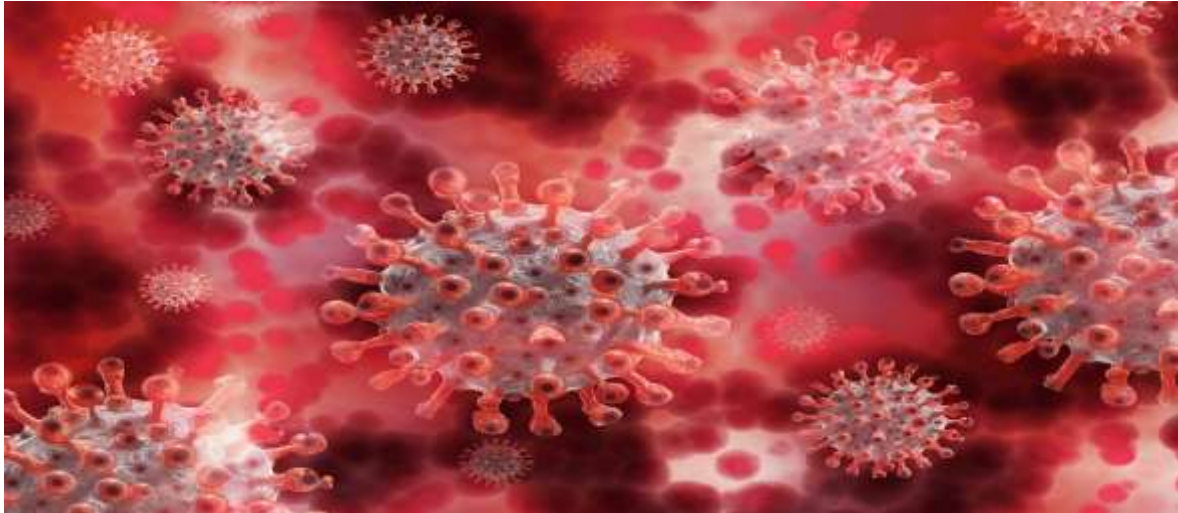




Republic of Liberia

**Liberia COVID-19 Emergency Response Project**  
**(P-173812)**



**Environmental and Social Management Framework (ESMF)**  
**Liberia COVID-19 Additional Financing on Vaccination**  
**(P176336)**

**July 2021**

# Table of Contents

List of Tables .....	
List of Figures .....	
ACRONYMS .....	
I-EXECUTIVE SUMMARY.....	I
II-Components under the Parent Project.....	II
Component 1 – COVID-19 Preparedness and Emergency Response.....	II
Component 2 – Laboratory System Strengthening.....	III
Component 3 – Case Management and Clinical Services .....	III
Component 4 – Community Engagement, Risk Communication and Advocacy & Environmental Safeguard .....	III
Component 5 – Project Management & Coordination.....	IV
III-Restructuring of the Liberia COVID-19 Emergency Response Project (P173812) and Additional Financing (P176336).....	IV
Component 1: Emergency Preparedness and response .....	IV
COMPONENT 2: Program Management and Coordination, Monitoring and Evaluation .....	V
IV-Policy, Legal and Regulatory Framework .....	VII
V-Grievance Mechanism.....	XI
VI-Institutional Arrangements, Responsibilities and Capacity Building.....	XI
Chapter One: INTRODUCTION AND BACKGROUND.....	1
Rationale for ESMF.....	3
Project Description.....	4
Project Components .....	5
Vaccine Additional Financing .....	8
Vaccine readiness and prioritization:.....	9
Vaccines and priority groups .....	9
Strategy for Vaccine Distribution.....	10
Chapter Two: POLICY, LEGAL AND REGULATORY FRAMEWORK .....	12
Relevant National Laws and Regulations.....	12
Overview of key national Environmental Legal Provision .....	13
Chapter Three : ENVIRONMENTAL AND SOCIAL BASELINE.....	23
Socioeconomic baseline information.....	25
Baseline information on Vaccine Readiness .....	28
Liberia’s Capacity on COVID-19 Testing.....	36

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Liberia COVID-19 Profile .....	36
Chapter Four: POTENTIAL ENVIRONMENTAL AND SOCIAL RISKS AND MITIGATION .....	37
Generic Environmental and Social Management Plan (ESMP) .....	40
Vaccine readiness and prioritization:.....	40
Chapter Five: Public Consultation and Disclosure. ....	42
Grievance Redress Mechanism (GRM) .....	43
Chapter Six: Institutional Arrangements, Responsibilities and Capacity Building .....	45
Staff Capacity .....	45
Environmental and Social Monitoring and Audit.....	48
Capacity Building.....	49
Budget.....	49
Generic Environmental and Social Management Plan .....	50
Annex II - 1 Screening Form for Potential Environmental and Social Issues .....	76
Annex III - 1 ESMP Template .....	78
Annex IV - 1 Infection Control and Waste Management Plan (ICWMP) Template .....	86
Annex IV - 1 Infection and Prevention Control Protocol.....	91
Annex V - 1 Resource List COVID-19 Guideline.....	94
<b>References</b> .....	<b>117</b>

## List of Tables

Table 1. 1 List of tentative sub-projects under the Liberia COVID-19 Emergency Response vaccine Additional Financing .....	VI
Table 1.2 Prioritization of target groups for the COVID-19 vaccines rollout in Liberia .....	10
Table 1. 3 - List of National Laws and Regulations.....	12
Table 1. 4 <i>Required Project Environmental and Social Standards Measures and Actions Liberia COVID-19 project</i> .....	20
Table 1. 5 Governance and Accountability Structure .....	30
Table 1. 6 Relief Map of Liberia .....	23
Table 1. 7 Environmental and Social Screening Process .....	<b>Error! Bookmark not defined.</b>
Table 1. 8 Proposed GM Structure.....	<b>Error! Bookmark not defined.</b>
Table 1. 9 Short terms and Seasonal Contracts .....	101
Table 1. 10Except from Decent Work Act of Liberia.....	103

## List of Figures

Figure 1 – Governance and Accountability Structure.....	32
Figure 2 – Relief Map of Liberia.....	39
Figure 3 – Short terms and Seasonal Contracts.....	104
Figure 4 - Except from Decent Work Act of Liberia.....	106

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## **ACRONYMS**

AEFI	Adverse Events Following Immunization
AVATT	Africa Vaccines Acquisition Task Force
AWB	Annual Work Plan Budget
BOQs	Bill of Quantities
CCO	Chemical Control Orde
CDC	Center for Disease Control
C-ESMP	Contractor Environmental and Social Management Plan
CHO	County Health Officer
CoC	Code of Conduct
COVID	Corona Virus Disease
DEOH	Division of Environmental and Occupational Health
DHIMS	Defense Health Information Management System
DHO	District Health Officer
EIA	Environmental Impact Assessment
EMP	Environmental Management Plan
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
EPHS	Essential Package of Health Services
EPI	Expended Program on Immunization
EPML	Environmental Protection and Management Plan
ESCOP	Environmental and Social Code of Conduct
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
EVD	Ebola Virus Disease
FAO	Food and Agriculture organization
GBV	Gender Base Violence
GDP	Gross Domestic Product
GOL	Government of Liberia
GRM	Grievance Redress Mechanism

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HCF	Healthcare Facility
HCWMP	Healthcare Waste Management Plan
HEPRTF	Health Emergency Preparedness and Response Trust Fund
HIA	Health Impact Assessment
HSCC	Health System Coordination Committee
ICWMP	Infection Control and Waste Management Plan
IDSR	Infectious Disease Reporting System
INWMSP	Integrated National Waste Management Strategic Plan
IPC	Infection Prevention Control
LCERP	Liberia COVID-19 Emergency Response Project
LMP	Labor Management Procedure
MFDP	Ministry of Finance and Development Planning
MIA	Ministry of Internal Affairs
MOA	Ministry of Agriculture
MOGCSP	Ministry of Gender, Children and Social Protection
MOH	Ministry of Health
MWM	Medical Waste Management
NDVP	National Deployment and Vaccination Plan
NEPB	National Environmental Protection Board
NPHIL	National Public Health Institute of Liberia
NRL	National Reference Laboratory
NVS	National Vaccination Strategy
ODS	Ozone Depleting Substances
OHS	Occupational Health and Safety
OP	Operational Policies
PAPs	Project Affected Persons
PCU	Project Coordinating Unit
PDO	Project Development Objective
PIM	Project Implementation Manual
PIU	Project Implementation Unit

POE	Port of Entry
PPE	Personal Protective Equipment
REDISSE	Regional Disease Surveillance Systems Enhancement
SEA	Sexual Exploitation and Abuse
SEP	Stakeholders Engagement Plan
SGBV	Sexual and Gender Base Violence
SH	Sexual Harassment
SIA	Strategy Impact Assessment
SOP	Standard Operating Procedures
VAC	Violence Against Children
VDDM	Vaccines Delivery Distribution Manual
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization
WMSP	Waste Management Strategic Plan

# I-EXECUTIVE SUMMARY

## Background

1. **The Parent Project Development Objectives are to:** prepare and respond to the COVID-19 pandemic in Liberia. The specific objectives are to mitigate and contain the transmission of COVID-19, ensure adequate management of severe COVID-19 disease, strengthen the laboratory network systems for COVID-19 detection, provide humanitarian and social support to healthcare workers and families affected by COVID-19 and strengthen project management and coordination, including partnerships for COVID-19 Response.

This ESMF is an updated version of the original ESMF for Liberia COVID-19 Emergency Response Project (P173812). The updated version includes provision for vaccine and cold chain procurement under the COVID-19 ERP-AF.

2. The AF will support the costs of expanding activities of the Liberia COVID-19 Emergency Response Project (P173812) under the Coronavirus Disease 2019 (COVID-19) Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020. The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines, help ensure effective vaccine deployment in Liberia through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The Liberia COVID-19 Emergency Response Project (P173812), in the amount of US\$7.5 million (US\$3.75 million IDA Credit/US\$3.75 million IDA Grant), was approved on April 9, 2020, prepared under the SPRP.

3. **The parent project's progress toward achievement of the PDO and overall Implementation Progress (IP) was rated as Satisfactory in the last Implementation Status and Results Report (ISR) of June 4, 2021, and the project continues to make good progress.** Of the seven PDO level indicators, six have either been met or surpassed the end-target. For example, the Borrower has activated its Public Health Emergency Operations Center for COVID-19 = Yes (target = yes); number of designated laboratories supplied with COVID-19 diagnostic equipment, test kits and reagents = 3 (target = 3); number of acute health care facilities with isolation capacities = 6 (target = 5), and percentage of pandemic preparedness and response plans per MOH guidelines = 80 percent (target = 50 percent). Moreover, of the 18 intermediate level indicators, 13 have either met or surpassed the end-target. As of June 5, 2021, the disbursements amount to US\$6.02 million, and the disbursement rate is at 78.9 percent. Based on projections, the project expects to disburse the remaining US\$1.61 million by April 30, 2022, to support activities outlined in the original scope of the parent project. The project has complied with all legal covenants and there are no outstanding financial audits.

4. The recent audit report on adherence of the ESCP for the Parent Project implementation point out that the team will continue engagement with communities to manage the community perception and expectations and engage vulnerable groups and people living with disability and allocate resources for CSOs and CBOs for downstream engagement and engage with them in constructive manner. The weak capacity of Project's E&S team was highlighted as a challenge in project



implementation, so the Bank E&S team shall continuously monitor the item wise progress and periodic reporting to anticipate E&S risks, if any, emerges.

In the face of existing E&S capacity challenges, recent review of the performance of the Parent Project undertaken to determine the level of progress made on agreed actions in the Parent Project's ESCP indicated delays in E&S staff recruitment and weaknesses in the implementation arrangements of the Parent Project. The review recommended the hiring a social safeguards officer with experience in SEA/H to support implementation of SEP, LMP and ESMF and to manage risks related to GBV.

The review also pointed to the weakness in monitoring and reporting, noting, the failure to provide to the Bank quarterly and semi-annual monitoring and performance reports, and recommended the recruitment of the social officer in the PIU and the conducting of targeted E&S training for relevant staff. The Project will provide funding to address these shortcomings and it will be important that the Project source international expertise to achieve international best practices on these matters in line with WHO guidelines.

5. The purpose of the proposed AF is to provide upfront financing to help the Government of Liberia (GoL) purchase and deploy COVID-19 vaccines that meet the Bank's vaccine approval criteria (VAC) and strengthen relevant health systems necessary for a successful deployment and to prepare for the future. The proposed additional financing will help vaccinate 52% of the country's population. This is inclusive of the 20% coverage that will be provided by the COVAX facility vaccines initiative. Bank financing for the COVID-19 vaccines and deployment will follow Bank's VAC. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Rather, the proposed financing enables a portfolio approach that will adjust during implementation in response to developments in the country pandemic situation and the global market for vaccines.

**The Additional Financing for the COVID -19 project consists of the following Two (2) components with varies sub-components.**

The original activities outlined in Components 1, 2, 3, 4 and 5 of the parent projects will be merged under Subcomponents 1.3 and 1.4 and maintained to ensure that different levels of the health system are equipped to continue strengthening disease surveillance and preventing, detecting, and treating COVID-19 cases while the NDVP is being implemented.

## **II-Components under the Parent Project**

### ***Component 1 – COVID-19 Preparedness and Emergency Response***

This component is divided into three (3) sub-components and support the following:

**Subcomponent 1.1. National and Sub-national level Preparedness and Response.**

**Subcomponent 1.2. Case Investigation, contact tracing, recording, reporting; and**

**Subcomponent 1.3. The surveillance system to facilitate recording and on-time virtual sharing of information and provides support to prepare and respond to COVID-19**

**importation that prevent local transmission of cases through containment strategies and interventions.**

### ***Component 2 – Laboratory System Strengthening***

This component will support activities that strengthen disease surveillance systems in public health laboratories and epidemiological capacity for early detection and confirmation of cases.

COVID-19 sample collection and adherence to biosafety and biosecurity measures improved during the period under reviewed. This was the direct result of the 73 trained laboratory staff, who also themselves rolled out this training to the rest of the country, highlighting best practices which include adherence to the SOP, thereby contributing to the overall workforce capacity building development process.

To adequately deal with the load of samples collected to be tested, the Project equipped the NRL (National Reference Laboratory) with assorted laboratory supplies, reagents and consumables which included essential laboratory materials like the COVID-19 package for specimen collection, extraction materials, primers, and probes for testing. On the overall, Laboratory sample transport system is supported with funding from the US Government in collaboration with US-CDC through Riders for Health.

### ***Component 3 – Case Management and Clinical Services***

This component shall finance the strengthening of public health services to increase the capacity of the public health system for the response to COVID-19. This component will finance three (3) subcomponents namely, (i) Strengthening case-management and facility-based service delivery; (ii) Strengthening of the human resource surge team; (iii) Logistics and emergency ambulance services. This subcomponents will finance the following interventions: (i) the development of intra-hospital infection control measures; (ii) support necessary improvements for water and oxygen management at selected health facilities to ensure safe water and basic sanitation; (iii) procurement of electricity generators in health facilities (iv) strengthening of medical waste management (v) costs related to the mobilization of additional health personal to support the surge team responding to COVID-19, training, and provision of compensation, and/or hazard/indemnity pay to responders (clinical and non-clinical); (vi) training of health facility-based staff serving as frontline workers to support risk mitigation measures, but also providing appropriate protective equipment and hygiene materials, including personal protective equipment (PPE) kits; (vii) costs related to logistics for COVID-19 management, and the procurement of ambulances to support emergency medical services as the case maybe for transportation of COVID-19 patients.

### ***Component 4 – Community Engagement, Risk Communication and Advocacy & Environmental Safeguard***

This component supported Community Engagement, Risk Communication, and Advocacy. Component four (4) financed three (3) subcomponents namely, (i) Community engagement; (ii) Risk communication and advocacy; and (iii) Social and community support. Activities to be financed under these subcomponents included: (i) rebuilding community and citizen trust that can be eroded during crises, through engagement with local media, traditional leaders, political and religious leaders; (ii) support for cost-effective and sustainable methods such as

marketing of “handwashing” through various communication channels via mass media, counselling, schools, and workplaces; and (iii) fee-waivers to access medical care. Moreover, under this component, the provision of food and basic supplies to quarantined populations in isolation, treatment, and precautionary observation centers will be supported.

For the period under review (March – December 2020), financial resources used to implement activities and carryout interventions under Component #4 were all sourced from the CERC (Zero Component of REDISSE). The table below shows activities done and the associated cost:

### ***Component 5 – Project Management & Coordination***

This component will support Project and Financial Management including Coordination, Monitoring and Evaluation. This component will finance two (2) subcomponents namely, (i) Project and Financial Management and (ii) Monitoring and Evaluation. These subcomponents will finance the following activities: (i) the activities that support project and financial coordination; and (ii) building capacity for clinical and public health research, including veterinary, and joint learning across and within countries, training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

## **III-Restructuring of the Liberia COVID-19 Emergency Response Project (P173812) and Additional Financing (P176336)**

### ***Component 1: Emergency Preparedness and response***

**Sub-Component 1.1: Vaccine procurement.** This subcomponent will support costs related to: (i) the acquisition, freight, transport, and storage of COVID-19 vaccines including increased access to vaccines procured via mechanisms selected by the country (for example, COVAX, AVATT, or through bilateral options) and (ii) procurement of vaccination supplies (syringes, waste management boxes, cold boxes, vaccine carriers, alcohol prep pads, IPC material, etc.).

**Subcomponent 1.2: Vaccine logistics and rollout.** This subcomponent will be financed by the HEPR TF and will support: (i) coordination mechanisms at the national, regional and county levels for the preparation and deployment of vaccines; (ii) development of targeting strategies for each priority group; (iii) development of legal regulatory documents, including aspects related to data protection; (iv) development of operational/micro-plans and budgets; (v) adoption of global tools and adaptation of the supply chain systems to best practices, including cold-chain strengthening; (vi) acquisition of ancillary supply kits (including waste management boxes, cold boxes, vaccine carriers, vaccination record cards, PPE for vaccinators, solar powered refrigerators/freezers, and related suppliers); (vii) distribution of COVID-19 vaccines to the last mile including transport, cold-chain, consumable and other operational costs to ensure equitable distribution of vaccines across all priority groups with a special focus on people with disabilities and those most vulnerable and (viii) support for staff deployment.

**Subcomponent 1.3: Surveillance, laboratory system strengthening, clinical care and vaccine pharmacovigilance.** This subcomponent will support: (i) case detection, confirmation, contact tracing, recording, reporting, and surveillance; (ii) laboratory system strengthening for the diagnosis of COVID-19 and other infectious diseases of public health importance and procurement of tests and consumables (iii) activities to strengthen the acute management of clinical cases of COVID-19 patients; (iii) pharmacovigilance and monitoring

of cases of AEFIs, including to (a) to develop and adapt tools and guidelines for the M&E of the vaccination campaign and detection of AEFIs, (b) train all actors involved at all levels of vaccine deployment on AEFIs; and (c) procure and disseminate emergency kits for anaphylactic shock management and reinforce health structure with resuscitation equipment; and (iv) operational costs.

**Subcomponent 1.4: Strengthening community engagement, risk communication and surveillance.** The original activities under Component 4 of the parent project will be reinforced to equip people with the necessary knowledge and motivation to adopt prevention-related behaviors and counter misinformation around the COVID-19 pandemic. Moreover, this subcomponent will also support community advocacy activities and risk management approaches to maintain enhanced demand for the COVID-19 vaccine. Specifically, the AF will support costs related to: (i) activities that strengthen community engagement and social mobilization and accountability for vaccine demand and use (e.g. develop systems for community based surveillance, multi-stakeholder engagement, training of community leaders, etc.) (ii) activities to promote behavior change and enhance risk communication; and (iii) developing messages and materials, and information dissemination and collection to ensure that information on COVID-19 and the vaccination campaign is consistent and channeled through a limited amount of recognized platforms.

**Subcomponent 1.5: ESS, WASH and Gender.** This subcomponent will support, and address aspects related to vaccine equity and gender inclusion and operationalize mitigation measures against sexual exploitation and assault during vaccination rollout. Given the challenges noted in the implementation of the ESS instruments under the parent project, the AF will directly finance Environmental and Social Management activities to ensure compliance in the implementation of the ESS instruments. The AF will also finance WASH activities in fixed, semi-fixed, and mobile health facilities to mitigate against the spread of COVID-19.

***COMPONENT 2: Program Management and Coordination, Monitoring and Evaluation*** (Total: US\$1.25 million; including PP: US\$0.75 million; AF: US\$0.5 million. This component will support the financing of project management, monitoring including digital information, management, operational research, and learning. Specific areas of support include program support, monitoring of implementation, development of tracking electronic dashboards, digital registration, production of weekly progress reports, and support for rolling out eIDSR. This component includes two subcomponents.

***Subcomponent 2.1: Program Management and Coordination.*** This component will continue supporting the coordination and management of activities under the parent project, as well as new activities introduced under the AF. Specific emphasis will be placed on building the capacity of the PIU to support the implementation of the new activities. This subcomponent will also finance the recruitment of personnel to support vaccine activities at both county and central levels, and the operational costs of the PIU.

***Subcomponent 2.2: Monitoring and Evaluation, Research, and Learning.*** This subcomponent will continue to support national and county levels M&E of the prevention and preparedness interventions, and support capacity building in M&E. It will also support the introduction of viable IT technology for remote sensing as appropriate. The subcomponent will also support the implementation of research and learning activities related to the vaccination campaign.

### ***Purpose and objectives of the ESMF***

The purpose of the ESMF is to establish a mechanism to determine and estimate the potential environmental and social impacts of activities under this project. The aim is to support decision-making and provide guidelines for implementation process associated with sub-project activities. These must adhere to environmentally sound, socially inclusive, protect human health and enhance positive environmental and social outcomes.

The project will finance small scale infrastructure works for the rehabilitation and equipping of Cold Chain Facilities, procurement of vaccines, Conduct WASH intervention in selected health facilities where vaccines will be administered. These interventions are expected to take place on the property of existing facilities; therefore, environmental and social issues (and impacts thereof) are expected to be temporary, predictable, and easily mitigable.

Sub projects consider under the Liberia COVID-19 Emergency Response Project vaccine Additional Financing are thereby listed in the below table.

**Table 1. 1 List of tentative sub-projects under the Liberia COVID-19 Emergency Response vaccine Additional Financing**

<b>No.</b>	<b>Sub-Project</b>	<b>Quantity</b>	<b>Location</b>	<b>Description</b>
1	Procurement of additional 386,452 doses of Covid-19 Vaccine	386,452 doses	MoH	Procurement of Vaccines by the MoH for Target Pops
2	Procurement of 25 units of cold chain equipment (Ultra low temperature Freezer-828 Liters)	25 Units	MoH	Cold-Chain equipment for vaccine potency preservation
3	Procurement of 36 units of cold chain equipment (Arktek Passive Vaccine Storage Device (Central Vax Store 10)	36 Units	Caldwell, The Central Medicine Store	Vaccine Carriers and Cold-chain Storage Devices for Central Vax Store 10.
4	Procurement of eight (8) cold chain solarization equipment (110kw – 80 kw for 7 Counties	8 Cold-Chain Equipment	Bomi, Gbarpolu, Montserrado, Grand Bassa, Margibi, Nimba & Lofa and the western cluster	With Montserrado taking 2 of the equipment
5	Procurement of five (5) units refrigerated van and spare parts – tires, oil filters, brake pads etc.)	5 Units	5 Regions	Region 1 (Gbarpolu, Cape mount, Bomi); Region 2 (Montserrado, Margibi and Bassa) Region 3 (Lofa, Bong and Nimba); Region 4 (Rivercess, Sinoe and Grand Kru)
6	Procurement of printing service: printing of assorted AEFI/AESI guidelines,	1,452 Copies	MoH	Printing of AEFI/AESI documentations

	simplified guidelines, and reporting tools			
7	Procurement of AEFI/AESI treatment kits (preposition)	622 kits	MoH	AEFI/AESI treatment Kits for Prepositioning.
8	Procurement of 154 pieces of laptops for AEFI/AESI monitoring and supervision	154 Pieces	Counties and District levels	Laptops to support surveillance for AEFI/AESI and enhancement of eIDSR
9	Procurement of 67 pieces of tablets for AEFI/AESI monitoring and supervision	67 Pieces	Selected vaccination sites and Central level	Tablets to support facilities for real time reporting
10	Procurement of 2-unit rough terrain pickup for AEFI/AESI Surveillance	2 Unit	MoH/Central	Used in support to AEFI/AESI surveillance activities

## IV-Policy, Legal and Regulatory Framework

### *Relevant National Laws and Regulations*

Liberia has in place several policies, legislations and regulations that define a framework for the environmental and social impact assessment and management applicable to the health sector. The key policies, legislations and regulations include the Constitution of Liberia; the Environmental Protection Agency (EPA) Acts and Laws of Liberia.

An overview of laws and regulations that have relevance for environmental and social issues for the Liberia COVID-19 Emergency Response Project under the (EPA) Acts and Laws, are discussed in detail in this ESMF.

The COVID-19 Emergency Preparedness and Response Project is being implemented under the World Bank's new Environmental and Social Framework (ESF). The following Standards are considered relevant for guiding environmental and social risks assessment and management related to (i) assessment and management of environmental and social risks and impacts (ESS1); (ii) labor and working conditions (ESS2); resource efficiency and pollution prevention and management (ESS3); community health and safety (ESS4); and stakeholder engagement and information disclosure.

### **Potential Environmental and Social Risks and Mitigation Strategies**

The main environmental and social risks and impacts of the project may result from activities under Component 1, including Vaccines Procurement and Logistics; Storage and Solarization for vaccine potency; Adverse Events Following Immunization (AEFI); Risk Communication, Community Engagement and WASH in selected health facilities and the operationalization of mitigation measures against Gender Issues.

Other environmental health and safety risks will include unsafe injection practices that can result in disease transmission; Inappropriate collection, transportation, and disposal of medical waste; COVID-19 infections due to inadequate adherence to occupational health and safety

standards that can lead to illness among healthcare workers; and Shortcomings in the cold chain system that could compromise the potency of the vaccines.

The preparation of this ESMF considered several mitigation measures and principles for implementing a socially acceptable, environmentally sound, and sustainable program. The measures considered include air quality control, occupational health and safety, labor management, sound health care waste management, conflicts and crime prevention, gender and vulnerable groups protection, stakeholder engagement and grievance redress mechanisms etc.

### **Potential social impacts and risks.**

The social risk rating for the AF remains substantial, same as the Parent Project. The national scale of the planned COVID-19 vaccine rollout under the AF is likely to have significant social risks. Negative social risks and impacts may impact vulnerable and marginalized people who are likely to have limited access to the vaccine and this will lead to i) inequality and exclusion, ii) socio-cultural and religious affiliated groups and their leaders not likely to support the vaccine rollout which is likely to contribute to vaccine hesitancy and access, iii) disability and geographical locations (e.g. people in hard to reach communities and slum communities) will likely limit people access to vaccination locations/sites and, iv) political pressure to provide vaccines to non-priority groups could lead to resentment and lack of trust. People living in remote or isolated communities, persons with disabilities, the elderly, homeless, slums communities, and women could potentially miss out on vaccination due to elite capture, distance and poor road network to health facilities, and barriers in communication. If not well managed, vaccine targeting may lead to social conflict among interested groups and exclusion of marginalized groups (women, elderly, poor). These risks will be mitigated through transparent and equitable vaccine access plan.

Liberia's National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccine does not discriminate against foreign nationals. Communication risk due to disinformation, misperception, and rumors and, inequitable information dissemination may give rise to COVID-19 vaccine hesitancy. This could lead to; a) lack of trust and could reduce demand for the vaccine, b) limit access to vaccine services (especially among vulnerable groups), refusals within communities and reprisals and retaliation especially against healthcare workers and c) people not receiving accurate information about vaccine access and services unless communication is adequately managed. Beyond these risks, there are also risks of commercialization of the vaccines and forced vaccination as well as SEA/SH risks in which girls may be forced into exchanging sexual favors for access to testing, treatment, vaccines facilities and basic hygiene supplies.

These risks will be mitigated by robust messaging and communication activities to be supported by Component 4: Surveillance, Community Engagement. Other potential social risks associated with the AF are the likelihood of using open waste dumps and discharge of contaminated water that may contaminate land and surface water or injury to waste pickers. This practice will create or exacerbate poor waste management conditions and will impact on community health and safety.

Based on the requirements of these ESSs (ESS1); Assessment and management of environmental and social risks and impacts (ESS2); labor and working conditions (ESS3); Resource efficiency and pollution prevention and management (ESS4); community health and safety (ESS10); and stakeholder engagement and information disclosure.

The following ESF documents were prepared, consulted upon, and disclosed for the parent project:

- Environmental and Social Commitment Plan (ESCP)
- ESMF (with integrated LMP): Environmental and Social Framework (this document revised with AF considerations)SEP: Stakeholders Engagement Plan

**The Environmental and Social Commitment Plan (ESCP)** was updated to incorporate vaccine related interventions under the AF of the Liberia COVID-19 ERP. This plan sets out measures that would adhere to ESSs requirements and was disclosed on July 19 2021 at the National Public Health Institute website at [www.nphil.gov.lr](http://www.nphil.gov.lr) and in the other daily newspaper.

### **The Environmental and Social Management Framework (ESMF)**

The Environmental and Social Management Framework (ESMF) for the parent project was disclosed on the World Bank website on June 11, 2021. Additionally, this document upon finalization for the additional financing will be disclose at the MOH/NPHIL website and the World Bank website respectively

**The Stakeholder Engagement Plan (SEP)** was developed in adherence with the requirements of ESS10 that ensures Project stakeholders are adequately engaged. The SEP also provides for identification, means and methods applied to approach and engage each group into project activities. Continuous consultations and monitoring at all levels will be done during the entire project implementation. A Grievance Redress Mechanisms (GRM) as prescribed by the ESS10 has also been included in this ESMF, with an integrated Labor Management Plan (LMP) to ensure all Project stakeholders' grievances are addressed in accordance with the laid down procedures. Capacity building is planned to address capacity constraints at all levels to ensure environmental and social issues are effectively managed during planning, design, and implementation of the project. The SEP for the parent project was disclosed on August 17, 2020 on the World Bank website and the NPHIL/MOH website. This document (SEP) has been updated for the AF and was disclosed on July 19, 2021 on the NPHIL website and the dailies local newspaper.

**Environmental and Social Risk Rating.** The project was prepared under the World Bank's Environment and Social Framework (ESF) with an Environmental Risk Rating of "Substantial" and a Social Risk Rating of "Substantial", resulting in an overall ESF Risk Rating of "Substantial".

**Environmental and Social Management Framework (ESMF) structure.** This document consists of Six (6) sections that outline environmental and social assessment procedures and mitigation requirements in line with the Bank's ESF requirements and standards for the subprojects /project activities which will be supported by the Project.

- Section 1 includes the Introduction and a brief description of the Project Context. It also outlines the rational and purpose of the ESMF prepared to provide guidance on adequate procedures to assess subprojects/project activities, which will be identified and carried out during project implementation. Section 1 also describes the Project Development Objectives and Components. It also covers the overview of potential environmental and social risks and impacts associated with the project activities, as well as justification for environmental and social risk ratings.



- Section 2 describes the Legal, Regulatory and Policy Framework and provides an overview of laws and regulations that have relevance for environmental and social issues for the project.
- Section 3 narrates the Baseline Data on environmental and social background of Liberia, providing analysis of current environmental and social systems.
- Section 4 analyzes the Potential Environmental and Social Risks and Impacts related to the project activities implementation, as well as proposed mitigation measures.
- Section 5 includes Procedures to address Environmental and Social Risks and Impacts. It highlights the relevant instruments and specific actions planned to prevent, avoid, minimize, reduce, or mitigate the environmental and social risks and impacts of the project over the project cycle to meet the ESS requirements.
- Section 6 explains the Institutional Arrangement, Responsibilities, and capacity building to ensure effective implementation of the project and the ESMF.
- Relevant annexes are attached at the end of the document.

### ***Public Consultation and Disclosure***

**ESMF disclosure and consultation.** The ESMF document for the AF will be disclosed after the draft has been reviewed, once cleared, the ESMF will also be disclosed in the World Bank's external website. Disclosure shall be made via media outlets (including newspapers) and place on the MOH, NPHIL and Executive Mansion website [www.moh.gov.lr](http://www.moh.gov.lr), [www.nphil.gov.lr](http://www.nphil.gov.lr) and <https://www.emansion.gov.lr/> respectively. The final version of this document will be used by the MOH, NPHIL, government agencies and other project stakeholders during the project implementation.

Due to the emergency and the need to address issues related to COVID-19 at the inception of the parent project, consultations were held with public authorities and health experts, such as Ministry of Health, National Public Health Institute of Liberia, Monrovia City Cooperation, Ministry of defence, Environmental Protection Agency, Ministry of Foreign Affairs, among others. Other non-governmental agencies such as CDC Africa, WHO, World Bank, USAID among others form part of the consultation process. Mostly, these consultations were done through WebEx meeting during project preparation stage. For the preparation of the COVID-19 project, PAPs were not directly consulted.

The fact that the nature of the disease was not known, and giving the history of EVD, precautionary measures were following during these meetings at the same time avoiding public gathering and close contact with individuals. Henceforth, the participation and involvement of key ministry such as MOH and NPHIL through the Risk Communication unit to reach out to the public were emphasize on media institutions.

Severally stakeholder engagement has been taken place across many parts of the country mainly in Lofa, Nimba, Bong, Margibi, and Rivercess Montserrado county, respectively. Stakeholder engagement will continue to be an integral part of this project throughout the duration of the project.

## **V-Grievance Mechanism**

### ***GRM Description.***

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

## **VI-Institutional Arrangements, Responsibilities and Capacity Building**

### **Responsibility of the Implementing Agencies**

**Ministry of Health & the National Public Health institute of Liberia.** The Ministry of Health working with the National Public Health Institute (NPHIL) will be the implementing agency for the project. The Project Implementation Unit (PIU) of the World Bank-funded Health Portfolio under the Ministry of Health will be responsible for the day-to-day management of project activities. The institutional arrangements will be the same as for the ongoing Regional Disease Surveillance Systems Enhancement Project Phase II (P159040) (REDISSE II Project). The REDISSE II project is technically implemented by the NPHIL, under the oversight of the MOH. The PIU includes designated Technical Coordinators under different Bank health projects including REDISSE II. The REDISSE II project coordinator manages Project Coordination Unit (PCU) specifically for REDISSE II. The REDISSE II PCU will also coordinate the LCERP within the PIU. The PIU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. supported under Component 4 of the Project. The stakeholder engagement activities will be documented through semi-annual progress reports, while quarterly report will be generated and be shared with the World Bank. The nature of the project requires a partnership and coordination mechanisms between national, county level, and local stakeholders.

### Project Background

**The outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** On March 11, 2020, the World Health Organization (WHO) declared a global pandemic of the COVID-19 cause by the rapid spreads of the novel coronavirus (SARS-CoV-2). As of July 23, 2021, according to John Hopkins the outbreak has resulted in an estimated over 192 million confirmed cases with more than 170 million recovered patients, and over 4 million deaths globally. Liberia reported the first confirmed case of COVID-19 on March 16, 2020. As of July 22, 2021 Liberia has confirmed 5433 cases, 216 deaths and 5040 recoveries. The Government of Liberia through the Special Presidential Advisory Committee on Coronavirus took actions in response to curtail the rapid spread of the coronavirus. Among other principal actions, the Government of Liberia has World Bank intended to fill the gaps in the Liberia COVID 19 master plan, including strengthening the prevention activities, rapid detection, preparedness, and response to the COVID 19 pandemic. The Liberia COVID-19 Emergency Response project (P173812) was approved by the Board on April 2, 2020, and the vaccines Additional Financing (AF) (176336) to the SPRP approved on October 13, 2020. The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Liberia through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The overall project cost of the AF is US\$8 million. The Liberia COVID-19 Emergency Response Project (P173812), the parent project, in the amount of US\$7.5 Million (US\$3.75 million IDA Credit/US\$3.75 million IDA Grant), was approved on April 9, 2020, prepared under the SPRP.

1. The purpose of the proposed AF is to provide upfront financing to help the Government of Liberia (GoL) purchase and deploy COVID-19 vaccines that meet the Bank's vaccine approval criteria (VAC) and strengthen relevant health systems necessary for a successful deployment and to prepare for the future. The proposed additional financing will help vaccinate 52% of the country's population. This is inclusive of the 20% coverage that will be provided by the COVAX facility vaccines initiative. The COVID-19 Vaccines Global Access (COVAX) Advance Market Commitment (AMC) Facility is expected to support the financing of vaccines for 20 percent of the population. The AF will support the purchase of vaccines for 4.2 percent of the country's population and deployment costs, including for subsidized doses. Other financiers may cover vaccines and their deployment for 7 percent of the population to reach the Government's goal of vaccinating 31.2 percent of the total population (that is, 60 percent of the eligible population).
2. The World Bank is providing support to the Government of Liberia (GoL) for preparedness and planning to provide optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will

be provided for several different activities, all aimed at strengthening national health care systems, including systems for the deployment of a safe and effective vaccine.

3. The need for additional resources to expand the COVID-19 response was formally conveyed by the GoL on January 24, 2021. The proposed AF will form a part of an expanded health response to the pandemic, which is being supported by development partners (DPs) under the coordination of the GoL. Additionally, the World Bank financing will provide the essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Liberia.
4. Despite these efforts, serious weaknesses remain, and Liberia is not prepared to respond to COVID-19. Respiratory diseases, like SARs, MERS, and COVID-19, are not part of Liberia's active surveillance. Therefore, early identification in communities and health facilities, compliance with infection prevention and control measures, contact tracing, and good hygiene practices remain major challenges. Liberia's overall state of preparedness has been assessed as moderate (67 percent) across nine technical domains (Table 2). Moreover, Liberia continues to have one of the weakest health systems in the world. This is evident from the severe shortage of human and financial resources (2016 per capita health spending: US\$68.3), limited institutional capacity and infrastructure, weak health information systems, and critical gaps in the availability of essential inputs including drugs, equipment, and medical supplies. A COVID-19 is likely to further strain the already fragile health system and reverse gains made in the health sector specifically, and Liberia more generally.
5. The safe management of healthcare waste management guideline is considered as a tool to support healthcare facilities and other institutions producing healthcare waste to implement the National Health Policy, the National Health Plan, and the National Policy on Healthcare Waste Management. It is part of the Essential Package of Health Services (EPHS). The guidance set out in this guideline should help those responsible for the management of healthcare waste, and does not remove their obligations to comply with other legislation and good practices. kindly find the hyperlink below: [HCWM Guidelines FINAL BOOKLET.pdf](#)

### **Environmental and Social Risk.**

The Environmental Risk Rating is Substantial. The risk ratings take into consideration the E&S risk and impacts associated with the proposed activities under the AF EPRP and the institutional capability of MoH and other implementing agencies to manage them. The activities under AF EPRP include the (i) support to operationalize COVID-19 rollout, including data collection, of the priority populations, in-country transportation, cold chain system strengthening, training of vaccinators, and waste management for COVID-19 vaccination; (ii) case detection, diagnostics, contact tracing, and vaccine safety monitoring, (iii) COVID-19 case containment and management in health facilities, schools and other public places, (iv) scale up of COVID-19 purchase beyond 20 percent of the total population, subsidized within the framework of COVAX and under other agreements; (v) intensify risk communication to increase vaccine literacy, intensify community engagement for vaccination and establish a reporting system of adverse events following immunization; (vi) engagement with relevant

agencies of government and other institutions to regulate and evaluate COVID-19 for in-country use. The potential risks and impacts include medical waste generation, infections and pollutions from medical waste, hazardous and liquid waste generation from treatment and vaccination centers, air pollution from incineration, road safety hazards, public health and safety issues, occupational health and safety hazards and discrimination of disadvantaged or vulnerable groups and adverse events following vaccinations. These expected risks and impacts are, however, are mostly predictable, temporary, but readily mitigated.

**This Environmental and Social Management Framework (ESMF).** Since the details of specific project activities could not be prepared prior to appraisal, an ESMF is required. It has been prepared to assist the Government of Liberia in developing environmental and social instruments in response to COVID-19 situations following national regulations and the ESF. The ESMF provides guidelines for the development of appropriate prevention and mitigation measures for adverse impacts that might result from project activities. The ESMF includes a checklist for Environmental and Social Management Plans (ESMPs), as Annex II, and a template for Infection Control and Waste Management Plans (ICWMPs), as Annex III. The former aims to provide an overarching action plan for the management of environmental, social, health and safety (ESHS) issues associated with the rehabilitation and operation of healthcare facilities in response to COVID-19. The latter focuses on proper infection control and healthcare waste management practices during for healthcare facilities. A Guideline for Safe Management of Healthcare Waste in Liberia is a stand-alone document to support the safe management HCW generated during the implementation of COVID-19 activities.

The ESMF covers all applicable provisions of the relevant ESSs. Additionally, other environmental and social instruments as required by the ESF, such as the Stakeholder Engagement Plan (SEP) and Labor Management Procedures, are appropriately summarized or referenced in the ESMF and ESMP checklist, respectively. The type of environmental and social instruments and their timings of development and implementation are defined in the project AF Environmental and Social Commitment Plan (ESCP), which forms part of the Project's legal agreement between the World Bank and the Government of Liberia.

### ***Rationale for ESMF***

This Environmental and Social Management Framework (ESMF) assists the MOH in identifying the type of environmental and social assessment that should be carried out for projects that involve the construction, expansion, rehabilitation and/or operation of healthcare facilities, and the deployment of a safe and effective vaccine in response to COVID-19, and in developing the environmental and social (E&S) management plans in accordance with the World Bank's Environmental and Social Standard (ESSs) as identified in the executive summary.

Its purpose is to establish a mechanism to determine and estimate the potential environmental and social impacts of activities under this project. The aim is to support decision-making and provide guidelines for implementation process associated with sub-project activities. These must adhere to environmentally sound, socially inclusive, protect human health and enhance positive environmental and social outcomes.

The ESMF covers processes to be followed for (i) environmental and social screening to guide decision-making; (ii) conducting environmental impacts assessment and preparation of ESMPs for selected subprojects; (iii) Preliminary assessment of anticipated environmental impacts (iii) generic environmental social management measures to avoid, minimize and mitigate anticipated impacts and (iv) institutional arrangements for environmental management, including monitoring and reporting.

The specific objectives of the ESMF are to:

- a. Ensure that the project is carried out in accordance with the relevant Liberia EPA laws and World Bank Environmental and Social Standards.
- b. Assess the potential environmental and social impacts of envisaged sub-projects under the components and propose a management framework comprising of the measures to mitigate the negative environmental and social impacts and enhance the positive impacts of the project.
- c. Establish clear procedures and methodologies for incorporating environmental and social management requirements throughout all the stages of the project implementation, including planning, design, execution, and operations of sub-projects.
- d. Provide guidelines to appropriate roles and responsibilities and outline the necessary reporting procedures for managing and monitoring environmental and social concerns of the project and its sub-projects.
- e. Determine the training, capacity building and technical assistance needed to successfully implement the provisions of the ESMF.
- f. Estimate the costs for the implementation of the Environmental and Social Management Framework for the project.

### ***Project Description***

The changes proposed for the AF entail expanding the scope of activities in the parent project (Liberia COVID-19 Emergency Response Project; (P173812) and adjusting its overall design. As the proposed activities to be funded under the AF for Liberia are aligned with the original PDO, the PDO will remain unchanged. The content of the components and the Results Framework of the parent project are adjusted to reflect the expanded scope and new activities proposed under the AF. The institutional arrangements of the AF will remain the same as the parent project. The project will leverage the capacity of the existing PIU, within the MOH, to ensure effective implementation of the AF. However, the capacity of the PIU will be strengthened through the recruitment of a Project Finance Officer, Social Safeguard Officer and an Environmental Safeguard Officer to support the vaccination activities. The project operational documents the Vaccine Delivery Distribution Manual/ Project Implementation Manual (VDDM/PIM) will make clear that the country's regulatory authority is responsible for its own assessment of the project COVID-19 vaccines' safety and efficacy and is solely responsible for the authorization and deployment of vaccines in the country. The closing date of the parent project will be extended from the closing date of April 30, 2022, to September 30, 2024.

## **PDO Statement**

**The Parent Project Development Objective** is to prepare and respond to the COVID-19 pandemic in Liberia.

The specific parent project objectives are to mitigate and contain the transmission of COVID-19, ensure adequate management of severe COVID-19 disease, strengthen the laboratory network systems for COVID-19 detection, provide humanitarian and social support to healthcare workers and families affected by COVID-19 and strengthen project management and coordination, including partnerships for COVID-19 Response.

## ***Project Components***

The original/parent project (P 173812) has five components as seen below:

**Component 1: Emergency Preparedness and Response (US\$1.0 Million):** This component would provide immediate support to Liberia to prepare and respond to COVID-19 importation and local transmission of cases through containment strategies and provision.

**Subcomponent 1.1: Support to National and Sub-national, Preparedness and Response (\$0.3M).** This sub-component will contribute to financing of: (i) activities needed to support relevant sectors jointly develop standard operating procedures (SOPs), coordinate and implement the Liberian COVID-19 preparedness and response plan such as stakeholder coordination meetings, development of counties contingency plan, development of Points of Entry (PoE) contingency plans and activities, and conduct simulation exercises and training of rapid response teams; (ii) activities that enhance country health system capacities for the management of disaster recovery priorities such as support for county cross border actions plans, and support for both operations and after-action reviews. The capacity for the integration of community-center emergency care into the broader healthcare system will be increased through support of community emergency care.

**Subcomponent 1.2: Support for case detection, confirmation, contact tracing, recording, reporting.(\$0.6M)** This subcomponent will support costs related to: (i) the training and equipping point of entry (PoE) staff, contact tracers, Community Health Assistants/hygiene promoters and Community Animal Health Workers to support cross border surveillance, community surveillance/case detection and reporting at PoE; (ii) training and equipping of frontline health care workers in infection, prevention, and control (IPC) (iii) strengthening of disease detection capacities through the provision of technical expertise to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan; (iv) strengthening of Emergency Operations Centres (EOCs) and support for (v) epidemiological investigations and strengthening of risk assessments.

**Subcomponent 1.3: Support to the surveillance system to facilitate recording and on-time virtual sharing of information (\$0.1M).** This subcomponent will contribute to financing of: (i) the roll out of the electronic data management system activities; (ii) training of data monitors; (iii) supervision of data collection at different levels of the response. This will complement the ongoing activities being rolled out through REDISSE II related to the

strengthening the electronic Infectious Diseases Reporting System (IDSR). This will also support reporting mechanisms.

***Component 2: Supporting Preparedness through Laboratory System Strengthening (US\$ 1.0 Million)***: This component would support activities to strengthen disease surveillance systems in public health laboratories and epidemiological capacity for early detection and confirmation of cases. This component will finance the: (i) strengthening of the sample transfer system at a national and county level; (ii) establishment of two satellite laboratories in prioritized counties to support the National Reference Laboratory (NRL), and ensure that the links between NRL and satellite laboratories are strengthened; (iii) training of laboratory staff and support laboratory surge capacity; (iv) procurement of laboratory equipment, consumables and laboratory tests (including COVID-19 testing kits).

***Component 3: Case Management and Clinical care (US\$ 3.0 Million)***: As COVID-19 would place a substantial burden on inpatient and outpatient health care services, this component would finance the strengthening of public health services to increase the capacity of the public health system for the response to COVID-19.

**Subcomponent 3.1: Strengthening of health facilities and service delivery (\$1.2M)**: This subcomponent will support financing of the renovations and equipping of prioritized primary healthcare facilities and hospitals in high transmission areas for the delivery of critical medical services. Moreover, it will increase the availability of isolation rooms, ambulatory areas for screening and address the immediate health system needs for medical supplies and medical equipment to treat severe cases of COVID-19. It will support promoting the use of climate smart technologies including the use of solar power where possible. The subcomponent will support the development of increased hospital bed availability through the repurposing of available bed capacity and ward space. This subcomponent will also contribute financing to: (i) the development of intra-hospital infection control measures, (ii) as part of clinical care, it will support necessary improvements for water and oxygen management at selected health facilities to ensure safe water and basic sanitation, (iii) finance procurement of electric generators and WASH in health facilities, (iii) finance procurement of electricity generators in health facilities and (iv) strengthening of medical waste management and disposal systems. Considerations will always be given to the procurement and mobilization of energy efficient equipment. Moreover, it will support the strengthening of clinical care capacity through the financing of plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers, and hospital infection control guidelines. The project will also support more stringent triage for admission, and earlier discharge with follow-up by home health care personnel.

**Subcomponent 3.2: Strengthening of the human resource surge (\$1.0M)** This subcomponent will support costs related to the mobilization of additional health personal to support the surge response, training, and provision of salaries and hazard/indemnity payments and standardized health and life insurance for those directly involved in surveillance and case management, consistent with the government's applicable policies. This subcomponent will also support activities aimed at minimizing risks for patients and health personnel, including training of health facilities staff and front-line workers on risk mitigation measures, and



providing them with the appropriate protective equipment and hygiene materials, including personal protective equipment (PPE) kits. This component will also support for psycho-social activities as part of comprehensive response to care for COVID-19 affected patients and their families.

**Subcomponent 3.3: Logistics and emergency ambulance services (\$0.8M):** This sub-component will cover costs related to logistics for COVID-19 management, and the procurement of ambulance services or ambulances as the case maybe for transportation of COVID-19 patients.

***Component 4: Community Engagement Risk Communication and Advocacy US\$1.75 Million):***

**Subcomponent 4.1 Community engagement (\$0.8M):** This component remains one of the key pillars for both mitigation and containment of the COVID-19 epidemic. Support will be provided to develop systems for community-based disease surveillance and multi-stakeholder engagement. This component would support rebuilding community and citizen trust that can be eroded during crises, through engagement with local traditional leaders, political and religious leaders. The project would support training for animal health workers, extension professionals, and paraprofessionals who would receive hands-on training in the detection of clinical signs of COVID-19. The project would also provide basic biosecurity equipment such as sprayers and protective equipment. This component will also support the procurement of IPC materials and kits.

**Subcomponent 4.2: Risk communication and advocacy (US\$ 0.475 Million):** This subcomponent will finance activities including, but not limited to: developing and testing messages and materials to be used in the COVID-19 disease outbreak, and further enhancing infrastructures to disseminate information from national to counties and local levels, and between the public and private sectors. Communication activities would include support for cost-effective and sustainable methods such as marketing of “handwashing” through various communication channels via mass media, counselling, schools, and workplaces. Risk engagement for awareness of social distancing measures, seen as an effective way to prevent contracting the COVID-19, as well as risk communication training of county education officers and superintendents, will be supported for implementation to impact on immediate term responses. Support will also be provided for information and communication activities to increase the attention and commitment of government, private sector, and civil society, and to raise awareness, knowledge, and understanding among the general population about the risk and potential impact of the COVID-19 pandemic and to develop multi-sectoral strategies to address it.

**Subcomponent 4.3: Social and community support (\$0.475M):** While understanding that this would be a challenging area to support effectively, this project will support activities that relieve the impact of COVID-19 on communities. This subcomponent will provide social support activities, including mechanisms to eliminate financial barriers for families who seek and utilize needed health services. To this end, financing would be provided for fee-waivers to access medical care. Moreover, under this component, the provision of food and basic supplies to quarantined populations in isolation, treatment, and precautionary observation centers will be supported. Given the nature of COVID-19 disease, all suspected and patients under treatment are regarded high risk. Given the negative impact of the disease on families and the

economy, the focus is on government to ensure those that are in isolation centers, quarantine and treatments centers are supported adequately in terms of food and psychosocial counselling. The component as case maybe supports the provision of a discharge package for patients from COVID-19 treatment centers. The project seeks an authorization for food expenditures from IDA financing to support vulnerable people that are affected by COVID-19 be provided with food package and or as case may be provided with resources to purchase food.

***Component 5: Program Management and Coordination, Monitoring and Evaluation (US\$ 0.75 Million)***

**Subcomponent 5.1. Project Management (\$0.375M).** The project will provide support for the strengthening of public structures for the coordination and management of the GOL's project coordination efforts. Existing coordination structures operating through the REDISSE II Project will be utilized to ensure the project is ready at effectiveness. The current REDISSE II project coordination unit (PCU) structure will be strengthened through the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management. To this end, this subcomponent will finance the activities that support project coordination. The project will support the following activities under this project management strengthen the capacities of national institutions to efficiently perform core project management functions including operational planning, financial management, procurement arrangements, and environmental and social safeguards policies, in accordance with the WGB guidelines and procedures.

**Subcomponent 5.2. Monitoring and Evaluation (M&E). (\$0.375M):** The project will work to strengthen the existing M&E arrangements under the REDISSE II Project. The project will support the monitoring and evaluation of prevention and preparedness. Specific activities will include, but not limited to building capacity for clinical and public health research, including veterinary, and joint learning across and within countries, training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

***Vaccine Additional Financing***

The PDO remains unchanged. Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP). The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency Preparedness Response. Liberia will use the COVAX Facility, and potentially other sources/mechanism for vaccine purchase (Africa Vaccine Acquisition Task Team (AVATT), MTN, direct procurement).

To support the GoL in operationalizing its vaccination plan, the AF will finance upfront TA to help Liberia in establishing institutional frameworks for the safe and effective deployment of vaccines. The five components of the parent project will be revised to two; Component 1: Emergency Preparedness Response, which will include five subcomponents, and Component 2: Program Management and Coordination, Monitoring and Evaluation, which will include two subcomponents. The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Component 1 of the project.

### ***Vaccine readiness and prioritization:***

The MoH has developed a national deployment and vaccination plan for COVID-19. The target priority population for vaccination includes health and social workers; elderly people (60 years old and above) people living with chronic conditions; and other frontline workers that may be identified as being at high risk of the disease. By the end of 2022, Liberia is intending to reach the African Union (AU) target of 60 % of the eligible population.

The country's overarching goal of introducing COVID-19 vaccine is to save lives and mitigate societal and economic impact by reducing COVID-19 transmission and mortality.

Vaccine acceptance and uptake articulate stakeholder engagement that will include targeted and tailored communication strategies to increase public awareness, increase the community trust in COVID-19 vaccine, increase the proportion of the population that is confident to undertake the COVID-19 vaccine, and engage opinion leaders, including faith-based and local authorities to leverage resources and encourage relevant populations.

The Vaccine AF will adapt to different situations, project stages and requirements as they develop to disclose information regarding vaccination and other relevant issues. A separate Stakeholder Engagement Plan (SEP) for the Vaccine AF has been prepared to ensure inclusion, non-discrimination, and transparency and to mitigate risks for exclusion of certain groups or perception of exclusion and inequity.

Design and functional layout will refer to the National Policy on Injection Safety, Prevention of Transmission of Nosocomial Infections and Healthcare Waste Management (2009) and to the WHO Practical manual to set up and manage a Severe Acute Respiratory Infections (SARI) treatment center and a SARI screening facility in health care facilities available at: <https://www.who.int/publications/i/item/10665-331603>.

- The National Vaccine Deployment Plan for COVID-19 vaccine indicates that the country's immunization program has strengthened AEFIs Monitoring and Surveillance for the last decade and there have been several trainings at both national and subnational levels. The plan further notes that a national AEFI focal point is led by the NPHIL with the mandate monitoring and responding to AEFI requirements.
- The National Deployment and Vaccination Plan for COVID-19 Vaccine provides for the expansion of the AEFI Review Committee to include specialists in immunology and epidemiology to meet the capacity requirements for COVID-19. The national Expanded Program on Immunization (EPI) within the MOH, WHO, National Reference Laboratory (NRL) will support the committee in its functions.
- Military and security personnel will not be used in COVID-19 vaccine roll out in any vaccination activities.

### ***Vaccines and priority groups***

The affected parties of the COVID-19 vaccines activities consist mostly of the preliminary identified priority eligible population for vaccination based on existing ethical principles and recommendation of the World Health Organization Strategic Advocacy Group of Experts (WHO SAGE).

According to the Liberia National Deployment and Vaccine Plan (NDVP) for COVID-19 vaccine, the eligible criteria for COVID-19 vaccine prioritize eligible population is based on

the principles of the above mentioned WHO SAGE Guidelines and Incident Management System (IMS) recommendation. The table below outlines eligible targeted population.

**Table 1.2 Prioritization of target groups for the COVID-19 vaccines rollout in Liberia**

Ranking of vulnerable group	Targeted Population (in order of Priority)	Number of additional individuals to be vaccinated
<b>1</b>	Health Care Workers (that is, clinicians whose primary intent is to deliver health services)	<b>45,265</b>
<b>2</b>	Elderly people (that is, people 60+ years as defined by their age-based risk and mortality)	<b>226,325</b>
<b>3</b>	People with co-morbidities (people with pre-existing health conditions especially those associated significantly with higher risk of death)	<b>280,589</b>
<b>4</b>	Other (essential workers who cannot maintain social distance due to the work they perform or carry out daily, for example, teachers, bartenders, waiters, and waitresses)	<b>181,060</b>

Of these target population, the AF will finance the purchase of COVID-19 vaccines to cover population groups such as Adults 60 years and above; Tertiary and second cycle students, teachers at all levels; and essential service providers. The vaccines prioritized to be purchased under the AF include Astra Zeneca, and Sputnik V.

***Strategy for Vaccine Distribution***

Covid-19 vaccine for round 1 only will be distributed directly from the National Vaccine Store to the implementing regions. Cold van will be used for this leg of distribution. Prior to distribution, the Covid19 vaccine will be stored at the National Vaccination Strategy (NVS) with a dedicated and adequate temperature monitoring mechanism in place to ensure vaccines are in optimal condition. Distribution to the various regions will be based on the distribution plan developed from the population data used for the vaccine request applying the closed vial wastage factor of 1.031 or 3% wastage rate.

The region level will distribute vaccines to all county depots based on the distribution plan. Vaccines are distributed for the duration of the first dose to ensure proper management. Vaccine will be then distributed from the county depot to the health facilities using cold boxes with conditioned icepacks. During all immunization outreach sessions, the distribution of covid-19 vaccine will be carried out using fast cold chain equipment (i.e., standard vaccine cold boxes) with the required number of frozen icepacks.

All Team Supervisors during the Covid-19 vaccine campaign is responsible to supply their respective teams with the vaccine on daily bases and they will account for both the usable and unusable vials as well as missing at the close of each day. In the event where a vial or several vials cannot be accounted for, there shall be a written report stating the circumstances that led to the vial(s) being missing and send to the NLWG for further action(s). Multi Dose Vial Policy

will not be applied as the vaccine is not prequalified by WHO therefore all opened vials SHALL be deemed used and disposed of at the end of each day or base on the manufacture guidance.

### **Environmental and Social Risk Rating**

The Environmental and Social Risk Rating is Substantial. The risk ratings take into consideration the E&S risk and impacts associated with the proposed activities under the AF EPRP and the institutional capability of MoH and other implementing agencies to manage them. The activities under AF EPRP include the (i) support to operationalize COVID-19 rollout, including data collection, of the priority populations, in-country transportation, cold chain system strengthening, training of vaccinators, and waste management for COVID-19 vaccination; (ii) case detection, diagnostics, contact tracing, and vaccine safety monitoring, (iii) COVID-19 case containment and management in health facilities, schools and other public places, (iv) scale up of COVID-19 purchase beyond 20 percent of the total population, subsidized within the framework of COVAX and under other agreements; (v) intensify risk communication to increase vaccine literacy, intensify community engagement for vaccination and establish a reporting system of adverse events following immunization; (vi) engagement with relevant agencies of government and other institutions to regulate and evaluate COVID-19 for in-country use. The potential risks and impacts include medical waste generation, infections and pollutions from medical waste, hazardous and liquid waste generation from treatment and vaccination centers, air pollution from incineration, road safety hazards, public health and safety issues, occupational health and safety hazards and discrimination of disadvantaged or vulnerable groups and adverse events following vaccinations. These expected risks and impacts are, however, are mostly predictable, temporary, but readily mitigated.

**The Social Risk Rating is Substantial.** The main social risks are: (i) exclusion of vulnerable people from the treatment or referral service; (ii) potential GBV incidents in quarantine facilities; (iii) health workers exposure to COVID-19; (iv) COVID-19 transmission due to negligence and poor hospital and quarantine facilities; (v) lack of basic food provision to patient and people who are quarantined; (vi) social trauma, stigmatization and potential for making affected groups outcast; (vii) communication breakdown and potential for social tension; and (ix) potential risk of forced land acquisition of private land and property for construction of quarantine facilities.

If these operational risks are not adequately mitigated, they could undermine the objectives of the project and increase the virus spread, increase public health emergencies, safety and wellbeing of people, families, and communities, and might lead to ultimate death. Therefore, the risk associated with: (i) the exclusion of vulnerable people who will likely be denied access to health facilities will be addressed by establishing special arrangements targeting the most vulnerable people affected by COVID-19; (ii) potential GBV in the quarantine facilities will be closely monitored by GBV service providers and referral service staff who may be assigned to the project; (iii) health workers exposure to COVID-19 shall be handled through the provision of PPE as well as close supervision of health workers in the quarantine facilities; (iv) COVID-19 transmission/spread resulting from negligence and poor facilities shall be handled by requiring the project to adhere to international standards and maintain its facilities in accordance to CDC cleaning and disinfectant practices; (v) lack of basic food provision to patient shall be addressed by requiring the project to feed those who are quarantined and receiving treatments in its facilities; (vi) social trauma shall be handled through the provision

of combinations of psychologists/social support arrangements through the project; (viii) potential communication breakdown shall be mitigated through the project’s SEP and “Risks Communication and Community Engagement Strategy” (RCCES); and (ix) the risk of forced acquisition of land will be addressed according to mitigation measures in the ESS5.

## Chapter Two: POLICY, LEGAL AND REGULATORY FRAMEWORK

### *Relevant National Laws and Regulations*

**Relevant National Laws and Regulations.** An overview of laws and regulations that have relevance for environmental and social issues for the Liberia COVID-19 Emergency Response Project is as follows (see Table 2).

**Table 1. 3 - List of National Laws and Regulations**

<b>Title of Legal Document</b>	<b>Date enacted</b>	<b>Line Ministry/Agency responsible for implementation and enforcement</b>
Guidelines of the Safe Management of Healthcare Waste in Liberia (2019)	2019	Ministry of Health & National Public Health Institute of Liberia
National Health and Social Welfare Policy 2007-2011	<b>2007</b>	Ministry of Health
National Health Policy and Plan 2011-2021	2011	Ministry of Health
Land Right Policy	2013	Lands Commission of Liberia
National Gender Policy	2009	Ministry of Gender Children and Social Protection
Water Supply and Sanitation policy	April 2009	NPHIL, Ministry of Public Works & Water and Sewer
Water, Sanitation, and Hygiene (WASH) Pillar Standards Operating Procedures (SOP) on Safe Management of Healthcare for COVID-19 in Liberia	April 2020	NPHIL, MOH
Environmental Protection Agency Act		Environmental Protection Agencies
Environmental Protection and Management Law (EPML) of Liberia	2002	Environmental Protection Agency
The Public Health Law: Title 33 of the Liberian Code of Law revise of 1976	Revised (2019)	Ministry of Health & National Public Health Institute of Liberia

The Decent Work Act of Liberia	2015	Labor Ministry
International Guideline for COVID-19 virus		World Health Organization (WHO), US-CDC
WHO Guideline for Severe Acute Respiratory Infection Treatment Center Infection Prevention and Control during HealthCare when COVID-19 is suspected		World Health Organization (WHO), US-CDC
WHO Water, Sanitation, Hygiene and Waste Management for COVID-19 virus		World Health Organization (WHO), US-CDC
Guideline for environmental Infection Control in health Care facility	Updated July 2019	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)
Protection from PSEA during COVID-19 Response WHO, UNICEF, UNHCR, UNFPA, WFP IOM, OCHA, CHS Alliance, Interaction, UN victims Right Advocate		WHO, UNICEF, UNHCR, UNFPA, WFP IOM, OCHA, CHS Alliance, Interaction, UN
Applicable World Bank Environmental and Social Standards		The World Bank
World Bank's Interim Guidance Note on COVID-19		The World Bank

### ***Overview of key national Environmental Legal Provision***

1. **Overview of Key National Environmental Legal Provisions. Key laws and regulations relevant to the COVID-19 Emergency Response Project are discussed below. They include:**
  - a. **The Environmental Protection Agency Act.** Section 37 of the EPA Act requires project proponent or developer to conduct environmental impact assessment and obtain permit from the EPA before undertaking activities that require environmental impact assessment as defined by the EPA in its policies, guidelines, and regulations. The implementation of the Liberia COVID-19 Emergency Response Project, subproject activities might not require any Environmental Impact Assessment (EIA). The renovations of existing facilities or health centers will not require EIA. Full EIA has been done prior to the commencement of renovation of the facilities for COVID-19 response. However, contractors Environmental and Social Management Plan (C-ESMP) were developed for all centers intended for COVID responses.

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

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

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

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

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

- c. **The Public Health Law: Title 33 of the Liberian Code of Law revise of 1976.** This law provides comprehensive legislation on matters relating to public health, including control of diseases, environmental sanitation, and regulation of Drug Medical Waste Management Approval Guideline for Liberia (2019). The Government of Liberia promulgated the Medical Waste revised guidelines 2019 for processing and management of Medical Waste in Liberia. It was prepared through active participation with the MoH, NPHIL and the WHO mainly with the objective to manage healthcare wastes at healthcare facilities and increase access to basic services and improved sanitations and protecting the environment. The Medical Waste Management revised guidelines 2019 forms the base of management of all medical waste in the country. The guidelines are applicable only to waste management facility/operators i.e., those involved in transportation, treatment, and disposal of medical waste. The law provides for guidance on the collections, storage treatment and disposal of medical waste for



management facilities/operators. The institutions or agencies involved in collection, transport, storage, must obtain authorization from the NPHIL.

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

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

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

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

During the first twelve (12) months of continuous service with an employer, the number of working days in one (1) week. During the first twenty-four (24) months of continuous service with an employer, the number of working days in two (2) weeks.

For continuous service of thirty-six (36) months, the number of working days in three (3) weeks; and for continuous service with the same employer for sixty (60) months and thereafter, the number of working days in four (4) weeks. An employee who has taken either of this annual leave shall receive their full remuneration as per the civil servant Standing Order and Decent Work Act. The Act also provides for paid maternity and paternity leave, sick leave, bereavement leave, and leave to care for other.

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

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

- Objectives of the OHS legislation which are generally in line with the objectives of ESS2. Amongst others, the objectives are to:
- Provide secure the safety, health and welfare of employees and other persons at work.
- Eliminate at their source, so far as is reasonably practicable, risks to the safety, health and welfare of employees and other persons at work.

- Ensure that the safety and health of members of the public are not exposed to risks arising from work or workplaces
- Provide for the involvement of workers, employers, and organizations representing those persons, in the formulation and implementation of safety, health and welfare standards.

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

- e. **WHO Rationale Use of PPE for COVID-19 disease 2019.** This document is intended to guide those who are involved in distributing and managing of PPE, as well as public health authorities and individuals in healthcare and community settings. It aims to provide information about when PPE use is most appropriate. PPE is only one effective measure within a package that comprises administrative and environmental and engineering controls, as described in WHO's Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in healthcare facilities.
- f. **Protection from PSEA during COVID-19 Response WHO, UNICEF, UNHCR, UNFPA, WFP IOM, OCHA, CHS Alliance, Interaction, UN victims Right Advocate.** Protection from Sexual Exploitation and Abuse (PSEA) must be integrated into the response to COVID-19. As with any emergency, PSEA prevention and response should be a central part of coordinated humanitarian actions. The crisis does not create new responsibilities; rather, PSEA actions during the COVID-19 pandemic should strengthen existing PSEA commitments to protect and assist people receiving humanitarian assistance.
- Women and children in particular face heightened protection risks. Children are at particular risk of potential harm where school closures interrupt school-based services and interventions. Greater difficulties in accessing health services increased burdens, and separation from caregivers due to quarantines, or severe illness/death may lead to SEA against children. Girls are of high risk in these instances.
- Disruption to livelihoods, public services and the freedom of movement can exacerbate SEA risks for already-vulnerable populations, such as refugees, migrants, and internally displaced people, as well as the marginalized.
- g. **The World Bank Environmental and Social Framework (ESF).** As discussed above, the project is required to comply with the World Bank ESF such as ESS1 Assessment and Management of Environmental Social Risk and Impacts; ESS2 Labor and Working Condition; ESS3 Resources Efficiency and Pollution Prevention and Management; ESS4 Community Health and Safety; ESS10 Stakeholder Engagement and Information Disclosure and the World Bank Group Environmental, Health and Safety (EHS) Guidelines. These ESF sets out the World Bank's commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards (ESS) that are designed to support Borrowers' (MOH) projects, with the aim of ending

extreme poverty and promoting shared prosperity. Details of these standard are mentioned below to identify specific as relate to the project implementation.

The ESSs set out the requirements relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank through Investment Project Financing. The World Bank believes that the application of these standards, by focusing on the identification and management of environmental and social risks, will support Borrowers in their goal to reduce poverty and increase prosperity in a sustainable manner for the benefit of the environment and their citizens by:

- Supporting Borrowers/Clients/Implementing Agencies in achieving good international practice
- Relating to environmental and social sustainability.
- Assisting Borrowers/Clients/Implementing Agencies in fulfilling their national and
- International environmental and social obligations.
- Enhancing nondiscrimination, transparency, participation, accountability, and governance; and
- Enhancing the sustainable development outcomes of projects through ongoing stakeholder engagement.

The link below provides the requirements including the 10 Environmental and Social Standards (ESS) that are applicable to all World Bank projects and are relevant, based on project on specific.:<https://www.worldbank.org/en/projects-operations/environmental-and-social-framework/brief/environmental-and-social-framework-resources>

ESS1: Assessment and Management of Environmental and Social Risks and Impacts;

ESS2: Labour and Working Conditions;

ESS3: Resource Efficiency and Pollution Prevention and Management;

ESS4: Community Health and Safety;

ESS10: Stakeholder Engagement and Information Disclosure.

- ***ESS 1 - Assessment and Management of Environmental and Social Risks and Impacts.*** ESS 1 sets out the MoH's responsibilities for assessing, managing, and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, to achieve environmental and social outcomes consistent with the ESSs.
- ***ESS 2 – Labor and Working Conditions.*** ESS 2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. MoH's is required to promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. ESS2 applies to project workers including full-time, part-time, temporary, seasonal, and migrant workers.

- ***ESS 3 – Resource and Efficiency, Pollution Prevention and Management.*** ESS 3 recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels.
- ***ESS 4 – Community Health and Safety.*** ESS 4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.
- ***ESS 10 – Stakeholder Engagement and Information Disclosure.*** ESS 10 recognizes the importance of open and transparent engagement between the MoH and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

**World Bank’s Interim Guidance Note on COVID-19.** In addition to the relevant environmental and social standards, the COVID-19 pandemic has led the World Bank to issue specific instructions in this regard. Hence, the works will be guided by the World Bank’s ‘Interim Guidance Note on COVID-19: Considerations in rehabilitation and minor civil works, will be attributed to sub project implementation. The following summarizes the intent of the note and concrete measures are defined further below:

Projects involving rehabilitation and minor civil works will frequently involve a small work force, together with suppliers and supporting functions and services. The work force may comprise workers from, national, and local labor markets. There may be different contractors present on site, carrying out different activities, each with their own dedicated workers. These contractors will be commuting from different communities.

Supply chains may involve international, regional, and national suppliers facilitating the regular flow of goods and services to the project (including supplies essential to the project such as fuel, food, and water). As such, there will also be regular flow of parties entering and exiting the site; support services, such as catering, cleaning services, equipment, material and supply deliveries, and specialist sub-contractors brought in to deliver specific elements of the works. Given the small number of workers, the potential for the spread of infectious disease in projects involving rehabilitation and minor civil works is extremely serious, as are the implications of such a spread. Projects may experience small numbers of the work force becoming ill, which will strain the project’s health facilities, have implications for local emergency and health services and may jeopardize the progress of the rehabilitation work and the schedule of the project. In such circumstances, relationships with the community can be strained or difficult and conflict can arise, particularly if people feel they are being exposed to disease by the project or are having to compete for scarce resources. The project must also exercise appropriate precautions against introducing the infection to local communities.

Applicability of relevant international and regional conventions and technical guidelines

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

- Stockholm Convention for Persistent Organic Pollutants, Basel Convention for hazardous wastes and disposal
- WHO technical guidance developed for addressing COVID-19, such as:
  - Laboratory biosafety,
  - Infection prevention and control,
  - Rights, roles, and responsibilities of health workers, including key considerations for occupational safety and health,
  - Water, sanitation, hygiene, and waste management,
  - Quarantine of individuals,
  - Rational use of PPE,
  - Oxygen sources and distribution for COVID-19 treatment centers,
  - Vaccine readiness assessment,
  - Surveillance of adverse events following immunization.
  - Developing a national deployment and vaccination plan for COVID-19 vaccines

Table 1. 4 *Required Project Environmental and Social Standards Measures and Actions Liberia COVID-19 project*

Environmental and Social Standards	Key Requirements	Status	Remarks/Comments
Environmental and Social Standard 1 (ESS1): Assessment and Management of Environmental Risk and Impacts	ESS1 provides structured processes or procedures for project categorization, assessing and evaluating project environmental and social risks and impacts as well as management of same (mitigation hierarchy) through the rolling out of an ESMF. The standard sets out MoH’s requirements for Liberia COVID-19 project including the preparation of various instruments such as Environmental and Social Management Frameworks, Stakeholder Engagement Plan, Environmental and Social Management Plans and Environmental and Social Commitment Plans as well as information disclosure. The standard also lays out project environmental and social monitoring and reporting requirements. ESS1 establishes the applicability of the other ESSs. It establishes the basis for categorizing projects based on the borrower’s capacity to manage and monitor environmental and social risks/impacts as well as the implementation of mitigation measures, socio-political context, scale of the undertaken as well as spatial extent and significance of anticipated impacts/risks	Relevant	<ul style="list-style-type: none"> <li>• Ministry of Health (MOH) shall establish and maintain assigned departments/Units with qualified staff and resources to support the management of ESHS risks and impacts of the Project including additional environmental and social Safeguard specialists.</li> <li>• The Environmental and Social Management Framework (ESMF) shall be prepared within 30 days after the project effectiveness.</li> <li>• The MOH and NPHIL will ensure strict adherence to the national guidelines for the safe management of healthcare waste in Liberia. This ESMF will also be reviewed and approved by the World Bank and subsequently be disclose in country</li> </ul>
Environmental and Social Standard 2 (ESS2): Labor and Working Conditions	It is to ensure a safe, healthy, and conducive working environment for workers and ensure that the environment is free of forced and child labor as well as other forms of intimidation, discrimination, and harassment. ESS2 also ensures that workers have channels for grievance redress, freedom of	Relevant	<ul style="list-style-type: none"> <li>• Occupational Health and Safety (OHS) measures in line with the ESMF, LMP, GSMHCW and WHO guidelines on COVID19 shall be established and complied in all facilities, including laboratories, Treatment centers, and POCs.</li> </ul>

Environmental and Social Standards	Key Requirements	Status	Remarks/Comments
	<p>association and access to collective bargaining rights as prescribed by national law. The standard also seeks to protect vulnerable workers. The requirements of Labor and Working Conditions extends to direct, indirect, community and contracted workers as well as primary supply workers on a Bank financed project.</p>		<ul style="list-style-type: none"> <li>• A Grievance Redress Mechanism and assignment of focal points to address these grievances shall be established within Ministry of Health (MOH)</li> <li>• Provisions to prevent sexual Exploitation and Abuse (SEA), Gender Based Violence (GBV) and Sexual Harassment (SH) has already been established by the PIU team for contracted workers in line with relevant national laws and legislation. These instruments shall also be included in all relevant contracts.</li> </ul>
<p>Environmental and Social Standard 3(ESS3): Resource Efficiency and Pollution Prevention and Management</p>	<p>ESS 3 promotes sustainable resource utilization, avoid, and/or minimize project pollution, generation of hazardous and non-hazardous waste and project related emissions. This standard enjoins Borrowers to ensure efficient use of energy, water and other raw materials as well as manage air pollution, hazardous and non-hazardous waste, chemicals, and hazardous materials (including pesticides) in both degraded and non-degraded areas given their technical and financial feasibility in line with Good International Industry Practice (GIIP).</p>	<p>Relevant</p>	<ul style="list-style-type: none"> <li>• The PIU will ensure that the MOH and NPHIL adhere to the guidelines for safe management of Healthcare Waste in treatment centers, POCs and health facilities. This responsibility will be added into the TOR of the additional Environmental and Social Safeguard Staff to be hire by the project for the monitoring and implementation of the</li> </ul>
<p>Environmental and Social Standard 4 (ESS4): Community Health and Safety</p>	<p>Environmental and Social Standard 4 (ESS4) is titled, “Community Health and Safety”. The objective of this standard is to anticipate, avoid and/or mitigate adverse project impacts on beneficiary communities as well as safeguard project</p>	<p>Relevant</p>	<p>Precautions measures in line with the ESMF, Guidelines for safe management and healthcare waste and WHO guidelines on COVID19 shall be put in place to prevent or minimize the spread of the infectious</p>

Environmental and Social Standards	Key Requirements	Status	Remarks/Comments
	<p>affected communities from traffic and road safety risks, diseases and hazardous materials associated with project implementation and operation. ESS4 enjoins Borrowers to establish contingency measures for emergencies, security, traffic management, road safety and the protection of eco-systems. The standard also requires the design of infrastructure to meet GIIP</p>		<p>disease/COVID-19 from health facilities, laboratories, POCs, and treatment centers to the community.</p>
<p>Environmental and Social Standard 10 (ESS10): Stakeholder Engagement and Information Disclosure</p>	<p>ESS10 establishes a systematic approach to stakeholder engagement, while ensuring that appropriate information on project risks and impacts are provided to stakeholders in a timely, comprehensive, accessible, and appropriate manner. The standard also ensures inclusive and effective engagement of project affected parties throughout the project cycle and provides avenues for assessing stakeholder interest and incorporating their views into project design and monitoring of projects. As part of meeting the requirements of ESS 10, borrowers are to undertake meaningful consultation and engagement of stakeholders throughout the project life cycle. They are also expected to disclose relevant project information, safeguards report, notably, Stakeholder Engagement Plans as part of fulfilling the requirement of this standard. ESS10 also requires borrowers to set up grievance redress systems that are transparent, culturally appropriate, objective, discrete, accessible as well as sensitive and responsive to the needs of aggrieved persons</p>	<p>Relevant</p>	<ul style="list-style-type: none"> <li>• A Stakeholder Engagement Plan (SEP) including a Grievance Redress Mechanism have been submitted to the World Bank for their approval and shall be disclosed in country as appropriate.</li> <li>• The disclosure of the SEP shall be immediate upon the approval of the WB. Grievance Redress Mechanism have been established at the level of the PIU and a joint committee with the NPHIL, MOA and MOH and working well for the REDESSE project and shall be updated to address activities for COVID -19 implementation.</li> </ul>



## Chapter Three : ENVIRONMENTAL AND SOCIAL BASELINE

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

Figure 2 - Relief Map of Liberia



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

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

an over-reliance on donor funding. As a result, only 70 percent of Liberians have access to basic drinking water, and 17 percent to basic sanitation.

**Waste Management.** In Liberia, waste management activities are getting worse daily due to shortage of a comprehensive waste management framework, the absence of guidelines regarding the responsibilities of waste generators, and the decision-makers' lack of intent to design and implement a sustainable and integrated management system. Recommendations for collaborative efforts are made by focusing on delivering a waste strategy which concentrates on waste minimization, recycling, resource recovery, and promoting sustainable waste management practices for communities, small businesses, corporations, and government institutions in Liberia.

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

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

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

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

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

### ***Socioeconomic baseline information***

**Population and Economy.** More than half of Liberia's population of 4.7 million people live in urban areas, and one quarter resides in Monrovia its capital. Adolescents and youth (10-24 years old) represent approximately one-third of the total population. Poverty is widespread and increasing. In 2016, almost half the population (2.2 million people) were unable to meet their food needs. The headcount poverty rate rose from 54.1 percent in 2014 to 61.2 percent in 2016, and poverty rates are higher in rural (71.6 percent) than urban areas (31.5 percent). In addition to the high levels of poverty, Liberia has amongst the worst human capital and human development outcomes. Liberia ranks 181 of 189 countries tracked on the 2017 Human Development Index, and 153 of 157 countries tracked on the 2018 Human Capital Index. Moreover, the HCI estimates that a child born in Liberia today is expected to receive only 4.4 years of school and realize at best 32 percent of their human capital potential.

**Healthcare.** Liberia's institutions and organizational capacity were severely eroded through the period of the civil war, and just as it was recovering, the Ebola Virus Disease (EVD) outbreak (2014-16) struck. The health sector in the country was particularly affected as it lost an invaluable mass of its skilled human resource and institutional asset base. At the same time, the capacity and organizational abilities of the institutions essential for enabling an effective and efficient health system to function were severely depleted. This weak institutional base is

reflected in an inadequate health workforce (in terms of inadequate numbers, limited skill-mix and distribution, and necessary technical skills to provide quality health care), with no clearly defined career path or incentives to work in the system, and with little accountability and transparency; and dysfunctional management and organizational systems that hinder timely and affordable drugs and services availability to the sick and needy.

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

### Household characteristics by county:

In Liberia, the most common type of occupancy is the ownership of one’s own house, with 44.6% of Liberians reporting this type of occupancy. Home ownership is higher in rural areas (61.1%) compared to urban (29.3%). Inversely, renting of properties is more prevalent in urban areas (46.3%) compared to rural areas (6.9%).

Distribution of Total Household-Based Population by County and Urban/Rural Stratum Based on 2008 Liberia Census

County	Total Population	Urban			Rural Population
		% Total Population	Population	% Urban Population in country	
<b>Bomi</b>	83,033	2.4	14,314	17.2	68,719
<b>Bong</b>	328,668	9.6	127,572	38.8	201,096
<b>Gbarpolu</b>	80,186	2.3	11,950	14.9	68,236
<b>Grand Bassa</b>	217,230	6.3	69,711	32.1	147,519
<b>Grand Cape Mount</b>	125,329	3.7	9,176	7.3	116,153

County	Total Population	Urban			Rural Population
		% Total Population	Population	% Urban Population in country	
<b>Grand Gedeh</b>	122,913	3.6	51,120	41.6	71,793
<b>Grand Kru</b>	57,650	1.7	3,073	5.3	54,577
<b>Lofa</b>	273,990	8.0	98,384	35.9	175,606
<b>Margibi</b>	207,146	6.0	102,998	49.7	104,148
<b>Maryland</b>	134,279	3.9	61,323	45.7	72,956
<b>Montserrado</b>	1,105,966	32.3	1,042,682	94.3	63,284
<b>Nimba</b>	454,881	13.3	272,376	59.9	182,505
<b>River Gee</b>	64,330	1.9	19,457	30.2	44,873
<b>Rivercess</b>	69,844	2.0	2,212	3.2	67,632
<b>Sinoe</b>	101,068	2.69	13,229	13.1	87,839
<b>Total</b>	<b>3,426,513</b>	<b>100%</b>	<b>1,899,577</b>	<b>489%</b>	<b>1,526,936</b>

Source: HIES 2016 Statistical Abstract Final Report

### Education by County:

Overall, 64.7% of Liberians are literate. The literacy rate in rural areas is approximately 40% lower than in urban areas. If we focus on the difference between male and female respondents, the male literacy rate is on average 30% higher than female literacy rate. While, the difference in literacy between the poorest and richest group reaches 50%. With regards to differences by counties, the lowest literacy rate can be found in Grand Cape Mount at 41.9% and the highest in Montserrado at 82.1%. This means that the highest rate of literacy is double the lowest rate meaning that for every 1 literate person in Cape Mount there are 2 in Montserrado.

Percent distribution of the population with formal education by location and consumption quintile

Characteristic	%	Quintile	%	County	%
<b>Liberia</b>	64.7	Poorest Quintile	42.9	Bomi	54.2
<b>Area of Residence</b>		Second Quintile	53.2	Bong	48.8
	<b>Urban</b>	Third Quintile	63.1	Grand Bassa	50.7
	<b>Rural</b>	Fourth Quintile	69.5	Grand Cape Mount	41.9
<b>Gender</b>		Richest Quintile	84.4	Grand Gedeh	68.5
	<b>Males</b>			Grand Kru	52.2
	<b>Females</b>			Lofa	56.2
				Margibi	62.0
				Maryland	60.0
			Montserrado	82.1	
			Nimba	59.8	
			Rivercess	44.6	
			Sinoe	56.5	

Characteristic	%	Quintile	%	County	%
				River Gee	55.1
				Gbarpolu	43.3

Source: HIES 2016 Statistical Abstract Final Report

### Employment by county:

The unemployment rate in Liberia is estimated at 3.9% nationally. The percent of Liberians in informal employment is as high as 79.9% and the vulnerable employment rate is 79.5% which highlights the fragility and instability in the labor market. Of those Liberians in formal employment, 64.9% are employed in the private sector while 19.5% are employed by the government.

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

#### Incinerators

- Currently, operational incinerators for medical wastes are predominantly owned by county and referral hospitals. Each health facility and each referral hospital operate a well performing incinerator with acceptable minimum standards from which, all medical wastes in the respectable catchment areas are treated.
- To date, the MoH operates two COVID-19 treatment centers (14 Military and The Jordanian Hospitals) in the country, with isolation units at major health facilities in all counties. Home-based care services under the supervision of the MoH and NPHIL are also provided. All medical waste generated by the two COVID-19 treatment centers are incinerated on site.
- Waste generated by the National Reference Laboratory (NRL) are also incinerated on site.

### Baseline information on Vaccine Readiness

Liberia has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with the support of international organizations (WHO, UNICEF, GAVI, and the World Bank). This assessment considers the government's vaccine deployment strategy. According to the most recent evaluation on June 7, 2021, Liberia stands at a readiness level of eighty-three percent (83%), a marked improvement from the readiness level reported on December 7, 2020 (50.7 percent). Considering the uncertainties related to the COVID-19 vaccine market, including testing, approval, availability, and pricing, which require flexibility and close monitoring and strong Bank support during implementation is an evolving process, which will be dynamically revised and updated as necessary to continue to inform project design and implementation. The AF has been designed to primarily address bottlenecks and gaps identified in the COVID-19 Vaccine Introduction Readiness Assessment Tool/Vaccine Readiness Assessment Framework (VIRAT-VIRAF).

The effort to contain the spread of COVID-19 in Liberia is led by the Incident Management System (IMS) of which the Minister of Health is the chairperson. The National Public Health Institute with support from other partners leads the technical committees/working groups. The MoH recently developed a national deployment and vaccination Plan (NDVP) for COVID-19. The Plan is consistent with the Joint Continental Strategy on COVID-19, as agreed with African Union Ministers of Health in February 2020 under the auspices of the Africa CDC, a flagship institution established by the African Union with a continental mandate for infectious disease surveillance and control.

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

### **Governance and Accountability Framework for Vaccine roll out.**

The COVID-19 pandemic like EVD has identified critical gaps in the health-care delivery systems of many economies including Liberia. These gaps have exposed the level of fragmentation in the global governance system as it relates to a more structural mechanism to coordinate the pooling and sharing of resources needed to combat the pandemics.

Being cognizant of these evident but critical challenges, Liberia will leverage on the existing COVID-19 mechanism through the Incident Management System (IMS) with an enhanced structure to coordinate, pool and share resources, vaccine administration, management, and retrieval. Additionally, it will help increase vaccine confidence and demand generation for COVID-19 vaccine in Liberia. The Incident Management System (IMS) has been established to guide and oversee the introduction of COVID-19 vaccine in Liberia. Please see chart below:

Figure 1 - Governance and Accountability Structure

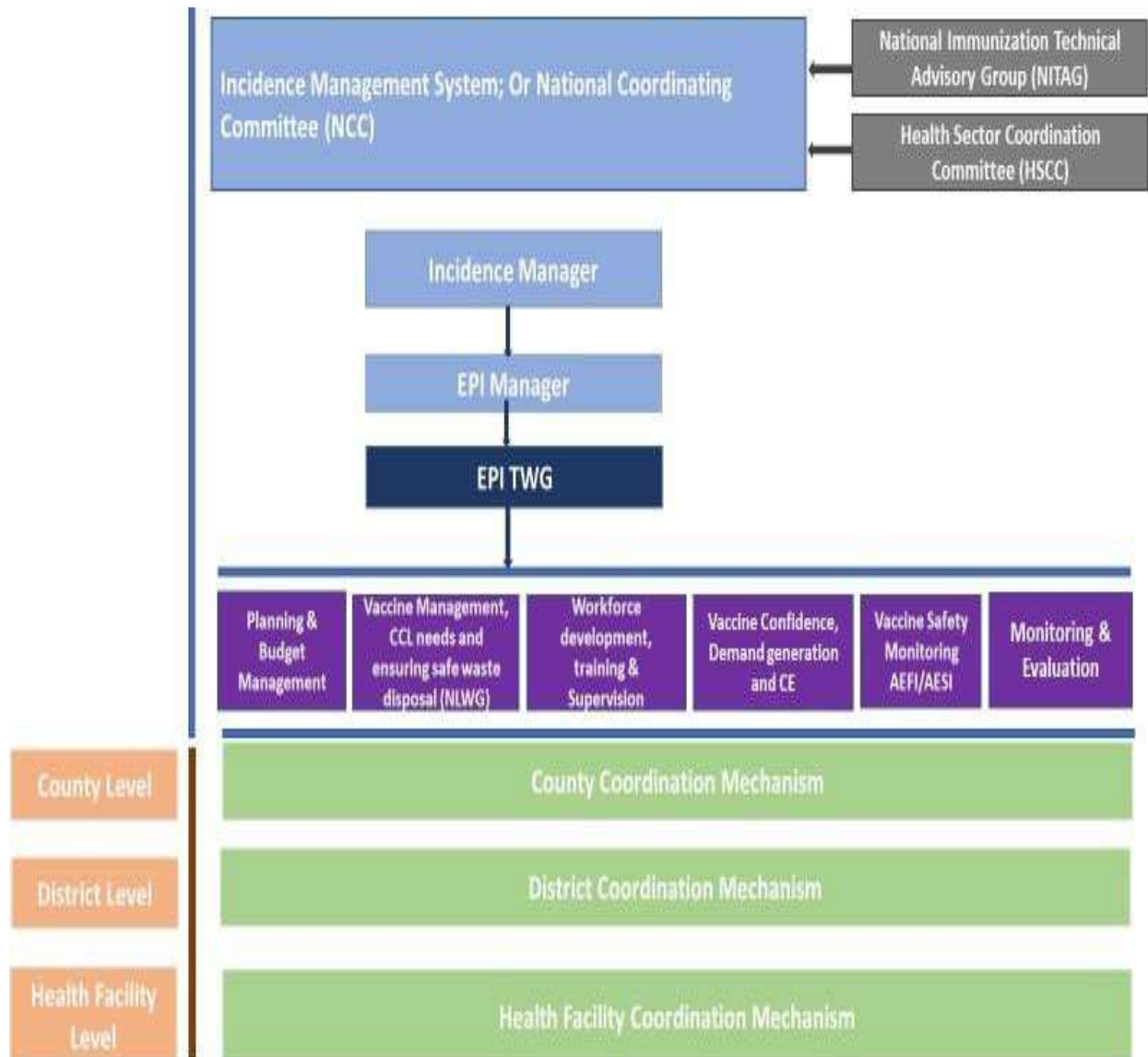




Table 2. 1 *Summary of Vaccination Readiness Findings*

Readiness domain	Readiness of Government	Key gaps to address before deployment
<p><b>Planning and coordination</b></p>	<ul style="list-style-type: none"> <li>• The GoL, through the MOH, has established an NCC/Incidence Management System (IMS) and the National Technical Working Group (NTWG) to oversee the introduction of the COVID-19 vaccine. Its creation and the designation of the members were published through the IMS, various national newspapers, and on the MOH website in January 2021.</li> <li>• The NTWG includes subcommittees for specific work streams, namely, (a) service delivery; (b) vaccine cold chain and logistics; (c) demand generation and communication; (d) prioritization, targeting, and COVID-19 surveillance; (e) monitoring and evaluation (M&amp;E) – determination and proof of eligibility, proof of vaccination, monitoring of coverage in risk groups, and monitoring of the impact of the vaccine; and (f) prevention of injuries and detection and response to any AEFIs.</li> <li>• Under the oversight of the IMS, the EPI will be responsible for the day-to-day implementation of the COVID-19 vaccine rollout in Liberia, including: (i) vaccine storage, management, and delivery; (ii) administration – providing technical support for the successful administration of the vaccine. This will entail skills transfer, coaching and mentorship; (iii) planning coordination and policy, including microplanning; (iv) surveillance and safety monitoring – to ensure active safety monitoring during and after administration including detection, investigation, reporting and instigation of an appropriate public health response; and (v) injection safety and waste management.</li> </ul> <p>The NDVP for the vaccination of the priority groups (20 percent) has been finalized and adopted.</p>	<p>The finalization and submission of the updated NDVP for COVID-19 vaccine reflecting the remaining population. This is being prepared and is expected to be finalized by end of September 2021.</p>
<p><b>Budgeting</b></p>	<ul style="list-style-type: none"> <li>• The budget for the COVID-19 rollout for the priority 20 percent of the population has been estimated at US\$3,850,895.</li> <li>• The budget required to expand coverage to all eligible populations ≥ 18 years old, which translates to 52 percent of the population, is still to be determined.</li> </ul>	<p>The budget is still in process and is being prepared with support from Development Partners. There are uncertainties on the unit costs for vaccines and ancillary products. The budget will be finalized by September 31, 2021.</p>
<p><b>Regulatory</b></p>	<ul style="list-style-type: none"> <li>• Existing legal framework: Part V of the Liberia Medicines and Health Products Regulatory Authority (LMHRA) Act, regulates the authorization for medicines to be placed on the market for human use. The act creating the establishment of the LMHRA was passed 2010.</li> <li>• The Managing Director of the LMHRA has granted an official waiver for the use of AstraZeneca in Liberia consistent with the LMHRA Act and following submission of all supporting documentations.</li> <li>• Indemnity and liability: In December 2020, the Government signed an Indemnity Agreement with the COVAX Facility to join the COVAX Facility no-fault compensation fund (NFCF). The NFCF will compensate patients who experience AEFIs (Box 2).</li> </ul>	<p>The Government is exploring indemnification, liability, and no-fault compensation clauses to cover vaccines that are procured or donated outside the COVAX Facility.</p>

Readiness domain	Readiness of Government	Key gaps to address before deployment
<b>Prioritization, targeting, surveillance</b>	<ul style="list-style-type: none"> <li>• The Government aims to vaccinate 31.2 percent of the total population (that is, 60 percent of the eligible population), which are all adults ≥18 years old, excluding pregnant women).</li> <li>• The vaccination campaign will be rolled out in two phases: <ul style="list-style-type: none"> <li>○ Phase 1 (2021): Focuses on 20 percent of the population (estimate: 911,003 individuals), including health care workers, elderly people (≥ 60 years as defined by their age-based risk and mortality), people with co-morbidities (people with pre-existing health conditions especially those associated with higher risk of death), and essential workers who cannot socially distance at work.</li> </ul> </li> </ul> <p>Phase 2 (2022): Focuses on 11.2 percent of the population (estimate: 509,758 individuals).</p>	<ul style="list-style-type: none"> <li>• The estimates of numbers needed to vaccinate per phase is not precise because of limited data.</li> </ul> <p>Due to the uncertainties surrounding the type and quantity of vaccines available in 2021, the quantities of the vaccine that will be delivered and the intervals of the delivery are still provisional.</p>
<b>Service delivery</b>	<ul style="list-style-type: none"> <li>• Vaccination services will be conducted through predefined delivery points and outreach approaches leveraging existing vaccination platforms. <ul style="list-style-type: none"> <li>○ Fixed delivery posts: these will include sites used for routine vaccination in all counties, including hospitals, health centers, and clinics.</li> <li>○ Outreach posts: mobile teams will vaccinate priority groups.</li> </ul> </li> <li>• Guidelines for service delivery have been developed and adopted.</li> <li>• Micro-plans have been developed for the deployment of vaccines in Montserrado County.</li> <li>• Two Training-of-Trainer (TOT) sessions were held in March 2021 in all the regions. The regional TOTs have trained all necessary personnel at the district level.</li> </ul>	<ul style="list-style-type: none"> <li>• A targeting strategy for priority groups will be finalized by July 31, 2021.</li> <li>• Micro-plans will be updated by July 31, 2021 for the operationalization of the COVID-19 vaccination campaign for the remaining 14 counties. This will involve a bottom-up planning process with support from the central, regional, and county levels, nongovernmental organizations (NGOs); and community leaders.</li> </ul>
<b>Training and supervision</b>	<ul style="list-style-type: none"> <li>• Training of actors for the vaccination campaign in Montserrado County was conducted in March 2021.</li> <li>• A training plan and modules will be developed to train all actors involved in the vaccination.</li> <li>• Campaign. Training will incorporate aspects related to planning, communication, vaccine management, M&amp;E with data collection tools, surveillance, administration strategies, vaccination schedule, safety of injections, and AEFI.</li> <li>• Training will be conducted during vaccinations by supervisors at the district, regional, and central levels with the help of a standardized supervisory matrix.</li> <li>• Supervision of the implementation of activities will be monitored on the ground by technical, logistical, and communication supervisors at each level of the health sector.</li> </ul>	<ul style="list-style-type: none"> <li>• A training plan and modules will be developed by August 15, 2021.</li> <li>• Training of actors across all levels of the</li> <li>• Health sector (central, regional, county) will be conducted by September 30, 2021.</li> <li>• Additional Human</li> </ul>

Readiness domain	Readiness of Government	Key gaps to address before deployment
		Resources will be recruited progressively as the vaccination campaign is expanded beyond Montserrado County.
<b>Monitoring and Evaluation</b>	<ul style="list-style-type: none"> <li>The District Health Information System<sup>2</sup> (DHIS2) will be adapted to incorporate the COVID-19 vaccination campaign. The DHIS2 will be used to collect data and monitor the rollout of the vaccination program.</li> <li>A digital registry has been established and is operational to enable people to register for COVID-19 vaccinations and to enable vaccinators to register, which will also enable better monitoring of the COVID-19 vaccine deployment.<sup>1</sup></li> <li><i>Data quality.</i> The electronic logistic and supply management tool (SMT), which is used for routine vaccinations, will be adapted, and used to track and monitor the deployment of the COVID-19 vaccines.</li> </ul>	<ul style="list-style-type: none"> <li>The M&amp;E framework will be finalized by August 15, 2021.</li> <li>Integration of AEFI notification in the digital registry will be completed by July 31, 2021.</li> </ul>
<b>Vaccine, cold chain, logistics, infrastructure</b>	<p>Vaccines, personal protective equipment (PPEs), and other medical and non-medical supplies.</p> <ul style="list-style-type: none"> <li>The GoL has opted for AstraZeneca vaccines due to its cold chain storage requirement of 2–8°C. The cost of vaccines and ancillary supplies for 20 percent of the population will be covered by the COVAX Facility. Liberia received its first delivery of 96,000 doses of AstraZeneca vaccines from the COVAX Facility on March 5, 2021 and deployment began on March 29, 2021.</li> <li>The World Bank will finance the costs related to vaccine procurement for 4.2 percent of the population, including costs for ancillary supplies, PPE, and operational costs.</li> <li>Additionally, the GoL received 27,000 doses of AstraZeneca as a donation from the African Union (AU)/MTN Group on March 22, 2021; however, these doses expired before being deployed.</li> </ul> <p><i>Logistics</i></p> <ul style="list-style-type: none"> <li>The logistics system for the distribution of routine vaccines from the central level to the regional, county, and health facility levels will be used to distribute COVID-19 vaccines.</li> </ul> <p><i>Cold chain</i></p> <ul style="list-style-type: none"> <li>There is sufficient cold-chain storage capacity at the central and regional levels for routine vaccines and COVID-19 vaccines. However, there is insufficient cold-chain storage capacity for COVID-19 vaccines at the county and health facility levels.</li> </ul> <p><i>Waste management.</i></p> <ul style="list-style-type: none"> <li>Each county has at least one functioning incinerator to cover the incineration needs of the county. The incinerators at hospitals and major health centers are also used.</li> </ul>	<p><i>Vaccines, PPEs, and other medical and non-medical supplies:</i> The GoL is exploring resources to finance vaccines and cost of deployment for the remaining 21 percent. The Government is in discussions with manufacturers to determine the feasibility of acquiring additional vaccines.</p> <ul style="list-style-type: none"> <li><i>Logistics.</i> The needs and respective budgets for the supply chain to rollout COVID-19 vaccines for phases 1 and 2 will be finalized by August 31, 2021 and will be included in the NDVP. Additional refrigerators and freezers will also be procured under the AF to ensure</li> </ul>

<sup>1</sup> <https://vaccinoid19.sec.gouv.sn.>

Readiness domain	Readiness of Government	Key gaps to address before deployment
		<p>effective rollout of COVID-19 vaccines.</p> <ul style="list-style-type: none"> <li>• <i>Cold Chain.</i> Due to potential energy supply shortages, off-grid solar equipment and supplies will have to be procured. Moreover, additional Cold-Chain Equipment (CCE), energy-efficient refrigerated trucks and freezers that can store vaccines, will be procured.</li> </ul> <p><i>Waste Management.</i> The HCWMP needs to be updated to include vaccines. This is expected to be finalized before Project Effectiveness.</p>
<b>Guidelines for the safe management of healthcare waste</b>	<p>The MOH,has developed a healthcare waste management guidelines to be used for the management of vaccination waste and IPC procedures</p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p>Guidelines distribution and deployment by key partners (WHO,US CDC,NPHIL,MOH)</p>
<b>Safety Surveillance</b>	<ul style="list-style-type: none"> <li>• Pharmacovigilance is an integral part of the LMHRA’s function. It has the responsibility to prevent and reduce risks linked to pharmaceutical products, including the COVID-19 vaccines. A pharmacovigilance secretariat was established in 2010 and is currently headed by the Director for infectious disease epidemiology within the NPHIL along with members from the LMHRA, EPI, WHO, UNICEF, and other partners. The pharmacovigilance secretariat is responsible for the pharmacovigilance system (PVS), including surveillance of AEFI, in close collaboration with the EPI Manager. All surveillance and safety data are received from health facilities, districts, and counties, and reported through the official IDSR reporting system. The data are transmitted to the national AEFI pharmacovigilance secretariat for review and onward submission to the national AEFI causality expert committee that validates all cases of AEFI before reporting.</li> <li>• Liberia has an AEFI monitoring system to detect AEFIs. The proposed AF will support the strengthening of the PVS, particularly to improve timely reporting of all AEFI cases.</li> <li>• The existing surveillance and monitoring instruments have been adapted to include recommended indicators (vaccine coverage, acceptability, disease surveillance, AEFI, and so on.).</li> </ul>	<p>Operational support for active AEFI monitoring will be provided by the AF.</p> <p>The AF will also support the development of tools and case definitions for AEFI cases related to the COVID-19 vaccine, integration into the pharmacovigilance guide and dissemination.</p>

Readiness domain	Readiness of Government	Key gaps to address before deployment
<b>Demand generation and Communication</b>	<ul style="list-style-type: none"> <li>• A risk communication and community mobilization plan will be developed to address vaccine hesitancy and create an enabling environment for the introduction of the COVID-19 vaccine.</li> <li>• The following strategies will be implemented in this plan while respecting barrier measures: (a) advocacy with decision-makers and local leaders (including publicizing their own COVID-19 vaccination); (b) behavior change communication (messages and materials for the population); (c) social mobilization; and (d) production and dissemination of information and promotional materials.</li> </ul>	<p>The AF will support the development of a risk communication and community engagement plan to address vaccine hesitancy by September 30, 2021.</p>

## *Liberia's Capacity on COVID-19 Testing*

### **Testing for COVID-19**

Currently, the COVID -19 related samples testing is centralized at the National Reference Laboratory (NRL) under the National Public Health Institute located in Charleville Margibi County. All samples collected in the City of Monrovia and across districts within counties are transported to and analyzed at the NRL. Frequency of testing depends on identification of suspects and their respective locations. However, the COVID-19 rapid antigen tests are available at all POEs and sample collection Centers in Monrovia.

### *Liberia COVID-19 Profile*

Table 2. 2 *Shows Summary of Confirm, Recovered and Death cases report by county in Liberia, 16 March 2020 to 4<sup>th</sup> July 2021.*

County	Confirmed Cases	Recoverers Cases	Active Cases	Death Cases
Bomi County	61	59	0	2
Bong County	112	90	7	15
Gbarpolu County	39	37	0	2
Grand Bassa County	95	86	4	5
Grand Gape County	51	47	4	0
Grand Gedeh	24	23	1	0
Grand Kru	18	18	0	0
Lofa County	143	111	11	21
Margibi County	198	181	10	7
Maryland County	45	37	4	4
Montserrado County	4454	4203	124	127
Nimba County	128	91	9	28
Rivercess County	16	12	1	3
River Gee County	37	36	1	0
Sinoe County	12	9	1	2
Cumulative	5,433	5,040	177	216

## Chapter Four: POTENTIAL ENVIRONMENTAL AND SOCIAL RISKS AND MITIGATION

The main environmental and social risks and impacts of the project may result from activities under Component 1, including Vaccines Procurement and Logistics; Storage and Solarization for vaccine potency; Adverse Events Following Immunization (AEFI); Risk Communication, Community Engagement; and WASH in selected health facilities and the operationalization of mitigation measures against Gender Issues.

Other environmental health and safety risks will include unsafe injection practices that can result in disease transmission; Inappropriate collection, transportation, and disposal of medical waste; COVID-19 infections due to inadequate adherence to occupational health and safety standards that can lead to illness among healthcare workers; and Shortcomings in the cold chain system that could compromise the potency of the vaccines.

### **Environmental risks and impacts**

The overall impact of this project will be positive. This project will finance procurement of drugs, supplies and medical equipment – which has limited, if any, negative impacts – the environmental risks result from the operation of the labs, minor civil works and rehabilitation of quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Liberia has limited experience in managing highly infectious medical wastes such as those associated with COVID-19, the project can be judged to have a substantial environmental risk and will require that appropriate precautionary measures be planned and implemented.

### **Social risk and impacts**

From a social perspective, there are also substantial risks related to the direct and indirect social impacts of the activities proposed by the project, these are expected to be mostly temporary, predictable, and avoidable. The major areas of social risks are expected to be: (i) Occupational, Health, and Safety (OHS) risks for project workers associated with the upgrading activities; (ii) OHS risks related to the spread of the virus among health care workers; (iii) risks related to the spread of COVID-19 among the population at large and, especially for the most disadvantaged and vulnerable populations such as (elderly, children who are high risk – such as those who are malnourished, poor households, etc.), due to poor training, communication and public awareness related to the readiness and response to the new COVID-19; and (iv) risk of panic/conflicts resulting from false rumors associated with vaccine roll out and social unrest, the social stigma associated with COVID-19 or potential unrest with respect to access to tested and other services related to public health services, including inability of accessing services by the most disadvantaged. Civil works envisaged in the project refer to repair and rehabilitation of existing buildings only, no land acquisition or involuntary resettlement impacts are expected. It is noted that it may be difficult to draw a clear line between existing manifested risks, which is the project objective, and the risks and impacts that could additionally be created by the project. For example, spread of COVID-19 among the population at large is a pre-existing condition the project is tackling, but could also be a risk from potentially poorly implemented project activities. See Table below describes the potential environmental and social risk and impact of the AF vaccine roll out expected.

### ***Potential Environmental and Social Risks and Impacts***

The potential adverse environmental health and safety risks and negative impacts associated with the COVID-19 vaccination campaign and related health system strengthening activities include:

Table 2. ***Potential Environmental and Social Risk/Impact***

<b>Component</b>	<b>Activity</b>	<b>Risks and impacts</b>
<b>Subcomponent 1.1: Vaccine procurement</b>	: (i) the acquisition, freight, transport, and storage of COVID-19 vaccines including increased access to vaccines procured via mechanisms selected by the country (for example, COVAX, AVATT, or through bilateral options) and  (ii) procurement of vaccination supplies (syringes, waste management boxes, cold boxes, vaccine carriers, alcohol prep pads, IPC material, etc.).	Process will involve no negative E&S risk or impacts.
<b>Subcomponent 1.2: Vaccine logistics and rollout</b>	coordination mechanisms at the national, regional, and county levels for the preparation and deployment of vaccines  development of targeting strategies for each priority group; (iii) development of legal regulatory documents, including aspects related to data protection  (iv) Development of operational/micro-plans and budgets.  acquisition of ancillary supply kits (including waste management boxes, cold boxes, vaccine carriers, vaccination record cards, PPE for vaccinators, solar powered refrigerators/freezers, and related suppliers	Process will involve no negative E&S risk or impacts.  Process will involve no negative E&S risk or impact
	v) Adoption of global tools and adaptation of the supply chain systems to best practices, including cold chain strengthening.  distribution of COVID-19 vaccines to the last mile including transport, cold-chain, consumable, and other operational costs to ensure equitable distribution of vaccines across all priority groups with a special focus on people with disabilities and those most vulnerable and	Process will involve no negative E&S risk or impact  Exposure to COVID-19 virus during the provision and distribution of vaccines across all priority groups with a special focus on people with disabilities and those most vulnerable
<b>Sub-component 1.3: Surveillance,</b>	i) case detection, confirmation, contact tracing, recording, reporting, and	There is the potential exposure to the COVID-19



<b>laboratory system strengthening, clinical care and vaccine pharmacovigilance.</b>	<p>surveillance; (ii) laboratory system strengthening for the diagnosis of COVID-19 and other infectious diseases of public health importance and procurement of tests and consumables</p> <p>activities to strengthen the acute management of clinical cases of COVID-19 patients; (iii) pharmacovigilance and monitoring of cases of AEFIs, including to (a) to develop and adapt tools and guidelines for the M&amp;E of the vaccination campaign and detection of AEFIs, (b) train all actors involved at all levels of vaccine deployment on AEFIs</p> <p>procure and disseminate emergency kits for anaphylactic shock management and reinforce health structure with resuscitation equipment; and (iv) operational costs.</p>	<p>virus during in-person operations</p> <p>Process will involve no negative E&amp;S risk or impact</p>
<b>Subcomponent 1.4: Strengthening community engagement, risk communication and surveillance.</b>	<p>activities that strengthen community engagement and social mobilization and accountability for vaccine demand and use (e.g., develop systems for community-based surveillance, multi-stakeholder engagement, training of community leaders, etc.</p> <p>.) (ii) activities to promote behavior change and enhance risk communication</p> <p>(iii) Developing messages and materials, and information dissemination and collection to ensure that information on COVID-19 and the vaccination campaign is consistent and channeled through a limited number of recognized platforms. Simulation exercises and scenarios conducted in facilities and communities marked as DSS</p>	<p>There is the potential exposure to the COVID-19 virus during in-person operations. The other processes will however no negative E&amp;S risk or impacts</p>
<b>Subcomponent 1.5: ESS, WASH and Gender</b>	<p>This subcomponent will support, and address aspects related to vaccine equity and gender inclusion and operationalize mitigation measures against sexual exploitation and assault during vaccination rollout.</p> <p>This subcomponent will support, and address aspects related to vaccine equity and gender inclusion and operationalize mitigation measures against sexual</p>	<p>The lack of proper supervision will involve substantial E&amp;S risk and impacts, which will require the preparation of an adequate Monitoring and supervision Plan.</p>

	exploitation and assault during vaccination rollout	
<b>Component 2.1 Program Management and Coordination,</b>	This component will continue supporting the coordination and management of activities under the parent project, as well as new activities introduced under the AF. Specific emphasis will be placed on building the capacity of the PIU to support the implementation of the new activities.	Project management. No physical works involved. No significant environmental and social risks envisaged.  Process will involve no negative E&S risk or impacts.
<b>Sub-component 2.2: Monitoring and Evaluation, Research, and Learning</b>	This subcomponent will continue to support national and county levels M&E of the prevention and preparedness interventions, and support capacity building in M&E. It will also support the introduction of viable IT technology for remote sensing as appropriate.	Exposure to spread of COVID-19 Process will involve no negative E&S risk or impacts. Policy development and coordination. No physical works involved. No significant environmental risks envisaged.

***Generic Environmental and Social Management Plan (ESMP)***

The Environmental and Social Management Plan (ESMP) aims to ensure that negative environmental, social and occupational health and safety impacts of the proposed Project and its sub-projects are reduced to the barest minimum or even eliminated during the rehabilitation and operational phases of its implementation. A generic ESMP presented in this report has been developed based on the current information on the proposed impacts and risk, the corresponding principle of mitigation, and responsibility. The impacts identified at this stage are all generic. When the exact locations and rehabilitation requirements become known, the proponent will develop site-specific ESMPs, which will address specific impacts associated with the Project’s activities. This ESMP also presents generic recommendations for mitigating and monitoring measures. Additionally, monitoring indicators and frequencies, and institutional responsibilities. The PIU will be responsible for ensuring coordination and monitoring regarding the implementation of the ESMP throughout the Project’s lifecycle. A generic ESMP template is provided in annex 1.

***Vaccine readiness and prioritization:***

The MoH has developed a national deployment and vaccination plan for COVID-19. The target priority population for vaccination includes health and social workers; elderly people (60 years old and above) people living with chronic conditions; and other frontline workers that may be identified as being at high risk of the disease. By the end of 2022, Liberia is intending to reach the African Union (AU) target of 60 % of the eligible population.

The country’s overarching goal of introducing COVID-19 vaccine is to save lives and mitigate societal and economic impact by reducing COVID-19 transmission and mortality.

Vaccine acceptance and uptake articulate stakeholder engagement that will include targeted and tailored communication strategies to increase public awareness, increase the community

trust in COVID-19 vaccine, increase the proportion of the population that is confident to undertake the COVID-19 vaccine, and engage opinion leaders, including faith-based and local authorities to leverage resources and encourage relevant populations.

The Vaccine AF will adapt to different situations, project stages and requirements as they develop to disclose information regarding vaccination and other relevant issues. A separate Stakeholder Engagement Plan (SEP) for the Vaccine AF has been prepared to ensure inclusion, non-discrimination, and transparency and to mitigate risks for exclusion of certain groups or perception of exclusion and inequity.

Design and functional layout will refer to the National Policy on Injection Safety, Prevention of Transmission of Nosocomial Infections and Healthcare Waste Management (2009) and to the WHO Practical manual to set up and manage a Severe Acute Respiratory Infections (SARI) treatment center and a SARI screening facility in health care facilities available at: <https://www.who.int/publications/i/item/10665-331603>.

- The National Vaccine Deployment Plan for COVID-19 vaccine indicates that the country's immunization program has strengthened AEFIs Monitoring and Surveillance for the last decade and there have been several trainings at both national and subnational levels. The plan further notes that a national AEFI focal point is led by the NPHIL with the mandate monitoring and responding to AEFI requirements.
- The National Deployment and Vaccination Plan for COVID-19 Vaccine provides for the expansion of the AEFI Review Committee to include specialists in immunology and epidemiology to meet the capacity requirements for COVID-19. The national Expanded Program on Immunization (EPI) within the MOH, WHO, National Reference Laboratory (NRL) will support the committee in its functions.
- Military and security personnel will not be used in COVID-19 vaccine roll out in any vaccination activities.
- Purpose and objectives of the ESMF
- The purpose of the ESMF is to establish a mechanism to determine and estimate the potential environmental and social impacts of activities under this project. The aim is to support decision-making and provide guidelines for implementation process associated with sub-project activities. These must adhere to environmentally sound, socially inclusive, protect human health and enhance positive environmental and social outcomes.
- Purpose and objectives of the ESMF
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## Policy, Legal and Regulatory Framework

- **Relevant National Laws and Regulations.** An overview of laws and regulations that have relevance for environmental and social issues for the Liberia COVID-19 Emergency Response Project are discussed in detail in this ESMF.
- The COVID-19 Emergency Preparedness and Response Project is being implemented under the World Bank's new Environmental and Social Framework (ESF). The following Standards are considered relevant for guiding environmental and social risks assessment and management related to (i) assessment and management of environmental and social risks and impacts (ESS1); (ii) labor and working conditions (ESS2); resource efficiency and pollution prevention and management (ESS3); community health and safety (ESS4); and stakeholder engagement and information disclosure.

### Chapter Five: Public Consultation and Disclosure

**ESMF disclosure and consultation.** The ESMF document for the AF will be disclosed, once cleared will also be disclosed in the World Bank's external website after the draft has been reviewed and approved by the World Bank. Disclosure shall be made via media outlets (including newspapers) and place on the MOH, NPHIL and Executive Mansion website [www.moh.gov.lr](http://www.moh.gov.lr), [www.nphil.gov.lr](http://www.nphil.gov.lr) and <https://www.emansion.gov.lr/> respectively. The final version of this document will be used by the MOH, NPHIL, government agencies and other project stakeholders during the project implementation.

Due to the emergency and the need to address issues related to COVID-19 at the inception of the parent project, consultations were held with public authorities and health experts, such as Ministry of Health, National Public Health Institute of Liberia, Monrovia City Cooperation, Ministry of defence, Environmental Protection Agency, Ministry of Foreign Affairs, among others. Other non-governmental agencies such as CDC Africa, WHO, World Bank, USAID among others form part of the consultation process. Mostly, these consultations were done through WebEx meeting during project preparation stage. For the preparation of the COVID-19 project, PAPs were not directly consulted.

The fact that the nature of the disease was not known, and giving the history of EVD, precautionary measures were following during these meetings at the same time avoiding public gathering and close contact with individuals. Henceforth, the participation and involvement of key ministry such as MOH and NPHIL through the Risk Communication unit to reach out to the public were emphasize on media institutions.

Severally stakeholder engagement has been taken place across many parts of the country mainly in Lofa, Nimba. Bong, Margibi, and Rivercess Montserrado county, respectively. Stakeholder engagement will continue to be an integral part of this project throughout the duration of the project

### ***Grievance Redress Mechanism (GRM)***

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

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

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

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

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

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

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

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

**GRM Structure.** Grievances will be handled at the health facility, county, and national levels, including via dedicated hotline to be established for COVID-19 grievances.

The project specific GRM will include the following steps:

- **Step 1:** Grievance raised with the COVID-19 grievances hotline.
- **Step 2:** Grievance raised with the Health Facility Grievance Committee.
- **Step 3:** Grievance raised with the County Grievance Committee.
- **Step 4:** Grievance raised with the National Complaints Management Committee (NCCM).

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

**Step 2: Health Facility Level.** Health Facility Grievance Committee will be established in each health facility supported with financing under the COVID-19 Emergency Response Project. The HFGC will address and resolve complaints within 30 days of receiving complaints. The HFGC will be headed by the medical director and comprise key relevant departments: IPC & sanitation, human resource, administration, quality improvement etc. The HFGC will select the Grievance Focal Person (GFP), who will be responsible for maintaining grievance logs. If the issue cannot be resolved at the health facility level, then it will be escalated by the HFGC to the County Grievance Committee.

**Step 3: County Level.** County Grievance Committee will be established in each county. The CGC will also address and resolve complaints within 30 days of receiving complaints. The CGC will be headed by the County Health officer and comprise key relevant departments: M&E, Health Promotion Officer, County Surveillance Officer, Environmental Health Officer, and Community Health Focal Person. The CGC will select the Grievance Focal Person (GFP), who will be responsible for maintaining Grievance logs. If the issue cannot be resolved at the county level, then it will be escalated by the CGC to the PIU.

**Step 4: National Level.** If there is a situation in which there is no response from the County level CGC, or if the response is not satisfactory then complainants and feedback providers have an option to contact the PIU directly to follow up on the issue. The PIU will establish a National Complaints Management Committee (comprising medical professionals, M&E, E&S specialists) and will assign a Grievance Focal Person to be responsible for complaints and issues related to all HCFs, Counties and components. The PIU Manager will make a final decision after a thorough review of the investigation and verification findings. The timeline for complaint resolution at the national level will be 30 days upon receipt of the complaint. The complainant will be informed of the outcome immediately and at the latest within 5 days of the decision.

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

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

- Collecting and analyzing the qualitative data from the Grievance Focal Persons (GFPs) on the number, substance, and status of complaints and storing them in a single project database.
- Monitoring outstanding issues and proposing measures to resolve them; and

- Preparing Semi-annual reports on GRM mechanisms for documentation and quarterly reporting to be shared with the World Bank.

## Chapter Six: Institutional Arrangements, Responsibilities and Capacity Building

### Responsibility of the Implementing Agencies

**Ministry of Health & the National Public Health institute of Liberia.** The Ministry of Health working with the National Public Health Institute (NPHIL) will be the implementing agency for the project. The Project Implementation Unit (PIU) of the World Bank-funded Health Portfolio under the Ministry of Health will be responsible for the day-to-day management of project activities. The institutional arrangements will be the same as for the ongoing Regional Disease Surveillance Systems Enhancement Project Phase II (P159040) (REDISSE II Project). The REDISSE II project is technically implemented by the NPHIL, under the oversight of the MOH. The PIU includes designated Technical Coordinators under different Bank health projects including REDISSE II. The REDISSE II project coordinator manages Project Coordination Unit (PCU) specifically for REDISSE II. The REDISSE II PCU will also coordinate the LCERP within the PIU. The PIU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. supported under Component 4 of the Project. The stakeholder engagement activities will be documented through semi-annual progress reports, to be shared with the World Bank. The nature of the project requires a partnership and coordination mechanisms between national, county level, and local stakeholders.

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

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

### *Staff Capacity*

The PIU currently has two (2) Environment and Social Safeguard Officers whose functions have been skewed towards environmental safeguards. In collaboration with the World Bank's Safeguard Team, the Project will provide training on ESF to key Project staff including the Environment and Social Safeguard Officers. .

As was agreed during project negotiation, the Project has hired one Environment and Social Safeguard Officers with the following responsibilities:

- Collaborate with the Environmental and Social Safeguard specialist to conduct subproject activities for social impacts and its mitigation measures outline during the project design and preparations.
- Plan and ensure adequate consultation and engagement with key project stakeholders, including Project Affected Persons (PAPs), local authorities, community leaders, NGOs, other interested stakeholders, and public institutions, with support from the PIU environmental and social safeguard specialist.
- Oversee the implementation of already functional Grievance Redress Mechanism, ensuring and making sure that grievances related PAPs, cases related to Gender-Based violence and local populations have adequate and accessible mechanisms for lodging complaints about the project or project related and receiving timely response to such complaints.
- Actively work with the project environmentalist in implementing already developed project environmental and social framework document such as the Stakeholder engagement Plan (SEP), Environmental and Social management Plan (ESMP), Gender Based Violence Action Plan, Labor Management procedure (LMP), Healthcare Waste Management Plan (HWMP), and the overall implementation of the Environmental and Social Commitment Plan (ESCP) which provide detail reference to the mentioned documents.
- Initiate and undertake social due diligence prior to commencement of works and liaise with contractors to address pertinent community-related issues
- Work closely with the Environmental Specialists in planning and managing social risks associated with the sub-projects; participate in periodic field supervision mission to monitor and ensure compliance with social safeguard policies throughout the project life and prepare monthly reports of the activities and submit.
- Ensure adequate social safeguards records and documentations are kept and updated.
- Identify and analyse stakeholders and their concerns about the project, and lead community engagement efforts and activities and ensure adequate community and stakeholder participation and involvement are made
- Serve as the lead community liaison for the project and maintain close contacts and sustainable relation with local communities / stakeholders throughout the project life
- Oversee the implementation of the project and ensure that public complaints about the sub-project activities are adequately addressed and documented; and
- Initiate and perform other related tasks as may be necessary for the successful implementation of the project.
- The NPHIL in collaboration with MOH has designated some of its employee as waste management officers, with support, for specific handling of healthcare waste and infectious waste at various health facilities and laboratories across the Liberia COVID-19 implementation counties.

A procurement process is also ongoing for the hiring of a social safeguard specialist

**Below is the outline responsibilities of the Social Safeguard officer**

- Assist in the development and operationalization of the project wide grievance redress mechanism.
- Assist with training of all relevant stakeholders in the implementation of social and environmental development issues on the Project.



- Ensure assessment of the risks related Gender Based Violence (GBV)/Sexual Exploitation and Abuse or Harassment (SEA/H) in the project and develop an action plan for mitigation and management of the related risks
- Develop Social Safeguards assessment and management plan for COVID-19 ERP and AF project when required for site specific, particularly for Environment and Social Management Plan(s) and or social inclusion plan(s) as may be required for the projects,
- Support the planning and implementation of social safeguards issues in line with the Environmental and Social Management Framework (ESMF) and ESCP,
- Support the implementation of the Beneficiary Feedback and Grievance Redress on the project,
- Ensure full Implementation of the Stakeholder Engagement Plan (SEP) and update the SEP as and when required based on the inputs gathered for this,
- Support the Project to develop a broad framework for the engagement of stakeholders, creating awareness and educating them on the project objectives and implementation processes.
- Contributing to the development of ToRs for relevant site-specific instrument (s).
- Review environmental and social safeguards documents prepared by consultants to ensure compliance with relevant safeguards policies of the Liberian Government, the World Bank and other development partners when and where required,
- Undertake field visits to ascertain if project activities are implemented in an environmentally and social sustainable manner,
- Ensure that environmental and social including GBV risks management clauses are inserted and fully covered in the bidding/binding contract documents to ensure compliance.
- Establish and maintain project-level full functional grievance redress mechanisms and Grievance redressal Committees in line with the ESF/ESSs (ESS 01, 02, 04, 05 and 10)/ Government of Liberia rules for communities and individuals whilst ensuring prompt response and redress where necessary.

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

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

- Key partners and Stakeholders

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

### ***Environmental and Social Monitoring and Audit***

An important part of the ESMF is monitoring of the rehabilitation and operation of the health facilities. The relevance of an environmental monitoring plan for a project is to provide room for judging the accuracy of impact assessment, implementation of mitigation measures and to allow for prompt remedial actions to be taken to correct deviations in the impacts and mitigation measures. It is also to help discover new impacts that might have been overlooked during the assessment of impacts so that appropriate mitigation measures are put in place to ensure efficiency and sustainability. Monitoring should involve two areas namely:

- Compliance monitoring.
- Impact monitoring

The aim of monitoring would be to:

- Improve E&S management practices.
- Check the efficiency and quality of the EA processes.
- Establish the scientific reliability and credibility of the EA for the project; and
- Provide the opportunity to report the results on safeguards and impacts and proposed mitigation measures implementation.

### ***Compliance Monitoring***

This is to verify that the required mitigation measures as set out in the appropriate E&S safeguard instrument are implemented. Compliance monitoring will involve inspections during renovation, refurbishment or rehabilitation works. The operational phase of the sub-projects will also be monitored. Compliance monitoring will be done by MoH/NPHIL/PIU with support from EPA. The Environmental and Social Specialist at the PIU will lead the monitoring process to inspect contractors' compliance with the requirements of this ESMF.

### ***Impact Monitoring***

Monitoring of sub-projects impacts mitigation measures will be the duty of the Environmental and Social Focal Persons. They will monitor activities to ensure that works are proceeding in accordance with the laid down mitigation measures. The MoH/NPHIL/PIU should ensure that the contractor submits report on work progress and any challenges in observing the E&S safeguards.

While implementation of mitigation measures is the responsibility of the project contractor(s), the Supervising Project Engineers, with support of MOH/NPHIL/PIU and others as indicated shall be responsible for monitoring the impacts, effectiveness of the mitigation measures and the outcomes at various subproject sites.

### ***Capacity Building***

Capacity Building effective E&S instrument implementation requires all key stakeholders and project actors to understand their respective roles and responsibilities. The PIU/MOH will lead and execute a planned capacity building program for ESS activities. The main objectives of the capacity building efforts of the PIU/MOH would be to:

- Ensure the project is in compliance with the ESMF as well as the SEP, and ESCP prepared for the project.
- To hire a safeguard officer exclusively to address SEA/GBV/SH and other social related issues that may arise during project implementation
- Training of healthcare workers on the implementation of the guidelines on the safe management of healthcare waste at various health facilities
- Ensure that capacity building is provided for stakeholders and facilities involved in the project.
- Training on the GRM, infection prevention and control
- Ensure that all relevant actors understand their expected roles in all phases of the subproject's implementation. These include site selection, actual field supervision as well as monitoring and reporting.

#### **The target groups for training include:**

- Community actors (Health facilities workers and GRC members)
- The broad areas for capacity building would include the following:
- Potential Environmental and social Impacts of Sub-projects and their proposed mitigation measures (including monitoring, environmental audit, etc.)
- Capacity building for Environmental Audits at the end of project

### ***Budget***

The project has estimated US\$140,000.00 (One Hundred Forty Thousand United States dollars) for the implementation of the ESMF. This allocated fund will support the hiring of one local environmental and social safeguard consultant as an addition to the current capacity in the PIU for safeguard implementation. Also, the fund will support disclosure and consultation of the approved ESMF, monitoring, training, and implementation of the GRM. Detail cost of the budget will be presented in the overall project work plan and budget for Bank's no objection.

## Generic Environmental and Social Management Plan

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
<b>Planning and Designing Phase</b>					
Selection and siting of quarantine and isolation centers. hospitals	Conflicts and tensions	<ul style="list-style-type: none"> <li>In line with the project SEP, adequate engagements will be held with communities living in proximity to areas identified to be used as isolation and treatment centers.</li> <li>Grievance redress system will be decentralized and publicized as credible means for resolving community concerns.</li> <li>Environmental and Social Screening will be conducted using the Screening Form in Annex II of this ESMF for assessing Potential Environmental and Social Issues at new facilities</li> </ul>	MoH/PIU	Before and during the designation of facilities as isolation and quarantine centers	To be determined
	Persons with disability may have difficulty in accessing and using isolation and quarantine centers	<ul style="list-style-type: none"> <li>Isolation, and treatment centers would be made disability friendly.</li> </ul>	MoH/PIU	Before designating a facility as a treatment and isolation center	To be determined
Procurement of goods and supplies e.g., PPE, cleaning materials, vaccines,	Shortage of goods and supplies	<ul style="list-style-type: none"> <li>Procure according to recommended technical specifications as outlined in WHO guidelines, other good</li> </ul>	MoH/PIU	Before and during project implementation	To be determined

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
vaccine storage or vaccine distribution equipment,		international industry practice (GIIP) and manufacturers requirements				
Vaccine deployment planning and coordination	<ul style="list-style-type: none"> <li>• Inequitable distribution of vaccines</li> <li>• No proper identification of target populations</li> <li>• Waste of resources</li> <li>• Poor vaccination coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Plan deployment of the COVID-19 vaccine: <ul style="list-style-type: none"> <li>○ based on epidemiological need.</li> <li>○ recognizing vulnerable populations.</li> <li>○ Recognizing community health and safety protection.</li> </ul> </li> <li>• Ensure smooth deployment, implementation, and monitoring of COVID-19 vaccines by: <ul style="list-style-type: none"> <li>○ Establishing a national immunization technical advisory committees headed by the EPI unit to provide government with evidence-based recommendations and policy guidance specifically related to COVID-19 vaccines.</li> <li>○ ensuring project's E&amp;S focal point is represented.</li> <li>○ strengthening relevant health sector and multi sectoral coordinating mechanisms at</li> </ul> </li> </ul>		MoH/ NPHIL/PIU	Before arrival of first batch of vaccines	To be determined

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
		national, and sub-national levels to play a critical role in the administration of vaccines to the local level			
	Potential human rights abuses may occur by health workers and other staff that may be involved in the implementation of project activities, including deployment of vaccines e.g., sexual exploitation and abuse (SEA), extortion	<ul style="list-style-type: none"> <li>• Assess risks and impacts of engaging such staff or workers.</li> <li>• Describe measures to manage such risks and impacts, guided by the principles of proportionality, GIIP and applicable law, in relation to hiring, screening, training, equipping, and monitoring of such personnel.</li> <li>• Describe the standards, protocols and codes of conduct that need to be adopted for the selection and screening of such staff to verify that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force.</li> <li>• Develop the code of conduct that will address specific needs outlined in the project grievance redress mechanism procedures on SEA, SH and other GBV related abuses</li> <li>• Depending on the scope of risks, discuss the need for a third-party</li> </ul>	MoH/NPHIL/GoL/PIU		To be determined

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		monitoring arrangement.				
Vaccine readiness and prioritization	<ul style="list-style-type: none"> <li>• Inequitable distribution of vaccines</li> <li>• No proper identification of target populations</li> <li>• Waste of resources</li> <li>• Poor vaccination coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Provide an assessment on whether the facilities are in a ready state to provide vaccines, according to the guidance provided by WHO on vaccine readiness.</li> <li>• Describe how a fair, equitable and inclusive policy for in-country vaccine access and allocation was/will be developed.</li> <li>• identify any risks for exclusion of certain groups or perception of exclusion and inequity.</li> <li>• Provide details on how the government intends to reach out to disadvantaged and vulnerable groups to ensure access to vaccines.</li> <li>• Describe how procedures, protocols or other measures will be developed to ensure voluntary consent for vaccination (including communicating potential adverse impacts of the vaccine and what to do if such adverse impacts occur).</li> <li>• Describe how policies will be developed to ensure that there is no forced vaccination.</li> </ul>		MoH/ NPHIL	Before arrival of first batch of vaccines	To be determined

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		<ul style="list-style-type: none"> <li>Assess the potential social and economic costs for individuals and households to get vaccinated, including direct and indirect costs such as transportation costs to reach vaccination center in rural areas.</li> <li>Assess the communication plan of the government, and the capacity and resources to implement it in a manner that reaches out to different groups, including disadvantaged and vulnerable groups.</li> </ul>				
Surveillance of Adverse Events Following Immunization (AEFI)	<ul style="list-style-type: none"> <li>Poor monitoring and management of adverse events following immunization (AEFI)</li> </ul>	<ul style="list-style-type: none"> <li>Assess capacity to monitor AEFI.</li> <li>If such capacity is low elaborate how the project would support the Borrower to design, establish and maintain a surveillance system of adverse events following immunization in line with WHO guidelines as part of the proposed projects.</li> </ul>		MoH/ NPHIL	Before arrival of first batch of vaccines	To be determined
<b>Construction Phase</b>						
Repair refurbishment, renovation or leasing of damaged public or private buildings	Generation of construction waste	<ul style="list-style-type: none"> <li>Prepare and implement site environmental and Safety Management Plan (ESMP) for renovation or rehabilitation works.</li> </ul>		Project contractors	Prior to commencement of works	To be included as part of contractor's cost



Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
including hospitals, quarantine, and isolation centers hospitals		<ul style="list-style-type: none"> <li>The PIU should ensure that all the relevant E&amp;S measures highlighted in the ESMP be adequately address and ahead to with respect to the Bank's ESS guidelines and EPA national regulations</li> <li>Contractor should ensure a certified waste service provider be available for clearing unwanted materials from sites</li> <li></li> <li>Implement waste minimization measures, including re-use of waste where appropriate and feasible.</li> <li>Dispose of waste at approved waste dumpsites.</li> </ul>			<p>During the entire phase of the project works</p> <p>Monthly</p>	
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and	Impact on air quality	<ul style="list-style-type: none"> <li>Clearing of vegetation will be limited to areas that will be required for construction works during a particular time to reduce dust releases.</li> <li>Dust- generating earth movements will be slowed down during periods/days of strong</li> </ul>		Project contractors	Monthly	To be included as part of contractor's cost

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
isolation centers, hospitals		<ul style="list-style-type: none"> <li>winds.</li> <li>• Dusty work areas in or close to communities and sensitive receptors such as health facilities will be watered regularly to prevent the release of dust.</li> <li>• Access roads to project sites will be watered to suppress dust generation.</li> <li>• Sites cleared for construction works will be sprayed with water to reduce the generation of dust.</li> <li>• Stockpiles of sand and gravels will be watered to prevent the blowing of dust particles into the atmosphere during dry and windy periods.</li> <li>• Trucks carrying sand, aggregates and gravels to the sites and carting away excavated spoils and other waste will have to cover the loads with tarpaulin.</li> <li>• Vehicles and construction machinery will be serviced and maintained in accordance with manufacturers' specifications for efficient combustion to reduce exhaust emissions.</li> <li>• Access roads close to</li> </ul>			Weekly/Complaints shall be addressed immediately per GRM	

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		communities will be provided with speed breakers to reduce speed and dust generation.				
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Noise generation and vibration	<ul style="list-style-type: none"> <li>• Construction works will be carried out during daytime, i.e., between 7am-5pm, so as not to expose residents of nearby communities to high-level noise at night.</li> <li>• Access to construction sites will be planned in such a way that construction-related traffic will, as much as possible, avoid residential areas.</li> <li>• Where noisy activities are to be undertaken, residents in nearby communities and facilities will be given prior notice of the planned works, the expected noise levels and vibration and the period during which they will occur. This is to help prepare the people psychologically for the resultant disturbance.</li> <li>• When construction activities are to be undertaken near sensitive receptors such as health facilities, prior information about the works should be given to the affected institutions to prepare them psychologically for the</li> </ul>		<ul style="list-style-type: none"> <li>▪ Project contractors</li> </ul>	<p>Monthly</p> <p>Weekly/Complaints to be addressed immediately per GRM</p>	To be included as part of contractor's cost

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
		<p>disturbance.</p> <ul style="list-style-type: none"> <li>• When construction activities are to be undertaken near sensitive receptors such as hospitals and schools for prolong periods, barricades/fences may be erected, where feasible, to absorb some of the noise and reduce the exposure of persons using the facilities.</li> <li>• Vehicles and machines used at the construction sites will be serviced and maintained regularly to reduce noise.</li> </ul>			
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Disruption of utilities	<ul style="list-style-type: none"> <li>• Utility lines that may be affected shall be relocated before commencement of construction works.</li> <li>• Residents of affected communities shall be informed of the relocation and the attendant disruptions in the utilities.</li> <li>• Where necessary, alternative access to utilities shall be provided.</li> </ul>	MoH	<p>Record as and when it happens.</p> <p>Weekly/Complaints to be addressed immediately per GRM</p>	To be included as part of contractor's cost

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
<p>Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine, and isolation centers hospitals</p>	<p>Increased traffic</p>	<ul style="list-style-type: none"> <li>• The Traffic Management Plan will be developed for safe access to construction sites with minimum negative impact on community safety.</li> <li>• Signboards to inform motorists and the public in advance of construction works should be erected.</li> <li>• Traffic wardens/flagmen should be employed to direct traffic to and from the project sites.</li> <li>• The Contractor(s) will also ensure that excavations, trenches, and other earth movements are provided with effective barriers and reflective signage to prevent any accidental approach by vehicles during the day and night.</li> <li>• Alternative access roads will be constructed to divert construction vehicles from public roads where feasible.</li> <li>• Upon completion of the works for which the temporary traffic arrangements have been made, the installations shall be removed</li> </ul>	<p>Project contractors</p>	<p>Daily</p> <p>Report /record accidents immediately they happen.</p> <p>Monthly/record accidents immediately they happen.</p>	<p>To be included as part of contractor's cost</p>

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Public health and safety	<ul style="list-style-type: none"> <li>• Fence off construction sites to prevent unauthorized entry to the construction areas and to protect members of the public from any activities undertaken by the Contractor(s).</li> <li>• Implement dust suppression measures at sites.</li> <li>• Implement noise management measures such as regular servicing of vehicles and equipment.</li> <li>• Ensure disposal of construction waste at approved dumping place.</li> <li>• Avoid water stagnation in construction trenches to prevent breeding of mosquitoes and other disease-born vectors.</li> <li>• Provide flagmen at busy public and children crossing points on routes used by construction vehicles or trucks.</li> <li>• Provide adequate and standard signages to sensitize communities on ongoing construction works at vantage points especially on roads used by construction vehicles.</li> <li>• Sensitize project workers and communities on sexually</li> </ul>	Project contractors	<p>Weekly/Record incidents immediately they happen.</p> <p>Weekly/ Complaints to be addressed immediately.</p> <p>Quarterly</p>	To be included as part of contractor's cost

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
		<p>transmitted infections (STIs) and other communicable diseases.</p> <ul style="list-style-type: none"> <li>As a precaution to minimize the spread of COVID-19, contractors will be required to minimize interface between workers and communities' members</li> </ul>			
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Gender-Based violence and sexual harassment and exploitation	<ul style="list-style-type: none"> <li>Strong and sanction embedded clauses in contractors' agreements on child labor, sexual harassment etc.</li> <li>Conduct background check on workers before employment.</li> <li>Demand code of conduct from contractors and supervising consultants</li> <li>Sensitize contractors, supervising consultants and work on issues of GBV.</li> <li>Contractors ESMP includes actions to prevent GBV.</li> <li>Clear referral pathways to access service providers in place.</li> <li>GBV sensitive GRM in place</li> </ul>	Project Social Safeguard Specialist Contractor	Weekly/record incidents immediately they happen.	To be included as part of contractor's cost
Repair refurbishment, renovation or leasing	Employment and labor conditions	<ul style="list-style-type: none"> <li>Strong and sanction embedded clauses in contractors' agreements on child labor, payment above</li> </ul>	Project Social Safeguard Specialist	Weekly/record incidents	To be included as part of contractor's cost

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals		<ul style="list-style-type: none"> <li>minimum wage rate and provision of other workers' benefits.</li> <li>Include clauses in work contracts to as far as practicable utilize local labor and give equal opportunities to women and should not discriminate against vulnerable groups who have the capacity to work.</li> <li>Include labor management procedures in ESMP for sub-projects.</li> </ul>		Supervising Consultant, Contractor	immediately they happen.	
Repair refurbishment, renovation or leasing of damaged public or private buildings including hospitals, quarantine and isolation centers, hospitals	Incidence of crime and conflict	<ul style="list-style-type: none"> <li>Grievance redress system will resolve localized conflicts.</li> <li>Crimes such as theft, rape and defilement will be reported to the nearest police station directly or through the grievance redress system.</li> <li>Contractors will maintain safe keeping of valuable rehabilitation materials</li> </ul>		Project Social Safeguard Specialist  Contractor, Supervision Consultants,	Weekly/record incidents immediately they happen.	
Repair refurbishment, renovation or leasing of damaged public or	Occupational health and safety	<ul style="list-style-type: none"> <li>The Contractor(s) will prepare Occupational Health and Safety Plan which will contain all measures and precautions necessary to ensure the health, safety and welfare of all persons</li> </ul>		Project contractors	Weekly/record incidents immediately they happen.	To be included as part of contractor's cost







Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
Management and use of testing, treatment, quarantine, and isolation centers	Increased traffic	<ul style="list-style-type: none"> <li>The Traffic Management Plan will be developed for safe access to the health facilities.</li> <li>Traffic wardens/flagmen should be employed to direct traffic to and from the health facilities.</li> <li>Traffic management structures such as speed ramps will be erected to control speed in the vicinity of the facilities.</li> <li>Speed limits shall on imposed on vehicles accessing the facilities.</li> <li>Car parking lots shall be provided within the facilities to prevent vehicles from parking along local roads</li> </ul>	MoH/NPHIL	Daily	To be determine
Management and use of testing, treatment, quarantine, and isolation centers	Generation of biomedical waste	<ul style="list-style-type: none"> <li>Biomedical Waste Management System shall be implemented to minimize the adverse impacts on the human, land, and water environment.</li> <li>Provision and use of PPE for all workers involved in waste management.</li> <li>Waste segregation at source to aid effective management.</li> <li>Treatment of infectious waste prior to disposal by autoclaving</li> </ul>	MoH/NPHIL	Monthly	To be determine

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		<ul style="list-style-type: none"> <li>and incineration of waste, etc. Incineration of wastes.</li> <li>• Disposal of waste at landfill facilities</li> <li>• Putting in place Medical Waste Manifests and Tracking System to track hazardous waste generated and disposed during operation,</li> </ul>				
Management and use of testing, treatment, quarantine, and isolation centers	Generation of liquid waste	<ul style="list-style-type: none"> <li>• Construction of sewerage and wastewater treatment plants to treat wastewater before being released into the environment</li> </ul>		MoH/NPHIL	Monthly	To be determine
Management and use of testing, treatment, quarantine, and isolation centers	Public health and safety	<ul style="list-style-type: none"> <li>• Educate fringe communities on unauthorized access and loitering and the potential health dangers the hospitals pose to them.</li> <li>• Proper management/disposal of biomedical waste will prevent air pollution due to bad odor.</li> <li>• Proper management/disposal of biomedical waste will prevent scavengers from collecting sharps and other equipment for reuse.</li> <li>• Proper wastewater management to prevent creation of insanitary</li> </ul>		MoH/NPHIL	Weekly/Record incidents immediately they happen.  Weekly/	To be determine

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		<ul style="list-style-type: none"> <li>conditions.</li> <li>Proper traffic management to prevent accidents at the facilities.</li> <li>Adequate stakeholder engagement in line with the project SEP.</li> <li>As a precaution to minimize the spread of COVID from isolation and treatment centers to community, facility managers will be trained and required to implement containment measures.</li> </ul>			<p>Complaints to be addressed immediately.</p> <p>Quarterly</p>	
	Occupational health and safety	<ul style="list-style-type: none"> <li>Facilities shall develop and implement Occupational Health and Safety Plans; in line with WHO protocols and World Bank Interim Note on COVID-19 Considerations in Construction/Civil Works Projects.</li> <li>Provision and use of proper industry recommended Personal Protective Equipment (PPEs) by staff to protect them against infectious diseases, polluted air, and other hazards.</li> <li>Proper management/disposal of biomedical solid and liquid waste</li> </ul>		MoH/NPHIL	Weekly	To be determine

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
		<ul style="list-style-type: none"> <li>• Training and education of best practices in hazardous waste handling, storage, and disposal.</li> <li>• Training on proper equipment use methods.</li> <li>• Good housekeeping practices to maintain sanitary conditions at the facilities.</li> <li>• Proper job scheduling to reduce stress and musculoskeletal injuries.</li> <li>• Provision of right tools to workers for the right job.</li> <li>• Provision of health resources and services on site and referral mechanisms of ill/injured workers to health facilities</li> <li>•</li> </ul>		<p>Monthly</p> <p>Quarterly</p>	
Management and use of testing, treatment, quarantine, and isolation centers	Increase in community tension and unrest	<ul style="list-style-type: none"> <li>• Grievance redress system will be decentralized and publicized as credible means for resolving community concerns.</li> <li>• In line with the project SEP, adequate engagements will be held with communities living in proximity to areas identified to be used as isolation and treatment</li> </ul>	MoH	Monthly	To be determine

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		centers.				
Management and use of testing, treatment, quarantine, and isolation centers	Risk of sexual harassment, exploitation, and abuse	<ul style="list-style-type: none"> <li>• Sensitize healthcare workers and patients at isolation and treatment centers on GBV issues.</li> <li>•</li> </ul>		MoH /NPHL	Monthly	To be determine
Infection control and waste management	<p>Infections from medical waste</p> <p>Use of incinerators results in emission of dioxins, furans, and particulate matter.</p>	<ul style="list-style-type: none"> <li>• Waste minimization and incineration autoclaves</li> <li>• Reducing unnecessary injections Treatments to remove and concentrate waste,</li> <li>• Ensure proper delivery and storage of specimen, samples, reagents, pharmaceuticals, and medical supplies.</li> <li>• Ensure proper storage and handling of specimen, samples, reagents, and infectious materials.</li> <li>• Ensure waste segregation, packaging, color coding and labelling.</li> <li>• Onsite waste treatment and disposal</li> <li>• Ensure proper waste transportation to and disposal in offsite treatment and disposal facilities.</li> <li>• Proper handling of emergency</li> </ul>		MOH/NPHIL	Throughout project implementation	To be determine

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		<p>events such as</p> <ul style="list-style-type: none"> <li>○ Spillage.</li> <li>○ Occupational exposure to infectious disease.</li> <li>○ Exposure to radiation.</li> <li>○ Accidental releases of infectious or hazardous substances to the environment.</li> <li>○ Medical equipment failure.</li> <li>○ Failure of solid waste and wastewater treatment facilities</li> <li>○ Fires.</li> <li>○ Other emergent events</li> </ul> <p>• Mortuary arrangements</p> <p>Implement good infection control practices (see WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19)</p> <p>• Use mortuaries and body bags, together with appropriate safeguards during funerals (see WHO Practical considerations</p>				



Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
			and recommendations for religious leaders and faith-based communities in the context of COVID-19)			
in-country supply chain and climate-friendly cold chain system	refrigerants may cause depletion of the ozone layer, contribute to GHG, require huge amount of energy	<ul style="list-style-type: none"> <li>• Use of alternative refrigerants with zero or low climate impact in the refrigeration system.</li> <li>• Use of more energy-efficient technology for the refrigeration system.</li> <li>• To include relevant technical specifications as part of procuring cold storage/chain equipment and transport and/or stipulating performance standards for the cold chain service providers</li> <li>• Ensure that the refrigeration system including its maintenance and servicing, complies with the requirements of the CCO on ODS.</li> <li>• Improve energy efficiency of refrigeration systems through maintenance of the refrigeration systems, implementation of procedures and best practices that reduces energy consumptions of chillers and refrigeration systems, e.g. closing the doors of cold rooms during operation,</li> </ul>		MoH/ NPHIL	Throughout project implementation	To be determine

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		<p>switching-off mobile refrigeration units while opening doors of refrigerated trucks, parking refrigerated trucks in the shade, regular controls and monitoring of all equipment parameters, such as energy performance, pressure, and temperature.</p> <ul style="list-style-type: none"> <li>• Observe proper handling of refrigerants and during servicing and ensure that workers involved in servicing are trained to avoid leakage of refrigerant in the atmosphere and use PEEs to avoid exposure to refrigerants.</li> <li>•</li> </ul>				
Vaccination delivery strategies	Low vaccination coverage	<ul style="list-style-type: none"> <li>• Align vaccine strategies and sites with the preferences of target groups and the public to maximize uptake.</li> <li>• Operate a robust national vaccine safety monitoring and AEFI system.</li> <li>• Is there a need to devise non-traditional and perhaps novel immunization strategies for reaching priority target populations?</li> <li>• The final national vaccination</li> </ul>		MoH/NPHIL	Throughout project implementation	-

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures/actions	Responsibility	Timelines	Budget (US\$)
		<p>strategy will be defined by the characteristics of vaccine products as they become available.</p> <ul style="list-style-type: none"> <li>to collaborate with programs and different sectors to leverage existing service delivery infrastructure.</li> <li>to plan for, resource and implement Infection Prevention and Control (IPC) and environmental measures when providing vaccination, including the use of PPE by health workers.</li> </ul>			
Enhance vaccine acceptance and uptake.	Low vaccination coverage.	<ul style="list-style-type: none"> <li>Provide an enabling environment by making vaccination easy, quick, and affordable, in all relevant respects:</li> <li>reduce barriers like distant vaccination centers, direct/indirect costs, time consuming processes etc.</li> <li>build trust and acceptance of the vaccines through engagement of political decision-makers, immunization program managers, community and religious leaders, health workers, civil society organizations, media outlets and digital platforms.</li> </ul>	MoH/ NPHIL	Throughout project implementation	To be determine

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		<ul style="list-style-type: none"> <li>• Harness social influences to promote favorable behaviors of both health professionals and the general population by:               <ul style="list-style-type: none"> <li>○ Publicizing social norms in favor of vaccination</li> <li>○ Highlighting new and emerging norms in favor of vaccination</li> <li>○ Leveraging the role of health professionals</li> <li>○ Empowering health professionals to promote vaccination.</li> </ul> </li> </ul>				
Information management, including vaccination information.	Lack of evidence for planning, performance monitoring, evaluation and problems solving	<ul style="list-style-type: none"> <li>• Design information system to evaluate program coverage to the most detailed level possible (Sub-district).</li> <li>• Update DHIMS online reporting system to capture performance data on immunization, isolation, treatment, screening etc., disaggregated by risk group, and standardization of data reporting from the local to the national level.</li> <li>• Technologies that facilitate data collection in real time may be employed.</li> </ul>		MOH/NPHIL	Throughout project implementation	To be determine

Key Activities	Potential E&S Risks and Impacts	Proposed Measures/actions	Mitigation	Responsibility	Timelines	Budget (US\$)
		<ul style="list-style-type: none"> <li>Conduct analysis and monitoring of implementation coverage by risk groups.</li> <li>Capture of digital address and other geo-referencing information that identifies inequalities may be employed.</li> </ul>				
<b>DECOMMISSIONING PHASE</b>						
Discontinuing the use of private facilities as Isolation and treatment centers	Exposure of new occupants to COVID-19	<ul style="list-style-type: none"> <li>Implement deep disinfection of isolation and quarantine centers.</li> <li>Ensure proper cleaning of beddings and facilities in rooms.</li> </ul>		MoH/NPHIL	Prior to handover of facilities to private owners	To be determine

## ***Annex II - 1 Screening Form for Potential Environmental and Social Issues***

This form is to be used by the Project Implementation Unit (PIU) and relevant healthcare facilities (HCF) to screen potential environmental and social risk levels of a proposed subproject under the Liberia COVID-19 Emergency Response Project. The screening will determine the relevance of Bank environmental and social standards (ESS), propose its environment and social risk levels, and the instrument to be prepared for the sub project.

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

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

Does the subproject involve transboundary transportation of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security personnel during construction and/or operation of healthcare facilities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively?			ESS7	Vulnerable Groups Plan/IPDP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			<i>OP7.60 Projects in Disputed Areas</i>	Governments concerned agree
Will the sub project and its ancillary aspects and related activities involve the use or potential pollution of, or be in international waterways <sup>2</sup> ?			<i>OP7.50 Projects on International Waterways</i>	Notification (Or exceptions)

**Conclusions:**

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

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<sup>2</sup> International waterways include any river, canal, lake, or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

## *Annex III - 1 ESMP Template*

### **Introduction**

The project will finance sub-projects at existing healthcare facilities (HCFs). The PIU will screen using the Screening form found as Annex I to the ESMF. The project will only finance small-scale rehabilitation works on the property of existing HCFs. These works will include the rehabilitation of 260 beds and possible rehabilitation or installation of medical waste incinerators, will be mostly community-based activities and environmental issues (and impacts thereof) are expected to be temporary, predictable, and easily mitigable. There will be no land acquisition. The more substantial risks are around ensuring contagion vectors are controlled through strict adherence to standard procedures for medical waste management and disposal; the use of appropriate Personal Protective Equipment (PPE) for all health care workers; and working with local governments and communities to ensure that social distancing measures and quarantine regimes are strictly adhered is also vital for lowering the speed and incidence of infection.

An Environment and Social Management Framework (ESMF) has been prepared for the project is applicable to all sub-projects. This Environmental and Social Management Plan (ESMP) checklist is designed to help the PIU and the individual HCF apply the ESMF to an individual sub-project.

This ESMP includes several matrices of E&S mitigation measures throughout the project lifecycle. A full-fledged ESMP shall include other key elements such as institutional arrangement, capacity building and training plan, and background information. The Borrower may incorporate pertaining sections in the ESMF into this ESMP, with necessary updates.

The matrix stress lifecycle management of E&S risks, including planning and design, construction, operational and decommissioning stages. Because COVID-19 is the latest threat to global public health, preparedness and responses vary across countries. Nonetheless, avoiding and minimizing chances of infection and protecting public health sit at the core. Effectively managing E&S risks associated with COVID-19 responses serves the purpose. Thus, professional efforts should be made throughout the project lifecycle. The issues and risks presented in the matrix are based on studies of COVID-19 responses thus far, issues of similar Bank financed healthcare sector projects. They should be expanded and/or updated during the project environmental and social assessment process, including stakeholder engagement.

Many pertaining mitigation measures and good practices are well documented in WBG EHS Guidelines, WHO guidelines and other GIIPs. They should be followed in general, considered country context. Proper stakeholder engagement including close involvement of medical and healthcare waste management professional should be conducted in determining the mitigation measures.

The Infection Control and Waste Management Plan is considered part of this ESMP. The ESMP should refer to pertaining E&S instruments as required by ESF, including LMP.



**Table 3. 1 Environmental and Social Risks and Mitigation Measures during Planning and Designing Stage**

Key Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify the type, location, and scale of healthcare facilities (HCF)					
Identify the needs for new construction, expansion, upgrading and/or rehabilitation					
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system.					
Identify the needs for acquisition of land and assets (incl. acquiring existing assets such as hostel, stadium to hold potential patients)					
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers					
Identify needs for transboundary movement of samples, specimen, reagent, and other hazardous materials.					
Identify needs for workforce and type of project workers		Develop LMP			
Identify the needs for using security personnel during construction and/or operation of HCF					
HCF design – general	<ul style="list-style-type: none"> <li>- Structural safety risk.</li> <li>- Functional layout and engineering control for nosocomial infection</li> </ul>				
HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (potentially the elderly, those with					

preexisting conditions, or the incredibly young)					
HCF design - considerations for those with disabilities, taking into consideration the principle of universal access as and when appropriate;					
Estimates of healthcare waste (HCW) streams in the HCF					

**Table 3. 2 Environmental and Social Risks and Mitigation Measures during Construction Stage**

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Clearing of vegetation and trees. Construction activities near ecologically sensitive areas/spots	Impacts on natural habitats, ecological resources, and biodiversity				
General construction activities Foundation excavation; borehole digging.	- Impacts on soils and groundwater. - Geological risks;				
General construction activities -	- Resource efficiency issues, including raw materials, water, and energy use. - Materials supply				
General construction activities – general pollution management	- Construction solid waste. - Construction wastewater. - Noise. - Vibration. - Dust. - Air emissions from construction equipment				
General construction activities – hazardous waste management	- Fuel, oils, lubricant				
General construction activities – Labor issues	- Labor issues	- - Refer to LMP			
General construction activities – Occupational Health and Safety (OHS)					
General construction activities- traffic and road safety					
General construction activities – security personnel					
General construction activities – land and asset	- Acquisition of land and assets				
General construction activities - Labor	- Labor influx - Worker’s camp				
General construction activities -	- GBV/SEA issues				

General construction activities – cultural heritage	- Cultural heritage	Chance-finds procedure			
General construction activities – emergency preparedness and response					
Construction activities related to <i>onsite</i> waste management facilities, including temporary storage, incinerator, sewerage system and wastewater treatment works					
Construction activities related to demolition of existing structures or facilities (if needed)					
<i>To be expanded</i>					

**Table 3. 3 Environmental and Social Risks and Mitigation Measures during Operational Stage**

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	- General wastes, wastewater, and air emissions				
General HCF operation – OHS issues	- Physical hazards - Electrical and explosive hazards - Fire - Chemical use - Ergonomic hazard - Radioactive hazard				
HCF operation – Labor issue	-				
HCF operation - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (potentially the elderly, those with preexisting conditions, or the incredibly young)	-				
HCF operation - considerations for those with disabilities, taking into consideration the principle of universal access as and when appropriate;	-				
HCF operation - Infection control and waste management plan	-				
Waste minimization, reuse, and recycling	-				
Delivery and storage of specimen, samples, reagents, pharmaceuticals, and medical supplies	-				
Storage and handling of specimen, samples, reagents, and infectious materials	-				
Waste segregation, packaging, color coding and labeling	-	-			

Onsite collection and transport	-	-			
Waste storage	-				
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
Transportation and disposal at offsite waste management facilities					
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infection materials					
Operation of acquired assets for holding potential COVID-19 patients					
Emergency events	<ul style="list-style-type: none"> <li>- Spillage,</li> <li>- Occupational exposure to infectious</li> <li>- Exposure to radiation, Accidental releases of infectious or hazardous substances to the environment,</li> <li>- Medical equipment failure,</li> <li>- Failure of solid waste and wastewater treatment facilities, -fire</li> <li>- Other emergent events</li> </ul>	- Emergency Response Plan			
<i>To be expanded</i>					

**Table 3. 4 Environmental and Social Risks and Mitigation Measures during Decommissioning**

<b>Key Activities</b>	<b>Potential E&amp;S Issues and Risks</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>	<b>Timeline</b>	<b>Budget</b>
Decommissioning of interim HCF					
Decommissioning of medical equipment					
Regular decommissioning					
<i>To be expanded</i>					

## ***Annex IV - 1 Infection Control and Waste Management Plan (ICWMP) Template***

### **1. Introduction**

**1.1** Describe the project context and components.

**1.2** Describe the targeted healthcare facility (HCF):

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

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

### **2. Infection Control and Waste Management**

**2.1** Overview of infection control and waste management in the HCF

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

**2.2** Management Measures

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



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

### **3. Emergency Preparedness and Response**

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

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

### **4. Institutional Arrangement and Capacity Building**

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

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

-

### **5. Monitoring and Reporting**

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

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

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

**Table 3. 5 ICWMP**

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

Emergency events	<ul style="list-style-type: none"> <li>- Spillage,</li> <li>- Occupational exposure to infectious</li> <li>- Exposure to radiation,</li> <li>Accidental releases of infectious or hazardous substances to the environment,</li> <li>- Medical equipment failure,</li> <li>- Failure of solid waste and wastewater treatment facilities, -fire</li> <li>-Other emergent events</li> </ul>	Emergency response plan			
Operation of acquired assets for holding potential COVID-19 patients					
<i>To be expanded</i>					

## ***Annex IV - 1 Infection and Prevention Control Protocol***

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

### **HEALTH CARE SETTINGS**

#### **1. Minimize Chance of Exposure (to staff, other patients, and visitors)**

- Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated, and well-ventilated section of the health care facility to wait, and issue a facemask.
- During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages.
- Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms.
- Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.

#### **2. Adhere to Standard Precautions**

- Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly.
- Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only.
- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.

#### **3. Training of Personnel**

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand.
- Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.

#### **4. Manage Visitor Access and Movement**

- Establish procedures for managing, monitoring, and training visitors.
- All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed.
- Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients. Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
- All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
- Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

## **CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID-19**

### **1. Minimize Chance of Exposure**

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

### **2. Training of Staff and Precautions**

- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths.

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

### **3. Managing Access and Spread**

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

## **Annex V - 1 Resource List COVID-19 Guideline**

### Resource List: COVID-19 Guidance

*Given the COVID-19 situation is rapidly evolving, a version of this resource list will be regularly updated and made available on the World Bank COVID-19 operations intranet page (<http://covidoperations/>).*

### **WHO Guidance**

#### **Advice for the public**

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

#### **Technical guidance**

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



## **WORLD BANK GROUP GUIDANCE**

- [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](#), issued on March 20, 2020.
- [Technical Note: Use of Military Forces to Assist in COVID-19 Operations](#), issued on March 25, 2020.
- [ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](#), issued on April 7, 2020.
- [Technical Note on SEA/H for HNP COVID Response Operations](#), issued in March 2020.
- [Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace](#), issued on April 6, 2020.
- [Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19](#), issued on April 6, 2020.
- [IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic](#), issued on April 6, 2020.
- [WBG EHS Guidelines for Healthcare Facilities](#), issued on April 30, 2020.

## **ILO GUIDANCE**

- [ILO Standards and COVID-19 FAQ](#), issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

## **MFI GUIDANCE**

- [ADB Managing Infectious Medical Waste during the COVID-19 Pandemic](#)
- [IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework](#)
- [KfW DEG COVID-19 Guidance for employers, issued on March 31, 2020](#)
- [CDC Group COVID-19 Guidance for Employers, issued on March 23, 2020](#)

## 1. INTRODUCTION

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

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

Accordingly, the purpose of this Labor Management Procedure (LMP) is to facilitate the planning and implementation of the project by identifying the main labor requirements and the associated risks especially with COVID-19 and determining the resources necessary to address the project-related labor issues. The LMP also sets out general guidance relevant to different forms of labor but also issues and concerns that relate to the Liberia COVID-19 Emergency Response Project.

## 2. OVERVIEW OF LABOUR USE ON THE PROJECT

**Types of project workers:** Implementation of the Emergency COVID-19 project will involve different categories of workers for different activities associated with the response activities. ESS2 classifies project workers into the following four groups: (i) direct workers, (ii) contracted workers, (iii) primary supply workers, and (iv) community laborers. As per this classification and labor needs of this project, three groups of workers including contracted workers, primary supplier workers, and community workers are applicable to this project.

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

### **Direct Workers**

#### **Project Implementation Unit (PIU)**

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

Specialist, will be recruited specifically for the implementation of this project. These are permanent staffs required for the full duration of the project.

### **Short Term Technical Staff**

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

All these staff, including the civil servants assigned to serve in the PIU, are considered as direct staff of the project under ESS2 and the respective standards and provisions will apply. However, the civil servants assigned to serve in the PIU of the Project, whether full-time or part-time, will be bound by their existing public sector employment agreement or arrangement, and provisions under this LMP will not apply to such parties. However, their health and safety need as required under ESS2 will be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them.

### **Health care Workers**

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

### **Contracted Workers**

Most of the workers required during renovation activities will be contracted workers. Contracted workers would be needed for masonry, electrical, plumbing and support activities. The number of contracted workers will vary throughout the period of renovation activities. The rehabilitation works associated with this project is in two phases: renovation of the 14-military hospital; and the renovation of the Star Based facility. For the two facilities combined renovations, the project is expected to hire between 25-50 contracted workers. Both facilities are in separate locations and will be renovated by different contractors.

### **Community Workers**

Even though the project is not designed and conducted for the purpose of fostering community-driven development, the project will engage a number of community workers in circumstances defined in paragraph 34 of ESS2 and as defined in component 1 of the project document. There will be particularly labour hire for the major civil renovation works. Minor casual activities will be driven by qualified local community labourers as means of community-based empowerment and involvement of locals for COVID-19 response.

Specific section of ESS2 which is applicable to community workers in this project is described below:

- (a) The nature and scope of the project
- (b) The specific project activities in which the community workers are engaged.
- (c) The nature of the potential risk and impact to the community workers

As the infection moves into a community phase, particular attention was given to community members and youth to ensure people regularly entering the community wash their hands, wear the appropriate PPEs, and maintain social distancing. These community youth will be compensated by the MOH through donors monthly to serve as motivation to ease down the spread of the disease (COVID-19).

Sensitivity to community workers and the need to ensure that communities are not exposed to COVID-19 are the key principles underlying the selection and engagement of people. Special attention will be given to vulnerable groups, in particular women, youth, older persons, people living in informal settlements, urban poor, and people living on the streets (ZOGOs), persons with disabilities and people with existing chronic illness.

### 3. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

#### Project Activities and Key Labor Risks

The potential risks related to labor and working conditions are work-related discrimination, GBV/SEA and OSH risks. Project labor risks including those specific to COVID-19 are described below:

Project Activities	Key Labor Risks
<p>Preparation and implementation of risk communication, community engagement and behavior change, including social distancing measures and associated mitigation strategies.</p>	<ul style="list-style-type: none"> <li>• Inadequate terms and conditions of employment for employees and consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>• Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment.</li> <li>• Risks of contamination during community visits.</li> <li>• Workers as vectors of COVID-19 and hence risks to community health and safety.</li> <li>• Risks of child labor and forced labor, though expected to be minimal</li> </ul>
<p><b>Increasing laboratory and diagnostic capacity</b></p> <ul style="list-style-type: none"> <li>• Training to health workers and other frontline stakeholders</li> <li>• Increasing number of testing kits, expansion of special panel kits, expansion of testing capacity to</li> <li>• Transportation of samples</li> <li>• Certification of safety cabinets</li> </ul>	<ul style="list-style-type: none"> <li>• Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out the testing, transporting samples, delivering training, etc.</li> <li>• Stigma and passing on infections to family members and community.</li> <li>• Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> </ul>

Project Activities	Key Labor Risks
	<ul style="list-style-type: none"> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>• Absence of a mechanism to express grievances and protect rights.</li> <li>• regarding working conditions and terms of employment</li> <li>• Risks of child labor and forced labor, though expected to be minimal.</li> <li>• Social tensions due to concerns about community health and safety</li> </ul>
<p><b>Containment and treatment efforts</b></p> <ul style="list-style-type: none"> <li>• Establishment of local isolation units in hospitals</li> <li>• Establishment of treatment facilities in other existing spaces</li> <li>• Intensified contact tracing of known cases.</li> <li>• Expansion of intensive care unit (ICU) capacity, including the establishment of additional ICU beds and the necessary equipment and supplies to make them functional.</li> <li>• Training on implementation guidelines and SOPs to frontline health workers, hotel and resort staff, airport personnel and other frontline stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Workers brought in to carry out the civil works required to establish isolation units, quarantine facilities, may become vectors for transmission of COVID-19 to other workers in construction project sites and nearby communities.</li> <li>• Untenable overtime, psychological distress, fatigue, occupational burnout among health care workers</li> <li>• Risks associated with GBV and SEA/SH in quarantine/isolation facilities.</li> <li>• Risks of exposure while handling of medical specimens or treatment of COVID-19 patients.</li> <li>• Stigma and passing on infections to family and community.</li> <li>• Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>• Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment.</li> <li>• Risks of child labor and forced labor among frontline stakeholders, though expected to be minimal.</li> </ul>

Project Activities	Key Labor Risks
	<ul style="list-style-type: none"> <li>• Social tensions due to concerns about infection spread to the communities in the vicinity of the HCFs, quarantine centers, etc.</li> </ul>
Renovation, refurbishment & minor civil works of isolation and treatment facilities	<ul style="list-style-type: none"> <li>• Fall from height or fall from the same level.</li> <li>• Contact with moving parts of a machine and tools.</li> <li>• Contact with electrical tool and wires.</li> <li>• Exposure to hazardous substances</li> <li>• Extreme muscular exertion (materials handling)</li> <li>• Struck by moving vehicles and equipment and falling objects.</li> <li>• Exposure to high level of noise</li> <li>• Heat exhaustion</li> <li>• Exposure to dust</li> <li>• Exposure to hand-arm vibration (HAV) or whole-body vibration (WBV)</li> <li>• Exposures to metal fumes and to ultraviolet (UV) radiation</li> <li>• GBV and SEA</li> </ul>

#### 4. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS & CONDITIONS

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

##### Wages and Deduction

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

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

## **Working Hour & Break**

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

## **Overtime Work**

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

## **Meal Break**

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

## **Daily Rest period**

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

## **Leaves**

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

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

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

### *Figure 3 Short terms and Seasonal Contracts*

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

## **Labor Dispute**

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

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

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

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

Amongst others, the objectives are to:

- i)** Provide secure the safety, health and welfare of employees and other persons at work.
- ii)** Eliminate at their source, so far as is reasonably practicable, risks to the safety, health and welfare of employees and other persons at work.
- iii)** Ensure that the safety and health of members of the public are not exposed to risks arising from work or workplaces.
- iv)** Provide for the involvement of workers, employers, and organizations representing those persons, in the formulation and implementation of safety, health and welfare standards; and

### **Employer's Obligation**

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

In according with the provision of best practice and environmental regulation of the World Bank, the borrower (GOL) to obligate occupational health and safety OHS in the Contractor Environmental and Social Management Plan (C-ESMP). It is the responsibility of the contractor to ensure that during construction works prevention of the spread of COVID-19 are adhere to which include adequate social distancing, wearing of the appropriate PPEs and hand washing are observed at the project site. These measures are part of the C-ESMP prepared before the start of the project.

Employer-employee occupational safety and health collaborations will be through the health & safety personnel (that should be formed at each workplace), which empower the worker with the ability to manage the intended and unintended health and social consequences from the work being done. In addition, there will be a need for the creation of public awareness, which



will further empower all persons in the workplace to safeguard their own health through training and workplace publicity-campaign (mainly through signage) to generate social consciousness of potential occupational safety and health hazards.

In addition, for POCs, treatment centers and health facilities managing COVID-19 cases, the measures provided in the WHO guidance will be applied. Specifically, the following shall be streamlined:

- a) Appoint a dedicated team with responsibilities to identify and implement actions that can mitigate the effects of COVID-19 on the facility and community around it.
- b) Develop and provide information on good practices for preventing COVID-19 transmission, particularly observing recommendations on social distancing, and for training staff to recognize the symptoms of COVID-19 and understand their required responsibility.
- c) Ask workers to stay away from work in cases where they exhibit any COVID-19 symptoms or have been in close contact with a confirmed COVID-19 patient during the previous 14 days.
- d) Provide enough water/soap handwashing facilities in all workplaces and provide disposable tissues and garbage bins. People should be encouraged to speak up if they encounter non-conforming behavior.
- e) Adjust workplace designs and work processes to minimize close contact among workers. This may include working in shifts and/or expanding the work areas.
- f) Provide suitable personal protective equipment (PPE) to personnel performing the cleaning activities. Follow the manufacturers' instructions for use of cleaning and disinfection products.
- g) Assess and ascertain the suitability and safety of workers' accommodation. The company could allocate space for quarantine for staff who exhibit any signs of COVID-19 during working hours and in their residence if they live in a camp.

*Figure 4 - Except from Decent Work Act of Liberia*

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

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

This section sets out the mitigation measures that will be adopted by the project to address the risks mentioned in Section 3, including those relating to responding to the specific risks to workers posed by COVID-19.

### **a) Terms of Employment: Direct Workers**

- All project staff will be provided with an employment contract as per the requirements of Employment Decent Work Act of Liberia
- Maximum working hours for staff will not exceed the maximum limit set in the Decent Work Act, i.e., 48 hours a week.

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

To ensure enforcement of these aspects highlighted in the LMP, these provisions will be included in the employment contracts of all direct workers. If workers, particularly health care workers, are allowed (or required) to work longer hours than normal because of the COVID-19 emergency, this should be documented alongside measures taken to protect such workers (e.g., mandatory rest breaks).

**b) Terms and Conditions: Contracted Workers**

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

To ensure the enforcement of the provisions mentioned here for the contract workers by the contractor, the conditions highlighted here will be included in the contracts signed with all the contractors. If workers, particularly health care workers, are allowed (or required) to work longer hours than normal because of the COVID-19 emergency, this should be documented alongside measures taken to protect such workers (e.g., mandatory rest breaks).

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

- Entry and exit from site/workplace will be strictly controlled.
- Separate male and female toilet facilities will be provided at all project offices, field/construction sites.

- Potable drinking water and handwashing facilities will be available at all project offices and field/construction sites.
- Working environment will be clean, hygienic, and safe.
- All project offices will be free of pests. Where pests are detected pest control measures will be taken immediately.
- Fire detection and firefighting equipment will be available at all project offices.
- Emergency evacuation plan will be established for all project offices and staff will be made aware of the plan and periodic simulation exercises that needs to be implemented. Adequate safety signs will be installed at the work site giving clear direction. These will be provided in addition to English in the language of the workforce.
- Construction work site will be demarcated & fenced, and warning signs will be displayed in English.
- Work tasks will be rearranged or numbers of workers on the worksite will be reduced to allow social/physical distancing, or rotating workers through a 24-hour schedule.
- Adequate PPE will be provided to workers, including:
  - Facemasks, gloves, etc., if possible, to prevent COVID-19 spread
  - Enclosed shoes will be worn by all staff (safety shoes are preferable).
  - Safety harness will be provided (through contractors, investors, or project directly) when.
- climbing heights at project sites.
- Worker accommodation, if required and relevant, will have the following provisions:
  - Accommodation arrangements will be reviewed, to see if they are adequate and designed to reduce contact with the community.
  - Male and Female workforce will be housed separately.
  - Constant and reliable electricity supply will be made available. In addition, sufficient lighting and cooling systems will be established.
  - Shower and toilet facilities will be available at the accommodation site. A minimum ratio of 01 toilet/shower per 20 workers will be maintained. Separate facilities will be provided for men and women.
  - Toilet and drainage will be connected to local sewer system, where not available septic tanks will be used for treatment prior to disposal.
  - Individual bedding will be provided to all workers.
  - Storage space for individual belongings will be provided for all workers.
  - Designated locations for waste disposal with clearly marked bins will be established. Bins will be emptied daily, and the site will be cleaned daily.
  - Meals to the site will be prepared from a Health Protection Agency (HPA) certified facility (whether food is prepared on site or offsite)
  - Monthly inspection to determine pest infestation on the site will be carried out.

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

**d) COVID-19 specific Measures for Construction/civil works:**

All contractor workers will develop specific procedures/plans so that adequate precautions are in place to prevent or minimize an outbreak of COVID-19, and it is clear what should be done if a worker gets sick. These will include:

- The characteristics of the workers will be assessed prior to engaging them in civil works, including those with underlying health issues or who may be otherwise at risk. This will be done by conducting pre-employment health checks.
- Assessment of whether the workers are fit for work will be confirmed by including temperature testing and refusing entry to sick workers.
- Entry/exit to site or the workplace will be minimized, and measures will be put in place to limit contact between workers and the community/public. Contract duration of the existing/new workforce will be reviewed to reduce the frequency of workers entering/exiting the site.
- Trainings for workers on hygiene and other preventative measures will be carried out, and a communication strategy for regular updates on COVID-19 related issues and the status of affected workers, will be carried out.
- Treatment of workers who are or should be self-isolating and/or are displaying symptoms, will be immediately attended to
- Risks to continuity of supplies of medicine, water, fuel, food, and PPE, considering international, national, and local supply chains, will be assessed and measures will be taken accordingly to address the supply constraints.
- Reduction, storage, and disposal of medical waste will be duly carried out taking into consideration workers' health and safety.
- Adjustments will be made to work practices to reduce the number of workers and increase social distancing.
- Access to health facilities on-site compared to usual levels, developing relationships with local health care facilities and organize for the treatment of sick workers, will be provided.
- Access to psychosocial support based on the needs and availability of such services.
- Worker accommodations will be provided further apart or having one worker accommodation in a more isolated area, which may be easily converted to quarantine and treatment facilities, if needed, will be explored.
- Communication strategy with the community, community leaders and local government in relation to COVID-19 issues on the site, will be followed.
- The characteristics of the workers will be assessed prior to engaging them in healthcare works, including those with underlying health issues or who may be otherwise at risk. This will be done by conducting pre-employment health checks.
- Adequate supplies of medical PPE, including gowns, aprons, curtains; medical masks and respirators (N95 or FFP2); gloves (medical, and heavy duty for cleaners); eye protection (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment, will be put in place. If relevant PPE cannot be obtained, viable alternatives, such as cloth masks, alcohol-based cleansers, hot water for cleaning and extra handwashing facilities, until such time as the supplies are available, will be considered.
- Work tasks will be rearranged or numbers of workers on the worksite will be reduced to allow social/physical distancing, or rotating workers through a 24-hour schedule.
- Alternatives to direct contact, like tele-medicine appointments and live stream of instructions, will be put in place.

- Training will be provided to medical staff on the latest WHO advice and recommendations on the specifics of COVID-19.
- Centers are established for the victims of GBV/SEA for project affected communities. These centers will be prevalence for the current COVID-19 project implementation to allow victims of SEA/SH to received pertaining attention according to policies and laws that address GBV/SEA issues in Liberia.
- Enhanced cleaning arrangements, including thorough cleaning (using adequate disinfectant) of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, common areas, including door handles, floors and all surfaces that are touched regularly, will be put in place.
- Cleaning staff will be trained and provided with adequate PPE when cleaning consultation rooms and facilities used to treat infected patients.
- Access to psychosocial support based on the needs and availability of such services.
- Communication strategy/plan to support regular communication, accessible updates, and clear messaging to health workers, regarding the spread of COVID-19 in nearby locations, the latest facts and statistics, and applicable procedures, will be implemented.

While preparing the site-specific plans involving labor, the following guidance materials will be used:

- WHO COVID-19 interim guidance: For health workers rights, roles & responsibilities, including on OHS.
- WHO IPC interim guidance: For guidance on infection prevention and control (IPC) strategies for use when COVID-19 is suspected.
- WHO interim guidance on use of PPE for COVID-19: For rational use of PPE
- WHO guidance getting your workplace ready for COVID-19: For workplace-related advice.
- WHO interim guidance: For guidance on water, sanitation, and health care waste relevant to viruses, including COVID-19.
- WHO Safe management of wastes from health-care activities: For guidance on management of medical waste
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## **7. RESPONSIBLE STAFF**

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

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

- (a) Ensure that contractor(s) responsible for the civil works under the project prepare the OHS plan to meet the requirements of national occupational health and safety regulations before the start of the works.
- (b) Monitor regularly that the Contractor(s) are meeting contractual obligations towards contracted and sub-contracted workers as included in the General Conditions of

- Contract the World Bank Standard Bidding Documents, and in line with ESS2 and Decent Work Act
- (c) Monitor that OHS standards are met at workplaces in line with national occupational health and safety legislation and Occupational Health and Safety Plan.
  - (d) Ensure that the workers for all contractors and subcontractors are aware about the grievance redress mechanism.
  - (e) Ensure that grievances are registered and addressed properly by the appropriate party.

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

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

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

## **8. POLICIES AND PROCEDURES**

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

### **Freedom from forced or compulsory labor**

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

### **Freedom from the worst forms of child labor**

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

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

### **Employment rights and Obligation**

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

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

- i) Race, tribe, indigenous group, language, color, descent, national, social, or ethnic extraction or origin, economic status, community, or occupation.
- ii) Immigrant or temporary resident status.
- iii) Sex, gender identity or sexual orientation.
- iv) Marital status or family responsibilities; previous, current, or future pregnancy or breastfeeding.
- v) Political affiliation or opinion, or ideological conviction.
- vi) Physical or mental disability; health status including HIV or AIDS status, whether actual or perceived; and
- vii) Irrelevant criminal record, acquittal of a crime or dismissal of a criminal prosecution against them; or personal association with someone possessing or perceived to possess one or more of these attributes.

## **9. AGE OF EMPLOYMENT**

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

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

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

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

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

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

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

## **10. TERMS AND CONDITIONS**

The terms and conditions of employment applying to workers in this project will largely depend on the nature of their employment contracts and shall be governed by the Liberian Labor Law. These terms and conditions will be clearly mentioned in the written contracts for all type of workers, whether full-time or part-time, and be made known to project workers prior to commencement of work. Detail terms and conditions related to wages and hours of work are provided in Section 3 of this LMP.

## **11. GRIEVANCE MECHANISM**

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

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



- Stipulated timeframes to respond to grievances; and
- Mechanisms for escalation of grievances at next level of the GRM

Establishment of this worker's GRM is a commitment in the Environmental and Social Commitment Plan. The project GRM established under the current REDISSE II project and upgraded for the IFISH project will be applicable to the existing Liberian COVID-19 Emergency Response Project.

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

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

- a. Complaints should be sent to the GRM focal point at the workplace by email, text, phone, letter or in person. The complaints should be collated onto a complaints form and logged into the register and reported using the format provided the project SEP. The email address and phone number will be made available to the workers at signing the contract/recruitment.
- b. Complaints should be reviewed by the PIU weekly upon receipt. The team will review the complaints and provide guidance on the course of action and ensure follow-up on previous complaints. Any preliminary investigation should take place within 5 working days of the committee meeting. Feedback will be given to the complainant within 10 working days.
- c. For informal complaints i.e., those raised through social media, print media, or not formally lodged, the committee should deliberate upon them to decide whether to investigate based on the substance and potential impact/reputational risk.
- d. If the complaint is referred to the main project GRM and government's legal complaints structures the World Bank should be notified.
- e. Complaints regarding SEA should be kept confidential, the name of the complainant should not be recorded, only the age and gender of the complainant, and whether a project worker was involved and should be sent directly to the project Manager who should immediately inform the World Bank.
- f. No disciplinary or legal action will be taken against anyone raising a complaint in good faith.

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

### **Introduction**

The COVID-19 Pandemic is a public health, social and economic crisis that is global in scale. With restrictions on travel and movement, civil society and humanitarian organizations play a critical role in supporting governments to respond. All people should remain safe from sexual exploitation and abuse while receiving humanitarian aid, including health services and

treatment, without abuse or exploitation. If sexual exploitation or abuse does occur, they should have access to safe and confidential reporting channels and services.

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

The MOH shall designate a PSEA Focal Point to identify SEA risks in the implementation of the COVID-19 response and outline actionable and feasible measures on how to minimize these SEA risks. In addition, the ministry of Health shall apply the following World Bank and partners guideline on SEA/SH for the Liberia COVID-19 project.

### **Recommended Action for COVID-19 SEA/SH response**

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

### **Health Services Delivery**

Health services delivery actors should in a short term provide the necessary guidelines to mitigate SEA/SH during the implementation of Liberia COVID-19 project. The following recommended guidelines to mitigate against SEA/SH for the LCER project should be applied:

- a. Engage with local communities to provide access to information for all populations, avoiding convening large groups where this may increase the risk of transmission. Account for age, disability, education, gender, migration status, sexual orientation, and the existence of pre-existing health conditions in this engagement and be cognizant of the fact that no group is homogenous, so programming cannot be either.
- b. Train health care workers to properly identify GBV and IPV risks and cases; to handle disclosures in a compassionate, non-judgmental way; and know to whom they can referral patients for additional care.
- c. Involve existing female health care workers and local women leaders in decision making to ensure that responses to COVID-19 outbreaks adequately address the needs of women and girls in each community.
- d. Consider the disparate effects of quarantine or social distancing measures on different populations.
- e. Work with humanitarian organizations to plan for and mitigate the risk that outbreak response measures might result in unaccompanied or separated minors.
- f. Ensure that menstrual hygiene, obstetric, reproductive, and other primary health care commodities are well-stocked and available at health care facilities.
- g. Disaggregate outbreak-related data by sex, age, and disability so that health experts can understand differences in exposure and treatment and tailor preventive measures.

## **Reducing Risk during COVID-19**

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

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

## **Prevention of Risk**

The following Prevention measures will be taken into considerations:

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

## **Establish Safe and Assessable Reporting Channel and Promote a Speak up culture.**

The MOH shall establish or strengthen existing complaint channels to receive and handle sensitive complaints, including SEA across the COVID-19 response. Where in-person complaint and feedback channels are suspended because of social distancing, ensure that other channels are developed and maintained, with full attention to preserving safety, confidentiality, and victim-sensitivity.

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

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

Strengthen the leadership and meaningful participation of women and girls and others who may face exclusion in all decision-making processes to address the COVID-19 outbreak. The MOH shall ensure information on complaint mechanisms currently available is mainstreamed in

public health messaging (in particular about the presence of PSEA focal person within health structures).

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

### **Providing Support and Protection**

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

Work with the relevant government ministries and service providers, including the Gender-Based Violence (GBV) and Child Protection sub-clusters or working groups, to integrate the referral pathways for assistance and support within PSEA complaint channels. Work with relevant stakeholders to train COVID-19 responders on how to report and refer survivors to trained GBV actors safely and confidentially. Ensure that the PSEA network utilizes the most updated GBV referral pathways.

### **Grievance related to Gender Based violence (GBV)**

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

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

Recognizing the prevalence of sexual and Gender-Based violence (SGBV) and its devastating impact on women and children, as well as families and communities. ONE-STOP CENTERS have been established as joint action to respond to the needs of the survivors and provide services that ease the pain of trauma they experience when they have been violated and helps them to cope and recover in the quickest possible time. One-Stop Centers provide the following services: Medical Examination & Treatment (including HIV testing), Psychosocial counseling.

### 13. CONTRACTOR MANAGEMENT

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

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

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

- a) As part of the bidding/tendering process, specific requirements for certain types of contractors, and specific selection criteria (e.g., for medical waste management, certifications, previous experience).
- b) Provision of medical insurance covering treatment for COVID-19, sick pay for workers who either contract the virus or are required to self-isolate/quarantine due to close contact with infected workers and payment in the event of death.
- c) Specific procedures relating to the workplace and the conduct of the work (e.g., creating at least 6 feet between workers by staging/staggering work, limiting the number of workers present).
- d) Specific procedures and measures dealing with specific risks. For example, for healthcare contractors - infection prevention and control (IPC) strategies, health workers' exposure risk assessment and management, developing an emergency response plan as per WHO Guidelines. For community workers, measures will include ensuring their security and addressing stigma.
- e) Appointing a COVID-19 focal point with responsibility for monitoring and reporting on COVID-19 issues, and liaising with other relevant parties; and
- f) Including contractual provisions and procedures for managing and monitoring the performance of contractors, considering changes in circumstances prompted by COVID-19.

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

grievance. The entire COVID 19 activities will be documented through quarterly progress reports, to be shared with the World Bank.

#### **14. RESPONSIBLE STAFF**

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

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

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

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

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

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

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

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