Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 06/23/2022 | Report No: ESRSAFA445

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Liberia	WESTERN AND CENTRAL AFRICA	Republic of Liberia	Ministry of Health

Project ID	Project Name
P178479	Liberia COVID-19 Emergency Preparedness and Response Project Second Additional Financing

Parent Project ID (if any)	Parent Project Name
P173812	Liberia COVID-19 Emergency Response Project

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/16/2022	6/29/2022

Proposed Development Objective

The development objective is to prepare and respond to the COVID-19 pandemic in Liberia

Financing (in USD Million)	Amount
Current Financing	7.50
Proposed Additional Financing	12.70
Total Proposed Financing	20.20

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

No

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

The Liberia COVID-19 response project aims to strengthen the Government of Liberia's immediate capacity to respond to the COVID-19 outbreak and in the longer-term strengthen its capacity to respond to disease outbreaks and

emergencies. The project originally hadfive components including: Emergency Preparedness and Response , Laboratory system strengthening, Case management and clinical care , Risk communication, community engagement and advocacy and Project management and coordination including monitoring and evaluation. The project components were down streamed to two namely: COVID-19 Response and Programme Management, Coordination, Monitoring and Evaluations. This allowed for efficiency in implementation and rapid response to matters arising on the ground.

D. Environmental and Social Overview

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

Liberia is a country in West Africa, bordering Sierra Leone, Guinea and Côte d'Ivoir. There are 15 counties in Liberia and the project is targeting the adolescent group 12-18 years old in all fifteen counties to meet the gap in financing from the AF1 that targeted attainment of 60% of the eligible target population. In addition, the AF2 will support the purchase of vaccines to ensure that the country attains the WHO recommended population target of 70% vaccination coverage by December 31, 2022. These new targets set by the WHO transcend national targets as the focus now becomes the entire population with consideration for vulnerable populations at -risk.

The project undertook an Environmental and Social performance Status review of the Project to assess the level of implementation of the ESS covenants. The review found that the main cause of non-compliance was the non-adoption and disclosure of the ESMF and LMP for parent project and AF 1, which has now been disclosed and adopted . The project initially planned to update and disclose the ESMF and LMP of the REDISSE II project thirty days after effectiveness of the parent project. However, this was not achieved due to a number of operational challenges. The review found that the Project moderately satisfied the requirements outlined in the ESCP.

Activities under the AF2 will have positive environmental and social impacts, which are attributed to the monitoring and containment of COVID-19. However, like the activities under AF1, these activities could also cause environment, health, and safety risks due to the dangerous nature of the pathogen (COVID-19) and the reagents and equipment used in the project-supported activities. Facilities treating patients may also generate medical, biological, chemical waste and other hazardous by-products that could be injurious to human health. These risks will be mitigated with occupational health and safety (OHS) standards and specific infection-control strategies, guidelines, and requirements as recommended by the WHO and the CDC. Effective administrative and infection-controlling and engineering controls will be put in place to minimize these risks. Climate change can affect the trajectory of the COVID-19 pandemic and impact groups that are most susceptible to the virus including health care workers, the elderly, those with pre-existing conditions, people with disabilities, and other disadvantaged groups. These vulnerabilities will be addressed through targeting and improving health care interventions described above as well as surveillance monitoring. The vaccination distribution plans shall be carried out in a transparent and equitable manner. The Government of Liberia through the MoH will determine its prioritization criteria based on the risks of mortality, exposure, and transmission of COVID-19 of certain population groups. Older adults will likely be prioritized. During each of the stages of the vaccination plan, the MoH should continue to deter elite capture of the vaccine that leaves out the most vulnerable populations. The parent project does not include the use of security forces and the same is envisaged of the AF2

Considering the context over which the AF2 will be implemented, type and nature of project activities, potential environmental and social impacts, the capacity of the Borrower, and the mitigation measures to be taken, the environmental and social risks of the AF2 will remain the same as the original project and AF1 and is rated as Substantial. Through implementation of the parent project and AF1, overall environmental and social risks of the project are being mitigated. The project will support: (a) development of explicit, contextually appropriate, and transparent criteria for identification of priority populations for vaccination and supporting implementation plans; (b) communication to address vaccine hesitancy to improve demand generation through mass and interpersonal communication; (c) Social and Behavior Change Communication to address and manage COVID-19 risks and health promotion; (d) outreach interventions; (e) citizen engagement for feedback and GRMs; (f) development of targeted training programs for managers, and evaluators of vaccine deployment; and (g) knowledge management and learning. To mitigate the project's environmental and social risks, in line with the WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)" and other guidelines., the updated ESMF will be used and the MoH will train staff to be aware of all hazards they might encounter during project implementation. This provides for the application of international good practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety. The ESMF for the parent project and first additional financing one (AF1) shall be updated, consulted on, re-disclosed, and adopted for AF2. Assessment of the E&S risks and impacts, as indicated in the ESMF, shall be conducted for activities that might require rehabilitation or civil works before carrying out the relevant Project activities and shall be maintained throughout project implementation..

The MOH will also use the existing stakeholder engagement mechanism in REDISSE II, parent project and AF1 to engage citizens and for public information disclosure, which has been updated to include more information on the environmental and social risks of the project activities and the new modalities that take into account the need for social distancing. Accordingly, the parent project's and its first additional financing (AF1)'s SEPs have been updated including the GRM for addressing any concerns and grievances raised regarding vaccinations. The project implementation will ensure appropriate stakeholder engagement, proper awareness raising, and timely information dissemination. This will help: (a) avoid conflicts resulting from rumors; (b) ensure equitable access to services for all who need it; and (c) ensure the prevention of SEA and SH, (d) address issues resulting from people being kept in quarantine. These will be guided by standards set out by the WHO as well as other international good practices.

The community engagement approach is detailed in the national COVID-19 vaccine deployment plan and focuses on demand generation in communities, clarifying target groups and removing misconceptions related to vaccinations while ensuring a community feedback loop. Following receipt of complaints, the project team will compile responses and engage the affected stakeholders within a month of receiving the grievance. A grievance indicator has been included in the results framework to monitor this activity. The community engagement plan's main objectives are: (a) building trust and awareness on COVID-19 vaccines through use of different channels and a social mobilization approach; (b) using data and evidence to dispel rumors and public misperceptions; (c) developing and providing context-specific Information Education Communication/Behavior Change Communication (IEC/BCC) materials to targeted priority groups; (d) training journalists about COVID-19 vaccine and its importance for safety and well-being of the public; and (e) promoting the COVID-19 vaccine through social media and mass media campaigns. Community engagement in health facility management will be monitored.

The National Guidelines for the Safe Management of Healthcare Waste in Liberia (NGSMHW) was revised and printed for distribution. Distribution and training of Staff on the revised NGSMHW shall be carried out three months after project effectiveness as stipulated in the ESCP.

D. 2. Borrower's Institutional Capacity

The weak health system struggled to cope up with the health challenge posed by COVID-19. The EVD outbreak of 2014 decimated a health system already weakened by conflict. Since the EVD crisis, Liberia made some strides to strengthen its level of epidemic preparedness. Despite these efforts, serious weaknesses remain a challenge, and Liberia could not adequately respond to the COVID19 outbreak in 2020. 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, limited institutional capacity and infrastructure, weak health information systems, and critical gaps in the availability of essential inputs including drugs, equipment, and medical supplies. The infection rate of COVID-19 among citizens has declined to an appreciable rate due to the vaccination program. However, if the targeted population isn't vaccinated, the already existing fragile health system could be further strained and reverse gains made in the health sector specifically, and Liberia more generally.

The Liberia COVID-19 Emergency Response Project (P173812) aimed to strengthen the Government of Liberia's immediate capacity to respond to the COVID-19 outbreak, and in the longer-term strengthen its capacity to respond to disease outbreaks and emergencies. The project has five components: Emergency Preparedness and Response, Laboratory system strengthening, Case management and clinical care, Risk communication, community engagement and advocacy and Project management and coordination including monitoring and evaluation. Following approval for the AF1, the components of the Parent project were reduced to two - i.) to respond more efficiently to the COVID -19 response; and ii.) align more effectively to implementation on ground. The AF2 (P178479) would support the costs of expanding activities of the Liberia COVID-19 Emergency Response Project (P173812) under the 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 AF2 are to accelerate 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. Accordingly, AF2 includes Component 1: COVID-19 Emergency Response and Preparedness, and Component 2: Project management, Monitoring and Evaluation and Coordination. As the proposed activities to be funded under the AF2 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 will remain the same as adjusted for AF1.

The institutional arrangements of the AF2 will remain the same as the parent project.

Liberia has conducted a vaccine readiness assessment to identify gaps and options to address them, and to estimate the cost of vaccine deployment, with the support of international organizations (WBG, WHO, UNICEF/PAHO, GAVI, other). This assessment considers the government's vaccine deployment strategy. Considering the uncertainties related to the COVID vaccine market, including testing, approval, availability and pricing, which require flexibility and close monitoring and strong Bank support during implementation, the assessment will continue to be an evolving process and will be dynamically revised and updated as necessary to continue to improve project implementation.

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

Considering the context over which the AF2 will be implemented, type and nature of project activities, potential environmental impacts, the capacity of the Borrowers, and the mitigation measures to be taken the environmental and social risks of the AF2 risk classification will remain the same as that of the original project and AF1 and is hence rated as Substantial. The activities under the AF2 ERP will include (i) support to activities for the expansion of COVID-19 vaccination activities , 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 due to waste 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. In line with the WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV),” the NGSMHW and other guidelines were revised to improve the safe management of healthcare waste generated in Liberia on the project. This provides for the application of international good practices in COVID-19 diagnostic testing and handling of the medical supplies, recording, tracking, and disposing of the generated waste, and road safety for handling/collection and transportation of waste to final disposal sites.

Social Risk Rating Substantial

social risk for AF2 remains substantial same as Parent Project and AF1. The likely social risks associated with the project include (i)restrict women’s mobility, working outside of the home or others might be exacerbated due to gender norms such as confinement measures and the increased burden of care(ii)risk that vaccine deployment plans could leave women behind, considering the larger male mortality from COVID-19 and tendency in many countries to overlook the importance of gender equalities(iii)women’s lack of access to testing and subsequently to vaccinations(iv)women’s limited access to information as some women may not be reached by relevant information on the pandemic due to their more limited access to mobile phones or other devices or their constrained ability to go out(v)risk of sexual exploitation, harassment, and abuse as well as addressing social/cultural barriers to women’s access to information and access to vaccine(vi)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. Communication risk due to disinformation, misperception, 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 compnt 1.4:Strengthening community engagement, risk communication and surveillance. Overall social risks of the project will be mitigated through implementation of the project. It will support(a)development of explicit, contextually appropriate, and transparent criteria for identification of priority populations for vaccination and supporting implementation plans(b)communication to address vaccine hesitancy to improve demand generation through mass and interpersonal communication(c)Social&Behavior Change Communication to address and manage COVID-19 risks and health promotion(d)outreach interventions(e)citizen engagement for feedback and GRMs(f) targeted training programs for managers&evaluators of vaccine deployment &(g)knowledge management and learning. To mitigate the project's E&S risks, in line with WHO Interim Guidance (Feb.12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)," and other guidelines, the project has finalized the ESMF. These documents will be revised to reflect site safety and security at the National Reference Laboratory. This provides for the application of international good practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety. In ESCP, the MOH has committed the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases. Appropriate stakeholder engagement, proper awareness raising, and timely information dissemination shall be implemented to help(a)avoid conflicts resulting from rumors(b)ensure equitable access to services for all who need it and (c)address issues resulting from people being kept in quarantine. These will be guided by standards set out by the WHO and other international good practices including social inclusion and prevention of SEA and SH.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This ESS is relevant to the project and the assessment undertaken is proportionate to the potential risks and impacts of the project. It addresses, in an integrated manner, the AF2 project environmental and social risks and impacts throughout its life cycle. Based on the requirements of the ESF, the bellow ESSs were considered relevant to the project specifically for the implantation of Component 1 (Emergency Preparedness Response) , with focus on direct immediate environmental and social risks and impacts:

- ESS2 Labor and Working Conditions
- ESS3 Resource Efficiency and Pollution Prevention and Management
- ESS4 Community Health and Safety Relevant and
- ESS10 Stakeholder Engagement and Information Disclosure

A review of the implementation of the parent project and AF1 revealed delays in preparation of relevant E&S instruments, as well as the start of certain activities (such as the rehabilitation works of various health facilities) without prior preparation of site-specific plans.

The project shall be required to address the above shortfalls and consolidate and improve upon the positive impacts made under the parent project and AF1, in order to further enhance the client capacity for the containment of COVID-19 and the provision of critical support so that medical facilities can carry out vaccination countrywide. The activities expected to be undertaken to support effective vaccination have the potential to cause substantial environmental and social risks and impacts. These risks and impacts include infections and pollutions from medical waste, hazardous and liquid waste generation from treatment centers, air pollution from incineration, road safety hazards from transport of vaccines, public health and safety issues, and occupational health and safety hazards.

One obvious type of social risk related to this kind of operation is that marginalized and vulnerable social groups including undocumented migrants, groups with health states such as pregnancy/lactation women, groups with comorbidities and disabled population unable to access facilities and services designed to combat the disease, in a way that supports the central objectives of the project. To mitigate these risks, MoH, in the revised ESCP will commit to the provision of services and supplies based on urgency and need, in line with the current data related to the prevalence of the cases and according to the guidelines of the ESMF. The COVID-19 National Deployment and Vaccination Plan prepared by the MoH as part of this project will provide arrangement for inclusion and outreach to all vulnerable and disadvantage groups and foreign national. The plan will be consistent with the core principles of the WHO Strategic Advisory Group of Experts (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination and the prioritization roadmap.

The risk of adverse impacts following vaccinations will be monitored. To tackle this, the AF2 will support the AF1 vaccine safety monitoring component that require the MoH to establish an active surveillance system for Adverse Events Following Immunization, Adverse Event Following Immunization (AEFI) and adverse events of special interest (AESI) to monitor the safety of vaccines and safeguard the health of the people and communities. The MoH is also making arrangement to use only Auto Destruct (AD) syringes, which will be provided with safety boxes during vaccinations. Additionally, each vaccination point would be required to carry an emergency kit that includes adrenalin and hydrocortisone.

The project implementation will also ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who needs it; and (iii) address issues resulting from people being kept in quarantine. The project will rely on standards set out by WHO as well as international good practices to (i) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements). The SEP activities will be financed under Subcomponent 1.4: Strengthening community engagement, risk communication and surveillance.

Under AF1, the MoH/PIU in compliance with section 1 of the ESCP,(ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS) completed the following commitment: (i) hiring of a social safeguards officer with experience in SEA/H risks management for project implementation, (ii) updating, adopting and redisclosure of the ESMF prepared for the parent project for the AF1 and reviewing and adopting the National

Guidelines for the Safe Management of Healthcare Waste in Liberia, updated on May 20, 2020 and prininting for distribution.

The ESMF prepared for the parent project (P173812) and updated for the AF1 will be updated, consulted upon, adopted and redisclosed for the AF2.. AF2 will further provide guidance for updating the various safeguards instruments towards addressing the environmental and social risks and impacts of the Covid19. In line with the WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)," the National Guidelines for the Safe Management of Healthcare Waste in Liberia (NGSMHW) will be used handling waste generated at healthcare facility under AF2. The mitigative measures includes training of staff to be aware of all hazards they might encounter. This provides for the application of international best practices in COVID-19 diagnostic testing and handling of the medical supplies, recording, tracking, and disposing of the generated waste, and road safety. The project has updated Stakeholder Engagement Plan (SEP) including Grievance Redress Mechanism prepared under the parent project and AF1 to undertake adequate consultations with stakeholders and address project related complaints. The updated ESMF that should be updated for AF2 will include mitigative measures as a short and long-term solutions to the potential community heath and safety risk identified at the National Reference Laboratory. The updated ESMF for AF1 also includes an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure is available, and the WHO standards on COVID-19 response, which outlines the International good practice for the WHO "Operational Planning Guidelines to Support Country Preparedness and Response". In addition to the updated ESMF the SEP for AF1 has been updated for AF2 and shall be re-disclose and adopt it prior to negotiations of the project's second additional financing effectiveness.

ESS10 Stakeholder Engagement and Information Disclosure

The covid19 vaccine expansion faces many challenges, which include ensuring: (i) public willingness and acceptance to participate in the vaccination campaign; (ii) that people in need of health services and vaccinations receive it first and timely; (iii) that health services and vaccinations are performed effectively; and (iv) that the results of vaccine support services, including beneficiary feedback, are thoroughly captured and used to inform the project.

ESS10 is relevant to address these challenges by building public trust through public awareness creation, identifying and reaching those in greatest need (especially those who are often left out of the public health system), timely identification of rollout weaknesses and taking immediate corrective measures to improve the quality of services, and learning from experiences and beneficiary feedback to strengthen the response. In sum ESS10 is relevant to increase vaccine literacy and mitigate misconceptions and rumors around COVID-19 vaccines while continually improving the quality of services.

A review of the implementation of the parent project revealed the need for additional measures to consciously target vulnerable groups and people living with disability and allocate resources for CSOs and CBOs for downstream engagement and for strengthening of the GRM at the treatment and isolation facilities for staff, patients and their families, and general citizenry.

Measures will be taken under the AF2 to ensure a more conscious targeting of vulnerable groups, as well as the availability of a fully operational GRM by effectiveness. To ensure such measures, the SEP has been updated and is expected to be redisclosed and adopted, prior to negotiations, as stipulated in the ESCP of AF2.

Consistent with AF1, the AF2 project includes under Component 1.4 activities to promote behavior change and enhance risk communication. This component focuses on behavioral and sociocultural risk factors assessment, production of Risk Communication and Community Engagement (RCCE) strategy and training documents, production of communication materials, media and community engagement, and documentation. The project has updated the SEP for AF1 to include stakeholder engagement requirements under AF2 activities as well as relevant WHO guidance on “Pillar 2: Risk communication and community engagement”. The SEP further identifies various stakeholders and establish a structured ways of information disclosure and getting feedback with special reference to vulnerable and disadvantaged parties. People affected by project activities should be provided with accessible and inclusive means to raise concerns and grievances through clearly articulated and operationalize grievance redress mechanism. The project will also ensure the use of the existing functional Grievance Redress Mechanism, including strengthening of the existing and available functional GRC/GRM and the establishment of a dedicated hotline. The establishment of the GRCs were done in 10 Counties. Stakeholder Consultation were also done in these counties and needs to keep it ongoing for the remaining five (5) counties (River Gee, Maryland, Sinoe, Grand Gedeh and Grand Kru.
The approaches taken will ensure meaningful consultation and information disclosure as well as timely and accessible information and feedback to all affected stakeholders, including usage of different languages, addressing cultural sensitivities and challenges deriving from illiteracy or disabilities. Due to the expected countrywide implementation of activities, the differences in areas and socioeconomic groups will equally be taken into consideration during the rollout of the RCCE.

It will be important that care management in quarantine and isolation centers is managed systematically, allowing patients to access information as well as patients’ relatives to get necessary information about the quarantined, if feasible by enabling two-way-communication.

The SEP activities will be financed by Component 1.4: Strengthening community engagement, risk communication and surveillance. Lessons learned from the parent project will be used and the imperative that the information disclosure takes place in an on-going and satisfactory manner, with clear and accessible messaging on safety of vaccines, principles of fair, equitable and inclusive vaccines access and allocation, as well as rationale for prioritizing certain groups will be critical . The PIU shall immediately engage with the communities living around National Reference Laboratory (NRL) and educate them about the risks in accessing the facility and clearly communicate not to enter into the facility to protect them from unwarranted risks of spread of the infectious diseases.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

Health and laboratory workers employed by the Government of Liberia, will conduct most activities supported by the project. These activities encompass treatment of patients as well as assessment of samples. The key risk is

contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses, which compromise the immune system, which can lead to illness and death of workers). Workers could also be exposed to OHS risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment used in the project-supported activities. Health facilities treating patients and administering vaccines may also generate biological, chemical waste, and other hazardous by-products that could be harmful to human health. Furthermore, the transportation of COVID-19 vaccines from one location to another using refrigerated vehicles and medical drones (to supplement rapid delivery of COVID-19 vaccines to hard-to-reach communities) also also be vulnerable to the risks of accidents which may injure drivers and drone operators.

These risks will be mitigated through adherence to occupational health and safety standards and specific infectious-control strategies, guidelines and requirements as recommended by WHO and CDC and other recommended OHS measures based on the World Bank EHS guidelines provided in the updated parent project and AF1 ESMF. In line with WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", and other guidelines, the parent project and AF1 followed the National Guidelines for the safe Management of Health Care Wastes in Liberia updated in May 20,2020. The PIU in its capacity development workplan has included training of staff on the NGSMHW to be aware of all hazards they might encounter in the COVID-19 response and provides for the application of international best practices in COVID-19 diagnostic testing and handling of medical supplies, disposing of the generated waste, and road safety. Other measures include posting of signages in all public spaces mandating hand hygiene and use of PPEs (particularly face mask, gowns, gloves, hand washing soap and sanitizers). The AF will ensure the application of OHS measures as outlined in the updated ESMF as well as WHO guidelines already noted. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; and post signage in all public spaces mandating hand hygiene and PPEs.

The project may outsource minor works to contractors. The envisaged works will thereby be of minor scale and thus pose limited risks. The workers will not work in contaminated areas. Also, no large-scale labor influx is expected due to the same circumstance. There could be some SEA and GBV risks associated with labor. Workers will sign code of conduct and Workers' GRM will be established in the remaining five (5) counties. .

In line with ESS2 as well as the applicable laws of Liberia, use of forced or child labor is prohibited both for construction and operation of health care facilities. The project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPEs or any other grievances they may have.. To manage labor related risks, project will adopt the update the Labor Management Procedures (LMP) which has been prepared as part of ESMF for parent project and updated for AF1.

A review of the parent project revealed inadequate incorporation of ESHS requirements in the procurement documents and contracts with contractors and recommended a further assessment of LMP implementation in places where rehabilitations were carried out.

To address the situation, The project has since prepared and disclosed as annex to the updated ESMF the Labor Management Procedures (LMP) with full attention to ESHS requirements.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on the environment and human health. Wastes that may be generated from medical facilities/ laboratories could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from laboratories and quarantine and isolation centers including of sharps, used in diagnosis and treatment. Audit report for the parent projects revealed that during the implementation of the parent project, sorting and collection of hazardous medical waste was done properly in line with National Guidelines for the Safe Management of Healthcare Waste in Liberia. However, final disposal of hazardous medical waste through incineration facilities showed some malpractices regarding OHS and EHS. The Borrower will address these malpractices through identified ESF corrective actions. As for the AF, Borrower will implement ESMF thoroughly including hazardous material and medical waste handling and disposal, monitor progress, and report outcomes regularly through regular reporting to the Bank.

To prevent or minimize any adverse impacts to each of the beneficiary medical facility/lab under AF2, the MoH through the PIU will ensure the implementation of the updated ESMF , the National Guidelines for the Safe Management of Healthcare Waste in Liberia (May 2020), WHO COVID-19 guidance documents, and other good international practices. . The National Guidelines for the Safe Management of Healthcare Waste in Liberia includes guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities and national requirements The movement and distribution of COVID-19 related supplies especially vaccines will require use of fuel the AF project will adopt best practice measures to optimize this process. During minor civil works, ESMPs will be prepared as required by the ESMF and pollution management and resources efficiency measures will be put in place. GHG emissions are not expected to be significant hence GHG emission estimation is not needed

ESS4 Community Health and Safety

Community health and safety risks identified for the COVID-19 Vaccine deployment include: (i) environmental and community health related risks related to the inadequate storage, transportation and disposal of infectious medical waste; (ii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants); (iii) possible risks around social exclusion related to access to healthcare facilities and services, especially for the poorest, those living far from health facilities, the elderly or those living with disability who may not have access to the vaccination centers; (iv) risks of corruption that could lead to diversion of vaccine from the most marginalized and SEA/SH risks for women and girls; (v) sociopolitical risks related to residency requirements and demands of citizenship for vaccination; (vi) potential adverse side effects from the vaccine; (vii) requirement of vaccination record/certification for any health, occupational, education and travel purposes; and (vi) Disinformation and conspiracy theories about vaccine efficacy coupled with low trust in the government which could lead to the rejection of public health intervention/information and violence against those providing services.

Protecting the safety of communities from increased risk of COVID-19 transmission and adverse events following vaccination is a central part of the nation-wide vaccination exercise. The deployment of safe and efficacious vaccines

against COVID-19 in Liberia is expected to protect livelihood, restore economic activities and put the country on course to recovery.

These identified risks will be managed in several ways through the ESMF, a robust risk communication strategy, SEP, (SRA and SEA/SH action plan) where applicable The vaccine Deployment Plan or Action includes a safety monitoring system for new vaccines that would employ enhanced spontaneous reporting, active surveillance of adverse events of special interest and post authorization studies by marketing authorization holders. The SEA/SH action plan has been prepared and implemented prior to effectiveness. The MOH will closely monitor the potential side effects of vaccines. Capacity building sessions for health workers on AEFI (Adverse Events Following Immunizations) will be conducted. Emergency drugs for AEFI management will be available at each post. Supervisors at all levels will monitor investigation and management of AEFIs during the campaign. Laboratories, health and vaccination centers and screening posts, will have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the workplace back into their communities.

Prior to the approval of AF1, an E&S audit was conducted at few selected facilities that were in used under the parent project. Amongst those facilities audited, the Liberia National Reference Laboratory was identified to have potential community health and site safety and security risks due to open burring of hazardous waste on site , exposure of waste management site to pets, domestic animals and scavengers, and site security against community perception. Under AF1 (Section 4.1 c of the ESCP) fencing of the entire parameter of the National Reference Laboratory for securing the against intruders and containing the waste generated at site was committed. This commitment has not yet been fulfilled due, inter alia, to lack of counterpart funding. The MOF/PIU in the updated ESCP for AF2 has committed to the following as short-term and long term solutions to address the community health site safety risk of the National Reference Laboratory:
(i) immediately halt the open burning of waste generated at the National Reference Laboratory; (ii) immediately fence the current waste facility at the National Reference Laboratory to prevent access to pets, animals, and scavengers,
(iii) in the interim and upon the halting of open burning practices at the facility, all waste generated at the National Reference Laboratory should be securely transported to a nearby approved hazardous waste disposal sites for final disposal site; (iv) a mini incinerator be constructed at the National reference laboratory for the disposal of waste generated at the facility (v) take immediate measures to restrict access to the National Reference Laboratory site, including by erecting billboards and printing flyers with caution signs and awareness at and communities around the National Reference Laboratory and other security measures; (vi) ensure functional incinerator in place for all healthcare facilities and halt practice of open burning of waste. For a long term solution, the Government through the MOH/PIU has committed to continue holding discussions with partners who have vested research interest in the National Reference Laboratory in galvanizing resources to enhance measures to restrict access to the site, including through the permanent fencing-off of the entire facilities.

The MOH will address concerns of health care professionals and maintain community confidence by creating and sharing a COVID-19 vaccine safety communication plan with communities and relevant stakeholders. The various stakeholders and the appropriate communication channel and format has been outlined in the Stakeholder Engagement Plan (SEP) and will be outlined in the Risk Communication Strategy.

Residency requirements – including official documentation in the form of an identification or residency card prior to receiving the vaccine might not only affect undocumented migrants and refugees but also nationals in rural areas who may not be able to produce the required documentation. Such requirement will be in non-compliance with the ESF's provisions on social inclusion under ESS1 and under this Standard - Community Health and Safety, and might affect the productive purposes and objectives of the project to prevent and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. Whereas the Vaccine Deployment Plan does not clearly outline need for residency requirements for vaccination, the project will ensure that neither such requirements nor forced vaccination are included in the Bank financed vaccination project.

Training will be provided for all community workers involved in the vaccination campaign as well as stakeholders involved in the safety monitoring of COVID-19 vaccines to ensure the safety of the vaccine recipients and also obtain accurate data for decision. Supportive supervision to ensure that activities are being carried out as expected and data generated will be performed.

The project AF is not likely to employ security forces to ensure law and order around the Vaccination Centers or to force vaccination; but if the situation changes, the project will undertake a Security Risk Assessment (SRA) to review the security force's rules of engagement with the community and identify the specific risks related to providing increased security at the various health and vaccination centers. The project would then propose adequate mitigation measures, and strengthen existing measures, where necessary, to ensure that the use of the security forces will not result in adverse consequences to community health and safety, including in matters relating to GBV and SEA/SH. The project will ensure that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the protocols included in the ESMF and SEP, and the guidance provided in the World Bank technical note, "USE OF MILITARY FORCES TO ASSIST IN COVID-19 OPERATIONS SUGGESTIONS ON HOW TO MITIGATE RISKS.

The project will continue to promote the avoidance of SEA/SH by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities. The risks and mitigation measures are addressed in the ESMF, drawing on input from project stakeholders, as documented in the SEP. The ESMF also incorporates an accountability and response framework, including a worker code of conduct, worker and community training and sensitization, and adaptation of the project GRM to ensure the ethical and confidential management and resolution, including timely service referrals, of SEA/SH claims.

The project is required to prepare Gender Analysis and GBV risks assessment and GBV risks management action plan and Environmental Health and Safety Plan and implement before project effectiveness.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Based on the scope of the AF2 project activities, this standard is considered not relevant. Under the AF, the renovations and civil works such as covid19 vaccination centers, vaccine storage facilities, and vaccine materials disposal sites, minor rehabilitation of existing facilities will take place in order to install equipment to store the COVID-19 vaccine and for the proper disposal and management of vaccine waste materials, vaccination points and mobile teams to reach remote locations will be established are expected to be undertaken within existing

government health facilities. Thus, the AF is not expected to lead to any additional land acquisition as it is not expected to invest in activities that will cause land acquisition and involuntary resettlement or restrictions on land use and access to natural resources. In the unlikely event of land acquisition and involuntary resettlement leading to displacement of people and their livelihood in connection with any project activities that have not yet been identified, this standard would become relevant and used to inform the preparation and implementation of Resettlement Action Plan(s) (RAPs) to address compensation and livelihood needs of Project-Affected Persons (PAPs), if any decisions may be made to convert land uses or acquire land for construction of separate quarantine and isolation centers, vaccine storage rooms, and sites for the disposal of vaccine waste materials. The TT will continuously monitor the project activities on the ground.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Project is not anticipated to affect or involve activities with negative impact on biodiversity or natural resources. However, minor construction or rehabilitation activities may be anticipated in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low and so this standard is not considered relevant.

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

This standard is not considered relevant. The preliminary assessment suggests that there are no distinct social and cultural groups in the project area who exhibit characteristics akin to the criteria for indigenous or traditionally under-served communities as spelled out in the ESS7.

ESS8 Cultural Heritage

This standard is currently considered Not Relevant as the project is not expected to support major construction or rehabilitation activities that would involve the movement of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. In the unlikely event of major construction or the movement of earth in connection with any project activities that have not yet been identified, a chance finds procedure will be prepared and integrated into the ESMF for the project.

ESS9 Financial Intermediaries

This stand is not relevant for the suggested project interventions, as no financial intermediaries will be used.

C. Legal Operational Policies that Apply

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

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

Is this project being prepared for use of Borrower Framework? In Part

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

In line with the WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)" the National Healthcare Waste Management Plan is revised and printed for distribution. Distribution and training of Staff on the revised Healthcare Waste Management Plan shall be carried out three months after project effectiveness.
The relevant ESHS measures shall be incorporated into the procurement documents before launching the procurement process for the relevant project activities and shall thereafter complied with ESHS activities throughout the carrying out of such project.

A thorough review of National Guidelines for the Safe Management of Healthcare Waste in Liberia, updated in 2021, have been approved, printed disclosed and await the distribution at vaccination health facilities. The National Deployment of Vaccine Plan shall continue to be used for the AF2 implementation. National Guidelines shall be kept at all facilities and its locations should be known to all staff. This should be done not later than one month after project effectiveness. The guidelines measures and actions plans shall be implemented throughout the project cycle with additional training on the SOP for its implementation.

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Liberia

Implementing Agency(ies)

Implementing Agency: Ministry of Health

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VI. APPROVAL

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Practice Manager (ENR/Social)	Senait Nigiru Assefa Cleared on 23-Jun-2022 at 09:18:44 GMT-04:00
Safeguards Advisor ESSA	Nathalie S. Munzberg (SAESSA) Concurred on 23-Jun-2022 at 11:55:20 GMT-04:00