REPUBLIC OF THE GAMBIA

Sub-Saharan African Women's Empowerment and Demographic Dividend Project Plus (SWEDD+) (P176693) – The Gambia

Environmental and Social Management Framework (ESMF)

June 2023

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Abbreviations and acronyms

CoC	Code of Conduct
CBO	Community-Based Organization
CSO	Civil Society Organization
DD	Demographic Dividend
DDMI	Demographic Dividend Monitoring Index
DDSB	Demographic Dividend Sensitive Budget
eCRVS	Electronic Civil Registration and Vital Statistics
EIA	Environmental Impact Assessment
E&S	Environmental and Social
ESCP	Environmental and Social Commitment Plan
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation or Cutting
FP	Family Planning
GBV	Gender-Based Violence
GDDI	Gender Demographic Dividend Monitoring Index
GDHS	Gambia Demographic and Health Survey
GEWE	Gender Equality and Women's Empowerment
GM	Grievance Mechanism
HCW	Healthcare waste
IP	Implementing partner
KII	Key Informant Interview
LMP	Labor Management Procedure
LGA	Local Government Area
MoBSE	Ministry of Basic and Secondary Education
MoGCSW	Ministry of Gender, Children and Social Welfare
MoH	Ministry of Health
NEA	National Environment Agency
NGO	Non-governmental organization
NPCS	National Population Commission Secretariat
NSC	National Steering Committee
NTA	National Transfer Accounts
NTTA	National Time Transfer Accounts
PAD	Project Appraisal Document

PCN	Project Concept Note
PCU	Project Coordination Unit
PIC	Project Implementation Committee
PPP	Purchase Power Parity
RMNCAHN	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
SEA/SH	Sexual Exploitation and Abuse/ Sexual Harassment
SBCC	Social and Behavior Change Communication
SEP	Stakeholder Engagement Plan
SGBV	Sexual- and Gender-Based Violence
SOP	Standard Operating Procedure
SWEDD+	Sub-Saharan Africa Women's Empowerment and Demographic Dividend Plus Project
TAC	Technical Assistance Committee
VDC	Village Development Committee
VSG	Village Support Groups
WB	World Bank
WRA	Women of reproductive age

Glossary of key terms

Livelihood: Refers to the full range of means that individuals, families, and communities utilize to make a living, such as wage-based income, agriculture, fishing, foraging or other natural resource-based livelihoods.

Stakeholders: Individuals or groups who (a) are affected or likely to be affected by the project (project-affected parties); or (b) may have an interest in the project and/or the ability to influence its outcome, either positively or negatively (other interested parties).

Sexual exploitation: Actual or attempted abuse of someone's position of vulnerability, differential power or trust, to obtain sexual favors, including, but not only, by offering money or other social, economic or political advantages. It includes trafficking and prostitution.

Sexual abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. It includes sexual slavery, pornography, child abuse and sexual assault.

Sexual harassment: Any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation. It includes cases when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.

Survivor: A survivor is a person who has experienced GBV/SEA/SH incident.

Vulnerable and/or disadvantaged: Vulnerable or disadvantaged refers to those who, for reasons relating to age, gender, social status, poverty, physical or mental disability, religion, education status, health status, or other factors, may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of the project's benefits, including because of their limited ability to participate fully in the mainstream consultation process.

1. Executive Summary

The Sub-Saharan African Women's Empowerment and Demographic Divdend Plus Project (SWEDD+) is financed by the World Bank and aims to strengthen the empowerment of adolescent girls and young women in The Gambia, particularly through access to quality reproductive, maternal, neonatal, child and adolescent health services and an improved legal and policy framework. The project will be implemented by a range of governmental actors at national and local level, under the leadership of the Ministry of Health supported by a Project Coordination Unit (PCU). The PCU will be responsible for project management, compliance with environmental and social standards, and the supervision of implementation.

The Environmental and Social Management Framework (ESMF) presented in this document seeks to ensure that environmental and social concerns area appropriately integrated into the identification, design, and implementation of all project interventions, that the potential environmental and social risks, benefits, and impacts of the project are considered and that measures are in place to effectively manage risks and enhance benefits; and that project activities fully comply with national laws and regulations and World Bank requirements. The ESMF has been prepared in accordance with the applicable national environmental and social regulations, the relevant World Bank Environmental and Social Safeguards (ESS) and the World Bank Group (WBG) General Environmental, Health and Safety Guidelines. It has also been informed through an extensive stakeholder consultation process.

The SWEDD+ project is presented in detail in Section 3 of the ESMF. It comprises three components:

- **Component 1** consists in designing and implementing gender transformative interventions that promote girls' and women's social and economic autonomy, including a Social and Behavior Change Communication (SBCC) Campaign **(Sub-component 1.1)** and Community-level interventions that increase the educational and economic opportunities of adolescent girls and young women, based on evidence and learning across ongoing SWEDD and SWEDD+ countries **(Sub-component 1.2).**
- **Component 2** seeks to increase the utilization of quality reproductive, maternal, newborn, child and adolescent health and nutrition services and qualified health workers at the community level. It consists of interventions to enhance the availability of contraceptives and Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAHN) services, especially at the community level **(Sub-component 2.1)**; enhancing the performance of pharmaceutical supply chains, focusing on last mile delivery **(Sub-component 2.2)**; improving the availability and capacity of health workers providing RMNCAHN services in rural/isolated areas **(Sub-component 2.3)**; and strengthening adolescent nutrition services **(Sub-component 2.4).**
- **Component 3**, aims to foster national and regional commitment and capacity for policy making and project implementation through activities to strengthen advocacy, legal frameworks, and political commitment on RMNCAHN at continental, regional and national levels **(Sub-component 3.1)**; strengthen capacity for policymaking, monitoring and evaluation related to demographic dividend and gender issues, and strengthen marriage registration using birth certificates for child marriage prevention **(Sub-component 3.2)**; and strengthen project implementation capacity (Sub-component 3.3).

Section 4 of the ESMF reviews the project's policy, legal and regulatory framework. The Government of The Gambia has adopted multiple national strategy and policy documents of relevance for the project, including The Gambia National Development Plan 2023-2027, the National Health Policy (2021-2030), The Gambia National Gender & Women Empowerment Policy (2023-2030), the Revised National Gender Policy (2023-2032), the National Youth Policy of The Gambia (2019-2028), and The Gambia Poverty and Gender Assessment 2022: Securing a Robust and Inclusive Recovery. The National Gender Policy is of particular interest for the SWEDD+ project as it established a comprehensive

strategy to "mainstream gender in all national and sectoral policies, programs, plans and budgets to achieve gender, equity, equality and women's empowerment in the development process". Relevant laws for the project include the Sexual Offenses Act (2013), the Equality of Opportunity Act (2010), the Domestic Violence Act (2013), the Trafficking in Persons Act (2007/ amended 2010), the Women's Act (2010), the Children's Act (2005), the Persons with Disabilities Act (2021) and the Labor Act (2007).

The project activities are also subject to the World Bank Group's (WBG) Environmental, Health and Safety Guidelines. The relevant World Bank Environmental and Social Standards for the project are ESS1 on the Assessment and Management of Environmental and Social Risks and Impacts, ESS2 on Labor and Working Conditions, ESS3 on Resource Efficiency and Pollution Prevention and Management, ESS4 on Community Health and Safety and ESS10 on Stakeholder Engagement and Information Disclosure. The overall environmental and social risk of the project has been classified as Moderate for social risk and Low for environmental risk.

Baseline environmental and social conditions in The Gambia are reviewed in Section 5. The Gambia is the smallest country in continental Africa, with one of the highest population densities in the continent. The Gambian economy is still predominantly agrarian, as farming activities represent over 40 percent of total employment and occupy between 20 and 30 percent of the land area. Agriculture is adversely impacted by frequent droughts whose occurrences is expected to increase with climate change. Its long-term growth potential is also affected by unsustainable practices such as relying on slash-and-burn farming, overstocking livestock deforestation and over-extraction of woodland trees. Local pollution is a key environmental and public health issue, with indiscriminate waste disposal and poor waste collection and management as a primary cause. During the consultations for the preparation of the ESMF, stakeholders in most regions reported about the absence of control over waste management at community level and the health impacts of exposure to open-air waste. Waste generated by healthcare activities, including infectious and toxic material, is a problem area of direct relevance for the project. Fortunately, considerable progress has been made in medical waste management in recent years, thanks to investments undertaken as part of the *COVID-19 preparedness and response project*, with financial support from the World Bank.

The social context of the project is characterized by high levels of multi-dimensional poverty, unequal access to healthcare, discriminations against and reduced opportunities for women, and the prevalence of gender-based violence (GBV). Almost half of the Gambian population lives in overall poverty and about one fifth in extreme poverty, with significantly higher rates of incidence in rural areas. Deprivation disproportionately affects young women and girls; adolescent girls consulted during the elaboration of this ESMF reported that the lack of economic opportunities led families in their community to marry girls at a very young age. Health challenges abound, from high maternal and child mortality rates to a high adolescent birth rate. The distribution of health facilities and personnel is uneven, with very limited access in certain rural areas. Compared to men, women are at a disadvantage in terms of average years of schooling, adult literacy rate, access to employment and unemployment rate. Their access to and control over land and other resources is low, and their inheritance rights are limited. Despite the prohibition of Child Marriage and Female Genital Mutilation (FGM), these practices are still widely prevalent and a primary source of GBV. 75% of girls aged between 15 to 19 were estimated to have undergone FGM in 2018. Two thirds of girls aged 18-19 believe that domestic violence is justifiable, over a third of women have encountered physical and/or sexual violence by their intimate partners during their lifetime.

Section 6 of the ESMF discusses the project's environmental and social risk and impact considerations. Considering the baseline conditions and the results of the stakeholder engagement, it was considered that the project does not pose significant environmental risks but generate multiple social risks. Among these, the following were assessed as the most significant:

- Inadequate work contracts and working for subcontracted project implementing staff

- Limited rights and inadequate working conditions for volunteers or community workers delivering project activities in communities
- Lack of implementation/ sensitization of Codes of Conduct
- Survivors of GBV/SEA/SH participating in project activities might be at risk of negative reactions from perpetrators or community
- Beneficiaries might be at risk of SEA/ SH from project implementing staff
- Risks relating to potential backlash in response to legal reforms, which could deepen and/or displace and conceal harmful practices
- Failure to implement the Stakeholder Engagement Plan
- Risks relating to insufficient representation of key stakeholders, stakeholders being unaware or misinformed
- Risks of inadequate/inaccessible channels to express concerns, provide feed, or grievance resolution

Stakeholder engagement is a crucial aspect of the development and implementation of the ESMF and of the SWEDD+ project at large. Section 7 provides an overview of the stakeholder consultation and engagement process to elaborate the ESMF, which involved the identification of stakeholders, timely disclosure of relevant information, and meaningful participation to share information about the project plans, identify potential impacts, and seek recommendations from stakeholders. The consultations aimed to gather input from a diverse range of stakeholders, including groups of women, men and youth at community level; traditional and religious leaders; national, regional and local officials; NGOs. Priority was given to engaging vulnerable groups, including marginalized and disadvantaged individuals, such as women, youth, and persons with disabilities.

Stakeholder consultations were conducted in February 2023 in all regions of The Gambia, ensuring representation from across the country. Meetings were held in Banjul (Greater Banjul Area), Brikama (West Coast Region), Mansakonko (Lower River Region), Kerewan, Essau and Farafenni (North Bank Region), Janjanbureh, Kuntaur and Bansang (Central River Region), and Basse (Upper River Region). The stakeholder engagement process consisted of participatory approaches such as focus group discussions and individual interviews guided by a predefined interview guide. The consultations were conducted in a culturally appropriate manner using local languages or translators.

Overall, stakeholders expressed positive support and acceptance of the SWEDD+ project. They highlighted the importance of addressing gender-based violence, school dropouts, child marriage, adolescent pregnancy, and female genital mutilation as key issues of concern. Stakeholders emphasized the need for the involvement of youth and boys, economic empowerment of women, consultation with district authorities and traditional leadership, and the importance of bottom-up approaches for sustainability. Their concerns and recommendations were considered in the assessment of environmental and social risks and the proposed mitigation measures.

Section 8 of the ESMF presents the environmental and social risk mitigation and management framework set up to address the SWEDD+ project's risks. The framework includes several key strategies such as the establishment of an Environmental and Social Management Plan (ESMP), the integration of specialized expertise including a GBV specialist and a social specialist, and the implementation of a Grievance Mechanism (GM). The ESMP will guide the implementation of mitigation measures, such as the engagement of village development committees, traditional leadership, and religious leaders to sensitize communities; the development and enforcement of codes of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project staff and project beneficiaries; training of project workers in the codes of conduct and implementing anti-harassment policies; rigorous recruitment and vetting processes for project staff especially ones who will have direct contact with vulnerable populations.

The GM will provide a transparent and effective mechanism for raising concerns, addressing misconduct, resolving disputes, and ensuring inclusivity and fairness. It is designed with the aim to be equally accessible to and inclusive for all affected parties, including the most vulnerable; providing affected parties with clearly identified procedures for making complaints and resolving disputes related to project implementation; ensuring that their concerns are heard and that effective responses are formulated, implemented, and communicated; when appropriate, ensuring that these responses include adequate resolution measures. The GM will be able to respond to different types of grievances arising at different stages of the project cycle, i.e., during project design and planning, implementation, operation, and completion. Acknowledging the importance of gender sensitivity, the GM will integrate a gender-sensitive complaint mechanism to address risks of sexual exploitation, abuse, and harassment in an effective, swift and confidential manner. The GM and related procedures will be disseminated in an age-, sex-, and culturally sensitive manner. The project's labor management procedures which was separately prepared include a separate GM for project workers addressing labor risks specifically.

Section 9 of the ESMF presents responsibilities and procedures for monitoring, evaluation and reporting of project results. Section 10 provides an overview of the implementation schedule and budget.

2. Introduction and Background

2.1 Background

The World Bank is financing the Sub-Saharan Africa Women's Empowerment and Demographic Dividend Plus Project (SWEDD+) (P176693) in the Gambia, to be implemented by multiple ministries including the Ministry of Health (MoH), the Ministry of Basic and Secondary Education (MoBSE), the Ministry of Youths and Sports (MoYS), the Ministry of Gender, Children and Social Welfare (MoGCSW), National Population Commission Secretariat (NPCS), and other central government bodies. This Environmental and Social Management Framework (ESMF) is developed to support the environment and social due diligence provisions for the activities of the Project.

The Development Objective of SWEDD+ Project is to increase adolescent girls' and young women's empowerment, including their access to quality reproductive, maternal, neonatal, child and adolescent health services throughout the country, to improve capacity and coordination in The Gambia and to promote regional peer learning. At the outcome level, the Project aims to increase the completion of secondary school for girls; decrease child marriages; delay first pregnancy to adulthood, followed by healthy spacing; increase income and financial autonomy for women; and improve the enabling environment in support of female agency in all domains of life and the elimination of gender-based violence (GBV), Sexual exploitation and Abuse (SEA) and Sexual Harassment (SH) against girls and young women.

The SWEDD+ includes three components, each composed of several subcomponents, which are described in detail below (Section **Error! Reference source not found.**).

The Project will be implemented country-wide, targeting vulnerable adolescent girls and young women in Greater Banjul, West Coast Region (WCR), North Bank Region (NBR), Lower River Region (LRR), Central River Region (CRR) and Upper River Region (URR).

The Gambia has seen a significant growth of its population, putting an increasing strain on its economy and national social services, such as health, education, and social protection. High rates of adolescent childbearing and large desired family sizes (5.8 children among women and 7.6 among men) are also some of the contributing factors to rapid population growth, with gender inequality acting as both a cause and an effect. Although the demographic transition in The Gambia is still in its infancy, the under-five mortality rate has been reduced by more than two-thirds. Still, the fertility rate remains high, and the age dependency ratio is among the highest globally. Around one fifth of women of reproductive age (15–49-year-old) are between the ages of 15-19 years.[i] 43% of women aged 25–49 gave birth by the age of 20 years,[ii] and the most disadvantaged adolescents have the highest fertility and poorest health outcomes, which contributes to further perpetuating cycles of poverty for them and their children. Additionally, child marriage and high adolescent fertility are prevalent throughout The Gambia.

This SWEDD+ Environmental and Social Management Framework (ESMF) follows the World Bank Environmental and Social Framework (ESF) as well as the national laws and regulations of The Gambia. As part of its environmental and social due diligence for the SWEDD+ project, the MoH has developed this ESMF. The following sections provide an overview and describe the environmental and social due diligence across all the anticipated SWEDD+ project activities.

The Labor Management Procedures (LMP) and the Stakeholder Engagement Plan (SEP) have been prepared separately and will be, with the ESMF, disclosed prior to project Appraisal.

2.2 ESMF Objective and rationale

Objective

The ESMF is intended to be used as a practical tool during the implementation, and monitoring of components and sub-components of this project. This document will be followed during project

preparation and execution to ensure environmental and social integration in the planning, implementation, and monitoring of project-supported activities. While this ESMF document has been prepared to identify the potentially negative impacts of the SWEDD+ project, the specific objectives are to:

- Integrate the environmental and social concerns into the identification, design, and implementation of all project interventions to ensure that those are environmentally sustainable and socially feasible;
- Ensure that all relevant environmental and social issues are mainstreamed into the design and implementation of the project activities;
- Consider in an integrated manner the potential environmental and social risk, benefits, and impacts of the project and identify measures to avoid, minimize and manage risks and effects while enhancing benefits; and
- Ensure compliance with national laws and regulations and World Bank requirements. The ESMF presents potential impacts of the SWEDD, mitigation, environmental and social management and monitoring plan, and institutional framework.

Rationale

The project will be implemented in all the regions of The Gambia. There are plans to collaborate with Senegal that is also implementing the SWEDD+ project to jointly implement cross border activities such as awareness raising and workshops to address the prevention and protection of children from female genital mutilation (FGM) and child marriage (FGMC). This is achieved through awareness raising and social behavioral change communication and implementation of the joint country cross border plan of action with Senegal on FGMC and child marriage and cross border bed net distribution and sexual and reproductive health (SRH) services through antenatal, intra partum and post-partum care, STI and HIV services, reproductive health, cancer prevention services, common gynecological services and malaria prevention and treatment services. This will ensure continuity, avoid duplication of efforts, and for the project to achieve the development objectives, a sector-wide consultation and engagement was conducted in various government sectors to identify the existing intervention areas where SWEDD+ project can complement, add value, and impact the lives and livelihood of the beneficiaries.

The principal target population of the project is adolescent girls (10-19 years) and young women (19-24 years) for economic empowerment activities. The secondary target population includes communities surrounding the adolescent girls and young women (parents, boys and men, husbands and future husband, religious and traditional leaders service provider, local authorities etc.).

The total number of adolescent girls and young women aged 10 – 24 years at risk of child marriage, sexual and gender-based violence, teenage pregnancy and access to health services is 133,285 nationally.

The level of vulnerability and the marginalized population vary across the country and between urban and rural areas. To reach these populations, the specific locations of the component interventions (ex. creation of safe spaces under component 1) will be decided over the implementation stage. Therefore, environmental and social issues and impacts could not be identified and specified for mitigation at this preparation stage, and there is a need for procedural guidance for environmental and social appraisal and management. The SWEDD+ project has prepared this Environmental and Social Management Framework (ESMF) as a constituent part for guidance in the implementation stage.

This ESMF will also serve as the guideline for the staff designated by the implementing agencies - the PIU to oversee and monitor the environmental and social safeguards compliance of the project components coming under their implementation responsibility. The ESMF will be a living document reviewed and updated periodically as needed.

The relevant World Bank Environmental and Social Standards for this program are (see chapter 5 for more details):

- ESS1 - Assessment and Management of Environmental and Social Risks and Impacts
- ESS2 - Labor and Working Conditions
- ESS3 - Resource Efficiency and Pollution Prevention and Management
- ESS4 - Community Health and Safety
- ESS10 - Stakeholder Engagement and Information Disclosure

2.3 Methodology for ESMF development

The ESMF has been prepared in accordance with the applicable national environmental and social regulations, the relevant World Bank ESSs, and the World Bank Group General Environmental, Health and Safety Guidelines (EHSGs)[1] which involve the following activities:

- Literature/Document review
- Preliminary discussions with the World Bank
- Field visits/consultations with relevant institutions, stakeholders and affected communities
- Regular joint meetings with the World Bank to monitor progresses; and
- Information collation, analysis, and preparation of report.

The background documentation for the ESMF includes the following:

- The Project Appraisal Document (PAD)
- World Bank Environmental and Social Framework and the World Bank Group General Environmental, Health and Safety Guidelines
- Relevant key international conventions ratified by The Gambia
- Previous WB cleared ESMF documents in the Gambia as guidance
- ESS Guidance Notes for Borrowers from the World Bank, World Bank Good Practice Notes Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing involving Major Civil Works, Good Practice Note for Non-discrimination and Disability[2], Assessing and Managing the Risks of Adverse Impacts on Communities from Project-Related Labor Influx[3], and the Good Practice Note for Gender[4].

The consultation process with key stakeholders to inform and supplement data collected for the ESMF included:

- Individual interviews with the heads of the national, deconcentrated, and local services in charge of health, education, social protection and other relevant areas
- Focus groups or collective meetings with the participation of community members.

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[1] The guidelines for Environment, Health and Safety can be consulted at the following link: https://www.ifc.org/wps/wcm/connect/Topics_Ext_Content/IFC_External_Corporate_Site/Sustainability-At-IFC/Policies-Standards/EHS-Guidelines/

[2] The Good Practice Note for Non-discrimination and Disability can be viewed using the following link: https://documents1.worldbank.org/curated/en/573841530208492785/Environment-and-Social-Framework-ESF-Good-Practice-Note-on-Disability-English.pdf

[3] Assessing and Managing the Risks of Adverse Impacts on Communities from Project-Related Labor Influx can be viewed using the following link: https://thedocs.worldbank.org/en/doc/fc074f5b6cc1621dc65675bf83c9d0b8-0290032021/original/ESF-Labor-Influx-Good-Practice-Note.pdf

[4] The Good Practice Note for Gender can be viewed using the following link: http://pubdocs.worldbank.org/en/158041571230608289/Good-Practice-Note-Gender.pdf

These stakeholder consultations were held from February 2 to February 10, 2023. The site visits covered all five pilot LGAs of WCR, NBR, LRR, CRR and URR. The discussions were conducted using interview guides and open-ended interviews as well as guided Focus Group Discussions.

3. Project Description

3.1 SWEDD+ Project Objectives

The Development Objective (PDO) of the regional SWEDD+ project is to increase girls' and women's access to learning, economic opportunities, and health services and strengthen the region-wide institutional environment for gender equality.

The SWEDD+ project will be implemented country wide in The Gambia. The total number of adolescent girls in Gambia aged 10-19 years who are at risk of child marriage, sexual and gender-based violence, teenage pregnancy and access to health services is 133,285 across all the Local Government Areas (LGAs).

Considering that both the service providers and beneficiaries of this project are at risk of adverse climatic and disaster risks due to the geographical areas of the project sites, the project will introduce climate and disaster risks mitigation activities during the implementation. The project will leverage other climatic and disaster risk mitigation activities and complement it with sensitization activities on climate change mitigation. Project workers will be provided with training on climate change and on how to support victims of natural disasters such as floods, droughts or extreme temperatures targeting girls and young women.

3.2 Project Components

Component 1: Design and implement gender transformative interventions that promote girls' and women's social and economic autonomy (US$15 million equivalent IDA)

Sub-Component 1.1: Social and Behavior Change Communication (SBCC) Campaign (US$3,000,000)

This subcomponent aims to contribute to the empowerment of girls and women and reduce social, cultural, and economic barriers impeding the empowerment of girls and young women through the development and implementation of National SBCC plan and strategy targeting beneficiaries, key actors, and communities. This SBCC strategy will be implemented through multi-media and community engagement campaigns and will target adolescents and young women in addition to opinion and religious leaders, policy makers, media practitioners and the civil society. The SBCC intervention/activities will be monitored to determine its impact on the target audience.

Sub-component 1.2 Community-level interventions that increase the educational and economic opportunities of adolescent girls and young women, based on evidence and learning across ongoing SWEDD and SWEDD+ countries (US$12,000,000).

This subcomponent includes four intervention areas that aim to develop life skills and promote women's and girls' economic and social autonomy. The intervention strategies under this component include:

Improve life and livelihood skills and sexual and reproductive health of adolescents (2,000,000)

This sub-component aims to reinforce the empowerment of girls and young women to help have control over their own voices, bodies, income, and assets whilst building their capacity.

For this purpose, the Project will establish safe spaces in all the 8 LGAs and in schools to reach a total of 80, 000 adolescent girls. Selected adolescent girls aged 10-24 years who graduate from safe spaces will benefit from income generating activities. In addition, this intervention will support strengthening of the "HE for SHE" and adolescent clubs targeting young would-be married men/boys.

Keep girls in school through at least secondary Education (2,500,000)

This sub-component will increase the enrollment, retention, and performance of girls through secondary education. The key activities will include a) Provision of one-off graduation bonus grants to vulnerable girls (such as schoolgirls who get pregnant and those from female headed households) at the secondary school level: b) Provision of career guidance centers for girls, c) provision of menstrual hygiene kits at upper and senior secondary schools. d appointing safe and inclusive school focal points for resolving school GBV/SEA/SH complaints; e) supporting girls from vulnerable households with safe transportation options, school kits and other learning materials h) support the establishment of girls in science, technology, engineering, and mathematics (STEM) clubs at upper and senior secondary schools

Expand economic opportunity and financial inclusion (6,000,000)

The sub-project will target girls and women ages 15 to 24 years both in and out-of-school to build their capacity and support their socio-economic integration by strengthening employability and facilitating engagement in income generating activities. Young single mothers, women with disabilities and those from vulnerable households will be targeted. The Formalization of the Osusu groups[5] to facilitate group registration/eligibility for access to the governments Women Empowerment Fund (WEF) or other credit opportunities will be supported. This sub-project will leverage the existing engagement of the social protection project with the WEF by strengthening the WEF program, providing entrepreneurial training capacity and putting an emphasis on young women's autonomy and access to finance. The project will also support the setting of community childcare centers to free up women's time and enable them to engage more in income generating activities.

Improve prevention and response to GBV/SEA/SH (1,500,000)

This sub-component will support to prevent and respond to GBV/SEA/SH through community sensitization and capacity building of service providers including health workers, legal practitioners, police officers, social workers etc. Leveraging the gains already made in the sector by other development partners, the project will seek to improve services for GBV/SEA/SH victims/survivors and ensure an effective national roadmap for GBV reporting is defined and shared widely. It will also support the drafting, validation, and legislation of laws and policies around GBV/SEA/SH and enforcement, harmonization of the toll-free call center for all GBV/SEA/SH reporting, strengthen GBV/SEA/SH response/reporting at schools for teachers and students, support school clubs, health clubs, traditional and religious leaders in amplifying the message around GBV/SEA/SH, organizing annual capacity building on GBV/SEA/SH conducting biannual mobile legal clinics, identifying and training GBV/SEA/SH focal points in communities across the country.

Component 2: Increased utilization of quality reproductive, maternal, newborn, child and adolescent health and nutrition services and qualified health workers at the community level: US$6 million

Sub-component 2.1. Enhanced availability of contraceptives and RMNCAHN services especially at the community level (1,500,000)

This sub-component will support the community-based distribution of contraceptive commodities, to provide family planning services and information to about 130,000 users at the community level and/or in health facilities. Through the ladder approach, community distribution agents /peer educators will be trained, equipped, and deployed to promote and distribute family planning commodities. This subcomponent will support strengthening and expanding the "Kabilo Baama" initiative. Five thousand service providers including Village Health Workers, Community Birth Companions, community distribution agents/peer educators and health workers will be involved to provide modern

[5] 'Osusu' is a local word that refers to groups of individuals that pool contributions as a form of fundraising and savings in The Gambia. This contribution can be daily, weekly, or monthly and each participant draws from the pool in turn (not just in times of need).

contraceptives at the community level to women aged 14 – 24 years following their training. Printing of recording tools for contraceptives of community health workers will be ensured. To bring contraceptive commodities closer to communities, the project will support with logistics to ensure modern contraceptives are available at all health facilities offering the service.

Where adolescent and youth community centers exist will be equipped with family planning commodities and services to increase FP uptake.

Sub-component 2.2. Enhancing the performance of pharmaceutical supply chain, last mile delivery (1,000,000)

This sub-component will ensure availability, delivery, and distribution of modern contraceptive methods to the last mile using the existing MoH supply chain system and Primary Health Care (PHC) structures. Five thousand service providers including the VHWs, CBCs, community agents/peer health educators will be trained and oriented on logistics management, data collection and reporting on family planning supplies. Transport facilities will be provided, and storage capacities strengthened to ensure uninterrupted supply and distribution of FP commodities across the project implementation sites. Pilot last-mile distribution approaches tailored to the country context will be developed, implemented, and scaled up.

Sub-component 2.3 Improved availability and capacity of health workers providing RMNCAHN services in rural/isolated areas (2,000,000)

This subcomponent will support and strengthen the health training institutions to improve availability of highly trained midwives and other personnel in the delivery of RMNCAH services in the country. The project will support the establishment of a Centre of Excellence in The Gambia to provide long term trainings for midwives to deliver services to project intervention areas especially in hard -to-reach communities. Equipment will be provided to them for high quality services. A mentorship system will also be ensured to newly recruited midwives to build their capacity. Midwives serving in remote health facilities/communities will be incentivized in the form of allowances to motivate them and ensure their deployment, retention, and equitable distribution in remote communities.

Subcomponent 2.4: Strengthen Improve adolescent nutrition services (1,500,000)

The subcomponent will support complementary nutrition-specific, and nutrition-sensitive interventions using an integrated approach to health, and nutrition, through school-based health and nutrition programs, including counseling on life education (to include nutrition education), training in life and job skills, deworming, and periodic micronutrient distribution (to improve iron and folic acid status), and contraceptive services. The subcomponent will support the training of community health workers on the nutritional impact of climate on crops and the impact of household cooking technologies on climate and health. The subcomponent will target to reach school going children and as well as those under 5 years.

Component 3. Foster National and Regional Commitment and Capacity for Policy Making and Project Implementation Budget: US$4 million

Sub-component 3.1 Strengthen advocacy, legal frameworks, and political commitment on RMNCAHN at continental, regional and national levels (1,000,000)

This subcomponent aims to improve and advocate for the existing or new legal frameworks and policies that will improve the status of girls and women empowerment through dialogue and political commitment in The Gambia. The key interventions will include strengthening the existing traditional and religious leaders, parliamentarian and youth networks on population and development and establishing a legal platform. The NGOs, CSOs, CBOs will also be engaged on the advocacy activities on demographic dividend and gender related matters. In addition, this subcomponent will support the development and the dissemination of advocacy tools at all levels.

Sub-component 3.2 Strengthen capacity for policymaking, M&E related to demographic dividend and gender issues and strengthening marriage registration using birth certificates for child marriage prevention (US$ 1.5 million)

The sub-component aims to build the capacity of actors to develop, monitor and evaluate policies geared towards harnessing the demographic dividend. Key interventions will include: the establishment and operationalization of the National Demographic Dividend Observatory (NDDO), the generation of DD and gender monitoring tools (NTA/NTTA, DDMI/GDDI, and DDSB) to determine whether The Gambia is on course to reaping the DD, the production and dissemination of evidenced-based reports (policy briefs, thematic reports & national surveys); the identification and documentation of project accomplishments and best practices for dissemination at both national, regional and international levels. Religious and community leaders will also be sensitized and trained on how to use the birth certificate to officiate marriage ceremonies with a view to curtailing early marriage.

Sub-component 3.3. Strengthen project implementation capacity (US$1.5 million)

This sub-component aims to strengthen coordination, management, supervision, and implementation of the project at national, regional and community level. Conduct baseline, mid-term, and endline studies, build capacity in monitoring and evaluation, project management and provision of technical support to the project implementing partners in the implementation of their respective subcomponents' activities.

3.3 Institutional Arrangements for Project Governance and Support

The institutional and implementation arrangement of the project will be in a three-tier system:

National Steering Committee (NSC): The NSC provides strategic guidance for the overall Project implementation and oversees the Project Implementation Committee (PIC) and the Project Coordination Unit (PCU). The NSC has a multidisciplinary, cross-government, and development partner involvement and comprises: Permanent Secretary of Ministry of Gender, Children and Social Welfare (MoGCSW) as chair; Permanent Secretary of Ministry of Finance and Economic Planning MoFEA as Vice Chair; Coordinator of the MoH PCU as Secretary; Permanent Secretary of Ministry of Youths and Sports; Permanent Secretary of Ministry of Basic and Secondary Education; Director General of Health Services MOH; Director Population Commission Secretariat; Executive Director of National Nutrition Agency; Executive Director National Women Federation; President Female Lawyer Association; World Bank Team Task Leader; UNFPA Representative; and UNICEF Representative.

The NSC has the following responsibilities: (a) endorses the annual work plans and budgets (b) meets quarterly to discuss progress, outputs, bottlenecks, and constraints and makes recommendations; (c) provides oversight and support for the PCU; and (d) carries out advocacy and resource mobilization for SWEDD.

Project Implementation Committee (PIC): The PIC is chaired by Deputy Permanent Secretary Finance and Administration of the Ministry of Health and co-chaired by Deputy Permanent Secretary MoGCSW. The PIC is composed of representatives from all the Project implementing ministries, the Population Commission secretariat, and PCU staff. The PCU is the secretariat of the PIC

The PIC approves the annual work plans and budgets and meets monthly to discuss the annual work plan implementation progress, bottlenecks and remedial actions, ensuring that proposals and budgets are in line with government rules and regulations. The Implementing directorates and agencies will provide monthly activity reports to the PCU and the PCU will prepare a consolidated report for the PIC monthly meetings. The PIC members will provide regular updates to their respective ministries

Projects Coordination Unit: The PCU will be the secretariat for both the PIC and NSC and will ensure the day-to-day management of the Project activities under the authority and supervision of the PIC and NSC. The MOH PCU will handle the fiduciary procurement, financial management and Environmental and Social Due Diligence (ESDD) of the Project. In addition to the MOH PCU staff, the following staff have also been specifically recruited for the implementation of SWEDD: Operations Officer, Senior Accountant, Accountant, Procurement Officer, Procurement Assistant, and Monitoring and Evaluation Officer. Additionally, as indicated in the ESCP, a social specialist and SEA/SH specialist will be hired or appointed no later than three months after Project effectiveness and environmental consultant on a as needed basis. Technical specialist, support staff could be added as needed.

4. Policy, Legal and Regulatory Framework

National Policies and legislation relevant to the SWEDD+ project's environmental and social risks and impacts were reviewed for this ESMF. The following is a select list of the relevant policy, legislation, and institutional procedures of The Gambia and the World Bank.

4.1 Relevant National Policies

- The Gambia Poverty and Gender Assessment 2022: Securing a Robust and Inclusive Recovery
- The Gambia National Development Plan 2023-2027
- National Health Policy (2021-2030)
- National Climate Change Policy (2016-2025)
- Gambia National Gender & Women Empowerment Policy (2023-2030)
- Revised National Gender Policy (2023-2032)
- National Youth Policy of The Gambia (2019-2028)
- National Population Policy (2007-2011)
- National Strategic Environmental Assessment Policy (2017-2021)
- National Nutrition Policy (2021-2025)

4.2 Relevant National Legislation

TABLE 4.1. KEY ELEMENTS OF THE LEGAL FRAMEWORK

Law	Description
The Constitution of the Republic of the Gambia (1997)	Gambia Constitution was adopted on 8 August 1996 and entered into force in January 1997.
The Persons with Disabilities Act (2021)	The *Persons with Disabilities Bill* was tabled on 8 June 2020 and adapted in 2021. The bill includes provisions for the social integration of disabled persons, and non-discrimination in the work force. Also for enhanced access to health care, social support, accessibility, rehabilitation, education and vocational training, communication, employment and work protection and promotion of basic rights for persons with disabilities and for connected matters.
The Sexual Offenses Act (2013)	The Act provides protection for sexual crimes against all persons especially vulnerable groups, including women, children and people who are mentally and physically disabled.
National Environment Management Act	These Regulations of the National Environment Management Council made under section 63(1) of the National Environment Management

(1994) and the Environmental Impact Assessment Regulations (2014), Environmental Quality Standards regulations (1999)	Act, concern Environmental Impact Assessment (EIA) and environmental monitoring and audit. They apply to a broad range of development works (construction/transport/agriculture/water management and use/resource extraction/waste management activities, among others.
Domestic Violence Act (2013)	The **Domestic Violence Act** combats domestic violence and provides protection for the victims, particularly women and children and for other related matters.
The Trafficking in Persons Act (2007/ amended 2010)	The **Trafficking in Persons Act** includes provision for the elimination of forced labor, and criminalized sex trafficking and labor trafficking.
The Equality of Opportunity Act (2010)	The **Equality Act** includes provisions for the Prohibition of Discrimination Against Women in Employment (Part V)
Women's Act (2010)	The **Women's Act** (2010) provides protection of women's rights in addition to the rights guaranteed under Chapter IV of the Constitution. The full title of the act is: "An Act to implement the legal provisions of the National Policy for the Advancement of Gambian Women and Girls, and to incorporate and enforce the United Nations Convention on the Elimination of all forms of Discrimination Against Women and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa." The Act serves as an aid in the interpretation of these instruments It recognizes and gives legal effect and force to The Gambia's international legal obligations and commitments made towards the realization of women's rights.
The Labor Act, 2007	The Gambia's primary labor legislation is the **Labor Act** 2007. A review of the Labor Act 2007 was completed in 2020 by the Ministry of Trade, Industry, Regional Integration and Employment, and a draft bill for revision of the Labor Act is currently before the Parliament. However, the content and ratification timetable for a revised law are not confirmed. New legislation may come into effect while the project is under implementation.
Children's Act (2005)	The **Children's Act** prohibits engaging a child in exploitative labor and hazardous work, or labor that deprives the child of health, education or holistic development.
The Public Service Act (1991)	SWEDD+ activities will be performed by staff from different ministries at central and regional levels. The act includes provisions for the appointment of public servants, and the terms and conditions of their employment.

4.3 Relevant International Instruments (treaties, conventions and agreements)

The Gambia is a signatory to more than 70 international and regional agreements. This review identified 23 social, 7 gender, 18 economic (including trade), and 25 socio-environmental agreements, which entail sub-regional, regional and internal commitments in areas such as decent and safe working conditions, social and political rights, human rights, and gender equality. International agreement ratified by The Gambia that are most relevant to the SWEDD+ project include the following lists, below.

Environment related conventions

- UN Framework Convention on Climate Change (UNFCCC) 1994,
- Paris Agreement on climate change, mitigation, adaptation, and finance, 2016 and The Gambia's Second Nationally Determined Contribution of The Gambia (2021).
- Basel Convention on the Control of Transboundary Movements of Hazardous waste, 1997
- Rotterdam Convention covers pesticides and industrial chemicals that have been banned or severely restricted for health or environmental reasons, 1998
- Stockholm convention on persistent organic pollutants, 2001

Human rights, gender equality and social inclusion

The Government of The Gambia has also ratified several critical international and African regional agreements that reinforce a commitment to gender equality and social inclusion. The most relevant are the:

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- Convention on the Rights of the Child
- Convention on Persons with Disabilities
- International Covenant on Economic, Social and Cultural rights (ICESCR)
- International Covenant on Civil and Political Rights (ICCPR)
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
- Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa
- African Charter on the Rights and Welfare of the Child
- Solemn Declaration on Gender Equality in Africa
- African Charter on Human and Peoples Rights (the Banjul Charter)

The seven gender-related commitments deemed relevant are related to the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), equal pay protections, and eliminating violence against women and girls. The Maputo Protocol enshrines comprehensive rights and the equality of women in the Law. Unlike other Muslim-majority countries, The Gambia did not register objections relating to marriage, sexual and reproductive health and or conflict.

Transforming our World: The 2030 Agenda for Sustainable Development[6] is also relevant to the social and gender context for the project, with several Sustainable Development Goals (SDGs) of relevance including No Poverty (Goal 1), Zero Hunger (Goal 2), Quality Education (Goal 4), Gender Equality (Goal 5), Decent Work and Economic Growth (Goal 8), Reduced Inequality (Goal 10), Peace, Justice and Strong Institutions (Goal 16); and Partnerships (Goal 17).

In addition, the Beijing Platform of Action[7] is an important global agreement on gender equality and the status of women. The Gambia's Beijing +25 Report highlights progress, gaps/challenges, and opportunities. Furthermore, the Envision 2030 Campaign's focus on persons with disabilities is highly relevant for the implementation of the SWEDD+ project.

[6] https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf?OpenElement

[7] https://beijing20.unwomen.org/en

Gender policy

Of particular relevance to the SWEDD+ project is the Government's gender policy. Furthermore, it should be emphasized that the key authority on the social and gender policy is the Ministry of Gender, Children and Social Welfare.

Areas that affect women's opportunities and access to resources, including workplace provisions, parenthood, and assets, are some of the weakest of the existing legal and policy framework. Women face immense challenges in agricultural production, which may include limited access to land, credit, appropriate technologies, training, and marketing, according to the Agricultural and Natural Resource Policy (2016-2026).

Furthermore, there is weak enforcement of social and gender-related obligations, laws, and contradictions in the legislative framework governing gender equality, according to a recent analysis by UN Women and the Commonwealth Secretariat. The report recommends the amendment, either partially or altogether, of more than 15 laws and the repeal of ten.

Recommendations have also been made to enact new legislation to address the gap between the national frameworks in place and The Gambia's international obligations. This includes aspects of the Women's Act that constrain women's rights in the context of personal law.

The Gender Policy 2023-2032 (MoGCSW 2022) lays out the Government's strategy to "mainstream gender in all national and sectoral policies, programs, plans and budgets to achieve gender, equity, equality and women's empowerment in the development process" through 7 principles:

- Gender equality and equity: Gender equality is an integral part of national development processes and reinforces the overall development objectives in the country.
- Gender cuts across all sectors and levels: Attainment of the gender equality goal will depend on the extent to which public and private sector institutions and agencies engage both women and men as providers and or producers and beneficiaries of services.
- Affirmative action: Bridging existing gender gaps in the various development sectors requires preferential attention for the disadvantaged. Affirmative actions as enshrined in the Constitution will be pursued to redress historical and contemporary forms of discrimination against women and girls in the political, economic, and social spheres.
- Household and family relations: Intra household power relations determine appropriation, ownership and control of livelihood assets among women and men, girls and boys. This in turn influences individual participation in and benefits from development processes at all levels.
- Political will: There is enough "political will" from government and all players at all levels, in the economy particularly officials from the Executive, Legislature, Judiciary, Civil Society, the Media, Private Sector, Youth and Faith Based Organizations to mainstream gender.
- Resource availability: The Ministry of Gender, Children and Social Welfare is well resourced and positioned with the capabilities to mainstream gender into all aspects of good and accountable governance practices.
- Human rights: Women's rights are human rights and must be upheld, promoted and protected at all times.

The Gender Policy defines 12 priority intervention and action areas that correspond to the thematic areas of the Beijing Platform for Action (1995): Gender and Economic Development, Poverty Reduction and Resilience Building; Gender, Education and Training of Women; Gender and Health; Sexual and Gender-based violence; Gender and Governance; Gender Power Relations and Governance; Gender, and Youth Development; Gender Machinery; Gender and Climate Change; Gender, and Human Rights;

Women, Peace and Security; Gender and the Media. For each action within these priority areas, the Gender Policy defines objectives, outcome indicators, implementation responsibility and timeframe.

A number of governmental, parastatal, and non-governmental organizational actors constitute the institutional framework governing gender equality and women's empowerment (GEWE). The framework embodied in the Gender Policy provides an important institutional structure for the oversight, management, governance, and implementation of GEWE interventions and also is a potential source of a collaborative and robust engagement on GEWE for interventions like the SWEDD Project.

4.4 EIA in The Gambia

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 (see Table 4.2).

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. The SWEDD+ project was classified as a Class C project in The Gambian EIA classification.

TABLE 4.2. THE GAMBIA EIA CLASSIFICATION AND REQUIREMENTS

Classification	Impact significance	Requirements

Class A	Significant potential for 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	If 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 will determine 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.

4.5 Applicable World Bank Environmental and Social Standards

The SWEDD+ 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 for social risk and Low for environmental risk. As such, the overall environmental and social risk rating is Moderate.

The low environmental risk rating is justified by the absence of irreversible potential risks and impacts, as no infrastructure construction activity is planned under the project. The main identified risks relate to the disposal of medical material and equipment used under Component 2. The risk is that products are not systematically collected and treated through the regional medical waste management procedures and facilities, which, considering the very limited waste management capacities at local level, would lead to local pollution issues (falling under ESS3). There is also the risk of overexploitation of natural resources with the activities of sub-component 1.4, which plans to support girls and young women in the establishment of economic units with activities such as agriculture, transformation of local products. The latter might also generate risks of pollution and soil degradation if good practices are not employed.

Civil works are not envisaged in this project, and as such, physical and/or economic displacement is not expected. Extensive consultation and citizen engagement (under each component) with a wide range of direct and secondary beneficiaries and indirect stakeholders (at local, national and regional levels) is part of the project design as well as activities to address exclusion and gender-based violence. Social risks include:

- The risk of lack of enforcement of labor laws and regulations among subcontracted project workers, which could lead to discriminatory and non-transparent recruitment and management of workers, inadequate remuneration and degraded work conditions. This includes the work of voluntary health workers at community level, which at present is usually not managed through formal procedures and work contracts.
- The risk that girls and women participating in project activities, taking specific actions or changing behaviors upon participation in project activities, experience negative reactions from members of their communities, including their own families. The risk is aggravated for survivors of GBV/SEA/SH, who might be more vulnerable to negative reactions including

stigmatization by the community or retaliation by perpetrators. Such reactions are reported as common in cases of GBV, with considerable pressure from the community towards women to find an "amicable" solution. These risks would be heightened in case of implementation gaps or lack of coordination between activities (e.g., risks to confidentiality from untrained staff), or in case of failure to ensure local ownership of project activities, in particular through appropriate sensitization and integration of local stakeholders such as traditional and religious leaders.

- Participants in project activities might also be at risk of GBV/SEA/SH from project implementing staff. The risk is higher for vulnerable persons, including children, survivors of GBV/SEA/SH and people in situations of poverty or dependency.
- In the context of the campaign to enhance response to GBV/SEA/SH, there is a risk that adult survivors participating in project activities experience a degree of pressure from authorities or project staff to undertake judicial action.

All activities financed through the project are subject to the WBG Environmental, Health and Safety (EHS) Guidelines[8] including those on healthcare facilities,[9] waste management[10], hazardous materials management[11].

The relevant World Bank Environmental and Social Standards for this project are:

- ESS1 Assessment and Management of Environmental and Social Risks and Impacts
- ESS2 Labor and Working Conditions
- ESS3 Resource Efficiency and Pollution Prevention and Management
- ESS4 Community Health and Safety
- ESS10 Stakeholder Engagement and Information Disclosure

[8]The guidelines for Environment, Health and Safety can be consulted at the following link: https://www.ifc.org/wps/wcm/connect/Topics_Ext_Content/IFC_External_Corporate_Site/Sustainability-At-IFC/Policies-Standards/EHS-Guidelines/

[9]The guidelines for Healthcare Facilities can be consulted at the following link: https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-9

[10]The guidelines for Waste Management can be consulted at the following link: https://www.ifc.org/wps/wcm/connect/5b05bf0e-1726-42b1-b7c9-33c7b46ddda8/Final%2B-%2BWaste%2BManagement%2BFacilities.pdf?MOD=AJPERES&CVID=jqeDbH3

[11]The guidelines for hazardous materials management can be consulted at the following link: https://www.ifc.org/wps/wcm/connect/90231ba8-5bb3-40f4-9255-eaf723d89c32/1-5%20Hazardous%20Materials%20Management.pdf?MOD=AJPERES&CVID=nPtgwmI

4.6 Comparison of the Gambia's Regulations/Policies and World Bank ESF for Handling Environmental and Social Risks

TABLE 4.3. GAP ANALYSIS = COMPARISON OF THE GAMBIA'S REGULATIONS/POLICIES AND THE WORLD BANK ESF FOR HANDLING ENVIRONMENTAL AND SOCIAL RISKS

Scope/objective	Description of Bank Standard	Description of the National Regulation	Gaps and Bridging Actions
ESS1 Assessment and Management of Environmental and Social Risks and impacts			
Identify, evaluate, and manage the project's environmental and social risks and impacts in a manner consistent with the ESSs. To adopt a mitigation hierarchy approach to: • Anticipate and avoid risks and impacts • Where avoidance is not possible, minimize or reduce risks and impacts to acceptable levels • Once risks and impacts have been minimized or reduced, mitigate and • Where significant residual impacts remain, compensate for, or offset them, were technically and financially feasible.	The standard guides the assessment of the Project's potential environmental and social risks and impacts and address potential impacts through planning, monitoring, and mitigation hierarchy approach.	National Environmental Management Act, 1994 and the Environmental Assessment. Regulations (EIA) of 2014 mandates that no developer shall commence a project which in the opinion of the Agency has or is likely to have adverse effects on the environment or public health unless, before the commencement, the project has been registered by the NEA and an environmental permit has been issued by the Agency in respect of the undertaking.	Although national legislation seeks to anticipate and mitigate/avoid risks and impacts, it does not fully address potential impacts considering the mitigation hierarchy approach, especially regarding social and gender issues particularly impacts on the vulnerable - The stakeholders at all levels, (national, regional and community) are consulted in the project preparatory stage through consultations to make them aware of project components and the roles they will play during implementation. - The capacities of the stakeholders particularly PIU staff and partners on World bank ESF will also be built at the early stage of project implementation to enable them to collaborate effectively in addressing this gap. As the project's interventions focus on women and girls' health and empowerment, particular attention will be placed on GBV-related risks.
ESS2 Labor and Working Conditions			

• To promote safety and health at work, fair treatment, nondiscrimination, and equal opportunity of project workers, including vulnerable workers such as women, persons with disabilities, children. • To prevent the use of all forms of forced labor and child labor. • To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law. • To provide project workers with accessible means to raise workplace concerns. OHS Hazard identification and right of employees to remove themselves from such workplaces without being punished.	Working age and migrant workers, contracted workers, and primary supply workers, as appropriate. It provides certain requirements that the project must meet in terms of working conditions, protection of the workforce (especially the prevention of all forms of forced and child labor), and provision of a grievance mechanism that addresses concerns on the project promptly and uses a transparent process that provides timely feedback to those concerned. Under ESS 2, GM will be put in place for project workers to report work situations that they believe are not safe or healthy and remove themselves from a work situation that they have reasonable justification to believe presents an imminent danger to their life or health. Project workers who remove themselves from such situations will not be required to return to work until necessary remedial action to correct the situation has been taken. Project workers will not be retaliated against or otherwise subject to reprisal or negative action for such reporting or removal.	The Labor Act 2007 provides for the rights and duties of employers and workers, guarantees trade unions the freedom of associations, and establishes Labor Commission to mediate and act in respect of all labor issues. The Labor Act provides for compensation payments to workers for personal injuries arising out of and in the course of their employment. Labor Act 2007 details the duties of persons employed. It is not part of the duties of persons employed to remove themselves from such unsafe working places.	Although the Labor Commission makes provision for anticipated labor-related complaints, workers' access to the Commission is challenging at the regional level because its office is in the Greater Banjul Area with no regional representation. The Project workers will have their Grievance Mechanism set up so they can lodge their complaints in a fair and transparent manner without fear of any reprisal, and with safe and ethical procedures for SEA/SH related complaints. At present, there is no law that requires employers to adopt anti-sexual harassment policies in The Gambia. Therefore, employers largely rely on ordinary internal disciplinary proceedings in handling sexual harassment at workplaces which are not ideal lasting solution to sexual harassment as they usually do not focus on the survivor. The law does not explicitly mandate workers to remove themselves from such unsafe working places and is also silent on reprisal. Gambian law also doesn't have protections related to sexual harassment. The project will follow ESS2 in this respect in combination with the Labor Management Procedures (LMP) which includes a separate grievance mechanism for project workers. In addition, the labor law in The Gambia does not specifically address work hour limits, overtime, rest periods or work schedules in general. The Gambia prohibits the employment of children under 16 years. There are strict penalties imposed for violation of these rules.

ESS3 Resource Efficiency and Pollution Prevention and Management			
• To achieve the sustainable use of resources, including implementing measures that avoid or reduce pollution resulting from project activities and minimizing and managing the risks and impacts of pesticide use.	The ESS3 provides requirements for projects to achieve the sustainable use of resources, including energy, water, and raw materials, as well as implement measures that avoid or reduce pollution resulting from project activities. The standard places specific consideration on hazardous wastes or materials and air emissions (climate pollutants) given that the current and projected atmospheric concentration of greenhouse gases (GHG) threatens the welfare of present and future lives.	• The NEMA mandates the NEA to enforce compliance with establishment of EIA regulations and procedures among companies and businesses in the planning and executing development projects, including existing projects. • The Act also mandates the Agency to register and manage all pesticides to ensure that the approved ones are used. • The Hazardous Chemicals and Pesticide Management Act, 1999 provides for the registration and use of pesticides and related matters.	The Legislation ensures that pollution is prevented, and measures are put in place by polluters through routine monitoring by regulatory agencies and institutions i.e., NEA, etc. As part of the project's ESMF, an Infection Control and Waste Management Plan (ICWMP) was developed for handling and disposal of health care waste (see Annex 2) and an environmental and social code of practice checklist was adopted for medical equipment and supplies delivery (see Annex 3)
ESS4 Community Health and Safety			
To anticipate and avoid adverse impacts on the health and safety of project affected communities during the project lifecycle • To promote quality, safety, and considerations relating to climate change in the design and construction of infrastructure, including dams. • To ensure that safeguarding personnel and property is carried out to avoid or minimize risks to the project affected communities.	This standard recognizes that project activities, project equipment and infrastructure increase the exposure of project stakeholder communities to various health, safety and security risks and impacts and thus recommends that projects implement measures that avoid or limit the occurrence of such risks. It provides further requirements or guidelines on managing safety,	The Public Health Act provides for the prevention of disease, promotes, safeguards, and maintains and protects humans and animals' health and provides for related matters. The Act enjoins the provision of sanitary stations and facilities, destruction of vectors including mosquitoes, protection of water	The Act does not consider the assessment of workplace safety. Additionally, no adequate measures are in place to deal with occurrences and emergencies. ESS3 provides the platform to engage with stakeholders. A Stakeholder Engagement Plan has been prepared and will be implemented prior to the start of project activities. Community needs concerning project activities will be assessed and necessary measures are taken. The project will take into consideration emergencies and COVID-19 Response Plan to guide project implementation on site. The provisions of ESS3 will apply

	including the need for projects to undertake safety assessment for each phase of the project, monitor incidents and accidents and preparing regular reports on such monitoring. ESS4 also guides emergency preparedness and response	receptacles, and promoting environmental health and sanitation.	
ESS10 Stakeholder Engagement and Information Disclosure			
To establish a systematic approach to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with them, particularly project-affected parties. To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in project design and environmental and social performance • To promote and provide means for effective and inclusive engagement with project-affected parties on issues that could potentially affect them throughout the project life cycle. • To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format. • To provide project affected parties with accessible and inclusive means to raise issues and grievances and	The standard establishes a systematic approach to stakeholder engagement that helps the Borrower to identify stakeholders and build and maintain a constructive relationship with them; as well as disclose information on the environmental and social risks and impacts to stakeholders in a timely, understandable, accessible, and appropriate manner and format. Stakeholder engagements are to commence as early as possible in the project development process and continue throughout the lifecycle of the Project. ESS 8 also provides for a grievance mechanism to receive and facilitate the resolution of concerns and grievances.	• The laws most relevant to stakeholder engagement are: • The 1997 Constitution recognizes the right to information for all citizens as a fundamental human right. To fully operationalize the right to information, people need to be effectively engaged and provided with information on issues that affect their lives. • The Access to Information Act, 2020 which was also passed into law in 2021 by the Gambian parliament • Gambia Environmental Assessment Regulations (2014) and National Environmental Management Act (NEMA), also consider stakeholder engagement to be an integral part of the Environmental Impact Assessment process.	The national laws do not give a clear procedure for information disclosure The acts do not include a GM for addressing complaints and grievances that the stakeholders may have in respect of the information provided. A **Stakeholder Engagement Plan** (SEP) including a **Grievance Mechanism** has been prepared and should be consulted and disclosed. Stakeholder engagement is also a continuous activity throughout project implementation and therefore the SEP shall be updated throughout project implementation. **The Grievance Mechanism** shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project.

allow Borrowers to respond and manage such.			

5. Environmental and Social Baselines

5.1 Overview of environmental baselines

Biophysical and Climate Characteristics

The Gambia is the smallest country in continental Africa. It has the highest population density in West Africa. It is characterized by its low-lying topography, with around 48% of its land area being situated below 20m above mean sea level. Additionally, nearly a third of the country is at or below 10m above mean sea level, while only a small fraction (4%) of its land area is above 50m.

The Gambia has a sub-tropical climate with two distinct seasons: a long dry season from October to mid-June and a short rainy season from mid-June to early October. The average temperatures range from 18 °C to 30 °C during the dry season and 23 °C to 33°C during the wet season, with temperature peaks as high as 43 °C. The average annual rainfall ranges from 850 mm to 1,200 mm while the mean number of wet days is around 74 per year. The inland is warmer and drier than the coast, with average annual rainfall of about 920 mm.

Like other countries in Western Africa, The Gambia has observed a significant rise in temperature in recent years. The temperature increases from the coast towards the West, and the variability in temperature is affected by the El Nino Southern Oscillation. Currently, there is substantial evidence of a warming climate, with a trend indicating that temperatures will continue to increase in the future. Projections by the IPCC reveal that the mean annual temperature in western Gambia has risen by 0.7°C from 1995 to 2020. Furthermore, precipitation trends indicate that rainfall during the wet season (July, August, and September) in The Gambia has decreased considerably, with an average rate of 8.8 mm per month per decade between 1960 and 2006. The rainy season has also shortened, and inter-annual rainfall variability has increased.

The decrease in rainfall in The Gambia is not uniform across the country, with more significant reductions observed in the western region. Despite having a unimodal rainfall pattern with over 90% of its yearly rainfall occurring from May to October, the mean annual rainfall in The Gambia is declining. Additionally, the rainy season's average duration has decreased by 6 to 9 days in both the western and eastern parts of the country. These precipitation trends align with the most recent Sahel region data, indicating a shift towards increased variability with abrupt changes between dry and wet years and a general reduction in total rainfall. This rainfall pattern has resulted in devastating droughts during the last three decades of the 20th century and a growing number of flooding events due to periods of intense rainfall.

The current climate change predictions for the western Sahel region in general and The Gambia suggests an increased frequency and severity of extreme events. The Gambia’s Disaster Country Risk Profile provides the following projections for the period 2050-2100, with regards to floods and droughts:

- Occurrence of severe drought conditions (e.g., 3 months of precipitation-evapotranspiration deficits) will more than double in the future (2050-2100 climate) from annual average chance of 31% to 78% with the present conditions (1951-2000 climate).
- Both western and upper river regions will be hit by severe droughts in the future.
- Flood is a relevant natural hazard in The Gambia, affecting on average about 12,700 people every year. Almost 62% of the total population of the country, in particular in the Kanifing Municipal Council and West Coast region.
- The future prediction of the risk is highly uncertain due to uncertainty of rainfall patterns.

Agriculture is the main provider of employment in Gambia's economy (40.3 percent of total employment), occupying approximately 20-30% of the land area. Agriculture is adversely impacted by frequent drought occurrences (on average every five years) and is dominated by crop varieties that are not drought resistant. Cash crops like groundnut and sesame account for 48.4% of the arable land, while cereals make up the remaining 51.6%. Agriculture production is relatively undiversified and largely subsistence oriented, with 62 percent of farm households growing crops only for subsistence The share of agriculture declined from 32 percent of GDP to 20 percent between 2000 and 2018.

Unfortunately, unsustainable land use practices such as relying on slash-and-burn farming and overstocking livestock have resulted in soil fertility depletion and land degradation, reducing agricultural productivity. Additionally, deforestation, over-extraction of woodland trees, uncontrolled bushfires, and charcoal production have caused loss of vegetation cover, leading to widespread soil erosion and sediment transfer into the Gambia River. Therefore, the uplands dedicated to rain-fed groundnuts and coarse grains, suffer from scant organic matter and basic nutrients (e.g. low fertility) and low water retention capacity, while the lowlands, where rice and horticulture farms are located along the floodplain of the Gambia River, are flat and poorly drained and vulnerable to seawater inundation of the Gambia River, which has increased soil salinity, restricting production during the wet season when water salinity is lower. Fast population growth has led to pressure on natural resources and consequently decline in farm sizes (about 3 hectares in 2005 to 1.3 hectares in 2015) and the fragmentation of landholdings that contribute to lower productivity.

The Gambian Landscape is dominated by Savannah woodlands and crop areas in the uplands. A comparison of the most recent forest inventory against earlier records reveals a declining forest cover from 505,300 hectares in 1981/1982 to 423,000 hectares in the 2009/2010 inventory. The woodlands/forest share is shrinking mainly due to cropland expansion and logging (including illegal logging). Gambian forests have been under pressure since 1960s.

Waste Management and Pollution

Pollution due to poor waste management is one of the main environmental issues in The Gambia. Indiscriminate disposal of household waste and waste from small industries, poor collection, and improper waste disposal practices are the main factors that contribute to the situation[12]. Lack of sanitary landfills has led to the increased use of crudely designed incinerators.

During the consultations for the preparation of the ESMF, stakeholders in most regions reported about the inadequacy of waste disposal and the health impacts of exposure to open-air waste. Agricultural waste such as cow dung is used as manure in gardens, while plastic waste is to some extent removed and burned (Janjanbureh, Basse) or buried. Pollution by poor solid waste management is reported as endemic within the larger municipalities of Banjul, Kanifing and Brikama, as well as in the rural districts of Farafenni, Soma, Bansang, Basse, Barram, Kerewan and Kaur[13].

During consultations which occurred from 2-10 February 2023, some communities described the absence of control over waste management at community level, as people often just dump, bury, or burn their waste despite the existence of designated waste dumpsites. Traditional leaders in Brikama also shared general concerns regarding the state of the environment including popularity of single-use products that could cause environmental harm.

The management of waste generated by healthcare activities, including hazardous material that can be infectious, toxic, or radioactive, has been flagged as a particular problem area[14]. MoH is the lead

[12] https://issuu.com/concernuniversal/docs/the_state_of_solid_waste_management

[13] See also Mike Webster, *The state of Solid waste management in the Gambia – a review*, July 2015; https://issuu.com/concernuniversal/docs/the_state_of_solid_waste_management

[14] WHO, WHO Country Cooperation Strategy 2008-2013, Gambia

government agency in this area, with responsibilities spanning the overall coordination of sanitary interventions across sectors and regions, creating an enabling environment, as well as monitoring sanitation standards in households, schools, and public facilities. Municipalities are responsible for the collection and disposal of municipal waste under the Local Development Act (2002).

Despite the existence and use of a range of solid healthcare waste (HCW) treatment systems (see table below), The Gambia was not equipped with adequate medical waste management facilities until recently. Most incinerators within health facilities (publics and private) and other equipment and treatment facilities were in poor state and operated inefficiently[15]. In most of the health facilities, the waste was being stored in inappropriate places, not properly segregated, and transported through various means such as manually, on open trucks, wheels chairs, or donkey- and tractor-drawn trailers. The improper handling of healthcare waste is known to have debilitating effects on the environment, including wildlife, water quality and the risk of spreading disease.

However, considerable progress has been made in medical waste management thanks to investments undertaken as part of the *COVID-19 preparedness and response project (P173798)*, with financial support from the World Bank. As part of the project's ESMF, an Infection Control and Waste Management Plan (ICWMP) was developed for handling and disposal of health care waste (see Annex 2) and an environmental and social code of practice checklist was adopted for medical equipment and supplies delivery (see Annex 3). The MoH conducted a survey to determine the quality of incinerator operations in the various regions[16] and found that many were not being used properly and/or spewing harmful pollutants into the air. The project invested in modernizing and upgrading to healthcare waste management through several actions including[17]:

- The installation of seven iM-80 incinerators in the seven health regions
- 2 Ecosteryl medical waste decontamination units (75 & 250 series) installed in EFSTH and Farato
- Additional 40 iM-80 incinerators procured to be installed in 40 health facilities across the country
- 4 Waste collection trucks and materials also procured
- Improved storage, collection and transport of HCW

It was also formerly reported[18] that senior public health and sanitation officials lacked formal training in:

- Practical waste collection and disposal, including public health impacts of poor waste management, logistics proper landfill
- Theory of improved waste management, including waste legislation, waste management technology, waste hierarchy recycling

However, the implementation of the World Bank funded *COVID-19 Preparedness and response project (P173798)* in the Gambia provided an opportunity for training health facility staff across the country in the mentioned areas, as part of capacity building on the implementation of Health Care Waste Management Plan (HCWMP).

During stakeholder consultations, the Kuntaur Area Council reported that health workers collect trash weekly, and that sensitization campaigns in waste management in communities are carried out, as well as capacity building for health laborers on how to separate solid and liquid waste (including clinical

[15] The Gambia, Health Care Management Plan in the Gambia (2011-2020).

[16] There were no functional incinerators in Western regions 1 and 2.

[17] MoH, 2022, Third additional financing to the Gambia COVID-19 Vaccine preparedness and response project (P 176125)

[18] Mike Webster, The state of Solid waste management in the Gambia – a review, July 2015; https://issuu.com/concernuniversal/docs/the_state_of_solid_waste_management

waste). At the Area Council in Mansakonko, it was explained that there are temporary waste collection and dump sites, and communities are sensitized to bring their waste to dump sites. The health department in North Bank East region informed that waste management was emphasized in any health setting, with special focus on medical waste. Medical waste is first collected in different color-coded bins, taken to designated safe boxes and then to incinerators using appropriate protective equipment. The monitoring of waste management is undertaken in each facility.

Medical waste generated under the SWEDD+ project consists of family planning-related disposables (syringes and needles) that will be distributed and stored under component 2 (subcomponent 2.2). During project preparation, consultations with Regional Health Offices, noted that this type of medical waste is collected from health facilities and community health centers and treated with the help of their incinerators, routinely.

5.2 Social baseline

Demography and the economy

The Gambia had an estimated population of 2.5 million people in 2021, growing at an average annual rate of over 3%.[19] The country has one of the highest total fertility rates in Sub-Saharan Africa and globally, at 4.4 children per woman in 2020.[20] 64% of the population is under 25 years of age, and life expectancy at birth is relatively low, at 67.7 years for women and 63.4 for men. With a small area of 11,300 km^2, The Gambia was the ninth most densely populated country in Africa in 2017 with 208 inhabitants per km^2. Internal migration from rural areas into urban zones drives rapid urbanization, with an increase in the urban share of the population from 47.9% in 2000 to 60.7% in 2017. The population is a mosaic of ethnic groups: Mandinka (37% of the population), Fula (20%), Wolof (15%), Jola (11%), Serahuli (9%), and others. Islam is the predominant religion, practiced by 95% of the population, while 3% are Christian.

With a GDP per capita of USD 836 in 2021, The Gambia is classified as a low-income country by the World Bank. It also ranked 174th out of 191 countries according to the Human Development Index in 2022. Its economy is heavily reliant on seasonal tourism, rain-dependent agriculture, and overseas remittances. An estimated 9.2% of Gambians lived outside the country in 2019 and remittances accounted for 15.1% of GDP in 2018, the highest share in Africa.[21] The economy has been severely impacted by downturns resulting from the COVID-19 pandemic and reduced economic activity abroad, with an estimated loss of more than GMD 1 billion (approximately USD 20 million) in national revenue primarily caused by the fall in income from tourism and remittances.

Agriculture is the source of livelihood for 80% of the rural population, even though its share in the GDP has declined from 29.0% in 2010 to 16.7% in 2019.[22] Gambian agriculture is mainly subsistence production of crops such as early and late millet, maize, sorghum, rice, and semi-intensive cash crops like groundnut, cotton, sesame, and horticulture.[23] Agricultural development and gains have not been pro-poor with over 90% of the rural poor dependent on small-holder subsistence-level farming activities[24]. As an additional challenge, the livestock has been impacted by diseases such as Contagious Bovine Pleurae Pneumonia and New Castle Disease in poultry in recent years.

[19] United Nations Office for Disaster Risk Reduction, Annual Report 2021.

[20] 2019-20 Gambia Demographic and Health Survey Final Report.; World Bank, 2020, Gambia's Systematic Country Diagnostic

[21] World Bank, 2020, Systematic Country Diagnostics for the Republic of The Gambia: Overcoming a No-Growth Legacy. Washington, DC: World Bank.

[22] World Bank Group, 2019, The Gambia: A look at Agriculture; FAO, European Union and CIRAD, 2022, Food systems Profile – The Gambia catalysing the sustainable and inclusive transformation of food systems.

[23] International Trade Administration (ITA), 2022, Gambia, the country commercial guide.

[24] African Development Bank Group, 2020, Gambia Economic Outlook: Macroeconomic Performance and Outlook.

Women tend to be more involved in agriculture, especially as informal workers, than men. International Labor Organization (ILO) estimates show that the gender gap in participation in the agriculture sector was 10% during the period 2000–17. Although women play a critical role in household food production, their limited access to land ownership prevents them from making land-use decisions and ability to access credit services to expand agricultural production and businesses. There is scant evidence of their participation in water management or policy decisions because only 8.6% of women own land.

Poverty

The 2020 World Bank Systematic Country Diagnostic for The Gambia[25] provides a detailed discussion of poverty trends in the country based on the 2015/16 Integrated Household Survey (which still constitutes the latest available data). According to these estimates, almost half (48.6%) of the Gambian population lives in overall poverty and about one fifth in extreme poverty.[26]

There are significant geographic disparities in the incidence of poverty. The rate of overall poverty is 17% in Banjul and Kanifing, where activities related to tourism, trade and government administration are concentrated, while it reaches 41% in the Brikama LGA, which constitutes the country's largest conurbation outside the capital, and close to 70% on average in the rural areas. Among the latter, Kuntaur and Antabuse have the highest poverty rates. In urban areas, the poor work mainly in the low-productivity informal service sector, while in rural areas, they are principally occupied in the low-productivity agricultural sector. Poverty severity follows similar patterns: while in Banjul and Kanifing, the actual level of consumption of the poor is very close to the poverty line, it is 25% lower in the country's rural areas. Extreme poverty affects 36% of the rural population – meaning that over one person in three does not get enough food.

The incidence of poverty has been aggravated in recent years, particularly in rural areas, due to the COVID-19 crisis and to a huge decline in the value of crops.[27] According to a joint FAO-EU-CIRAD Report[28] , food insecurity affected 13.4% of the population in 2021, up from 8.0% in 2016, and was concentrated in rural areas, particularly around Nanampere and Kuntaur.

The rural population is also more affected by other aspects of poverty, such as the lack of access to healthcare, education, water, sanitation, and electricity. A multidimensional measure of poverty found that in 2013, 82% of the rural population was deprived in at least one third of the dimensions, compared to 38% for the urban population.[29]

Poverty and deprivation disproportionately affect women and the youth, particularly girls and young women. Three out of four women have no access to own earnings, and those who work are largely concentrated in the informal sector. Access to wage jobs is particularly restricted for young women.[30] Women also have very limited access to credit, financial literacy, business opportunities and land ownership, at the same time as they often find themselves in charge of larger family units with multiple dependent children. Three quarters of poor households have eight members or more, and half are

[25] World Bank, 2020, Systematic Country Diagnostic for the Republic of The Gambia: Overcoming a No-Growth Legacy. Washington, DC: World Bank.

[26] Here the overall poverty line is defined relative to the cost of buying a bundle of food and nonfood items covering basic needs; in 2015/16, it was estimated at GMD 18,040. Extreme poverty is measured by the cost of a food bundle that provides the minimum required caloric intake of 2,400 calories; this represented an income level of GMD 11,795 in 2015/16.

[27] World Bank, 2022, The Gambia Poverty and Gender Assessment.

[28] FAO, European Union and CIRAD, 2022, Food systems Profile – The Gambia catalysing the sustainable and inclusive transformation of food systems.

[29] The 2013 multidimensional poverty index computed by the Oxford Human Development Initiative includes 10 indicators of nonmonetary poverty that span the dimensions of health, education, and living standards. Oxford Poverty and Human Development Initiative, 2017, OPHI Country Briefing 2017: Gambia, University of Oxford.

[30] World Bank, 2022, The Gambia Poverty and Gender Assessment.

polygamous.[31] Many polygamous poor households have separate living arrangements and are therefore headed by women.

Throughout community consultations in all regions in February 2023, it was emphasized by stakeholder groups that there is a high rate of unemployment in rural areas, which motivates many young people to either move to the *Kombos*[32] (e.g., Greater Banjul) or even migrate illegally abroad in search of economic opportunities. In Kerewan, women described how gardening and business (either selling fruit or clothing) are the main economic activities that are available in the village, however this becomes increasingly more difficult in the rainy season when it is impossible to cultivate food.

Adolescent girls in Mansakonko described how due to the lack of job opportunities in their community, young girls are encouraged to marry, demonstrating how economic livelihoods and child marriage are largely interconnected. However, adolescent girls in Mansakonko also described their desire to be able to start their own businesses someday including beauty salons, tailoring, fashion, and catering.

Focus groups with men in Mansakonko during project preparation also revealed gendered differences in economic activities indicating that men and boys mostly work on farms while women engage in small-scale gardening. Men also have a wider range of economic activities including carpentry, driving, and petty trading. It was also emphasized throughout the community consultations that earning a living is difficult in the community, especially for women. Mainly because many people are growing the same types of crops, so no one is buying from anyone.

Although young women in Janjanbureh described how all should be treated as equals they shared a widely held belief that men and women cannot be equal because of their jobs and roles in society.

Furthermore, in Kerewan, a mixed group of youth shared that encouraging a shift away from traditional gender roles toward earning livelihoods for women will be perceived as western influence on community life, because men are mainly considered the 'bread winners' or household heads.

Access to Healthcare

The Gambian government plays a significant role in providing healthcare services in the country. The public healthcare system is designed based on the primary healthcare strategy and has three tiers. The tertiary level services are offered by four hospitals, including Edward Francis Small Teaching Hospital, the country's referral facility in Banjul. The other three hospitals are in rural provinces, Bwiam in the Foni region, Farafenni in the Badibu region on the north bank and Bansang in the Fulladu region. The secondary level is provided by [38] health centers, and the primary level is covered by 492 health posts. Additionally, there are [34] private and NGO clinics that complement the public healthcare system.

The distribution of health facilities and personnel in The Gambia is uneven, with the majority located in urban areas, leading to unequal access to healthcare. Additionally, there are significant regional disparities, with the Western Region having the highest number of resources. However, for most local communities, the first point of contact with health care services is the informal sector through traditional healers.[33] There are also concerns about the quality of care provided by the health system, particularly in remote areas.[34]

The main challenges[35] of the health sector in the Gambia include maternal and child mortality rates, high neonatal, infant, and child morbidity rates, as well as a high adolescent birth rate, as shown in the table below.

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[31] World Bank, 2020, Systematic Country Diagnostics for the Republic of The Gambia: Overcoming a No-Growth Legacy. Washington, DC: World Bank.

[32] Kombos is commonly used to reference the greater Banjul area in The Gambia.

[33] WHO Country Cooperation Strategy 2008-2013, Gambia.

[34] USAID, 2019, Assessment of the Health system in The Gambia.

[35] The National Health Policy "Building Partnerships for Quality Health for All" (2021-2030)

TABLE 5.1 OVERVIEW OF KEY CHALLENGES IN SEXUAL AND REPRODUCTIVE HEALTH IN THE GAMBIA[36]

	2013 GDHS	2019/20 GDHS
Pregnancy-related mortality [a]	433	320
Neonatal mortality [b]	34	42
Children under 5 years mortality [b]	54	56
Adolescent fertility rate [c]	88	65
a Women who died when pregnant, during delivery or within 2 months of delivery, including due to accidents of violence, per 100,000 live births; averages per year during the 7 years prior to the survey b Per 1000 live births; averages per year during the 5 years prior to the survey c Number of children per 1,000 women aged 15-19 in the 3-year period before the survey		

Pregnancy-related mortality is still high in the Gambia, despite a recorded decline from 433 to 320 deaths per 100,000 live births between the 2013 and the 2019-20 Gambia Demographic and Health Surveys (GHDS). The mortality rates of newborns and children under 5 years of age increased between these periods, due in particular to the lack of accessible and sufficient maternal health care services. The maternal mortality ratio is high, at 597 for every 100,000 births. Obstetric fistula is a significant health concern for women in the country, primarily due to insufficient obstetric care equipment and supplies in many major health centers. Additionally, there is a shortage of skilled health workers, with only 1.1 doctors, 6.1 nurses and midwives, and 0.02 pharmacists available for every 10,000 members of the population as of 2021.[37] During the stakeholder consultations, most focus groups reported that people must travel to Bansang or Banjul to access proper healthcare facilities.

As previously noted, The Gambia has one of the world's highest fertility rates. Despite family planning[38] services being available free of charge in all public health sectors since 1975, the prevalence of contraception usage in the country remains low. The contraceptive prevalence rates among married and unmarried adolescents and young people aged from 10-24 years ranged from 7%-8% to 9% based on different studies.[39] This is consistent with the findings of the 2019-20 GHDS, according to which the use of modern contraceptives has increased in recent years (17.1% for all women aged 15-49, compared to 8.1% in the 2013 GHDS), but remains low among the younger age groups (1.4% between 15 and 19 years, 7.2% between 20 and 24). The prevalence of modern contraceptive use is also higher in urban than in rural areas (17.9% versus 15.3% according to the 2019-20 GHDS). The main reasons for non-use of modern contraceptives among adolescents and young people aged 10-24 years include:[40]

- Lack of access and limited knowledge of reproduction and reproductive health
- Disapproving attitude of Health workers
- Stigma, shame, and lack of money
- Cultural and religious barriers
- Common misconception which associates contraception with promiscuity

[36] The 2019-20 Gambia Demographic and Health Survey Final Report

[37] UNFPA, WHO, Inter-Agency working group on SRH and HIV Linkages, *Sexual and reproductive Health and Rights, Infographic snapshot*, Gambia, 2021.

[38] Family planning refers to the services, policies, information, attitudes, practices, and commodities, including contraceptives, that give women, men, couples, and adolescents the ability to avoid unintended pregnancy and choose whether and/or when to have a child. Sanni Yaya et al, 2021, Determinants of unmet need for family planning in Gambia & Mozambique: implications for women's health, (2021) 21:123.

[39] Mat Lowe et al., 2021, Sexual and reproductive health of adolescents and young people in the Gambia: a systematic review, PanAfrican Medical Journal.

[40] Ibid.

In addition to the high fertility rate and high maternal mortality ratios, low contraceptive usage has contributed to a high level of adolescent pregnancy, which has become a major issue in The Gambia. The high adolescent pregnancy rate requires attention in family planning counseling and youth-friendly services in regions such as Kuntaur, Basse, and Janjanbureh, while Brikama faces a shortage of skilled staff to deliver the available services to the increasing population of women of reproductive age with unmet needs.[41] During stakeholder consultations, women in all regions emphasized that family planning services and contraceptives are available locally either at the hospital or on community clinic day (Kerewan); however, some groups of adolescent girls and young women, particularly in Basse, Janjanbureh, and Kerewan, described other barriers in accessing contraceptives and other family planning services including health workers asking girls and unmarried women intrusive questions or the general belief that contraceptives are not needed. Others reported common deterrents such as 'funny reactions' from health workers if they are not married, or questions regarding consent from their husband or family. In Basse, specifically, young women reported that condoms are the most accessible contraceptives in the community, however boys have easier access to condoms when compare with girls. It was further explained that this was mainly due to current debates about the accessibility of contraceptives for women and girls and because girls are shy to request for contraceptives at the health facility out of fear of word getting out in the community. In Janjanbureh, women report that they have to be very discrete when accessing contraceptives, for fear of reactions and even physical abuse by men.

In terms of sexual and reproductive health information, young women reported that they mostly get information from the internet. In Kerewan, young girls also reported a lack of basic knowledge on reproductive health issues as most teachers are shy to discuss reproductive health matters with their students. In Mansakonko, community consultations with men revealed that it is believed that upticks in teenage pregnancy is caused by mothers not giving their daughters adequate reproductive health information. Young women in Janjanbureh and Basse described other prevailing beliefs about the harmfulness of contraceptive methods available at the hospital. They also mentioned the use of traditional methods such as herbal medicines and traditional healers.

Also, community consultations with men and traditional leaders in Mansakonko and Basse revealed how men do not feel that contraceptives are warranted for their daughters because they see it as frivolous and a license for girls to become sexually promiscuous.

Gender Equality

Despite some progress made to ensure that women's rights are achieved, more work still needs to be done to achieve gender equality (see gender statistics in table below). Key issues relating to SDG 5 (gender equality) are prevalent practices and acceptance of child marriage and female-genital mutilation (FGM). Over 25% of women aged 20-24 years are married or in a union before the age of 18.[42] There is also a lack of reliable data to monitor The Gambia's progress towards achieving SDG 5, with gaps in key areas such as unpaid care, gender and poverty, physical and sexual harassment, women's access to assets (including land), and gender and the environment.

UNICEF reports indicate that male youth in The Gambia are more likely to achieve literacy than female youth, with additional disparities along the urban/rural divide. The adult literacy rate is skewed towards men, with women 20 points behind. Average years of schooling are lower for women than men (3.2 against 4.3 years) and lower in rural than in urban areas (2.1 against 4.9 years), which is considered a significant barrier to employment.[43] The unemployment rate is significantly higher for women than for men in both urban and rural areas. Gender disparities persist throughout the agricultural sector, with almost one third of the female workforce employed in the sector compared

[41] Ministry of Health of The Gambia, 2019, The Costed Implementation Plan for the Gambia (2019-2022).

[42] UN Women, Country Fact Sheet, The Gambia. https://data.unwomen.org/country/gambia.

[43] World Bank, 2020, Systematic Country Diagnostics for the Republic of The Gambia: Overcoming a No-Growth Legacy. Washington, DC: World Bank.

to 22% for men. Access to and control over land and other productive resources in The Gambia is reportedly shaped by complex tenure systems, and evidence suggests that women's access to and control over resources in The Gambia is low, with inheritance rights of daughters also scoring low. In terms of political leadership, women make up 50.6% of the population in The Gambia, but they only account for 8.6% of the Parliament and 13% of Minister positions.

TABLE 5.2 GENDER STATISTICS FOR THE GAMBIA

Indicator	Male	Female	Total
Total Population (2022)	1,233,376	1,253,561	2,486937
Population over 64-65 (64 for Male, 65 for Female) (2021)	30,378	32,165	62,545
% of Male-headed or Female-Headed households (2020)	77.7%	22%	-
Maternal mortality rate per 100,00 live births (2017)	-	-	597
Unemployment rate (2021)	8.4%	14.8%	11.2%
Employment in agriculture % (2020)	22.45%	32.13%	-
Lifetime Physical and/or Sexual Intimate Partner Violence (2021)	-	-	33.5%
Physical and/or Sexual Intimate Partner Violence in the last 12 months (2021)	-	-	10.4%
Child Marriage (2021)	-	-	25.7%
Female Genital Mutilation/Cutting (2021)	-	-	75.7%

Sources: World Bank (2020, 2021, 2022); UN Women (2021).

The Gambia's global ranking in the World Economic Forum's Global Gender Gap Report significantly deteriorated between 2006 and 2020, with low ratings in areas such as economic participation and opportunity, educational attainment, and political empowerment, but seems to have slightly improved in recent years (see table below). UNDP's Gender Development Index, which measures differences in male and female achievements in three basic dimensions of human development (health, education and command over economic resources), also indicates a progress in gender equality between 2019 and 2021.[44]

TABLE 5.3 THE GAMBIA'S GENDER GAP INDEX[45]

The Gambia	Overall score	Global Ranking	Economic Participation and Opportunity	Educational Attainment	Health and Survival	Political Empowerment
2006	.645	79	.688	.809	.974	.109
2020	.628	136	.584	.891	.970	.067
2022	.641	121	.604	.873	.968	.118

Source: Global gender Gap report, 2022

Discussions with stakeholders at the community level revealed that child marriage is still widely practiced in rural Gambia, particularly in families with low literacy (Janjanbureh, Basse). Because of gender roles and norms, a girl can be seen as qualified and ready to marry as soon as her menstruation

[44] https://hdr.undp.org/gender-development-index#/indicies/GDI

[45] The Global gender Gap index quantifies the gaps between women and men in four key areas: health, education, economy, and politics. Scores are based on the level of access women must resources and opportunities relative to men. Countries are given a score from 0-1. A score of 1 indicates full equality between women and men and a score of 0 indicates full inequality.

is regular. Some participants pointed to religious beliefs according to which once a girl is perceived as fit for marriage physically (attained menarche and physically capable of fasting) and not engaged in school, she is ready for marriage. Furthermore, the widespread practice of Islamic Sharia law (a dominant religious/customary governing system in The Gambia), contradicts some of the protections established in the Women's Act and Children's Act to establish a minimum age for marriage. The legal ambiguity resulting from these conflicting laws within the same statutory legal system means that some communities acknowledge civil law to set the minimum age for marriage at 18, while others might recognize certain exceptions based on interpretations of the Sharia law (Nabaneh, 2018; UNDP, 2014). The prevalence of this practice may depend on other demographic factors such as ethnicity and location (urban vs rural).

Throughout stakeholder consultations, it was emphasized that although access to education for both boys and girls has improved in recent years, there were still several barriers affecting girls access to education. These include cultural norms, gender roles/household responsibilities, early marriage and teenage pregnancy, and other socioeconomic constraints. For example, adolescent girls aged 13-17 and boys aged 14-16 in Basse described in gender segregated consultations how school attendance is higher for boys than for girls. They explained that girls might drop out of school to tend to chores and selling. Furthermore, boys in Basse explained that at the household level, girls are treated as slaves, engaging primarily in household work and chores. In both Basse and Janjanbureh, it was shared that due to the widely held perception that girls will eventually be married off, some parents see education for girls as a waste of time.

Community consultations with men in Mansakonko revealed that close to half of the children in the community do not attend school. The main driver for this was the high cost of education, even though government has provided subsidies to provide free education, parents still have to buy books, uniforms, stationeries and give lunch to the children. Most prefer to send the kids to koranic school where the parents are not required to foot any cost. Here it was also described that boys mostly graduate from school while girls mostly drop out.

In Kerewan, youth shared that not all children regularly attend school in the community and sometimes housework deprives girls from regular attendance. In Brikama, it was explained that reasons for dropping out of school were also gendered, with boys reportedly dropping out due to financial problems, drug use, and lack of interest in learning, and girls dropping out of school due to early marriage and teenage pregnancy. In Kerewan, a women's group described how girls can be encouraged to get married early if their family is unable to pay school fees.

These barriers are further amplified for girls who have disabilities. For example, adolescent girls with disabilities in Mansakonko described how girls in their situation struggle with many different challenges, including abuse by fellow students. They also reported that in rural areas, there is not access to specialized schools for persons with disabilities to learn in an environment that accommodates their needs. Teachers often lack the training and knowledge on how teach persons with disabilities and this may lead to many people with disabilities dropping out of school because of how society treats them.

Gender-Based Violence (GBV)

In Gambian society, it is crucial to consider gender-based violence as an integral aspect when examining gender-related data. Despite the prohibition of practices such as Child Marriage and Female Genital Mutilation (FGM) in The Gambia, they are still widely prevalent. As per the Multiple Indicator Cluster Survey (MICS) conducted in 2018, 75% of girls aged between 15 to 19 have undergone FGM, a rate that is similar to those of all other age groups. Of note, a source cited by the Revised National Gender Policy (2023-32) finds a reduction of prevalence to 64%.[46] 67% of girls aged 18-19 also believe

[46] See MoGCSW (2023), Revised National Gender Policy (2023-2032), p. 18.

that domestic violence is justifiable.[47] Moreover, according to UN Women, 33.5% of women have encountered physical and/or sexual violence by their intimate partners during their lifetime. Recent data also indicates that 10.4% of women between 15-49 years of age were victims of physical or sexual violence in the past year or were currently experiencing gender-based violence. Additionally, child marriage affects 25.7% of females below 18 years of age.[48]

Throughout community consultations, it also emerged that child marriage is widely practiced. Although there are some variations regarding different ethnic groups, it was often reported that that a fear or concern that girls will engage in premarital sex (i.e., leading to loss of virginity before marriage and/or unintended pregnancies which may in turn create additional financial burdens) is one of the primary reasons for early marriage. Youth in Kerewan highlighted that according to their religious beliefs, girls can get married as soon as they have their menstruation.

In Mansakonko, when adolescent girls with disabilities were talking about marriage, they described how some men in the community want to marry people with disabilities, but the families will reject them or not allow it. In Janjanbureh young women also described how persons with disabilities were thought of as different and how many people in the community will refuse to marry a disabled person. A related explanation and justification were provided by parents and adolescents, who explained that when a girl is perceived as stubborn by her parents, and they feel she is difficult to control, marriage is seen as a solution. This is to reduce the risk of bringing shame to the family by becoming pregnant outside marriage, however sometimes this is also used by the girl herself to be allowed to continue with a relationship of her own choosing. Community consultations also revealed how in The Gambia, if a girl is perceived as stubborn or challenging to control by her parents, marriage is sometimes seen as a solution. This perspective stems from the desire to minimize the risk of the girl bringing shame to the family by getting pregnant outside of marriage. However, it was also noted that in some cases, the girl herself may employ marriage as a strategy to gain permission to pursue a relationship of her own choice.

Community consultations also highlight how sociocultural norms that reinforce gender inequality can contribute to the prevalence of gender-based violence, including domestic violence, sexual harassment and FGM. It was widely shared that FGM commonly practiced and is a tool used to avoid extramarital pregnancies. Furthermore, victim-blaming attitudes and a culture of silence can make it difficult for women and girls to seek justice or support. For example, In Basse, a young women gave example of an incident one of them witnessed, the husband of a young woman beat her mercilessly in front of everyone during a naming ceremony, other women present supported the action of the husband because they say she deserve to be beaten by her husband because she provokes the man. Beating women is common amongst the Fulas as it is their culture that if your husband does not beat you, he does not love you. Wife beating in general has some cultural connotation because some men say women only understand the language of force.

In most of the regions of The Gambia (Basse, Janjanbureh, Kerewan, Mansakonko), committees (council) exist to report on child marriage and GBV and FGM, however, due to family and community pressures, instances of SGBV and FGM are often unreported. However, during stakeholder consultations, it was revealed that GBV is generally decreasing in households because women and girls are gradually becoming aware of their rights (Janjanbureh). In some cases, the councilor in charge of reporting instances of SGBV and FGM to appropriate authorities may also be stigmatized by the community for being an advocate against FGM, child marriage, and GBV. Furthermore, women or girls who experience rape are afraid to report, because it could lead to them being alienated from their families and/or discriminated against in the community (M

[47] MICS (2018).

[48] UN Women (2021).

ansakonko, Kerewan, Kuntaur, Janjanbureh, and Basse).

5.3 Key environmental and social issues related to the project

From the baseline analysis of the biophysical and socio-economic profile of the project intervention areas (Banjul, Brikama, Mansakonko, Kerewan, Kuntaur, Janjanbureh and Basse), several environmental and social issues of varying degrees of sensitivity were identified and summarized in the table below.

TABLE 5.4 SENSITIVITY OF ENVIRONMENTAL AND SOCIAL ISSUES

Issues	Description
Environmental Issues	
Pollution	– In case project-related waste is not adequately collected and treated, this may lead to pollution that can generate health hazards.
Healthcare waste management	– Healthcare waste management systems have been substantially upgraded throughout the project implementation areas, but the systematic and proper use of these systems requires further attention. – It should be ensured that the waste is stored in appropriate containers and places in all health facility settings.
Odor nuisance	– As the consequence of the inadequate health waste management, odor may be harmful to health.
Social Issues	
Social conflict due to perceived threats to traditional livelihoods	– Component 1.1 (social and behavioral change), component 1.2 (expand economic opportunity and financial inclusion through the introduction of alternative livelihoods for girls), component 2 (access to reproductive services which promotes social economic, and reproductive health autonomy, agency, and empowerment) and component 3 (policy reform and institutional capacity building) seek to influence individual behaviors, economic opportunities and the legal framework in ways that contradict certain aspects of traditional livelihoods, such as the distribution of roles between genders, women's de facto exclusion from certain areas of economic and social life (from formal employment to land tenure), the lack of access to contraception for women and adolescent girls, and challenges in reporting and acting against acts of GBV/SEA/SH. – As such, project activities might generate negative reactions from certain parts of local communities and generate social conflict within those communities.
Uptake of project benefits	– As a consequence of perceived contradictions between project objectives and traditional values, parts of the communities might seek to reduce the impact of project activities. – In addition, the lack of access to healthcare and/or education facilities for girls, particularly in rural areas, might prevent them from being informed about project activities of interest or limit their access to benefits.
GBV/SEA/SH risks	– Instances of GBV/SEA/SH practices within beneficiary communities were reported. Cases of sexual abuse from project actors were also suggested as a potential issue during stakeholder consultations. Project-driven risks include the possibility that project actors seek to abuse their power towards beneficiaries and resort to

	GBV/SEA/SH against them, and the limited access of vulnerable beneficiaries to adequate GBV/SEA/SH risk mitigation and response strategies. – GBV/SEA/SH survivors may be reluctant to report, due to the risks of stigmatization by the communities/family members. In addition, people in charge of reporting GBV/SEA/SH may in turn be stigmatized by the communities.
Roles and dynamics within families	– Providing alternative livelihood options to women under Component 1.2 (expand economic opportunity and financial inclusion through the introduction of alternative livelihoods for girls), Component 1.1 (social and behavioral change); and Component 3 (policy reform and institutional capacity building) will increase the purchasing power of woman and girls and therefore may change the power dynamics within the family and the community. – Women's empowerment might result in conflict within families in cases of families with strong gendered hierarchies and/or polygamous households. – Within families, parents with low levels of education may also perceive the project's emphasis on empowerment as undermining their authority as parents.
Exclusion, lack of access to project benefits for vulnerable groups (i.e. persons with disabilities, and other traditional livelihoods, less educated women, etc.)	– Project services (training, providing services) may not reach key populations or individuals with intersecting vulnerabilities (persons with disabilities, non-educated, ethnic minorities, or rural/urban women and girls) due to issues of access. – The selection of project beneficiaries may be done on political basis and/or on the grounds of nepotism. As a consequence, interventions may not reach the most vulnerable or hard-to-reach beneficiaries. This is a serious risk to the SWEDD project. – Women, young girls, and peoples with disabilities face challenges in participating in village meetings as they are often side-lined by the male counterparts which may influence decision-making processes that have a direct effect on them.
Community health and safety (spread of communicable diseases such as COVID-19/HIV/ STIs)	– Possible presence of COVID-19[49] and the high prevalence of HIV in some regions in The Gambia. – Increased risk of infection of communicable diseases due to project worker influx in relation to project implementation activities.

[49] According to the World Health Organization, from 3 January 2020 to 12:15pm CEST, 21 June 2023, there have been 12,626 confirmed cases of COVID-19 with 372 deaths.

Female genital mutilation	– FGM is strongly tied to the notion of marriageability and threaten the development and wellbeing of young women and girls in The Gambia. – Place of residence, socioeconomic status/poverty, ethnicity, social norms/attitudes about femininity, female sexuality or sexual morality (fear of pregnancy before marriage), marriageability, were all identified as drivers of the practice.
Child marriage	– Many young people get married due to family pressure, social norms about chastity, peer influence, and religious beliefs. – Determinants of child marriage at the individual level also include determinants including being out of school and a perceived lack of future economic opportunities. – According to the religious beliefs, girls can get married as soon as they have attained menarche.
Access to sexual and reproductive services (in particular contraceptives)	– Adolescents are very reluctant to ask for contraceptives at the health centers even though they are available due to very intrusive questions from health workers and/or stigma. – In some regions, married women need to have the consent of their husband to access to contraceptives. – Reports suggest that there is a perception of a lack of confidentially when accessing sexual and reproductive services/information on healthcare services. This had profound effects on adolescent girls and women's willingness to use these services and thus a limiting factor in terms of access. – Abortion is outlawed and strong religious views may force women with unwanted pregnancies to engage in unsafe abortion or lead to abandoning their baby.
Culture/Religion	– Religious leaders have an integral role in the community and often intervene in household disputes/issues. They are the custodians of morality within communities and are highly respected. Therefore, their opinions vis à vis of the project are essential. – Religious beliefs prohibit pregnancy outside marriage, therefore when girls get pregnant it brings shame to their family. – Traditional community and religious leaders also believe that if girls are given access to contraceptives (under Component 2), that may give them "the license to become sexually immoral". They might therefore seek to limit the uptake of project benefits.

6. Environmental and Social Risk and Impact Considerations

This section describes the environmental and social alterations to the baseline likely to be induced by the project, whether positive or negative. As the project will be implemented throughout the country, the likelihood of these effects is more or less evenly distributed across the national territory.

The section is organized as follows: the first subsection identifies and list the potential positive impacts of each of the project's components and subcomponents; the second subsection introduces the methodology for assessing the risks associated with the project's potential negative impacts; the third subsection identifies the environmental and social risks posed by the project activities according to the World Bank's Environmental and Social Standards and applies the risk assessment methodology to these risks; the fourth subsection proposes an overview of the project's risks by component and subcomponent.

6.1 Potential positive environmental and social impacts

The SWEDD+ project is expected to deliver important social benefits for its target populations, while its positive environmental impacts are not expected to be significant. The potential benefits of the project essentially concern community health and safety and include various aspects of girls' and women's empowerment such as: better access to SRHR services, reduced child and forced marriage, enhanced prevention of GBV and specifically FGM; financial inclusion and greater access to employment opportunities.

Table 6.1 below describes these potential positive social impacts by project component and subcomponent.

TABLE 6.1 POTENTIAL POSITIVE IMPACTS OF PROJECT ACTIVITIES

Project Activity	Potential Positive Impact
Component 1: Design and implement gender transformative interventions	
Sub-Component 1.1: Social and Behavior Change Communication (SBCC) Campaign	The SBCC campaign is expected to support the empowerment of girls and women and reduce the social, cultural and economic barriers to empowerment that they are facing in areas such as gender equality, child and forced marriage, adolescent sexual and reproductive health, GBV prevention, FGM and employment.
Sub-Component 1.2: Community level interventions that empower girls and young women 1. Improve life and livelihood skills and sexual and reproductive health of adolescents 2. Keep girls in school through at least secondary Education 3. Expand economic opportunity and financial inclusion 4. Improve prevention and response to GBV/SEA/SH	The interventions are expected to improve the life and livelihood skills and SRH of adolescents, better keep girls in school, expand girls' and women's economic opportunity, financial inclusion and agency, and improve prevention and response to GBV and SEA/SH.

Component 2: Improve Availability of RMNCAHN Commodities and Qualified Health Workers at the community level and Strengthen Regional Capacity for adolescent-friendly services	
Sub-Component 2.1: Enhance accessibility of contraceptives including for adolescents at the community level	These sub-components are expected to reduce unwanted pregnancies by improving adolescent girls' and young women's access to contraceptives at community level.
Sub-Component 2.2: Enhancing the performance of pharmaceutical supply chain, last mile delivery	
Sub-Component 2.3: Improve availability of reproductive health workers in rural areas, strengthening rural midwives and other personnel involved in RMNCAHN delivery services	This subcomponent will increase access to reproductive health workers and trained midwives within communities, particularly in rural regions of The Gambia.
Sub-Component 2.4: Strengthen Improve adolescent nutrition services	This component is expected to improve adolescents' nutrition, hygiene and life and job skills.
Component 3: Foster National and Regional Commitment and Capacity for Policy Making and Project Implementation	
Sub-Component 3.1: Strengthen advocacy, legal frameworks, and political commitment on RMNCAHN at continental, regional and national levels	These subcomponents are aimed at strengthening policy, advocacy, and project implementation capacity and, as such, will have indirect social benefits in the form of better policy and project outcomes.
Sub-Component 3.2: Strengthen capacity for policymaking, M&E related to demographic dividend and gender issues and strengthening marriage registration using birth certificates for child marriage prevention	
Sub-Component 3.3: Strengthen project implementation capacity	

Table 6.2 shows how the two criteria are combined to determine risk significance.

TABLE 6.2 QUALITATIVE RISK SIGNIFICANCE MATRIX

		Severity			
		Negligible	Minor	Substantial	Critical
Likelihood	Certain	Moderate	High	Major	Major
	Likely	Low	Moderate	High	Major
	Possible	Low	Moderate	High	Major
	Unlikely	Low	Low	Moderate	High

Risks of low significance are deemed acceptable and do not require specific mitigation measures. Risks of moderate significance have lower acceptability and must be addressed through proportionate

mitigation and monitoring measures. Risks of high significance are not acceptable and have to be reduced through comprehensive mitigation measures. Finally, risks of major significance are totally unacceptable and have to be prevented by avoiding the activity that generates the risk, unless they can be reduced to an acceptable level through robust and systematic risk management measures.

6.2 Potential negative social and environmental impacts and risk assessment by ESS

The activities to be undertaken as part of the SWEDD+ project can potentially generate a range of negative social and environmental impacts if the risks below are not addressed, specifically including the areas of labor and working conditions (e.g. hazardous working conditions; accidents; bodily injuries; fatalities; discrimination, workplace violence and/or harassment), resource efficiency and pollution prevention and management (e.g. unintended release of chemical or biological hazards that are infectious, toxic, or radioactive), and community health and safety (e.g. violence and/or harassment involving unwelcome conduct, bullying, retaliation, SEA/SH). The following sections identify and discuss these potential impacts. The final suggestion comes with an assessment of the project's risks according to the World Bank's Environmental and Social Standards.

Assessment and Management of Environmental and Social Risks and Impacts

Potential negative policy-related risks and impacts concerning the assessment, management, and monitoring of environmental and social risks and impacts associated with the SWEDD+ project may mean that evolving environmental and social standards and requirements can impact the project's design, implementation, and compliance measures. Additionally, failures to meet these standards present the risk of potential reputational harm of entities involved, legal liabilities, project delays, restrictions or disruption on project operations, and possible project termination. The project must be prepared and implement mitigation strategies to meet all applicable requirements in place.

Labor and working conditions

Potential negative impacts concerning labor and working conditions include:

- Subcontracted project implementers could impose inadequate work contracts and working on their staff, particularly as the Labour Inspection Directorate of the Ministry of Labour has a severe lack of capacity and no permanent representation at regional/local level; various aspects of labor law lack enforcement in The Gambia.
- Community workers are people employed or engaged in providing community labor (generally on a volunteer basis). Work is considered on a voluntary basis when it is done with the free and informed consent of a worker with the possibility to revoke freely given consent at any time. In this project, workers already engaged at community level on a voluntary basis, such as village health workers, could take part in project implementation activities in areas such as community sensitization and information, as a complement to the work of direct and contracted workers who cannot be constantly present within communities. Such volunteers delivering project activities in communities could be affected by limited rights and inadequate working conditions; community health workers and other auxiliaries of government health services typically do not have any formal employment status and contract.
- Traffic accidents and road safety hazards; the risk of traffic accidents on Gambian roads is relatively elevated, particularly in rural areas, during nighttime, and in inclement weather (e.g. during rainy season).
- Risk that some accidents may occur that lead to bodily injuries resulting from carrying healthcare supplies/waste or the installation of equipment such as minor sprains, pain from lifting/physical labor; in principle, however, the project does not involve the transport, installation or distribution of large quantities of material or equipment.

- Risks relating to the exposure to hazardous substances (healthcare waste); however, this risk appears limited thanks to the strong focus placed on the management and disposal of healthcare waste as part of the government's response to the COVID-19 crisis.

Resource efficiency and pollution prevention and management

Potential negative impacts concerning resource efficiency and pollution prevention and management include:

- Risks relating to the management of healthcare waste (adverse health and environmental impacts such as the unintended release of chemical or biological hazards); however, these risks appear limited thanks to the strong implementation measures on the management and disposal of healthcare waste as part of the government's response to the COVID-19 crisis.
- There are also risks relating to the management of obsolete stocks of contraceptives, waste disposal of used products, and other clinical consumables. Improper disposal of used products and clinical consumables such as contraceptives or medical waste may contribute to the pollution, contamination of water sources, and release of hazardous substances into local ecosystems.

Community health and safety

Potential negative impacts concerning community health and safety include:

A. SEA/SH

- Survivors of GBV/SEA/SH (especially young women and girls) participating in project activities might be at risk of negative reactions from perpetrators or community members such as parents or family members; such reactions are reported as common in cases of GBV, with considerable pressure from the community/family members towards women to find an "amicable" solution.
- Adult survivors of GBV/SEA/SH participating in project activities might be at risk of pressure from authorities to undertake judicial action in a well-intentioned attempt to strengthen responses to GBV acts, potentially causing psychological distress or aggravating their trauma.
- Beneficiaries might be at risk of GBV/SEA/ SH from project implementing staff (e.g. as workers have an opportunity to identify or potentially interact with vulnerable populations in the local communities), with additional health and safety risks (such as the transmission of communicable diseases such as sexually transmitted infections and HIV). Sexual exploitation can occur when individuals involved in a project, such as teachers, community volunteers, or health workers, abuse their position to withhold project benefits or services in exchange for sexual favors. This may involve requesting sexually explicit images or engaging in sexual acts. For instance, a health worker may deny services to a young woman or girl unless they engage in a sexual act. Additionally, sexual abuse may occur when a project worker uses force or an imbalanced power dynamic to commit or threaten an unwanted sexual act. For example a counselor may abuse a survivor of GBV in one of the Project's safe spaces. Sexual harassment could also arise when project workers make unwelcome sexual advances or solicit sexual favors from project beneficiaries. This could happen when a project worker asks a male or female to give them a kiss at a "HE for SHE" club. These risks are relevant for project sites with insufficient supervision, which could increase the risk of SH against female staff members (like the volunteer health workers). Furthermore, the risk of GBV/SEA/SH is also applicable to situations where project implementing staff victimize other project workers.
- Possible influx of project implementing staff could increase risks of SEA/SH (such as when workers have contact with vulnerable populations) in terms of sexual abuse, exploitation and harassment of underage girls and impoverished widows

- Other SEA/SH potential impacts could include the harassment of women at the community level and there could be opportunistic and exploitative demands for transactional sex either among workers against each other, community members against workers, and workers against community members.
- The women and girls who participate in the project may also experience increased violence at home and/or in communities due to the changes of their financial and social status resulting from the support and opportunities generated by the project.
- Furthermore, a lack of implementation or sensitization of Codes of Conduct could lead to can result in non-compliance with relevant laws, regulations, and/or guidelines especially with important implications for SEA/SH.

B. Social Conflict

- Lack of consultation and participation during the planning and implementation of the SWEDD+ project may lead to insufficient stakeholder engagement, limited transparency and/or trust, and lack of meaningful participation in decision-making processes which could potentially fuel social conflicts leading to communities, civil society organizations, and stakeholders/potential beneficiaries being excluded, marginalized, or disempowered. This could lead to social conflicts, divisions, and possible fragmentation. Examples include social unrest, tensions, lack respect/courtesy for traditional social structures, disputes, or clashes.
- Component 3 of the SWEDD+ project will address legal and policy reforms in relation to gender issues and women's and girls' empowerment, it is important to consider that changes to the legal framework or its enforcement may trigger legal and political resistance, limited engagement and participation, and potential backlash, which in turn may have a negative impact on women and girls and other marginalized groups. Potential opposition from various stakeholders, such as conservative groups, policymakers or religious institutions who may resist changes in existing laws and policies can have a vast influence on social cohesion and cultural practices. Negative reactions from prominent figures or institutions could deepen harmful norms, values, and traditions, for instance by influencing the opinions of religious leaders and other custodians of culture. Resistance could also make harmful practices more difficult to detect and control. For example, in The Gambia, laws that prohibit FGM have accelerated its cross-border practice between The Gambia and Senegal, where some parents or grandparents opting to take young girls to rebels-controlled border areas in Senegal for the procedure. Changes in laws in favor of women's empowerment can also lead to other harmful practices (GBV/SEA/SH, FGM, and child marriage) being pushed underground and thus require coordinated efforts between the two countries to address risks comprehensively and prevent such practices from being shifted across borders.

C. Road Safety

- There is a risk of traffic accidents and road safety hazards when project workers travel during project planning and implementation. traffic accidents and road safety hazards can pose various labor risks, including personal injury or physical harm to workers, including injuries or fatalities (noting that project workers who are required to travel long distances as part of their job may be at higher risk of experiencing accidents). These risks can be further exacerbated by factors such as non-compliance with traffic regulations, defective vehicles, or driver misconduct and such accidents may lead to accidents, injuries, and fatalities of project workers and potentially members of the public.

D. Spread of communicable diseases

Possible influx of project implementing staff could increase risks of the transmission of respiratory borne illnesses and other communicable diseases such as COVID-19. COVID-19, a highly transmissible infectious disease, poses a significant risk of spreading among project workers and potentially impacting surrounding communities during project implementation. This risk could be particularly pertinent in rural areas where healthcare services are limited, making vulnerable populations, including individuals with pre-existing health conditions and the elderly, more susceptible to its effects.

Stakeholder Engagement and Information Disclosure

Failure to implement the Stakeholder Engagement Plan and incorrectly identifying stakeholders to the Project could generate risks of insufficient representation of key stakeholders which could lead to dissatisfaction, mistrust, and potential resistance to the Project. Also, if stakeholders are unaware or uniformed about the project due to a lack of consistent engagement, this could have negative impacts on decision-making processes, uptake, engagement, and cooperation at the community level. Furthermore, limited stakeholder participation may lead to ineffective engagement, low levels of participation, lack of meaningful dialogue and exclusion of the most vulnerable and marginalized groups. These risks could potentially negatively affect trust and credibility between the project and stakeholders and lead to suspicion and challenges to the project's legitimacy in the community. Furthermore, insufficient channels or awareness regarding such channels to express concerns, provide feed, or where resolution for grievances is sought for the most vulnerable or stakeholder could result in conflicts, tensions, and legal challenges. Also, laws and initiatives launched without consultation lack legitimacy and can lead to push-back.

All above risks would be heightened in case of implementation gaps or lack of coordination between activities (e.g. risks to confidentiality from untrained staff). Furthermore, failure to appropriately sensitize and integrate traditional/religious leaders and other local stakeholders could also act as an aggravating factor.

Table 6.2 below applies the risk assessment methodology to the identified potential negative impacts, according to the ESS categories. The assessment concludes that the project will only entail low and acceptable environmental risks; it shows, however, that several social risks associated with the proposed activities fall under the moderate and high significance levels and therefore call for mitigation actions.

TABLE 6.2 RISK ASSESSMENT BY ENVIRONMENTAL AND SOCIAL STANDARD

ESS	Summary of potential negative impacts	Severity	Likelihood	Risk
ESS1: Assessment and Management of Environmental and Social Risks and Impacts	Evolving environmental and social standards and requirements can impact the project's design, implementation, and compliance measures.	Substantial	Unlikely	Moderate
ESS2: Labor and Working Conditions	Inadequate work contracts and working for subcontracted project implementing staff	Substantial	Possible	High
	Limited rights and inadequate working conditions for volunteers delivering project activities in communities	Substantial	Possible	High
	Lack of implementation/ sensitization of Codes of Conduct	Substantial	Possible	High
	Traffic accidents and road safety hazards	Substantial	Unlikely	Moderate
	Exposure to hazardous substances (healthcare waste)	Substantial	Unlikely	Moderate
	Bodily injuries resulting from carrying supplies/waste or installing equipment	Minor	Unlikely	Low
ESS3: Resource Efficiency and Pollution Prevention and Management	Risks relating to the management of healthcare waste (adverse health and environmental impacts)	Substantial	Unlikely	Moderate
	Improper disposal of used products and clinical consumables such as contraceptives or medical waste	Substantial	Unlikely	Moderate
ESS4: Community Health and Safety	Survivors of GBV/SEA/SH participating in project activities might be at risk of negative reactions from perpetrators or community	Substantial	Possible	High

	Girls and Young women survivors of GBV/SEA/SH participating in project activities might be at risk of pressure from authorities to undertake judicial action	Minor	Possible	Moderate
	Beneficiaries might be at risk of GBV/SEA/ SH from project implementing staff	Critical	Unlikely	High
	Risks relating to social conflict	Substantial	Unlikely	Moderate
	Risks relating to potential backlash in response to legal reforms, which could deepen and/or displace and conceal harmful practices	Substantial	Possible	High
	Traffic accidents and road safety hazards	Substantial	Unlikely	Moderate
	Spread of communicable diseases due to possible influx of project implementing staff	Substantial	Unlikely	Moderate
ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	The project does not include any construction, land use or resettlement measure. Any activity which may cause physical and/or economic displacement is excluded from receiving project financing.	NA	NA	NA
ESS6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	Project is not expected to have any impact on biodiversity and natural resources.	NA	NA	NA
ESS7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	There are no known groups which mean the criteria of Indigenous Peoples/Historically Underserved Traditional Local Communities as per the criteria under ESS7	NA	NA	NA
ESS8: Cultural Heritage	Project is not expected to have an impact on sites of religious, cultural or archaeological significance (to be confirmed by field mission)	NA	NA	NA

ESS9: Financial Intermediaries	No financial intermediaries are involved in the project.	NA	NA	NA
ESS10: Stakeholder Engagement and Information Disclosure	Failure to implement the Stakeholder Engagement Plan	Substantial	Possible	High
	Risks relating to insufficient representation of key stakeholders, stakeholders being unaware or misinformed	Substantial	Possible	High
	Risks of inadequate/inaccessible channels to express concerns, provide feed, or grievance redress	Substantial	Possible	High

6.3 Assessment of environmental and social risks by project component

The SWEDD+ project is not expected to entail any significant environmental risk, but it will generate multiple social risks ranging from moderate to high, which must be addressed through appropriate mitigation measures.

Table 6.3 below breaks down the potential negative social impacts and risks of project activities according to project components and subcomponents.

TABLE 6.3 RISK ASSESSMENT FOR POTENTIAL NEGATIVE IMPACTS OF PROJECT ACTIVITIES

Project Activity	Potential Negative Impact	Severity	Likelihood	Risk
Component 1: Design and implement gender transformative interventions				
Sub-Component 1.1: Social and Behavior Change Communication (SBCC) Campaign	Girls and women seeking to take opportunities promoted by the SBCC campaign might be at risk of negative reactions from their family or community, including leading to SEA/SH against them or social conflict and exclusion. Some vulnerable women/girls may be excluded from the project without proper targeting.	Substantial	Possible	High
Sub-Component 1.2: Community level interventions that empower girls and young women 1 Improve life and livelihood skills and sexual and reproductive health of adolescents 2 Keep girls in school through at	Girls and women seeking to take opportunities promoted by the SBCC campaign might be at risk of negative reactions from their family or community.	Substantial	Possible	High
	Beneficiaries might be at risk of SGBV/GBV/SEA/SH from project implementing staff.	Critical	Unlikely	High
	Girls and young women survivors of SGBV/GBV/SEA/SH participating in project activities might be at risk of negative reactions from perpetrators or community.	Substantial	Possible	High
	Girls and young women survivors of SGBV/GBV/SEA/SH participating in project activities might be at risk of pressure from authorities to undertake judicial action.	Minor	Possible	Moderate
	Traffic accidents and road safety hazards	Substantial	Unlikely	Moderate
	As a result of sexual contact, additional health, and safety risks (such as the transmission of communicable diseases such as sexually transmitted infections and HIV).	Substantial	Unlikely	Moderate
	As a result of project workers in the project area/ possible influx of project implementing staff could increase risks of the transmission of respiratory borne illnesses and other communicable diseases such as COVID-19	Substantial	Unlikely	Moderate

least secondary Education 3 Expand economic opportunity and financial inclusion 4 Improve prevention and response to GBV/SEA/SH	The women and girls who participate in the project may also experience increased violence at home and/or in communities due to the changes of their financial and social status resulting from the support and opportunities generated by the project.	Minor	Unlikely	Low
Component 2: Improve Availability of RMNCAHN Commodities and Qualified Health Workers at the community level and Strengthen Regional Capacity for adolescent-friendly services				
Sub-Component 2.1: Enhance accessibility of contraceptives including for adolescents at the community level	Beneficiaries might be at risk of SGBV/GBV/SEA/ SH from project implementing staff.	Critical	Unlikely	High
	Traffic accidents and road safety hazards	Substantial	Unlikely	Moderate
	Subcontracted project implementing staff could experience limited working rights and inadequate working conditions.	Substantial	Unlikely	Moderate
	Volunteer health and social workers in communities could experience limited working rights and inadequate working conditions.	Substantial	Likely	High
	Improper disposal of used products and clinical consumables such as contraceptives or medical waste.	Substantial	Unlikely	Moderate
	Traffic accidents and road safety hazards	Substantial	Unlikely	Moderate

Sub-Component 2.2: Enhancing the performance of pharmaceutical supply chain, last mile delivery	Subcontracted project implementing staff could experience limited working rights and inadequate working conditions.	Substantial	Unlikely	Moderate
	Volunteer health and social workers in communities could experience limited working rights and inadequate working conditions.	Substantial	Likely	High
Sub-Component 2.3: Improve availability of reproductive health workers in rural areas, strengthening rural midwives and other personnel involved in RMNCAHN delivery services	Beneficiaries might be at risk of SGBV/GBV/SEA/ SH from project implementing staff.	Critical	Unlikely	High
	Traffic accidents and road safety hazards	Substantial	Unlikely	Moderate
	Subcontracted project implementing staff could experience limited working rights and inadequate working conditions.	Substantial	Unlikely	Moderate
	Volunteer health and social workers in communities could experience limited working rights and inadequate working conditions.	Substantial	Likely	High
Sub-Component 2.4: Strengthen Improve adolescent nutrition services	Beneficiaries might be at risk of SGBV/GBV/SEA/ SH from project implementing staff.	Critical	Unlikely	High
	Traffic accidents and road safety hazards	Substantial	Unlikely	Moderate
	Subcontracted project implementing staff could experience limited working rights and inadequate working conditions.	Substantial	Unlikely	Moderate
Component 3: Foster National and Regional Commitment and Capacity for Policy Making and Project Implementation				
Sub-Component 3.1: Strengthen	Laws and initiatives launched without consultation lack legitimacy and can lead to push-back	Substantial	Unlikely	Moderate

advocacy, legal frameworks, and political commitment on RMNCAHN at continental, regional and national levels				
	Risks relating to potential backlash in response to legal reforms, which could deepen and/or displace and conceal harmful practices	Substantial	Possible	High
	Risks relating to insufficient representation of key stakeholders, stakeholders being unaware or misinformed	Substantial	Possible	High
	Risks of inadequate/inaccessible channels to express concerns, provide feed, or grievance redress	Substantial	Possible	High
Sub-Component 3.2: Strengthen capacity for policymaking, M&E related to demographic dividend and gender issues and strengthening marriage registration using birth certificates for child marriage prevention	Laws and initiatives launched without consultation lack legitimacy and can lead to push-back	Substantial	Unlikely	Moderate
	Risks relating to insufficient representation of key stakeholders, stakeholders being unaware or misinformed	Substantial	Possible	High
	Risks relating to potential backlash in response to legal reforms, which could deepen and/or displace and conceal harmful practices	Substantial	Possible	High
	Risks of inadequate/inaccessible channels to express concerns, provide feed, or grievance redress	Substantial	Possible	High

Sub-Component 3.3: Strengthen project implementation capacity	Implementation gaps or lack of coordination between activities (e.g. risks to confidentiality from untrained staff).	Substantial	Unlikely	Moderate
	Risks of inadequate/ inaccessible channels to express concerns, provide feed, or grievance redress	Substantial	Possible	High

7. Consultation and Stakeholder Engagement

A stakeholder engagement plan (SEP) was prepared for this project and the following section provides additional details about stakeholder engagement for SWEDD+.

7.1 Context and objective of the consultation

Community engagement is an ongoing process involving stakeholder identification, timely disclosure of relevant, appropriate, and understandable information, and meaningful participation. Given the proposed scale of the Project, the focus of the community engagement was placed on local government areas and regional hubs and was facilitated by Public Consultation and Disclosure (PCD) process involving meaningful consultations in a culturally/contextually appropriate manner (using local language or translators and targeting separate groups of stakeholders, as appropriate, as per the Stakeholder Engagement Plan which was prepared separately). To the extent possible, consultations disclosed information about the Project to Project Affected People (PAP) from local communities who were representative of the key targeted groups (traditional leadership, traditional communicators, men, women, and youth, persons with disabilities, and adolescent girls).

The public consultation was conducted using a participatory approach that favored focus group discussions or individual interviews with the parties concerned by the implementation of the Project. The interviews were conducted based on a predefined interview guide and allowed for the various questions, concerns, and expectations of the main stakeholders affected by the implementation of the project to be collected.

Additionally, community consultations sought to identify priorities of persons or groups who may be part of the Project's targeted groups and provided them with opportunities to express their views on the Project plans, including the identification of direct and indirect impacts; different ways to prevent or minimize adverse impacts; and where impacts are unavoidable, to mitigate and manage them according to their needs. The exact information disclosed and questions to be asked during consultations varied according to the types of information required and data sought from the range of stakeholders engaged. However, to ensure consistency and inclusivity of topics covered, stakeholder engagements, including the open-ended discussions, were guided by questions set out in the interview guide (See Annex 1).

Stakeholder engagement and consultations undertook an inclusive approach to ensure that vulnerable groups including people who belong to marginalized and disadvantaged groups, particularly among women, youth, and persons with disabilities, were engaged. It should be noted that all consultations were free of external manipulation, coercion, discrimination, and intimidation and were gender-and -age inclusive and responded to the needs and interests of marginalized and disadvantaged groups, with engagement processes tailored to the language and accessibility preferences of each group. Stakeholder consultations were held from 2-10 February 2023, primarily conducted in person at various locations such as local government offices, villages, NGO offices, and regional education and health offices. These consultations took place in Bansang, Janjanbureh, and Tendaba in the Central River Region (CRR); Basse in the Upper River Region (URR); Brikama in the West Coast Region (WCR); Kerewan in the North Bank Region (NBR); Mansakonko in the Lower River Region (LRR); and Serekunda in the Greater Banjul region.

In addition to local communities, the consultation included a range of national, regional, and local stakeholders, including:

- Central government stakeholders and international organizations: SWEDD+ Project Coordination Unit (Ministry of Health); members of the SWEDD+ Project Implementation Committee and National Steering Committee
- NGOs such as women's and children's rights associations
- Regional governors and governors' offices
- Regional health offices
- Regional education offices

- Local area councils

Community and stakeholder consultations were conducted in 2-10 February 2023 in the Greater Banjul Area and all regions of The Gambia:

- West Coast Region: Brikama
- Greater Banjul: Banjul
- Lower River Region: Mansakonko
- North Bank Region: Kerewan, Essau and Farafenni
- Central River Region: Janjanbureh, Kuntaur and Bansang
- Upper River Region: Basse

FIGURE 7.1 COMMUNITY CONSULTATION IN MANSAKONKO, 7 FEBRUARY 2023

Two types of stakeholder consultations were carried out which involved semi-structured interviews based on an interview guide or key informant interviews (KII) and focus group discussions (FGDs) with women-only, men-only and mixed groups. In total, 32 interviews and 24 focus group discussions were conducted. Through the consultation, the views of interested parties was sought and captured for consideration in the assessment and, subsequently, reflected in the proposals for mitigation.

7.2 Summary of Stakeholder Consultations

This section summarizes the findings of stakeholder consultations which were conducted between 2 to 10 February 2023 in in Bansang, Janjanbureh and Tendaba in Central River region (CRR), Basse in Upper River Region (URR), Brikama in West Coast Region (WCR), Kerewan in North Bank Region (NBR), Mansakonko in Lower River Region (LRR), and Serekunda in Greater Banjul region regarding the social and environmental context in the communities with reference to the qualitative inquiry delivered.

Overall, among the communities consulted, the main economic activities included mostly vegetable gardening, farming, rice cultivation and informal trading for women, animal rearing, cattle herding for men. Furthermore, some community members reported wood collection and informal trading (ref. Annex 1 - (questions 2); public health, social and environmental issues (questions 3-4 and 6-9), views

and expectations with respect to the project (question 10) and their possible unintended consequences (question 5), and how the project can specifically involve women, men, and children (question 11).

The table below (Table 7.1) presents a summary of stakeholder consultations (both indirect and direct stakeholders).

TABLE 7.1 KEY SUMMARY FINDINGS FROM STAKEHOLDER CONSULTATIONS:

Stakeholders consulted	Key findings
Central government stakeholders	▪ Important to work with and within existing traditional leadership structures (e.g. engaging with Alkalos/Seyfos at village and district level) ▪ Duplication of project activities by different agencies or NGOs (e.g., concurrent sensitization campaigns), including engagement with communities, must be avoided through coordination ▪ Important to target opinion leaders including religious leaders ▪ Inter-sectoral coordination and cooperation is crucial ▪ Volunteers often have high turnover with limited commitment and predictability
International organizations and NGOs	▪ Mothers' clubs in communities are a valuable resource for information as well as coordination ▪ Youth initiatives such as "Voice of the Young"[50] have been very effective on sensitizing local communities on issues that affect youth such as child marriage ▪ Laws and initiatives launched without consultation lack legitimacy and can lead to push-back ▪ Lack of buy-in from one religious leader can undo much positive work ▪ Women lack political representation and access to decision-making ▪ To ensure women's participation and avoid manipulation, there should be a sub-committee for the program with clear criteria for including women
Regional health offices	▪ Religious leaders are very powerful, and can block initiatives if not in support and coordinated properly with ▪ Communities sometimes do not trust health authorities, and for some issues misinformation is a challenge ▪ In some regions women do not make their own decisions, including those regarding their general and reproductive health ▪ Difficult/sensitive to speak with some communities about sexual and reproductive health ▪ Confidentiality is a concern for girls seeking reproductive health services

[50] Voice of the Young, which represents children in all operation of Child Protection Alliance (CPA) and is a children's non-profit organization since 2002. It is grounded on the values of Article 12 of the United Nations Convention on the Rights of the Child which enjoins all duty bearers to encourage the participation of children, having due regards to their age and maturity, in decision making.

	▪ Limited training on gender issues and GBV/SEA/SH ▪ No centralized register for cases of FGM or GBV/SEA/SH ▪ Inter-sectoral communication and coordination can sometimes be challenging, even with quarterly Technical Assistance Committees (TAC) meetings ▪ Significant progress has been made in the management of medical waste at community and regional level thanks to the COVID-19 response project ▪ Community health workers are usually volunteers and do not have a formal work status and contract
Regional education offices	▪ As part of their mission to implement MoBSE's directives and projects in schools, regional education offices collect and share good practices, challenges and lessons ▪ The offices run a re-entry program for dropouts and support girls who are exposed to stigmatization in changing schools and area, but the number of beneficiaries is low. ▪ All schools have a mothers' club that collects information and if necessary, takes action on GBV, child marriage, etc., These would be important partners for the project. ▪ The parallel system of Koranic schools (madrasas), Amana, could be a challenge for delivering the project's activities to schoolchildren; MoBSE works with Amana to impose a minimum common curriculum between the two systems and to facilitate transitions towards to the national education system ▪ There is a perception that cases of rape of school children are common and largely unreported; the deep-rooted notion of *maslahat* (Culture of silence) does great harm in this regard, as great pressure is exerted on victims and their families to compromise with perpetrators "in everyone's interest".
Area Councils	▪ Resources for waste management is a challenge ▪ Community sensitization and stakeholder involvement at grassroot level is crucial ▪ Sometimes projects go outside the area councils, this can create problems such as duplication and lack of coordination, and reduce the likelihood of succeeding ▪ Important to ensure alignment with Area Councils' strategic plans
Governors	▪ Past awareness-raising and training activities have not sufficed to change mentalities in the public sector itself; more will need to be done in this area, including among the staff of public health services ▪ Not enough has been done to empower moderate religious leaders

	▪ The legal component of the project will be critical in enabling social protection and child protection services to do their work ▪ The capacity to protect victims in safe spaces from external retaliation or stigmatization acts will also be critical ▪ Technical Assistance Committees (TACs) are key organs to coordinate project implementation and have an overview of progress and challenges within villages and communities; they are, therefore, a key transmission channel between the national and the local level ▪ A SWEDD+ subcommittee should be created under each regional TAC to monitor project implementation
Youth	▪ Lack of financial opportunities, projects provide trainings but no way to sustain an income ▪ If program is seen as anti-Islamic or undermining parents' authority, this can create problems ▪ Lack of access to youth-friendly sexual and reproductive health facilities and services ▪ Previous programs have not identified the needs of young people, nor targeted the right beneficiaries, and have not been sustainable ▪ Shame and a culture of silence prevents reporting and seeking help for GBV/SEA/SH ▪ Men usually make most of the decisions in communities and projects ▪ Teenage pregnancies are common and lead to school dropout and stigma. There are several causes, including ignorance, curiosity, and SEA among students or outside members of the community ▪ Parents who lack education do not understand its value ▪ Contraceptives are only available to married women in some areas ▪ Communication is often indirect and difficult to understand without help to interpret
Women (age 18-65)	▪ Women are often involved in the project preparation, but not implementation and decision-making (reports of feeling excluded from a project) ▪ Women experiencing intimate partner violence are seen as disrespectful to the husband and the religion if they report him ▪ Contraceptives are sometimes not trusted, and traditional methods are preferred by some ▪ Some survivors of GBV/SEA/SH are afraid to report because the perpetrator threatens them ▪ Sexual exploitation and abuse by adolescent girls are sometimes silently condoned by parents due to financial hardship ▪ Increased attention to children's rights leaves some parents feeling they lack parenting strategies

	▪ Laws against violence and abuse are often seen as not enforced ▪ Land ownership is seen as a key contributor to patriarchy and the unequal relationship with men and women
Women and girls with disabilities	▪ Discrimination and abuse against children and people with disabilities is common ▪ Women with disabilities are vulnerable to sexual abuse and rape ▪ People with disabilities often lack access to project activities and benefits ▪ People with disabilities are talked a lot about but see little actual change. Sometimes they are visibly consulted (but not actually receiving anything), so family and other think they will receive assistance and therefore refuse to help themselves ▪ Parents do not see the value in educating children with disabilities ▪ Roads, (safe) transportation and general access are important challenges ▪ Children of mothers with disabilities have to contribute to household income rather than being in school, which also makes them vulnerable to abuse and exploitation
Traditional leaders	▪ Access to health facilities and drugs is insufficient, especially in some regions like CRR and URR ▪ Poverty is the main driver of issues such as school dropout, violence and abuse, child marriage and teenage pregnancy ▪ Polygamy is traditionally practiced, and it is common for men to have multiple wives ▪ Lack of jobs and financial opportunities cause youth to leave the community ▪ Contraceptives should not be used by unmarried girls, as it promotes promiscuity ▪ Alternative/traditional contraceptives are often more available and trusted ▪ Education should also include skills development ▪ Arabic schools are often an alternative to the public schools and are less expensive for parents ▪ Children's rights are causing problems for society and culture ▪ Choosing the right people to implement and benefit from the program is crucial, nepotism must be avoided ▪ Often programs (and funding) fail to reach the beneficiaries, they only hear talk about it but never see the results
Traditional communicators	▪ Projects coming with outside messages/from outsiders, not communicated with a bottom-up approach, often fail, especially in terms of sustainability ▪ Traditional communicators need to be compensated fairly for their work

	▪ Projects often make promises they do not fulfill ▪ Important to involve women directly in project management and decision-making ▪ Village authorities sometimes manipulate and do not represent the whole community ▪ Sometimes gender dynamics reverse results of a project as soon as it is finished

Overall, stakeholders provided positive support and acceptance of the Project, noting issues pertaining specifically to gender and youth (e.g. gender-based violence, school dropouts, child marriage, adolescent pregnancy, and female genital mutilation as key issues of concern). Findings indicate a general acceptance from the project, highlighting potential positive impacts, particularly:

- Enhanced education and vocational skill development opportunities for women and girls
- Improved systems for reporting instances of sexual and gender-based violence and safeguarding
- Widespread sensitization on issues faced by women and girls (e.g. women's empowerment, child marriage, female genital mutilation, and SGBV)
- Improved economic situation for women and girls

Furthermore, stakeholders also raised their concerns and offered recommendations for the Project. These concerns also included:

- It was emphasized that involvement of youth especially young girls in the planning and preparation phases of the Project is critical. Youth also expressed a desire to contribute their inputs to develop a sound understanding of sociocultural contextual factors, issues of importance for target groups that are based on their real-life experiences. This careful consideration of relevant factors is important for project adaptation, implementation, and the assessment of outcomes. Furthermore, it was highlighted that the project should not just focus on youth aged 15-35 but also involve children 12-14 who are also impacted by the issues that the Project will target.
- Economic empowerment of women was identified as a key issue of concern among community members. Several stakeholders described that they hoped that the Project will focus on financial problems which are a root cause of GBV at the community and household levels.
- Although the focus of the project is on women and girls, stakeholders emphasized that the young boys should not be left behind. The authentic involvement and engagement of men and boys in certain project activities can help foster a supportive enabling environment and ensure that men and boys are allies of women's empowerment initiatives in the future, breaking norms and structures that maintain and enforce gender inequality.
- District authorities, district chiefs, and Alkalos/traditional leadership need to be consulted throughout the planning and implementation phases of the Project.
- Bottom-up approaches can help facilitate the success of the Project and make it more sustainable. Emphasizing that the non-involvement of traditional leadership and members of the local community can contribute to a lack of uptake and acceptance at the local level. Stakeholders also emphasized that the involvement of the local community in tailoring the Project to fit with the community's primary concerns, resources, and capacity should be prioritized and that the Project should not be fronted by outsiders (particularly people from the *Kombos* who may lack an understanding of the local culture and traditions).

Concerns raised through community consultations also informed the assessment of environmental and social risks/impacts and were also reflected in the proposed mitigation measures which are outlined in Section 7. Annex 1 provides more information regarding stakeholder engagement and community consultations in conjunction with the Stakeholder Engagement Plan.

8. Environmental and Social Risk Mitigation and Management

8.1 General Framework

This section presents an overview of appropriate mitigation measures for the environmental and social risks assessed in Section 5, informed by the requirements set forth by Gambian legislation and the

World Bank's Environmental and Social Standards. According to the analysis of project activities, some risks emerged from social and economic context in which the project will operate, with an emphasis on social and gender-specific risks.

In the context of social and gender risks, some overarching mitigation strategies are set forth, including:

- The establishment of an Environmental and Social Management Plan (ESMP)
- The procurement of gender and environment expertise in the PCU to support to key activities for which gender equality and women's economic empowerment results have been identified
- The establishment and implementation of a Grievance Mechanism (GM)

There may be a possibility of social conflict due to the fact that the project is mainly for girls and women who usually are set aside of many decision-making processes. In addition, the project will focus on very sensitive issues related to sexuality and gender equality. Therefore, they will need relevant sensitive analysis and mitigation strategies for the inclusion of *all* community members event though the project's beneficiaries will extend beyond adolescent girls and young women to include their parents, siblings, husbands, children, and communities. Furthermore, the PCU will develop emergency response strategies to address in particular, GBV/SEA/SH cases through specific GBV/SEA/SH mitigation related activities (See Annex 4 which contains the SEA/SH Prevention and Response Action Plan). Although the project will benefit local communities, strengthening and increasing access to reproductive health services (information and contraceptives) and resources for young girls and women (including persons with disabilities) are critical. Therefore, further awareness-building and governance mechanisms will also have to be put in place.

Village development committees (VDCs), traditional leadership, and religious leaders at the community-level are one of the key entry points towards sensitization of local community on project activities. Stakeholder consultations at community level demonstrate the importance of religion in family life and sexual practices and other family pressures on young girls and women in their life choices. Therefore, engagement of the VDCs, traditional leadership, and religious leaders will ensure community buy-in and benefit.

The Stakeholder Engagement Plan and grievance mechanisms are to be established, monitored, and implemented to address specific risks emerging from unfair treatment, discrimination, and unequal opportunity, as well as the general inequality of some of the risks identified particularly for women and other marginalized populations. Furthermore, a stakeholder management plan can specify the need for inclusion and the meaningful participation/buy-in of the most vulnerable groups and individuals at the community-level. It can also be an important tool in leveraging support for the reporting of grievance issues and the overall implementation of SWEDD+ Project activities.

8.2 Indicative Mitigation Actions

To ensure the Project is implemented in a sustainable and ethical manner, the following general mitigation actions will be considered. The environmental and social mitigation measures outlined below will be applied and carried out during the planning and implementation phases of the project. Other specific ESMP(s) with activities, responsibilities, timelines, and budgets will be developed before implementation of any renovation and refurbishments of existing spaces. The SWEDD SEA/SH Prevention and Response Action Plan (Annex 4) provides a detailed presentation of mitigation measures for project personnel and partners with respect to GBV/SEA/SH risks in particular. The table below displays an overview of the various mitigation measures according to the potential negative impacts of the project identified in Section 5.

TABLE 8.1 POTENTIAL NEGATIVE IMPACTS OF PROJECT ACTIVITIES, RISK ASSESSMENT AND MITIGATION MEASURES

Project Activity	Potential Negative Impact	Proposed mitigation measures
Component 1: Design and implement gender transformative interventions		
Sub-Component 1.1: Social and Behavior Change Communication (SBCC) Campaign	Girls and women seeking to take opportunities promoted by the SBCC campaign might be at risk of negative reactions from their family or community, including GBV, exclusion/expulsion, or social conflict.	▪ Sensitization campaigns on project benefits of communities and specifically of parents of young girls, men (young boys and male partners), and traditional/ religious leaders ▪ Consistent consultations with project affected communities ▪ Implement project level GM and GM process for SEA/SH and sensitize on existence and use of GMs
Sub-Component 1.2: Community level interventions that empower girls and young women 1 Improve life and livelihood skills and sexual and reproductive health of adolescents 2 Keep girls in school through at	Girls and women seeking to take opportunities promoted by the SBCC campaign might be at risk of negative reactions from their family or community.	▪ Sensitization campaigns on project benefits of communities and specifically of parents of young girls, men (young boys and male partners), and traditional/ religious leaders ▪ Consistent consultations with project affected communities ▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Beneficiaries should be informed about such mechanisms ▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project staff and project beneficiaries. ▪ Training of project workers in the codes of conduct and implementing anti-harassment policies ▪ Implement rigorous recruitment and vetting processes for project staff especially ones who will have direct contact with vulnerable populations

least secondary Education 3 Expand economic opportunity and financial inclusion 4 Improve prevention and response to GBV/SEA/SH	Beneficiaries might be at risk of SEA/SH from project implementing staff, including opportunistic sexual and exploitative relations	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project staff and project beneficiaries. ▪ Beneficiaries should be informed about such mechanisms in local languages. ▪ Work with stakeholders and local authorities to ensure that women and girls in conflict-affected areas on the Gambian/Senegalese border are also informed about GM and have adequate access. ▪ Implementing staff will be trained in SEA/SH issues ▪ Regular training of project workers in the codes of conduct and implementing anti-SEA/SH policies, signing of CoC of workers ▪ Implement rigorous recruitment and vetting processes for project staff especially ones who will have direct contact with vulnerable populations
	As a result of sexual contact, additional health, and safety risks (such as the transmission of communicable diseases such as sexually transmitted infections and HIV).	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project staff and project beneficiaries. ▪ Beneficiaries should be informed about such mechanisms ▪ Implementing staff will be trained in SEA/SH issues ▪ Regular training of project workers in the codes of conduct and implementing anti-SEA/SH policies, signing of CoC of workers ▪ Implement rigorous recruitment and vetting processes for project staff especially ones who will have direct contact with vulnerable populations
	As a result of project workers in the project area/ possible influx of project	▪ Consistent consultations with project affected communities

	implementing staff could increase risks of the transmission of respiratory borne illnesses and other communicable diseases such as COVID-19	▪ Follow and enforce local and national restrictive measures/protocols to prevent the spread of communicable diseases such as COVID-19
	Survivors of GBV/ SEA/SH participating in project activities might be at risk of negative reactions from perpetrators or community.	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Implementing staff will be trained in GBV/SEA/SH issues (including the reporting of sensitive complaints) ▪ Key community leaders should be trained on GBV/SEA/SH prevention and reporting ▪ Training on GBV/SEA/SH should be provided within the community (focus group discussions/awareness campaigns) ▪ Listening sessions and psychosocial, health and other support services for GBV survivors and their families
	Girls and young women survivors of GBV/SEA/SH of non-project-related GBV who are beneficiaries of the project could be forced/pressurized to report cases of GBV by project staff, against their will.	▪ PIU social and GBV specialists to conduct sensitization training on role of GM, including option of pursuing judicial action ▪ Provide training to all project actors and community sensitization on survivor centered approach
	Risk of traffic accidents and road safety hazards when project workers travel during project planning and implementation	▪ Follow the LMP including conditions of working hours: The LMP proposes a 40-hour work week (8 hours per day). Employees will have an additional break of 1 hour each workday for meals. The duration of rest between working days shall not be less than 12 hours ▪ Project should follow the MoH check list for medical equipment and supplies delivery that target distribution Center and Warehouse Staff/Drivers/Healthcare workers (cf ANNEX 3)

		▪ Develop and implement road safety policy/standards plan to be included in the ESMP, which include measures such as only vehicles in good working condition should be involved in the transport of goods or people in relation to the project, drivers to receive training and proper accreditation, as well as other measures such as: – Respecting speed limits especially when driving through community settlements, – Establish timing of travel including peak traffic periods, and driver fatigue – Wearing seatbelts and drivers enforce seatbelt wearing among all passengers – Emergency phone numbers for reporting irresponsible driving – Impromptu tests on alcohol consumption levels for official drivers and the wearing of seatbelts – Training on emergency response procedures and informing the PIU should there be an accident
	Exclusion of specific hard-to-reach groups, especially beneficiaries with disabilities (physical, mental, intellectual, or sensory impairments) which may further perpetuate alienation.	▪ Implementation of the SEP ▪ Prioritize inclusive stakeholder engagement especially with community leaders and organizations who can identify hard-to-reach individuals ▪ Foster open and transparent communication/information channels to stakeholders in communities about the project to build trust and minimize potential exclusion. ▪ Consistent consultations with project affected communities.
Component 2: Improve Availability of RMNCAHN Commodities and Qualified Health Workers at the community level and Strengthen Regional Capacity for adolescent-friendly services		
Sub-Component 2.1: Enhance accessibility of contraceptives including for adolescents at the community level	Beneficiaries might be at risk of SEA/SH from project implementing staff, including opportunistic sexual and exploitative relations	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project staff and project beneficiaries. ▪ Beneficiaries should be informed about such mechanisms in local languages.

		▪ Work with stakeholders and local authorities to ensure that women and girls in conflict-affected areas on the Gambian/Senegalese border are also informed about GM and have adequate access. ▪ Implementing staff will be trained in SEA/SH issues ▪ Regular training of project workers in the codes of conduct and implementing anti-SEA/SH policies, signing of CoC of workers ▪ Implement rigorous recruitment and vetting processes for project staff especially ones who will have direct contact with vulnerable populations
	Project workers might be at risk of SEA/SH from other project workers	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project workers. ▪ Implementing staff will be trained in SEA/SH issues ▪ Regular training of project workers in the codes of conduct and implementing anti-SEA/SH policies, signing of CoC of workers ▪ Implement rigorous recruitment and vetting processes for project workers especially ones who will have direct contact with vulnerable populations
	Risk of traffic accidents and road safety hazards when project workers travel during project planning and implementation	▪ Follow the LMP including conditions of working hours: The LMP proposes a 40-hour work week (8 hours per day). Employees will have an additional break of 1 hour each workday for meals. The duration of rest between working days shall not be less than 12 hours ▪ Project should follow the MoH check list for medical equipment and supplies delivery that target distribution Center and Warehouse Staff/Drivers/Healthcare workers (cf Annex 3) ▪ Develop and implement road safety policy/standards plan to be included in the ESMP, which include measures such as only vehicles in good working condition should be

		involved in the transport of goods or people in relation to the project, drivers to receive training and proper accreditation, as well as other measures such as: – Respecting speed limits especially when driving through community settlements, – Establish timing of travel including peak traffic periods, and driver fatigue – Wearing seatbelts and drivers enforce seatbelt wearing among all passengers – Emergency phone numbers for reporting irresponsible driving – Impromptu tests on alcohol consumption levels for official drivers and the wearing of seatbelts – Training on emergency response procedures and informing the PIU should there be an accident
	Subcontracted project implementing staff could experience limited working rights and inadequate working conditions.	▪ Implement Worker Grievance Mechanism ▪ Follow the Labor Management Procedure (LMP) ▪ Regular supervision and reporting by PIU
	Volunteer health and social workers in communities could experience limited working rights and inadequate working conditions.	▪ Implement Worker Grievance Mechanism ▪ Follow the Labor Management Procedure (LMP) ▪ Regular supervision and reporting by PIU
	Risk of traffic accidents and road safety hazards when project workers travel during project planning and implementation	▪ Follow the LMP including conditions of working hours: The LMP proposes a 40-hour work week (8 hours per day). Employees will have an additional break of 1 hour each workday for meals. The duration of rest between working days shall not be less than 12 hours ▪ Project should follow the MoH check list for medical equipment and supplies delivery that target distribution Center and Warehouse Staff/Drivers/Healthcare workers (cf Annex 3) ▪ Develop and implement road safety policy/standards plan to be included in the ESMP, which include measures such as only vehicles in good working condition should be involved in the transport of goods or people in relation to the project, drivers to receive training and proper accreditation, as well as other measures such as:

		– Respecting speed limits especially when driving through community settlements, – Establish timing of travel including peak traffic periods, and driver fatigue – Wearing seatbelts and drivers enforce seatbelt wearing among all passengers – Emergency phone numbers for reporting irresponsible driving – Impromptu tests on alcohol consumption levels for official drivers and the wearing of seatbelts – Training on emergency response procedures and informing the PIU should there be an accident
	Exclusion of specific hard-to-reach groups, especially beneficiaries with disabilities (physical, mental, intellectual, or sensory impairments) which may further perpetuate alienation.	▪ Implementation of the SEP ▪ Prioritize inclusive stakeholder engagement especially with community leaders and organizations who can identify hard-to-reach individuals ▪ Foster open and transparent communication/information channels to stakeholders in communities about the project to build trust and minimize potential exclusion. ▪ Consistent consultations with project affected communities.
	Improper disposal of used products and clinical consumables such as contraceptives or medical waste.	▪ Ensure compliance with relevant local regulations, guidelines, and best practices for the management and disposal of contraceptives and clinical consumables through the development and implementation of SOPs/disposal guidelines for unused products and other medical waste. ▪ Implement proper disposal procedures for used contraceptives, clinical consumables, and other medical waste as designed at the health facility level as part of the government's response to the COVID-19 crisis. ▪ Train project workers involved in the management and disposal on safe waste disposal procedures.
Sub-Component 2.2: Enhancing the performance of pharmaceutical supply	Subcontracted project implementing staff could experience limited working rights and inadequate working conditions.	▪ Implement Worker Grievance Mechanism ▪ Follow the Labor Management Procedures (LMP) ▪ Regular supervision and reporting by PIU

chain, last mile delivery	Volunteer health and social workers in communities could experience limited working rights and inadequate working conditions.	▪ Implement Worker Grievance Mechanism ▪ Follow the Labor Management Procedures (LMP) ▪ Regular supervision and reporting by PIU
Sub-Component 2.3: Improve availability of reproductive health workers in rural areas, strengthening rural midwives and other personnel involved in RMNCAHN delivery services	Beneficiaries might be at risk of SEA/SH from project implementing staff, including opportunistic sexual and exploitative relations	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project staff and project beneficiaries. ▪ Beneficiaries should be informed about such mechanisms in local languages. ▪ Work with stakeholders and local authorities to ensure that women and girls in conflict-affected areas on the Gambian/Senegalese border are also informed about GM and have adequate access. ▪ Implementing staff will be trained in SEA/SH issues ▪ Regular training of project workers in the codes of conduct and implementing anti-SEA/SH policies, signing of CoC of workers ▪ Implement rigorous recruitment and vetting processes for project staff especially ones who will have direct contact with vulnerable populations
	Project workers might be at risk of SEA/SH from other project workers	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project workers. ▪ Implementing staff will be trained in SEA/SH issues ▪ Regular training of project workers in the codes of conduct and implementing anti-SEA/SH policies, signing of CoC of workers

		▪ Implement rigorous recruitment and vetting processes for project workers especially ones who will have direct contact with vulnerable populations
	Risk of traffic accidents and road safety hazards when project workers travel during project planning and implementation	▪ Follow the LMP including conditions of working hours: The LMP proposes a 40-hour work week (8 hours per day). Employees will have an additional break of 1 hour each workday for meals. The duration of rest between working days shall not be less than 12 hours ▪ Project should follow the MoH check list for medical equipment and supplies delivery that target distribution Center and Warehouse Staff/Drivers/Healthcare workers (cf Annex 3) ▪ Develop and implement road safety policy/standards plan to be included in the ESMP, which include measures such as only vehicles in good working condition should be involved in the transport of goods or people in relation to the project, drivers to receive training and proper accreditation, as well as other measures such as: – Respecting speed limits especially when driving through community settlements, – Establish timing of travel including peak traffic periods, and driver fatigue – Wearing seatbelts and drivers enforce seatbelt wearing among all passengers – Emergency phone numbers for reporting irresponsible driving – Impromptu tests on alcohol consumption levels for official drivers and the wearing of seatbelts ▪ Training on emergency response procedures and informing the PIU should there be an accident
	Subcontracted project implementing staff could experience limited working rights and inadequate working conditions.	▪ Implement Worker grievance Mechanism ▪ Follow the Labor Management Procedures (LMP) ▪ Regular supervision and reporting by PIU

	Volunteer health and social workers in communities could experience limited working rights and inadequate working conditions as well as sexual harassment.	▪ Implement Worker Grievance Mechanism ▪ Follow the Labor Management Procedures (LMP) ▪ Regular supervision and reporting by PIU ▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Training of volunteers in the codes of conduct and implementing anti-harassment policies.
Sub-Component 2.4: Strengthen Improve adolescent nutrition services	Beneficiaries might be at risk of SEA/SH from project implementing staff, including opportunistic sexual and exploitative relations.	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols. ▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project staff and project beneficiaries. ▪ Beneficiaries should be informed about such mechanisms in local languages. ▪ Work with stakeholders and local authorities to ensure that women and girls in conflict-affected areas on the Gambian/Senegalese border are also informed about GM and have adequate access. ▪ Implementing staff will be trained in SEA/SH issues ▪ Regular training of project workers in the codes of conduct and implementing anti-SEA/SH policies, signing of CoC of workers ▪ Implement rigorous recruitment and vetting processes for project staff especially ones who will have direct contact with vulnerable populations
	Project workers might be at risk of SEA/SH from other project workers	▪ Functional/confidential grievance mechanism (GM) put in place through specific channel for GBV/SEA/SH. GM process should be accessible, with confidential and ethical reporting and tracking protocols.

		▪ Development and enforcement of the robust code of conduct that explicitly addresses GBV/SEA/SH and the health and safety of project workers. ▪ Implementing staff will be trained in SEA/SH issues ▪ Regular training of project workers in the codes of conduct and implementing anti-SEA/SH policies, signing of CoC of workers ▪ Implement rigorous recruitment and vetting processes for project workers especially ones who will have direct contact with vulnerable populations
	Risk of traffic accidents and road safety hazards when project workers travel during project planning and implementation	▪ Follow the LMP including conditions of working hours: The LMP proposes a 40-hour work week (8 hours per day). Employees will have an additional break of 1 hour each workday for meals. The duration of rest between working days shall not be less than 12 hours ▪ Project should follow the MoH check list for medical equipment and supplies delivery that target distribution Center and Warehouse Staff/Drivers/Healthcare workers (cf Annex 3) ▪ Develop and implement road safety policy/standards plan to be included in the ESMP, which include measures such as only vehicles in good working condition should be involved in the transport of goods or people in relation to the project, drivers to receive training and proper accreditation, as well as other measures such as: – Respecting speed limits especially when driving through community settlements, – Establish timing of travel including peak traffic periods, and driver fatigue – Wearing seatbelts and drivers enforce seatbelt wearing among all passengers – Emergency phone numbers for reporting irresponsible driving – Impromptu tests on alcohol consumption levels for official drivers and the wearing of seatbelts – Training on emergency response procedures and informing the PIU should there be an accident
	Subcontracted project implementing staff could experience limited working rights and inadequate working conditions, including SEA/SH	▪ Implement Worker grievance Mechanism ▪ Follow the Labor Management Procedures (LMP)

Component 3: Foster National and Regional Commitment and Capacity for Policy Making and Project Implementation		
Sub-Component 3.1: Strengthen advocacy, legal frameworks, and political commitment on RMNCAHN at continental, regional and national levels	Laws and initiatives launched without consultation lack legitimacy and can lead to push-back	▪ Implementation of the SEP. ▪ Prioritize inclusive stakeholder engagement especially with prominent religious leaders and policymakers. ▪ Foster open and transparent communication/information channels for stakeholders to contribute potential inputs/feedback.
	Risks relating to potential backlash in response to legal reforms, which could deepen and/or displace and conceal harmful practices	▪ Implementation of the SEP. ▪ Prioritize inclusive stakeholder engagement especially with prominent religious leaders and policymakers. ▪ Foster open and transparent communication/information channels for stakeholders to contribute potential inputs/feedback on legal reforms. ▪ Ensure regional coordination through sharing of information with regards to legal reforms.
	Risks relating to insufficient representation of key stakeholders, stakeholders being unaware or misinformed	▪ Extensive stakeholder engagement, regular consultations, and information disclosure by means of the implementation of the SEP. ▪ Stakeholders should be informed about project developments in local languages. ▪ Prioritization of stakeholder engagement in all phases of project implementation will be key. ▪ Implementing staff will be trained on the importance of stakeholder engagement and communication.
	Risks of inadequate/ inaccessible channels for stakeholders and project workers to express concerns, provide feed, or grievance redress	▪ Implementation of the SEP. ▪ Stakeholders should be informed about project developments in local languages. ▪ Prioritization of stakeholder engagement in all phases of project implementation will be key.

		▪ Channels to express concerns, provide feed, or grievance redress should be made available and accessible to stakeholders. ▪ Implementing staff will be trained on the importance of stakeholder engagement and communication. ▪ Project should be consistently monitored and evaluated to effectively incorporate lessons learned.
Sub-Component 3.2: Strengthen capacity for policymaking, M&E related to demographic dividend and gender issues and strengthening marriage registration using birth certificates for child marriage prevention	Laws and initiatives launched without consultation lack legitimacy and can lead to push-back	▪ Implementation of the SEP. ▪ Prioritize inclusive stakeholder engagement especially with prominent religious leaders and policymakers. ▪ Foster open and transparent communication/information channels for stakeholders to contribute potential inputs/feedback.
	Risks relating to insufficient representation of key stakeholders, stakeholders being unaware or misinformed	▪ Extensive stakeholder engagement, regular consultations, and information disclosure by means of the implementation of the SEP. ▪ Stakeholders should be informed about project developments in local languages. ▪ Prioritization of stakeholder engagement in all phases of project implementation will be key. ▪ Implementing staff will be trained on the importance of stakeholder engagement and communication.
	Risks relating to potential backlash in response to legal reforms, which could deepen and/or displace and conceal harmful practices	▪ Implementation of the SEP. ▪ Prioritize inclusive stakeholder engagement especially with prominent religious leaders and policymakers. ▪ Foster open and transparent communication/information channels for stakeholders to contribute potential inputs/feedback on legal reforms. ▪ Ensure regional coordination through sharing of information with regards to legal reforms.

	Risks of inadequate/ inaccessible channels for stakeholders and project workers to express concerns, provide feed, or grievance redress	▪ Implementation of the SEP ▪ Stakeholders should be informed about project developments in local languages. ▪ Prioritization of stakeholder engagement in all phases of project implementation will be key. ▪ Channels to express concerns, provide feed, or grievance redress should be made available and accessible to stakeholders. ▪ Implementing staff will be trained on the importance of stakeholder engagement and communication. ▪ Project should be consistently monitored and evaluated to effectively incorporate lessons learned.
Sub-Component 3.3: Strengthen project implementation capacity	Implementation gaps or lack of coordination between activities (e.g. risks to confidentiality from untrained staff).	▪ Comprehensive training of all project staff so they have a clear understating of their roles, responsibilities, and on the importance of maintaining confidentiality should be provided. ▪ Standard operating procedures (SOPs) on information flows including reporting lines, information storage, protocols for confidentiality, and data storage should be developed and updated throughout the Project lifecycle. ▪ All Project staff should also be trained on such SOPs. ▪ Confidentiality agreements should be highlighted in the codes of conduct. ▪ Reporting and Whistleblower Mechanisms put in place so that project workers can anonymously report any breaches in confidentiality.
	Risks of inadequate/ inaccessible channels for stakeholders and project workers to express concerns, provide feed, or grievance redress	▪ Implementation of the SEP ▪ Stakeholders should be informed about project developments in local languages. ▪ Prioritization of stakeholder engagement in all phases of project implementation will be key. ▪ Channels to express concerns, provide feed, or grievance redress should be made available and accessible to stakeholders

		▪ Implementing staff will be trained on the importance of stakeholder engagement and communication ▪ Project should be consistently monitored and evaluated to effectively incorporate lessons learned

8.3 Grievance mechanism

The project's Grievance Mechanism (GM) will provide a transparent, reliable, timely and effective mechanism to raise concerns about the project, report and respond to cases of misconduct and abuse, and resolve disputes at an early stage and in a fair manner. The GM will be designed with the aim to:

- Be equally accessible to and inclusive for all affected parties, including the most vulnerable
- Provide affected parties with clearly identified procedures for making complaints and resolving disputes related to project implementation
- Ensure that concerns expressed about the project are heard and that effective responses are formulated, implemented, and communicated
- When appropriate, ensure that these responses include adequate resolution measures

The GM will be able to respond to different types of grievances arising at different stages of the project cycle, i.e., during project design and planning, implementation, operation, and completion. Grievances can potentially spread over a wide range of issues and concerns related to environmental and social impacts, SEA/SH complaints from project beneficiaries or from workers engaged in the project, exclusion, social conflict issues arising from project activities, concerns about personal health data privacy, among others.

Considering that the SWEDD project's main beneficiaries are adolescents, youth and young women, the project's GM will emphasize GBV-related risks. To this aim, the GM will integrate a specific gender-sensitive complaint mechanism related to risks of sexual exploitation and abuse and sexual harassment.

The GM (including the GBV/SEA/SH procedures) will be disseminated in an age-, sex- and culturally sensitive manner.

The detailed GM is presented in the Project's Stakeholder Engagement Plan (SEP). A separate grievance mechanism provided for Project workers is described in the Project's Labor Management Procedures (LMP).

8.4 Environmental and social management procedures

The Implementing Agency (MoH) is responsible for the overall implementation of the project through the PCU. The PCU will have day to day responsibility for project management and support, including ensuring that project implementation is compliant with the World Bank's ESF, Government of The Gambia laws and regulations; WHO Guidelines and this ESMF. To undertake the responsibilities under the Environmental and Social Commitment Plan (ESCP), the PCU will be staffed with Environmental consultant, a full time Social Specialist, and a full time GBV specialist to supervise and report on implementation of the ESCP and the ESF instruments.

Each individual healthcare facility undertaking activities financed by the project will assign one staff member who will be responsible for liaising with the PIU on ESMF implementation throughout the life of the project at that specific healthcare facility.

Implementation of this ESMF will include the following activities, to be undertaken by the PIU working closely with the individual HCFs:

- Screening process: All activities undertaken by the project will be screened in order to exclude certain high or substantial risk activities, identify potential ES issues, and classify the ES risks.
- Development of environmental and social requirements (ESMP)
- Capacity building for ESMP implementation,

- Periodic reporting on ESMP implementation, and
- Periodic monitoring of environmental and social implementation.

Furthermore, it is recommended that the ESMF will be included in the project Implementation Manual.

9. Monitoring and Reporting

9.1 Monitoring & Evaluation

Monitoring of the program will be administered by the PCU, with oversight and guidance by the Project Implementation Committee (PIC) and the National Steering Committee (NSC). The PCU will also be responsible for the environmental, social, hygiene, health, and safety compliance of the Project and for preparing the quarterly monitoring reports and the completion report. Reporting will include the monitoring of risks identified in this document, as well as mitigation activities and to what extent these are effective which will be carried out by environmental, social and GBV specialists. The environmental, social, and GBV specialists will be responsible for environmental and social risk management and monitor and manage the environmental and social risks and impacts related to the implementation of the Project and oversee implementation of any project related ESMPs. The PCU will also 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.

The monitoring and evaluation aim to (i) verify whether the objectives have been met, and (ii) draw operational lessons to modify future intervention strategies. The evaluation will be done at mid-term and at the end of the project by independent consultants. It will consider cumulative impacts. Continuous monitoring, including feedback received through the Grievance Mechanism, will also be used for adaptations of activities and implementation modalities throughout the program period.

9.2 Reporting

To better monitor the implementation of the ESMF, the following reporting system is proposed:

- Monthly implementation reports produced by the environmental and social specialists of the contractors to be submitted to the PCU and will submit them to the PIC
- Monthly implementation monitoring reports to be produced by the Environmental and Social Specialists and submitted to the PCU Coordinator to submit to the World Bank and as required
- Quarterly implementation monitoring reports produced by the Project's PIU safeguard experts that will be transmitted to the World Bank and the MoH.

10. Schedule and Budget for Implementation of the ESMF

The schedule and budget for the implementation and monitoring of the environmental and social activities to funded by the SWEDD+ Project are presented in Table 10.1 below.

The budget allocated for the implementation of the ESMF includes estimated costs of training activities, development of ES due diligence measures, and supervision, monitoring and reporting.

TABLE 10.1 SWEDD+ ESMF BUDGET

Activity	Budget (USD)	Timeline
Training 1. Consultation on the ESMF 2. MOH/PCU and WB to provide training on E&S good practice rolling out first 12 months, 2 Workshops with training modules at national and regional level	25,000	August 2023 to June 2024
Development of ES Due Diligence Measures and other Tools 1. Recruitment of safeguard consultant(s) for preparation of requisite tools (e.g. monitoring indicators) and supervision	120,000	1. Recruitment will be done by December 2023 2. Supervision is quarterly throughout project lifecycle
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. MOH/PCU to conduct supervision (with World bank supervision missions) and preparation of 6-month ESS Standards monitoring reports 4. SBCC and GBV/SEA/SH focal persons led multi-stakeholder Technical Committee conducts monitoring on GRM, GBV, SEA, SH, occupational health and safety and compliance on guidelines and specifications by the implementing partners.	50,000	Throughout project lifecycle
TOTAL	**$195,000**	

Annex 1 Stakeholder Consultation Guides

Interview guide – Beneficiaries and local communities

The preferred methodology is focus group discussions with (i) a mixed group a (ii) women-only group and (iii) youth (girls) group. Information will be collected by all three groups. Note: questions can be asked in groups and/or on individual basis though the focus should be on groups.

Name of community					
Village/Region					
Population					
For groups: Type of Group (tick box)	Mixed ☐	Women ☐	Men ☐	Youth ☐	Other (describe)
For groups: Number of participants (disaggregate by sex for mixed group i.e. male/female)					
For individuals: Role in community)					
Place					
Date / time					
Interviewer(s)					
Summary of key issues from the interview: ▪ Key issue 1: ▪ Key issue 2: ▪ Key issue 3:					

Introduction: The Gambian government - will implement launch the SWEDD+ project (**provide a brief description of the project)**. We are conducting a study to find out the consequences that the project could have for communities like yours. You have been selected as one of the important stakeholders for this work. Participation will only entail answering questions, and the interview will take approximately 30-45 minutes.

Participation is voluntary, and you can decide whether not to participate of not answer certain questions without any fear of being penalized. The benefits will ensure input to the project operation documents.

By taking part in this interview, you consent to this by your own free will. All that you tell us will be treated as confidential, and any information presented in our report will be anonymized and will not be traceable back to you. We will not utilize any name, address, or any other personal information.

If you have any concern about privacy, please contact the Project coordinator Ms. Fanta Bai Secka and/or KPMG, represented by Ms. Anise Gold-Watts.

Thank you for taking time to do this interview.

1. Please tell us briefly about your background.
    - *For community groups:* Name and approximate size of community, type of group to be interviewed, size and composition of the group.
    - *For individuals:* Social background, level of education, role and responsibilities within the community.

Transcript:

2. What are the key economic activities in your community?
    - What are the main daily activities of men and boys? of women and girls?
    - Do girls and women usually (or ever) earn money through their activities?
    - If it is difficult for girls and women to earn money, what are the reasons for that?
    - What are the groups that you would define as the most fragile or vulnerable in your communities? Are some people much poorer than the rest, or do they have much less support from their relatives and acquaintances than the rest?

Transcript:

    - Are there major public health issues in the area? What medical facilities are available?

Transcript:

3. Waste management
    - How are (agricultural and non-agricultural) waste managed locally?
    - Do you think the SWEDD project will generate waste? Please specify the nature of waste? (e.g. solid, liquid, gaseous, or other)
    - What is the proposed method of disposal or management of waste (e.g. burning, bury etc.)?

Transcript:

4. Do you think that the project could have unintended social and/or environmental consequences for the community?
    - If yes, in which areas? Examples could be mentioned to help respondents: impacts use of medical services on access on population health, water quality or soil quality; potential conflict within the community due to access to medical services, livelihoods options for women only or economic impact.
    - What do you think should be done to address these social and environmental risks?

Transcript:

5. What can you say in general about marriage/cohabitation in this area/community?
    - In your perception/opinion, when is the most appropriate age for marrying for boys? And for girls? Can you tell us a little more about why you think this age is the most appropriate?
    - Could you tell us some of the reasons why young people may get married?

Transcript:

6. Can you tell us about teenage pregnancy outside of marriage in your community?
    - Does it affect particular groups of young girls?
    - What are the consequences for these girls and for their families?
    - Has the phenomenon increased in recent times or not? What are in your opinion the reasons?
    - Are contraceptives available locally? What about sexual and reproductive information?

Transcript:

7. Could you tell us about violence and abuse in your community?
    - Are you aware of any places where women can report instances of violence and abuse?
    - Are you aware of any initiatives that are in place to reduce or prevent violence or abuse against women in your community?
    - If someone was experiencing violence or abuse and wanted to talk about it, who would they talk to?
    - What might be reasons why someone would not want to tell anyone about violence or abuse?

Transcript:

8. Do all children in your community regularly attend school?
    - Do girls attend school less than boys? If that is the case, could you tell me some of the reasons why?
    - In this community, who attends school longer, girls or boys? Could the project affect their ability to continue to attend school?

Transcript:

9. Based on the description that you got from the SWEDD project's activities and expected outcomes, in your opinion:
    - What will the SWEDD project bring to your community?
    - What will the people in the community be concerned about in terms of both risks and opportunities?

Transcript:

10. How can the project specifically involve women, men and children in your community?
    - What barriers exist for women and men to attend meetings/trainings or to participate in decision-making?
    - In your opinion, will this project advance gender equality? (It would be good too to know their perception of gender equality)
        - If so, how?
        - If not, why? Do you think this project will hinder the existing inequality, how so?
    - Participation: what opportunities exist for women to be involved in decision-making processes? Are there opportunities for leadership? What are the men's and women's perceptions of these issues?
    - Ask questions to assess the power dynamics (power over, power to, power with, and power within) - these might useful to monitor changes later. I.e. who are making decisions in the community? Who are interacting with the SWEDD team? Do they make decisions on behalf of all others?

Transcript:

    - Is there anything important you think we have forgotten to ask about?

Transcript:

    - Do you have any questions feedback or concern you want to raise?

Transcript:

Thank you for taking time for the interview. Please feel free to contact us if any other issues come to mind that you think we should be aware of.

Interview guide – Experts (government, NGOs, others)

The preferred methodology is individual semi-structured interviews, but questions may also be asked in groups when relevant. The interviewer should orient the discussion in accordance with the key informant's areas of expertise. Not all questions are equally relevant for all key informants.

Name of institution	
For individuals: Name of interviewee(s)	
Gender	
Position	
Place	
Date / time	
Interviewer(s)	

Introduction: The Gambian government is about to launch the SWEDD+ project (**provide a brief description of the project)**. We are conducting a study to find out the consequences that the project could have for communities throughout the country. You have been selected as one of the important stakeholders for this work. Participation will only entail answering questions, and the interview will take approximately 30-45 minutes.

Participation is voluntary, and you can decide whether not to participate or not to answer certain questions without any fear of being penalized. The benefits will ensure input to the World Bank and the Ministry of Health, to be better able to deliver on the project.

By taking part of this interview, you consent to this by your own free will. All that you tell us will be treated as confidential, and any information presented in our report will be anonymized and will not be traceable back to you. We will not utilize any name, address, or any other personal information.

If you have any concern about privacy, please contact the project coordinator Ms. Fanta Bai Secka or KPMG, represented by Ms. Anise Gold-Watts.

Thank you for taking time to do this interview.

1. Please tell us briefly about your background and familiarity with the SWEDD project.

Transcript:

   - Are you or your institution involved in the project, or do you think you should be involved? If yes, please tell us how.

Transcript:

2. What do you see as the major risks incurred during and after project implementation?
   - Does the project pose significant risks to the rights of particular groups of population, in particular women and girls - the direct beneficiaries of the intervention - or vulnerable people? Please elaborate.
   - Does the project pose particular risks in terms of labor rights for the diversity of workers who will contribute to its implementation? Please elaborate.
   - Does the project pose significant risks to the environment? Please elaborate.
   - Are there other areas in which you foresee particular risks related to the project? Please elaborate.

Transcript:

3. How efficiently and transparently are project resources allocated?
   - What are the mechanisms through which project resources (i.e. technical support, capacity building, hardware provision, cash, employment, etc.) are distributed and controlled?
   - How does the project ensure that these inputs adequately respond to the needs of local communities?
   - Is there a risk that within the target population of beneficiaries, some groups/individuals benefit more from the intervention than others?

- How should the project's allocation of resources be strengthened to ensure that local needs are addressed as efficiently as possible?

Transcript:

4. What are the provisions of Gambia's legal and regulatory framework with respect to these risks?
    - How are the rights of stakeholders and affected populations defined in Gambian law? What are the legal instruments to ensure that these rights are respected - and that the voice of women in particular are heard - prior to and during project implementation? To what extent and how are these instruments enforced?
    - How are the rights of workers defined in Gambian law? What are the legal instruments to ensure that these rights are respected prior to and during project implementation? To what extent and how are these instruments enforced?
    - What are the duties of project bearers in terms of environmental protection in Gambian law? What are the legal instruments to ensure that these duties are fulfilled prior to and during project implementation? To what extent and how are these instruments enforced?
    - Are there other aspects of the Gambian law that are relevant to the implementation of the SWEDD+ project? To what extent and how are these aspects enforced?

Transcript:

5. How should the Project mitigate risks to the rights of particular groups of population, in particular the rights of women and girls to be consulted and heard?
    - What are the mitigation strategies through which the project could ensure gender and social inclusion (including for vulnerable groups of population such as persons with disabilities)?
    - Do you think that these mitigation strategies are sufficiently strong and consistent under the current project design? Please elaborate.
    - Can the project build on lessons learned from similar interventions, during which adverse social impacts were experienced or prevented? If yes, which lessons and how?
    - If necessary, how can the project further improve its mitigation of risks related to gender and social inclusion?

Transcript:

6. How should the Project mitigate risks to the rights of workers participating at different levels in project implementation?
    - What are the mitigation strategies through which the project could ensure that the rights of workers are respected along project supply chains?
    - Do you think that these mitigation strategies are sufficiently strong and consistent under the current project design? Please elaborate.

- Can the project build on lessons learned from similar interventions, during which adverse labor impacts were experienced or prevented? If yes, which lessons and how?
- If necessary, how can the project further improve its mitigation of risks related to workers rights?

Transcript:

7. How should the Project mitigate risks to the environment, such as risks of local pollution?
    - What are the mitigation strategies through which the project could ensure that pollution and other environmental risks are minimized?
    - Do you think that these mitigation strategies are sufficiently strong and consistent under the current project design? Please elaborate.
    - Can the project build on lessons learned from similar interventions, during which adverse environmental impacts were experienced or prevented? If yes, which lessons and how?
    - If necessary, how can the project further improve its mitigation of risks related to the environment?

Transcript:

8. How should the Project mitigate any other risks that you might deem relevant?
    - What are the mitigation strategies through which the project could ensure that other relevant risks are minimized?
    - Do you think that these mitigation strategies are sufficiently strong and consistent under the current project design? Please elaborate.
    - Can the project build on lessons learned from similar interventions, during which similar impacts were experienced or prevented? If yes, which lessons and how?
    - If necessary, how can the project further improve its mitigation of these risks?

Transcript:

9. Is there anything else you think we have forgotten to mention?

Transcript:

Thank you for taking time for the interview. Please feel free to contact us if any other issues come to mind that you think we should be aware of.

Annex 2 Infection Control and Waste Management Plan[51]

1. Introduction

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[52]. 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 waste, particularly hazardous chemical and infectious waste are well-defined.

TABLE 0.1 DESCRIBE THE TARGETED HEALTHCARE FACILITIES (HCF

Subproject	Subproject Location & Description
Renovation of isolation Centers	1. Bansang General Hospital
	2. Basse District Hospital
	3. Brikama District Hospital
	4. Bwiam General Hospital
	5. Essau District Hospital
	6. Faji Kunda Health Center
	7. Farafenni General Hospital
	8. Kanifing General Hospital
	9. Kaur Major Health Center
	10. Sibanor Wec Clinic
	11. Soma District Hospital
	12. Edward Francis Small Teaching Hospital
	7. 250 Series at Ndenbam clinic

[51] Republic of the Gambia, Covid-19 preparedness and response Project (P173798), Environmental and social management framework (ESMF), 2020 ; https://documents.worldbank.org/en/publication/documents-reports/documentdetail/324671592938134750/environmental- and-social-management-framework-esmf-the-gambia-covid-19-preparedness-and-response-project-p173798

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

Construction of clinical waste treatment centers for Ecosteryl Healthcare waste (HCW) equipment	8. 75 Series at Brikama
Temporary HCW Storage Facilities -construction of small structures to hold healthcare waste prior to transportation to treatment site or some health facilities large trash bin will be procured in lieu of construction	3. Western Region 1 4. Western Region 2
Renovation of Laboratory Stores	Kotu
Construction of NETC and NPHLTC	Brusubi
Laboratory Stores Refurbishment	Koru

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 waste that is 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 waste.

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- armour, 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 is 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.

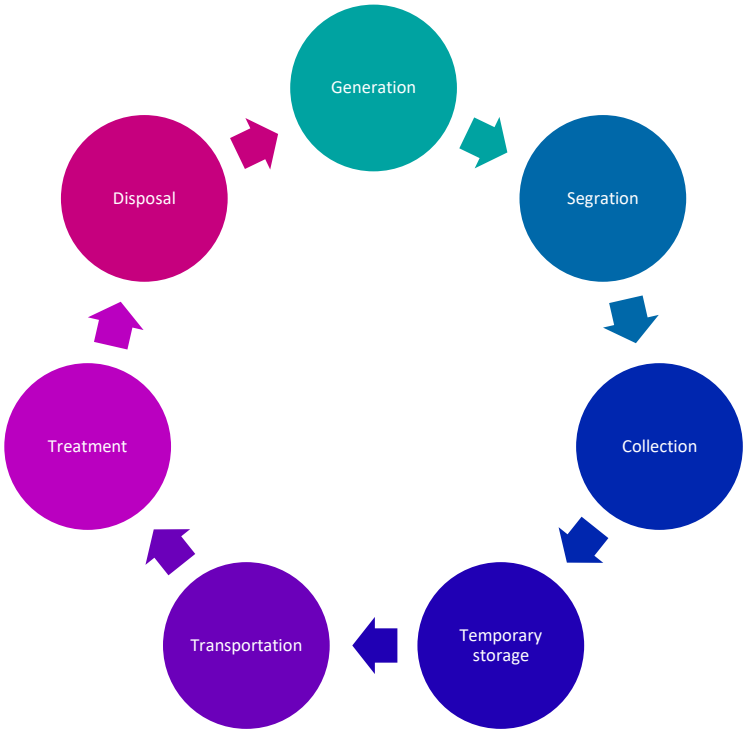
Spillage Management

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 waste 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, equality 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 waste, 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

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
		- 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		

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
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

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
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;	- Contact the person authorized to implement the Emergency response plan - Triggering the emergency response system and securing the contaminated perimeter,	HCF MOH	At the start of operations

	- Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities; - Fire;	- 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).		

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
	- 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	HCF MOH	At the start of operations

		- 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		

Annex 3 Environmental and Social Codes of Practice Checklist[53]

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 size conditions ✓ 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

[53] Republic of the Gambia, Gambia COVID-19 preparedness and Response (P173798), ESMP, 2021

Annex 4 SEA/SH Prevention and Response Action Plan

THE REPUBLIC **OF THE GAMBIA**

SUB-SAHARAN AFRICA WOMEN'S EMPOWERMENT AND DEMOGRAPHIC DIVIDEND PROJECT SWEDD+ (P176693)

SWEDD + - GAM

SEXUAL EXPLOITATION AND ABUSE/SEXUAL HARRASMENT PREVENTION AND RESPONSE ACTION PLAN

(Mitigation Measures for Project Personnel and Partners)

May 2023

1. Introduction

This prevention and response action plan on Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) presents the review of the inherent SEA/SH risks of the SWEDD GAM project and existing SEA/SH contextual risks, as well as measures considered to prevent, mitigate, and respond to SEA/SH related risks on the overall project. It will support critical knowledge creation and sharing, and capacity building activities to enable regional stakeholders. It will achieve this by further strengthening partnerships between SWEDD GAM and local research institutes, universities, civil society organizations and NGOs.

As part of the projects' implementation processes, a Stakeholder Engagement Plan (SEP) was developed to enhance consultations and engagement with affected parties, vulnerable individual/groups and other project stakeholders including local communities, community members and other parties that may be subject to impacts from the project. The SEP also seeks to prevent and address key potential social risks and impacts related to the project include risks of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) to Project workers and beneficiaries. The COVID-19 pandemic has resulted to a number of women, young people, children, the elderly, persons with disability, vulnerable and key population groups being marginalized; thus, making their status low in many communities. Pre-existing high prevalence of GBV and its related issues are all likely to be further exacerbated by the Project including personnel involved in the project implementation.

Cognizant of the fact that prevalence of GBV reported cases in The Gambia is high (the country risk is rated substantial by the World Bank), therefore it is imperative that interventions of mitigating and responding to SEA/SH are put in place. It is in this spirit that the SWEDD – Gam Project aims to identify means to assess, address and respond to SEA/SH; thus, the need for this manual which will provide a practical guidance for any personnel involved in the project implementation to effectively prevent and address issues of GBV/SEA/SH to Project workers and beneficiaries. This manual provides an overview of the key issues related to GBV/SH/SEA in the context of SWEDD GAM, project operations. It seeks to guide staff and partners so they can better identify and respond to GBV risks related incidents to the project and programmes.

2. Contextual SEA/SH Risks

1 The Gambia has observed rapid population growth, increasing pressure on the economy and national social systems including health, education and social protection. High desired family size and high levels of adolescent childbearing are some of the drivers of rapid population growth with gender inequality as both a root cause and a consequence of this. In The Gambia, the demographic transition is still in its early stages. The under-five mortality rate has decreased by approximately two-thirds, from 167 in 1990 to 49 in 2020. The age dependency ratio decreased from 95 in 2000 but continues to be among the highest globally at 87 in 2020. Fertility rates remain high (Total Fertility Rate [TFR] . This exposes the country to higher poverty rates, smaller investments in human capital, high unemployment or underemployment, especially among young women, higher poverty, increased pressure on natural environments and climate vulnerability, economic migration, and increased risks of instability.

2 Child marriage and teenage pregnancy continue to be high, increasing total unwanted fertility and contributing to the high level of population growth**.** This is due to a lengthened reproductive period, especially as 54.6% of the total population is under age 20 years.[iii] In The Gambia, 43.0% of 25-49 year old women gave birth by age 20 years.[iv] Around one fifth of women of reproductive age (15-49 year old) are ages 15-19 years.[v] The most disadvantaged adolescents have the highest fertility and poorest

health outcomes on average, further worsening their situation and perpetrating cycles of poverty for them and their children; however child marriage and high adolescent fertility are prevalent and can negatively affect women of all strata in The Gambia. The share of 20-24-year-old women who had a live birth before age 18 years is 17.3% in The Gambia; it is 31% in the poorest and approximately three times in the eastern Local Government Areas (LGAs) compared to the western ones. The share of those with only pre-primary or no education at all (32.1%) and primary education (32.5%) is more than four times those with secondary or more education (7.7%). Adolescents who continue their education have less of a likelihood of having children and those who have children are less likely to continue their educational pursuits.

3 Physical violence to children is high, and 45.7% of women ages 15-49 report having experienced physical violence since age 15. Of the latter, the majority of those ever-married report that it is by a current husband/partner (53.3%). For both ever married and never married women, those who committed physical violence were reportedly from a step/parent, sibling, or former husband/partner or teacher.[vi] 39% of those ages 15-19 have experienced physical violence since age 15, and their age bracket reports the highest percentage of experiencing physical violence in the past 12 months of all women ages 15-49 years. Of those who report experiencing sexual violence, the age at first experience of sexual violence is distributed equally at ages 10, 12, 15, 18, and 22 years. The persons committing sexual violence among ever married women ages 15-49 years are a current or former husband/partner/boyfriend at around 90% of the time.[vii] Sexual abuse and harassment risks are also present in schools; there is evidence that school codes of conduct, ensuring clearance of teachers and administrators, and not permitting one-on-one time between adults and students, are ways of preventing sexual violence against students. Younger adolescence (10-14 years) is a critical phase for emotional development; encouraging healthy relationships and safe behaviors for this age group may foster more equitable gender norms.

The advent of COVID-19 and its related restrictions is noted to have contributed to the surge in all forms of violence against women on the Africa continent. A recent study in six Sub-Saharan African countries and cited by the UN Women showed that domestic violence, whether physical or verbal, increased from 40.6% before the COVID-19 crisis to 52.2% during the pandemic, a significant rise of 12%. Senegal and Mali that were part of the studies recorded increases of 14% and 10% respectively[5]. Although Ghana, Zambia, Kenya, and Ethiopia were not part of the studies, similar concerns on up pick of domestic and sexual violence against women over the COVID-19 pandemic season have been raised in those countries. The COVID-19 pandemic and its related restrictions and economic induced hardships are not over, and still hold the tendency to increase GBV cases in the Sub-Saharan Africa Region.

The impacts of on-going political conflicts in Casamance, Southern Senegal creates another layer of vulnerability for women and girls towards sexual violence and abuse. Some of the basic social protection systems for women and girls –security protection, legal systems, family networks, health facilities, and economic livelihood- have been weakened in the conflict prone areas. There are reported cases of sexual violence, and because the healthcare and legal system in those areas have virtually collapsed women cannot even access those services when they are abused. All these would to be taken into consideration during the implementation of the SWEDD GAM project in those countries.

3. Project GBV/SEA/SH Risks

The inherent risk factors of the SWEDD GAM project that may contribute to SEA/SH risks is relatively substantial. The project will not involve any construction activities that could lead to influx of migrants in any location, which usually holds strong tendency to create fertile grounds for GBV/SEA/SH. Some of the

institutions/organizations involved in the implementation of SWEDD GAM have sound institutional policies and practices for mitigating GBV/SEA/SH. However, certain potential GBV/SEA/SH risks are still envisaged on the SWEDD Gam. Project staff visiting communities may also demand for sex from community members in exchange for money or other benefits provided by the project.

- *Sexual exploitation* may occur when a project actor restricts access to a project benefit or service in order to extract sexual favors.
- *Sexual abuse* may occur when a project actor uses force or an unequal power relation vis-a-vis another to perpetrate or threaten an unwanted sexual act.
- *Sexual harassment* may occur when a project actor makes unwelcome sexual advances or requests sexual favors[54] .

In rural communities, women walking alone to attend community engagements are usually exposed to risk of attacks and rape along the road. Therefore, safe and secured environment taking into consideration venue and time for women to prevent them be exposed to some forms of sexual harassment and abuse in their effort to attend the project engagement activities.

Given the patriarchal culture in The Gambia, the project support for women and girls can also create backlash, and unintentionally heighten the risk of GBV among female participants. Men who feel threatened by the women and girls' newfound knowledge and skills could subject them to abuse, especially intimate partner abuse.

It is also likely that separate latrines, and other sanitation facilities for both men and women may not be provided at the community facilities, meeting venues etc., which could lead to violation of sexual privacy. There could also be the absence of safe and confidential grievance mechanism for females to share their concern about the working environment including concerns about sexual harassment, and the fear of being victim when shared openly could discourage reporting and incentivize predators.

4. Risk Management System

This section provides a brief outline and description of the elements of the risk management system for mitigating and responding to SEA/SH on the SWEDD GAM project.

4.1 Client Policies on SEA/SH

The lead institutional coordinator, under the SWEDD GAM project operates under zero tolerance for any form of discrimination, harassment, bullying and abuse of authority. The PCU has policies on sexual harassment, bullying, abuse, and discrimination. These policies have specific provisions and definitions related to sexual harassment, complying with local regulations in country.

4.2 Code of Conduct

SWEDD Gam will have mandatory Code of Conduct (CoC) including specific provision on SEA/SH for its staff. These codes of ethics include the following standards.

[54] Good Practice Note, Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Human Development Operations, September 2022.

- **Sexual exploitation**: any actual or attempted abuse of a 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 (UN Glossary on Sexual Exploitation and Abuse 2017, pg. 6).
- **Sexual abuse**: actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. Sexual abuse is a broad term, which includes a number of acts including **rape** and **sexual assault**, among others (UN Glossary on Sexual Exploitation and Abuse 2017, pgs. 5-6).
    - Harassment, a form of discrimination, is any unwanted, unwelcome, or uninvited physical, verbal, or non-verbal behavior that makes a person feel humiliated, intimidated, or offended, and that interferes with work or creates an intimidating, hostile, or offensive work environment. Harassment may consist of a single or repeated incident. A single incident is considered harassment if it has a negative impact on an individual or the work environment. Although harassment may not always be intended, the impact – not intent – is a key factor.
    - Sexual harassment is any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile or offensive work environment.
    - Examples of prohibited conduct association with harassment includes, but is not limited to slurs, negative stereotyping, racial, ethnic, or religious epithets, written or graphic material, offensive jokes, bullying, nonviolent threats or insult, belittling, aggression, abuse, or molestation whether emotional, verbal, or physical.

SWEDD GAM and partners will conduct due diligence on all Implementing Partners/sub-grantees to establish whether such partners have relevant policies on SEA/SH and have mandated employees to sign code of conduct with specific prohibitions on SEA/SH under their existing contracts. If not, then SEA/SH requirements in their contracts including CoC will be enforced by requesting Implementing Partners /sub-grantees to develop/adapt the SEA/SH code of conduct at Annex 1 for employees to sign.

4.3 Safe and Confidential Staff and Community Reporting Mechanisms

Staff members and stakeholders of SWEDD an anonymous and confidential Complains Desk Officer who will manage anonymous and. Cases can be reported to https://www.lighthouse-services.com/cgiar/LHILandingPage.aspToll-Free number: 199. The MoGCSW desk offices will also receive and handle cases relating to SEA/SH. In addition, the stakeholder engagement plans (SEP) prepared for each region include a grievance mechanism (GM) that provides safe and confidential channels for project workers and stakeholders to report cases linked to SEA/SH. As part of the project SWEDD - GAM, the dedicated toll-free number is being created for anonymous desk officer to handle complaints by a trained GVB Focal Person. In addition, the GM makes provision to designate 2 trusted community members (a male and a female) as grievance focal persons in every project host community 20 per region. The two grievance focal persons will be nominated through broader consultations with the community members and further train on how to receive and escalate cases to the GVB Focal Persons.

4.4 Referral Pathways for Survivor Care and Support

The COVID – 19 Essential Services, has referral pathways for GBV survivors, the SWEDD GAM project team has mapped and linked GBV service providers to the grievance mechanism. The SWEDD project will link and strengthen the structures and systems for its functioning. The referral pathways established for survivors includes the following:

- Health – Examination or treatment, collection of forensic evidence, provision of post-exposure prophylaxis/ abortion services through the one stop centres.
- Legal/Justice – Legal advice/support to survivors and witnesses to understand benefits/barriers of taking care through legal process; support to ensure that prosecution and case closure happens with few or no delays through the one stop centres.
- Psychosocial Support – Emotional support/crisis counseling; Social/community reintegration.
- Safety/Security – Protection of survivors and witnesses, investigation of the case, arrest of alleged perpetrator.

The GBV service providers mapped and linked to the GMs will be required to:

- Use their respective GBV case management procedures to provide the essential services required by the survivor.
- Maintain confidentiality, safety, and security of survivors in accordance with best practices, in particular ensuring survivor centeredness through the processes and seeking the consent of the survivor when personal data has to be shared.
- Inform the GBV focal persons when a case is resolved so it is recorded in the grievance logbook.

The GBV service providers will not be paid any basic fee for being linked to the project GM. However, some of the service providers may be financially supported by the project to provide the essential services required by survivors. The exact modalities of the support that the project will offer to ensure free of charge services to GBV survivors will be determined once the GBV service mapping has been done. For cases where the project may need to make payment, the Project will seek the advice and approval of the World Bank on the maximum expense cost that can be absorbed by the project for survivors. When necessary, the project may provide an immediate financial assistance to enable the survivor access basic support services whilst approval is being sought from the World Bank.

4.5 Accountability and Response Framework

The SWEDD GAM project hereby sets out this Accountability and Response Framework (ARF) to define the principles, practices, roles, and responsibility for mitigating and responding to GBV cases.

4.6 Guiding Principles

The SWEDD GAM project recognizes and applies the following principles, that:

- All workers engaged under the project will be treated with respect regardless of their race, color, ethnicity, religion, political affiliation, disability, birth, or another status.
- Everyone, including children, has the right to live free from GBV/SEA/SH.
- All forms of GBV/SEA/SH are unacceptable whether it occurs at the workplace or at the project locations.
- The safety and confidentiality of survivors of GBV/SEA/SH is the priority.
- Perpetrators will be held accountable for their actions, as GBV/SEA/SH constitute acts of serious misconduct and are therefore grounds for disciplinary measures, penalties and/or termination of employment and prosecution in accordance with national laws.
- Sexual activity with children under 18, including online harassment, is prohibited. Mistaken belief regarding the age of a child and consent from the child is not a defense.

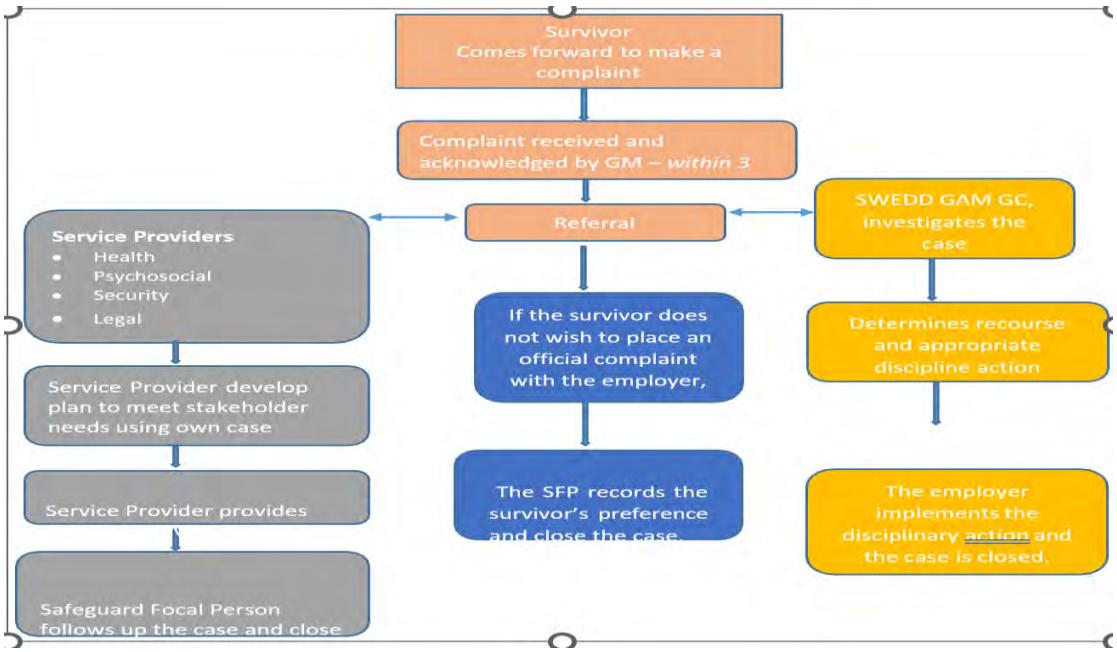
- Use of inappropriate language or behavior towards women, children and men that may be deemed harassing, abusive, sexually provocative, demeaning or culturally inappropriate is disallowed.
- Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior, is prohibited.
- Sexual interactions between staff of project partners at any level and community members of project locations that are not agreed to with full consent[6] by all parties involved in the sexual act are strongly discouraged. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex. Such sexual activity is considered "non-consensual" by the Project.
- The Project will provide avenues and mechanisms for reporting allegations of GBV/SEA/SH cases. There shall be no retribution, retaliation or victimization against persons who make reports against their employers or personnel of the Project.
    - All Management personnel of the project have a responsibility to support and maintain an environment that is free of GBV/SEA/SH.

4.7 Grievance Mechanism for addressing GBV/SEA/SH Allegations and the Referral Pathway

As a requirement from the World Bank, the SWEDD GAM project will design and establish a separate Grievance Mechanism (GM) for receiving and responding to all complaints relating to GBV/SEA/SH. The SEA/SH GM for each country is linked to GBV referral pathways and service providers.

The figure bellow provides a simplified illustration of how the GM will operate. Full description of the procedure and service providers is provided.

Figure 1: Case Management Procedure for SEA/SH cases



4.8 A Survivor-Centered Approach

The SWEDD GAM project is committed to pursuing a survivor-centered approach for responding to GBV cases through the GBV/SEA/SH GM established and will expect all partners to adopt or enhance this approach. In seeking a resolution of SEA/SH cases, the survivor's needs, wishes, and rights will be central to the processes. This will be done with the view to empower them and facilitate their healing and recovery. To this end, the project through its Grievance Mechanism and the GBV service providers will ensure that:

- The survivor will be treated with dignity and respect. Their needs, rights and choices will be taken into consideration at all times through all processes and decisions. Assistance will not be imposed on a survivor if they are not ready to proceed with a matter. However, support will be given to survivors who choose to seek redress or those who change their mind about whether they wish to take action or not.
- The survivor's choice and the agency will be respected in all decisions. However, where the survivor is a minor (under 18 years of age) the project will follow the legal requirements for reporting abuse to the police or authorities in respective countries, irrespective of their consent or choice.
- The welfare principle of *the Best Interest* of the child will be upheld in all cases where minors are concerned.
- The safety and security of the survivor is of utmost consideration in all the processes. Every effort will be made to eliminate or minimize the risk of further traumatization or abuse to a survivor who reports a case.
- To address security, retaliation, and safety of survivors, the project and the GVB service providers will ensure confidential handling of all data and information relating to survivors, and confidentiality in all processes leading to support for survivors and the resolution of each case. Sharing the story of the survivor with another agency or person will only be done with the informed consent of the survivor.
- Survivors will be provided all the information needed for them to make informed decisions.
- Assumptions will not be made about the survivor's feelings, thoughts, and experiences. All persons who will handle cases and the processes leading to resolution will be trained on how to handle complaints with cultural and social sensitivity, non-judgementalism, confidentiality and tact.
- When a survivor comes forward to report a case of GBV/SEA/SH, the Safeguard Focal Person will record the survivors' account of the incident. This is expected to be conducted in a private setting and ensure that any specific vulnerabilities are taken into consideration.
- To maintain confidentiality and minimize stigmatization, below is the list of elements that will be recorded on complaint forms of GBV/SEA/SH survivors.
    - Age and sex of survivor;
    - Type/details of the alleged incident (as reported);
    - Location/place where the incident occurred;
    - Date and time when the incident occurred;
    - Whether the alleged perpetrator relates to the Project, as indicated by the survivor;
    - Whether the survivor was referred to a service provider;
    - The need of the survivor/ what that the survivor wants to be/ regarding the case.
- Records of GBV/ SEA/SH survivors will be stored separately from other general complaints and in a safe cabinet accessible only to the Safeguard Focal Person and the project lead.

- After registering the case, the Safeguard Focal Person will inform the SWEDD GAM Cluster Lead and grievance committee within 24 hours of receipt and send an acknowledgment letter to the complainant or survivor within 3 workings days of receipt.

4.9 Roles and Responsibilities

Based on the foregoing principles and procedure for mitigating responding to GBV/SEA/SH cases, the project has set different tiers of roles and responsibilities in accordance with the project structure. The table provides details.

Table 1: Roles and Responsibilities

Structure	Designated Staff	Role
National Steering Committee	All members	• The project National Steering Committee(NSC) which has general oversight responsibility over the SWEDD GAM project will receive and review biannual reports from the Project Coordination Unit (PCU) about its activities and progress in preventing and responding to GBV cases. • Based on this update, the NSC may provide feedback to the PCU on how to improve its operations response and make it more responsive to the needs of survivors.
	Environmental and Social Safeguard Specialists (Environmental, Social, and GBV)	• Oversee the overall implementation of preventive, mitigation, and response measures to reduce GBV risks on the project. • Integrate E&S risk assessment and mitigation into risk assessment activities and risk mitigation instruments being prepared on the project • Ensure inclusion of relevant GBV/SEA/SH clause in grantees contract. • Oversee training of country level Safeguard Focal Persons and project workers on measures considered in this action plan. • Liaise with Safeguard Focal Persons for resolution of GBV cases on the project. • Conduct regular monitoring to establish compliance level to GBV/SEA/SH requirement and feedback to grant partners to improve performance. • Prepare quarterly reports including data compiled on GBV/SEA/SH allegation and resolution progress to the World Bank. • Log all complaints relating to GBV/SEA/SH and process case for referral, resolution and reporting to the World Bank.

Project Coordination Unit and SWEDD Secretariat	Coordinator, Operations, Finance, Procurement	• MU provides fiduciary (financial management and procurement) and environmental and social standards support to technical implementation partners, prepares fiduciary and environmental, GBV, and social reports. Assist in collating technical reports from implementing partners and sends monthly and quarterly reports to the PIC and NSC, respectively; serves as secretariat to PIC and NSC.Ensure the implementation of GBV mitigation measures on SWEDD GAM region activities. • Facilitate training of project sub-grantees on GBV/SEA/SH requirements and procedures. • Prepare biannual report including data compiled on SEA/SH allegation and resolution to the Program Management Unit.
Project Implementation Committee	All members	• implementing Directorates, meet monthly to discuss implementation progress, bottlenecks and remedial actions
Project Implementing Partners	Programme Officer 1. Focal Persons	• Implement GBV/SEA/SH mitigation measures prescribed by the project. • Develop/adapt CoCs and policies and procedures on GBV/SEA/SH for employees to sign on. • Ensure that cases reported by survivors are brought to the attention of Safeguard Focal Person, lodged, and processed for referral and resolution. • Ensure readiness and commitment to address and apply sanction on GBV cases committed by workers. • Cooperate with GBV service providers to offer support to survivors during handling of cases.
SWEDD-GAM Operations	Regional Grievance Committee	• Investigate the facts of the allegation to determine whether (i) the allegation falls within the definition of GBV/SEA/SH; and (ii) the alleged perpetrator is an individual associated with the SWEDD GAM project.

Referral	GBV Service Providers	• Be used as referral agencies for survivors of GBV/SEA/SH cases • Required to use their respective GBV case management procedures. • Provide essential services required to support survivors. • Required to maintain confidentiality, safety, and security of survivors in accordance with best practices, in particular ensuring survivor centeredness through the processes and seeking the consent of the survivor when personal data must be shared. • Required to inform the GVB Focal person when a case is resolved so it is recorded in the grievance logbook.

4.10 Sanctions for SEA/SH violations

Sanctions in SEA/SH violations, once established may include:

- Additional training
- Informal warning
- Formal warning
- Suspension
- Loss of part or full salary for a period
- Termination
- Report to the police or other legal authorities with the consent of the survivor
- Report to the police or legal authorities if the survivor is a minor and has been sexually abused

4.11 National Laws and other Legal Considerations

The SWEDD GAM project will ensure that partners comply with the respective laws and regulations of the country on GBV/SEA/SH. GBV cases such as rape, defilement and many others are mostly categorized as criminal acts, which cannot be settled out of court. The project will take steps through GBV service providers identified to report such incidents to law enforcement agencies and allow the survivor to decide how to proceed with such cases.

4.12 Capacity to implement the SEA/SH Action Plan

The overall implementation of this GBV action will rest with the two Environmental and Social Safeguard Specialists of the SWEDD GAM project. The two Specialist will diligently work through the GVB Persons designated for the respective regions to sensitize the project core team and all sub-grantees on the provisions of this GBV action plan. These Specialists have had prior training in World Bank GBV/SEA/SH risk assessment and mitigation procedures. The SWEDD GAM Project Directors and focal points will provide additional oversight on the implementation of key actions contained in this plan. Costs relating to the implementation of this action plan will be drawn from the Project Management budget of the SWEDD GAM project.

5. Action Plan

The SWEDD GAM project has considered several measures to mitigate and respond to the inherent project GBV risks identified at section 3. Key elements of these measures include:

- Integrate GBV/SEA/SH risk assessment into project's environmental and social assessment and risk management instruments such as the ESMF, SEPs, Labor Management Procedures (LMPs) and Environmental and Social Management Plans (ESMPs).
- Develop GM with specific GBV/SEA/SH procedure, and referral pathways linked to GBV service providers.
- Conduct GBV service providers mapping in respective regions and link the GMs of the project.
- Carry out a continuous awareness creation of project team members and implementing partners on the mitigation and response measures considered by the SWEDD GAM project on SEA and further include GBV/SEA/SH sessions in all E&S related training and other regular meetings with project team members.
- Based on the project SEPs, sensitize project stakeholders including focal persons at the community level on the reporting channels for GBV/SEA/SH cases and procedure for seeking redress, and ensure that those channels are confirmed as accessible and safe by the project

workers and communities (and specifically by women). These consultations will be done in sex segregated groups with facilitator of the same sex.

- Clearly define GBV/SEA/SH requirements and expectations in contract documents with grant partners.
- Require project workers to sign Code of Conduct.
- Ensure that separate toilet and hygiene facilities are available, functional and lockable from the inside for men and women at all venues where project activities are being carried out.
- Institute biannual reporting and feedback between project implementing partners and regional committees.
- Conduct regular monitoring on partners' compliance to S GBV/EA/SH requirements and provide feedback for improvement.
- Prepare and submit biannual reports to the World Bank including data on GBV/SEA/SH cases[8] and progress made to resolve these cases to the satisfaction of survivors.

Annex 5 Risk assessment methodology for potential negative environmental and social impacts

The risk assessment methodology seeks to determine the significance of the potential negative environmental or social impacts from the project. This includes any detrimental impact to the biophysical environment or to the conditions or rights of communities and individuals concerned by the project.

The risk assessment determines the significance of risk on a qualitative scale comprising four levels (low, moderate, high, and major) by combining two criteria:

- The likelihood of a negative impact, rated as unlikely, possible, likely, or almost certain; and
- The severity of the impact, rated as insignificant, minor, moderate, or critical.

Error! Reference source not found. below provides a description of the severity scale.

TABLE 0.1 SEVERITY OF IMPACT SCALE

Severity	Description
Negligible	▪ The **social impact** is very limited in comparison to the benefits of the activity and does not violate any fundamental right of a community or individual. ▪ The **environmental impact** is very limited in comparison to the benefits of the activity and does not entail the disruption of local ecosystems.
Minor	▪ The **social impact** is tangible but limited in comparison to the benefits of the activity and does not violate any fundamental right of a community or individual. ▪ The **environmental impact** is tangible but limited in comparison to the benefits of the activity and does not entail the disruption of local ecosystems.
Substantial	▪ The **social impact** is significant in comparison to the benefits of the activity and/or violates the fundamental rights of a community or individual. ▪ The **environmental impact** is significant in comparison to the benefits of the activity and/or entails the disruption of local ecosystems.
Critical	▪ The **social impact** is considerable in comparison to the benefits of the activity and/or the fundamental rights of a community or individual are severely violated. ▪ The **environmental impact** is considerable in comparison to the benefits of the activity and/or local ecosystems are severely disrupted.

Annex 6 Comparative analysis of solid HCW treatment systems

System	Technical Feasibility	Investment Cost	Operating Cost	Ease/ simplicity	Availability of spare parts in the Gambia	Environmental Viability	General Social acceptance
Autoclave	Very efficient	Fairly high	Average	Very qualified staff	Not available locally	Ecological, but generates contaminated wastewater	Very good
Microwave	Very efficient	Very High	Very high	Very qualified staff	Not available locally	Very ecological	Very good
Pyrolyse	Very efficient	Very high	Average	Qualified staff	Possible	Very ecological	Very good
Pyrolitic incinerator (modern incinerator)	Very efficient	Fairly high	Average	Limited skills	Possible	Little pollution	Very good
Local material incinerator	Fairly efficient	Low	Low	Limited skills	Available	Polluting	Very good
Chemical disinfection	Fairly efficient	Low	Low	Qualified staff	Available	Polluting	Fairly good
Burial in municipal public landfills	Inefficient	Low	Low	Qualified staff	Available	Polluting and risky	Bad
Burial inside health facilities	Inefficient	Low	Low	Limited skills	Available	Polluting and risky	Bad
Use of concrete lined Pits	Efficient	Low	Low	Limited skill	Available	Nonpolluting	Fairly good
Incineration at open air	Inefficient	Low	Low	Limited skill	Available	Polluting and risky	Very Bad
Encapsulation	Very efficient for sharps & drugs but not for other	Low	Low	Limited skill	Available	Nonpolluting	Good

Source: The Gambia, National Health Care Waste Management Plan in the Gambia (2011-2020)

[i] 2020. World Development Indicators (WDI). Accessed March 9, 2022. http://datatopics.worldbank.org/world-development-indicators/.

[ii] Gambia Bureau of Statistics - GBoS and ICF. 2021. The Gambia Demographic and Health Survey 2019-20. Banjul, The Gambia: GBoS/ICF. Available at https://www.dhsprogram.com/pubs/pdf/FR369/FR369.pdf.

[iii] 2020. World Development Indicators (WDI). Accessed March 9, 2022. http://datatopics.worldbank.org/world-development-indicators/.

[iv] Gambia Bureau of Statistics - GBoS and ICF. 2021. The Gambia Demographic and Health Survey 2019-20. Banjul, The Gambia: GBoS/ICF. Available at https://www.dhsprogram.com/pubs/pdf/FR369/FR369.pdf.

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[vi] The Gambia Bureau of Statistics - GBOS and ICF International. 2013. *The Gambia Demographic and Health Survey 2013.* Banjul: The Gambia: GBOS and ICF International.

[vii] Gambia Bureau of Statistics - GBoS and ICF. 2021. The Gambia Demographic and Health Survey 2019-20. Banjul, The Gambia: GBoS/ICF. Available at https://www.dhsprogram.com/pubs/pdf/FR369/FR369.pdf.