



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/24/2020 | Report No: ESRSA00580



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Sierra Leone	AFRICA	P173803	
Project Name	Sierra Leone COVID-19 Emergency Preparedness and Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/24/2020	3/31/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health and Sanitation, Ministry of Agriculture and Forestry		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sierra Leone.

Financing (in USD Million)	Amount
Total Project Cost	7.50

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The proposed Project will be part of the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach (MPA). The proposed Project build on the gains of Regional Disease Surveillance System Enhancement (REDISSE) Project, the Ebola Emergency Response Project (EERP) and the Health Service



Delivery & Systems Support Project (HSDSSP). The proposed Project will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. The proposed project will consist of the following four components: Component 1: Emergency COVID-19 Response; Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health Approach; Component 3: Supporting National and Sub-national Public Health Institutions for Prevention and Preparedness; and Component 4: Implementation Management and Monitoring and Evaluation.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout the country. Interventions such as community engagement and risk communication, social distancing measures, surveillance and early warning systems etc will have a national outlook. This project will not involve construction of any new structure but there will be rehabilitation and renovation of laboratories and health facilities in all regions and at the country's four POEs. The entire project area comprises the administrative headquarters in Freetown in the Western Area, all three regions of the North, South and East of the country, and districts, chiefdoms, towns and villages. The project intervention at the country's four main points of entry (POE) namely at Lungi International Airport, Gbalamuya and Jendema and Koindu will involve rehabilitation/renovation of existing quarantine facilities, isolations and treatment centers to meet the SOPs and requirements of a quarantine facility, such as provision of water and sanitation facilities, health & safety and psychosocial facilities and medical wastes management systems. The project will rehabilitate the quarantine site at the government owned Lungi International Hotel, which is a few hundred meters from the Lungi airport. The specific health facilities where refurbishment will be implemented and equipment of Intensive Care Units (ICUs) and laboratory units will be supplied have not yet been selected. Environmental and Social Management Plans (ESMP) will be prepared as guided by an Environmental and Social Management Framework (ESMF). The ESMF will in turn be prepared by updating the ESMF developed for the REDISSEE project. The ESMF and project activities will consider international protocols for infectious disease control and will include updated provisions on medical waste management.

D. 2. Borrower's Institutional Capacity

The Emergency Operation Center (EOC) under MoHS will provide direct oversight and coordination for the implementation of the project with fiduciary support from the Integrated Health Project Administration Unit (IHPAU). The Bank's engagement with the health sector include among others the implementation of the Regional Disease Surveillance Systems Enhancement in West Africa (P154807), the Health Service Delivery & Systems Support Project (HSDSSP, 153064 and the Ebola Emergency Response Project (EERP, P152359). The environmental and social aspects of the projects are handled by the Environmental Health Directorate of MoHS which has some experience working on the Bank's safeguards policies, but very little working with the Bank's Environmental and Social Framework (ESF). The project will leverage this existing arrangement. Experience however with the other health projects such as REDISSE, EERP and HSDSSP have indicated some lapses in project management and weak coordination to implement E&S safeguards within the unit's structure and function. A follow-up capacity evaluation will be conducted within one month of project effectiveness and, if needed, additional E&S specialists will be assigned and based in the EOC for the proposed COVID-19 project within three months of effectiveness. The project will also consider using international



organizations, UN institutions, NGOs or contractors with enhanced E&S knowledge and processes to facilitate timely and successful execution of works to meet the objectives of the ESF.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project environmental risk rating is proposed as Substantial because of (i) the scale and nature of the potential occupational health and safety risks for project works and health care professionals working in facilities supported by the project, (ii) risks related to the spread of COVID-19 among the population at large, (iii) the environmental and community health related risks from inadequate medical waste management and (iv) the risks related to rehabilitation of quarantine facilities, laboratory units, isolations and treatment centers. The removal and disposal of sharp and pointed items, discarding medical supplies related to isolation measures (gloves, masks, hospital gowns, goggles, leftover medicines, etc.) in both health centers and home quarantine along with the operation of quarantine sites pose a particularly severe risk from the environmental perspective. In Sierra Leone there is lack of medical wastes disposal facilities/equipment and limited capacity to manage environmental risks. The risk of sexual exploitation and abuse (SEA) and sexual harassment (SH) due to breakdown in social and economic activities, poor accommodation and servicing in quarantine facilities, distribution of food aid and basic supplies and cash in an extremely vulnerable and high-risk context will require critical attention. To manage this and the other listed risks the ESMF developed for the REDISSEE project (P154807) will be updated, site specific ESMPs will be prepared (as guided by the ESMF) and the capacity of the client will be enhanced through training and the provision of resources to implement the mitigation measures contained in the ESMF/ESMP as well as to implement more effectively the commitments made in the ESCP. The revised ESMF will contain updates on provisions for medical waste management and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. It will also rely on WHO Code of Ethics and Professional Conduct for all workers and the World Bank ESF good practice note on SEA/SH to minimize SEA/SH risks. The revision of the ESMF will be guided by (a) WHO country and technical guidance – coronavirus disease (COVID-19) documents that include advice for health workers and consideration for occupational health and safety and (b) the CDC Centers for Disease Control and Prevention guidelines for COVID-19, which include (i) quarantine and isolation and (ii) Information for health care professionals and facilities, and Laboratories.

Social Risk Rating

Substantial

The social risks are also considered substantial. The main risks (i) Occupational health and safety and labor related risks to health and laboratory workers, i.e. civil servants employed by the Government (ii) improper storage conditions and non-transparent distribution system of IPC supplies could lead to shortage of essential health products and uncertain access to available resources by health workers, patients and the general public especially for vulnerable and disadvantaged groups particularly those in the remote areas thereby exposing them to greater risks. (ii) Poor accommodation and servicing requirements at existing quarantine facilities could exacerbate vulnerability and transmission of COVID-19, Human rights abuse and Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) for those being kept at the quarantine facilities and female workers. (iii) the 2014 Ebola outbreak in Sierra Leone documented increase in IPV, teenage pregnancies and transactional sex due to breakdown in social and economic activities. Since the project will be engaged in distribution of food aid and basic supplies and cash in an extremely



vulnerable and high-risk context, and the anticipation of influx of volunteers or expat health in critical times, the risk of SEA/SH requires critical attention (iv) Some vulnerable groups (especially the elderly or those with pre-existing medical conditions) may be severely affected by COVID-19 and may need additional support to access treatment. The possibility of ineffective and inappropriate communication surrounding the disease and control efforts, inadvertently harming or excluding marginalized people and communities, or mistreatment of affected communities to enforce quarantine, is also very real. The project's civil works will be undertaken in existing facilities and no land acquisition, or physical and economic displacement are expected.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The Environmental and Social Risk Classification for the project has considered the potential environmental and social risks associated with the provision of quarantine facilities (including the handling and disposal of medical wastes) at all 4 POE for visitors from hotspots, community-based surveillance and isolation of every positive case of COVID-19 to break the chain of disease transmission. Wastes that may be generated from labs, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response will require special handling and awareness. Environmental contamination could also be caused due to the use of cleaning and disinfection products, chlorine, and transport and disposal of viral contaminated materials once used. Sierra Leone however does not have a well established medical waste system. Occupational health and safety and labor management issues involving staff operating in poorly designed and substandard management of the quarantine and isolation centers, operation of the laboratory, the collection and transportation of affected samples etc could increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Workers that are mobilized for civil work may interact closely with each other and the local communities and increase the risk of COVID-19 transmission and other sexually transmitted diseases.

At this stage of preparation, potential project areas of influence are unknown; however, further prioritization is required to narrow down or select the specific sites for interventions. The activities would take place throughout Sierra Leone, and at selected emergency operational areas of the MOHS. There are lessons learnt from the ebola epidemic.. The project will mitigate these risks by updating the existing Environmental and Social Management Framework (ESMF) including its related Health Care Waste Management Plan (HCWMP) prepared for the Regional Disease Surveillance System Enhancement (REDISSE: P154807). The ESMF will be updated within one month after project effectiveness and will provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety, emergency response and labor management procedure and GBV prevention plan. This updated ESMF will also provide guidance for site specific Environmental and Social screening. Environmental and Social Management Plans will be required as appropriate and will be prepared during implementation and before any civil works begin. Until the updated ESMF has been approved, the Project will apply the existing ESMF and the HCWMP in conjunction with WHO standards on COVID-19 response. International best practice is outlined in the WHO "Operational Planning Guidelines to Support Country Preparedness and Response". In addition, the client will implement the activities set out in the ESCP. It will also establish and implement the SEP in the proposed timeline.



ESS10 Stakeholder Engagement and Information Disclosure

WHO has issued interim guidance on risk communication and community engagement readiness and response for COVID-19. Recognizing also the need to meet Bank requirements for stakeholder engagement in projects to be financed in line with ESS1 and 10 of the ESF, the project once approved (within a month) will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. This approach will build on the draft Stakeholder Engagement Plan (SEP) that was prepared during preparation. MoHS is already consulting development partners, public institutions, community organizations, the media regional and national entities coordinating emergency response in the country to collect and disseminate information on risk preparedness, government policies, directives and decisions on COVID-19. This is however expected to continue throughout project implementation. The SEP will include mapping and identification of stakeholders and their different roles and interest in the fight against COVID-19. Considering restrictions on meetings, gatherings, movement of people, and reduced personal contact, the SEP will describe how stakeholder engagement, Information disclosure and public communication will be implemented maximizing social media tools, radio, TV, electronic newspapers and other relevant localized means. The SEP will pay special attention to organize information into different categories to ensure targeting and delivery of the relevant, right and adequate information for different phases and different groups including disadvantaged and vulnerable groups such as persons with disabilities, the aged, the illiterate population and very remote and poor areas who are at risk being excluded. Project preparation should include specific consultation with specialized agencies dealing with these stakeholders as they are likely to have the most relevant information / suggestions on the form and means of engagement.

Particular and more than usual attention needs to be paid to timely receipt and redress of complaints and grievance from the general public, the quarantine and other associated medical facilities and during construction of civil works. A GRM will need to be put in place as outlined in the SEP with a description of the operating protocol, institutional arrangement and with staffing and responsibilities. The GRM process will need to be coordinated with the national Anti-corruption Commission to ensure transparency and accountability in financial flow and distribution of IPC supplies.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

The Project will involve the use of a range of workers including:

- Direct workers who will be civil servants at MoHS or volunteers or rapid responders to undertake technical assistance, training and capacity as well as testing, case management and treatment for COVID 19.
- Contracted workers who may be hired for the rehabilitation of the medical facilities and those who may support implementation including training and capacity building, communications, testing procedures etc. At this stage the number of workers



required in each group is unclear. It is expected that the direct workers will be civil servants and therefore subject to their existing contracts and the OHS conditions outlined in ESS2.

Key risks include COVID19 health care facilities associated infections may result from inadequate adherence to occupational health and safety standards and can lead to illness and death among laboratory/healthcare workers. Non-transparent procurement and distribution of medical supplies and Personal Protective Equipment could worsen the current shortage situation, exposing medical personnel to severe risk. Workers mobilized for construction works and transportation of IPC and affected samples could also be exposed to the virus, or other accidents and OHS issues. To minimize these risks, no children under the age of 18 should be employed on any aspect of the Project. The project will ensure the application of OHS measures as outlined in WHO guidelines in line with the requirements of ESS2. This will include

- Develop a procedure for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering
- Develop a procedure for protection of workers in relation to infection control precautions and include these in the labor management procedures and in contracts
- Provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE
- Develop a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime
- Ensure adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer) are available
- Ensure adequate OHS protections in accordance with General EHSs and industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19;
- Mandate staff to follow the protocol prepared for this Project.
- Prohibit the use of forced labor or conscripted labor in the project/construction/health care facilities
- Where the component involves possible contact with COVID-19, prohibit children under 18 from being employed due to the hazardous nature of the work (e.g. in health care facilities)

A grievance mechanism will be made available to all workers to report any issues associated with OHS and / or labor and working conditions. The grievance mechanism will be developed within one month of project effectiveness and made available and known to all project workers. The mechanism will include contact details for submission of grievances, timelines for responses and escalation procedures.

ESS3 Resource Efficiency and Pollution Prevention and Management

All wastes from the quarantine and isolation site will be treated as medical wastes due to the highly infectious nature of the virus. These include all household wastes, clinical wastes, scraps and all materials collection in receptacles or bins. To prevent or minimize adverse impacts of medical waste the ESMF that will include templates for ESMP and Medical Waste Management Plan will be prepared. The detailed Medical Waste Plan that will be prepared as part of the site specific ESMPs will cover the entire lifecycle of the wastes from generation through collection, handling, treatment and disposal. The Medical Waste Plan will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and



packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible. The handling of medical wastes will be guided by WHO Technical Information on Healthcare wastes management, and the CDC's Guidelines for Environmental Infection Control in Health-Care Facilities, with a focus on regulated medical wastes. The ESMPs will also include procedures for handling construction waste.

ESS4 Community Health and Safety

In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19. The greatest risks to community health and safety from the project activities are the operation of the quarantine and isolation centers, the medical wastes handling and disposal sites and accidents by ambulances conveying individuals to and from these centers. Medical wastes from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. Poor operations and security of quarantine and isolation centers can result in increased transmission of the virus, protest and riots and human right abuses. Communication gaps can increase public believe in myths being circulated about COVID-19 and exclusion of some disadvantaged and vulnerable groups such as persons with disabilities, the aged, the illiterate population and very remote and poor areas from accessing timely information and services. Since this project may employ volunteer or expat health workers, labor for the civils and distribution of food aid and basic supplies and cash in an extremely vulnerable and high-risk context, the risk of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) requires critical attention.

The ESMF will describe how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines), measures in place to prevent or minimize the spread of infectious diseases and emergency preparedness measures. The operation of quarantine and isolation centers needs to be implemented in a way that both the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines.

The ESMF to be updated for this project will include a GBV risk assessment and preventive measures. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers. All physical works are carried out in accordance with national and legal requirement, Environmental Health and Safety Guidelines (EHSG) and other Good International Industry Practice (GIIP) including the World Bank good practice note for addressing GBV in civil works.

The SEP will pay special attention to organize information into different categories to ensure targeting and delivery of the relevant, right and adequate information for different phases and different groups including disadvantaged and vulnerable groups. The project will also make available a functioning GRM as referenced under ESS10.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The project's activities will include minor rehabilitation/renovation of existing isolation facilities, treatment centers, and quarantine facilities at Sierra Leone's 4 main POEs (Lungi International Airport, Gbalamuya, Jendema and Koindu). It will also refurbish ICUs and laboratory units in selected hospitals across the country. No new constructions



are anticipated. No land acquisition, or physical and economic displacement are expected. However, resettlement impact will be monitored through the site specific Environmental and Social screening. In case any of the existing or uncompleted facilities or not free from encumbrance, a follow up Resettlement Actions plans will be prepared as appropriate proportionate to the risks and impacts expected from such works during implementation but before any civil works begins. Compensation will be paid in a timely manner at full replacement cost before civil works commences.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The project physical activities will take place at only specific locations across the country, such as the POEs and laboratory site identified for construction or rehabilitation works. Information available on this project indicate that these areas are already modified (brownfield sites); hence physical works or additional infrastructure would not imply risks to natural habitats or biodiversity.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is considered Not Relevant as there are no people in Sierra Leone meeting the criteria in ESS7 for IP/SSAHUTLC.

ESS8 Cultural Heritage

This standard is currently considered Not Relevant. Civil works under this project will not be major and there are no known cultural Heritage sites within the proposed areas of construction. The degree of relevance of this ESS will be further assessed during project implementation and a chance finds protocol included in the ESMF.

ESS9 Financial Intermediaries

This standard is Not Relevant for the suggested project interventions, as no financial intermediaries will be used.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

III. BORROWER'S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	



The Emergency Operations Center under the Ministry of Health and Sanitation (MoHS) shall establish and maintain qualified staff and resources to support management of ESHS risks and impacts of the Project including an Environmental, health and safety Specialist and Social Specialist to implement the ESMF, ESMP and SEP.	06/2020
The ESMF for the REDISSE Project to be updated	05/2020
Site specific ESMPs including Medical Waste Management Plans to be developed	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Updated Stakeholder Engagement Plan (SEP)	05/2020
ESS 2 Labor and Working Conditions	
Adequate occupational health and safety measures (including emergency preparedness and response measures would be developed as part of the site specific ESMPs	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Medical Waste Management Plans to be developed as part of the ESMPs	06/2020
ESS 4 Community Health and Safety	
Relevant deliverables relating to this standard are considered under ESS 1	
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Relevant deliverables relating to this standard are considered under ESS 1	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
Relevant deliverables relating to this standard are considered under ESS 1	
ESS 9 Financial Intermediaries	

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

Areas where "Use of Borrower Framework" is being considered:

N/A



IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Sanitation

Implementing Agency: Ministry of Agriculture and Forestry

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 24-Mar-2020 at 17:08:12 EDT