Republic of The Gambia

Ministry of Health

THE GAMBIA ESSENTIAL HEALTH SERVICES STRENGTHENING PROJECT (P173287)

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

August 19, 2020

Table of Contents

List of Tables

List of Figures

Abbreviations and Acronyms

BCR	Benefit-Cost Ratio
CERC	Contingent Emergency Response Component
CRVS	Civil Registration and Vital Statistics
DA	Designated Account
DALY	Disability-adjusted Life Year
DHIS2	District Health Information Software 2
DHS	Demographic and Health Survey
DLI	Disbursement-linked Indicator
DPI	Directorate of Planning and Information
EFSTH	Edward Francis Small Teaching Hospital
ESDD	Environmental & Social Due Diligence
ESHS	Environmental Safety and Health System
ESMF	Environmental and Social Management Framework
FM	Financial Management
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GNHP	The Gambia National Health Policy
GNHSP	The Gambia National Health Strategic Plan
GPPA	The Gambia Public Procurement Authority
GRM	Grievance Redress System
HCFs	Healthcare Facilities
HCI	Human Capital Index
HCW	Health Care Waste
HMIS	Health Management Information System
ICT	Information and Communication Technology
IFR	Interim Financial Report
IMF	International Monetary Fund
IRR	Internal Rate of Return
IT	Information Technology
M&E	Monitoring and Evaluation
MCNHRP	Maternal and Child Nutrition and Health Results Project
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MoFEA	Ministry of Finance and Economic Affairs
MoH	Ministry of Health
MOU	Memorandum of Understanding
NaNA	National Nutrition Agency
NCD	Noncommunicable Disease
NDP	National Development Plan
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NPV	Net Present Value
NSC	National Steering Committee
PCU	Program Coordination Unit
PDO	Project Development Objective

PER	Public Expenditure Review
PFM	Public Financial Management
PHC	Primary Health Care
POM	Project Operational Manual
PPSD	Project Procurement Strategy for Development
RBF	Results-based Financing
RHD	Regional Health Directorate
SBCC	Social and Behavior Change Communication
SOP	Standard Operating Procedure
STEP	Systematic Tracking of Exchanges in Procurement
UHC	Universal Health Coverage
UN	United Nations
VHS	Village Health Service
VHW	Village Health Worker
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
NHEC	National Health Emergency Committee
NPHLTC	National Public Health Laboratory and Training Centre
OHS	Occupational Health and Safety
PCR	Polymerase Chain Reaction
PCU	Project Coordination Unit
PHEOC	Public Health Emergency Operations Center
PME	Powered Mechanical Equipment
POPs	Persistent Organic Pollutants
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement Plan
REDISSE	Regional Disease Surveillance Systems Enhancement
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
TAC	Technical Advisory Committee
UN	United Nations
VAC	Violence Against Children
WBG	World Bank Group
WHO	World Health Organization

Executive Summary

This Environmental and Social Management Framework (ESMF) is developed to support the environment and social due diligence provisions for activities financed by the World Bank Group (WBG) Gambia Essential Health Services Strengthening Project (P173287). The project will support the implementation of the 2021–2025 National Health Strategic Plan (GNHSP) and is targeted to improve quality and utilization of essential health services in The Gambia. The Ministry of Health (MOH) is implementing the Project which was approved by the World Bank Board in August 2020.

This Environmental and Social Management Framework (ESMF) follows the World Bank Environmental and Social Framework (ESF) mandates defined in three documents previously issued: the Environmental and Social Review Summary (ESRS), the Environment and Social Commitment Plan (ESCP), and the Stakeholder Engagement Plan (SEP).

The objective of the ESMF is to assess and mitigate potential negative environment and social (E&S) risks and impacts of the Project consistently with the Environmental and Social Standards (ESSs) of the World Bank ESF and national requirements. Specific objectives of the ESMF are to: (a) assess the potential E&S risks and impacts of the proposed Project and propose their mitigation measures; (b) establish procedures for the E&S screening, review, approval, and implementation of activities; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring E&S issues/concerns related to the activities; (d) identify the training and capacity building needed to successfully implement the provisions of the ESMF; (e) address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; and (f) establish the budget requirements for implementation of the ESMF.

The Project Development Objective is to improve quality and utilization of essential health services in The Gambia that supports the 2021–2025 Gambia National Health Strategic Plan (GNHSP). The project has three components: Component 1 on Improving the Delivery and Utilization of Quality Essential Primary Health Care (PHC) Services Using Results-Based financing Approach; Component 2 on Project Management; and Component 3 on Contingent Emergency Response Component (CERC).

Although several public institutions have responsibility in managing the environment in The Gambia the National Environment Agency (NEA) is the lead agency responsible for environment policy formulation and coordination of all environment related activities.

At the national level, the 1994 National Environmental Management Act (NEMA) is the main document setting out the overall management of the environment. The NEMA is an Act of general legislation that provides a legal framework for activities in the environmental sector. The objective of this law is to define some legal basis for the correct use and viable management of the environment and its components to establish a system of sustainable development in The Gambia. This law forbids storage or disposal of toxic pollutant products on the ground, underground, on water bodies and in the atmosphere. It also recommends that the Government establishes environmental quality standards to ensure the sustainable use of the Nation's resources. This law contains chapters on environmental pollution and environmental quality standards. The NEMA designates the NEA with the responsibility for overseeing the Environmental Impact Assessment (EIA) process. The EIA Regulations clearly spell out the EIA process including the Categorization of projects and sub- projects (A, B, C) and the procedure for technical assessment and contents of the EIA.

The environmental risk classification for the project is Moderate under the World Bank ESF mainly due to risks linked to the management of biomedical waste but also because of the risks linked to the renovation and construction of certain sanitary facilities. Labor management and health and safety risks will be taken into account given the limited capacity of the PIU on these issues. These risks will be mitigated by; capacity building activities, preparing required ESMPs for all renovation and expansion subprojects, and hiring an environmental/social consulting firm to support the MOH and PCU with the implementation of environmental and social provisions.

The social risk classification is also Moderate. The project's diverse set of activities are generally expected to provide significant social benefits to the targeted beneficiaries, including marginalized and disadvantaged people. A number of limited risks could, however, emerge. These include a) Exclusion of vulnerable groups from various outreach and registration activities (health insurance, CVRS); b) Privacy and data misuse issues due to transition from written to electronic records; and c) Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks in relation to the construction/renovation activities.

Five of the ten ESSs of the WB's ESF have been screened as relevant. The screening of social risks and impacts is based on discussion with the task team and consultations with MOH. The Project is not expected to impact natural habitats or cultural sites. Regarding proposed civil works subprojects, there will be no acquisition of land outside the current footprints of the MOH facilities. In addition, all activities financed through the project are subject to the WBG Environmental, Health and Safety (EHS) Guidelines (see Appendix 1, References and Guidance) including those on "healthcare facilities", "waste management", and "hazardous materials management".

The ESRS was prepared by the Bank to identify all environmental and social risks and impacts as well as measures to manage these risks and impacts in alignment with the World Bank ESSs. The ESCP describes staffing and operational arrangements for the Project E&S risk management. The SEP describes the process for stakeholder engagement, including public information disclosure and consultation. The SEP delineates effective and inclusive engagement for all relevant stakeholders and citizens ensuring clear messages around social distancing, identification of high risk and vulnerable segments of the population.

The SEP provides the following: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a GRM). Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (e.g., the elderly, children, poor households, ethnic minorities, resident in rural areas, differently abled).

A detailed ICWMP is described in Annex 4. The MOH is responsible for providing the legal framework managing environmental and social risks in the health sector and develop various instruments to address priority health issues. These instruments include the National Health Policy, the Health Sector Strategic Plan, the Health Care Waste Management (HCWM) Plan and the HCWM Policy.[1] The national health policy emphasizes the provision of preventive, promotive, curative and rehabilitative services, and is buttressed by the HCWM Policy which specifically highlights HCWM as a priority. The HCWM plan then defines in a clear and precise way the roles, responsibilities and field competencies of actors involved in HCWM, outlining the processes of HCW collection, transportation, storage and treatment. The plan sets out the

[1] The Gambia - National Health Care Waste Management Standard Operating Procedure, 2015 http://documents.worldbank.org/curated/en/764301468024555870/National-health-care-waste-management- standard

health promotion and prevention actions that can be used to prevent diseases and injuries that can be caused by poorly managed HCW.

The Grievance Redress System is being established to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved as detailed in the SEP. Grievances can be submitted if someone believes the Project is having a detrimental impact on the community, the environment, or on their quality of life. Stakeholders may also submit comments and suggestions. The main objective of a 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.

The PCU is committed to stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The EST will be coordinating all efforts addressing these important processes. The roadmap for such actions has been formulated in the project SEP. The GRM is being established to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved as outlined in the SEP. Grievances can be submitted if someone believes the Project is having a detrimental impact on the community, the environment, or on their quality of life. Stakeholders may also submit comments and suggestions. Grievances will be handled at community, regional and national level by grievance redress management teams/committees set up by the risk communication and community engagement technical Committee established by MOH or through the previously stated Hotline and Call Center. Provisions are being worked on to send in written grievances through the MoH website. ESMF implementation costs include training, development of E&S due diligence measures and other tools. The anticipated cost for all these initiatives is estimated at $170,000 USD.

Table 8.3 Identification of Roles and Responsibilities for Environmental and Social Management of Subprojects

Subproject	**Roles and Responsibilities***					
	Design	**NEA Screening Form**	**Permit Application**	**Renovation**	**Supervision**	**Monitoring**
Hospital Renovations 1. Basse District Hospital 2. Brikama District Hospital 3. Bwiam General Hospital 4. Edward Francis Small Teaching Hospital 5. Brikama Ba Health Center	Consultant architect	Consultant ESDD	Environmental Health Unit will submit to NEA and follow-up for approval	Local contractor	MOH Maintenance Unit and EST	Environmental Health Unit led multi-stakeholder Technical Committee
Expand the Kanifing Hospital for a National Blood Transfusion Center						

*All Environmental and Social due diligence across permitting, construction and supervision will be overseen by the MOH PCU

1. Introduction and Background

This Environmental and Social Management Framework (ESMF) is developed to support the environment and social due diligence provisions for activities financed by the World Bank Group (WBG) Gambia Essential Health Services Strengthening Project (P173287). The project will support the implementation of the 2021–2025 National Health Strategic Plan (GNHSP) and is targeted to improve quality and utilization of essential health services in The Gambia. The Ministry of Health (MOH) is implementing the Project which was approved by the World Bank Board in August 2020.

The World Bank Group-financed The Gambia COVID-19 Preparedness and Response Project (P173798) approved in April 2020 is already being implemented by the MOH. The activities financed under the COVID-19 project include providing emergency COVID-19 response; strengthening multi-sector, national institutions and platforms for policy development; and supporting national and sub-national prevention and preparedness. Both projects are managed by the MoH Project Coordination Unit (PCU).

This Environmental and Social Management Framework (ESMF) follows the World Bank Environmental and Social Framework (ESF) mandates defined in three documents previously issued: the Environmental and Social Review Summary (ESRS), the Environment and Social Commitment Plan (ESCP), and the Stakeholder Engagement Plan (SEP). This ESMF also includes Environmental and Social Management Plans (ESMP) that identify potential environmental, social, health and safety issues associated with the renovation, upgrading and expansion of project financed healthcare facilities. The ESMP and associated Environmental and Social Codes of Practice (ESCOP) set out appropriate measures to reduce risk and impacts associated with the project activities. As part of the WBG support, the MOH has developed this EMSF. The following sections describe the environmental and social due diligence (ESDD) across all the anticipated project activities.

Objective and Application of the ESMF

The objective of the ESMF is to assess and mitigate potential negative environment and social (E&S) risks and impacts of the Project consistently with the Environmental and Social Standards (ESSs) of the World Bank ESF and national requirements. Specific objectives of the ESMF are to: (a) assess the potential E&S risks and impacts of the proposed Project and propose their mitigation measures; (b) establish procedures for the E&S screening, review, approval, and implementation of activities; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring E&S issues/concerns related to the activities; (d) identify the training and capacity building needed to successfully implement the provisions of the ESMF; (e) address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; and (f) establish the budget requirements for implementation of the ESMF.

The ESMF provides principles and specific process and technical guidance to the Project implementing agencies and their consultants to assess the E&S risks and impacts of the Project activities. These include ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. This ESMF is connected to the SEP and other specific plans (such as ESCP, Labor Management Procedures [LMP], and Environmental Safety and Health System [ESHS]) that have been or are to be prepared for the Project. This ESMF will be applied to all activities (e.g., works, good/services, technical assistance and research activities) to be financed by the Project and/or its subprojects.

2. Project Description

The Project Development Objective is to improve quality and utilization of essential health services in The Gambia that supports the 2021–2025 Gambia National Health Strategic Plan (GNHSP).

Component 1. Improving the Delivery and Utilization of Quality Essential Primary Health Care (PHC) Services Using Results-Based financing Approach (US$27 million).

Subcomponent 1.1: Improving the quality of PHC health services delivery using a results-based financing Approach that will finance the delivery of quality and essential health services at each level of the health care delivery system (e.g., village health services [VHSs], community clinics, minor health centers, major health centers, district hospitals, general hospitals, and the teaching hospital). This subcomponent will provide: (i) performance-based financing (PBF) grants to health facilities for the delivery of the newly defined essential health care package; (ii) verification of the quality of services; and (iii) capacity for the expansion of RBF nationally.

This essential healthcare package includes integrated management of neonatal and childhood illnesses, infectious diseases, noncommunicable diseases (NCDs), and emergency obstetric care. This sub-component will also support capacity building for the national expansion of RBF with a NHIA processes for electronic enrollment (health insurance membership cards and means testing) and claims processing. Support will also include health care facility performance-based contracting based on quality of care and delivering the essential PHC package.

Sub-component 1.2: Community engagement to improve utilization of quality health services will scale-up and expand the highly successful Social and Behavior Change Communication (SBCC) activities initiated in the MCNHRP. The SBCC Program will focus on prevention activities and delivery of PHC as well as nutrition, women and girls' empowerment, NCDs, Water, Sanitation, and Hygiene [WASH], and climate change. Additionally, a grievance redress mechanism (GRM) will be developed to resolve complaints and grievances in a timely, effective and efficient manner. This GRM will build on the call center established for COVID-19 pandemic response to ensure that project beneficiaries have multiple channels to report grievances or suggestions.

Sub-component 1.3. Building resilient and sustainable health systems to support the delivery of quality health services to support MOH's resilient and sustainable health systems for the delivery of quality health services and for strengthening Civil Registration and Vital Statistics (CRVS). The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) has allocated US$5.1 million to support health systems strengthening activities such as Health Management Information System (HMIS), Monitoring and Evaluation (M&E), national public health laboratory system, supply chain for the availability of medicines and consumables, and human resources for health.

Table 2. 1 World Bank Group- and GFATM-financed Activities for HMIS and M&E

World Bank Group	GFATM
Strengthening the health information system and M&E • Establish an electronic health records system (for the hospitals) to facilitate implementation of the NHIS. • Develop an M&E plan for the 2021–2025 GNHSP, update the national health sector indicator booklet, update M&E dashboard including PHC	**Strengthening the health information system and M&E** • Update HMIS data collection tools. • Improve HMIS and M&E capacity building at central, regional, and facility levels. • Improve DHIS2 quality including verification of health facility service delivery data, and joint (HMIS, M&E, and logistics management

World Bank Group	GFATM
vital signs profile, and conduct an annual health sector review. • Use data for evidence-based decision-making. • Improve M&E, HMIS, and information and communication technology (ICT) capacity, • Develop household survey schedule and conduct surveys.	information system) supervision of regional and facility levels. • Provide ICT infrastructure and maintenance service at all levels. • Improve national health accounts. • Conduct National Client Satisfaction Survey.

Table 2. 2 World Bank Group- and GFATM-financed Activities for Supply Chain, Laboratory Services, and Human Resources for Health

World Bank Group	GFATM
Strengthening national public health laboratory system • Validate national laboratory policy and strategy • Establish a laboratory management information system linked to DHIS2 • Establish standards for registration and licensing of laboratory staff and laboratories in public and private sectors • Provide full hematology, biochemistry, microbiology, and other critical services at health facilities	**Strengthening national public health laboratory system** • Update national guidelines on biosafety and biosecurity • Update laboratory SOPs and clinical request forms • Train laboratory personnel and quarterly supervision visits by the national public health laboratory • Develop a biomedical equipment policy and standards for the various levels of the health care delivery system • Refurbish 3 laboratories
Strengthen supply chain for the availability of medicines and consumables • Update the 2007 National Medicines Policy • Provide training on supply chain management and logistics management and information systems • Update the essential medicines list and standard treatment guidelines for various levels of the public health care system and the private health facilities	**Strengthen supply chain for the availability of medicines and consumables** • Develop a supply chain strategic plan • Establish a logistics management and information system (central and regional medical stores linked to health facilities) including new software linked to DHIS2 • Develop the national quantification guide and quantification modules procedures and tools • Improve quantification capacity • Expand the central medical store's storage capacity • Equip pharmacies of national and regional referral hospitals • Improve central medical stores' and regional medical stores' fleet and distribution capacity
Strengthen human resources for health • Develop human resource policy and strategic plan • Establish an electronic human resource management information system • Develop staffing norms for the various levels of the public health care system and the private health facilities • Capacity building of Directorate	**Strengthen human resources for health** • Train 40 laboratory technicians, 10 biomedical equipment technicians, 40 pharmacy technicians, 40 state-registered nurses, 40 state-registered nurses midwives, 40 state-enrolled nurses, and 30 state-enrolled nurses/midwives.

World Bank Group	GFATM
• Update and implement a capacity-building plan (midwifery training, postgraduate training for nurses and doctors, laboratory and pharmacy staff training, and so on)	

This subcomponent will finance the following activities: (a) provision of equipment to and renovation of selected health facilities to improve the delivery of emergency obstetric and newborn care and (b) establishment of a national blood transfusion center. Energy-efficient measures will be put in place to reduce greenhouse gas emissions such as the procurement of energy-efficient equipment and materials for renovations[2] as well as climate-resilient materials to mitigate flood risks and climate-related emergencies. The renovations will cover Bwiam hospital, Brikama hospital, Basse hospital, Brikama Ba Health Center and EFSTH as well as biomedical equipment maintenance unit.

Component 2. Project Management (US$3 million).
MoH will operate the project by expanding the capacity of the existing COVID 19 PCU and share the operating costs (including salaries for project staff, office space, utilities, supplies, and transport) with other development partners such as GFATM. The management, procurement, financial management and ESDD capacity of the PCU staff will be enhanced with a combination of on-the-job training and short courses.

Component 3. Contingent Emergency Response Component (CERC).
This component enables the rapid reallocation of project funds in the event of a natural or man-made disaster or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact. A detailed CERC operational manual will be included in the Project Operations Manual (POM). The POM will include a dedicated chapter with detailed guidelines and instructions to trigger an emergency and the use of funds. In addition, modified Environmental and Social Management Plans (ESMPs), based on the Emergency Response screening framework will be prepared for the requested activities to be financed under this component along with a preliminary evaluation of the potential risks and corresponding mitigation measures. All of these ESDD requirements shall build upon the project ESMF provisions.

The location of the project Hospitals is shown in figure 2.1 and list of all civil works that the project will finance is shown in table 2.1.

Figure 2. 1 Location of the Renovation Facilities

[2] These can include energy-efficient features such as efficient ventilation systems, temperature and humidity controls, low-energy lighting, energy-efficient and low-carbon construction material, and use of modern and efficient water supply and treatment.

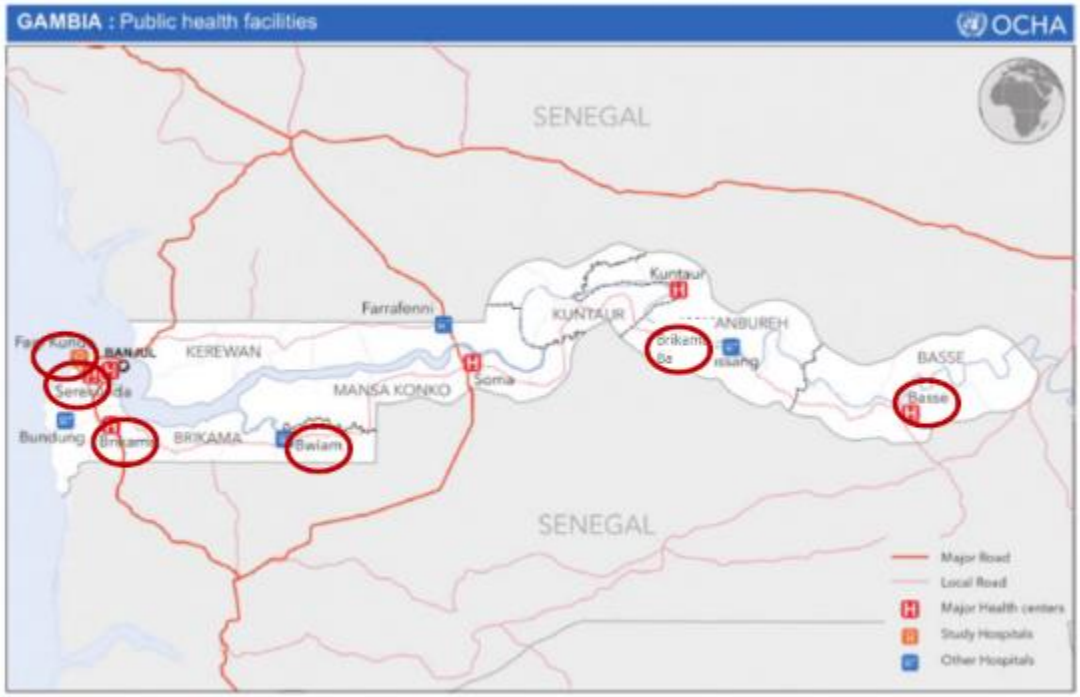


Table 2. 3 Civil Works

Subproject Type	Subproject Location & Description
Renovation and Upgrade	1. Basse District Hospital
	2. Brikama District Hospital
	3. Birkama Ba Health Center
	4. Bwiam General Hospital
	5. Edward Francis Small Teaching Hospital
Construction of National Blood Transfusion Center	6. Kanifing Hospital

The MoH PCU will coordinate project activities, as well as fiduciary tasks of procurement and financial management. Capacity building will be undertaken for the PCU and the MoH for day-to-day implementation, coordination, supervision and overall management (including fiduciary aspects, M&E, carrying out of audits and reporting) of project activities. This capacity will be provided through technical advisory services, training, operating costs, non-consulting services and the acquisition of goods. A Senior Operations Officer will support project implementation to (i) assist the MoH Environmental and Social Safeguards focal points implement the Environmental and Social Commitment Plan and ensure the project is carried out in accordance with the ESSs; (ii) develop the project operations manual and follow- up with its implementation; and (iii) prepare project reports.

3. Policy, Legal and Regulatory Framework

Key Gambian policies and legislation governing this project are:

Policies

- Gambia Environment Action Plan, GEAP (2009-2018)
- National Energy Policy (2014 – 2018)
- Forestry Policy (2010-2019)
- Wildlife Sector Policy (2013 – 2020)
- National Health Policy (2012-2020)
- National Climate Change Policy (2016 – 2025)
- Gambia National Gender & Women Empowerment Policy (2010– 2020)
- National Youth Policy (2009 – 2018)
- National Strategic Environmental Assessment Policy (2017- 2021)

Acts and Regulations

- Labour Act, 2007
- National Environment Management Act, NEMA, 1994
- Environmental Impact Assessment Regulations, 2014
- The Forest Act, 1998
- The Anti-littering Regulations, 2007
- Local Government Act, 2002State Lands Act, 1990 (Amended 2008)
- Land Acquisition & Compensation Act, 1990
- Physical Planning and Development Control Act, 1991
- Development Control Regulations, 1995
- Public Health Act, 1990
- The Gambia Roads and Technical Services Authority Act, 2003

International policies and treaties ratified by The Gambia that are most relevant to this project include:

- Stockholm Convention on Persistent Organic Pollutants (POPs) 2004
- UN Framework Convention on Climate Change (UNFCC) 1994

Highlights and specific aspects of these pertinent laws/requirements are available in Annex 1.

National Environmental Assessment, Review and Permit

Although several public institutions have responsibility in managing the environment in The Gambia the National Environment Agency (NEA) is the lead agency responsible for environment policy formulation and coordination of all environment related activities.

At the national level, the 1994 National Environmental Management Act (NEMA) is the main document setting out the overall management of the environment. The NEMA is an Act of general legislation that provides a legal framework for activities in the environmental sector. The objective of this law is to define some legal basis for the correct use and viable management of the environment and its components to establish a system of sustainable development in The Gambia. This law forbids storage or disposal of toxic pollutant products on the ground, underground, on water bodies and in the atmosphere. It also recommends that the Government establishes environmental quality standards to ensure the sustainable use of the Nation's resources. This law contains chapters on environmental pollution and environmental quality standards.

The NEMA designates the NEA with the responsibility for overseeing the Environmental Impact Assessment (EIA) process. The Act provides for the establishment of the National Environmental Management Council (NEMC). The NEMC oversees environmental policies, environmental standards, guidelines and regulations proposed by the NEA and the Technical Advisory Committee (TAC). NEMA also established two other institutions involved in EIA process: the NEMC and the TAC. The EIA process assesses and manages projects and programs having negative effects on the environment or public health. The NEA also has guidelines and regulations on the EIA including requirements for submitting project environmental assessment checklists and screening forms integrated with review and approval procedures.

The EIA Regulations clearly spell out the EIA process including the Categorization of projects and sub-projects (A, B, C) and the procedure for technical assessment and contents of the EIA. Details of the national EIA Regulations and procedures are provided in Annex 2 and highlighted below.

NEA Project Classification

NEA conducts a systematic review of a project screening form to determine whether an EIA needs to be conducted. This early review is based on evaluation criteria to determine whether a full EIA is required. This ensures that a fair and consistent review is conducted at this screening stage, based on the information provided by the project proponent. As a result of this screening, the project is then classified as described in table 3.1.

Table 3. 1 The Gambia EIA Classification and Requirements

Classification	Impact Significance	Requirements
Class A	Significant potential negative or adverse impacts	Full Environmental Impact Assessment Required based on the screening form or after additional information
Class B	A temporary Classification when screening information is inadequate, or NEA requires additional details	In case where doubts remain as to the significance of potential impacts on the environment, further information may be required. The NEA will provide in writing a clear indication of what additional information is required. After additional information has been provided, NEA determines if the proposed project falls into Class A or C.
Class C	Minimal or no significant impact	If minimal, a management plan or other conditions may still be required. When there are no significant or adverse impacts the project proponents may proceed without any further analysis.

In circumstances when a project is inconsistent or contravening to the laws of The Gambia, the Executive Director may reject the project without full EIA documentation.

Consultations Required by NEMA

The Agency, upon receiving a project brief, consults the lead sectoral department. It then invites public comments on statements of project intent submitted to it especially from those most likely to be affected

by a proposed project. NEA will invite appropriate government authorities to comment on these statements and the comments after conducting both consultations. A public meeting is the final form of consultation.

Applicable World Bank Environmental and Social Standards

As mentioned in the introduction section above, The Gambia Essential Health Project follows the World Bank's ESF mandates defined in the ESRS, ESCP and SEP. The overall Environmental and Social risk of the Project is classified as Moderate.

The ***environmental risk classification*** for the project is Moderate under the World Bank ESF mainly due to risks linked to the management of biomedical waste but also because of the risks linked to the renovation and construction of certain sanitary facilities. Labor management and health and safety risks will be taken into account given the limited capacity of the PIU on these issues. These risks will be mitigated by; capacity building activities, preparing required ESMPs for all renovation and expansion subprojects, and hiring an environmental/social consulting firm to support the MOH and PCU with the implementation of environmental and social provisions.

The ***social risk classification*** is also Moderate. The project's diverse set of activities are generally expected to provide significant social benefits to the targeted beneficiaries, including marginalized and disadvantaged people. A number of limited risks could, however, emerge. These include a) Exclusion of vulnerable groups from various outreach and registration activities (health insurance, CVRS); b) Privacy and data misuse issues due to transition from written to electronic records; and c) Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks in relation to the construction/renovation activities.

Five of the ten ESSs of the WB's ESF have been screened as relevant. The screening of social risks and impacts is based on discussion with the task team and consultations with MOH. The Project is not expected to impact natural habitats or cultural sites. Regarding proposed civil works subprojects, there will be no acquisition of land outside the current footprints of the MOH facilities. In addition, all activities financed through the project are subject to the WBG Environmental, Health and Safety (EHS) Guidelines (see Appendix 1, References and Guidance) including those on "healthcare facilities", "waste management", and "hazardous materials management". All appropriate current WHO COVID Guidance (as referenced in the World Bank COVID 19 ESMF) is also being adhered to by the MOH and its contractors.

Table 3. 2 Required Project Environmental and Social Standards Measures and Actions

Relevant Environmental & Social Standard	Required Measures and Actions
ESS1 Assessment and Management of Environmental and Social Risks and Impacts	MOH establishes and maintains assigned departments/institutes with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists. The Environmental and Social Management Framework (ESMF) shall be prepared before Project approval. The Infection Prevention and Control and Waste Management Plan (IPC&WMP) will follow already established procedures defined in the earlier COVID-19 project and stipulated also in this ESMF.

ESS2 Labor and Working Conditions	**Labor Management Procedures (LMPs)** establishes how project workers will be managed in accordance with the requirements of national laws and legislation. The LMP contains terms and conditions of employment, nondiscrimination and equal opportunity, and establishing/managing worker's organizations for construction companies. Restrictions on child labor and forced labor are also included. The LMP includes measures to ensure that labor is provided on a voluntary basis. It will also have the proper considerations for the COVID-19 situations. **Occupational Health and Safety (OHS) measures** to ensure the health and safety of workers, especially women, are defined in line with the ESMF, LMP, IPC&WMP. WHO guidelines on COVID-19 have been established for all Hospitals. A **Grievance Redress Mechanism** for workers and the roles and responsibilities for monitoring such workers is established within MOH. Provisions to prevent **SEA,** Gender-Based Violence **(GBV)** and/or **Violence Against Children (VAC),** including Code of Conduct for PCU's staff and contracted workers in line with relevant national laws and legislation are included at the project's LMP, adopted and applied under the project.
ESS3 Resource Efficiency and Pollution Prevention and Management	The **ICWMP** has been prepared before beginning the relevant Project activities. **Site ESMPs** will be required for renovation and expansion of the 6 hospitals by contractors.
ESS4 Community Health and Safety	Precaution measures in line with the ESMF, ICWMP and WHO guidelines on COVID-19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, quarantine and isolation centers and screening posts to the community. Communities, COVID-19 patients and their families will be treated with respect and dignity, in reference to infrastructure, accommodation and supplies, and communication. The project will put in measures to avoid any form of SEA/SH by following the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and adequate light in quarantine and isolation centers.
ESS10 Stakeholder Engagement and Information Disclosure	The government will ensure there is adequate public outreach/communications on the distribution of medical equipment and supplies. A draft **Stakeholder Engagement Plan** (SEP) including a **Grievance Redress Mechanism** has been prepared, consulted and disclosed. The GRM will be financed under Subcomponent 1.2. The SEP shall be updated throughout project implementation. **Grievance Redress Mechanism** shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10.

The ESRS was prepared by the Bank to identify all environmental and social risks and impacts as well as measures to manage these risks and impacts in alignment with the World Bank ESSs. The ESCP describes staffing and operational arrangements for the Project E&S risk management. The SEP describes the process for stakeholder engagement, including public information disclosure and consultation. This SEP delineates effective and inclusive engagement with all of the relevant stakeholders and citizens ensuring clear messages around social distancing, identification of high risk and vulnerable segments of the population.

The SEP provides the following: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a GRM). Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (e.g., the elderly, children, poor households, ethnic minorities, resident in rural areas, differently abled).

The SEP also outlines the Project team's mechanism for people to raise concerns, provide feedback, or make complaints about any activities related to the project. The GRM which will be financed under Subcomponent 1.2, is summarized in section 10 below and will be further detailed in the revised SEP as additional communication with affected and interested stakeholders unfolds.

4. Environmental and Social Baselines

The project construction activities are limited to 6 hospitals in the country while other project services are nationwide. All activities and subprojects are within the administration of the MOH. This section discusses the relevant environmental and social baseline conditions associated with this project.

Environmental Baseline Considerations

The procurement and distribution of medical equipment and supplies has a low environmental risk and impact that are limited in scope. The environmental concern is proper disposal of these materials which falls under the ICWMP. The minor renovation of four Hospitals and expansion of the Kanifing Hospital and Brikama Ba health center are within the existing health facilities. Consequently, there are no impact or risks to critical or natural habitats, protected areas, or cultural sites.

Therefore, there is no need to provide any further overview of national ecosystems or environmental themes.

Social Characteristics

Poverty incidence remains high and is associated with low endowment in human capital and assets. Due to lack of growth in per capita income, the proportion of the population living in poverty—measured using the national poverty line—remained unchanged between 2010 and 2015, at about 48 percent.[3] In absolute terms, however, the number of poor people grew from 0.79 million in 2010 to 0.93 million in 2015. Poverty remains concentrated in rural areas, with almost 70 percent of the rural population being poor. Inequality has been low and stable since 2010 with a Gini coefficient of 35.9 percent. Marked

[3] Based on the country's absolute poverty line of GMD 18,040 per person per year. These are the latest official data; a new household survey will not be available until 2020.

improvements have been achieved in literacy, especially among the youth (15-24 years) whose literacy rates doubled from 31.8 percent in 2010 to 67.2 percent in 2015. Chronic malnutrition (stunting) affects 25 percent of children under the age of five, and non-monetary indicators of poverty linked to infrastructure, health and nutrition illustrate that the country is lagging vis-à-vis peers in Sub-Saharan Africa. There remain considerable inequities in access to basic facilities and services such as electricity and sanitation facilities. Jobs are predominately informal, and lack of off-farm activities in rural areas results in underemployment and outmigration among youth. Important progress has been made in restoring macroeconomic stability and reigniting growth. More site-specific socio-economic baselines will be prepared as part of the ESMPs.

The project financing will support only renovation and expansion in existing Health Care Facilities, no land acquisition or involuntary resettlement impacts are anticipated.

5. Project Environment and Social Risk and Impact Considerations

Implementation of the project activities will be positive and urgently needed. The procurement of drugs, supplies and medical equipment have limited, if any, impacts. The risks and impacts from the operation of the laboratories and isolation centers need to be addressed. The upgrading of several HCFs will require following practical environmental and social risk and impact management measures. The potential negative impacts from these activities are expected to be moderate, localized, and temporary that can be mitigated through the implementation of the existing ESDD instruments of the Project.

Attention is required to ensure all Good International Industry Practices (GIIP) and WHO guidance is applied to the COVID-19 waste stream and other infectious waste as part of the medical waste management system in place by the MOH. Key themes of concern regarding the COVID 19 project and the activities and subprojects are highlighted below.

Table 5. 1 Screening for list of goods, services and works for the Project

Goods & Supplies – Tier 1	**Risks and Impacts and Mitigation Measures***
GROUP A • **Medical equipment**- Infusion pumps, suction machines, fingertip oximeters, autoclave (steam sterilizers - 150lt), mobile x-ray, multi parameter patient monitors, ICU beds, oxygen flowmeters, biphasic defibrillators, ultrasound machine, sphygmomanometers, ECG machines, thermometers, nebulizers, medical trolley • **Tools and Construction Supplies** (roofing, cement, iron, stone, blocks, etc.) • **Furniture Acquisition** ICU beds	***Group A - None***
Procured Services – Tier 1	
• Technical Assistance in developing TORs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP) Non-Consultant Services information and awareness campaigns.	***None***

Training – Tier 1	
• Training to support health systems strengthening activities such as Health Management Information System (HMIS), Monitoring and Evaluation (M&E), national public health laboratory system, supply chain for the availability of medicines and consumables, and human resources for health	***Low to None*** Trainings and Capacity Building will include overview of all COVID-9 activities and screening process and appropriate mitigation measures and application of tables, checklists, and other plans which are part of the COVID 19 Project
Renovation and Upgrading Facilities – Tier 2	
• Renovation of Basse District Hospital, Brikama District Hospital, Bwiam General Hospital, and Edward Francis Small Teaching Hospital • Renovation of Brikama Ba Health Center and construction of an operating room • Expansion of the Kanifing Hospital with construction of a national blood transfusion center	***Moderate to Low*** • Apply ESCOP Checklist 1 Exposure at Health Care Facility • Apply ESCOP Checklist 2 Waste Management Procedures • Apply ESCOP Checklist 3 Community and Social Inclusion • Apply ESCOP Checklist 4 Small Scale Construction Upgrades, Rehab and Expansion • ICWMP • LMP • SEP

**Key OHS, waste management and labor management measures applicable to these activities follow GIIP, World Bank guidance and national requirements. The ESCOP checklists are found in Annex 3.

Table 5. 2 Prohibited Activities*

• Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly. • Activities that could adversely affect forest and forest health. • Activities that could affect sites with archaeological, paleontological, historical, religious, or unique natural values. • Activities that will result in the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods. • Activities that have a high probability of causing serious adverse effects to human health and/or the environment. • Activities that may have significant adverse social impacts and may give rise to significant social conflict • Use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained. • Activities that may affect land rights or rights of any vulnerable communities. • Use of goods and equipment to demolish or remove assets, unless the ownership of the assets can be ascertained, and the owners are consulted. • Uses of goods and equipment involving forced labor, child labor, or other harmful or exploitative forms of labor. • Uses of goods and equipment for activities that would affect indigenous peoples, unless due consultation and broad support has been documented and confirmed prior to the commencement of the activities. • Uses of goods and equipment for military or paramilitary purposes;

* List developed from ESCP and general COVID-19 exclusions

Infection Control and Waste Management Plan

A detailed ICWMP is described in Annex 4. The MOH is responsible for providing the legal framework managing environmental and social risks in the health sector and develop various instruments to address priority health issues. These instruments include the National Health Policy, the Health Sector Strategic Plan, the Health Care Waste Management (HCWM) Plan and the HCWM Policy.[4] The national health policy emphasizes the provision of preventive, promotive, curative and rehabilitative services, and is buttressed by the HCWM Policy which specifically highlights HCWM as a priority. The HCWM plan then defines in a clear and precise way the roles, responsibilities and field competencies of actors involved in HCWM, outlining the processes of HCW collection, transportation, storage and treatment. The plan sets out the health promotion and prevention actions that can be used to prevent diseases and injuries that can be caused by poorly managed HCW.

To operationalize the HCWM plan, the MOH has developed Health Care Waste Management – Standard Operating Procedures (HCWM SOP). The SOP has been designed as a means of accomplishing what is embodied in the HCWM policy and plan. It provides instructions on how to carry out the policy expressed in the plan and communicates who will perform the task, what materials are necessary, where the task will take place, when the task shall be performed, and how the responsible person will actually execute the task. The SOP covers all the relevant activities that are necessary to manage any HCW that can be generated from any health care facility. It traces the activities from "cradle to grave".

Health Care Waste Management has been developed by the MOH (detailed above for use by health care facilities) in handling and disposal of health care waste. Additional guidelines on injection safety have also been developed by the MOH to provide specific guidance to health care facilities on the distribution, use,

[4] The Gambia - National Health Care Waste Management Standard Operating Procedure, 2015 http://documents.worldbank.org/curated/en/764301468024555870/National-health-care-waste-management- standard

collection and safe destruction of disposable syringes and safety boxes. Training on the HCWM has been provided to health facility staff in five of the seven health regions that implemented the World Bank-financed Maternal and Child Nutrition and Health Results Project (MCNHRP; P143650). Potential risks to environmental and human health associated with hospital wastes, particularly hazardous chemical and infectious wastes are well-defined. The WB funded COVID-19 project will fund the training of the additional two health regions on HCWM.

Environmental, Health and Safety

Under The Gambia's NEMA and environmental assessment requirements, an environmental assessment is not required for health care facility rehabilitation. As stated earlier, all civil works planned to be executed under this project will be located on the public lands within the compound of health centers or referral hospitals. These rehabilitations/upgrades/renovations of health care facilities may generate limited adverse impacts such as dust, noise, vibration, building waste, wastewater, traffic obstruction, safety issue, construction workers hygiene and sanitation to the environment and surrounding residents. These impacts are assessed to be of site-specific, temporary and can be mitigated with good design and construction practices. For Tier 2 subprojects, a generic environmental management plan checklist (which include ECOPs) will be followed to avoid/minimize impacts from these minor civil works.

A generic concern with such minor construction upgrades is exposure to asbestos if such materials were used in past building programs. The MOH will verify that asbestos is not present in existing structures and if that is not the case adhere to appropriate occupation health and environmental mitigation measures. These measures are addressed in the ESMP checklist for Renovations and Upgrades (annex 8).

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the laboratories, quarantine, and screening posts to be supported (e.g., drugs, supplies and medical equipment) can have a significant impact on the environment as well as on human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from laboratories and quarantine and isolation centers including sharps used in diagnosis and treatment.

Each healthcare facility and laboratory will prepare an ICWMP to prevent or minimize such adverse impacts based on WHO COVID-19 guidance documents, and other best international practices. The ICWMP mandates how waste associated with COVID-19 testing or treatment is managed including appropriate incineration on sites whenever possible. It also contains strict protocols for disinfecting and packing such waste for further disposal. The Environmental and Social Codes of Practice (ESCOP) also includes guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities.

The ESMPs to be prepared for all renovation and upgrades will include procedures for handling construction waste. Resources (water, air, etc.) used in health care, isolation facilities and laboratories will follow standards and measures in line with MOH and WHO environmental infection control guidelines for medical facilities.

The project will ensure the application of OHS measures as outlined in the full ESMF's LMP (including ESMP and Infection Prevention and Control Plan) noted under ESS1 as well as WHO guidelines. 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; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General Environmental, Health, and Safety Guidelines (EHS Guidelines) and industry specific EHS Guidelines and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

Community Health and Safety

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with the national Public Health Act and international best practice as outlined in WHO guidance for COVID-19 response under ESS 1, ESS 2 and ES4. The full ESMF describes under ESS 10, the provisions for widespread engagement with communities to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self- quarantine, and mandatory quarantine.

As a result of the COVID-19 pandemic, the MOH created a call center to support COVID-19 surveillance activities and for enquiries and other COVID-19 related calls. The Call Center is an important communications link to the public and is a significant source of contact for public requesting information on COVID-19, and the primary contact point for responding to public and media inquiries (in Table 5.3). The Call Center centrally manages all calls coming into the center via a dedicated toll-free hotline telephone number (1025) using normal simple phones.

The project will mitigate the risk of SEA by applying the WHO Code of Ethics and Professional Conduct ("Codes of Conduct" using WB's terminology) for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers. The LMP also includes provisions to prevent SEA/SH and/or VAC. Training on community interaction and SEA/SH/VAC will be provided for all teams, staff (civil servants and outsourced staff/contractors) to ensure the teams respect local communities and their culture and will not involve in misconduct. The ESCOP checklist also guides appropriate measures for dealing with SEA/SH and VAC risks in the letter of PCU's staff appointment and contracts (for contracted workers) in line with relevant national laws and legislations to be adopted and applied under the project.

Table 5. 3 Call Center and Hotline Actions

- Ministry of Health (MOH) has a toll-free line COVID-19 phone line. Currently the toll call center is using mobile phones that are operational and is free of charge. Anyone can make a call free ofcharge.
- The toll center is using four mobile network providers with each having 5 sim cards making thetotal operational toll lines twenty.
- The toll center has 27 staff that handles the calls and 3 supervisors and operate under three shifts. Each shift has 9 staff with one supervisor. The shifts are: (i) morning shift 8am-2pm; (ii) afternoon shift 2pm-8pm; (iii) Night (evening shift) 8pm-8am
- The program manager from the MoH Health Communication Unit manages the SBCC and the Risk Communication and Community Engagement (RCCE) including the call center
- There is a Standard Operation Procedure (SOP) available for the call center which guidesthe operationalizing of the call center including execution of duties.
- The ministry is working to shift the call center from mobile phones to switch board. All the hardware required is in place except the software that will help to connect to the mainline. This will make the call center to receive feedback which the current system lacks. The current system does not have a call waiting system, which is a gap the Ministry is working to address by operationalizing the switch board system
- Each phone operator has an account and agent name which is data based and accessed by MoH. A call operator enters data during a call on their computers which records in an excel sheet on a monthly basis. The report includes the distribution of calls per region, type of call (whether related to COVID-19 response or not), surveillance related calls or simply seeking knowledge on COVID-19. Data is easily generated from the platform.
- The MOH is updating the switch board system and enhancing its services (such as call waiting, feedback mechanisms). Additional training for staff using the system is also planned accordingly.

Labor Management Procedures[5]

The distribution of medical supplies and equipment procured with World Bank funding to health facilities and treatment centers is anticipated to commence immediately. This process is the responsibility of Ministry of Health staff. The Logistics and Safety Technical Committee headed by the MOH Director of Pharmaceutical Services handles distribution of the medical equipment and supplies. Approximately 49 staff will be engaged in the distribution of medical equipment and supplies. MOH uses its own transport vehicles and drivers for transport and distribution of MOH supplies.

The potential risks associated with this activity include:

- the emergency nature of these activities and the urgency of the tasks pose the risk of excessive working hours by drivers and potential risks of accidents and
- there is the possibility of interactions with health care workers and exposure to contaminated materials at HCF facilities

Both these risks are considered moderate, in light of the finite duration of the activity, and will be mitigated in accordance with national labor and OHS policies as well as adhering to appropriate ESCOP actions listed at the end of this document. The main piece of labor legislation in The Gambia is the Labour Act of 2007. However, the Labour Act is silent on working hours and the LMP (see Annex 5) in the full ESMF proposes a 40-hour work week (8 hours per day). The employees will have an additional break of one hour each workday for meals. The duration of rest between working days shall not be less than 12 hours.

[5] For a more detailed description of the LMPs see Annex 5.

Article 72 of the Labour Act defines basic requirements and general principles of occupational safety for jobs that are dangerous, hard, harmful, and/or hazardous (discussed in the section above). The MOH is following several WHO COVID-19 guidance including the Interim Guidance on Infection prevention and control (see Annex 3 ESCOP Checklists).

6. Environmental and Social Mitigation and Management Project Activity and Subproject Classification System

The suite of Project activities and subprojects have already been summarized above in section 2. To provide an early screening and understanding of national and World Bank ESDD requirements, the MOH established a three-tiered classification system across the earlier C19 goods, services and works to create a project "typology". This tiered system indicated the degree of environmental and social risks and impacts; identified in general the appropriate mitigation measures for these activities and subprojects; as well as appropriate ESCOP. The PCU will use this system for this project and has verified the preliminary environmental and social screening of proposed activities by using the E&S risk and impacts classification checklist in tables 5.1 and 5.2.

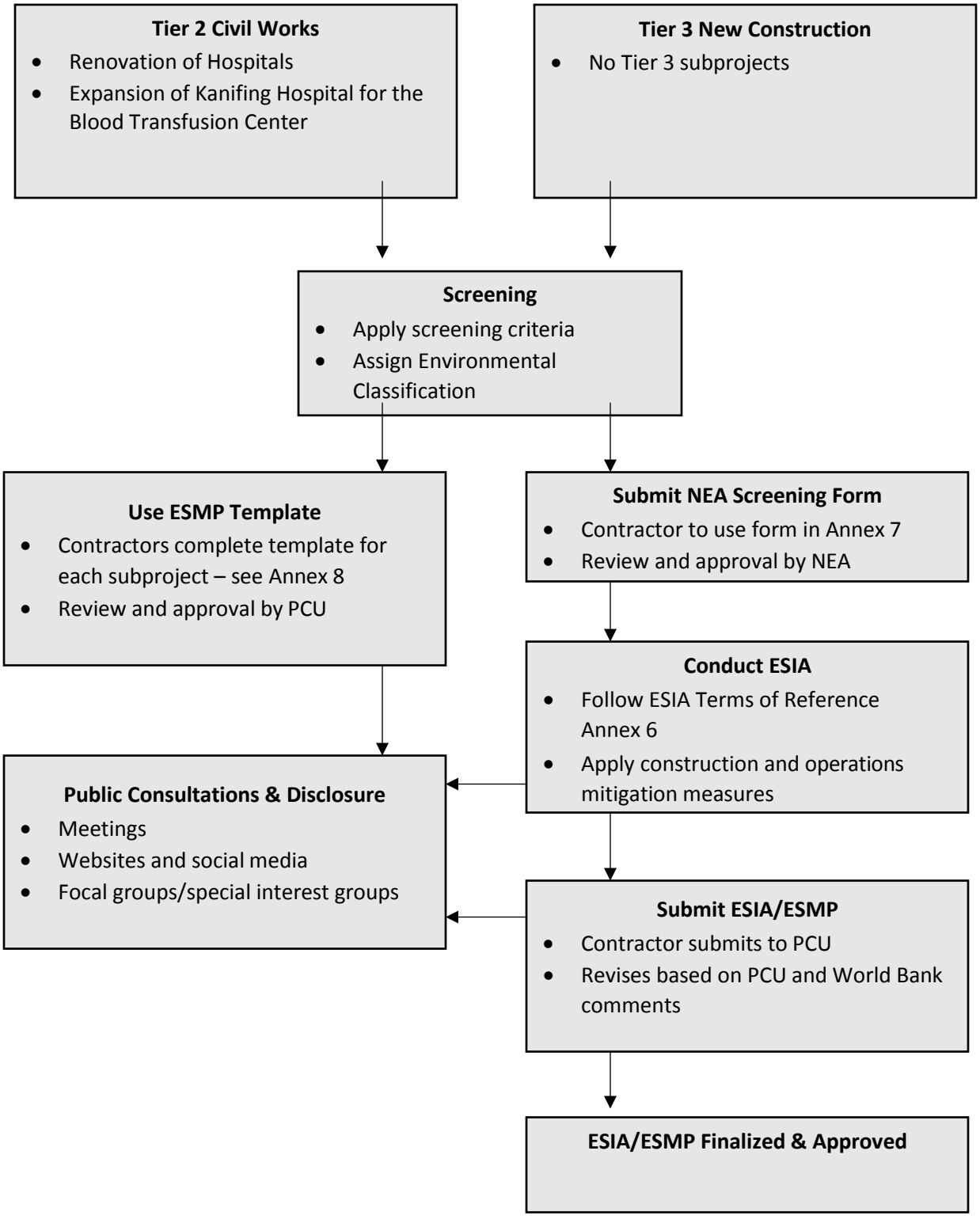
Environmental and Social Screening for Tier 2 Civil Works

This section describes the screening steps for the Tier 2 Subprojects. The purpose of this screening process is to: determine the degree of environmental and social risks and impacts; identify appropriate construction and operation mitigation measures; incorporate mitigation measures into each subproject as appropriate; review and approve the subproject's ESMP; monitor ESDD during construction and operation. The screening and management process consists of two steps that are presented in figure 6.1.

Step 1: Screening

The initial screening for Tier 2 renovation subprojects will be carried out by the MOH PCU with assistance from Ministry of Transportation, Works and Infrastructure (MOTWI) and in consultation with NEA (terms of reference in Annex 6). This will require recruitment of a firm to complete the screening requirements and to supervise the contractor. This screening process will be conducted in close cooperation with the NEA to complete the Environmental and Social Screening Form (Annex 7) and identify the potential environmental and social impacts, determine their significance, and recommend the appropriate environmental category, propose appropriate environmental mitigation measures, or recommend the execution of an EIA, if necessary.

Figure 6. 1 Overview of ESDD for Tier 2 Civil Works



Step 2: Assigning the Appropriate Environmental Categories

The assignment of the appropriate Tier 2 subproject environmental category is to be confirmed with NEA, but preliminary knowledge of the proposed civil works indicates the following:

- Tier 2 will be Category B and application of the ESCOPs will be adequate to ensure implementation of simple mitigation measures
- There is no Tier 3 category in this project

Defining the Appropriate Environmental and Social Due Diligence

The Tier 1 and Tier 2 activities and subprojects have moderate to low E&S risks and impacts. The Tier 2 civil works include renovation of four hospitals focusing on delivery of emergency obstetric and newborn care and expanding the Kanifing hospital with construction of a national blood transfusion center. ESCOP checklists, which draw on the requirements of the ESF, GIIP, and WHO and Centers for Disease Control protocols, are included in this ESMF as appropriate measures for managing environmental and social risks and impacts for the Tier 1 and Tier 2 activities and subprojects. For all Tier 2 civil works subprojects (listed in table 2.1) a standard ESMP template was designed by MOH (Annex 8) to summarize all subproject actions, identify environmental and social provisions as well as applicable ESCOPs.

The ESCOP checklists cover 7 major themes that include current COVID-19 OHS, waste management and labor management measures applicable to these activities following WHO and GIIP, World Bank guidance and national requirements. For the Tier 1 and Tier 2 subprojects and activities the following ESCOP checklists apply, and complete details are found in Annex 3.

- Checklist 1. Exposure at Health Care Facility
- Checklist 2. Waste Management Procedures
- Checklist 3. Community and Social Inclusion
- Checklist 4. Small Scale Construction, Upgrades, Rehab, Expansion
- Checklist 5. Codes of Conduct
- Checklist 6. Medical Equipment and Supplies – Delivery
- Checklist 7. Construction Sites in Heath Care Facilities

Review and Approval

Tier 2 ESMP forms shall be compiled by the renovation/subproject contractors. These will then be reviewed and approved by the PCU.

Public Consultations and Disclosure

Public participation will involve a combination of stakeholder consultations; it will involve local leaders, government agencies and authorities, NGOs and community-based organizations. The consultations shall be based on a communication strategy defined in the Project SEP that seeks to increase transparency, public understanding, and citizen involvement in the development and implementation of the ESMPs and ESIA. The strategy will have clear and consistent messages to be delivered to the public through the following methods (requiring appropriate flexibility with the COVID 19 restrictions):

- Dialogue with key influencers
- Public meetings
- Online meetings with stakeholders
- Traditional communicators
- Individual (face–to-face) meetings

- Use of media outlets including websites and other online platforms
- Participation in project activities

The consultations mentioned shall, in all cases, take due consideration of representativeness and inclusion of women and marginalized or vulnerable groups. However, in view of the potential difficulties these groups sometimes have in making their voices heard in large open meetings, special arrangements shall be made at group and individual levels to reach out to them to create the necessary awareness and collect their views. In addition, all meetings will be in the local languages understood by the communities.

The consultations and discussions will be supplemented by the disclosure of the ESMPs. Logs of all consultations (including dates, persons attending, main purpose of consultation, and a summary of the proceedings) will be maintained by the PCU/Consultant. These activities will take place through the sub-activity cycle, including post-construction monitoring.

Specific Management Plans

Specific Management Plans are to be finalized to support the implementation of this ESMF. They will be finalized by the Contractor with MOH coordination. When appropriate, the Contractors and MOH will meet and consult other government agencies (as described previously) and other key stakeholders. The contents of the Management Plans are outlined in Appendix 8.

Construction Phase - Contractor

The construction contracts will include specific requirements to develop a satisfactory HSE Plan ("the Contractors HSE Plan") that satisfies all the requirements of the national EIA requirements and the World Bank ESSs. The HSE Plan will include the following Sections or Management Plans:

- Air Quality Control and Monitoring Plan
- Noise Control and Monitoring Plan
- Waste Management Plan
- Hazardous Materials Management Plan
- Emergency Preparedness and Response Plan
- Construction Traffic Management Plan
- Occupational Health and Safety Management Plan
- Labor Management Plan with Codes of Conduct
- Community Health, Safety and Security Management Plan
- Grievance Redress Mechanism

MOH

MOH has developed its own Complaints Policy and Procedures and will also continue to follow its Stakeholder Engagement Plan.

MOH has already committed through the COVID19 project that the following Operational and Management Plans will be in place for operations of these facilities. Many of these are already codified as part of MOH administration, management and operations.

- Stakeholder Consultation and Engagement Plan
- Complaint Policy and Procedure
- Exposure Control Plan for blood-borne pathogens
- Radiation Exposure Control Plan
- Radioactive Substance Management Plan
- Biosafety Plan

- Occupational Health and Safety Management Plan
- Air Quality Control and Monitoring Plan
- Emergency Preparedness and Response Plan
- Community Health and Safety Management Plan
- Security Plan
- Human Resources Policy (Codes of Conduct)

7. Monitoring, Supervision and Reporting

The PCU will coordinate the preparation and submit to the World Bank regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.

8. Implementation Arrangements and Responsibilities

There is a multisectoral National Health Emergency Steering Committee (NHEC) which provides strategic guidance for overall project implementation. The NHEC is chaired by Ministry of Health and comprises members representatives from UN agencies, Medical Research Council, line ministries, NGOs, NDMA, The GRCS, WBG and others and holds daily meetings to discuss operational issues. There are six technical committees that report to the NHEC: a) coordination; b) epidemiology and laboratory surveillance; c) case management; d) risk communication and community engagement; e) psychosocial support; and f) logistics and safety.

Project Coordination Unit

The MoH PCU for this Project was established for the recently approved MOH COVID 19 Preparedness and Response project. The ESSD responsibilities as detailed in this document are assigned to the focal points for environmental and social safeguards in MOH. The PCU Senior Operations Officer will:

- ensure all ESDD actions are complied with
- oversee coordination with all appropriate authorities and contractors
- incorporate ESDD status and results in Project monitoring, evaluation and reporting

The procurement team will incorporate all required ESDD clauses and ESCOPs into all RFPs and contracts in collaboration with the MOH Safeguards focal points. The PCU Coordinator will oversee monthly meetings with all these staff as part of regular PCU management meetings or if warranted in separate sessions dedicated to ESDD. These meetings will also include key MOH staff (e.g., Environmental Health Office, Health Promotion Office) and consultants and contractors assigned to ESDD activities (e.g., ESMP implementation, engineering supervision for renovation, compliance officers).

Key support activities from the Environmental Health Officer and Procurement Team at MOH are also summarized.

The World Bank will provide training and build capacity for environmental and social management across both MOH projects to ensure streamlining and efficiency.

Table 8. 1 Summary of PCU roles and responsibilities

Position	Status Terms of Contract	Responsibilities
PCU Coordinator	Fulltime	Coordinates all activities of the PCU.

PCU Senior Operations Officer	Fulltime	Coordinates all ESDD activities with E&S specialists and contractors. Facilitates all PCU ESDD meetings and keeps all MOH Departments and key collaborating organizations updated on ESDD matters. Provides supervision support to World Bank. Coordinates and participates in all ESDD trainings.
PCU Procurement specialist	Fulltime	Works closely with the Senior Operations Officer ~~EST~~ and MOH to include all ESDD requirements into all contracts and performance standards.
MOH Environmental Health Program Manager	Fulltime	Oversees all Environmental health requirements to ensure the project is carried out in accordance with the Environmental and Social Standards. Conducts field site visits, incorporates all ESDD updates into monthly reports submitted to Senior Operations Office. Point of referral to all ESDD questions, clarifications and day to day actions across all contractors and HCF staff. Coordinates all GRM, LMP and stakeholder communications as detailed in the SEP. Responds to all HCF and contractors queries and requests for assistance.
MOH Health Communications Manager	Fulltime	
MOH Environmental and Social consultancy firm	Part-time	Develop the specific ESMP for the design and bidding documents as it becomes available at the early stage of project implementation. Work with the contractor to ensure the contractor's adherence to the approved safeguards instruments during the implementation of the construction.

Key Government Institutions Involved in Project Implementation

Relevant institutions to be involved in the implementation of the ESMF in addition to the MOH are listed in table 8.2.

Table 8. 2 Key Government Institutions and Responsibilities

Institution	Responsibilities
Ministry of Health (MOH) Directorate of Planning and Information Maintenance Unit	Oversees the preparation of the architectural drawings, bill of quantities, bidding documents, selection of architect and contracts plus supervision of the construction
Ministry of Transportation, Works and Infrastructure (MOTWI)	Works closely with the MOH to provide support on the tasks noted above but also to perform the renovations of the isolation and treatment centers
MOH Projects Coordination Office (PCU)	Senior Operations Officer supports the MoH Environmental and Social Safeguards focal points to implement the Environmental and Social Commitment Plan and help ensure the project is carried out in accordance with the Environmental and Social Standards
National Pharmaceutical Services Directorate	Preparing bidding documents and evaluation of bids for medical equipment and supplies; responsible for storage and distribution of medical equipment and supplies

National Environment Agency (NEA)	NEA is the technical arm for environmental management and enforces the NEMA, 1994; ESIA Regulations 2014 and similar legislation. responsible for giving the final approval of environmental assessments and certifying the compliance of the proposed activities with The Gambia's environmental protection legislation.
Ministry of Environment, Climate Change and Natural Resources (MECCNAR)	Oversees the NEA and implementation of environmental laws and policies
Ministry of Lands and Regional Government (MoLRG)	Oversees all the local government authorities including Regional Technical Advisory Committees; enforcement of legal regulations on land use and administration. Oversees the Department of Lands and Surveys, and the Department of Physical Planning and Housing.
Department of Land and Survey	Ensures all building plans conform to the Physical Planning and Development Control Act before construction work begins

The PCU has already designated the roles and responsibilities for implementation of civil works as listed in table 8.3. These actions cover the full spectrum of design, screening, permit application, construction, supervision, and monitoring.

Table 8. 3 Identification of Roles and Responsibilities for Environmental and Social Management of Subprojects

Subproject	**Roles and Responsibilities***					
	Design	**NEA Screening Form**	**Permit Application**	**Renovation**	**Supervision**	**Monitoring**
Hospital Renovations 1. Basse District Hospital 2. Brikama District Hospital 3. Bwiam General Hospital 4. Brikama Ba Health Center 5. Edward Francis Small Teaching Hospital	Consultant architect	Consultant ESDD	Environmental Health Unit will submit to NEA and follow-up for approval	Local contractor	MOH Maintenance Unit and EST	Environmental Health Unit led multi-stakeholder Technical Committee
Expand the Kanifing Hospital for a National Blood Transfusion Center						

*All Environmental and Social due diligence across permitting, construction and supervision will be overseen by the MOH PCU

9. Capacity Building

The ESMF capacity building is directed to staff in the MOH, relevant government institutions, contractors and subcontractors, and communities. The capacity improvement and training program will be organized to cover a selection of key topics as listed in table 9.1. These workshops will be funded as stipulated in the

Budget section on training. Each workshop has a designated target audience, a time frame for delivery and identification of who will facilitate the workshop. A separate budget is also allocated for few relevant ESIA studies that will be commissioned to independent consultants or consultancy firms. Based on social distancing protocols and COVID19 precautions, these workshops can be delivered via remote connections and distance learning.

Table 9. 1 The Capacity Building Program

Description	Target Group	When	Facilitation
ESMF Launch Workshop 1. National environmental, social, health and safety Guidelines, basic concept surrounding environmental & social impact assessment, Labor management, regulations **ESMF Launch Workshop 2.** The World Bank Environmental and Social Standards	MoH, associated institutions, Private sector, NGOs, and other interested stakeholders	Within 2 months of approval of the ESMF	MOH with NEA and MOTWI World Bank with MOH PCU
Workshop 3. Citizen Engagement Component (Events and workshops for community awareness in the Project areas)	MoH, associated institutions, Private sector, NGOs, and other interested stakeholders	Within 4 months of approval of the ESMF	MOH PCU with World Bank
Workshop 4. Environmental Codes of Practice and Labor Codes of Conduct	MoH, associated institutions, Private sector, NGOs, and other interested stakeholders	Within 5 months of approval of the ESMF	MOH PCU with World Bank
Workshop 5. Effective Grievance Redress	MoH, associated institutions, Private sector, NGOs, and other interested stakeholders	Within 3 months of approval of the ESMF	MOH PCU with World Bank
Workshop 6. COVID 19 Construction Concerns, Monitoring Occupational Health and Safety (OHS), Safety performance assessment, Hazard Analysis and Control, Hazard Communication Program, Effective Accident Investigation, Conducting Health and Safety Audits, Emergency Preparedness and Safety, Fire Safety	Contractors, Subcontractors, consultants	At time of RFP and bidding process for civil works	MOH, MOTWI, Army Corps of Engineers

The MOH has experience in infection prevention and control, healthcare waste management, communication and public awareness for emergency situations. Regarding the COVID-19 experience, the MOH will also be able to lead sharing knowledge around the capacity to manage the project health risks across all project components These initiatives will also be brought to the ESMF context across all environmental and social capacity training.

10. Consultation and Stakeholder Engagement

The PCU is committed to stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The EST will be coordinating all efforts addressing these important processes. The roadmap for such actions has been formulated in the project SEP referenced in section 1. The SEP has outlined a communication strategy with the project stakeholders, and offers mechanisms for them to raise concerns, provide feedback, or make complaints about the project. While component 1 of the project specifically deals with capacity building and communication materials, Stakeholder Engagement is comprehensive across all project components to ensure stakeholders are consulted and well-informed about the project and have avenues to provide their feedback.

The draft SEP is being updating as follows:

- Refining the identified all project stakeholders including their priorities and concerns, and ensure the project has ways to incorporate these;
- Using numerous processes (including actions described in the Hotline and Call Center information earlier in the document) for information sharing and communication to stakeholders that are built around the current restrictions for meetings and social gatherings in the COVID-19 context;
- Establishing procedures and methodologies for stakeholder consultations including the dissemination of this ESMF with proper documentation of the process and strategies for feedback;
- Following WHO guidance on Risk Communication and Community Engagement and on preventing and addressing social stigma associated with COVID-19 (see Annex 12 Resources)
- Refining the grievance redress mechanism (see details below), and
- Working across all the partnering institutions to have a well-defined strategy for stakeholder participation in the monitoring of project impacts.

Consultations during Project Preparation and Implementation

Consultations During Project Preparation. During pre-appraisal in July 2020 a set of consultations took place in the various districts, which focused on local communities in the proximity of the facilities slated for renovation as well as an orientation for District Chiefs on health sector activities. The first set of consultations focused on the scope of the renovations of the health facilities, including potential environmental and community risks. One of the major items raised was the presence of asbestos, and how to mitigate it. The second set of consultations with the District Chiefs involved a general discussion about this and the COVID-19 project. Key ESF-related issues in these consultations concerned the status of the GRM and waste management, both of which were clarified by the PCU.

Consultations During Project Implementation. Consultations and information disclosure will continue throughout project implementation. These consultations will be made, as outlined in the SEP, with project affected/interested stakeholders, relevant ministries and institutions working or having interest in the health sector and relevant CSOs/NGOs. Various means of communication as appropriate and consistent with ongoing restrictions, including using Twitter/Facebook, face-to-face consultations, phone calls will continue.

Reporting Back to Stakeholders. Consultations with stakeholders will be the main mechanism to inform them of the project and to get their feedback. MOH will ensure there are notes of project meetings and incorporation of comments into project documents when applicable. Stakeholders who provide specific suggestions will be followed up with after consultations with feedback on how their comments were considered. For instance, an email, message and/or official letter will be sent after workshops (in person

or virtual) on how comments/suggestions were considered.

Grievance Redress Mechanism

The GRM is being established to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved as detailed in the SEP. Grievances can be submitted if someone believes the Project is having a detrimental impact on the community, the environment, or on their quality of life. Stakeholders may also submit comments and suggestions.

The main objective of a 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 course of the implementation of projects;
- 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.

Description of the GRM

The GRM will include the following steps:
Step 1: Submission of grievances
Step 2: Recording of grievance and providing the initial response
Step 3: Investigating the grievance
Step 4: Communication of the Response Step 5: Complainant Response
Step 6: Grievance closure or taking further steps if the grievance remains open
Step 7: Appeals process
Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse. In the instance of the COVID-19 emergency, existing grievance procedures should be used 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.

Grievances will be handled at each HCF and at the national level by the COVID-19 communication and social mobilization technical Committee to be established by MOH that already is using as stated previously the Hotline and Call Center. The GRM includes the following steps:

- Step 1: Complainant discusses COVID19-related grievance. For instance, a grievance may be related to the upgrading works of the facility, the availability of medical equipment, treatment of patients with COVID-19, etc.
- Step 2: If the Complainant is not satisfied with how the grievance is handled, or if the grievance is not specific to a hospital, the grievance can be raised directly with the COVID-19 risk communication and community engagement technical Committee and/or hotline.

The above steps are at no cost to the complainant. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse. Any complaints in relation to SEA/SH will be handled confidentially and referred to a civil society organization active in the field of GBV and/or human rights. The GRM Focal Points will establish protocols on accessible and safe uptake channels, separate information sessions for women and girls, access to medical, psychosocial, and legal services through referral protocols and procedures for managing complaints that guarantee confidentiality and focus on survivors.

11. Budget

ESMF implementation costs will be shared with the COVID 19 project and are described in table 11.1. Such costs include training, development of E&S due diligence measures and other to be determined tools. Funds are needed to hire consultant(s) to prepare ESS site specific ESMPs and all associated E&S due diligence reports for Tier 2 subprojects. Additional costs are required for hiring consultants to complete the ESUA/ESMP for the new construction projects. Costs for undertaking travel to conduct monitoring and trainings as well as participation with World Bank supervision missions are also identified. The anticipated cost for all these initiatives is estimated at $170,000 USD.

Training topics/themes will cover the following topics as mentioned above in section 8:

- The Project ESMF approach
- MOH actions and environmental and social considerations
- Good international industry practices (e.g., WHO, CDC, OSHA) concerning OHS
- Managing construction waste, general Medical Health Care Waste
- Labor management practices
- ESSs, OHS and COVID-19 Considerations for all Civil Works Subprojects – Contractors and Subcontractors
- Grievance redress mechanisms
- Consultations, communications and feedbacks
- Ensuring all peoples are given equal access and rights
- Understanding concerns with gender-based violence, violence against children, social stigma
- Monitoring and reporting at all levels

Table 11. 1 ESMF implementation costs (costs to be shared with COVID 19 project)

Training	USD
1. Consultation on the ESMF 2. MOH/PCU to provide training on E&S good practice rolling out first 12 months, 5 Workshops with training modules at national and HCF level 3. Workshops – ES due diligence requirements for all contractors and subcontractors	40,000
Development of ES Due Diligence Measures and other Tools	
1. Recruitment of independent consultant for preparation of ESMPs for renovation and upgrades, EMPs, etc. and supervision	100,000
Supervision, monitoring, and reporting	
1. Travel or training and conducting monitoring and reporting 2. Quarterly monitoring including preparation of annual ES Standards monitoring report for World Bank 3. MOW/PIU to conduct supervision (with World bank supervision missions) and preparation of 6-month ESS Standards monitoring reports 4. Environmental Health Unit led multi-stakeholder Technical Committee conducts monitoring on occupational health and safety, waste management and compliance on guidelines and specifications by the contractors.	30,000
TOTAL	**$170,000**

ANNEXES

Annex 1 National and International Polices and Legal Framework

National Policies		
Policy	**Description**	**Focal Institution**
Gambia Environment Action Plan, GEAP (2009-2018)	Integrated environment and natural resources management. The Gambia's Environmental Action Plan seeks to promote and implement sound environmental policy. The GEAP represents the culmination of a series of initiatives and activities coordinated by the NEA. It is the master plan for the environment in The Gambia and contains a National Environment Policy, Framework Environmental Legislation and Environmental Strategy. The GEAP consists of Sectoral Plans for the medium and long term intended to lead to sustainable development in The Gambia. The Plan puts special emphasis on environmental management, pollutions and nuisances, and the necessity to safeguard the well-being of the populations.	NEA
National Energy Policy (2014 – 2018)	Policy aims to increase clean and sustainable energy	MoPE
Forestry Policy (2010-19)	Promotes state and community forests.	DoF
The Wildlife Sector Policy (2013 – 2020)	Aims to increase biodiversity and protected areas	DPWM
The National Health Policy (2012-2020)	Promotes and protects the health of the population	DHS
National Climate Change Policy (2016 – 2025)	Policy provides the framework for managing climate risks, building institutions, capacities, & opportunities for climate- resilient development	DWR
Gambia National Gender & Women Empowerment Policy (2010 – 2020)	To mainstream gender in national and sectoral planning and programming to ensure equity and equality	Office of The Vice President & Ministry for Women Affairs

National Youth Policy (2009 – 2018)	Policy aims to mainstream youth issues into the advancement of all sectors	MoYS
National Strategic Environmental Assessment Policy (2017- 2021)	Aims to ensure environmental sustainability	NEA
Health Care Waste Management Plan 2005-2010	The current long-term objective of the Health sector in Vision 2020 is to provide adequate, effective and affordable health care for all Gambians. Against this background the immediate policy objectives are: i) to improve the administration and management of health services; ii) provide better infrastructure for referral hospitals and health facilities; and iii) extend the primary healthcare (PHC) services to all communities. Whilst health care facilities appear to be singularly lacking in schools, management of health care wastes should not be excluded from this framework document as awareness programs in this subject can be pursued through the educational institutions.	
Relevant National Legislation		
Legislation	**Interpretation of Legislation**	**Enforcing Institution**
National Environment Management Act, NEMA, 1994	At national level, the National Environmental Management Act, NEMA, 1994, is the main document setting out the overall management of the environment. The NEMA is an Act of general legislation that provides a legal framework for activities in the environmental sector. The objective of this law is to define some legal basis for a correct use and a viable management of the environment and its components, in order to establish a system of sustainable development in The Gambia. This law forbids storage or disposal of toxic pollutant products on the ground, underground, on water bodies and in the atmosphere. It also recommends that the Government establishes environmental quality standards in order to ensure the sustainable use of the Nation's resources. This law contains chapters on environmental pollution and environmental quality standards. It focuses on the necessity of realizing environmental impact assessment (EIA) for projects and programs having negative effects on the environment or public health. In this field, the NEA had formulated guidelines and regulations on the EIA, including: checklists and screen forms; the main component of the assessment and the approval procedures. In this respect, the environmental law is directly relevant to the education infrastructure activities.	NEA
Environmental Impact Assessment Regulations, 2014	The Environmental Assessment Regulations 1999 provide the legal framework for the conduct of EIA procedure. The EIA Regulations and Procedure clearly spells out the EIA process, the Categorization of projects and sub-projects (A, B, C); Environmental Assessment, the procedure for technical assessment of the reports; the competencies required in the EIA field; etc. The procedure is of relevance directly to the proposed construction activities of COVID-19	NEA

	project, particularly as regards the classification of activities and the carrying out of the EIAs for construction works.	
Hazardous Chemicals and Pesticides Control and Management Act 1994	To regulate the use of hazardous chemicals and pesticides, the Hazardous Chemicals and Pesticides Control & Management Act was enacted in Parliament in April 1994 making it compulsory to register all hazardous chemicals and pesticides sold and used in The Gambia. This regulatory framework replaced the 1983 Pesticides Management Act and made the provision for the establishment of Hazardous Chemical and Pesticide Management Board (HCPMB), a regulatory body responsible for the registration, licensing and management of all hazardous chemicals & pesticides.	
The Hazardous Chemicals Regulations	The Hazardous Chemicals Regulations (1996) supports Part B of the Hazardous Chemicals and Pesticides Management Act. It provides for the registration of and applicants for the importation and use of hazardous chemicals, their labelling, packaging and safe storage, as well as the sale, handling and licensing of importers and storage facilities.	
The Environmental Quality Standards Regulations	The Environmental Quality Standards Regulations established an Environmental Quality Standards Board with the primary responsibility of proposing environmental quality standards to the National Environmental Management Council and to periodically review the standards. The standards set by this law apply to ambient air, saline waters, surface fresh waters and groundwater.	
The Environmental Discharge (Permitting) Regulations	The Environmental Discharge (Permitting) Regulations requires the registration of processes with the potential to pollute. The NEA may refuse to issue permits to these processes to discharge their wastes if their potential to pollute could exceed the limits of the Environmental Quality Standards.	
The Forest Act, 1998	The Forestry Act entrusts forest with the Minister responsible for forestry and have provision for the process of reserving or de-reserving forest land. The Act prescribes management techniques and prohibited acts in the forests. The penalties for the infringing on the provisions of the Act are also stated.	DoF
Biodiversity and Wildlife Act (2002)	The Act provides for the Department of Parks and Wildlife Management to declare and manage national parks, reserves and local sanctuaries, as well as Ramsar sites for the purpose of preserving the country's biodiversity. It also allows for the participation of 'local people' in biodiversity management for the purpose of ensuring their sustainable use.	
The National Water Management Bill (2001)	The Department of Water Resources has prepared a new National Water Management Bill as prelude to the enactment of a Water Resources Management Act that will provide for the management and rational utilization of water in The Gambia. Other provisions of the Bill include the creation of a National Water Resources Council that will: • Formulate the overall water resources policy for The Gambia;	

	• Ensure the rational and sustainable use of water resources of The Gambia; The Bill further mandates the DWR to license the abstraction of water; • Have power to make drought orders, prohibit the disturbance of groundwater; • Manage and control of water quality; • Designate water quality protection zones; • Prepare codes of good agricultural practices; • Develop of rural water supply; • Prohibit the discharge of any effluent from a sewage treatment works or any trade effluent into controlled waters.	
The Anti-littering Regulations, 2007	Addresses waste management and pollution issues in relation to environmental health and hygiene	NEA
Waste Management Bill (1997)	The Draft Waste Management Bill is the only specific legislation on waste. It has provision for the development of regulations on all solid and liquid wastes. Addresses waste management and pollution issues	NEA/MOH
Local Government Act, 2002	This Act was enacted in 2002 to make provisions for (i) the functions, powers and duties of local authorities, (ii) development in the decentralized governments, (iii) local government civil service, traditional authorities and the co-ordination of local government authorities.	Ministry of Lands and Regional Government (MoLRG)
State Lands Act, 1990 (Amended 2008)	Regulates land tenure and property rights	DLS
Land Acquisition &Compensation Act, 1990	Provides for consultation, resettlement, and compensation of land	MoLRG
Physical Planning and Development Control Act, 1991	The Physical Planning and Development Control Act provide the legal basis for the preparation and approval of any physical development plans and control of all types of land use on state land in The Gambia. The Act requires “all plans (national, divisional, city, town or local), prior to their approval by the subject Minister, to be exhibited to the public and their views considered”.	DPPH
Development Control Regulations, 1995	These Regulations further prescribe the requirements for development control	DPPH

Public Health Act, 1990	The Public Health Act was enacted to make provision for public and environmental health-connected matters. This Act empowers the Secretary of State to formulate regulations regarding the collection, removal and disposal of sanitary waste and other noxious waste. The Act also mandates the Director of Health Services who also heads the Department of Public Health Services to abate nuisances and to remove or correct any condition that may be injurious to public health. It empowers public health officers to monitor environmental and public health regulations.	Department of Health
The Gambia Roads and Technical Services Authority Act, 2003	Provides for the administration, control and maintenance of all roads in The Gambia.	NRA
Relevant International Policies and Treaties		
International Regulatory Instrument	**Focus Area**	**Focal Point**
United Nations Convention on Biological Diversity	Protection of trees and biodiversity	DPWM
UN Convention to Combat Desertification (UNCCD)	Desertification	DoF
Stockholm Convention on Persistent Organic Pollutants (POPs)	Forbids the use of POPs including polychlorinated biphenyls (PCBs)	NEA
UN Framework Convention on Climate Change	Relates to sustainable sourcing of all energy projects	DWR

Annex 2 National EIA Regulations and Procedure

According to the EIA Guidelines and the EIA Procedures all development projects likely to have negative environmental and social impacts will have to go through an EIA to determine their potential environment impacts. The EIA procedure involves the steps detailed below.

Environmental Screening

Screening Process

The objective of the project screening is to decide on the nature and extent of the environmental assessment needed for the project. It determines which activities are likely to have negative environmental and social impacts; determines the appropriate mitigation measures for activities with adverse impacts; incorporates mitigation measures into the project as appropriate; reviews and approves the project's proposals; monitors environmental parameters during the implementation of activities. The screening process is designed to determine which projects require a full EIA process. The screening process ensures objectivity and transparency.

Screening Form

A project brief is submitted by a developer using the « Screening Form ». The Screening Form requires that the developer provide information inter-alia on the following:

- Developer;
- Contact points;
- Location and size of the site/facility;
- Inputs required (utilities and raw materials);
- Products and by-products (finished products and wastes);
- Methods of waste disposal;
- Anticipated environmental impacts.

General information is required at this first stage. If in-depth analysis has already been done, results should be indicated on the screening form. If, however, only preliminary analysis/surveys have been done, this will in general suffice for the screening form.

Where the developer needs assistance to complete the screening form, a lead sectoral department or the NEA will be in a position to help. Upon completion by the developer, the form is submitted to the lead department or the Agency. If the form has been completed correctly, the lead department forwards the form to the Agency for consideration. The Agency determines the next actions in consultation with the lead department. If necessary, the Agency, the lead department, and/or the Working Group may visit the proposed project site to clarify details or complete the information required.

Project Classification

Based on information obtained from the screening form, a systematic review of the information is completed by the Agency to determine whether an environmental impact study needs to be conducted. Evaluation criteria have been established which provide a general guide for determining whether or not a full EIA is required. This ensures a fair and consistent review of all proposed projects at this screening stage, based on the information provided by the project proponent. As a result of this screening, the project is classified in the following manner:

Class A: Full Environmental Impact Assessment Required – If the Agency, either based on the screening form or after additional information has been provided, has sufficient reason to believe that the project will cause a significant negative impact on the environment, it will require that an environmental impact assessment be made in accordance with the provisions made below.

Class B: Additional Information Necessary – In case where doubts remain as to the significance of

potential impacts on the environment, further information is required. Projects rated as Class B will be required to provide additional information prior to the Agency making a decision on classification. In this case, the Agency will give the project proponent, in writing, a clear indication of the information that needs to be provided. The Executive Director reserves the right to determine what additional information is required. After additional information has been provided, the Agency will reassess the proposed project and will determine if it falls into Class A or C.

Class C: No Full Environmental Impact Assessment required – A project may be categorized as Class C if it is determined that the proposed project will have no significant or adverse impact on the environment. The Executive Director may grant environmental approval to the project without further analysis. In cases where it is obvious that a project will not be in line with the laws of The Gambia, the Executive Director may reject a project without any obligation to carry out an EIA.

Consultations with relevant government Ministries and Members of the Public

The Agency, upon receiving a project brief consults the lead sectoral department. It invites public comments on statements of project intent submitted to it especially from those most likely to be affected by a proposed project. It is only subsequent to these two consultations that the Agency is required to invite interested organs of the State to comment on both the statement and the comments made there-on. A public enquiry is the final form of consultation. This style of consultation is unique with fluid and consistent geographical and sectoral nuances.

To facilitate the EIA process, the following arrangements are proposed:

- A special file is opened for every developer to properly document all the transactions and consultations for each EIA case. Where necessary deemed necessary an environmental and social statement may have to be submitted.
- The Agency designs standard letters to be issued to developers who have submitted Project Briefs. The letter specifies the class of EIA required
- The Statement or its summary is published in local papers, also: (i) requesting members of the public to forward to the Agency any comments they may have and (ii) inviting the public to study and comment on the Statement which will be available at the Agency, the lead sectoral Department and the Offices of the Commissioner of the affected Division.
- The Agency, the developer, and the Permanent Advisory Group on EIA and interest groups hold consultative meetings with the communities after the public comments on a Statement.
- The Agency issues a Certificate of Environmental Approval to any developer whose project has been approved.
- According to Gambian EIA Regulations, all development projects are subject to environmental screening. Prior to granting permission to proceed with a project, a proponent is obliged to complete a Pre-evaluation Form that has been developed by the NEA. The nature, type and location of the project is described in the environmental screening form with a preliminary indication of potential socio-economic and biophysical impacts (number of people/ communities affected, sensitive habitats, threatened species, etc.). Based on the screening exercise, NEA makes a decision on whether an EIA is required or not. In the event where an EIA is not required, the proponent is still obliged to describe methods and procedures for proper environmental management (storage of semi-hazardous materials, solid waste disposal, etc.).

Apart from the EIA content, the procedures require a public survey prior to the issuance of any authorization on the basis of the EIA. The EIA conducted by the consultants at the request of the promoter is submitted for approval to the NEA that oversees the procedure for the conduct of EIAs (approval of the TOR, approval of the studies, authorization given to consultants and consultancy firms, etc.).

Annex 3 ESCOP Checklists

CHECKLIST 1 Environmental and Social Codes of Practice – INFECTION PREVENTION AND CONTROL – EXPOSURE AT HEALTH CARE FACILITY

Target: Health Care Workers/Health Care Facility Visitors/Construction Workers

General Infection Prevention and Control

- ✓ Procedures for entry into health care facilities, such as ensuring social distancing in queues, minimizing visitors and visitor hours, taking temperature checks and having separate area (including entry area) for patients presenting with COVID-19 symptoms/respiratory illness, who should be taken to a different area and given a face mask. All persons visiting hospitals should wash hands before entering and before leaving.
- ✓ Simple poster/signage (can be A4 paper) in local languages explaining entry procedures.
- ✓ Signage available in hospitals to remind health personnel to wear masks if necessary and wash hands before entering/leaving.
- ✓ Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients suspected of having COVID-19 and this should be restricted to essential personnel only (except in cases of young children or other persons requiring assistance, then a family member may be present but they must also be wearing PPE – at least gloves and mask – and adhering to protocols).
- ✓ Adequate facilities for hand washing available – this may mean setting up additional facilities throughout health centers.
- ✓ Provide soap and/or alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms.
- ✓ All facility staff to be in adequate PPE at all times (especially those doing triage at facility entrances)

Isolation and Treatment

- ✓ Isolate patients as much as possible, separate from people presenting with COVID-19. People with COVID-19 should be separate from each other by curtains or in different rooms if possible. Only place together in the same room patients who are have all contracted COVID-19. People with COVID-19 must be separated at all times from other hospital patients and health and other staff. This means there must be dedicated toilet facilities (or bedpans), hand washing facilities, and medical equipment (stethoscope, blood pressure machine, etc.) for patients with COVID-19 only.
- ✓ Use of Personnel Protection Equipment (PPE) at all times for medical staff and cleaners as needed (particularly facemask, gowns, gloves, eye protection and potentially face shield) when in contact with someone who may have COVID-19/ who is presenting with a respiratory illness, including for those caring directly for patients, cleaners entering patient's room, or where patient has been treated, and lab technicians handling blood samples. Train staff on how to use the PPE. Put reminders in hospitals (paper/signage) in local languages.

Staff Occupational Health and Safety

- ✓ Immediate and ongoing training on the procedures to all categories of workers (lab technicians, doctors, nurses, cleaning staff, etc.) on use of PPE, personal hygiene and thorough disinfecting of surfaces on a regular basis (multiple times per day using a high-alcohol based cleaner to wipe down all surfaces and when COVID-19 patients are discharged; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.) Put signage in hospital as a reminder.
- ✓ Make particular efforts to ensure that all staff (such as cleaners and those doing the washing) are able to understand these procedures and have access to the necessary PPE.
- ✓ Laboratories undertaking testing for COVID-19 virus should adhere strictly to appropriate biosafety practices and WHO guidelines on Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases.
- ✓ Labor personnel needs to be trained and acquainted with key provisions in Labor Management Plan (LMP), in particular Occupational Health and Safety (OHS) aspects.
- ✓ All staff to be trained and reminded of hand washing procedures, and signage included in bathrooms and other key

health center areas. Hand washing should involve use of soap / detergent, rubbing to cause friction, and placing hands under running water. Washings of hands should be undertaken before and after direct patient contacts and contact with patient blood, body fluids, secretions, excretions, or contact with equipment or articles contaminated by patients (including wastes, clothes and linen). Washing of hands should also be undertaken before and after work shifts; eating; smoking; use of personal protective equipment (PPE); and use of bathrooms. If hand washing is not possible, appropriate antiseptic hand cleanser and clean cloths / antiseptic towelettes should be provided. Hands should then be washed with soap and running water as soon as practical. Reminders should be placed throughout the health care facility, including pictorial on how to properly hand wash

Sanitation and Waste Management

- ✓ Ensure that the designs for medical facilities consider the segregation, collection, treatment and disposal of medical waste
- ✓ The treatment of healthcare wastes produced during the care of COVID-19 patientsshould be collected safely in designated containers and bags, treated and then safely disposed
- ✓ General cleaning strategies: (i) proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms; (ii) proceed from top areas to bottom areas to prevent dirt and microorganisms from dripping or falling down and contaminating already cleaned areas (for example clean mattress first, then clean bed legs); (iii) proceed in a methodical, systematic manner to avoid missing areas (for example, proceed from left to right or clockwise). Provide training to cleaning staff on these procedures, as well as on the use of PPE equipment, and put signage of reminders throughout health centers.
- ✓ Hospitals/health centers will also need to develop procedures and facilities for handling dirty linen and contaminated clothing and preparing and handling food. For instance, social distancing measures (people 2m apart) should be implemented for those preparing and serving food in hospitals, ensuring thorough handwashing as per above guidelines, with reminders in kitchen and eating areas, and cooks/servers should wear masks.

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities

CHECKLIST 2 Environmental and Social Codes of Practice – WASTE MANAGEMENT PROCEDURES

Target: Health Care Workers/Health Care Facilities/Laboratories

General Instructions

- ✓ All health care waste produced during the care of COVID-19 patients must be considered as infectious waste and should be segregated and collected safely in designated containers and bags, treated, and then safely disposed (WHO).
- ✓ Train the staffs who are assigned in handling, treatment, and disposal of waste management
- ✓ Train staff on how to put on and remove PPE.
- ✓ Ensure necessary PPE (Gown, gloves, face mask, goggles or face shield, gumboots) is provided to all staffs, as required.
- ✓ Ensure staff wear PPE when handling and disposing waste according to HCW guideline.
- ✓ Undertake proper segregation at source including:
  - Ensure all staff are provided training on color coding and handling of infectious and hazardous waste
  - All departments, laboratories and service delivery areas should be provided with appropriate equipment (needle cutters; sharps boxes) and color-coded bins

General Waste – Food waste, paper, disposable cups, plates, spoons etc.

- ✓ Collect in black bag
- ✓ Close and tie when 2/3rd full
- ✓ Transfer the waste to a temporary storage point for general waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ✓ Transport to landfill away from facility

Infectious Waste – Gown, gloves, apron, shoe cover, disposable items, mask etc.

- ✓ Collect in small biohazard red bags
- ✓ Close, seal the bag with cable ties and tie lose when 2/3 full
- ✓ Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ✓ Securely transfer to approved and professionally managed MOH incinerators
- ✓ Transport other infectious waste according to general medical waste protocols

Sharp Waste and needles

- ✓ Put in puncture proof plastic container
- ✓ Close the lid and seal the container when 2/3 full
- ✓ Put in the red bag and tie lose
- ✓ Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ✓ Securely transfer out for incinerating or appropriate disposal

REFERENCES

- ➢ WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- ➢ WHO technical brief water, sanitation, hygiene and waste management for COVID-19;

- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities

CHECKLIST 3 Environmental and Social Codes of Practice – COMMUNITY AND SOCIAL INCLUSION

Target: General Population/Vulnerable Groups/

General Communication

- ✓ When developing communication materials, it is important to ensure that they are clear and concise, and that they are in a format/language that is understandable to all people, in particular the most vulnerable. Messages should be clear and concise, focusing on hygiene measures (hand washing, coughing), what to do if suspect have COVID-19, as well as restrictions if applicable (for instance specific guidelines on social-distancing).
- ✓ Utilize appropriate media needs to be used (social media, radio, tv) plus engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc.). Ensure that information is accessible in sign language and relevant local languages.
- ✓ Communication materials must also be clear about (i) how to avoid contracting COVID-19 (good hygiene measures); (ii) symptoms of COVID-19; (iii) what to do if suspect have COVID-19.
- ✓ Communication materials and outreach to people, including Risk Communication and Community Engagement Plan (RCCE) materials, must make clear that all treatment for COVID-19 at provincial/referral hospitals, including in Phnom Penh, and public hospitals is free and accessible for all population. People must also be told about the GRM process to denounce any instance where they are asked to pay to access needed medical services (unless it is a private hospital).
- ✓ Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers, celebrities) and local networks (such as women's groups, youth groups, business groups, and traditional healers) that can help to disseminate messages. Define clear and easy mechanisms to disseminate messages and materials based on community questions and concerns.
- ✓ A focus of information materials should be on women, as they tend to be the best venue of communication for children and the elderly in the household.
- ✓ RGC/MOH should consider having a dedicated hotline for people to call for questions and recommendations on what to do if they suspect they may have COVID-19.

Infection Prevention

- ✓ Information on how to protect oneself from COVID-19, the symptoms of COVID-19, where and how to get tested should be made available to everyone and ensure they are accessible to IPs, marginalized groups, those with disabilities, other vulnerable groups and the elderly by using different languages (including sign language), and in a manner that is culturally appropriate to the respective groups and specific needs.
- ✓ Promote large scale social and behavior change. Introduce preventive community and individual health and hygiene practices with a focus on handwashing. Could include gifting of soap bars, distributed by commune authorities or District health officials.
- ✓ Workplaces should be encouraged to post and provide communication materials, in particular workplaces which may face a higher risk of COVID-19 spread, such as construction sites and factories. This may include social isolation measures in workplaces, separating people from each other (2m), opening spaces to allow for natural ventilation, providing hand sanitation facilities (soap/water or hand sanitizer), etc.

Economic and Livelihood Impacts

- ✓ Planning of containment measures and social restrictions need to take into account the livelihood impact it will have for the population, in particular the most vulnerable (the poor, elderly, women single heads of household, IPs, those with disabilities). MOH and RGC may need to develop specific mitigation measures for this, outside the scope of this ESMF. This may include social safety nets with cash transfers to specific population groups, ensuring that it does not exclude informal workers, the poor, home-based workers, etc. May also include food grants, essential basket of goods, childcare support for women, etc.

Stakeholder Engagement

- ✓ Stakeholder Engagement Plan (SEP) must use different communication methods.
- ✓ Stakeholder Engagement Plan (SEP) should ensure consultations with NGOs and other stakeholders that can provide recommendations on how to communicate information and develop RCCE.

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO Risk Communication and Community Engagement (RCCE) Guidance, https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance
- IFRC, UNICEF, WHO Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma, https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19
- Human Rights Watch COVID-19 A Human Rights Checklist: https://www.hrw.org/sites/default/files/supporting_resources/202004_northamerica_us_covid19_checklist2.pdf

CHECKLIST 4 Environmental and Social Codes of Practice – SMALL SCALE CONSTRUCTION, UPGRADES, REHAB, EXPANSION

Target: Construction Workers OHS/Project Supervisor/Facility Manager

Worker Safety

- ✓ The local construction and environment inspectorates and communities have been notified of upcoming activities
- ✓ The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works)
- ✓ All legally required permits have been acquired for construction and/or rehabilitation
- ✓ The Contractor formally agrees that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment.
- ✓ Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots)
- ✓ Appropriate signposting of the sites will inform workers of key rules and regulations to follow.

General Rehabilitation and/or Construction

- ✓ During interior demolition debris-chutes shall be used above the first floor
- ✓ Demolition debris shall be kept in controlled area and sprayed with water mist to reduce debris dust
- ✓ During pneumatic drilling/wall destruction dust shall be suppressed by ongoing water spraying and/or installing dust screen enclosures at site
- ✓ The surrounding environment (sidewalks, roads) shall be kept free of debris to minimize dust
- ✓ There will be no open burning of construction / waste material at the site
- ✓ There will be no excessive idling of construction vehicles at sites
- ✓ Construction noise will be limited to restricted times agreed to in the permit
- ✓ During operations the engine covers of generators, air compressors and other powered mechanical equipment shall be closed, and equipment placed as far away from residential areas as possible
- ✓ The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.

Waste Management

- ✓ Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities.
- ✓ Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers.
- ✓ Construction waste will be collected and disposed properly by licensed collectors
- ✓ The records of waste disposal will be maintained as proof for proper management as designed.
- ✓ Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)

Wastewater Treatment

- ✓ The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities
- ✓ Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment
- ✓ Monitoring of new wastewater systems (before/after) will be carried out
- ✓ Construction vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surface water bodies.

REFERENCES

- ➢ WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- ➢ WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);

CHECKLIST 5 Environmental and Social Codes of Practice –

CODES OF CONDUCT

Target: Contractors/Subcontractors/Project Personnel

Contractors Code of Conduct Obligations

- ✓ Bidder shall submit its Code of Conduct that will apply to Contractor's Personnel (as defined in Sub-Clause 1.1.17 of the General Conditions of Contract), to ensure compliance with the Contractor's Environmental and Social (ES) obligations under the Contract.
- ✓ The Bidder shall use for this purpose an approved Code of Conduct form
- ✓ No substantial modifications shall be made to this form, except that the Bidder may introduce additional requirements, including as necessary to take into account specific Contract issues/risks.
- ✓ This Code of Conduct is part of overall ESCOP measures to deal with environmental and social risks related to the Construction Works.
- ✓ The Code of Conduct applies to all staff, laborer and other employees at the Works Site or other places where the Works are being carried out.
- ✓ The Code of Conduct also applies to the personnel of each subcontractor and any other personnel assisting in the execution of the Works.
- ✓ All such persons are referred to as "Contractor's Personnel" and are subject to this Code of Conduct.
- ✓ The Code of Conduct has explicit requirements, language and subsequent actions to ensure that the workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation

Required Conduct for all Employees and Staff in Individual Contracts

- ✓ carry out his/her duties competently and diligently;
- ✓ comply with this Code of Conduct and all applicable laws, regulations, and other requirements, including requirements to protect the health, safety and well-being of other Contractor's Personnel and any other person;
- ✓ ensuring that workplaces, machinery, equipment and processes under each person's control are safe and without risk to health;
- ✓ wearing required personal protective equipment;
- ✓ using appropriate measures relating to chemical, physical and biological substances and agents; and
- ✓ following applicable emergency operating procedures.
- ✓ report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent and serious danger to his/her life or health;
- ✓ treat other people with respect, and not discriminate against specific groups such as women, the elderly, people with disabilities, migrant workers or children;
- ✓ not engage in any violence against children, including physical or psychological abuse;
- ✓ not engage in Sexual Harassment, which means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature with another Contractor's or Employer's Personnel;
- ✓ not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another;
- ✓ not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions;
- ✓ not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage;
- ✓ complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, SEA/SH;
- ✓ report violations of this Code of Conduct; and
- ✓ not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer, or who makes use of the grievance mechanism for Contractor's Personnel or the project's Grievance Redress Mechanism.

Raising Concerns

- ✓ Persons that observe behavior that he/she believes may represent a violation of this Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly by:
  - Contact [enter name of the Contractor's Social Expert with relevant experience in handling sexual exploitation, sexual abuse and sexual harassment cases, or if such person is not required under the Contract, another individual designated by the Contractor to handle these matters] in writing at this address [ ] or by telephone at

[ ] or in person at [ ]; or

- Call [ ] to reach the Contractor's hotline (if any) and leave a message.

✓ The person's identity will be kept confidential, unless reporting of allegations is mandated by the country law.
✓ Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration.
✓ All reports of possible misconduct will be investigated, and appropriate action taken.
✓ Referral to service providers are required for support to the person who experienced the alleged incident.
✓ There will be no retaliation against any person who raises a concern in good faith about any behavior prohibited by this Code of Conduct.

Consequences of Violating the Code of Conduct

✓ All personnel will be notified and acknowledge that any violation of this Code of Conduct may result in serious consequences, up to and including termination and possible referral to legal authorities.

REFERENCES

- WHO Risk Communication and Community Engagement (RCCE) Guidance, https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance
- IFRC, UNICEF, WHO Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma, https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19
- Human Rights Watch COVID-19 A Human Rights Checklist: https://www.hrw.org/sites/default/files/supporting_resources/202004_northamerica_us_covid19_checklist2.pdf

Checklist 6 Environmental and Social Codes of Practice – MEDICAL EQUIPMENT AND SUPPLIES - DELIVERY

Target: Distribution Center and Warehouse Staff/Drivers/Health Care Workers

General Infection Prevention and Control

- ✓ Provide adequate facilities for hand washing – this may mean setting up additional facilities throughout health centers and supply warehouse/stores.
- ✓ Provide soap and/or alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks to warehouse workers and drivers
- ✓ Establish procedures for delivery truck arrival and unloading at all facilities
- ✓ Prohibit entry into health care facilities

Vehicle Maintenance and Safety

- ✓ Maintain vehicle inspection log per MOH standards
- ✓ Keep travel and work log for all vehicles and drivers
- ✓ Report on all vehicle accidents or mishaps

Safe Vehicle Operation

- ✓ Operation of vehicles is only by licensed drivers
- ✓ Drivers must obey all traffic laws, speed zones and other conditions

Driver Occupational Health and Safety

- ✓ Ensure transfer, loading and delivery actions by driver and staff adhere to supply/equipment weight and sizeconditions
- ✓ Loads need to be properly secured
- ✓ Delivery personnel must wear standard back and hand safety measures (back straps, gloves, etc.)
- ✓ Normal working hours adhere to 8-hour day with proper break time and meals

Checklist 7 Environmental and Social Codes of Practice – CONSTRUCTION SITES IN HEATH CARE FACILITIES

Target: Construction Workers/Health Care Workers

Minimize Exposure - Infection Prevention and Control

- ✓ Prohibit worker entry into health care facilities
- ✓ Establish procedures for delivery of supplies, materials at the construction site
- ✓ Supply face masks and other relevant PPE to all project workers at the entrance to the project site and require mandatory use of face masks
- ✓ 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
- ✓ All workers are required to be screened by trained health worker that includes temperatures measured and overall health conditions checked at the start of and end of each workday
- ✓ Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the work site
- ✓ Any worker showing symptoms of respiratory illness (fever + cold or cough) should be immediately removed from the site and tested for the virus
- ✓ Project management must have in place a protocol for testing any suspected worker
- ✓ Tracing co-workers who have worked alongside or spend time in close proximity (share meals, share accommodations or socialize) to suspected cases and those sharing accommodations with such a worker should also be removed from the site and tested
- ✓ Workers showing signs of sickness should not return to work at the project site until cleared by test results.

Worker Compensation for Suspected and Confirmed COVID-19 Cases

- ✓ Workers required to leave work site should continue to be paid daily wages for a predetermined time established in the worker contracts
- ✓ 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.

Training of Workers and Staff

- ✓ Train all workers 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.
- ✓ Use existing grievance procedures to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever
- ✓ 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 all construction waste and rubbish

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities
- World Bank COVID-19 References https://worldbankgroup.sharepoint.com/sites/wbsites/coronavirus/Pages/index.aspx

Annex 4 Infection Control and Waste Management Plan (ICWMP)

1. Introduction

1.1 Describe the project context and components

The MOH is responsible for providing the legal framework managing environmental and social risks in the health sector and develop various instruments to address priority Health issues. These instruments include the National Health Policy, the Health Sector Strategic Plan, the Health Care Waste Management (HCWM) Plan and the HCWM Policy.[9] The national health policy emphasizes the provision of preventive, promotive, curative and rehabilitative services, and is buttressed by the HCWM Policy which specifically highlights HCWM as a priority. The HCWM plan then defines in a clear and precise way the roles, responsibilities and field competencies of actors involved in HCWM, outlining the processes of HCW collection, transportation, storage and treatment. The plan sets out the health promotion and prevention actions that can be used to prevent diseases and injuries that can be caused by poorly managed HCW.

To operationalize the HCWM plan, the MOH has developed Health Care Waste Management – Standard Operating Procedures (HCWM SOP). The SOP has been designed as a means of accomplishing what is embodied in the HCWM policy and plan. It provides instructions on how to carry out the policy expressed in the plan and communicates who will perform the task, what materials are necessary, where the task will take place, when the task shall be performed, and how the responsible person will actually execute the task. The SOP covers all the relevant activities that are necessary to manage any HCW that can be generated from any Health Care Facility. It traces the activities from "cradle to grave".

The HCWM plan describes in handling and disposal of health care waste. Additional guidelines on injection safety have also been developed by the MOH to provide specific guidance to health care facilities on the distribution, use, collection and safe destruction of disposable syringes and safety boxes. Training on the HCWM has been provided to health facility staff in 5 of the 7 health regions that implemented the World Bank-financed Maternal and Child Nutrition and Health Results Project (MCNHRP; P143650). Potential risks to environmental and human health associated with hospital wastes, particularly hazardous chemical and infectious wastes are well-defined.

[9] The Gambia - National Health Care Waste Management Standard Operating Procedure, 2015 http://documents.worldbank.org/curated/en/764301468024555870/National-health-care-waste-management-standard

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

Healthcare waste (HCW) is the total waste stream from a healthcare facility (HCF) that includes sharps, non-sharps, blood, body parts, chemicals, pharmaceuticals, medical devices and radioactive materials. Poor management of this HCW exposes healthcare workers, waste handlers and the community to infections, toxic effects and can result in diseases, injuries or deaths. Most of it (75-90%) is similar to domestic waste. This fraction referred to as healthcare general waste (HCGW) is made of paper, plastic packaging, food preparation, etc. that haven't been in contact with patients. A smaller proportion (10-25%) is infectious/hazardous waste that requires special treatment. This fraction referred to as healthcare risk waste (HCRW) is the one which is of concern at Health Care Facilities (HCF) due to the risks that it poses both to human health and the environment. Poor management of this HCRW exposes healthcare workers, waste handlers and the community to infections, toxic effects and injuries. Exposure to HCRW can result in diseases or injury.

Minimizing waste generation at purchase points is accomplished by: (i) adapting the purchasing and stock control strategies that embrace planned purchasing leading to reduced volumes of waste, (ii) purchasing products with long shelf lives, (iii) purchasing products with biodegradable packaging and (iv) avoiding the push of bulk materials from donations.

Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's 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.

According to WHO, best practices for safely managing health care waste should be followed, including assigning responsibility and sufficient human and material resources to dispose of such waste safely. All health care waste produced during the care of COVID 19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably onsite. If waste is moved off-site, it is critical to understand where and how it will be treated and destroyed. All who handle health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it. Solid waste management including HCF infectious waste volumes will increase because of higher generation of personal protective equipment (PPEs) such as gloves, face and nose masks, waterproof protective gowns, rubber boots, rubber apron, and other contaminated materials including paper tissues. Proper collection, storage, transfer, treatment and final disposal of infectious waste from healthcare facilities and COVID -19 treatment units is key. The waste that is generated from quarantine is potentially infectious that increases the volume of hazardous waste.

The healthcare waste management system in the HCF addresses material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works. It involves minimizing waste generation at purchase point by (i) adapting the purchasing and stock control strategies that embrace planned purchasing leading to reduced volumes of waste, (ii) purchasing products with long shelf lives, (iii) purchasing products with biodegradable packaging and (iv) avoiding the push of bulk materials from donations.

A robust implementation system will be established to ensure that health care waste generated in the healthcare facilities and communities is properly managed by the persons/facilities through HCW SOPs.

2.2 Management Measures

Minimization, Recycling and Re-Use

The waste-management approach is largely based on the concept of the "3Rs", namely reduce, reuse and recycle. The most preferable approach is to avoid producing waste as far as possible. Where practicable, recovering waste items for secondary use is the next most preferable method. Waste that cannot be recovered must then be dealt with by the least preferable options, such as treatment or land disposal, to reduce its health and environmental impacts. The approach fosters a significant reduction of the waste generated in health-care facility (AT SOURCE).

Source reduction is achieved by setting up the most appropriate purchasing system, stock management system, waste recovery system and use of recyclable products. (Re-use)

Identification, Segregation and Packaging of Waste

This is a key step to waste minimization and is essential for effective waste management that leads to reduced quantities of hazardous waste, as the general waste is separated and follows the municipal waste stream. This greatly reduces the costs for safe disposal of hazardous health-care waste and improves public health protection. It should be done according to specific treatment and disposal requirements, be carried out by waste producer and be harmonized all over the country. Segregation is the process of separating different categories of waste at the point of generation in suitably designed, labeled and color-coded packaging for visual identification. Five different categories can be identified: sharps, infectious or contaminated non-sharps (healthcare risk waste – (HCRW), non-infectious or healthcare general waste (HCGW), chemical and Pharmaceutical waste and medical devices and radioactive materials.

Adequate Handling of Waste

The procedure covers the processes of handling, lifting, carrying, stacking and/or packing of health care waste. Personnel handling HCW must be protected by wearing personal protective equipment (PPE). Wearing PPE reduces risks from sharps, germs, exposure to blood and other body fluids and splashes from chemicals.

Safe Storage of Waste

Health care waste generated from health care facilities can pose risks to patients, health care workers and visitors and / or the environment if not stored properly whilst awaiting treatment. There is need to store Health Care Waste correctly, safely and optimally, temporarily, in a health care facility so as to minimize or avoid any potential negative impacts on the Health Care staff, patients, the environment and the community at large. Storage areas are places within a health-care facility where deferent types of waste should be brought for safe retention until it is treated or collected for transport offsite.

Specialized waste storage areas for particular items (e.g. blood, radioactive substances, chemicals) are only likely to be required at large and specialized medical centers.

Safe & Appropriate Transportation of Waste

After proper packaging, Health Care Waste must be correctly and safely transported from point of generation to the facility's temporary waste storage site, and ultimately to the treatment facility, minimizing potential risk to all the people in the chain. Transportation involves internal collections, transportation within facility and external transportation.

HCW must be collected and removed from the wards on a regular basis. Collections of HCW within a health care facility should be well planned and managed. The facility's waste management plan should include a detailed schedule for the collection of the waste generated at source. The person responsible for

managing the facility's temporary HCW storage site shall ensure the execution of the system in accordance with the waste management plan. This person must also ensure that all necessary consignment forms are correctly and thoroughly filled in and appropriately filed for safekeeping.

On-site transportation can be done through the use of wheelbarrows, trolleys, wheelie-bins, or other wheeled containers or carts. They should not be used for any other purpose. Don't mix waste streams when transporting and always follow specific routes through the HCF. The on-site transport should meet the easy to load and unload and easy to clean and disinfect and have confines or side-walls to hold waste containers. External transportation should be done using dedicated vehicles. They shall be free of sharp edges, easy to load and unload by hand, easy to clean/disinfect, and fully enclosed to prevent any spillage in the hospital premises or on the road during transportation. The transportation should always be properly documented, and all vehicles should carry a consignment note from the point of collection to the treatment facility.

Waste Quantification

The quantification of waste is necessary for control, monitoring, statistical capture for analysis, budgetary purposes, logistical projections. The Health Care Facility must keep daily records of the source / generator of waste (ward, unit, department), quantity of containers, capacity/volume of containers, weight in kg, categorization (waste stream), date of collection from the source, place for signature of responsible person to clinch accountability, thus keep Daily Waste Log Sheets.

Occupational Health & Safety

All people in the HCWM chain, who at any point handle or come into contact with HCRW, must be protected as much as possible by suitable prophylaxis, medical surveillance, an efficient response to workplace injuries or accidents when they occur, avoiding recurrence of accidents as far as reasonably practicable. Workers are always exposed to the potential risks posed by the waste. There is a need for appropriate training in health and safety procedures, need to be well informed of all the potential risks posed by exposure to the HCRW, need to understand both the value of immunization and the importance of consistently and continuously protecting themselves by using the correct PPE and maintaining personal and hand hygiene and need to know the importance of reporting incidents, as well as all injuries on duty (including needle stick injuries).Thus Personnel training should cover the following: Correct PPE for HCW handlers, Correct procedures for identifying, packaging, handling, transporting and packing the various streams of HCRW, Spillage management for the various streams of waste, maintenance of personal and hand hygiene at all times and reporting protocol for Incidences.

This first step comes prior to the production of waste. Health Care Waste Handlers should be protected by wearing personal protective equipment (PPE). PPE reduces risks from sharps, germs, exposure to blood and other body fluids and splashes from chemicals. The type of PPE used in certain scenarios will be determined by the risk associated with the activity performed, in general, the array of PPE made available to workers handling HCRW should include body protection – uniforms, such as conti suits / aprons / fire-armor, face Protection – Masks and protective visors / full-face shields, feet Protection - Safety boots / gumboots and hand Protection – Gloves

Hand Hygiene

It is the most cost-effective and simplest measure to prevents cross-contamination. Wearing gloves is not a substitute for hand hygiene. Measures to keep hands clean: is to wear gloves avoid contact with surfaces that are potentially contaminated, keep fingernails short, clean, and healthy lesions and breaks in skin integrity increase the risk of patient and clinical staff member infection. Remove rings, watches, and bracelets before performing hand hygiene activities. wash hands with soap and water as follows (40-60 seconds) ; Wet hands with warm water; Apply enough soap to cover all hand surface; Rotate rubbing

hands palm to palm together seven (7) times; Rub right palm over left dorsum with interlaced fingers and vice versa seven (7) times; Rub palm to palm with fingers interlaced seven (7) times; Rub back of fingers to opposing palms with fingers and vice versa seven (7) times; Rotate rubbing of left thumb clasped in palm and vice versa seven (7) times; Rotate rubbing backwards and forwards with clasped finger of right hand in palm and vice versa seven (7) times; Rinse hands with water; Dry hands thoroughly with a single use towel; Use towel to turn off faucet and open door and Discard towel in general waste (black) bin. Hand hygiene should be performed upon entering patient areas, before and after patient contact, after removing gloves or before wearing gloves, any time there is a risk of contact with blood or other potentially infectious materials, before and after eating, drinking or smoking, and, before and after using the toilet.

Decontamination of General Surfaces

Thorough cleaning and rinsing are the most important step when decontaminating reusable medical equipment. Cleaning primarily removes rather than kills microorganisms. Effective cleaning is a multistep process that relies on several interdependent factors that include the quality of the water; the quality, concentration, and type of sodium hypochlorite (or other chosen chemical cleaning product); an acceptable washing method; and proper rinsing and drying.

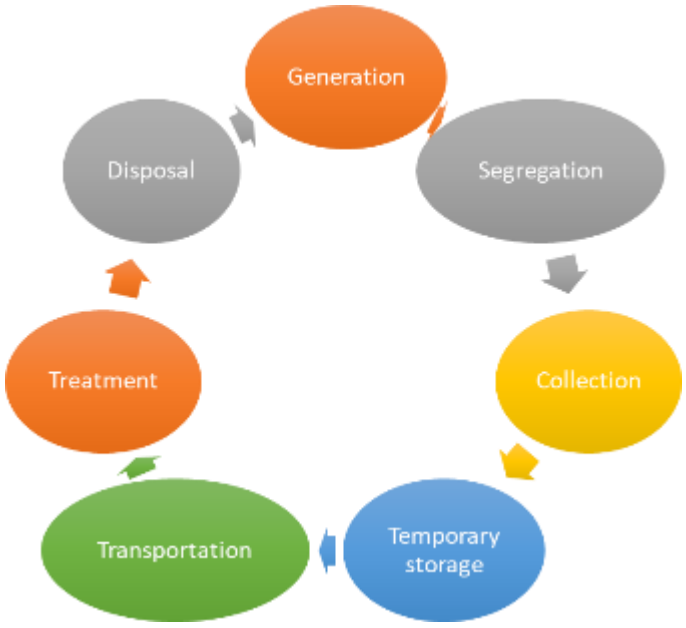
Spillage Management

Waste spillages can occur at due to torn bags, broken seals, Broken sharps containers. In any event, inform the Managerial Staff/ Infection Prevention Control Committee. The origin of the waste must be determined before the clean-up can begin. Responsibility for clearance of the spillage must be delegated and only carried out by persons trained in the correct procedures, e.g. cleaning of bodily fluids and sharps. The Support Staff are responsible for dealing with the management of spills at health care facilities and for completing the Incident Injury Report Form. This procedure describes outlines the process of managing spillages using sodium hypochlorite solution.

Mercury Waste Management

Mercury is toxic, and can affect adults, children, and the unborn babies. Mercury volatilizes at room temperature and its bio-accumulates, bio-magnifies, and cannot be destroyed. It is considered a ‘special waste’ and therefore warrants special handling, storage and final disposal. Predominant sources of mercury contamination are broken thermometers, broken sphygmomanometers, broken fluorescent tubes.

Waste management cycle involves the following stages:



Based on the SOPs for healthcare waste management, each parameter shall be given a score ranging from 1 =poor to 5 = excellent. Any facility scoring less than 45% of their maximum possible scores shall undergo more rigorous scrutiny, and any facility scoring more than 75% of their maximum possible scores shall be accordingly rewarded.

3. Emergency Preparedness and Response

Emergency incidents occurring in a 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, communities, the 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.

4. Institutional Arrangement and Capacity Building

The Environmental Health Unit of the Ministry of Health will be the central co-ordination point. The institutional framework at all levels of the Ministry of Health (MOH) should henceforth deliberately include the coordination of Health Care Waste Management initiatives, and actively pursue the building of capacity, skills and training within the Environmental Health Unit for the effective and sustainable management of Health Care Waste in The Gambia.

The National Environmental Agency (NEA) will be responsible for monitoring of the implementation of the HCWMP. It has the overall responsibility of protecting the environment and thus ultimately the activities of the Environmental Health Department must conform to the requirements of the Environmental Management Act. It will watch over the whole chain of HCW from generation to final disposal.

Municipalities/ local government must ensure that facilities capable of handling all the Health Care Waste generated in their area of jurisdiction are in place. They shall also be responsible for putting in place arrangements to make sure that Health Care Waste are not mixed with general wastes in their public landfills and that soil, water and air are not polluted by this waste.

All professional and non-professional, health-related organizations, as well as practitioners in the private sector shall be responsible for ensuring that their members comply with this policy.

A partnership framework which includes public and private sectors, NGOs and Civil Society will be established and all these stakeholders and producers of Health Care Waste will be encouraged to take responsibility for their waste. Inter-ministerial and inter- sectoral collaboration and partnerships will be fostered, and the involvement and expertise of the private sector will be harnessed to achieve public health care policy objectives for improving access, quality and equity in healthcare.

An enabling environment for Health Care Waste Management will be vigorously created through the application of the available Regulations, Standards, Guidelines and other management systems and tools to effectively address the proper procurement of equipment, the application of Health and safety standards and infection control aspects in the cradle to grave process of handling Health Care Waste. This process will also be guided by existing environmental conventions, agreements and treaties, and other relevant international standards.

An Environmental and Social Safeguards national taskforce will be established to coordinate the implementation of the approved activities as they contribute to the attainment of the set standards. The national task force will provide technical support to the Ministry of Health in the implementation of activities in the approved work plan as it relates to Environmental and Social Safeguards.

The management of healthcare facilities will be responsible for day-day management of healthcare waste in their facilities with the establishment of committees that will be infection control and biosafety and waste management facility operation with clear cut responsibilities and operational plan.

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. The HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF OIC 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 systems should be in place. Health facility monitoring will be conducted by Regional Health Directorates and quarterly strengthened by central level national task force.

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

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
General HCF operation – Environment	General wastes, wastewater and air emissions	- Provide health establishments with needle crushers and sterilizers - Provide each care facility with a standardizer - Bagging of ashes and disposal to authorized landfills - Establishment of an internal wastewater collection network - Installation of a disinfection system and connection to the public network if there is one	HCF MOH	During the first trimester
General HCF operation – OHS issues	- Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - Ergonomic hazard; - Radioactive hazard.	- Make equipotential and earth all conductive elements - Use inductive or electric eliminators - Use anti-static material or equipment - Compartmentalization and sectorization of the electrical system - Arrange firewalls in intensive care rooms - Develop an evacuation plan in case of fire - Provide fire extinguishers and train health workers to handle them - Information and training of workers on the risks involved, - Appropriate signage and marking of areas and risks of exposure, - Monitoring of the radiological exposure by the occupational physician - Presence of a trained expert responsible for ensuring compliance with protective measures, participating in worker training, and carrying out analyzes.	HCF MOH	During the first trimester
HCF operation - Infection control and waste management plan	Infectious risk	- Training of healthcare workers, implementation of infection control and prevention measures - Mandatory wearing of PPE	HCF MOH	During the first trimester

		- Decontamination of the transport vehicle after transporting the Covid-19 patient and the analysis sample - A daily program and a collection circuit must be planned by the head of the SNH. - Each type of waste will be collected and stored separately. - Employees responsible for collecting waste must be informed of sharps containers that have been closed by healthcare personnel. - They must put on PPE and handle the waste with caution. - Any shipment of sample to laboratories must comply with the three-layer packaging conditions - Patients in self-isolation and members of the household must have been trained in the rules of personal hygiene and essential measures to prevent and fight infection		
Waste minimization, reuse and recycling	Infectious risk	- Prohibit the reuse of waste in contact with cases of COVID-19 - Disinfect sachets of waste comparable to household waste - Landfill of waste at landfills - Standardize the DASRI - Place the tubes in a triple packaging system for transporting samples. - The outer packaging must specify the name and contact details of the sender - Diversification of analysis laboratories - Workstation ergonomics - The containers which contain the contaminating products can be soaked and disinfected with disinfectant containing for example 5000 mg / l of active chlorine for thirty minutes	HCF MOH	During the second trimester

		- Waste must be placed in double-wrapped medical waste bags and disposed of as medical waste		
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies	- Contamination - Disease - MSD (musculoskeletal disorders) - Stress	- Place the tubes in a triple packaging system for transporting samples - The outer packaging must specify the name and contact details of the sender - Diversification of analysis laboratories - Workstation ergonomics - The containers which contain the contaminating products can be soaked and disinfected with disinfectant containing for example 5000 mg / l of active chlorine for thirty minutes - Waste must be placed in double-wrapped medical waste bags and disposed of as medical waste	Analysis Laboratory	At the start of operations
Storage and handling of specimen, samples, reagents, and infectious materials	- Infectious risk - Disease	- Implementation of a sorting system with two containers (sharp / sharp, potentially infectious waste) - Adopt a double bagging of waste (opaque bag and having a functional closure system) from the treatment of COVID-19 cases, all stored in a container of IBC type - Provide care centers with IBC type containers - Provide healthcare establishments with sorting and packaging equipment (needle bins, room bins, storage bins, garbage bags, etc.)	HCF MOH	At the start of operations
Onsite collection and transport	- Contamination - Infectious spills	- The internal transport of waste must be done by specially dedicated trucks with watertight and secure IBCs - IBC type containers on wheels are recommended for the internal transport of infectious waste - The containers will be washed and disinfected after being emptied (5% solution of active chlorine). -	HCF MOH	At the start of operations

Waste storage	Odor nuisance	- Reduce internal storage times to 24 hours for waste from epidemic treatment centers and containment sites - Patients in self-isolation and members of the household must have been trained in the rules of personal hygiene and essential measures to prevent and fight infection	HCF MOH	At the start of operations
Onsite waste treatment and disposal	Contamination	- Development of landfill lockers with active sealing barriers specially dedicated to biomedical waste - Provide treatment centers for epidemics with trivializers	HCF MOH	At the start of operations
Waste transportation to and disposal in offsite treatment and disposal facilities	Contamination	- Train the agents responsible for this activity on the handling and transport of hazardous waste - Develop waste treatment areas in public landfills	HCF MOH	At the start of operations
Emergency events	- Spillage; - Occupational exposure to infectious; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities; - Fire;	- Contact the person authorized to implement the Emergency response plan - Triggering the emergency response system and securing the contaminated perimeter, - Wear disposable gloves and, if aerosols are formed, glasses and a respirator for particles (FFP1 or FFP2). - Cover the contaminated area with absorbent paper, soaked in disinfectant. - Cover the contaminated area with a disinfectant in a concentric way, starting at the edge and progressing towards the center of the contamination. - Avoid spraying or pouring the disinfectant from above, which can cause aerosols. - Leave to act according to the specifics of the disinfectant (but generally at least three minutes). - Mop up and dispose of all waste and contaminated material in the appropriate container (infectious waste).	HCF MOH	At the start of operations

	- Other emergent events	- Beware of sharp and sharp debris which must be picked up using tweezers and thrown into the sharps container. - Disinfect all objects present in the contamination perimeter, the walls of furniture or equipment likely to be contaminated. - Remove personal protective equipment, throw contaminated material in the infectious waste bin and incinerate - Disinfect your hands.		
Operation of acquired assets for holding potential COVID-19 patients	Risk of resurgence of the virus	- Parietal decontamination including door and window frame for the floor and vertical surfaces - Decontamination by wiping with detergent / decontaminant of beds and other furniture - Soak the following material (buckets, plates, spoons, cups) for 30 minutes, in a 10 l bucket provided by the team and containing a 0.5% chlorine solution. - After decontamination, they can be cleaned with soap and water by family members. - Decontamination by wiping with detergent / decontaminating care materials and equipment - - Decontamination of the bedding with detergents solution on all sides, outside, then dried in the sun by the family	HCF MOH	At the start of operations

Annex 5 Labor Management Procedures

These Labor Management Procedures (LMP) establish how project workers will be managed in accordance with the requirements of national legislation and World Bank Standards. The LMP provide a summary of the expected Labour use and categories of workers in the project, an overview of the main risks and mitigation measures throughout project implementation, with particular reference to working conditions, occupational health and safety and grievance redress.

OVERVIEW OF LABOR USE

The World Bank ESS2 defines four categories of project workers:

- **Direct workers** - people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project.
- **Contracted workers** - people employed or engaged through third parties to perform work related to core functions of the project, regardless of location. These could be either international or national workers.
- **Primary supply workers** - people employed or engaged by the Borrower's primary suppliers (primary supply workers).
- **Community workers** - people employed or engaged in providing community labor, generally voluntarily. There will be no community workers engaged on the Project.
- **Civil Servant**- those employed directly by the Government.

The Gambia COVID-19 Project is expected to engage a variety of staff and workers listed below.

Project Activity	Estimated Number of Project Workers	Worker Category	Characteristics of Project Workers	Timing of Labor Requirements
Renovation and construction of hospitals, treatment and isolation centers	TBD	Contracted workers	Likely national workers. It is recommended that workers are hired locally to avoid labor influx and reduce the need to set up labor camps	Construction
Procurement and distribution of medical supplies and equipment	TBD	Direct workers	National workers who drive trucks and deliver medical supplies and equipment.	Throughout project implementation
Community outreach and capacity-building	TBD	Civil servants at MOH and other agencies, as well as consultants as direct workers	Might also include CSO staff as contracted workers	Throughout project implementation
Project management and monitoring	TBD	Direct workers	Directly recruited PCU employees and MOH civil servants	Throughout project implementation

ASSESSMENT OF KEY POTENTIAL LABOR RISKS

A number of labor risks are identified in conjunction with specific project activities as summarized in the table below.

Project Activity	Key Labor Risks
Renovation and construction of hospitals, treatment and isolation centers	Terms and conditions of employment are not consistent with WB standards Discrimination in recruitment and T&C Employment of children, migrants or seasonal workers Workplace accidents Exposure to hazardous substances Exposure to infected co-workers Sexual exploitation and abuse (SEA) Sexual harassment (SH)
Transportation of medical supplies, equipment and waste	Traffic hazards Risks from exposure to hazardous substances (medical waste, contaminated waste)
Community outreach and capacity-building	Exposure to infected workers and beneficiaries Sexual exploitation and abuse
Project management and monitoring	Traffic hazards during mission travel Exposure to infected workers and beneficiaries

BRIEF OVERVIEW OF LABOR LEGISLATION

a) TERMS AND CONDITIONS

The main piece of labor legislation in The Gambia is the Labour Act of 2007. In addition, the Public Service Act of 1991 applies, as the activities are conducted by MOH staff. The Labour Act is silent on working hours, and therefore these LMP propose the duration of work to not exceed 40 hours per weeks (8 hours per day). This does not include time for meal breaks. The employees will have a meal break of 1 hour each workday. The duration of rest between working days shall not be less than 12 hours.

b) OCCUPATIONAL HEALTH AND SAFETY

Article 72 of the Labour Act defines basic requirements and general principles of occupational safety for jobs that are dangerous, hard, harmful, and/or hazardous (article 72).
Beyond the national legislation, the Government is following WHO COVID-19 Guidelines, including guidance on infection prevention and control.

RESPONSIBLE STAFF

The PCU will be responsible for the following:

- Implementation of this labor management procedure to direct workers
- Monitor training of the project workers
- Ensure that the grievance mechanism for project workers is established and monitor its implementation.

This section identifies the function and/or individuals/agencies within the project responsible for oversight mechanisms.
Engagement and Management of Direct Workers. The Ministry of Health (MOH) – through the PCU - is responsible for engagement of direct workers/contractors and compliance with contract conditions. The MOH will address all LMP aspects as part of procurement for works (such as transport of medical

supplies, minor civil works to refurbish labs or medical facilities, consultancy/technical assistance, etc.).

Engagement and Management of Contracted Workers. The Contractor is responsible for management of its workers or subcontracted workers in accordance with these LMP. This includes ensuring compliance with key aspects, in particular those relating to COVID-19 prevention and general OHS.

Addressing Workers Grievances. MOH and Contractors will be required to implement a Grievance Redress System (GRM), which responds to the minimum requirements in these LMP. The MOH will review records on a monthly basis. MOH will keep abreast of complaints, resolutions and reflect in quarterly reports to the World Bank.

POLICIES AND PROCEDURES

This section outlines main policies and procedures to be followed during implementation phase of the project. This section will be updated and amended as needed.

The PCU will inform the Bank about any significant event (labor issues) as soon as reasonably practicable, but no later than five calendar days after the occurrence of the event. Such events include strikes or other labor protests. The PCU will prepare a report on the event and the corrective action and submit to the Bank within 30 calendar days of the event.

Age of Employment

Gambian law, especially the Children's Act of 2005, prohibits anyone under 18 years of age from performing hazardous work as public or private agricultural, industrial or non-industrial undertaking or in any of their branches. This project will not be in the category, but the project will not hire anyone under the age of 18 years old

Terms and Conditions

As specified in the Labour Act of The Gambia, the employment of project workers will be based on the principles of non-discrimination and equal opportunity. There will be no discrimination with respect to any aspects of the employment relationship, such as recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment.

The terms and conditions applying to PCU and other direct employees are set out in the contracts which provide for the rights of employees in line with the national Labour Act. Terms and conditions of contracted workers are determined by their individual contracts. The work hours are 40 per week for direct workers who are PCU employees.

As a core contractual requirement, the contractor is required to ensure all documentation related to environmental and social management, including the LMP, is available for inspection at any time by MOH. The contractual arrangements with each project worker must be clearly defined. All environmental and social requirements will be included in the bidding documents and contracts.

In addition, MOH will be responsible to ensure that safe messaging around COVID-19 prevention and OHS measures are distributed and available to all project staff directly hired/working for MOH, as per provisions in this LMP.

Contractor Management

The PCU will use the Bank's 2018 Standard Procurement Documents for solicitations and contracts, and these include labor and occupational, health and safety requirements. The tendering process for contractors will require that contractors can demonstrate their labor management and OHS standards, which will be a factor in the assessment processes.

Contractual provisions will require that contractors:

- Monitor, keep records and report on terms and conditions related to labor management, including specific aspects relating to COVID-19;
- Provide workers with evidence of all payments made, including benefits and any valid deductions;
- Ensuring there is a health and safety focal point, responsible for monitoring OHS issues and COVID-19 prevention and any cases of the virus;
- Keep records regarding labor conditions and workers engaged under the Project, including contracts, registry of induction of workers including Code of Conduct, hours worked, remuneration and deductions (including overtime);
- Record safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, etc.);
- Report evidence that no child labor is involved;
- Training/induction dates, number of trainees, and topics;
- Insurance for workers against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID- 19.
- Details of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken. Grievances listed should include those received since the preceding report and those that were unresolved at the time of that report;
- Sign the Manager's Code of Conduct and/or the Individual Code of Conduct, as applicable.

Monitoring and performance management of contractors will be the responsibility of MOH. MOH will be responsible for oversight of labor management provisions as well as contract supervision. The MOH Focal Point will have overall responsibility for data collection, monitoring, and analysis of the LMP as part of the Project's M&E efforts. The MOH Focal Point will monitor the implementation of, and compliance with, this LMP, including management of worker-related grievances. Monitoring reports should be reviewed and submitted regularly to Manager of the PCU, who will submit with other monitoring reports to the World Bank.

Contractors will keep records in accordance with specifications set out in this LMP. MOH may at any time require records to ensure that labor conditions are met and that prevention mechanisms and other safety issues, general to OHS and specific to COVID-19, are being followed. MOH will review records against actuals at a minimum on a monthly basis and can require immediate remedial actions if warranted. A summary of issues and remedial actions will be included in quarterly reports to the World Bank.

Occupational Health and Safety (OHS)

All project workers should receive training on OHS as well as COVID-19 prevention, social distancing measures, hand hygiene, cough etiquette and relations with local community. Training programs should also focus, as needed, on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, communication and public-awareness strategies for health workers and the general public on emergency situations, reporting and actions on COVID-19 cases in the workforce, as well as compliance monitoring and reporting requirements, including on waste management, OHS and project's labor-management procedures, stakeholder engagement and grievance mechanism.

OHS measures include the following provisions:

- Ensuring workplace health and safety standards in full compliance with National law, at a minimum, and including (1) basic safety awareness training to be provided to all persons as well as on COVID-19 prevention and related measures; (2) all vehicle drivers to have appropriate licenses (3) Safe management of the area around operating equipment inside or outside hospitals/laboratories/treatment facilities/isolation centers; (4) workers to be equipped with hard helmets, safety boots and protective gloves and/or PPE equipment as needed (particularly facemask, gowns, gloves, handwashing soap, and sanitizer) to protect from COVID-19; (5) secure scaffolding and fixed ladders to be provided for work above ground level; (6) First aid equipment and facilities to be provided in accordance with the
- Labour Law; (7) at least one supervisory staff trained in safety procedures to be present at all times when construction work is in progress; and (8) adequate provision of hygiene facilities (toilets, hand-washing basins), resting areas etc. separated by gender as needed and with distancing guidelines in place;
- Comply with national legislation, WB's ESS2 requirements and other applicable
- requirements which relate to OHS hazards, including WHO specific COVID-19 guidelines
- All workplace health and safety incidents to be properly recorded in a register detailing the type of incident, injury, people affected, time/place and actions taken including COVID-19 cases in the workforce, which should be reported to MOH and the World Bank immediately;
- All workers (irrespective of contracts being full-time, part-time, temporary or casual) to be covered by insurance against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID- 19;
- Procedures confirming workers are fit to work, which may include temperature testing and refusing entry to sick workers (with insurance in place to cover payment, as described above);
- All work sites to identify potential hazards and actions to be taken in case of emergency;
- Any on-site accommodation to be safe and hygienic, and with distancing guidelines in place, including provision of an adequate supply of potable water, washing facilities, sanitation, accommodation and cooking facilities;
- Workers residing at site accommodation to receive training in preventing prevention of infection through contaminated food and / or water, COVID-19 prevention and avoidance of sexually transmitted diseases;
- Provide laminated signs of relevant safe working procedures in a visible area on work sites, in English and local language as required, including on hand hygiene and cough etiquette, as well as on symptoms of COVID-19 and steps to take if suspect have contracted the virus;
- Provide PPE as suitable to the task and hazards of each worker, without cost to the worker;
- Construction materials manufactured in The Gambia be procured only from suppliers able to certify that no forced labor (including debt bondage labor) or child labor (except as permitted by the Labour Law) has been used in production of the materials;

Sexual Exploitation and Abuse (SEA)
The ESMF – through Checklist 5 Environmental and Social Codes of Practice - has identified mitigation measures related to SEA, and such measures will be reflected in site specific ESMPs, including the contractors ESMPs, where required. In addition, MOH will seek the advice of organizations and services who are actively engaged in prevention of gender-based violence, sexual exploitation and workplace sexual harassment, should there be indications of increased risks.

Grievance Redress
The Grievance Redress Mechanism for workers will build on elements of the GRM established by the project, which includes:

- Transparent and user-friendly channels to receive and register grievances;
- Explicit standards and deadlines to respond to grievances;
- Effective institutional structures and processes to analyze, resolve and monitor grievances.

At the same time, it will be a separate process. Project workers will be able to file their complaints with local, regional or national GRM Focal Points, established under the project GRM. They may choose to give a verbal complaint and the complaints officer will take down the complaint in writing. The complaints should be submitted alongside all relevant documents such as appointment letters, contract documents, dismissal and any piece of evidence to support complaints. These grievances will be registered in a separate log.

With the exception of minor issues, all workers' complaints will be the passed on to the PCU, which will first try to resolve them internally. More complex issues will be referred to the National GRM Committee, which will include a representative from the Human Resources Department of the Ministry of Health for workers' complaints.

The workers grievance mechanism will be described in staff induction trainings, which will be provided to all project workers. The mechanism will be based on the following principles:

- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination against those who express grievances and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response.

Information about the existence of the grievance redress mechanism will be readily available to all project workers (direct and contracted) and all the stakeholders through notice boards, the presence of "suggestion/complaint boxes", and other means as needed.

The Project workers' grievance redress mechanism will not prevent workers from seeking recourse from the Industrial Tribunal, established under the Labour Act, or from the Ombudsman (Act of 1997.) Both offer alternative forms of dispute settlement for complaints regarding injustice, corruption, abuse of power, labor issues, and unfair treatment.

Annex 6 Terms of References for ESMP for renovations and upgrades

Terms of Reference
THE GAMBIA ESSENTIAL HEALTH SERVICES STRENGTHENING PROJECT (P173287)

1. Introduction

The Environmental and Social Management Plan (ESMPs) for the Project is developed to manage the potential environment and social risks for all small civil works subprojects. The Ministry of Health (MOH) is implementing the Project through funding from the World Bank. This ESMP follows World Bank Environmental and Social Framework mandates defined in three documents previously issued: Environmental and Social Review Summary (ESRS), Environmental and Social Commitment Plan (ESCP), and the Stakeholder Engagement Plan (SEP). As part of the World Bank support, the Ministry of Health developed this ESMP as well as the full ESMF which is being finalized. The consultant will be provided with a final copy of the ESMF. Relevant ES Standards are listed below.

Relevant Environmental & Social Standard	Required Measures and Actions
ESS1 Assessment and Management of Environmental and Social Risks and Impacts	MOH establishes and maintains assigned departments/institutes with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists. The Environmental and Social Management Framework (ESMF) shall be prepared before Project approval. The Infection Prevention and Control and Waste Management Plan (IPC&WMP) will follow already established procedures defined in the earlier COVID-19 project and stipulated also in this ESMF.
ESS2 Labor and Working Conditions	**Labor Management Procedures (LMPs)** establishes how project workers will be managed in accordance with the requirements of national laws and legislation. The LMP contains terms and conditions of employment, nondiscrimination and equal opportunity, and establishing/managing worker's organizations for construction companies. Restrictions on child labor and forced labor are also included. The LMP includes measures to ensure that labor is provided on a voluntary basis. It will also have the proper considerations for the COVID-19 situations. **Occupational Health and Safety (OHS) measures** to ensure the health and safety of workers, especially women, are defined in line with the ESMF, LMP, IPC&WMP. WHO guidelines on COVID-19 have been established for all Hospitals. A **Grievance Redress Mechanism** for workers and the roles and responsibilities for monitoring such workers is established within MOH. Provisions to prevent **SEA,** Gender-Based Violence **(GBV)** and/or **Violence Against Children (VAC),** including Code of Conduct for PCU's staff and contracted workers in line with relevant national laws and legislation are included at the project's LMP, adopted and applied under the project.
ESS3 Resource Efficiency and Pollution Prevention and Management	The **ICWMP** has been prepared before beginning the relevant Project activities. **Site ESMPs** will be required for renovation and expansion of the 6 hospitals by contractors.
ESS4 Community Health and Safety	Precaution measures in line with the ESMF, ICWMP and WHO guidelines on COVID-19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, quarantine and isolation centers and screening posts to the community. Communities, COVID-19 patients and their families will be treated with respect and dignity, in reference to infrastructure, accommodation and supplies, and communication.

	The project will put in measures to avoid any form of SEA/SH by following the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and adequate light in quarantine and isolation centers.
ESS10 Stakeholder Engagement and Information Disclosure	The government will ensure there is adequate public outreach/communications on the distribution of medical equipment and supplies. A draft **Stakeholder Engagement Plan** (SEP) including a **Grievance Mechanism** has been prepared, consulted and disclosed. The SEP shall be updated throughout project implementation. **Grievance Mechanism** shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10.

2. Project Description

The Project Development Objective is to improve quality and utilization of essential health services in The Gambia that supports the 2021–2025 Gambia National Health Strategic Plan (GMHSP).

Component 1. Improving the Delivery and Utilization of Quality Essential Primary Health Care (PHC) Services Using Results-Based financing Approach (US$27 million).

Subcomponent 1.1: Improving the quality of PHC health services delivery using a results-based financing Approach that will finance the delivery of quality and essential health services at each level of the health care delivery system (e.g., village health services [VHSs], community clinics, minor health centers, major health centers, district hospitals, general hospitals, and the teaching hospital). This subcomponent will provide: (i) performance-based financing (PBF) grants to health facilities for the delivery of the newly defined essential health care package; (ii) verification of the quality of services; and (iii) capacity for the expansion of RBF nationally.

This essential healthcare package includes integrated management of neonatal and childhood illnesses, infectious diseases, noncommunicable diseases (NCDs), and emergency obstetric care. This sub-component will also support capacity building for the national expansion of RBF with a NHIA processes for electronic enrollment (health insurance membership cards and means testing) and claims processing. Support will also include health care facility performance-based contracting based on quality of care and delivering the essential PHC package.

Sub-component 1.2: Community engagement to improve utilization of quality health services will scale-up and expand the highly successful Social and Behavior Change Communication (SBCC) activities initiated in the MCNHRP. The SBCC Program will focus on prevention activities and delivery of PHC as well as nutrition, women and girls' empowerment, NCDs, Water, Sanitation, and Hygiene [WASH], and climate change. Additionally, a grievance redress system (GRM) will be developed to resolve complaints and grievances in a timely, effective and efficient manner. This GRM will build on the call center established for COVID-19 pandemic response to ensure that project beneficiaries have multiple channels to report grievances or suggestions.

Sub-component 1.3. Building resilient and sustainable health systems to support the delivery of quality health services to support MOH's resilient and sustainable health systems for the delivery of quality health services and for strengthening Civil Registration and Vital Statistics (CRVS). The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) has allocated US$5.1 million to support health systems strengthening activities such as Health Management Information System (HMIS), Monitoring and Evaluation (M&E), national public health laboratory system, supply chain for the availability of medicines and consumables, and human resources for health.

Table 2.1. World Bank Group- and GFATM-financed Activities for HMIS and M&E

World Bank Group	GFATM
Strengthening the health information system and M&E • Establish an electronic health records system (for the hospitals) to facilitate implementation of the NHIS. • Develop an M&E plan for the 2021–2025 GNHSP, update the national health sector indicator booklet, update M&E dashboard including PHC vital signs profile, and conduct an annual health sector review. • Use data for evidence-based decision-making. • Improve M&E, HMIS, and information and communication technology (ICT) capacity, • Develop household survey schedule and conduct surveys.	**Strengthening the health information system and M&E** • Update HMIS data collection tools. • Improve HMIS and M&E capacity building at central, regional, and facility levels. • Improve DHIS2 quality including verification of health facility service delivery data, and joint (HMIS, M&E, and logistics management information system) supervision of regional and facility levels. • Provide ICT infrastructure and maintenance service at all levels. • Improve national health accounts. • Conduct National Client Satisfaction Survey.

Table 2.2. World Bank Group- and GFATM-financed Activities for Supply Chain, Laboratory Services, and Human Resources for Health

World Bank Group	GFATM
Strengthening national public health laboratory system • Validate national laboratory policy and strategy • Establish a laboratory management information system linked to DHIS2 • Establish standards for registration and licensing of laboratory staff and laboratories in public and private sectors • Provide full hematology, biochemistry, microbiology, and other critical services at health facilities	**Strengthening national public health laboratory system** • Update national guidelines on biosafety and biosecurity • Update laboratory SOPs and clinical request forms • Train laboratory personnel and quarterly supervision visits by the national public health laboratory • Develop a biomedical equipment policy and standards for the various levels of the health care delivery system • Refurbish 3 laboratories
Strengthen supply chain for the availability of medicines and consumables • Update the 2007 National Medicines Policy • Provide training on supply chain management and logistics management and information systems • Update the essential medicines list and standard treatment guidelines for various levels of the public health care system and the private health facilities	**Strengthen supply chain for the availability of medicines and consumables** • Develop a supply chain strategic plan • Establish a logistics management and information system (central and regional medical stores linked to health facilities) including new software linked to DHIS2 • Develop the national quantification guide and quantification modules procedures and tools • Improve quantification capacity • Expand the central medical store's storage capacity • Equip pharmacies of national and regional referral hospitals • Improve central medical stores' and regional medical stores' fleet and distribution capacity
Strengthen human resources for health • Develop human resource policy and strategic plan • Establish an electronic human resource management information system	**Strengthen human resources for health** • Train 40 laboratory technicians, 10 biomedical equipment technicians, 40 pharmacy technicians, 40 state-registered nurses, 40 state-registered nurses midwives, 40 state-enrolled nurses, and 30 state-enrolled nurses/midwives.

World Bank Group	GFATM
• Develop staffing norms for the various levels of the public health care system and the private health facilities • Capacity building of Directorate • Update and implement a capacity-building plan (midwifery training, postgraduate training for nurses and doctors, laboratory and pharmacy staff training, and so on)	

This subcomponent will finance the following activities: (a) provision of equipment to and renovation of selected health facilities to improve the delivery of emergency obstetric and newborn care and (b) establishment of a national blood transfusion center. Energy-efficient measures will be put in place to reduce greenhouse gas emissions such as the procurement of energy-efficient equipment and materials for renovations[6] as well as climate-resilient materials to mitigate flood risks and climate-related emergencies. The renovations will cover Bwiam hospital, Brikama hospital, Basse hospital, Brikama Ba Health Center and EFSTH as well as biomedical equipment maintenance unit.

Component 2. Project Management (US$3 million).
MoH will operate the project by expanding the capacity of the existing COVID 19 PCU and share the operating costs (including salaries for project staff, office space, utilities, supplies, and transport) with other development partners such as GFATM. The management, procurement, financial management and ESDD capacity of the PCU staff will be enhanced with a combination of on-the-job training and short courses.

Component 3. Contingent Emergency Response Component (CERC).
This component enables the rapid reallocation of project funds in the event of a natural or man-made disaster or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact. A detailed CERC operational manual will be included in the Project Operations Manual (POM). The POM will include a dedicated chapter with detailed guidelines and instructions to trigger an emergency and the use of funds. In addition, modified Environmental and Social Management Plans (ESMPs), based on the Emergency Response screening framework will be prepared for the requested activities to be financed under this component along with a preliminary evaluation of the potential risks and corresponding mitigation measures. All of these ESDD requirements shall build upon the project ESMF provisions.

Implementing Agency
The MoH **Project Coordination Unit** PCU is responsible for the implementation of the project activities. An environmental safeguards and social safeguards and a Senior Operations Officer are the focal points to ensure compliance with the provisions described in this Environmental and Social Impact Assessment (ESIA)/ESMP. This MOH Environmental and Social Team (EST) will coordinate with the various Government institutions involved with the various components of the project as highlighted below.

Objectives of the assignment
The objective of this assignment is to prepare ***Environmental and Social Management Plans*** for the suite of small civil works projects listed below.

[6] These can include energy-efficient features such as efficient ventilation systems, temperature and humidity controls, low-energy lighting, energy-efficient and low-carbon construction material, and use of modern and efficient water supply and treatment.

Subproject Type	Subproject Location & Description
Renovation and Upgrade	1. Basse District Hospital
	2. Brikama District Hospital
	3. Birkama Ba Health Center
	4. Bwiam General Hospital
	5. Edward Francis Small Teaching Hospital
Construction of National Blood Transfusion Center	6. Kanifing Hospital

Services

The consultant shall complete the ESMPs for each of these civil works subprojects by using the ESMP format found in Annex 8 of the Project ESMF (copy provided by MOH). This process will require the Consultant to undertake the activities summarized below.

1. Conduct all assignment in cooperation with the MOH PCU, MOTWI and contractors under the direction of the MOH PCU Senior Operations Officer
2. Acquire and review all subproject designs and contractor work plans
3. Based on COVID-19 protocols and advisories, either conduct field subproject site visits on a weekly basis or if such site visits are not possible rely on the PCU to provide renovation updates via reports with documented photos and/or videos
4. Confirm the status of the labor work force
5. Confirm contractor/MOH has conducted consultation
6. Confirm all permits acquired
7. Verify compliance with all ESCOP requirements
8. Document all meetings, notes and discussions in the ESMP

Schedule and Reporting

The time frame for completing the ESMPs is targeted for 2 months.
The main milestones of the assignment deliverables as summarized in the table below:

Deliverable	Delivery Schedule (after commencement)
Draft ESMP for each civil work subproject	1 month
Revisions and acceptance of Final ESMPs	2 months

The ESMPs will be reviewed by the MOH, and MOH will submit any edits or revisions to the Consultant. The finalization of the ESMPs will be the responsibility of the Consultant.

Capabilities and Experience of the Consultant

The anticipated duration of the assignment will be approximately two months from notice to proceed. Knowledge of local conditions, social and cultural practices, and Gambian laws and regulations will be essential to accomplish these tasks. Prior experience conducting ESIA and ESMP assessments, social impact assessments and impact management tools, particularly within the building/construction sector is required. Demonstrated ability to work with government officials, environmental specialists, and familiarity with environmental and social assessments for equivalent size projects.

The consultant is expected to work closely with the civil works contractors and the MOH PCU. The Consultant will be required to provide its own computers, printers, and office supplies and workspace

and transport. All information, data and reports obtained from the Client in the execution of the services of the Consultant shall be carefully reviewed and analyzed by the Consultant. The responsibility for the correctness of using such data shall rest with the Consultant. All such information, data and reports shall be treated as confidential.

The Consultant may wish to propose alternative staffing configurations to ensure achievement of all objectives. The availability of each proposed staff person must be identified. It is expected that the Consultant, will be available throughout the duration of the contract to address all management and administrative matters.

The work will be completed over a two (2) calendar month period with deliverables submitted directly to the MOH PCU.

Payment Schedule:

- 10% at the time of the signing of the contract
- 60% after submission of Draft ESMP reports.
- 30% after submission of final report

Submission of Proposal
The consultant must provide the MOH PCU with a Proposal that includes two sections. The Technical section provides the ESMP approach, timing and schedule and capabilities based on the details of the ToR. The Financial Proposal must also include all proposed costs to complete the assignment.

Appendix 1
References and Guidance

IFC ESHS guidelines to be listed from
http://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines

World Bank, Dec 2016, Managing the Risks of Adverse Impacts on Communities from Temporary Project Induced Labor Influx
http://pubdocs.worldbank.org/en/497851495202591233/Managing-Risk-of-Adverse-impact-from-project-labor-influx.pdf

IFC, Stakeholder Engagement Handbook, 2007.
https://www.ifc.org/wps/wcm/connect/938f1a0048855805beacfe6a6515bb18/IFC_StakeholderEngagement.pdf?MOD=AJPERES

IFC and EBRD 2009. Workers' Accommodation: Processes and Standards Guidance Note
http://documents.worldbank.org/curated/en/604561468170043490/pdf/602530WP0worke10Box358316B01PUBLIC1.pdf

World Bank, Designing Effective Grievance Redress Mechanisms for Bank-Financed Projects,
http://siteresources.worldbank.org/EASTASIAPACIFICEXT/Resources/GRMP2-Final.pdf

World Bank Environmental and Social Framework website
https://www.worldbank.org/en/projects-operations/environmental-and-social-framework

ESF/Safeguards Interim Note: Covid-19 Considerations in Construction/Civil Works Projects
internal document on OPCS COVID-19 Website

Appendix 2 Specific ESHS Guidelines

GENERAL EHS GUIDELINES

The General EHS Guidelines contain information on cross-cutting environmental, health, and safety issues potentially applicable to all industry sectors. This document should be used together with the relevant Industry Sector Guideline(s).

General EHS Guidelines (full document) [PDF]

English | Français | Español | русский | 简体中文 | عربي | Tiếng Việt

The General EHS Guidelines contain the following information (links below in English only):

* Indicates specific Guidance useful for the Project

1. Environmental

- 1.1 Air Emissions and Ambient Air Quality *
- 1.2 Energy Conservation
- 1.3 Wastewater and Ambient Water Quality *
- 1.4 Water Conservation
- 1.5 Hazardous Materials Management *
- 1.6 Waste Management *
- 1.7 Noise *
- 1.8 Contaminated Land

2. Occupational Health and Safety

- 2.1 General Facility Design and Operation *
- 2.2 Communication and Training
- 2.3 Physical Hazards *
- 2.4 Chemical Hazards *
- 2.5 Biological Hazards
- 2.6 Radiological Hazards
- 2.7 Personal Protective Equipment (PPE) *
- 2.8 Special Hazard Environments
- 2.9 Monitoring *

3. Community Health and Safety *

- 3.1 Water Quality and Availability
- 3.2 Structural Safety of Project Infrastructure
- 3.3 Life and Fire Safety (L&FS)
- 3.4 Traffic Safety
- 3.5 Transport of Hazardous Materials
- 3.6 Disease Prevention
- 3.7 Emergency Preparedness and Response

4. Construction and Decommissioning *

- 4.1 Environment
- 4.2 Occupational Health and Safety
- 4.3 Community Health and Safety

References and Additional Sources

Appendix 3. Examples of ESMP Matrix Contents

Construction phase mitigation measures						
Project Activity	**ID**	**Mitigation measure / Procedure**	**Responsible**	**Implementation timeframe**	**Monitoring methods**	**Performance indicators**
Construction preparation	CP1.	• Inform adjacent residents and business owners about completed and planned construction activities, including anticipated construction traffic.	• Contractor, in consultation with CONSULTANT Project Manager	• Immediately	• Visual inspections • Review reports	• Record of meetings, notifications and/or interactions
	CP2.	• Undertake awareness training to ensure that all staff are aware of environmental, health and safety management of construction activities and the stipulations of the management plans, particularly: – Spill protocols (fuel) and emergency procedures; – Run-off management; and – Waste management. • Consider implementing a penalty system if required, e.g. contractors are liable for the remediation of sites they pollute and, in the case of repeat offences, consider issuing a stop work order.	• All contractors	• Regularly, throughout construction • At regular toolbox talks • When new personnel come on site	• Keep a record of attendance at all training sessions	• Training records • Awareness of staff
Construction site	CS3.	• Ensure that access to the construction site is restricted and sign-posted. • Control access to all working areas such that only approved vehicles and persons have access.	• All contractors operating sites	• Throughout construction	• Security and entry logs	• Number of breaches of access restrictions
	CS4.	• Ensure that the site office, toilets and storage areas for building materials are located in such an area that contamination of nearby water resources are not taken place.			• Review site layout	• Suitable distance
	CS5.	• Ensure that storage and laydown areas are appropriately bunded to prevent runoff from these areas towards canals or water resources			• Weekly visual inspection of areas surrounding construction site	• Bund in place • No runoff observed from site or in adjacent areas / water bodies
	CS6.	• Keep a copy of the management plans at the construction site.			• Check availability of management plans	
	CS7.	• Keep construction sites tidy and all activities, material and machinery contained within an area that is as small as possible. Clear and clean site weekly.			• Weekly visual inspection of site	• Neat, uncontaminated site

Annex 7 NEA Environmental Impact Assessment Screening Form

ENVIRONMENTAL IMPACT ASSESSMENT SCREENING FORM[10]

Please type or print clearly, completing this form in its entirety. You may provide additional information on a separate sheet of paper if necessary. Kindly note that the information you are to provide is required by section 22 of the National Environmental Management Act of 1994 and it is an offence to give inaccurate information under section of the same Act.

SECTION 1: INFORMATION ON THE CONTACT PERSON

Name _____

Institutional Affiliation _____

Business Title/ position _____

Business Address

_____

Telephone _____Fax_____ Email _____

For official use only	
Reviewed by:	Date:
Classified A B C	

[10] Extracted from the ENVIRONMENTAL IMPACT ASSESSMENT REGULATIONS, 2014

Reasons for the Classification:
Endorsed by: Date: Approved by Executive Director: Date:

Please returned the completed form to the

Executive Director, National Environment Agency, Jimpex Road, Kanifing, PMB 48, BANJUL, The Gambia.

Tel (220) 228056 - Fax: (220) 229701 email-nea@gamnet.gm

SECTION 2: DESCRIPTION OF THE PROPOSED PROJECT

Name of Proposed Project _____

Date expected to start construction _____

Proposed location of project _____
(Attach a map or maps, covering the proposed site and surrounding 5 Km radius)

Land Area _____
(Approximate land area and of proposed location)

Current Land Use (Describe how the land is being used at present)

Describe any Possible Alternative Site(s) _____

Describe other types of industries or facilities (including health centers and school) which are located within 100 metres of the site or are proposed to be located near the proposed facility. Indicate the proximity of the proposed industrial site to residential areas, national parks or areas of ecological, historical or cultural importance.

_____

_____

_____

Indicate whether adequate infrastructure exists at the proposed location, or whether new buildings, roads, electricity and water lines, or drainage systems will need to be constructed as a part of the proposed project.

SECTION 3: EMPLOYEES AND LABOURERES

Number of people to be employed:

Employees and Laborer's	**During Construction**	**During Routine Operation**
FULL - TIME		
FULL – TIME		

Indicate whether you plan to construct housing/sanitation facilities for temporary or permanent workers.

SECTION 4: DESCRIPTION OF INDUSTRIAL PROCESS

Briefly describe the type and nature of industrial processes to be conducted at the installation.

State the type and quantity of energy to be used (including the origin of the energy, i.e. public utility, on site generator, wood, solar, wind, etc.)

Type(s) and source	**Quantity**	**Period (per day/week/etc.)**

Estimate the quantities of water to be used for the following:

Use(s) of water	**Quantity**	**Period**	**Source**
Cooling			
Steam Generation			
Production process			
Other			

List the type and quantity of raw material to be used per year in the production process (including soil, sand, cement, aggregates, wood animals, etc.). Identify if the sources of all raw materials.

Type	**Quantity**	**Source**

List all of the chemical expected to be used for any aspect of the production process (A separate list may be attached with more detailed information)

Name /Type	**Description**	**Quantity**

SECTION 6: PRODUCTS

Briefly state the nature of the product(s) or output of the proposed facility, and the expected quantities on a quarterly or annual basis. Indicate the intended uses of the product(s).

Name of Product/Output	**Description of Uses**	**Anticipated Output per Qtr/Yr**

SECTION 7: BY – PRODUCTS, WASTE MANAGEMENT AND DISPOSAL

Specify the nature of each waste or by-product and the quantity to be generated

Type	**Description**	**Quantity in Kg per wk/mo**
Solid (Bulk)		
Solid (particulate)		
Liquid		
Gaseous		
Other		

Proposed method of disposal or management of wastes (e.g. burning, bury etc.)

Type of waste	Method of Disposal /Management

Indicate sources of noise pollution, the type/quality of nose (i.e. machinery/ repetitive pounding, etc.)

Source of Noise	Type of Noise

SECTION 8: ENVIRONMENTAL IMPACTS

Please indicate environmental impacts that may occur as a result of the proposed project

Nature of Impact	**Y/N**	**Brief Description of the Anticipated Impacts**
Air Quantity		
Drainage		
Landscape		
Forest Cover		
Vegetation		
Human population		
Animal population		
Soil Quality		
Soil Erosion		
Water Quality		
Tranquility/Noise		
Special Habitats		
Other		

SECTION 9: PROPOSED MITIGATION MEASURES

Indicate whether measures are being considered to mitigate against damage likely to be caused by the proposed project to human health and/or the environment. Briefly describe these measures.

Air Pollution	
Water Pollution	
Noise Pollution	
Removal of vegetation	
Wastes	
Displacement of human populations	
Destruction of fish habitats	
Soil Erosion	
Others	

State any and all experience you have with implementing the above-mentioned mitigation measures. If you do not have prior experience, what skills do you possess to implement these mitigating measures?

What staff training will be provided to ensure compliance with health and environmental safety standards?

SECTION 10: TESTIMONY

I confirm that the information provided herein is accurate to the best of my knowledge. I will also endeavor to provide additional information and facilitate a site visit if required.

Signed: Developer Date

Annex 8 Environmental and Social Management Plan for Hospital Renovation and Expansion

THE GAMBIA ESSENTIAL HEALTH SERVICES STRENGTHENING PROJECT (P173287)

Environmental and Social Management Plan for Hospital Renovation and Expansion

Project Name & Location			
Completed by (name):			
Position in organization:		Date:	
Key Authorities: **Names & Contacts**	**MOH PCU**	**Contractor**	**Contract Supervisor**

Additional Important Comments?

The Purpose of the ESMP

This ESMP checklist represents the MOH process to verify that all renovation and upgrade construction activities have followed appropriate environmental and social considerations satisfactory to the Bank.

The checklist has three sections:

Part 1 A section that describes the Renovation/ Upgrade subproject activities; (i) it specifies the construction aspects, (ii) consultation process, and (iii) land acquisition and status, (iv) energy efficient options and (v) climate resilience investments.

Part 2 Contains a checklist that summarizes the environment and social requirements

Part 3 A table listing and verifying the applicable ESCOP conditions for the construction process

PART 1 DESCRIPTION OF RENOVATION/UPGRADE ACTIVITES

Project Details: Attach separate Construction Plans, Specifications and Photos		
What are the design aspects: structures, services, etc.? **Refer to Engineering Design Portfolio**		
Cost: $US dollars		
Date of Commencement of Work: **Completion of Work:**		
Final Technical Drawing & Specifications Reviewed: **Date completion, status of review by authorities**		
LAND STATUS		
Did these construction Works require the acquisition of land?	Y/N	Comments
What is the status of the land holding?		Comments
COMMUNITY GRIEVANCE REDRESS MECHANISM		
Process Defined & Notification to Community		Comments
ENERGY EFFICIENT AUDIT RESULTS AND OPTIONS		
Identify Proposed Options with Costs and Timeframe for Completion		
CLIMATE RESILIANCE OPTIONS		
Provide options for improvements and costs		

PART 2 ENVIRONMENT AND SOCIAL MANAGEMENT PROVISIONS

CONSULTATION	Yes/No Describe Resolution	
Identify when / how the public was notified about these works		
Any complaints from neighbors/adjacent community?		
BUILDING PERMITS REQUIRED	**Check Yes/No**	**Date and Comments**
Type and Authority		
•		
•		
•		

CONTRACTOR CONFIRMATION WITH APPLICABLE ESCOP CHECKLISTS		
	Responsible Person for Compliance	**Indicate Any Modifications**
• **Checklist 1. Exposure at Health Care Facility**		
• **Checklist 2. Waste Management Procedures**		
• **Checklist 4. Small Scale Construction, Upgrades, Rehab, Expansion**		
• **Checklist 5. Codes of Conduct**		
• **Checklist 7. Construction Sites in Heath Care Facilities**		

MONITORING	*Yes/No*	
Please provide details of any accidents/litigation/ complaints/regulatory notices and fines:	***Accidents***	
	Complaints	
	Regulatory notices/fines	
REPORTING	***Date/Officer***	***Observations***
Provide summary of supervisory site visits and any observed E&S issues		

PART 3 GENERAL ENVIRONMENTAL AND SOCIAL CODES OF CONDUCT ADHERED TO

CONDITIONS	Check as Applicable
Respect for the national laws and regulations The Contractor and subcontractors must: know, respect and apply the laws and regulations in force in the country relating to the environment, to the disposal of solid and liquid wastes and noise standards, to the working hours, etc.; to take all appropriate measures in order to minimize the impacts on the environment; to assume the responsibility for all complaints linked to failure to respect the environment.	✓
Permits and authorizations before works All implementation of works must be subjected to initial procedure of information and administrative authorizations. Before beginning works, the Contractor must obtain all the necessary permits for the implementation of planned works. Before the start of works, the Contractor must confer with the residents with whom he can make arrangements for facilitating the progress of the works.	
Asbestos Remediation The Contractor will verify that there is no asbestos in the renovation space. If there is presence of asbestos, an asbestos abatement plan will be implemented following national requirements.	
Meeting of works take off Before the starting of works, the Contractor and the consultant, under the supervision of the National Coordinating Unit, should organize meetings with the authorities, representatives of the populations situated in the zone of the project to inform them of the works to be implemented and their duration, of the calendar of works and the sites likely to be affected.	
COVID 19 Exposure and Precautions at Health Care Facilities Refer to ESCOP Checklist 1	
Construction Sites in Health Care Facilities Refer to ESCOP Checklist 7	
Codes of Conduct Refer to ESCOP Checklist 5	
Display of the -internal regulations and sensitization of the staff The Contractor must display internal regulation in a visible way in the various facilities of prescribing specifically: respect for the local customs; protection against the STD/HIV/AIDS; and the hygiene rules and safety measures. The Contractor must sensitize his staff particularly on the respect for the customs of the populations of the region where the work is done and on the risks of STD and HIV/AIDS.	
Use of local labor The Contractor is required to hire (outside of its technical staff) more labor in the zone where works are being done. Where qualified staff is lacking in the surrounding area it is allowed to hire the labor outside of the work zone.	
Respect for work schedules The Contractor must ensure that the work schedules respect the laws and national regulations in force. All derogation is submitted, as far as possible, for the approval of the consultant, (except in case of exception granted by the consultant), the Contractor must avoid executing works during the hours of rest, Sundays and public holidays.	
Protection and Safety of Construction work staff The Contractor must place at the disposal of the staff protective clothing that are in a good state, as well as all protective accessories and security appropriate for their activities (helmets, boots, belts, masks, gloves, glasses, etc.). The Contractor must keep strict watch on the wearing of the protective facilities in the works areas. A permanent	

control must be done to this effect and, in case of default corrective measures (warning, penalization, and dismissal) must be applied to the concerned staff.	
Responsibility for Hygiene, Security and the Environment The Contractor must designate a person responsible for Hygiene/Safety/Environment who will ensure that the hygiene, safety and protection rules of the environment are followed rigorously by all and at all levels of execution, for the workers as well as for the population and other people in contact with the works area. He must put in place a medical and life saving service. The Contractor must prohibit access of the works area to the public and protect the area with fencing and road signs to indicate the different entrances and to take all measures for order and security to prevent accidents.	
Measures against hindrances to traffic The Contractor must avoid obstructing public access. He must permanently maintain the flow of traffic and access for the residents during the construction. The Contractor will ensure that no excavation or trench remains open when not in immediate use, without adequate sign boards accepted by the consultant; and ensure that the temporary deviations allows movement without any danger.	
Care for the works area and re-organization At handing over of the site, the Contractor should ensure it is clean for immediate use. He cannot be relieved of his commitments and responsibility concerning their use without the good state of the site having been confirmed. The Contractor will take care of necessary arrangements to restore the site to a good condition. He is held responsible for the removal of all equipment and materials and properly dispose of what may be considered as waste. The contractor cannot abandon them on the site or in the vicinity. Once the works are completed, the Contractor must (i) withdraw the materials, solid and liquid wastes, excess materials, fences etc. (ii) rectify the defects of the drainage system and fill all the excavated zones; (iii) afforest the zones initially deforested with suitable species, in collaboration with the local forestry services,; (iv) protect the remaining dangerous works (wells, open trenches, protrusions, etc.); (vi) make the pavements, sidewalks, gutters, rails and other works returned to the public; (vi) decontaminate the polluted soils (the contaminated parts must be cleaned and covered with sand); (vii) clean and destroy the drainage pits. After the withdrawal of all materials, minutes reporting restoration of the site must be written and included in the minutes of receipt of works.	
Protection of unstable zones During the dismantling of the works in unsteady places, the Contractor must take the following precautions not to accentuate the unsteadiness of the ground: (i) avoid any heavy circulation and any overload in the area of unsteadiness; (ii) preserve as much as possible the plant cover or reconstitute this latter by using local species adapted in case of risks of erosion.	
Notification of noncompliance The construction supervisor notifies the contractor in writing of all cases of defect or noncompliance of the environmental and social measures. The Contractor must correct all defects in accordance with the instructions duly notified to him by the construction supervisor. The resumption of works or extra works resulting from noncompliance of contract provisions are at the cost of the Contractor.	
Sign boards for the works site The Contractor should place, before the start of the works and every time the need arises, sign boards a long distance from the site (exits, routes used by the engines, etc.) in accordance with the laws and regulations in force.	

Management of solid wastes: The Contractor must deposit domestic wastes in insulated trash cans that should be emptied periodically. The Contractor must eliminate or recycle wastes in an ecological and rational way, or send them, if possible, to existing dump sites.	
Protection against noise pollution The Contractor is required to limit the noises in the work area that could seriously be a nuisance to the residents, either over a long time, or by their long duration outside of the normal hours of work. The levels not to be exceeded are: 55 to 60 decibels during the day; 40 decibels at night.	
Public services and assistance: The Contractor must imperatively provide access to public and emergency services in all places. When a street is blocked, the Contractor must study with the consultant arrangements for the maintenance of the access for vehicles from the fire and ambulance services.	
Grievance Redress System The GRM is established to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved.	
Contractor Journal: The Contractor must update a journal of the building site, in which will be consigned the complaints, failures or incidents with a significant impact on the environment or with an incident with the population. The Contractor must inform the public in general and the bordering populations in particular, of the existence of this journal, with the indication of the place where it can be consulted.	