

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

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Sierra Leone	AFRICA WEST	Ministry of Finance	Ministry of Health and Sanitation
Project ID	Project Name		
P177850	Sierra Leone COVID-19 Emergency Preparedness and Response Project Second Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173803	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	11/11/2021	12/13/2021

Proposed Development Objective

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
Current Financing	7.50
Proposed Additional Financing	9.10
Total Proposed Financing	16.60

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

Yes



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

The second additional financing (AF2) will support scaling up of the COVID-19 vaccination in Sierra Leone. It will provide upfront financing for an additional COVID-19 vaccines acquisition through the African Vaccine Acquisition Trust (AVAT).

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 AF2 will be carried out in accordance with the ESF arrangement for the Parent Project, the COVID-19 Emergency Preparedness and Response Project (P173803). There are no new activities, no change in target populations, geographic scope and implementation arrangements. The AF2 is proposed to support the acquisition of additional doses of COVID-19 vaccines, which meet the World Bank’s Vaccine Approval Criteria (VAC), to expand the vaccine coverage by 12.5 percent to make it a total of 40.0 percent of the total populations vaccinated or reaching 79.4 percent of the national target of vaccinating all people age 18 and above. The AF2 leads to increasing the funding allocation for sub-component 3.5: COVID-19 vaccines acquisition. The PDO of the parent project and the AF2 will remain the same, as will the components for the AF2.

The project is being implemented throughout Sierra Leone and covers the capital Freetown and all 16 districts and 196 chiefdoms (sub-district level). The 2021 projected census population of Sierra Leone is 8.2 million people, 4.28 million of which are people above 18 years old, with a population annual growth rate of 2.1, of which 40 percent reside in urban areas. Governance in all these areas involves layers of authority within the MOHS and administrative jurisdiction over local governance (in accordance with the 2004 Local Government Act). In the event of a public health emergency, national authority takes precedence through the MOHS, and its regional, district and peripheral units. Sierra Leone has weak health systems which are still recovering from major shocks (Ebola, Lassa fever and measles outbreaks, and suspected polio cases). For the surveillance and community-based sensitization activities of the project, it is noteworthy that rural settlements and villages are largely difficult to access, with accessibility decreasing towards the border sections with Guinea and Liberia. Due to the large and porous borderline, there are numerous illegal entry points into Sierra Leone from these countries, making disease surveillance and restrictions a major challenge. The terrain along the border is characterized by mountainous and densely forested, often pristine ecosystems interspersed by rivers and streams, alongside small villages and hamlets. There is a long-standing communal system of trade and movement of persons and goods across these borders. Hence, not all persons entering or leaving the country can be accounted for or tracked. With these porous borders, confirmed COVID-19 cases in neighboring Guinea, Liberia, Ghana, Nigeria and Senegal pose a threat that can further cloud an already fragile outlook and set back the fight against poverty. The Lungi International Airport is in Port Loko District. It is the main point of entry (POE) into the country by air and is only a few hundred meters from the fairly remote quarantine site at the government owned Lungi International Hotel, en route to the sea taxi jetty that conveys visitors across the estuary to Freetown.

The primary objectives of the AF2 are to scale up affordable and equitable access to COVID-19 vaccination in Sierra Leone. The parent project is also supporting construction of key public health infrastructure (Isolation Center, Treatment Center and ICU) at Freetown International Airport at Lungi, the country’s main point of entry. Hence, some of the key environmental and social risks associated with the parent project activities are related to worker and



community health and safety, pollution and public health from inappropriate management of liquid and solid waste materials arising from immunization and other clinical care operations, and social risks associated with exclusion of people such as vulnerable and disadvantaged people (including ethnic minority communities). The project is not expected to impact natural habitats or cultural heritage sites if properly managed. No proposed activities have the potential to lead to involuntary resettlement issues.

An intense focus on expanding immunization capacity is necessary to ensure that the health systems can effectively implement a comprehensive COVID-19 vaccine deployment strategy. This includes a critical assessment of and actions to ensure functional, end-to-end supply chain and logistics management systems for effective vaccine storage, handling, and stock management; rigorous cold chain expansion and control; robust service and coverage tracking systems; well-trained, motivated and supervised vaccinators; tailored large-scale communication and outreach campaigns at the household, community and national level; people-centered service delivery models that can reach different target populations effectively; and effective political leadership. Sierra Leone may also need to consider and enhance relevant institutional frameworks for the safe and effective deployment of vaccines, including voluntary vaccination practices; regulatory standards for vaccine quality; guidelines for acceptable minimum standards for vaccine management; safe management and disposal of sharps; and policies to ensure robust governance, accountability, and citizen engagement mechanisms.

D. 2. Borrower's Institutional Capacity

This section assesses the project implementation arrangements and the capacity of various actors to implement a comprehensive COVID-19 vaccine deployment strategy effectively and safely. Project management arrangements under the parent project are currently functioning satisfactorily. The World Bank's engagement with the health sector also includes the implementation of the Regional Disease Surveillance Systems Enhancement in West Africa (P154807), the Health Service Delivery & Systems Support Project (HSDSSP, 153064), and the Sierra Leone COVID-19 Emergency Preparedness and Response Project (P173803). The AF2 will utilize the existing capacity of the Emergency Operations Center (EOC) of the MOHS to coordinate the project activities with all stakeholders. The EOC will leverage the existing immunization governance mechanisms of the Expanded Programme for Immunization (EPI) of the MoHS through its central and district offices. The Integrated Health Project Administration Unit (IHPAU) provides fiduciary support. The IHPAU has been expanded an environmental and social safeguards unit staffed with an environmental specialist, a social specialist and a technical environmental and social advisor to support the preparation and implementation of the project's ESMF, Stakeholder Engagement Plan (SEP), ESCP, and safeguards instruments prepared and implemented for the World Bank-supported projects in general. The SEP and ESMF for the parent project were updated and disclosed for the AF1 (P176441) on May 9, 2021, and June 23, 2021, respectively. These instruments are still relevant to mitigate E&S risks for the AF2. The environmental and social performance of the parent project is Moderately Satisfactory. All the ESF instruments for the parent project and the AF1 have been prepared and disclosed.

The Lungi health facility reconstruction is at the design stages and will undertaken within an existing facility. The project grievance redress mechanism (GRM) is linked to the Anti-Corruption Commission (ACC) GRM platform since November 2020. The MOU between the MOHS and ACC on the use of the platform was signed. Training of community and district monitors on grievance monitoring and recording at the community level was conducted, and the GRM platform was publicized. The 117 Toll-Free Emergency Call Center at the EOC earmarked for emergency calls



supplement for other grievances. Quarterly reporting on the E&S implementation performance as per project ESCP remains a challenge. The World Bank is working with the IHPAU to ensure that the next quarterly project reports are updated and made available by the November 15, 2021 and that the timely reporting remains consistent throughout the project implementation. The World Bank’s E&S team, engages with the PIU, especially the E&S specialists at the IHPAU, regularly for the E&S implementation updates and to provide advice on an ongoing basis. The project E&S staff are assessed and have provided to possess ample experience with implementing environmental and social risk management strategies. As such, the capacity of the team to manage ongoing and emerging E&S risks is deemed adequate.

A COVID-19 Vaccine Technical Working Group (COVID-19 Vac TWG) is in place, chaired by CH/EPI program manager of the MoHS. The working group has a multisector representation composed of senior-level officials from relevant ministries. It also includes external partners, representatives from private sector providers and civil society organizations, with decision-making authority. The COVID-19 Vac TWG performs its functions through six sub-groups, including: (i) Leadership, Planning, Coordination, and Finance; (ii) Communication and Social Mobilization; (iii) Logistics and Supply Chain and Waste Management; (iv) Vaccine Safety; (v) Monitoring, Evaluation, and Surveillance; and (vi) Training and Capacity Building. Membership of the working group include WHO, UNICEF, CDC, CHAI, ICAP, CDC and other Ministries and agencies. The working group is also responsible for ensuring synergies between the project activities and the State emergency preparedness plan. The EOC shall ensure that these organizations follow the Project’s ESMF and comply with all relevant ESSs. In the area of medical waste management, 14 COVID-19 treatment facilities in the districts have been supplied with improvised incinerators.

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The AF2 environmental risk rating is assessed as substantial because of the scale and nature of the vaccine roll-out operations, the sensitivity of the receptors (threat to human health and risk of transmission of the infection) and the environmental and community health related risks from inadequate medical waste management, but also the relatively weak capacity of the borrower to manage these risks. The project does stand to benefit from the experience of the government and MOHS in dealing with infectious diseases in the past, with reference to ebola in 2014/2015, but the concomitant deployment of Ebola, polio and the sheer scale of the COVID-19 vaccine programs could further strain and overwhelm an already overstretched limited capacity, facility and resources. The environmental risks and mitigation measures akin to the parent project, in relation to infection prevention and control (IPC), and medical wastes risk management remain relevant. The risk is expected to increase as the vaccine rollout is ramped up and expanded across the country to increase coverage when resources are available. Some of the existing medical waste management (MWM) facilities are working, but highly constrained, with heavy reliance on sub-optimally operated incinerators. There are plans under the new Health Project (P172102) to pilot a centralized medical waste management system to develop a practical and sustainable approach that can be replicated across the regions and districts. But it is unlikely that the pilot system will be operational within the timeframe of the AF. However, if the amount of medical waste from the vaccination exceeds the current waste management capacity, other avenues would be explored including quickly updating, revamping and rehabilitating



the existing infrastructure and systems including incinerators, autoclaves, placenta pits and metal crushers. Plans are underway by the MOHS to rehabilitate 5 incinerators stationed at Hastings, a district near to Freetown to process medical waste from the Western Area, as a first step. In the meantime, vaccine-related wastes will be segregated, and disinfected onsite in accordance with WHO guidelines on handling vaccine wastes. Recyclable waste will be stockpiled for reuse following disinfection, while hazardous wastes will be transported to facilities with incinerators for processing. Residual ash will be disposed of at the Kingtom landfill site. Waste from other parts of the country will be processed at facilities in the regional headquarter towns of Bo, Kenema and Makeni. To manage this an Infectious Healthcare Waste Management Plan (IHCWMP) developed for the parent project (P154807) will be updated, and the program to develop the capacity of the client will be enhanced through trainings and the provision of resources. Of course, the AF activities could benefit from other systems put in place in the parent project and other Bank funded projects implemented by MOHS, including utilization of trained and equipped staff, such as waste handlers and incinerator operators, POE, auxiliary and support staff. The Environmental Health Directorate of the MOHS and the Safeguards unit of IHPAU are developing a medical wastes strategy and action plan in line with the IHCWMP and SOPs prepared under the parent project. Risks related to the construction of key public health infrastructure (Isolation Center, Treatment Center and ICU) at Freetown International Airport at Lungi or renovation of hospitals, medical facilities and laboratories can be mitigated through general or activity specific mitigation measures to be described in E&S safeguards instruments (see ESS1). These include occupational health and safety risks involving construction workers, labor management issues, air, soil, and water pollution and threat to biodiversity and sensitive ecosystems from construction wastes, community health and safety. As works will be done on existing facilities, cultural heritage will not to be affected.

Social Risk Rating

Substantial

The social risk for the AF2 is rated Substantial. No proposed activities of the AF2 have the potential to lead to involuntary resettlement issues. Key social risks include residual risks of inequity in access to COVID-19 vaccination. Only around 2.5 percent of the population are fully vaccinated. The proportion of females vaccinated remains lower than males (40 percent vs. 60 percent). The COVID-19 vaccine intake has been slower in rural areas due to inaccessibility to vaccination sites. The ongoing deployment is still challenged by limited funding for social mobilization and establishing centers at the chiefdom levels and limited logistics for increased mobile team deployment. The MoHS is accelerating risk communication, social mobilization and vaccination at the decentralized level to reach high risk populations in rural and remote areas and ensuring the vaccination for persons with disabilities, HIV/AIDS and tuberculosis. The number of vaccination teams has increased from 72 to 600, including mobile vaccination teams, to reach communities. But this needs to be ramped up including ensuring synergies between the social mobilization teams and the vaccination teams in sequence, and of the collaboration with the DHMTs, DICOVERCs, and traditional leaders in engaging communities to promote the COVID-19 coverage for the AF2. The country vaccine deployment plan commits to adopt differentiated strategies to reach each group's peculiar characteristics. Micro plans for the hard-to-reach population have been developed. The EPI has identified hotspots to intensify the targeted COVID-19 vaccination in informal settlements around Freetown. Another particular risk is the potential for COVID-19 infection among project workers and communities due to mass mobilization of the public for vaccination and inadequate adherence to occupational health and safety standards. Infectious waste materials generation are also potential sources of COVID-19 transmission without effective administrative and containment controls. The parent project and AF1 procured additional IPC materials for vaccination but proper usage need to be monitored. Adherence to all COVID-19 prevention measures will be observed at vaccination locations. Health workers are prioritized for early vaccination and the project's grievance is available to allow workers quickly inform management of issues such as lack of PPE. Risks of corruption could lead to diversion of vaccine from the most

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marginalized and SEA/SH risks for women and girls. Vaccines that the Bank finances is provided free of charge to the population and no user fees is levied. The communication campaign builds public knowledge on this through the Anti-Corruption Commission. This is complemented with the engagement of Civil Society Organizations (CSO) and community-based organizations (CBOs) to monitor the vaccine deployment process. The risk of forced vaccination is low, and the project is not likely to employ security forces in any aspects of the vaccine deployment. The March 2021 multi-country study shows high vaccine acceptancy among the population (above 85 percent). Despite the above efforts, there are some critical risks including the fact that there is perceptions that COVID-19 is low risk especially among those residing in the urban areas. Project still counters rumors and misinformation on social media about COVID-19. The concurrent COVID-19 vaccination with polio, Ebola and HPV vaccination, government’s capacity, in particular in low-capacity environments such as Sierra Leone, entailing a risk. Key messages are being adjusted in response to the rapidly evolving situations in the country and with lessons learned from several intensified COVID-19 vaccination campaigns. Local Councils, CSOs, and development partners are actively involved in message development and dissemination. The project will support proposal from disability to support targeted information to persons with disabilities.

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

SEA/SH risk is rated Moderate using the World Bank SEA/SH risk screening tool for health. While the project will not have any major civil works, situations of pandemics can create or exacerbate the conditions that especially put women and girls at greater risk of SEA/SH. Diversion or vaccine shortages and some measures put in place to address the pandemic such as confinement and physical distancing that affect livelihoods and access to vaccine services are likely to increase the risks of women and girls experiencing violence. The project will have clear messaging to prohibit SEA/SH as well as reporting and referral pathway through the Ministry of Social Welfare (MoSW) under the Psychosocial Pillar.

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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:

Both the COVID-19 Emergency Response and Preparedness parent project and First and Second Additional Financing (AF) activities will have positive impacts as they should improve COVID-19 surveillance, monitoring, containment and response in accordance with WHO guidelines and GIIP, as well as prepare the country for future health emergencies. The project will also provide a benchmark for the collection, storage, handling, transport and disposal of infectious and non-infectious wastes from hospitals and health centers in emergency situations. Notwithstanding, substantial environmental and social risks could potentially occur in the procurement, distribution and administration of vaccines under the AF2. There is the risk of direct negative health impact on the community and personnel involved in the campaign, and indirect health effects in the community and impact on the environment from the inadequate management of the large quantum of wastes, such as sharps and infectious non-sharp wastes generated by immunization activities. An infectious healthcare waste management plan (IHCWMP) is in place for the handling of COVID-19 generated wastes, and will be adapted to manage wastes generated from the vaccine roll out. In the absence of a comprehensive and proper medical waste management system, the MOHS E&S safeguards personnel and Environment Directorate have developed a Medical Waste Management strategy and action plan in line with WB



and WHO guidelines. In terms of managing risks related to cold storage equipment, both the AF1 and AF2 will adhere to national regulations and guidelines to ensure that coolants to be used in cold storage equipment should not contain any ozone-depleting substances. From the social side, there is risk of inequity in access to vaccines. People living in remote or isolated communities, persons with disabilities, the elderly, homeless, informal settlement, women, low-income workers, prisoners and other hard-to-reach population could potentially miss out on vaccination due to elite capture, distance and poor road network to health facilities, and barriers in communication. Inclusion is not only fundamental to improved social development outcomes, but given the nature of COVID, if parts of the population are excluded, the overall efficacy of vaccine deployment will be compromised. In terms of prioritization of population groups that will receive vaccination first, the country's vaccine deployment plan followed the WHO Strategic Advisory Group of Experts on Immunization (SAGE) values framework as well as the national context and local epidemiological data. The population prioritized for the initial phase includes health workers, older people, and those with underlying health conditions. Delivery of the vaccines will be brought as close to the population as possible to prevent possible access challenges. The GoSL is currently extending the COVID-19 vaccination in rural and remote areas with the increased number of mobile vaccination teams, in tandem with intensified social mobilization teams, to improve vaccine literacy and acceptancy. Further intensification of risk communication and community engagement is needed to increase the vaccination coverage.

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. With support from development partners, including the contributions from the parent project, there is no gap in CCEs in the country for the COVID-19 vaccination. In addition, the AF1 includes a program for monitoring issues of Adverse Events Following Immunizations (AEFI). A risk management plan for AEFI has been developed according to the PBSL's guidelines. The National Expert Committee on Vaccine Safety and Causality Assessment, comprising experts in neurology, cardiology, clinical pharmacy, pharmacology, toxicology, public health, pathology, forensic medicine, and pharmacovigilance, evaluates the causality of AEFI and a vaccine and monitors the reported AEFI data of potential signals of previously unrecognized vaccine-related adverse events.

About 62 percent of the total health workforce of Sierra Leone are women, the majority of who require more direct contact with patients for longer time. In fact, more female health workers were infected with COVID-19 than male health workers. There are also likely gaps in access to information sources and absorption level of correct information about COVID-19 among women as compared with men as low education and illiteracy rates are higher among women. Some women need to gain authorization from their husbands to get vaccinated. The March 2020 Knowledge, Attitude and Practice (KAP) study results showed a higher proportion of women (70 percent) did not know that one could survive COVID-19 even after being contracted, as compared to 61 percent among men. Fewer women (54 percent) already took action to avoid the infection than men (60 percent). As of September 2021, the proportion of females received at least one dose of COVID-19 vaccine was 40 percent compared to 60% of males. The proposed AF2 will follow existing project mitigation arrangement ensure:(i) equitable COVID-19 vaccine distribution and information dissemination with tailored messaging for women; (ii) intensifying social mobilization and community engagement in collaboration with market women; (iii) significantly increasing the number of vaccination sites, and setting up mobile vaccination teams in all the 16 for increased accessibility; (iv) mobilizing female ambassadors to fight against COVID-19 ("Corona Fet Ambassador") to promote COVID-19 vaccination among other women's health issues; and, (v) clear messaging to prohibit SEA/SH, clear reporting and referral pathway through the Ministry of Social Welfare (MoSW) under the Psychosocial Pillar.



The SEP and ESMF for the parent project were updated and disclosed for the AF1 on May 9, 2021, and June 23, 2021 respectively.. The ESMF contains Infection Control and Waste Management Plan (ICWMP) measures to safeguard health care workers, patients and the larger community from transmission and infection by the COVID-19 virus and manage the safe disposal of the resulting medical waste. The EMSF provides for the application of WHO guidance, World Bank EHS Guidelines (EHSg) and other GIIP in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and treating confirmed cases. The existing ESMF and SEP remain relevant and shall apply to mitigating E&S risk for the AF2. It shall be updated as needed and redisclosed within one month after the project effectiveness. The Environmental and Social Commitment Plan has revised slightly as part of the negotiation package for the AF2.

ESS10 Stakeholder Engagement and Information Disclosure

Integrating effective stakeholder engagement approaches in design and implementation is critical if the project is to succeed. Among the many risks that the project can face as it rolls out the COVID-19 vaccination campaign, are risks of vaccine hesitancy, misinformation, mistrust surrounding the vaccine trial etc. Project therefore need to ensure (i) there is public willingness to participate in the vaccination campaign; (ii) those in greatest need of health services and vaccinations receive it first and in a timely fashion; (iii) health services and vaccinations are performed effectively; and (iv) the results of vaccine support services, including beneficiary feedback, are thoroughly captured and used to inform the project. To address these the project is operationalizing ESS10 to build public trust, to target and reach those in greatest need (especially those who are often left out of the public health system), to identify weaknesses and improve the quality of services, and to learn from experience and beneficiary feedback to strengthen the response.

The Risk Communication and Community Engagement component of the project and National COVID-19 communication plan and Stakeholder Engagement Plan have been fundamental in guiding stakeholder engagement and communication around the COVID-19 pandemic. The component includes activities to inform the public of the rationale for vaccinating selected target populations; vaccine safety; the process for vaccine deployment; and possible side-effects to foster confidence in a new vaccine. The GoSL has developed widely disseminated key messages on COVID-19 preventive measures (use of face masks and hand hygiene), issues of quarantine, and routine health checks through radio, short message service (SMS), social networking service (SNS), TV and community outreach activities. Information, education and communication (IEC) materials were produced in local languages. Risk communication was intensified, engaging farmers, residents of informal settlements, and traders, where the risk of contracting COVID-19 was relatively high. In the capital alone, the epicenter of COVID-19, 277,542 residents, including 160,974 females and 11,250 persons with disabilities, were reached with tailored messages. Ward meetings were held in attendance with the Councilors, Tribal Heads, religious leaders, Mammy Queens, Community Health Workers (CHWs), youth leaders, Ward Development Committee (WDC) members, supervisors, coordinators, and quality assurance officers to improve community engagement. The GoSL puts extra efforts for rumor management by developing a COVID-19 community engagement strategy, frequent organization of press briefs, and training of 130 Community-Led Action (CLA) master trainers, 2,228 community mobilizers, 200 journalists, 80 risk communication and social mobilization officers, 1,150,000 other stakeholders. About 5,800,000 people, including more than three million women, were reached with tailored messages about COVID-19. The parent project also collaborates with the



Ministry of Agriculture and Forestry (MAF) to disseminate COVID-19 prevention and control messages to farmers in the One Health approach. Despite these effort low risk perceptions to the COVID-19 especially among those residing in the urban areas, confusion in vaccination schedule among people with the concurrent polio, Ebola and HPV vaccination and widespread rumors and misinformation about the COVID-19 vaccination in social media still hinders some people from getting vaccinated in Sierra Leone. Key messages are being adjusted in response to the rapidly evolving situations in the country and with lessons learned from several intensified COVID-19 vaccination campaigns. The MoHS, Local Councils, CSOs, and development partners are actively involved in message development and dissemination. Several surveys on citizen perceptions and obstacles to vaccine uptake such as the Sierra Poll, and the Knowledge, Attitudes, and Practices survey is drawn on to help adjust risk communication strategy.

The Communication and Social Mobilization technical working group (TWG) has been established under the EPI COVID-19 Vaccine Deployment Task Force to respond to COVID-19 vaccine's unique communication challenges. The pillar is co-chaired by Health Education Division (HED) and UNICEF and composed of representatives of MoHS (CH/EPI, HED), UN agencies, development partners, NGOs and CSOs. The project will ensure communications are adapted to varied urban / rural contexts and population groups (e.g., people living in remote or isolated communities, persons with disabilities, the elderly, homeless, slums communities, and women), distributed across high-penetration platforms, and foster support and endorsement through trusted community representatives and national leaders. Verifying that such stakeholder representatives are legitimate and genuine advocates of the community they represent remains an important task.

The project's existing SEP remains relevant for AF2 activities.

Key priorities in the SEP include the following: (i) developing communication materials in a way that can reach all groups of people, particularly the most vulnerable, and in a format and manner that is applicable to them; (ii) using various approaches to improve vaccine literacy among the general population, especially disadvantaged or vulnerable groups; (iii) conducting consultations regarding beneficiary perceptions and obstacles to vaccine uptake; (iv) sensitization activities to counter misconceptions about COVID-19, vaccine introduction, and any negative perceptions; (v) timely dissemination of vaccination-related information (e.g., overview of the COVID-19 vaccine program, priority risk groups, commodity availability, and tracking of those who need to receive a second dose); (vi) paying particular attention to engagement strategies with disadvantaged and vulnerable groups including elderly and people with pre-conditions during the life of the project, especially where adverse impacts may arise; (vii) leveraging trusted local interlocutors to facilitate aspects of the communication campaign, behavior change messaging, and community mobilization where appropriate; and (viii) offering mechanisms for people to raise concerns, provide feedback, or make complaints about the project and monitoring these to ensure they inform project implementation and any needed adjustments to vaccine support services. The SEP was disclosed on the website of MOHS. For this AF2, the SEP will be further shared with relevant stakeholders via culturally appropriate means and giving due consideration to logistical and technological constraints.

The grievance redress mechanism (GRM) will respond to complaints throughout the project lifecycle and has been devised to promptly respond to any project grievances. The 117 Toll Free emergency call center at the existing Emergency Operations Center (EOC) is used to respond to any adverse events observed after vaccination. All other project related complaints will be channeled to the Anti-Corruption Commission Toll Free line with linkages to the Integrated Health Project Administration Unit (IHPAU) which include the E&S unit. The SEP defines: (i) the ways in which users can submit their grievances (e.g., in person, by phone, text message, mail, email, website); (ii) how



grievances will be logged and maintained as a database; (iii) procedures for popularizing the GRM; (iv) the length of time users can expect to wait for acknowledgement, response and resolution of their grievances, (v) transparency aspects of the grievance procedure, governing structure, and decision makers; (vi) the appeals process to which unsatisfied grievances may be referred when resolution of grievance has not been achieved; and (vii) SEA/SH sensitive measures such as confidential and/or anonymous reporting with safe and ethical documenting of SEA/SH cases. In addition, the GRM may be enhanced by allocating a specific channel to register and respond to complaints/feedback linked with the deployment of the COVID-19 vaccination since the primary objective of the AF is to enable affordable and equitable access to COVID vaccines in the country.

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

This standard is relevant. Deployment of COVID-19 vaccine and rapid vaccination of the target population will require a great number of personnel with the correct skill-set who are trained, motivated and supported to carry out the implementation. This will involve various types of workers (direct, contracted workers, community workers and primary supply workers) to administer the vaccines, infection control, pharmacovigilance and environmental safety measures as well as interpersonal communication tools to counter any resistance to the vaccine. The exact number of direct workers and contracted workers engaged in the project over the whole cycle of the project is not yet known, but, a reasonable estimation from the vaccine deployment plan provides that it could reach up to 13,542. The COVID-19 task force (including Directorate of HRH) will develop a human resource deployment plan based on district micro plans that will ensure that adequate personnel for routine services are in place. Step-by-step instructions on how staff perform specific tasks and improve performance have been developed. Elements of the project activities (including community engagement work under Component 1.1) include the use of Health Community Workers and CSO groups. Through the AF1ct, direct contracting with UNICEF was concluded for vaccine acquisition through the AVAT and the AF2 will pursue the same procurement method for an additional doses of COVID-19 vaccines.

Workers under the project play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease. However, they could be exposed to OHS risks, including risk of COVID-19 infection due to inadequate IPC systems in place at vaccination sites and adherence to all COVID-19 prevention measures. Health facilities treating patients administering vaccines may also generate biological, chemical waste, and other hazardous by-products that could be injurious to human health. Poor working conditions (long working hours, delayed salaries, inadequate compensation etc) may lead to strikes as evidenced in the parent project.

Transportation of COVID-19 vaccines from one location to the other and operation of light and refrigerated vehicles, to supplement rapid delivery of COVID-19 vaccines to hard-to-reach communities also present the risks of accidents to drivers, albeit marginal and insignificant risk. Environmentally and socially sound health facilities management will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, appropriate chemical and infectious substance handling and transportation procedures, etc. These measures are covered in the IPC&WMP contained in the updated parent project ESMF. The measures are based on national healthcare delivery standards and norms set by MOHS in



addition to specific infectious-control strategies, guidelines and requirements recommended by WHO and CDC and other recommended OHS measures based on the World Bank EHS guidelines.

Construction of a medical treatment center at Lungi is envisaged for the parent project. This will be carried out in existing health facilities. The contractor will largely hire local labor and no large-scale labor influx is expected. An ESMP for this works has been prepared and includes Labor Management Procedures including OHS measures to protect workers from injuries, accidents and COVID-19 infections. The contractor will have a workers GRM to allow workers to quickly inform management of any labor related complaints. This will be linked to the project GRM for tracking of resolution.

ESS3 Resource Efficiency and Pollution Prevention and Management

Vaccination rollout will increase medical waste, including used vials, sharps, needles, and other infected materials. This will overwhelm the prevailing limited capacity for the management of healthcare waste. Used cotton swabs (which may carry COVID-19 inactivated vaccine ingredients), needles and syringes could be a source of transmission of the infection if not contained and disinfected. Depending on handling practices, vials may be categorized as non-infectious, but wastes nonetheless. Management of COVID-19 vaccination waste demands special attention, due to the highly infectious nature of the virus, and the emergence of more virulent strains. Also, as the vaccines are delivered as part of a mass vaccination campaign, a much higher quantity of healthcare waste will be generated from use of disposable or reusable PPE worn by the vaccination teams. 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 borrower will therefore have to develop a mechanism to prevent these sharps, plastics and bottles from being released into rivers, dumpsites or the marine ecosystems. A general and hazardous waste management will be included in the ESMPs for site-specific operations. The Infectious Healthcare Waste Management Plan (IHCWMP) prepared for the parent project shall be updated as a separate document and implemented in accordance with WHO Guidelines on COVID-19 deployment . To minimize risk of contamination and pollution, each vaccination team should practice on-site waste segregation. The updated HCWMP or Infection Control and Waste Management Plan (ICWMP) will include adequate budget for training and employment of additional waste handlers (covering both infectious and non-infectious wastes), provision of PPEs, waste containers and liners and treatment technologies, and possible outsourcing to private sector services with proven track-record of waste treatment and disposal. The waste management system should recognize and comply with the use of best available technologies in accordance with the Stockholm Convention when possible. WHO, UNICEF and UNEP have all provided guidance documents for management of COVID-19 related wastes. The project will adopt the SOP used under the parent project for management and decommissioning of isolation facilities. 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. Waste will be segregated, stored and disposed of at approved sites to be agreed with the local councils and authority.

Air emissions and water pollution: The highest air pollution risks relate to continuation to operate defunct incinerators or open burners, which has been observed in some health centers, as toxic fumes of soot, and possibly, persistent organic pollutants (POPs) and biphenyls, such as dioxins and furans, etc., are spewed into the atmosphere.



Toxic trace metals, such as cadmium, chromium, lead, mercury, etc., could also be contained in these emissions, as well as in the residual ash from the combustion chamber due to improper waste sorting that precedes burning. If not properly disposed of, these could be dumped or washed out into waterways and groundwater with chronic carcinogenic impacts especially, in locations around large vaccination centers. The risks of emissions and disposal could be addressed by WHO Guidelines on COVID-19 deployment, the updated HCWMP and other GIIPs.

Other sources of air emissions include exhaust from heavy vehicles and machinery, and fugitive dust generated by compaction and construction activities, but their impacts are much lower than those from incinerators. Individuals prone to respiratory infection, such as children and the elderly are more susceptible to these risks. Dust and noxious substance emissions should be minimized through dust suppression and regular vehicle maintenance. The design of buildings and laboratories and construction works will be supervised to ensure that E&S considerations have been included.

Water Pollution: COVID-19 vaccination wastes, if improperly managed, could contaminate and pollute surface and groundwater exposing sections of the community using the water for domestic purposes to infection and possibly, cancer. Plastics from syringes, and persistent organic pollutants from combustion ash could accumulate in wetlands and aquatic ecosystems resulting in irreversible physiological and anatomical damage to biota, and degradation of these ecosystems. Burial of partially treated or poorly incinerated medical wastes could contaminate the receiving soil and water. The updated HCWMP that covers an appropriate handling and disposal method will help mitigate this risk.

COVID-19 Transmission risks: Risks of transmission of COVID-19 identified with the parent project continue to apply. For all works conducted at hospitals and other sensitive areas, care must be taken to prevent transmission of COVID among construction workers and the community at large. All works must follow WHO guidelines on COVID-19 preparedness and prevention, and COVID-19 vaccine deployment.

Noise: Noise levels will vary with the project environment. Remote areas are more likely to experience higher impact due to difference between ambient levels and the elevated noise from contractor mobilization. People may tend to congregate around vaccination centers as they queue up to get vaccinated, both increase risks of transmission and noise levels. The ambience of hospital vaccination centers may be impacted. Contractor workers involved in the construction of hospitals and laboratories, and vaccination teams will observe the decorum of the immediate environment by conducting themselves in accordance with good civic behavior and the CoC. They must be respectful of local events by suspending all noise generating activities during religious or cultural/traditional occasions to prevent conflict with the community.

Inefficient resource use from sourcing and utilization of raw materials: This aspect may only apply to construction works. Projects under the ESF are designed to demonstrate environmental stewardship and sustainability. Materials used in construction of health centers, laboratories, etc., shall be selected to reflect the prevailing climatic conditions, while taking into cognizance the convenience of the occupants or users of the facilities. Energy-efficient equipment will be used in labs, health centers and waste treatment facilities. The coolants to be used in the SDD and UCC equipment should not contain ozone-depleting substances. The project will identify opportunities for incorporating efficient, sustainable cooling technologies. Cement, sand, timber, aggregates and sticks will be obtained from certified or licensed suppliers, or approved local sources, in close proximity to the project site to reduce



transportation related impacts. Water for construction works will not be obtained from community potable water sources. Materials will not be obtained from sources that could exacerbate deforestation, coastal erosion or global warming. Due diligence will be conducted to ascertain the environmental compliance of suppliers and third parties.

ESS4 Community Health and Safety

This standard remains relevant to ensure project activities will be carried out in a safe manner with low incidences of accidents to protect communities from infection with COVID-19. The country targets to cover 51.6 percent (4,283,367/ 8,200,000) of its population or all the population age 18 and above, which has been segmented as the deployment will be done in a phased approach. While the vaccine deployment is expected to slow the devastating impact of the pandemic and restore livelihoods and economic progress, some community health and safety risks may be associated with the COVID-19 Vaccine Deployment and include: (i) risk of COVID-19 spread. Medical and general waste 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 is not properly disposed; (ii) unsafe vaccines and inadequate vaccine storage, handling and transportation practices may lead to vaccine quality deterioration with potential for increased AEFI cases. (iii) Sharps and, more specifically, needles are considered the most hazardous category of health care waste for health workers and the community at large if they are not properly handled and disposed of. Injuries from needle prick can easily occur and carry a high potential for infection, including hepatitis B and C, HIV and sepsis. To prevent risk of infection, the safe disposal of used needles and syringes and the provision of safety boxes should form an important aspect of immunization programs. (iv) There is the possibility of using community infrastructures such as community centers, churches, etc. for administration of vaccination at the chiefdom levels which will require proper risk communication and disinfection. (v) Feedback on various vaccine surveys and experience from the government’s ongoing vaccination exercise across the country indicates low risk of stigma and vaccine refusal with about 85% percent of caregivers declaring being positive about vaccine. Notwithstanding this, WHO guidelines to help manage this risk will be applied <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf> (vi) Vaccination will be voluntary. Effective communication and outreach will be used to minimize vaccine hesitance and public willingness to participate in the vaccination campaign. A COVID-19 consent has been developed to be filled by the person who will take the vaccine against COVID-19. (vii) Rumors and misinformation about vaccine efficacy coupled with low trust in the government could lead to the rejection of public health intervention/information (Viii) Pandemic related measures such as confinement and physical distancing that affect livelihoods and access to services are likely to increase the risks of women and girls experiencing SEA/SH risks.

These identified risks will be managed in several ways through the ESMF, a robust risk communication strategy, and the SEP. The ESMF includes WHO and CDC guidelines for assuring quality control of the vaccines during storage, transportation, handling, and disposal throughout the country. The MOHS will closely monitor the potential side effects of vaccines. Emergency preparedness measures and monitoring of adverse impacts and side effects of vaccines on recipients of the vaccinations are detailed in the Vaccine deployment plan and the risk management plan for AEFI. There are already existing AEFI committees in every district and a national committee at central level. The 117 Toll Free emergency call center at existing Emergency Operations Center (EOC) is used to receive complaints of any adverse events. Following receipt of complaints, the case is referred and investigated by the AEFI focal person at the primary, secondary, and tertiary levels. In addition, Capacity building sessions for health workers on AEFI will be



conducted. Emergency drugs for AEFI management will be available at each post. Health and vaccination centers (including community spaces/ infrastructures) and screening posts, will have to follow IPC protocols and guidelines with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the workplace back into their communities.

The MOHS will address community concerns and maintain community confidence by creating and sharing a COVID-19 vaccine safety communication plan and access to project GRM. The various stakeholders and the appropriate communication channel and format will be outlined in the Stakeholder Engagement Plan (SEP) and in the Risk Communication Strategy.

Residency requirements – Whereas the Vaccine Deployment Plan does not clearly outline need for residency requirements for vaccination, the project will ensure that neither such requirements nor forced vaccination are included in the Bank financed vaccination project. Such requirement will lead to social exclusion and compromise the overall efficacy of vaccine deployment.

The project is not likely to employ security forces to ensure law and order around the Vaccination Centers or to force vaccination; but if the situation changes, the project will undertake a Security Risk Assessment (SRA) to review the security force’s rules of engagement with the community and identify the specific risks related to providing increased security at the various health and vaccination centers. The project would then propose adequate mitigation measures, and strengthen existing measures, where necessary, to ensure that the use of the security forces will not result in adverse consequences to community health and safety, including in matters relating to GBV and SEA/SH. The project will ensure that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the protocols included in the ESMF and SEP, and the guidance provided in the World Bank technical note, “USE OF MILITARY FORCES TO ASSIST IN COVID-19 OPERATIONS SUGGESTIONS ON HOW TO MITIGATE RISKS”. The project will continue to promote the avoidance of SEA/SH by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities. There will be clear messaging to prohibit SEA/SH during provision of health care whether healthcare providers are perpetrators or survivors. The project will make information available to health service providers on where GBV psychosocial support and emergency medical services can be accessed (within the health system). Additional rapid guidance on how to deal with SEA/SH complaints within existing GRMs will be communicated.

Public Disclosure

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not considered relevant for the AF2.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

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

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



Not relevant

ESS8 Cultural Heritage

Not relevant

ESS9 Financial Intermediaries

Not relevant

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?

No

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

No aspects of the project uses the borrower framework.

IV. CONTACT POINTS

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Implementing Agency(ies)

Public Disclosure



Implementing Agency: Ministry of Health and Sanitation

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VI. APPROVAL

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