



Additional Financing Appraisal Environmental and  
Social Review Summary  
Appraisal Stage  
**(AF ESRS Appraisal Stage)**

Date Prepared/Updated: 08/02/2022 | Report No: ESRSAFA454



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Liberia	WESTERN AND CENTRAL AFRICA	Government of Liberia	Ministry of Health
Project ID	Project Name		
P177050	Additional Financing for Institutional Foundations to Improve Services for Health		
Parent Project ID (if any)	Parent Project Name		
P169641	Institutional Foundations to Improve Services For Health		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	8/12/2022	9/29/2022

Proposed Development Objective

To improve health service delivery to women, children and adolescents in Liberia.

Financing (in USD Million)	Amount
Current Financing	84.00
Proposed Additional Financing	31.00
<b>Total Proposed Financing</b>	<b>115.00</b>

**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]**

After years of deterioration, Liberia has made significant progress in increasing access to health and nutrition services leading to improved health and nutrition outcomes. The country has developed a number of policies and strategies aimed at securing a resilient health sector. However, progress remains slow due to limited financial resources, limited



technical and human resource capacity, maldistribution of human resources and infrastructure, and shortage of essential medicines, vaccines, and other medical supplies. The policy and regulatory framework is also weak and needs to be strengthened. Consequently, access to adequate and quality of maternal, neonatal, child health and nutrition services are poor and many of the country's health and nutrition indicators are behind those of its peers.

This project is designed to address some of the shortcomings by strengthening the health system, improve service availability through increased physical access to health facilities, and value for money through performance-based financing. Specifically it will support the construction and operationalization of a hospital, equitable distribution of human resource, procurement and deployment of essential medicines, traditional childhood vaccines and equipment while also providing financing to enhance the delivery of programs at community level, adolescent health, and increased citizen and stakeholder engagement.

#### D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The proposed Project will mainly be implemented in six counties (Gbarpolu, Rivercess, Sinoe, Bomi, Grand Kru, and Maryland) but some of the activities will cover the entire country. Liberia's territory covers 111,000 square kilometers. It has a 360-mile Atlantic coastline and has borders with Sierra Leone, Guinea, and Côte d'Ivoire. The estimated population of Liberia is 4.5 million people. About 1.1 million people (one-quarter of the country's population) live in the capital city Monrovia and surrounding areas. The remaining 3.4 million people live in the other 14 counties. Poverty in Liberia is widespread. While poor households are mainly concentrated in rural areas, urban poverty is also a significant challenge. Liberia receives significant inflows of development assistance, but leveraging external support to create a foundation for sustainable and inclusive growth is a persistent challenge. Since the end of the internal conflict in 2003, the process of rebuilding and transforming institutions has moved at a slow pace, and gains in core social indicators as well as progress towards diversifying the economy are slow. The Human Capital Index for Liberia was estimated at 0.32 in 2020 which is lower than the average for Sub-Saharan Africa region and low-income countries.

The combination of high fertility rates and low average life expectancy make Liberia's population very young. Over 70 percent of Liberians are under the age of 35 which intensifies the demand for jobs, farmland, infrastructure, and public services. Improving adolescent sexual and reproductive health outcomes is a priority area of investment to create the conditions for demographic transition and human capital accumulation for women and girls in the country. The high total fertility rate in the country is mainly due to the high adolescent fertility rate, and this limits the ability of young women to accumulate human capital. Gender inequality compounds the country's larger socioeconomic disparities, as women from poor households and vulnerable communities face limited economic opportunities and endure worse human development outcomes. Girls and women in rural areas and poor urban communities have very limited access to quality education, health care, and employment options. Liberian women experience high rates of early pregnancy, school dropout, and child and maternal mortality, all of which are especially common among poor households. During the conflict, rape was used as a weapon of war; and fourteen years later, Liberia continues to grapple with a high incidence of rape and other forms of gender-based violence (GBV).



Two broad new activities will be undertaken under the proposed Project. Firstly, there will be construction, rehabilitation and extension of infrastructure at existing clinics in some of the project areas (Gbarpolu, Rivercess, Sinoe, Bomi, Grand Kru, and Maryland). These will be small-scale civil works and they will be undertaken on the already available land at the targeted health facilities. Therefore, no additional land shall be required as the land available for project intervention are encumbrances free and under the MoH. Secondly, the proposed Project will finance the procurement and shipment of childhood vaccines countrywide through UNICEF’s supply division. While vaccine-related health care wastes will be processed at the existing medical waste facilities across the country, health care waste management, including handling, storage and disposal of health care wastes, is still a challenge in Liberia. Management of incinerators at some of the health facilities is poor and needs to be strengthened.

**D. 2. Borrower’s Institutional Capacity**

The MoH will be the implementing agency for the proposed Project. Currently, the MoH has a Project Implementation Unit (PIU) which manages and coordinates the implementation of several Bank-financed projects. The PIU has a dedicated team including one full-time environmental safeguards specialist, one environmental and social safeguard officer and one newly recruited social safeguard officer with experience in GBV risk management. The latter oversees the implementation of safeguard instruments under the parent Project including the functionality of the grievance redress mechanism (GRM), and gender related tasks including sexual exploitation and abuse (SEA)/sexual harassment (SH) risk management. In addition to this, the Environmental Health Division at the MoH is responsible for executing environmental health and safety plans under the overall guidance of the National Environmental Protection Agency. When executing their functions, the E&S team at the PIU collaborates with staff from the Environmental Health Division. The E&S specialists under the PIU were among several safeguard specialists who benefited from the Borrower training on the World Bank’s environmental and social management framework (ESMF) which was delivered in FY22. In FY23, training is being planned for staff from the Environmental Health Division aimed at further enhancing local capacity for E&S implementation.

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

**A. Environmental and Social Risk Classification (ESRC)** Moderate

**Environmental Risk Rating** Moderate

The proposed Project will support the streamlining of the construction, equipping, and operationalization of the New Redemption Hospital by having all the various departments originally envisaged under Phases 1 and 2 incorporated as a single multi-purpose unit. Potential risks and impacts associated with the New Redemption Hospital are already covered by the safeguard instruments prepared under the parent Project and the Ebola Emergency Response Project (P152359). Notwithstanding, the Environmental and Social Management Plans (ESMP) for the New Redemption Hospital shall be updated to reflect emerging potential risks (including risk of flood) and the corresponding mitigation measures, and innovative measures to support healthy wetland in the receiving environment. The new activities proposed under the proposed Project will include small-scale civil works at existing clinics involving the rehabilitation and extension of existing infrastructure, and the procurement and administration of child vaccines. Some basic houses could be constructed at the targeted health centers. No additional land shall be required for the targeted facilities. The targeted facilities shall use available land which are encumbrance free and under the MoH. The potential environmental risks and impacts of the proposed civil works will include generation of noise, dust, vibration,



and construction wastes. The civil works will also expose workers to health and safety risks and hazards, including exposure to harmful substances, working at height, and hazards associated with the operation of machinery and hand and portable power tools. Risks associated with vaccine-related healthcare wastes present a key environmental concern. The administration of these vaccines will generate millions of units of general, hazardous and infectious wastes, including cotton swabs, vials, used syringes, needles and vaccine containers from inoculation centers. Risks and impacts related to the rehabilitation and extension of existing infrastructure, including the construction of basic staff houses at the targeted health centers can be mitigated through activity/site specific mitigation measures to be described in the E&S safeguards instrument (ESS1). The revised National Healthcare Waste Management Plan (NHCWMP) prepared under the parent Project will be relevant for safe medical and hazardous waste management. This NHCWMP shall inform the preparation of the facility-specific HCWMP for the New Redemption Hospital. Vaccine-related wastes will be segregated, and disinfected onsite in accordance with guidelines from the World Health Organization on the management of vaccine waste. Furthermore, the MoH will provide regular training in the management of medical waste at health facilities, use of waste bins and liners for waste collection, and routine use of personal protective equipment throughout the Project implementation period. These exercises would be undertaken in accordance with the World Bank ESMF, while satisfying the requirements of the Environment Protection and Management Law (EPML) of Liberia. The environmental risk is thus, rated as Moderate.

**Social Risk Rating**

Moderate

The pre-construction and construction phases of the New Redemption Hospital Phases 1&2 are already covered by safeguards instruments prepared under the parent Project and the Ebola Emergency Response Project (P152359) and have been implemented. The required land for hospital and related facilities has been acquired from the community through compensation at full replacement cost with other entitlements. The landowning communities were engaged continuously and consulted about their concerns and complaints through a functional GRM. Under Sub-component 1.2, new activities, small civil works involving the rehabilitation and extension of existing primary healthcare infrastructure and construction and improvement of the structures at targeted health facilities shall use available land, which is fully fenced and the land available for project intervention are encumbrance free and under the MoH. Assessment of the project components under the proposed Project identified the following social risks and potential impacts: (i) access to the health infrastructure by people with disabilities if the facilities are not upgraded as per the requirements of special need under subcomponent 1.2; (ii) risk of violating labor and working conditions for direct and contracted workers under subcomponents 1.2; and staff from the PIU; (iii) risk of SEA/SH during the use of health facilities under sub-components 2.1 and 3.1; (iv) possibility of child abuse when undertaking activities on community and adolescent health care under sub-component 2.1; (v) risk of spread of infectious diseases under subcomponents 2.2 and 3.1 if there is poor disposal and management of medical waste, expired and damaged drugs; and (vi) risk of elite capture of health facilities, exploitation and discrimination of poor people if there is limited awareness on project objectives and beneficiaries. Thus, the potential social risks and impacts are: (a) non-discrimination and inclusion of vulnerable and disadvantaged groups (ESS10); (b) labor and working conditions (ESS2); (c) community health and safety (ESS4); and (d) introduction of new practices and systems under the project may pose risks and threats for intangible cultural traits and traditions (ESS8). To safeguard community health and safety, the revised NHCWMP prepared under the parent Project will be relevant for safe medical and hazardous waste management. Given the focus on adolescent reproductive health, teenage pregnancy and fertility, the contextual and project-level GBV risks have been assessed in line with best practices. The MoH has submitted a revised GBV action plan which will be implemented during the project period.

**Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating**

Moderate

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The GBV, SEA/SH risk is rated moderate. GBV, SEA/SH continues to be a major challenge for Liberia. Early marriage, rape, offensive touching (sexual assault), forced prostitution, wife inheritance and forced servitude are the main types of sexual and GBV perpetrated in the communities. The project has the potential to increase these risks in several ways, including by bringing workers and laborers implementing the project's infrastructure activities into contact with vulnerable women and girls. To mitigate this problem, the project has developed a draft GBV, SEA/SH action plan which is under review. Measures which have been included in the action plan are: (a) requirements for contractors/consultant to submit Codes of Conduct and include plans for worker training and accountability in their C-ESMPs and other safeguards instruments; (b) a project GRM with special procedures for confidential and ethical reporting of GBV, SEA/SH incidents; (c) mapping of GBV, SEA/SH service providers in the project area to provide a referral pathway for survivors who report; (d) community sensitization on GBV, SEA/SH risks and reporting; and (e) training of staff from the PIU and MoH on GBV, SEA/SH as part of social risk management. The project has also appointed a safeguards officer with experience in GBV, SEA/SH risks management. Further, a non-governmental organization with experienced in GBV, SEA/SH will be engaged to support the implementation of some of the measures on GBV, SEA/SH.

## 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 potential environmental and social impacts of the proposed new activities related to small-scale civil works (rehabilitation and extension of existing primary health infrastructure, including the construction of basic houses at the targeted health centers) are expected to be less adverse, short-term, and manageable. The health and safety risks and hazards generally associated with civil works of this nature, include dust and noise pollution, issues arising from improper management of construction wastes, and vibration from construction equipment. The civil works will also expose workers to health and safety risks and hazards, including exposure to harmful substances, working at height, and hazards associated with the operation of machinery and hand and portable power tools.

Vaccine safety and efficacy: Potentially adverse health effects from procuring unsafe vaccines and inadequate vaccine storage, handling and transportation practices may lead to vaccine quality deterioration. Environmental and social risks could potentially occur in the procurement and administration of childhood vaccines under the proposed Project. The administration of these vaccines will generate millions of units of general, hazardous and infectious wastes, including cotton swabs, vials, used syringes, needles and vaccine containers from inoculation centers. While these wastes will be processed at the existing medical waste facilities in hospitals across the country; healthcare waste management, including handling, storage and disposal of medical wastes, is still a challenge in Liberia. The medical waste management system needs to be strengthened.

To manage the identified impacts, risks and hazards, the MoH has updated the existing ESMF instruments, namely the Environmental and Social Commitment Plan (ESCP) and the Stakeholder Engagement Plan (SEP) as per the requirements of proposed Project's components, disclosed and implement prior to the decision meeting. Furthermore, the MoH is advised to prepare and disclose site-specific ESMPs for the proposed small-scale civil works at existing clinics prior to launching the bidding process for the respective activities. The revised NHCWMP prepared under the parent Project shall be relevant for safe medical and hazardous waste management. As such, the MoH is



also advised to adopt and implement the revised NHCWMP together with the National Infection Prevention and Control Guidelines. This NHCWMP shall inform the preparation of facility-specific HCWMPs for the New Redemption Hospital. In addition, the MoH will provide regular training in the management of medical waste at health facilities, use of waste bins and liners for waste collection, and routine use of personal protective equipment throughout the project implementation period.

The GBV, SEA/SH risk is rated moderate. GBV, SEA/SH continues to be a major challenge for Liberia. Early marriage, rape, offensive touching (sexual assault), forced prostitution, wife inheritance and forced servitude are the main types of sexual and GBV perpetrated in the communities. The project has the potential to increase these risks in several ways, including by bringing workers and laborers implementing the project's infrastructure activities into contact with vulnerable women and girls. To mitigate this problem, the project has developed a draft GBV, SEA/SH action plan which is under review. Measures which have been included in the action plan are: (a) requirements for contractors/consultant to submit Codes of Conduct and include plans for worker training and accountability in their C-ESMPs and other safeguards instruments; (b) a project GRM with special procedures for confidential and ethical reporting of GBV, SEA/SH incidents; (c) mapping of GBV, SEA/SH service providers in the project area to provide a referral pathway for survivors who report; (d) community sensitization on GBV, SEA/SH risks and reporting; and (e) training of staff from the PIU and MoH on GBV, SEA/SH as part of social risk management. The project has also appointed a safeguards officer with experience in GBV, SEA/SH risks management. Further, a non-governmental organization with experienced in GBV, SEA/SH will be engaged to support the implementation of some of the measures on GBV, SEA/SH.

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### **ESS10 Stakeholder Engagement and Information Disclosure**

The project proposes to enhance community engagement, involve non-state actors and local leaders to improve adolescent sexual and reproductive health, combat teenage pregnancies and reduce maternal mortality. This is a sensitive issue that requires careful identification of stakeholders, engagement of communities and specific groups, such as adolescent girls and boys, and vulnerable/disadvantaged populations. The SEP for the proposed Project has been updated. It identified and analyzed various stakeholders, including government agencies, development partners, civil society and non-governmental organizations, academia, teachers and students at the school level, parents of students, participants from vulnerable groups and interested people from local communities. The SEP includes timing and methods of stakeholder engagement and strategy for information disclosure which incorporates the views of vulnerable groups. The estimated cost for SEP implementation is also indicated. The project GRM is also part of the parent Project. Follow up on grievances and actions taken will form part of the overall monitoring of the project implementation team.

### **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 requirements of ESS2 will apply. The national labor law, the Decent Work Act, makes adequate provisions for the key requirements. The staff at the health facilities implementing PBF will be beneficiaries of the project, and not



direct or indirect project workers. The project has direct and contracted workers on the board and the primary supply workers also hired by the primary suppliers. The Labor Management Procedures (LMP) prepared under the parent Project is remains relevant. To satisfy the requirements of ESS2, the MoH will adopt and implement the LMP prepared under the parent Project; and the implementation arrangement will continue under the proposed Project. The GRM for workers is established and its functionality will be continuously monitored for the entire project life.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Most of the waste from the proposed project activities will be generated from small civil works and administration of vaccines. For construction activities, liquid and solid wastes will mainly include scraps from buildings, construction wastes, excavated soil, oils from construction machinery, concrete blocks, metal and glass pieces and domestic wastes. Sourcing of raw materials, such as sand, aggregates, timber and water can have significant effect on the environment and the local communities if not managed properly. The site-specific ESMPs will assess the project's raw materials need and provide measures that ensure raw materials sourcing does not interfere with use by local communities or degradation of community's resources. Waste will be segregated, stored and disposed of at approved sites to be agreed with the National Environmental Protection Agency, and consistent with site-specific ESMPs. In the absence of a proper medical waste management system, vaccination wastes may end up in informal channels, such as backyards, drains, dumps and landfill sites, where they may pose even greater health risks to the community and the environment. The Project will adopt and implement the NHCWMP prepared under the parent Project together with the National Infection Prevention and Control Guidelines as the mechanism to prevent these sharps, plastics and bottles from being released into rivers, dumpsites or the marine ecosystems. The borrower shall provide resources for training and employment of additional waste handlers (covering both infectious and non-infectious wastes), provision of personal protective equipment, waste containers and liners, and treatment technologies. The waste management system shall recognize and comply with the use of best available technologies in accordance with the Stockholm Convention when possible.

### **ESS4 Community Health and Safety**

The MoH will assess the risks and impacts of the proposed Project on community health and safety. Key areas of concern to be evaluated with respect to the rehabilitation and extension of infrastructure at existing clinics will include the following: (i) community's exposure to noise, dust, wastes and pollution due to the small-scale civil works; (ii) safety of services and community's exposure to health issues; (iii) traffic and road safety; and (iv) potential risks and impacts resulting from labor influx. The contractor's health and safety plan shall include a traffic management plan. The contractor shall also provide enough awareness on the generation, reuse and expire of damaged drugs and proper disposal of medicine waste that could adversely impact community health and safety. Lack of awareness among people of proper waste management procedures may create threats and increase risk for community health and safety. Contractors shall develop and implement measures and action to assess and manage specific risks and impacts to the community arising from Project activities, including in relation to Project Workers and any risks of labor influx.

The contextual and project-related GBV,SEA/SH risks have been considered, and a GBV,SEA/SH action plan has been prepared to manage the risks of GBV, SEA/SH. The MoH has already recruited a Social Safeguards Officer with expertise in GBV, SEA/SH to help with the implementation of the GBV, SEA/SH action plan. The action plan shall be



implemented throughout the project life cycle. For the rehabilitation of infrastructure and possibly construction of basic staff housing at existing clinics (subcomponent 1.2), the bid documents will clearly define the expected requirements that the contractor needs to implement in order to increase awareness, prevent and manage any project-related GBV,SEA/SH risks.

**ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

All small civil works will be carried out within the existing footprints of healthcare facilities; hence, this standard is not relevant to the proposed interventions.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

All small civil works will be carried out within the existing footprints of healthcare facilities; hence, this standard is not relevant to the proposed interventions.

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

No indigenous peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in the Project area.

**ESS8 Cultural Heritage**

The MoH will incorporate Chance Finds Procedure in site-specific ESMPs prior to the commencement of any civil works mentioned under ESS1. No further action is required.

**ESS9 Financial Intermediaries**

ESS9 is not relevant for this Project.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**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?** In Part

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**Areas where “Use of Borrower Framework” is being considered:**

The project will partly use the Borrower’s E&S Framework in the assessment, development and implementation of project activities. The project will comply with relevant national legal requirements, including the following: (i) Environmental Protection Agency Act of Liberia and (ii) Environmental Protection and Management Law of Liberia. The project will also comply with requirements of the national labor law, the Decent Work Act of Liberia.

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Government of Liberia

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Kazumi Inden, Collins Chansa  
Practice Manager (ENR/Social) Sanjay Srivastava Cleared on 02-Aug-2022 at 21:46:26 GMT-04:00  
Safeguards Advisor ESSA null on

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