11. GRIEVANCE MECHANISM

The MOH has a Grievance Redress Mechanism (GRM) in place for ongoing Bank financed project. The project established GRM will cater to the needs of workers employed by this project and any person who may have project related complaint. The contractor(s) will be required to inform their workers, and sub-contractor(s), and display publicly on worksite the information about the existing project GRM which will include:

- A brief description of the GRM mechanism and what it is used for.
- The process to send grievances such as comments/complaints forms via suggestion boxes, email, a telephone hotline with an indication of the email, telephone number, fax, mailing address.
- The responsible unit and or person for reviewing the submitted grievances.
- Stipulated timeframes to respond to grievances; and
- Mechanisms for escalation of grievances at next level of the GRM

Establishment of this worker's GRM is a commitment in the Environmental and Social Commitment Plan. The project GRM established under the current REDISSE II project and upgraded for the IFISH project will be applicable to the Health Security and Resilience in West and Center Africa Project.

The project will have several channels for complaints and grievances including email, phone calls, texts, blogs, toll free number and letter writing that will also be accessible to all workers. Information on the project GRM will be made available to workers at all facilities, government offices (both national and county) and community level to ensure that all workers, including CHVs have adequate information on how to lodge a complaint and who to direct it to. Anonymity will be assured when handling workers' grievances. Although 'suggestion boxes' exist in many worksites and appear to be a preferred form of reporting complaints, the experience has been that these boxes are hardly opened. If these must be used as part of the GRM, a structure needs to be put in place for opening, reviewing, responding, and providing feedback on the issues raised.

The following actions will be used for managing complaints for this project:

a. Complaints should be sent to the GRM focal point at the workplace by email, text, phone, letter or in person. The complaints should be collated onto a complaints form and logged into the register and reported using the format provided the project SEP. The email address and phone number will be made available to the workers at signing the contract/recruitment.
b. Complaints should be reviewed by the PIU weekly upon receipt. The team will review the complaints and provide guidance on the course of action and ensure follow-up on previous complaints. Any preliminary investigation should take place within 5 working days of the committee meeting. Feedback will be given to the complainant within 10 working days.
c. For informal complaints i.e., those raised through social media, print media, or not formally lodged, the committee should be deliberate upon them to decide whether to investigate based on the substance and potential impact/reputational risk.
d. If the complaint is referred to the main project GRM and government's legal complaints structures the World Bank should be notified.
e. Complaints regarding SEA should be kept confidential, the name of the complainant should not be recorded, only the age and gender of the complainant, and whether a project

worker was involved and should be sent directly to the project Manager who should immediately inform the World Bank.

f. No disciplinary or legal action will be taken against anyone raising a complaint in good faith.

12. SEXUAL EXPLOITATION, ABUSE AND SEXUAL HARASSMENT (SEA/SH)

Introduction

A Pandemic is a public health, social and economic crisis that is global in scale. With restrictions on travel and movement, civil society and humanitarian organizations play a critical role in supporting governments to respond. All people should remain safe from sexual exploitation and abuse while receiving humanitarian aid, including health services and treatment, without abuse or exploitation. If sexual exploitation or abuse does occur, they should have access to safe and confidential reporting channels and services.

As seen in previous public health emergencies such as Ebola when the humanitarian response scales up the risk of SEA increases. Women and children in particular face heightened protection risks. The surge in new responders (including non-traditional humanitarian responders) combined with high demand and an unequal supply of food and health supplies increases risks.

The MOH shall designate a PSEA Focal Point to identify SEA risks in the implementation of the disease response and outline actionable and feasible measures on how to minimize these SEA risks. In addition, the ministry of Health shall apply the following World Bank and partners guideline on SEA/SH.

Recommended Action for SEA/SH Response

This process should commit to proactive, early information sharing and coordination to ensure a robust global response that utilizes intersectional analyses to account for the needs of all individuals, irrespective of ethnicity, gender, nationality, or sexual orientation. These efforts should take place with the full participation of at-risk populations, particularly women and girls.

Health Services Delivery

Health services delivery actors should in a short term provide the necessary guidelines to mitigate SEA/SH during the implementation of the project. The following recommended guidelines to mitigate against SEA/SH for the HSRWCA project should be applied:

a. Engage with local communities to provide access to information for all populations, avoiding convening large groups where this may increase the risk of transmission. Account for age, disability, education, gender, migration status, sexual orientation, and the existence of pre-existing health conditions in this engagement and be cognizant of the fact that no group is homogenous, so programming cannot be either.
b. Train health care workers to properly identify GBV and IPV risks and cases; to handle disclosures in a compassionate, non-judgmental way; and know to whom they can referral patients for additional care.
c. Involve existing female health care workers and local women leaders in decision making to ensure that responses to disease outbreaks adequately address the needs of women and girls in each community.
d. Consider the disparate effects of quarantine or social distancing measures on different populations.

e. Work with humanitarian organizations to plan for and mitigate the risk that outbreak response measures might result in unaccompanied or separated minors.
f. Ensure that menstrual hygiene, obstetric, reproductive, and other primary health care commodities are well-stocked and available at health care facilities.
g. Disaggregate outbreak-related data by sex, age, and disability so that health experts can understand differences in exposure and treatment and tailor preventive measures.

Reducing Risk during Project Implementation

Examine and mitigate potential SEA risks in healthcare delivery settings, including through comprehensive training of healthcare personnel; the introduction or reinforcement of PSEA Codes of Conduct for all healthcare providers; and by ensuring access to safe and appropriate complaints and feedback mechanisms in healthcare settings.

Implement risk mitigation measures in treatment facilities and areas under curfew, especially for groups at heightened risk of Gender-Based Violence, including SEA. This could include, for example, shelters, alternative care settings, transit centers, daycare facilities, and other settings where women and children depend on assistance.

Prevention of Risk

The following Prevention measures will be taken into considerations:

- Circulate PSEA Codes of Conduct (CoC) and other safeguarding measures and remind staff of their obligation in this respect. Make sure that staff and contractors are trained and aware of their responsibilities and obligations as it relates to the CoC.
- Utilize all opportunities to support the response of national and local partners, and ensure they are trained on PSEA.
- Ensure regular safeguards are maintained during recruitment procedures (in particular of health personnel). Considering expedited recruitment procedures, it is important that core safeguards (background checks, criminal record checks) are maintained to ensure previous SEA offenders are not re-recruited. The same applies to volunteers.
- Adapt, translate, and disseminate key messages on PSEA through radio, tv, social media, print and other mediums. Ensure that key messages are included in public health messaging.

Establish Safe and Assessable Reporting Channel and Promote a Speak up Culture.

The MOH shall establish or strengthen existing complaint channels to receive and handle sensitive complaints, including SEA across the response. Where in-person complaint and feedback channels are suspended because of social distancing, ensure that other channels are developed and maintained, with full attention to preserving safety, confidentiality, and victim-sensitivity.

As first responders, particularly healthcare actors, may have the most direct contact with affected populations, they should be trained on PSEA and how potential disclosures of SEA can be handled safely, appropriately, and confidentially.

Affected communities (in particular women and girls) should be consulted on preferred alternatives to in-person complaints (phone, online, other). Any change in traditional complaint mechanisms must be sufficiently highlighted to communities in relevant languages and through relevant sources –message trees, radio announcements, and social media and community groups. Posters in treatment centers, while useful, should not be relied upon as the sole source of this information.

Strengthen the leadership and meaningful participation of women and girls and others who may face exclusion in all decision-making processes to address the disease outbreak. The MOH shall ensure information on complaint mechanisms currently available is mainstreamed in public health messaging (in particular about the presence of PSEA focal person within health structures.

Ensure community sensitization and awareness raising materials are available and visible in local languages in all treatment centers, with clear information on how to report SEA. Communication methods and materials should be accessible for women and girls and other groups at heightened risks of SEA (in particular persons with disabilities). They must also be disseminated through online and phone channels (and any other channel deemed safe by affected communities and in line with public health safety measures)

Providing Support and Protection

The Ministry of Health through the PIU shall train PSEA focal persons on the requirements to promptly refer survivors of SEA for assistance through existing GBV pathways, in line with the World Bank and partners Victim Assistance Protocol.

Work with the relevant government ministries and service providers, including the Gender-Based Violence (GBV) and Child Protection sub-clusters or working groups, to integrate the referral pathways for assistance and support within PSEA complaint channels. Work with relevant stakeholders to train responders on how to report and refer survivors to trained GBV actors safely and confidentially. Ensure that the PSEA network utilizes the most updated GBV referral pathways.

Grievance related to Gender Based violence (GBV)

To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism will have a different and sensitive approach to GBV related cases. The GRM committee will be trained on how to respond to GBV cases in a sensitive manner. Where such a case is reported, it would immediately be referred to the appropriate service providers, such as medical and psychological support, emergency accommodation, and any other necessary services. Prior to the start of any renovation works, the GBV Service Providers will be mapped and identified to refer cases as required. Further, such GBV incidents will be immediately notified both to the PIU and the World Bank, with the consent of the survivor. Data on GBV cases will not be collected through the grievance mechanism unless operators have been trained on the empathetic, non-judgmental, and confidential collection of these complaints. Only the nature of the complaint (what the complainant says in her/his own words) and additional demographic data, such as age and gender, will be collected as usual.

For leadership and governance on GBV issues, the Ministry of Health (MoH) spearheads the Psychosocial Pillar; the Ministry of Justice (MOJ) spearheads the Legal and Protection Pillar; and the Ministry of Gender, Children and Social Protection (MGCSP) spearheads the Coordination Pillar. However, these pillar leads are jointly supported by a GBV Technical Committee and supervised by a GBV Steering Committee—comprising of local and international partners.

Recognizing the prevalence of sexual and Gender-Based violence (SGBV) and its devastating impact on women and children, as well as families and communities. ONE-STOP CENTERS have been established as joint action to respond to the needs of the survivors and provide services that ease the pain of trauma they experience when they have been violated and helps

them to cope and recover in the quickest possible time. One-Stop Centers provide the following services: Medical Examination & Treatment (including HIV testing), Psychosocial counseling.

13. CONTRACTOR MANAGEMENT

For all relevant contracts, the project will use the Bank's 2017 Standard Procurement Documents which include language referring to labor and occupational, health and safety requirements of ESS2 that must be complied with.

The PIU will be responsible to monitor the performance of Contractor(s) in relation to contracted workers. In case a Supervision and Monitoring Consultant or Engineer is hired by the MOH, the Consultant may assume some of these responsibilities on behalf of the Employer. The monitoring may include periodic audits, inspections of work sites, labor management records and reports compiled by contractors. Contractors' labor management records and reports may include: (a) a representative sample of employment contracts or arrangements between third parties and contracted workers; (b) records relating to grievances received and their resolution; (c) reports relating to safety inspections, including fatalities and incidents and implementation of corrective actions; (d) records relating to incidents of non-compliance with national law; and (e) records of induction for newly hired employees, and training provided for contracted workers to explain labor and working conditions and OHS for the project.

Each contractor engaged by the Project to provide services (such as construction of isolation/quarantine centers, collection of waste, delivery of communication materials at the community level, etc.) will be expected to adopt the protective measures outlined in this document. The contracts drawn by the Government will include provisions, measures, and procedures to be put in place by the contractors to manage and monitor relevant OHS issues. Measures required of Contractors will include:

a) As part of the bidding/tendering process, specific requirements for certain types of contractors, and specific selection criteria (e.g., for medical waste management, certifications, previous experience).
b) Provision of medical insurance covering treatment for patient, sick pay for workers who either contract the virus or are required to self-isolate/quarantine due to close contact with infected workers and payment in the event of death.
c) Specific procedures relating to the workplace and the conduct of the work (e.g., creating at least 6 feet between workers by staging/staggering work, limiting the number of workers present).
d) Specific procedures and measures dealing with specific risks. For example, for healthcare contractors - infection prevention and control (IPC) strategies, health workers' exposure risk assessment and management, developing an emergency response plan as per WHO Guidelines. For community workers, measures will include ensuring their security and addressing stigma.

Contractors will be required to identify focal points and communication channels (for example, WhatsApp, SMS, and email) within the company to address workers' concerns on an ongoing basis and ensure that such channels are adequately resourced (for example, 24-hour staffing of the emergency response call line). Workers shall not be victimized in any way for reporting a grievance.

RESPONSIBLE STAFF

The overall responsibility for the implementation of all aspects of the project lies with the Project Implementation Unit (PIU) of the Ministry of Health. The PIU currently has 15 staff, including a Project Manager who is the head of the portfolio and a Deputy Project Manager. Other key project staff include 2 procurement Specialists, 1 Finance Manager, 1 Finance

Assistant, 1 Environmental Specialist, 1 Program Officer and a couple of few other staff. Additional staff, including a Social Development Specialist, will be recruited specifically for the implementation of this project.

The PIU under the direct supervision of the Project Manager will coordinate the engagement and management of project workers and a designated staff such as the Environmental and Social Safeguard specialist for the following activities:

(a) Ensure that contractor(s) responsible for the civil works under the project prepare the OHS plan to meet the requirements of national occupational health and safety regulations before the start of the works.
(b) Monitor regularly that the Contractor(s) are meeting contractual obligations towards contracted and sub-contracted workers as included in the General Conditions of Contract the World Bank Standard Bidding Documents, and in line with ESS2 and Decent Work Act
(c) Monitor that OHS standards are met at workplaces in line with national occupational health and safety legislation and Occupational Health and Safety Plan.
(d) Ensure that the workers for all contractors and subcontractors and community workers are aware about the grievance redress mechanism.
(e) Ensure that grievances are registered and addressed properly by the appropriate party.

For project activities involving renovation/refurbishment and minor civil works, the contractor is expected to oversee labor and safety performance on a regular basis (daily) on behalf of the Employer.
Amongst other obligations required by the Labor Law of Liberia and the relevant World Bank's Environmental and Social Standards, the contractor will be responsible for the following:

(a) Develop a Contractor's Environmental, Health and Safety Plan that meets the Employer's requirement which incorporates requirements of ESS2 and OHS provisions in the Decent Work Act of Liberia prior to the commencement of work.
(b) Assign or employ a competent person responsible for the adaption and implementation of the OHS plan to the requirements of the project.
(c) Ensure so far as is reasonably practicable the safety and health at work of all workers they have engaged.
(d) Provide and maintain plant and systems of work that are safe and without risks to health.
(e) Maintain records of recruitment and employment process of contracted workers.
(f) Clearly communicate job description and employment conditions to contracted workers.
(g) Develop a system for regular review and reporting of labor, and occupational safety and health performance on site.
(h) Develop and implement a grievance redress mechanism that would record and address the grievances raised by the workers.
(i) Deliver regular orientation and OHS training to employees.

Annex 9: Contingent Emergency Response Component (CERC) ESMF

Scope and objective of the CERC ESMF Addendum: This document is prepared as an addendum to the existing Environmental and Social Management Framework (ESMF). It provides additional information on the environmental and social (E&S) requirements for the implementation of the proposed activities to be carried out under Component 4 "Contingent Emergency Response Component (CERC)" of the Project. The CERC has been recognized as a key tool to ensure prompt response in the event of a natural, man-made, environmental, biological-social and conflict-related emergency that leads to disruption of life, economic damage, activation and disbursement of funds within a few weeks after the occurrence of an emergency that meets the criteria.

The guidelines and procedures included in this ESMF CERC Addendum comply with the World Bank's Environmental and Social Framework (ESF) requirements for a CERC. It outlines proposed activities, defines eligible activities, establishes procedures to assess the environmental and social impacts associated with the eligible activities, and lays down measures to mitigate negative impacts. It also identifies implementation arrangements for managing the environmental and social risks and impacts.

Identification of potential CERC activities: The activities to be carried under the CERC will be limited to the provision of critical goods, services, and works as identified in the positive list of activities in the CERC Manual as well as presented in Table 1 below.

Table 13: Eligible list of goods, services and works

Goods
Goods and equipment Construction materials, equipment and industrial machinery necessary for activities to be implemented; Equipment and supplies for temporary housing/living and schools and kindergartens (gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, kit of personal and family hygiene, etc.); Equipment, tools, materials and supplies for search and rescue (including light motorboats and engines for transport and rescue); Tools and construction supplies (roofing, cement, iron, stone, blocks, etc.)*;* Water pumps and tanks for water storage; Non-perishable food, bottled water and containers; Groundwater boreholes, equipment to allow access to site; Equipment, materials and supplies for disinfection of drinking water and repair/rehabilitate of drain water collection systems; Warehouses; Temporary sanitary dispensers *(temporary/portable toilets)*. ***Transportation*** Gasoline and diesel (for air, land and sea transport) and engine lubricants; Spare parts, equipment and supplies for engines, transport, construction vehicles; Lease of vehicles (Vans, trucks and SUVs*)*. ***Medical*** Medical equipment and consumables; Tents for advanced medical posts. ***Other*** Equipment and supplies for communication and broadcasting (radios, antennas, batteries*)*; Any other items agreed between the World Bank and the Borrower at the time of the emergency.
Works

Goods
Repair of damaged infrastructure including, but not limited to water supply and sanitation systems, dams, reservoirs, canals, roads, bridges and transportation systems, energy and power supply, telecommunication, and other infrastructure damaged by the event; Re-establishment of the urban and rural solid waste system, water supply and sanitation (including urban drainage*);* Temporary solutions to eliminate the consequences caused by the event (temporary retaining walls, roads, bridges, removal and disposal of garbage associated with any eligible activity, etc.)*;* Repair, rehabilitation and restoration of damaged public buildings, including schools, kindergartens, hospitals and administrative buildings; Any other infrastructure work required during an emergency.
Services
Consulting services related to emergency response including, but not limited to urgent studies and surveys necessary to determine the impact of the disaster and to serve as a baseline for the recovery and reconstruction process, and support to the implementation of emergency response activities; Technical design; Works supervision; Technical Assistance in developing TORs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP*);* Non-consultant services including, but not limited to drilling, aerial photographs, satellite images, maps and other similar operations, information and awareness campaigns; Non-consultant services to deliver the activities described in the "Goods" section of this table (e.g., debris removal, dump trucks, drones survey*);* Non-consulting services on temporary resettlement described in the Goods section of this table (temporary housing/housing, classrooms and kindergartens*).*
Training
Emergency response training; Training on rapid needs assessment and other related assessments; Other training related to/required during an emergency.
Emergency Operating Costs
Incremental expenses by the Government for a defined period related to early recovery efforts arising as a result of the impact of an eligible emergency. This includes, but is not limited to costs of staff attending emergency response, operational costs and rental of equipment.

Exclusion List: In addition to the exclusion list outlined in Table 6 of the ESMF, the following activities will be excluded from the CERC financing:

Table 14: Negative list of Activities for CERC

1	Any type of activities classified as high risk
2	Activities that would lead to conversion or degradation of critical forest areas, critical natural habitats, and clearing of forests or forest ecosystems
3	Activities affecting protected areas (or buffer zones thereof), other than rehabilitation of areas damaged by previous natural disasters
4	Will or may cause permanent and/or significant damage to irreproducible cultural property, irreplaceable cultural relics, historic buildings and/or archaeological sites
5	Land reclamation (i.e., drainage of wetlands or filling of water bodies to create land)
6	River training (i.e., realignment, contraction or deepening of an existing river channel, or excavation of a new river channel)
7	May lead to an increase in water consumption in border areas and affect access to water by downstream water users
8	Activities that will result in the involuntary land take, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods

9	Construction works, or the use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained
10	Construction works, or the use of goods and equipment involving forced labor, child labor, or other harmful or exploitative forms of labor
11	Acquisition, use, or storage of pesticides or hazardous materials, other than hazardous waste and asbestos-containing waste generated as a result of an emergency
12	Construction of dams, retaining walls or other similar structures that will alter the banks of rivers or the sea and/or disrupt breeding sites for aquatic species;
13	Mining or land reclamation
14	Activities on land that contest ownership, possession, or use rights
15	Construction works, or the use of goods and equipment for military or paramilitary purposes
16	Construction works, or the use of goods and equipment in response to conflict in any area with active military or armed group operations
17	Activities related to returning refugees and internally displaced populations
18	Activities which, when being carried out, would affect, or involve the use of, water of rivers or of other bodies of water (or their tributaries) which flow through or are bordered by countries other than the Borrower/Recipient, in such a manner as to in any way adversely change the quality or quantity of water flowing to or bordering said countries
19	Use of asbestos-based construction materials for reconstruction works
20	Activities carried out across un-demarcated border lines or in disputed areas

Potential Environmental and Social Impacts and Mitigation: Environmental and social risks and impacts of CERC activities will be outlined briefly.

CERC E&S Management Procedures: The implementation of the CERC activities will draw on the more comprehensive assessment, procedures and mitigation measures included in the ESMF of the Project for construction activities. They will be considered during E&S screening and preparation of the Environmental and Social Management Plan (ESMP). The World Bank's Environmental, Health and Safety (EHS) Guidelines[11] will be followed as relevant. The E&S procedures to follow are outlined in the ESMF and summarized below:

Step 1: Application of the exclusion list. CERC subproject will be screened against the exclusion lists outlined in table 6 and in table 2 above.

Step 2: application of the ESS5 impacts (resettlement screening form): CERC subprojects will be screened against the ESS5 screening form outlined in Annex 2. If ESS5 are identified, a Resettlement Plan as per the RF and ESS will be prepared and implemented and compensation to project affected persons paid in full prior to the start of any civil works on the site.

2: E&S Screening Form. The ESMF includes a template to screen the subprojects from the E&S point of view. The form to be used to screen subprojects is in Annex 3.

Step 3: Identification of E&S issues and preparation of mitigation plans. Based on the results from Step 1, an ESMP/ESMP checklist for the CERC subprojects will be prepared to describe the works/activities and mitigation measures to be conducted during detailed design, bidding/ contract, repair/restoration, and closure plans, taking into account the magnitude, scope, and nature of the emergency. Consultations with local authorities and communities will be made during this stage.

[11] https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines"

Step 4: World Bank clearance. Checklist of ESMP and /or concise RAP and report on RAP implementation (if required) prior to use should be approved by the World Bank. .

Step 5: Implementation and M&E. The approved ESMP/ESMP checklist is included in the tender documents and is mandatory for execution by contractors who must sign the contractor's certificate of commitment to comply with the ESMP requirements for a specific subproject. The implementing agency will monitor the implementation of the ESMP in the field.

Step 5: Completion and Evaluation. Once the CERC subproject has been completed, the implementing agency will evaluate the results before closing the contract. Any pending issues and/or grievance must be solved before the subproject is considered fully completed.

Stakeholder Engagement: All stakeholders, including vulnerable groups, will be adequately informed about the subproject activities in accordance with the Project's Stakeholder Engagement Plan (SEP). All Project activities will be widely promoted through social networks, social protection communication channels, regional administrations, district administrations, and NGOs, including those supporting women and youth entrepreneurs. The feedback received from communities regarding the Project activities will be appropriately addressed during implementation.

Labor Management Procedures: The subprojects under CERC will be implemented by local contractors and most of the contract workers are likely to be locally hired. All contractors will be required to make a written contract with their employees that comply with ESS 2 and the Project's Labor Management Procedures (LMP).

Sexual Exploitation and Abuse/ Sexual Harassment Prevention Provisions: Provisions related to prevention of SEA/SH in accordance with the requirements of the World Bank, must be observed in activities funded under the CERC and take action to raise awareness on the prevention and mitigation of SEA/SH. At all stages of the CERC implementation, all Project staff and contractors will be informed about the principles of prevention and mitigation of risks of SEA/SH as outlined in the ESMF.

Grievance and Redress Mechanism (GRM) under CERC: The same grievance process as the one outline in this ESMF will be used for grievances related to CERC activities.

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