

FEDERAL GOVERNMENT OF SOMALIA



Ministry of Finance (MoF)

PROJECT: Somalia Crisis Recovery Project (SCRP)

PROJECT ID- P173315

Environmental and Social Management Plan (ESMP)

RE-CONSTRUCTION OF BARAWE TB UNIT

BARAWE DISTRICT, SOUTH WEST STATE

17 October 2022

Project Implementation Unit (PIU)

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LIST OF ACRONYMS AND ABBREVIATIONS

CERC	Contingency Emergency Response Component
CESMP	Contractor-ESMP
CoC	Code of Conduct
CRW	Crisis Response Window
CRW ERA	Crisis Response Window Early Response Allocation
CSO	Civil Society Organization
E&S	Environmental & Social
EHSG	Environmental, Health and Safety Guidelines
EIA	Environmental Impact Assessments
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FAO	Food and Agricultural Organization
FGS	Federal Government of Somalia
FMS	Federal Member State
GBV	Gender-Based Violence
GIIP	Good International Industry Practices
GRM	Grievance Redress Mechanisms
IDP	Internally Displaced Person
IP	Implementing Partner
LMP	Labor Management Procedures
TB Unit	Maternal and Child Health
OHS	Occupational Health and Safety Standards
PAPs	Project Affected Populations
PDO	Project Development Objective
PIU	Project Implementation Unit
PSC	Project Steering Committee
POM	Project Operations Manual
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
RAP	Resettlement Action Plan
RPF	Resettlement Policy Framework
SCRP	Somalia Crisis Recovery Project
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMP	Security Management Plan
SPT	State Project Team

SWALIM	Somalia Water and Land Information Management
SWS	South West State
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations' Children Fund
UNFPA	United Nations Population Fund
WB	The World Bank
WMP	Waste Management Plan

Executive Summary

The Barawe Tuberculosis (TB) Unit is located within the Barawe District Hospital in Barawe District in South West State. The proposed project includes the reconstruction of the Barawe TB Unit into a modern facility with supporting amenities. In consultation with the local health authorities, UNOPS has designed this facility, including basic amenities such as electricity, water, sanitation, and a waste management facility. The proposed single-storey facility consists of a series of interconnected buildings. It will have an inpatient facility measuring 362m², an outpatient building measuring 87m² and external outdoor paved areas (waiting areas and meeting areas) measuring 117m². Separate from the main building, support facilities include staff changing rooms with kitchen and utility areas, public washrooms and a guard house, all in total measuring 76.4m². The current TB Unit building is damaged beyond use and will be demolished to pave the way for the proposed facility.

There are significant positive impacts that are expected from the project. The primary beneficiaries are populations in rural areas, including farmers, agro-pastoralists, pastoralists, and rural IDPs (displaced due to various factors and living among host communities in rural areas) that benefit from the reconstruction of the TB Unit. The TB Unit will improve accessibility to health services in town for the rural populations. Negative risks and impacts are mainly associated with construction works and include risks related to occupational health and safety of workers both during the construction and operational phases, increased level of dust, noise and vibration from moving of construction vehicles and machinery, community health and safety risk, risks associated with labor rights and management, e.g. child labor or forced labor.

The project team has undertaken an E&S screening of the sub-project, as per process described in the SCRP ESMF¹. The screening resulted in placing the sub-project into 'Category C: Moderate Risk', as per the levels defined in the ESMF. It was decided that an ESMP would best guide the risk management for the sub-project.

This Environmental and Social Management Plan (ESMP) specifies the means through which the adverse environmental and social risks and impacts of the Project associated with decommissioning, reconstruction and operational activities are either avoided or mitigated. It

¹ Ministry of Finance, Somalia Crisis Recovery Project, Environmental and Social Management Framework (ESMF), disclosed at: https://www.cabri-sbo.org/uploads/files/Covid19BudgetDocuments/Somalia_2020_Planning_External_NationalPlan_MinPlanning_CEN-SADIGAD_English.pdf

identifies, characterizes and manages the potential risks and impacts. The ESMP lists the project-specific risks and impacts and mitigation measures, lays out institutional arrangements for implementing and monitoring the risk mitigation measures and proposes monitoring indicators for measurement and monitoring of E&S performance. It shows exactly what must be done, by whom, when, and to what standard; and also shows who will monitor its implementation and when and what the budget implications for both, mitigation measures and monitoring activities are. It further includes a description of the Project Grievance Redress Mechanism (GRM), which needs to be applied during the construction period, and reiterates stakeholder consultations that have been conducted in the lead up to the project design.

1. Introduction

1.1 Project Background

The Federal Government of Somalia (FGS) appealed for emergency assistance and investment in longer-term solutions to avert a future crisis in October 2019, with the government-led response directed by a high-level inter-ministerial Flood Response Committee. This was followed by an appeal by the FGS to the World Bank to support a government-led Post Disaster Needs Assessment and Floods Recovery and Resilience Framework for the flood-affected areas in early December 2019, followed by a further request in January 2020 to the World Bank for funding from the International Development Association (IDA) Crisis Response Window (CRW) to support flood recovery and resilience-building.

The Somalia Crisis Response Project (SCRCP) contains the following components:

Component 1 Immediate basic services and livelihood support for early recovery to the flood-affected states of Hirshabelle, South West, and Jubaland and locust-affected areas nationally.

Component 2: Medium-term flood recovery to rehabilitate critical public and community infrastructure in line with build-back-better and climate-resilient standards.

Component 3: Longer-term disaster risk management and preparedness. This component will strengthen the institutional capacity and preparedness of governmental ministries agencies and departments to respond to flood and drought related emergencies.

Component 4: Project Management. This component will strengthen the institutional capacity Project Implementation Unit (PIU), located in the Ministry of Finance in Mogadishu and State Project Teams for the implementation of the Project.

Component 5: Contingency Emergency Response Component. This Contingency Emergency Response Component (CERC) is included in the Project in accordance with Investment Project Financing (IPF) Policy.

Component 6: Anticipatory and Recovery Support for Addressing Food Insecurity. The proposed scope of this new component supported with subsequent additional financing to address food insecurity has two subcomponents consistent with the original objective of the SCRCP. They are (a) Anticipatory Action and Early Response Support to Food Insecure Communities, and (b) Medium-term Sustainable Recovery and Resilience of Food Insecure Communities.

The proposed sub-project for the reconstruction of the Barawe TB Unit will be implemented under Component 2: Medium-term flood recovery to rehabilitate critical public and community infrastructure in line with build-back-better and climate-resilient standards.

The health sector needs have been vast and vulnerable to recurrent natural and man-made disasters, including fluctuating levels of conflict, poverty, economic crunch, political uncertainties, drought, floods and epidemics. The burden of diseases has been heavily dominated by communicable diseases, reproductive health and undernutrition issues whereas issues related to non-communicable diseases are also on the rise. The re-construction of the TB Unit shall begin to ease the burden the health sector is already experiencing in the city. There will be improved access to medical health care services by the local community.

The project team has undertaken an E&S screening of the sub-project, as per process described in the SCRP ESMF². The screening resulted in placing the sub-project into 'Category C: Moderate Risk', as per the levels defined in the ESMF. It was decided that an ESMP would best guide the risk management for the sub-project.

1.2 Purpose of the ESMP

This ESMP lists the typical environmental and social (E&S) risks and impacts and associated mitigation measures that need to be considered at minimum in the context of reconstruction of Barawe TB Unit and demolition of some of the old structures. The purpose of the management plan is to provide a consolidated summary of all the Environmental and Social (E&S) commitments relevant for the construction, commissioning and operational phases of the project, including Occupational Health & Safety (OHS) and waste management. The measures focus on environmental aspects such as air emissions, environmental contamination and social aspects such as communication with local stakeholders and safety of workers and communities. The ESMP lists the project-specific risks and impacts and mitigation measures, lays out the institutional arrangements of the implementation and monitoring of the risk mitigation measures, and proposes monitoring indicators for measurement and monitoring of E&S performance.

² Ministry of Finance, Somalia Crisis Recovery Project, Environmental and Social Management Framework (ESMF), disclosed at: https://www.cabri-sbo.org/uploads/files/Covid19BudgetDocuments/Somalia_2020_Planning_External_NationalPlan_MinPlanning_CEN-SADIGAD_English.pdf

The objective of this ESMP is therefore to provide management actions to mitigate negative risks and impacts, in consistence with national framework (and/or regional references) and relevant WB ESSs & WBG Environmental, Health and Safety Guidelines (EHSGs), both general and healthcare facilities, as well as GIIP, such as WHO technical guidance.

2 Policy and Legal Framework

2.1 Legal Gap Analysis

The following table presents a gap analysis between WB ESS and applicable local laws and regulations including corrective measures to overcome gaps and responsibilities. For the project implementation, this project will rely fully on World Bank ESS, or whichever set of regulations is more stringent.

Table 2-1: Analysis World Bank ESS and National Legal Framework

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts			
Objectives of ESS 1 are: To identify, evaluate and manage the environment and social risks and impacts of the project in a manner consistent with the ESSs. To adopt a mitigation hierarchy approach to: (a) Anticipate and avoid risks and impacts; (b) Where avoidance is not possible, minimize or reduce risks and impacts to acceptable levels; (c) Once risks and impacts have been minimized or reduced, mitigated; and (d) Where significant residual	Provisional Constitution of the Federal Republic of Somalia. Article 12 of the Constitution addresses public assets and natural resources. Article 43 provides guidelines on environmental and social safeguards that can be observed. <u>The National Environmental Policy (2015)</u> promotes the use of appropriate environmental assessment instruments.	Laws have not been developed yet ESIAs not incorporated in federal law yet, and not strong in State-level legislation	An E&S Screening process has been followed for this sub-project in order to assess whether activities require environmental and social assessments, and this ESMP has been prepared.

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
impacts remain, compensate for or offset them, where technically and financially feasible. To adopt differentiated measures so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable, and they are not disadvantaged in sharing development benefits and opportunities resulting from the project. To utilize national environmental and social institutions, systems, laws, regulations and procedures in the assessment, development and implementation of projects, whenever appropriate. To promote improved environmental and social performance, in ways which recognize and enhance Borrower capacity.			
ESS 2: Labor and Working Conditions			

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
The Objectives of ESS 2 are: To promote safety and health at work. To promote the fair treatment, non-discrimination and equal opportunity of project workers. To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community	Provisional Constitution of the Federal Republic of Somalia. Article 14 stipulates that a person may not be subjected to slavery, servitude, trafficking, or forced labor for any purpose.	The new labor code, amending the code from 1972, has not been passed yet	The Project does not allow any forced and child labor. It will hold all contractors liable to the meet the requirements of the LMP (see ESMF³) The PIU will have overall responsibility to implement the LMP The Project will adhere to the Security Management Plan (SMP) to protect workers from security risks

³ Ministry of Finance, Somalia Crisis Recovery Project, Environmental and Social Management Framework (ESMF), disclosed at: https://www.cabri-sbo.org/uploads/files/Covid19BudgetDocuments/Somalia_2020_Planning_External_NationalPlan_MinPlanning_CEN-SADIGAD_English.pdf

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
workers and primary supply workers, as appropriate. To prevent the use of all forms of forced labor and child labor. To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law. To provide project workers with accessible means to raise workplace concerns.	Article 24.5 stipulates that all workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the workplace. Every labor law and practice shall comply with gender equality in the workplace Human trafficking: A person may not be subjected to slavery, servitude, trafficking or force labour offences. Every labour law shall comply with gender equality. Dismissal for pregnancy. All women have a special right of protection from discrimination.		The LMP spells out a workers' grievance redress mechanism; and the GBV Action Plan provides referral pathways for cases of GBV (see ESMF⁴).
	Article 33 stipulates that all contracts of employment must include a) the nature and duration of the contract; b) the hours and place of work; c) the remuneration payable to the worker; and c) the procedure for suspension or termination of contract. Furthermore, all contracts must be submitted to the competent labor inspector for pre-approval.	n/a	The sub-project complies with WB ESS 2. This is set out in the LMP and this ESMP.

⁴ Ministry of Finance, Somalia Crisis Recovery Project, Environmental and Social Management Framework (ESMF), disclosed at: https://www.cabri-sbo.org/uploads/files/Covid19BudgetDocuments/Somalia_2020_Planning_External_NationalPlan_MinPlanning_CEN-SADIGAD_English.pdf

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
	Article 101. The employer is obligated to provide adequate measures for health & safety protecting staff against related risks, including the provisions of a safe and clean work environment and of well-equipped, constructed and managed workplaces that provide sanitary facilities, water and other basic tools and appliances	n/a	The Project will apply OHS management system that is consistent with the WBG General EHSGs and Healthcare facilities EHSGs, on OHS, included in this ESMP.
	Article 134-140. Workers have the right to submit complaints and the employer must give the complaints due consideration.	n/a	This ESMP sets out the implementation of a GRM.
	Article 70. Remuneration must be adequate in view of the quality and quantity of the work delivered, and must be non-discriminatory in regards to age, gender and other aspects. Maximum number of working hours per week are 8 hours per day and 6 days per week.	Women are restricted from being employed in night work, and the specific types of work prohibited for women may be prescribed by decree. No provisions on the protection of the rights of domestic workers	The Project complies with the national law and WB ESS 2. This is set out in the LMP and this ESMP.
	Article 90. Some work is considered dangerous and unhealthy and forbidden for women and youth (defined as 15-18 years of age). This includes the carrying of heavy weight or work at night.	n/a	The Project only allow deployment from the age of 18 (see LMP).

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
	Article 93. The Labor Code forbids work for children below the age of 12, but allows employment of children between the age of 12-15, yet employment has to be compatible with proper protection, health and the moral of children.	Laws do not identify hazardous occupations or activities prohibited for children, and child trafficking for labor and commercial sexual exploitation is not criminally prohibited.	The Project will only allow deployment – in all project worker categories – from the age of 18 (see LMP). Rigorous monitoring will ensure the application of the LMP.
	Article 15-2. The Code also recognizes freedom of association. Employers are prohibited from engaging in any kind of discrimination or restriction of the right of freedom of association. Workers are allowed to join trade union.	n/a	The project follows national law and ESS 2.
ESS 3: Resource Efficiency and Pollution Prevention and Management			
The Objectives of ESS 3 are: To promote the sustainable use of resources, including energy, water and raw materials. To avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing pollution from project activities.	Provisional Constitution of the Federal Republic of Somalia. Somalia passed its Provisional Constitution in 2012. Article 12 of the Constitution addresses public assets and natural resources. The Environmental Policy (2016) is based on a 'polluter-pays' principle. It further defines that the government's role in pollution prevention and waste management.	Laws in support of the Constitution are still not available. Implementation of the laws and Constitution may be hampered due to the weak justice system	Detailed measures are laid out in this ESMP and the project ESMF. Contractors will prepare a WMP as well as measures to minimize and/or avoid pollution, and to manage natural resources to avoid impacts on community-based resources

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
To avoid or minimize project-related emissions of short and long-lived climate pollutants. To avoid or minimize generation of hazardous and non-hazardous waste.	Provisional Constitution of the Federal Republic of Somalia. Article 25 of the Constitution states that every Somali has the right to an environment that is not harmful to them, and to be protected from pollution and harmful materials. Every Somali has a right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of natural resources.		

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
	Article 45 states that the Government shall give priority to the protection, conservation, and preservation of the environment against anything that may cause harm to natural biodiversity and the ecosystem. All people have a duty to safeguards and enhance the environment and participate in the development, execution, management, conservation and protection of the natural resources and the environment. The FGS and the governments of the FMS affected by environmental damage shall take urgent measures to clean up hazardous waste dumped on the land or in the waters of the FGS; take necessary measures to reverse desertification, deforestation and environmental degradation, and to conserve the environment and prevent activities that damage the natural resources and the environment of the nation, among other measures.		
ESS 4: Community Health and Safety			

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
The Objectives of ESS 4 are: To anticipate and avoid adverse impacts on the health and safety of project-affected communities during the project life-cycle from both routine and non-routine circumstances. To avoid or minimize community exposure to project-related traffic and road safety risks, diseases and hazardous materials. To have in place effective measures to address emergency events. To ensure that the safeguarding of personnel and property is carried out in a manner that avoids or minimizes risks to the project-affected communities. To promote quality and safety, and considerations relating to climate change, in the design and construction of infrastructure, including dams Page 16 of 106	<u>The Somali Penal Code of 1962.</u> The Code criminalizes rape and other forms of sexual violence as well as forced prostitution. Articles 398-9 provide that ‘carnal intercourse’ and ‘acts of lust omitted with violence’ are punishable with 5-15 years and 1-5 years of imprisonment.	The Somali Penal Code of 1962 fails to protect survivors and prosecute perpetrators The crimes under Articles 398-9 are too narrowly defined to satisfy international law standards of protection from sexual and gender based violence Furthermore, in practice however it has been documented that women complaining about a rape may find themselves trapped by the Article 426 prohibition against adultery that makes no exception for the case of rape. In practice provisions under Art 39(i) offer little more than theoretical protection Domestic violence: Somalia does not have a law that specifically addresses domestic violence. Abortion for rape survivors: Art. 418-422 Abortion, with or without consent and for honor, including for women who have been raped is prohibited. Legislation does not capture issues of exposure to health issues, management and safety	This ESMP includes risk mitigation measures to protect community health and safety, the ESMP largely relies on the ESS. Contractors will prepare and implement a Road Safety Management Plan and a Health and Safety Plan

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources			
The Objectives of ESS 6 are: To protect and conserve biodiversity and habitats. To apply the mitigation hierarchy and the precautionary approach in the design and implementation of projects that could have an impact on biodiversity. To promote the sustainable management of living natural resources. To support livelihoods of local communities, including Indigenous Peoples, and inclusive economic development, through the adoption of practices that integrate conservation needs and development priorities.	<u>Provisional Constitution of the Federal Republic of Somalia.</u> Article 25 of the Constitution states that every Somali has the right to an environment that is not harmful to them, and to be protected from pollution and harmful materials. Every Somali has a right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of natural resources. <u>Provisional Constitution of the Federal Republic of Somalia.</u> Article 45 states that the Government shall give priority to the protection, conservation, and preservation of the environment against anything that may cause harm to natural biodiversity and the ecosystem. Furthermore, all people have a duty to safeguards and enhance the environment and participate in the development, execution, management, conservation and protection of the natural resources and the environment.	No detailed laws govern biodiversity conservation and sustainable management of living natural resources at this point.	The sub-project does not encroach into any modified, natural, critical habitat and/or protected areas, and therefore no mitigation measures are required.
ESS 10: Stakeholder Engagement and Information Disclosure			
The Objectives of ESS 10 are: To establish a systematic approach	<u>Provisional Constitution of the Federal Republic of Somalia.</u> Article 32 stipulated that every	The law on the right of access to information currently only	Stakeholder consultations have been implemented for

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties. To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance. To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life-cycle on issues that could potentially affect them. To ensure that appropriate project information on environmental and social risks and impacts is disclosed	person has the right of access to information held by the State. The Federal Parliament shall enact a law to ensure the right of access to information	exists as a draft	the sub-project, based on the Project Stakeholder Consultation Plan (SEP)⁵ The SCRP GRM is implemented in the sub-project area .

⁵ Government of Somalila, Somalia Crisis Recovery Project, Stakeholder Engagement Plan (SEP), accessed at: <https://www.mof.gov.so/sites/default/files/2020-08/Stakeholder%20Engagement%20Plan%20%28SEP%29%20Somalia%20Crisis%20Recovery%20Project%20%28P173315%29.pdf>

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
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 allow Borrowers to respond to and manage such grievances.			

3 Biophysical and Socio-Economic Environment

This section describes the overall baseline condition of Barawe District in SWS in regard to the biophysical environment, as well as the socio-economic background of the sub-project area. The target location is the existing Barawe TB Unit in Barawe District. The biophysical environment of the district is in principle similar to that generally in Somalia, with minor variations.

3.1 Proposed Project Location

The proposed project is located in Barawe town, in South West State. Barawe lies approximately 309 km southwest of Mogadishu. Barawe is the administrative city of Lower Shebelle Region.



Figure 3-1: Map of Somalia with Barawe Town

The re-construction of the TB Unit Barawe TB Unit will be undertaken at the same location. The figure below shows the location of the current and proposed project site. Murram road provides access to the site.



Figure 3-2: Barawe TB Unit Location within Barawe District Hospital, Barawe District

3.2 Physical Environment

Topography: Barawe District is located at the coast in SWS, southern Somalia. The average elevation is 19 meters. The vegetation cover is mostly shrubland with no undergrowth.



Figure 3-3: Barawe Town at the Indian Ocean

Geology and Soil: The regional geology of Barawe consists of silty clays, sands and gravels from fluvial, alluvial or aeolian deposition. An extract of the geological map of the area is shown in the Figure below:

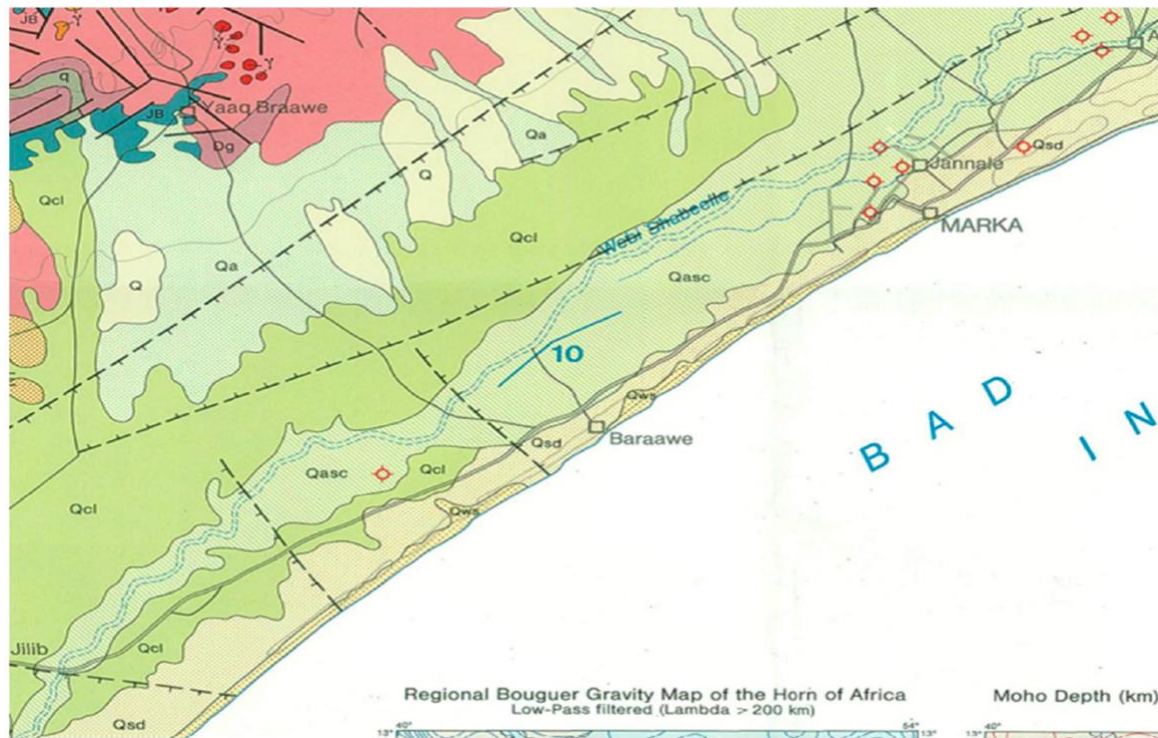


Figure 3-4: Extract of geological map from central and southern Somalia

Barawe sits on a gently sloping bench and is bordered by the sea to the east and a ridge on the inland side. This ridge is composed of deep alluvial red silty sand. This forms the catchment and during rains generates stormwater drainage flows. The Barawe hospital land is subject to stormwater drainage flooding, however the selected site for the TB unit re-construction at a higher ground elevation is not subject to inundation (or very little flooding impact).

Climate: Barawe lies ca. 19 meters above sea level, and its climate is mostly coastal, hot during the year, with erratic and unreliable rains.

Temperatures hover all year-round between 29-32°C, with March and April as the hottest months with an average of 32°C during the day and 26/27°C during the night and July-August as the coldest months with 28°C during the day and 24 °C during the night.

Most of the rainfall occurs in April and May, with 5 rainy days per month and the least rainfall occurs in January, February and September – with 0 days per months.

Barawe, Somalia Weather Averages

Month	Day	Night	Rain Da
January	31°C	25°C	0
February	31°C	25°C	0
March	32°C	26°C	0
April	32°C	27°C	5
May	31°C	26°C	5
June	29°C	25°C	1
July	28°C	24°C	2
August	28°C	24°C	1
September	29°C	25°C	0
October	30°C	26°C	2
November	30°C	26°C	3
December	31°C	25°C	2

Figure 3-5: Barawe monthly average temperatures

Monthly Average Temperature

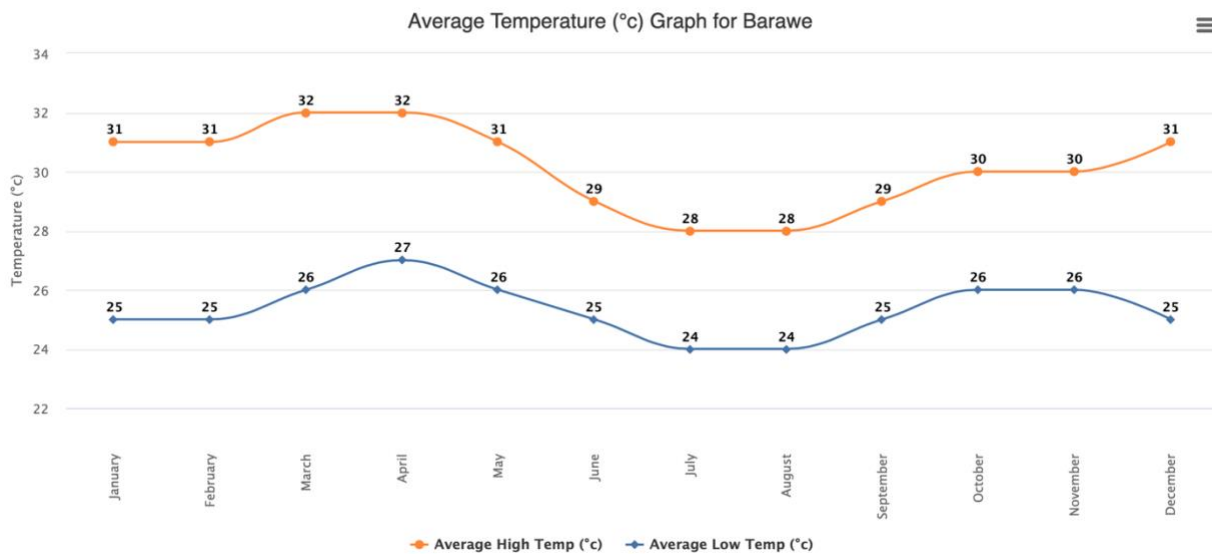


Figure 3-6: Max, Min and Average Temperature in Barawe

Water Resources and Hydrology: The subproject area lies southwest of the capital Mogadishu, in the Shabelle basin, a transboundary catchment that covers an approximate area of 283,054 km². Barawe town is a coastal town which is flanked with hills on the northwestern side, forming a catchment divide.

Monthly Average Rainfall

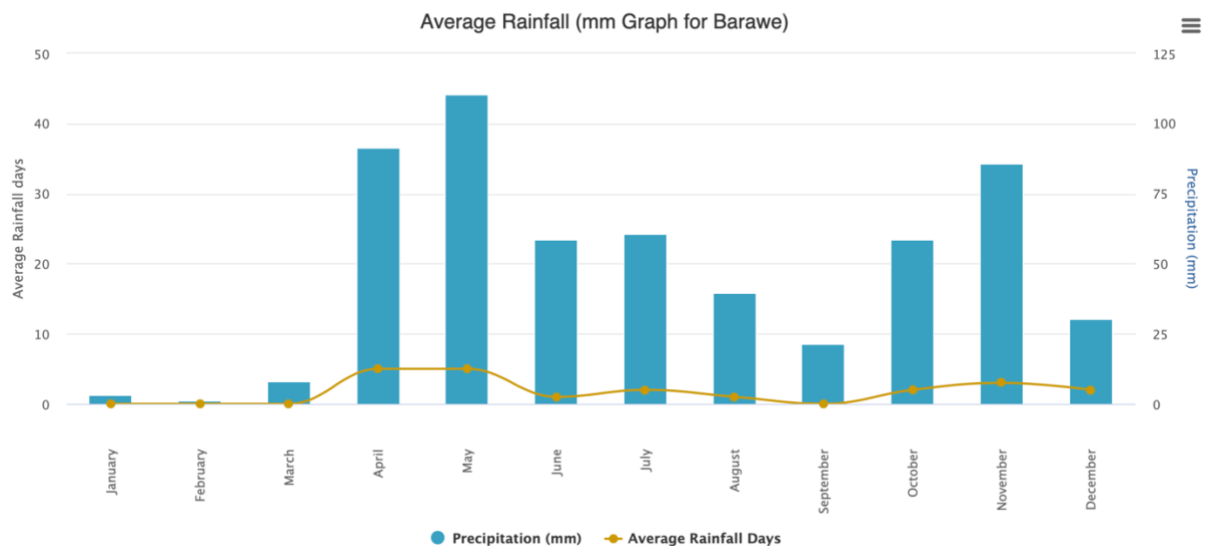


Figure 3-7: Annual Maximum 24-hour rainfall series at Barawe

3.3 Socio-economic Environment

Population: Barawe is a coastal and port town about 200km south of Mogadishu, in the southwestern Lower Shabelle region. Barawe is the designated administrative capital of the South West State. Barawe has an estimated population of 71,905 (2019). 65 per cent out of this figure are rural or nomadic people, 16.6 are urban, and 18.4 are Internally Displaced Persons (IDPs). The town's traditional inhabitants are of the Tunni clan, a sub-group of the Rahanweyn.

Livelihoods: Barawe is one of the oldest towns in Somalia, and its livelihoods are mainly based on the resources of the Indian Ocean. The main economic activities include: fishing, trading (serving the hinterlands for supplies), and it serves as a market for the agro- pastoral communities living on the outskirts of town along the Shebelle River.

Employment: The Al Shabaab long lasting occupation in Barawe, continued civil conflicts and lack of support from government have caused heavy damage to the livelihoods and the town's economy. Many people in the town depend on trading, fishing, farming and pastoralism for their livelihood. In addition to recurrent droughts, famine, insecurity and high numbers of IDPs in the town, youth unemployment is a problem in Barawe. Somalia's poor economy exacerbated by tribalism, corruption, lack of technical skills, and inadequate education are the main causes of unemployment in the town. According to an ILO report on the rate of employment, 2022, only 27.3% of youth in Somalia were employed and only 16% of those employed are women⁶.

Administration and Governance: Barawe town has a mayor, and Barawe District has a District Commissioner and a district council, the latter was elected and consists of 27 seats. In 2009 it became one of the strongholds of Al-Shabaab fighters, but they were ousted by the Somali National Army and their ally the African Union troops.

Social Structure / Households: Barawe is a home to the Tunni clan from the Digil-Rahanweyn sub group. Even though they are considered the oldest clan in Somalia, the Tunni clan is among the minority clans in the country. The people in Barawe speak the Chimini language, a Swahili dialect and are believed to be of Arabic ancestry⁷.

Like most Somalis, the people here identify as Muslims. The Islamic tradition governs their way of life and behaviour including what they eat, their way of dressing, marriage celebrations, social etiquette as well as rituals practised at birth and death. Their shelters are mainly made of

⁶<https://ilostat.ilo.org/data/country-profiles/>

⁷ <https://www.refworld.org/docid/51e4f9aa4.html>

round mud huts with conical-shaped roofs. An average household in Barawe contains 5-6 people. The man is the head and provider of the household and can marry up to four wives as per the Islamic law with each wife occupying a different hut. They live in villages governed by a council of elders who make decisions and conduct business with other villages.

Internal Displacement: Clan-related conflicts, attacks from Al Shabab, fights over natural resources, floods and drought are the main reasons why people have moved from Barawe. According to data provided by the UNHCR Protection and Return Monitoring Network (PRMN), a total of 3,300 people left their homes in Barawe between 2020 and 2022, many attributing their departures to drought related issues, conflicts/security and floods. A total of 100 people arrived to the district in the same period seeking livelihood support. Between January 2022 and Oct, 2022 the same study recorded a total of 2000 new displacements in the district with drought related issues as the main driver for the displacements. The highest number of IDPs in Barawe this year was in June recording more than 600 IDPs and in 2021 the month of January recorded the highest total of 400 IDPs that year⁸.

Vulnerability and Poverty: The marginalised groups in Barawe include groups of women, girls, children, pregnant mothers, IDPs, people living with disabilities, the old and female-headed households as they are most affected groups during a calamity. The continued exposure to conflicts, prolonged droughts and floods in Barawe heavily increases their vulnerability, reduces their resilience, triggers their displacements and hinders their access to basic services and humanitarian assistance. According to a needs assessment report done by UNOCHA in 2021, 16% of all people in need of humanitarian assistance in Somalia are women, 66% children and 15% people living with disabilities⁹. The report outlines that these groups have limited access to shelter, safe water sources, sanitation facilities, basic needs and are at risk of GBV.

GBV: Sexual abuse and exploitation, rape, forced marriages, physical abuse cases are prevalent in Barawe but most cases go unreported and unpunished. Cultural beliefs, drought, poverty, natural calamities (floods and droughts) and armed conflicts are the main drivers of GBV as many women and girls fall victims as they try to either cope or move away from these disasters. The most vulnerable are women living in poorly developed structures in IDP camps, divorced, young girls, old women and women living with disabilities are the most vulnerable groups to GBV in Barawe district.

Before the town was reclaimed from the Al Shabab in 2016, many women and girls fell victims to their interpretation of the Sharia law. In September 2016, a woman was stoned to death in

⁸ <https://data.unhcr.org/en/dataviz/1?sv=1&geo=192>

⁹ UNOCHA, Humanitarian Needs Overview Somalia, January 2021

Barawe for confessing to having sexual relations to more than one man and in November 2018, another woman was raped and killed body dumped in Barawe town¹⁰.

Access to Water and Electricity: scarcity is a serious problem in Barawe town of Somalia, hindering economic and social development of the district. The groundwater reserves and surface water sources continue to reduce in the area because of prolonged droughts, floods and insecurity related damages that stress the water sources. The main sources of water in Barawe town include shallow wells, rainfed earth dams and boreholes¹¹. Access to safe water is a problem to the people here as many wells they depend on have been drying up due to harsh Jilaal seasons (dry), many boreholes experiencing technical failures due to long operation hours to meet the high population demands and many water points were also destroyed by Al Shaabab before they left the region.

Electricity in the district is provided by a private company BECO, Somalia's main electricity supplier¹². Somalia does not have a national electricity grid since its collapse in 1991 hence electricity has always been supplied by private companies. Electricity costs are however expensive and many people use solar lamps, kerosene and firewood as their main sources of energy. Women and girls and boys suffer the most from water scarcity and inaccessibility to energy as they have to walk many kilometres in search of water and firewood.

Sanitation: People in Barawe drink water from wells, boreholes, earthed dams and boreholes. The area has been experiencing prolonged droughts, high numbers of IDPs and civil conflicts which have devastated the water sector in the town. The quantity of the water is reduced and wells are drying and boreholes failing. The water prices are high and water quality is also very poor, furthermore, there are no waste management systems in the town. There are limited toilets and latrines in Barawe and human waste can be found near waste dumping points and in abandoned buildings. People in the town are at constant risk of exposure to diseases like Measles, Cholera and Bilharzia¹³.

Solid Waste Disposal: Solid waste management is a mandate of the town municipality under the Ministry of Natural Resources. However, like most of the country, there are no functional solid waste management facilities in Barawe town and solid waste can be spotted along roads and outskirts of settlements and centres. There are no recycling facilities either and all the waste (plastics, organic and inorganic) are thrown away in unspecified dumpsites outside the

¹⁰ <https://goobjoog.com/english/body-of-woman-raped-and-killed-found-in-barawe-district/>

¹¹ <https://reliefweb.int/report/somalia/flash-update-water-shortage-crisis-somalia-17-october-2021>

¹² <https://renewablesnow.com/news/somali-power-co-beco-switches-on-8-mwp-solar-park-701955/>

¹³ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hc_bulletin_august_final_1_1_2.pdf

town. Household waste is a responsibility of the women which they collect in hips and throw away outside the homestead or burn it off.

Health and Education: The entire district only has 5 primary schools, which is not sufficient to service all age-relevant children. Two of them also serve as secondary schools, including the Barawe Secondary School. Barawe town further hosts the Barawe International University, which is a community private university. Furthermore, it has four hospitals, including the Barawe General Hospital, and a Mother and Child Health Care Center.

4 Project Description

The target health facility for reconstruction in Barawe consists of an existing plastered masonry block building that is flood-damaged, with a collapsed roof and is no longer in use. The main facilities in this TB Unit include an open-sided waiting area. The functions accommodated in the existing facility include;

- Reception and registration area
- Laboratory
- Office and store
- The inpatient wards (Male & Female)
- The washrooms to the ward

The access roads to Barawe District Hospital are murram roads and the routes are well defined but they lack side drains for stormwater. The Boundary walling is in Masonry with part of it adjacent to the TB facility collapsed and requires renovation. There are two entrances to the Hospital. One entrance has a steel gate (though closed) and a gate house. The other entrance in use currently is open but without a gate or gate house.



Figure 4-1: Barawe TB Unit to the right.



Figure 4-2: Current TB unit buildings with solar panels to the foreground



Figure 4-3: Collapsed roof in the admissions area.

The Existing TB Facility consists of a waiting shed and the main TB facility made of the following materials:

i) Waiting Shed

Construction Materials:

Roof – I.T sheets

Walling – Paint On Plastered Masonry walling; Concrete vents

Floor – Screed;

Boundary Walling – Natural stone masonry and CGI sheets

ii) The Main TB Facility

Construction Materials:

Roof – Asbestos

Walling – Paint On Plastered Masonry walling; Concrete vents

Windows – Timber; Concrete vents

Doors - Timber

Floor – Screed;

Boundary Walling – Natural stone masonry and CGI sheets

Data obtained from a catchment population study to find out who are the beneficiaries of the Barawe TB Unit is as per the table below.

Table 4-1: People benefiting from the TB Unit

Region	Lower Shebelle
District	Barawe
Town/ Village	Dayax, Hawaay, Sablaale, Deemaay, Mudul Baraawe, Embareso, Gabo-Gabo, Heeja Maxaad
Population in number of Households (HH)	12,200
Total population assuming 5.5 no. per household	67,100
# estimate number of people with TB (using WHO Prevalence rate for TB in Somalia)	178
Type of service	● Outpatient & Inpatient Directly observed Treatment (DOT) ● Consultation services as part of routine follow up ● Laboratory Diagnostic services

Source: Client data

This project involves the reconstruction of the Barawe TB Unit. Barawe TB Unit is located at the following coordinates: 1° 6'39.47"N, 44° 1'41.51"E. It provides outpatient services and inpatient services for patients under treatment. It also provides TB diagnostic services for patients referred to the TB Unit. The reported average daily outpatient number is 20 - 40 patients who are on Directly Observed Therapy (DOT). The total number of inpatient capacity is 14 beds (7 male and 7 female) . Cases of Multidrug Resistant (MDR) TB are referred to the main TB Referral Hospital in Mogadishu for specialized medical treatment. The existing flood-damaged TB Unit and a few of the support functions are not feasible for rehabilitation, and new buildings were designed to applicable standards.

Some of the challenges observed during site assessment or outlined by the facility operator are as follows:

i) The TB Unit

- The existing structures are dilapidated and not safe for habitation/use.
- Lack of proper laboratory and isolation wards
- Challenge to admissions; since Inpatient facility (before its collapsed) used to cater for those in critical condition and those who did not have accommodation within the neighbourhood.
- Lack of staff changing rooms, laundry and a kitchenette. Cleaning materials left haphazardly at the dead end of the passage
- Health hazard posed by asbestos roofing.
- Lack of natural lighting in the reception and registration room.
- Open air kitchen
- Second entrance; gate is yet to be fitted.

ii) Support Facilities

- *Solid Waste Management:* The current Incinerator is small and not capable to handle solid waste from both the Hospital and TB unit. A new Incinerator with specifications that match the volume of waste generated be considered.
- *The Storm Drain:* The storm drain be desilted and cleaned. Periodic maintenance be carried out.
- *Boundary Walling:* A section of the Boundary walling adjacent to the TB unit has collapsed. Proposal to have the boundary wall renovated.
- *Back Up Power:* The current genset is not functional. A new one be considered.
- *Water Storage Tanks:* ground and elevated water storage tanks are required.

Following completion of the preliminary drawings, the concept was presented and discussed in an online meeting held between the UNOPS Team, the State Project Team and the various SWS institutions (the Ministry of Health, Ministry of Public works and the District Commissioner).

No land and resettlement impacts are anticipated because the proposed site is on public land and has an existing health care facility. Community consultations have further shown that there are also no encroachments on the piece of land.

Furthermore, the project will engage local personnel for brick work and other labour requirements. These local labourers will be coming from within the local community and therefore there will be no need for the establishment of a workers' campsite. The engineers and supervisors will be renting a house within or from another town nearby and will have to drive to the site for supervision works. There will be a site office within the designated project area but there will not be any need for a workers' camp.

4.1 Proposed Facility

In consultation with the local health authorities, UNOPS has designed this facility, including basic amenities such as electricity, water, sanitation, and a waste management facility. It will have an inpatient facility, an outpatient building and external outdoor paved areas (waiting areas and meeting areas). Separate from the main building, support facilities include staff changing rooms with kitchen and utility areas, public washrooms and a guard house.

Outpatient building

Designed to accommodate up to 40 patients per day for outpatient care as per facility operator data. The main service areas in the outpatient building are;

- Main waiting area - open on 3 sides.
- Lobby leads to triage where Daily Observed Therapy (DoT) is done by nursing staff.
- Consultation room for patient review by Doctor.
- Laboratory with an additional microscopy room within it. The biomedical engineer indicated;.
- Bio-safety level of the main laboratory is Class II with a bio-safety cabinet (hood) that is Class II with a HEPA Filter . This is sufficient area for receiving and processing sputum testing (cultures & smear cultures).
- The rest of the equipment will be bench-top in the lab. The room inside the lab will be negatively pressured and the room outside positively pressured.
- Testing done will include microscopy cultures (with incubator for cultures) standard biochemistry in terms of blood cultures i.e. histology.
- Rapid TB tests are proposed as recommended by WHO as they are easier to use than the PCR tests. will be done in the cabinet.
- Sputum collection area with a hand washing sink and a cabinet for storage of items needed for this service.
- Reception and pharmacy.
- Additional screened open waiting areas next to the laboratory and next to triage.

Inpatient building

This was designed to accommodate up to 18 patients per day for inpatient care. The main service areas in the inpatient building are;

- Main lobby with nurses station to one side
- Isolation room for anyone suspected of having MDR-TB - before referral to the main hospital in Mogadishu. This has an ensuite accessible bathroom and an ante room with negative air pressure.
- The male and female wards each with an 8- bed capacity.
- Inpatient bathroom areas consist of 2 toilets and 2 showers.

- Sterilization room.
- Store.
- Clean utility room.
- Sluice room.

Support Facilities

- Outside seating area - open on 3 sides for adequate ventilation.
- Kitchen - Serving both inpatient meals and outpatient facility users.
- Staff changing rooms for male and female
- Laundry area
- Cleaner's closet
- Outside splash area
- Public toilets (male, female and accessible toilet)

External infrastructure

- New gate with gate house at the lower gate
- New parking area
- New onsite drainage channels
- Approximately 30000 litres of water storage tanks
- Power backup - Solar panels to be on the rooftop.
- New septic tank and soak pit
- New incinerator
- Ash pit (1.5m diameter and 2m depth with concrete walls and 150mm concrete cover with a covered access manhole).

SITE PLAN

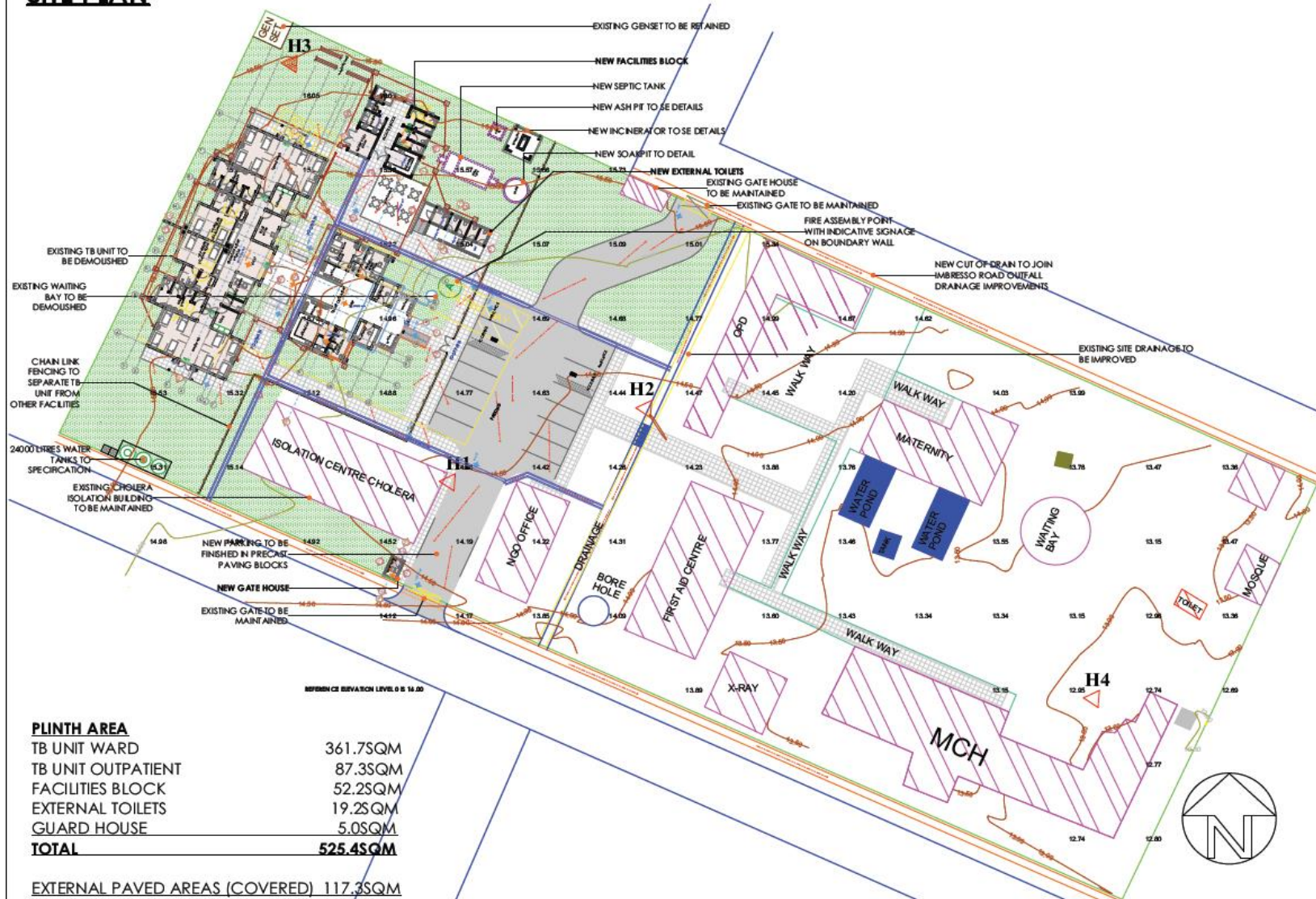


Figure 4-4: The proposed site plan for the reconstruction of TB Unit

GROUND FLOOR

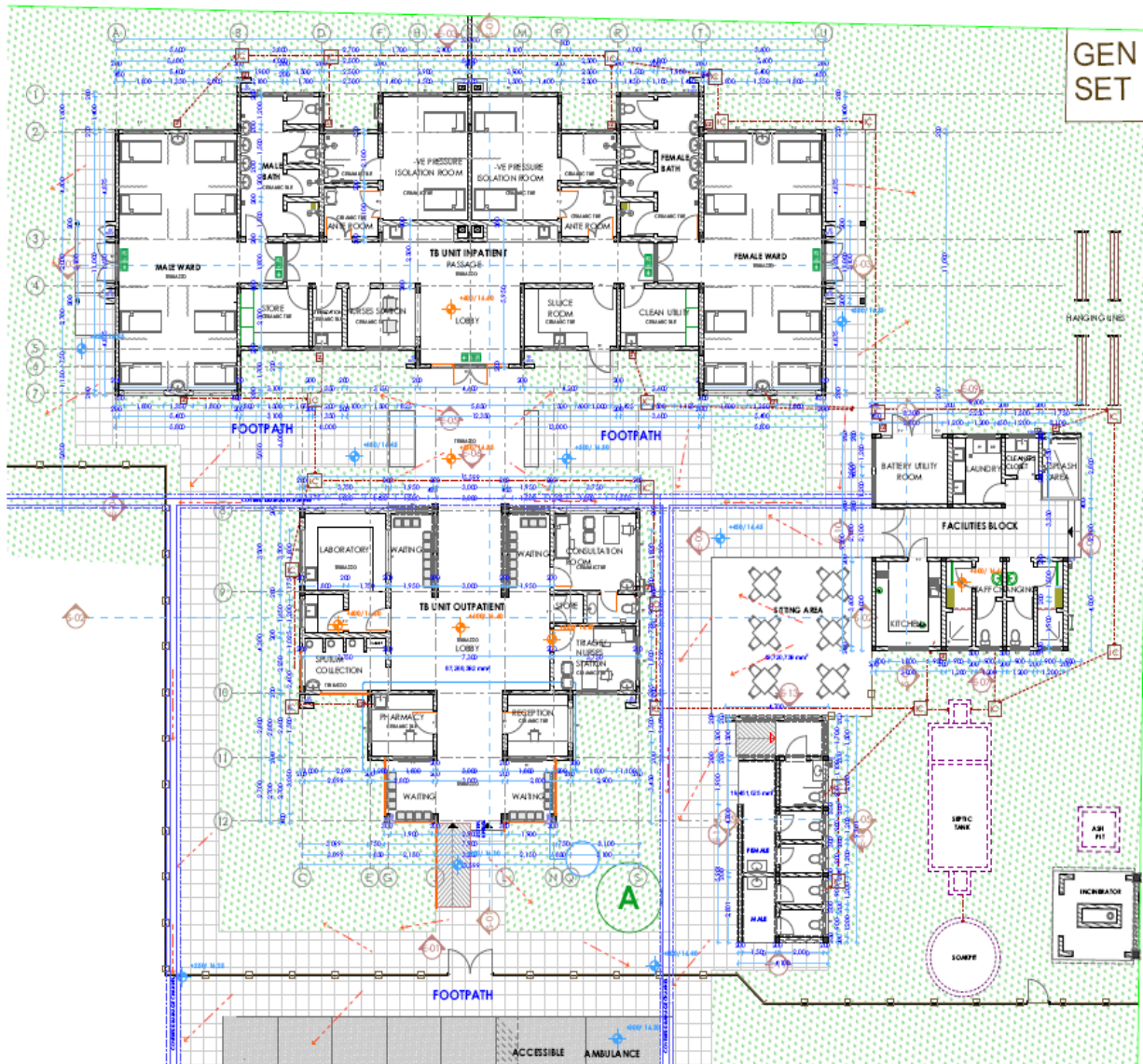


Figure 4-5: The proposed floor plan design for reconstruction of the TB Unit

Waste Management Plan

Construction waste:

BoQ preliminaries allow for demolition and disposal of any construction waste. Specification document, which is part of the tender documents, also outlines the handling of construction waste both on site and in transit for disposal.

Asbestos demolition, handling and disposal will be as outlined in this document in accordance with World Bank EHS Guidelines

Operational waste:

- **Waste water:** The proposed waste water disposal will be to a multi - chambered septic tank with a covered, porous-walled soakpit that allows water to slowly soak into the ground. Septic tank sludge will be disposed of as per Barawe town or District Authority approval and guidelines
- **Solid waste:** will be collected in storage bins and disposed of as per Barawe town or District Authority approval and guidelines.
- **Medical waste:** An incinerator and ashpit have been provided to handle medical waste. This will be a dual chamber incinerator - with a primary combustion chamber and a secondary combustion chamber
- Concrete Ashpit - for ash and other solid residues from the incineration of medical waste.
- **Non-medical solid waste** will be collected into waste bins and disposed off site at an approved location.

Safe solar battery replacement: The electrical specification provides for provision of O&M manuals and training on this.

Design for drainage and future flood prevention: Raised finished floor level of the main building on average is 1050 mm from the current ground level to prevent damage in the event of a flood. The entire site has been designed for natural flow to stormwater drains, which have been adequately designed for within the site and along the main road to the site. Surface water for hard standings will be discharged on site and to road drainage as appropriate. The site will be graded and sloped towards the access road to aid in storm water drainage. Ground covers, shrubs and trees will be planted where necessary to improve the micro-climate.

The demolition of existing structure to pave way for the construction of a new facility shall generate rubble, which shall have to be disposed at an appropriate and legally approved site by the contractor. It will be expected of the contractor to discuss with the relevant authority prior to disposal. Further, the contractor will be responsible for the safe transportation to disposal site. Comprehensive potential impacts arising from these works are elaborated in the management plan.

4.2 Design Standards

Due to the lack of national standards for health infrastructure design in Somalia, regional standards applicable to Kenya were used in conjunction with references to international standards on health facility spatial planning.

Standardization of common consulting spaces was carried out in order to make the spaces adaptable and interchangeable. The building has been designed to future proof it by using standardization to regional/international standards, and thus the spaces provided can be used in the future for high tech equipment without modifying the building envelope. The following is the detailed list of design standards that were used in the design of the TB Unit:

Architectural Design Standards

- The UNOPS Design Planning Manual for Buildings
- Health Building Notes UK Government published guidelines
- The Medical Practitioners and Dentists (Private Medical Institutions) Amendment) Rules, 2017 in conjunction with Health Infrastructure Norms and Standards, MoH, Government of Kenya, 2017
- Local Government (Adoptive By-Laws) (Building) Order 1968 (Building code)
- BS 952 part 1:1995, BS 6262:1982, BS 6206 as applicable for glazing
- BS 4873:1986 BS 5286:1978 as applicable for aluminium sections
- WHO Safe management of wastes from health-care activities, 2nd ed. 2014
- Provision of universal access

Structural Design Standards

- B.S 6399-1:1996: Loading for Buildings
- BS 8007: 1987: Design of Concrete Structures for retaining Aqueous liquids
- CP3 Chapter V Part 2 1972: Basic Data for the Design of Buildings
- B.S. 8110 Part 1, 2 and 3: Structural Use of Concrete.
- Reinforced Concrete Designer's Handbook: 10th Edition by Reynolds
- Steelwork Design Guide to B.S. 5950: Part 1:1990 Steel Designer's.

Electrical Design Standards

- EBC of Practice and Building Regulations
- IEEE wiring Regulations

Sanitary Design Standards

- Ethiopian Building Code Of Standards (EBCS EN 1990:2014)
- Ethiopian building proclamation. No. 624/2009 part four (water supply and sanitation)

4.3 Project Activities

Design Phase: The design phase included the following activities:

- Surveying
- Stakeholder Engagement
- Geotechnical Investigations
- Design of a layout plan
- Detailed Design (architectural, structural, mechanical & electrical) of the TB Unit outpatient and inpatient facilities and other support facilities buildings.

Demolition and Construction Phase: The construction phase will mainly include the following activities:

Preliminaries:

- Installation of temporary site offices, toilets and space for stores for the workers.
- Provision of water and electricity within the site for the duration of the contract.
- Clearing up of the site.
- Supply and installation of a sign post and hoarding.
- Demolition works.

Construction of Facilities (main outpatient & inpatient building & facilities Block):

- Excavation works for a new foundation.
- Backfilling.
- Foundation works for the stone strip foundation.
- Structural works, (suspended reinforced concrete slab, columns, ring beams, lintels and roof).
- External walling: 200mm thick walls rough cast finished with tropical weather, mold and algae resistant paint.
- Terrazzo & ceramic tiling floor finish.
- External pavements.
- Doors, windows and grills; complete with all accessories (locks, hinges and handles) and finished as specified in the drawings and B.o.Q.
- Rainwater goods (down pipes, etc) as per the B.O.Q.
- Reinforced concrete worktops for wash hand basins and for laundry sink
- Electrical and mechanical building services works

- Supply and installation of the wall mounted switchboard as per the drawings and B.O.Qs.
- Supply and installation of stand-alone solar Photovoltaics (PV) system as per the drawings and B.O.Qs.
- Cabling works.
- Testing and commissioning.

The basic material requirements to undertake the re-construction of the TB Unit are building sand, stone aggregates, cement, concrete blocks, plumbing accessories etc. Labor requirements and risk mitigation measures listed below also apply for this process. For building sand and aggregate, the contractor shall have the responsibility to source for a legal site where sand can be extracted from and this shall be approved by the engineer prior to engagement, in consultation with the local authority and any other relevant government institutions. The rest of the material can easily be sourced from block making sites. Plumbing materials shall be procured locally unless this proves a challenge; the material can be sourced from other towns.

Operational Phase: The operational phase activities will include:

- Training of the health workers in the management of generated clinical and other waste and recycling opportunities.
- Establishment of Standard Operating Procedures for the hospital, including emergency response procedures.
- Ensuring adherence to OHS standards for the workers to avoid, among others, cross contamination from point of generation to actual incineration or final disposal.
- Operation of the TB Unit in compliance with the Medical Waste Management Plan provided towards the end of this document (annex 5).
- Maintenance of the solar panels to ensure they are safe from vandalism.
- Worker OHS
- Community exposure to health problems arising from ineffective infection control and inadequate healthcare waste management

Handling Asbestos Waste

The existing project area has asbestos-containing roofed buildings that will be demolished during the construction phase. There is a high risk of exposure to asbestos from the demolition works which can have negative impacts on human health and the environment including soil and air contamination. According to WB ESS3 and WB EHS guidelines, all projects with risk of hazardous material contamination must comply with existing requirements of hazardous waste including national legislation and international conventions and where such are absent, then

GIIP alternatives will be adopted to ensure the hazardous material is managed and disposed of in an environmentally sound and safe manner.

The level of risk associated with asbestos roof must be assessed by a competent contractor with experience in handling asbestos. From the risk assessment depending on the condition of the asbestos material, a hazardous material management plan must be prepared outlining how the asbestos will be managed at the site, transported and disposed of. The plan must contain; procedures for handling asbestos in case of accidental exposure at the site, training of site workers on how to respond to a hazard exposure, documentation of available PPE to site workers, site emergency exits in case of an emergency and it should also outline OHS management procedures as well as compliance audit procedures. The local public authorities should provide infrastructure to handle hazardous waste and if no public infrastructure is unavailable, the service can be sought from a local private company. If there are no alternatives then the asbestos can be disposed of in a landfill site that has been properly engineered to contain the waste in isolation from the external environment.

5 Environmental and Social Risks and Impacts

This section lists the anticipated positive and adverse impacts associated with the reconstruction of the Barawe TB Unit.

Positive Impacts: The health sector needs have been vast and vulnerable to recurrent natural and man-made disasters, including fluctuating levels of conflict, poverty, economic crunch, political uncertainties, drought, floods and epidemics. The burden of diseases has been heavily dominated by communicable diseases, reproductive health and undernutrition issues whereas issues related to non-communicable diseases are also on the rise. The reconstruction of the TB Unit shall provide increased access to health care for the community in the town. There will be improved access to medical health care services by the local community and positive impacts on the environment; benefitting communities and staff as a result of enhancing safety, managing effluents and exploiting less resources.

Negative Risks and Impacts: The activities associated with the reconstruction of the TB Unit will likely generate adverse site-specific risks and impacts, such as:

Design Phase:

- Inadequate consultation
- Exclusion of social groups from consultations
- Lack of access to GRM

Demolition and Construction Phase:

- Management and disposal of material generated from construction activities during the construction phase,
- Management of rubble (solid waste) from the existing facility,
- Soil and Groundwater contamination during demolition of existing toilets
- Sourcing of materials, an activity which may degrade the surrounding environment,
- Use of existing borrow pits which may further deteriorate the surrounding environment.
- Increased level of dust, noise and vibration from moving of construction vehicles and machinery,

- Increased level of air pollution through operation of heavy equipment and vehicles for construction,
- Generation of construction waste, including asbestos
- Decommissioning of old incinerator
- Security for project operations including the protection of project workers and beneficiaries,
- Labor influx and associated risks such as GBV/SEAH,
- Risks associated with labor rights and management, e.g., child labor or forced labor,
- Occupational health and safety of workers both during the construction and operational phases,
- Challenges in access to beneficiaries for meaningful stakeholder and community engagements as well as grievance redress and monitoring,
- Disruption in healthcare services for the current and potential patients.
- Traffic risks during construction,
- Security for project operations including the protection of project-affected persons,
- Community health and safety risk: water and sanitation safety, life and fire safety, protection from COVID-19.
- Potential impacts to patients and health care workers who will be using the existing facility

Operational Phase:

- Waste management, including hazardous waste and sanitation services (septic tank pumping),
- Medical wastes, wastewater and air emissions leading to contamination of the environment and the workers,
- Increased air emissions from the incinerator,
- Soil and Groundwater and river water contamination from soakpit ,
- Pollution associated with improper disposal of malfunctioned or end of life solar panels,
- Risk of infection among health professionals,
- Risk of infection to the handlers
- Physical hazards (for example, handling of sharps),
- Electrical and explosive hazards,
- Fire,
- Ergonomic hazard; OHS hazards related to healthcare and non-healthcare daily operations,
- Radioactive hazard,

- Poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values,
- Community health and safety: carriage of healthcare waste through public streets can be a risk in case of an accident or more spill of health care waste.
- Lack of access for vulnerable groups, including women, disabled, minorities
- Exclusion from on-going consultations of vulnerable groups
- Risks of GBV/SEA for persons with disability and other vulnerable groups

More generally, the near complete lack of environmental legislation in Somalia, and the lack of capacity of the Government to monitor and implement environmental risk mitigation and protection pose significant risks.

6 Risks/Impacts and Mitigation Measures

The table below lays out the specific adverse risks and impacts anticipated for the project and the respective mitigation measures required to reduce or eliminate the projected project impacts. The adverse risks and impacts include the aspects that may arise as a result of the management of generated medical waste during the operation phase. This matrix forms the core of the ESMP, since it shows what must be done and by whom. A Medical Waste Management Plan is attached in Annex 5.

Table 3 Environmental & Social Management Plan: Re-construction of TB Unit

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget mitigation (in USD)	for	Monitoring Indicator	Monitoring Frequency
ESS 2: Labour and Working Conditions							
ESS 2	Construction Phase						
	Implementation of the respective mitigation measures against the negative impacts identified in this ESMP	○ Provide H&S Training to the construction workforce (including sub-contractors, temporary workers and drivers) ○ Raise awareness to the workforce regarding the implementation of the ESMP tailored to the project scope, through toolbox talks and other platforms	Contractor	1,000 USD for logistics		# of H&S Training session # of awareness raising session	At the beginning of construction activity
	Risk of Insecurity of all project workers	○ Project Implementation Unit (PIU) to prepare District Security Risk Assessment ○ PIU to prepare local Security Management plan (SMP) ○ Contractor to prepare local Activity Security Plan ○ Implementation of SMP and local Activity Security Plan	PIU / Contractor	Costs for security risk implementation		# District Security Risk Assessments # of Local Security Management Plans # of Local Activity Security Plans # of security incidents	Prior to commencement of activity

	Risk of labor and working conditions of all the workers don't comply with WB and Somali legislation	○ Implement and monitor the LMP ○ Listing of all staff and titles, new hires and departure ○ Site visited and records reviewed, major findings, and actions taken by contractor, engineer, or others, including authorities—to include date, inspector or auditor name	Contractor	Incl in contractor staff costs	Availability of register Availability of logbook showing site visited and actions taken	monthly
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	OHS risks, including impacts of dust, noise, vibration, hot work, site traffic, ergonomics, extreme temperatures, communicable diseases	○ Provide hearing protection where necessary (when sound level over 8 hours reaches 85 dB(A)) ○ Use of acoustic insulating materials, isolation of noise source, and other engineering controls ○ Control vibration through choice of equipment, installation of vibration dampening pads or devices, and limiting the duration of exposure ○ provide temporary shelters to protect against the elements during working activities or for use as rest areas. ○ Monitor weather forecast for outdoor work ○ Adjust work and rest periods according to temperature ○ Training and licensing of industrial vehicle operators in the safe operation of specialized vehicles. ○ Ensure drivers undergo medical surveillance ○ Establish rights of way, site speed limits, vehicle inspection requirements, operating rules and procedures ○ Use of mechanical assists to eliminate or reduce exertions required to lift materials, hold tools and work objects ○ Incorporate rest and stretching breaks into work processes and conduct job rotation ○ Implement quality control and maintenance programs that reduce unnecessary forces and exertions ○ Preparation of an Emergency Preparedness Plan and	Contractor	Incl in Contractor budget	% of workers that have been provided with hearing protection # of equipment with vibration-dampening pads or devices # of temporary shelters available # of trainings for industrial vehicle operators conducted % of heavy vehicle operators that have been subjected to medical surveillance # of site speed limit signs at construction site # of rest and stretching breaks per work day # of OHS related incidents % of workers with appropriate PPE # of health and safety work plans	
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	Risk of labor influx leads to increase of GBV cases	○ All workers to sign CoCs. (see Annex 4) ○ Dedicated reporting channel for victims through Project GRM ○ Implement GBV/SEAH Action Plan ○ Provide GBV awareness training to workers	Contractor	Incl in contractor staff costs	% of signed COCs # of trainings provided	At start of project
	Risk of discrimination against women in employment	○ Contractor to develop recruitment and retention policies that enable fair working conditions and women's safe and equitable participation. ○ All workers to sign CoCs.	Contractor	Incl in staff costs	% of workers that signed COCs	At start of project
	Risk of delayed payment or underpayment of workers, leading to complaints and conflict	○ Ensure provision of timely and adequate payment ○ Ensure provision of GRM ○ Ensure information on GRM is provided ○	Contractor	Incl in contractor staff costs	# of recruitment and retention policies available # of women employed % of workers that signed COCs # of workers' complaints	Monthly

	Risks of child and forced labor resulting in employing of underage children and human trafficking	○ Set-up of a GRM to ensure their voices / complaints are heard ○ Contractor to maintain staff records, ID copies ○ Minimum age for workers to be set at 18 ○ Regular monitoring inspections	Contractor / PIU	Incl in contractor staff costs	% of payments made on time # of workers' grievances filed # of GRM cases filed # of child and forced labor reported	Throughout project implementation
	Risk of spreading COVID 19 at work place	○ Contractor to ensure workers have access to face masks and sanitizers. ○ Regular sensitization on COVID 19 to ensure workers observe the social distancing especially when in the community and public places	Contractor	Incl in contractor staff costs	# of workers with access to face masks and sanitizer available # of Sensitization session	Prior to activity commencement and throughout activity
	Operation Phase					

	Risk of medical wastes, wastewater and air emissions leading to contamination of the environment and the workers	○ Ensure waste is segregated at point of generation to the extent possible for easy handling ○ Ensure the segregated waste is appropriately packaged in colored containers using standard clinical waste color codes for respective waste type, and stored for final disposal consistent with the WHO standards¹⁴ ○ Rigorously segregate waste so that no PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal	TB Unit administration	Incl. budget of MoH	# of labelled secure bags for generated medical waste # of Wastewater and air emissions analytical results available	Quarterly
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¹⁴ <https://www.who.int/publications-detail-redirect/9789241548564>

	Risks of physical hazards (for example, handling of sharps); Electrical and explosive hazards; Fire; Chemical use OHS hazards related to healthcare and non-healthcare daily operations Radioactive hazard	○ Ensure a local risk assessment (identification of risks at work) is conducted for each process step, that is, from sample collection to disease isolation to identify specific hazards and for each identified risk, appropriate risk control measures must be defined. ○ Provide safety training in the management of hazards identified other than those related to sample handling ○ Provide review of Infectious Preventive Control training for the health care facility staff, including Health Care Workers charged with the responsibility to handle and dispose of the medical waste ○ Ensure conducting regular fire drills	MoH	Incl. budget of MoH	# Local risks assessment conducted every year and specific hazards identified for each and way forward # of regular safety training provided # of reviews of training provided # of fire drills conducted # of OHS incident reports	Monthly
	Risk of infection among health professionals	○ Ensure appropriate training on Infection Prevention and Control for healthcare workers and other staff. ○ WHO prescribed protocols for personal protection of healthcare professionals is to be enforced at all times ○ Ensure training in Health care waste management systems, which enable health care waste to be managed responsibly, without harming the community or the environment.	MoH	Incl. budget of MoH	# of trainings held and who has been trained # of protocols available at location # of trainings held	At start of the clinical operations

	Risk of GBV/SEAH among workers	○ All workers to sign CoCs (see Annex 4). ○ Dedicated reporting channel for victims through Project GRM ○ Provide GBV awareness training to workers	MoH	Incl. budget of MoH	% of signed COCs # of trainings provided	Monthly
	OHS risks for hospital workers	○ Provision of adequate PPE ○ Regular training for workers on workplace safety, ○ Preparation of health and safety plan	MoH	Incl. budget of MoH	# of trainings provided	Monthly
ESS 3: Resource Efficiency and Pollution Prevention and Management						
ESS 3	Construction Phase					

	Impacts of generation of solid waste which is the construction and demolition waste and rubble that may be generated from demolition of existing structure	○ Ensure disposal of generated solid waste at designated and authorized disposal site in consistence with the local and international requirements (see WBG General EHS Guidelines)¹⁵, such as: ○ Substitute raw materials or inputs with less hazardous or toxic materials ○ Institute good housekeeping and operating practices - including inventory ○ control to reduce the amount of waste ○ Institute procurement measures that recognize opportunities to return usable materials ○ Implement stringent waste segregation to prevent mixing hazardous and non-hazardous wastes ○ Identify potentially recyclable materials ○ Disposal at permitted facilities specially designed to receive waste ○ Provide on-site or off-site transportation of waste to prevent or minimize spills, releases and exposure to	Contractor	incl. in contractor budget	# of records of amount of solid waste disposed, where and when # of grievances filed # of records of amount of solid waste disposed, where and when	monthly
15 Page 56 of 106	WBG EHS Guidelines, Waste Management, processed public https://www.ifc.org/wps/wcm/connect/456bbb17-b961-45b3-b0a7-c1bd1c7163e0/1-6%2BWaste%2BManagement.pdf?MOD=AJPERES&CID=mgwew	Ensure mechanisms exist for ○ community to bring forth any complaints/feedback concerning the waste disposal by the contractor – Project GRM ○ Carry out disposal of solid waste in a manner that does not negatively affect the drinking water sources, cultivation fields,				

	Impacts of air emissions from incinerator	○ Waste segregation and selection including removal of the following items from waste destined for incineration: halogenated plastics, pressurized gas containers, large amounts of active chemical waste, silver salts and photographic / radiographic waste, waste with high heavy metal content, and sealed ampoules or ampoules containing heavy metals ○ Asbestos demolition, handling and disposal will be as outlined in this document in accordance with World Bank EHS Guidelines.	MoH	Budget of hospital administration	Waste segregation and selection undertaken	monthly
	Risk of poor sanitation facilities and sanitation conditions at work site	○ Provide proper water closet toilet facilities at all long term (> 1 month) work sites. ○ Do not allow water to run out at toilets. ○ Maintain all toilets in clean and sanitary condition. ○ Provide proper earth pit latrines at all work sites where work will be undertaken for periods of up to one month. ○ Fill the latrines in once they become full and when site work is complete. ○ Do not allow site workers to defecate in the open anywhere on the site or in its vicinity. ○ Add the use of sanitation arrangements in toolbox talks	Contractor	Budget of contractor	# of water closet toilet facilities available % of toilets leaking Toilets are well maintained # of latrines provided % of latrines filled Sanitary arrangements part of toolbox talk	monthly

	Risk of pollution from construction wastes and water use on groundwater	○ Through accurate estimation of the sizes and quantities of materials required, order materials in the sizes and quantities they will be needed, rather than cutting them to size, or having large quantities of residual materials. ○ Ensure that construction materials left over at the end of construction will be used in other projects rather than being disposed of. ○ Ensure that damaged or wasted construction materials will be recovered for refurbishing and use in other projects ○ Donate recyclable/reusable or residual materials to local community groups, institutions and individual local s or home owners. ○ Dispose waste more responsibly by dumping at designated dumping sites or landfills only. ○ Waste collection bins to be provided at designated points on site	Contractor	Incl in contractor staff costs	volume of construction materials left over at the end volume of waste at construction site is disposed of appropriately # of waste bins available at construction sites # of waste related complaints	Throughout project implementation
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	Health and safety hazards from removal of existing asbestos sheets	○ The contractor to have experience in asbestos (even licenced) for asbestos removal works ○ The contractor to ensure that the removal works do not result in unacceptable risk to other workers and community ○ Ensure that after the removal works the area is appropriately validated by a licenced individual and cleared before allowing access by workers and community members ○ Site workers must follow all the instructions given to them by the project manager to prevent any contamination incidents (including use of PPE when on the site) ○ The area shall be isolated and limited access until all the asbestos has been removed and the area cleared to be safe Disposal of asbestos in a lawful location to reduce the spread of the airborne asbestos	Contractor	Incl. in contractor budget	# of grievances reported Validation report available % or workers with appropriate PPE Availability of instructions by project manager	
Operation Phase						

	Risks of waste management, including hazardous waste and sanitation services (septic tank pumping) Soil and water contamination	○ Ensure septic tank is properly designed and installed to prevent hazards to public health ○ Ensure septic tank is well maintained to allow effective operation ○ Ensure it is installed in areas with sufficient soil percolation for the design wastewater load rate ○ Ensure it is installed in areas of stable soils that are nearly level, well drained and permeable, with enough separation between the drain field and the groundwater table or other receiving waters.				Throughout operational phase
	Pollution associated with improper disposal of malfunctioned or end of life solar panels	○ Ensure solar panels are recycled	MoH	MoH budget		Throughout operational phase
ESS 4: Community Health and Safety						
ESS 4	Construction Phase					

	Risk of increased GBV/SEAH cases and risks of sexual exploitation and abuse or sexual harassment, such as requests for sexual favors by project workers	○ Implementation and monitoring of GBV / SEA Action Plan ○ GBV awareness sessions for community ○ GBV awareness sessions for workers ○ Engage a dedicated specialist to support oversight and management of these risks ○ Workers to sign COC	PIU	Incl in PIU staff and travel costs	Activities under GBV/SEA Action Plan implemented # of GBV awareness sessions # of specialists engagement % of workers that have signed CoC # of GBV-related incidents reported	monthly
	Risk of spread of communicable diseases (Sexually Transmitted Diseases SIs , HIV/AIDS, COVID-19 etc..) between workers and the community	○ Community awareness sessions on communicable diseases ○ Provide hand washing stations for workers ○ Provide mosquito nets for workers ○ Ensure usage of latrines by workers – through toolbox talks ○ Implement COVID-19 protection measures, including: ○ Contractor to ensure workers have access to face masks and sanitizers. ○ Regular sensitization on COVID 19 to ensure workers observe the social distancing especially when in the community and public places	PIU	Incl in PIU staff and travel costs	# of community sensitization % of workers that have signed CoC % of works with access to face masks and sanitizer # of related complaints filed in GRM	monthly

	Risk of exposure of community members to physical hazards on project sites.	○ Undertake safety precautions to address safety hazards for the nearby community, ○ Sensitize the local community on the activity of type project and inform them about construction risks and the restricted access to the site ○ Restrict access to construction site through signage ○ Remove hazardous conditions on construction sites that cannot be controlled effectively with site access restrictions, such as covering openings to small confined spaces, ensuring means of escape for larger openings ○ Lock storage of hazardous material	Contractor	Inc in Contractor budget	# of sensitization measures for communities # of signage available around construction site % of small openings that have been covered % of larger openings that have an escape opening # of locked storage for hazardous materials	Throughout activity
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	Impacts of dust, air pollution and noise generation	○ High level maintenance of the project vehicles to reduce the vibrations ○ Selecting equipment with lower sound power levels ○ Installing suitable mufflers on engine exhausts and compressor components ○ equipment casing ○ Planning activities in consultation with local communities so that activities with the greatest potential to generate noise are planned during periods of the day that will result in least disturbance.	Contractor	Inc in Contractor budget	% of vehicles well maintained % of engine exhausts with mufflers installed % of activities implemented during the days	Throughout activity
	Disruption in health services for current and future patients	○ Ensure alternative health centers are communicated	MoH			Throughout activity
	Operation Phase					

	Risk of poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values	○ Provide cleaning staff with adequate cleaning equipment, materials and disinfectant. Provide adequate facilities to disinfect the cleaning equipment and dispose of the used consumables in a safe manner; ○ Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. ○ Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials)	TB Unit administration	Incl. budget of MoH	# of cleaning equipment available % of cleaners trained	monthly
	Communities' exposure to health problems arising from ineffective infection control and inadequate health care waste management	○ Implement MWMP	MoH and HCF administration	running costs of HCF	See MWMP	monthly
ESS 8: Cultural Heritage						
	Risk of Chance Finds	○ Implement Chance Find procedures	Contractor		Chance find procedures are implemented	monthly
ESS 10: Stakeholder Engagement and Information Disclosure						
ESS 10	Preparation and Operational Phase					

	Risks of poor access to beneficiaries lead to less meaningful community engagements and difficulty in monitoring for social harm	○ Implementation and monitoring of GRM ○ Implementation of Project SEP.	PIU	PIU GRM costs	% of complaints filed have been addressed # of site-specific incident logs	monthly
	Access to beneficiaries for meaningful and inclusive stakeholder and community engagements as well as grievance redress and monitoring will be a challenge, as Project location is in a remote underserved areas with basic physical and community infrastructure devastated by drought and floods.	Implement SEP and create awareness of GRM	SPT / PIU	Included in PIU staff costs Travel costs: 2,000	# of GRM cases filed # of stakeholder engagements conducted	at the beginning of activity and throughout implementation
	Risks of lack of information on access to GRM leads to lack of accountability	○ Awareness raising on GRM	PIU	PIU budget for GRM	# of awareness sessions of GRM	quarterly
	Lack of information disclosure leads to lack of transparency and suspicions of mismanagement of the sub project	○ Conduct in- depth community engagement, providing information on the sub project ○ Implement SEP	PIU	PIU budget for stakeholder engagement	# of community engagement sessions held	quarterly

7 Implementation Arrangements

7.1 Government Institutional Responsibilities

The work implementation will be managed by the Project Implementation Unit (PIU) embedded within the SCRP institutional structures. The PIU will be contracting a construction company directly to implement construction works. The construction company will implement the project including all Environmental and Social (E&S) mitigation measures defined in this ESMP.

Below is the list of Government institutions involved in TB Unit reconstruction implementation, with their respective roles and interests.

Table 7-1: Institutional partners responsibilities

Project Implementation Unit - PIU	The application of mitigation measures required under this ESMP is the sole responsibility of the PIU. During the preparation phase the PIU prepares the ESMP and the project design. However, since actual construction works will be carried out by the private entity, the PIU will ensure that implementation of the ESMP is incorporated in the Request for Proposals (RfPs) and the costs are integrated in the Bill of Quantities (BoQs), and subsequently in the legal agreement between the construction company and the PIU. The PIU is responsible to instruct, observe and monitor its contractors against the ESMP provisions. The PIU should make sure that corrective actions are applied by the contractors, when necessary. The GBV Specialist, the Security Specialist, the Stakeholder Consultation Specialist and the GRM Specialist will contribute to the monitoring of their respective fields. The Security Specialist, in particular, will be responsible for the implementation of the SMP; and the GBV Specialist for the implementation of the GBV/SEA/SH Action Plan. The PIU's E&S team will be responsible for the monitoring of the implementation of the ESMP and implementing the GBV/SEA Action Plan. The PIU can also undertake the monitoring itself if deemed necessary. The PIU will request for any violations to be corrected by the Constructor and monitor the actions and undertakings in correcting violations.
State Project Team - SPT	The SPT's Environmental & Social Safeguards Specialist will monitor the implementation of risk mitigation measures by the construction company. The monitoring will be supported by the PIU / SPT Engineers and the Community Consultation Specialist. Environmental and social monitoring reports will be prepared by the SPT and submitted to the PIU every month throughout the project duration.
Ministry of Public Works (MoPW)	MoPW - the responsible State Ministry on all infrastructure development and maintenance has been engaged in the design development consultation and the certification process. The MoPW's technical staff will be engaged in the supervision of the work implementation by the contractor.
District Commissioner	The District Commissioner (Municipality) representing the local community and the interest will be engaged in the day-to-day coordination of the work implementation by the contractor. The District Commissioner will be specifically involved in facilitating

	stakeholder engagements, assisting the contractor in the recruitment of local workers and ensuring the security to the contract staff and the supervision teams. The District Commissioner will be the first point of contact for the local communities for raising construction activities related inquiries.
District Medical Officer (DMO) MoH and MCH Administration	The DMO will be engaged in ensuring the facility meets the necessary technical standards as specified in the design. The MoH and MCH Administration are responsible for all operational measures, including the implementation of the MWMP.
UNOPS	UNOPS Engineers and E&S safeguard team will be available to provide advisory level support to the PIU during the works implementation on technical and safeguard compliance related matters.

7.2 Contractor

The contractor is responsible for complying with requirements for all field activities covered by this ESMP, the contractor is also responsible to ensure that all its sub-contractors follow the ESMP and other ESF instruments that apply to this sub project. The contractor will have contractual clauses specifying compliance with the mitigation measures listed in the ESMP and in the WBG EHS Guidelines, in addition to national requirements and to indicate measures taken in cases of non-compliance. The contractor is also responsible for the actions of any subcontractors they may engage. Subcontractors also have to comply with all E&S standards as laid out in this ESMP. Contractor's responsibilities include:

- Ensure that all operations comply with the environmental and social standards laid out in this ESMP.
- Ensure that the control measures provided for in the ESMP are both understood and implemented by site personnel.
- Comply with accident and incident reporting as laid out in the ESMF. All severe incidents must be reported to the PIU within 48 hours of occurrence.
- Set up plans for action to be taken in the event of spills or leakages of hazardous materials, and other environmental emergencies.
- Ensure compliance with all mitigation measures in this ESMP.
- Monitor the ESMP implementation, against the monitoring indicators laid out in the ESMP Table.
- Participate in Community Consultative Meetings.
- Identify additional significant matters pertaining to environmental and social compliance.

- Liaise with the SPT/PIU Environmental and Social Safeguards Specialists on the need for corrective action in the event of unexpected environmental or social problems emerging during the course of operations.
- Communicate with all of the contractor's staff regarding environmental and social compliance requirements and other matters of importance.
- Identify additional environmental mitigation or corrective measures that are deemed to be necessary during project implementation.
- Prepare reports on all aspects of environmental and social compliance.
- Maintain lists of all workers, including their age and gender.
- Maintain a workers' grievance mechanism.
- Prepare and maintain an OHS Plan, and provide training to all workers on OHS Plan.
- Ensure signing of code of conduct by every worker, including issues of Sexual Harassment, Gender-Based Violence (GBV) and Sexual Exploitation and Abuse.
- Implement the local Security Activity Plan

The contractor is obliged to implement this ESMP with all risk mitigation measures assigned to it.

E&S Safeguards or Environmental Health and Safety (EHS) Specialist: The contractor will deploy an E&S or EHS Specialist as an addition to the team to ensure operationalization of this ESMP, including monitoring, supervision and reporting on mitigation measures. The key tasks of the Specialist include the following;

- Ensure PPE for workers is available and workers are trained in its use
- Provide OHS training to all workers, based on the OHS Plan
- Ensure health and safety of all workers at the construction site
- If necessary, stop the works to ensure safety
- Maintain records of accidents and incidents and ensure appropriate reporting of incidents to the PIU/SPT
- Ensure waste management procedures are followed closely
- Ensure availability of water and sanitation facilities for all workers at site and at the campsite
- Conduct toolbox talks for workers
- Train all workers in the CoC and ensure that CoC is signed by every worker
- Liaise closely with the SPT/PIU Teams on training workers on GBV issues, as well as community awareness on GBV
- Maintain workers' lists indicating age and gender
- Liaise closely with the SPT/PIU Teams on the implementation of Project GRM
- Maintain records of Workers' GRM

8 Reporting on ESMP Compliance

The PIU will prepare periodic monitoring reports, including inputs from the contractor and the SPT, on the status of implementation of ESMP. The reports will be submitted to World Bank for their review and feedback as part of the PIU's general Quarterly report to the Bank. Details of these reports and their content are given in the Table below. A template for an Environmental and Social Monitoring report is included in Annex 2.

Table 8-1: ESMP Monitoring and Compliance Reports

#	Title of the Report	Contents of the Report	Frequency of Report Preparation	Report to be prepared by
1	ESHS Monitoring Report to PIU	• Compliance status of the Project with the environmental and social mitigation and monitoring measures. The report should cover: • Environmental incidents; • Health and safety incidents, child and forced labor • r • Health and safety supervision: • Usage of PPEs by workers • Highlights of inspection • Training conducted and workers participated • Workers grievances • Community grievances	Monthly	Contractor/SPT
2	ESMP Monitoring Report to WB	Compliance status of overall Project with ESMP requirements	Quarterly	PIU
3	Incident Reports	Incident investigation reports for all major incidents covering details of the incident, root cause analysis, and actions taken to address the future recurrence of this event	Initial investigation report for severe incidents within 24 hours. Detailed Investigation Report within ten days	PIU (contractor/SPT to PIU)

9 Capacity Building and Training

The implementation of the ESMP is highly dependent on the available existing capacity and awareness of the PIU, the SPT and the contractors' staff, the surrounding community and the concerned stakeholders.

Training workshops are required to increase the environmental awareness of all individuals concerned with the Project and to train and follow up with the workers who are specifically involved in the site operation.

On-site workers should receive appropriate training to undertake the duties of implementing the necessary mitigation measures. The training workshops should be undertaken prior to commencement of construction activities. The recipients of the training are all construction workers. The trainings are to be included in the budget of the contractor. The only trainings to be provided by the PIU include GBV/SEA/SH prevention and HIV/AIDS prevention. One initial training on mitigation measures will be provided to the contractor. The training for the workers should cover at least the following issues:

- Occupational and public health and safety.
- Mitigation measures to be applied.
- GBV/SEA/SH prevention
- HIV/AIDS prevention
- Proper handling and storage of hazardous material and wastes.
- Spill contingency plans
- Accidents and emergency plans
- Roll-out of GRM among workers and communities
- Appropriate segregation, transportation, final disposal of solid waste and fire safety.
- Training for healthcare workers and other key parties during the operational phase

This will be achieved by small workshops conducted in the induction phase for the workers. The induction training will include familiarization with the workers' GRM, Project GRM, CoC, GBV/SEA/SH, HIV/AIDS prevention, COVID-19 measures, and other toolbox talks as mentioned above in the ESMP. During the construction phase, refresher trainings will be held. While some training will be provided by the contractor, the PIU has assessed that training on GBV/SEA/SH and GRM should be conducted by the PIU directly, given a potential lack of capacity among contractors.

Next to the training of workers, communities at the site will receive awareness raising sessions on the following topics:

- heighten awareness of environmental and social risks and impacts and mitigation measures including trainings on (not exhaustive):
- Communicable diseases/HIV-AIDS/STI/GBV awareness and prevention
- Community grievance redress mechanism

In addition, continuous E&S training has been provided to the PIU team as well as to the SPTs, in all E&S aspects of the Project.

10 Stakeholder Consultations

The preparation of the ESMP and of the project selection and design was highly dependent on stakeholder consultations, conducted as per the SCRP Stakeholder Engagement Plan (SEP) ¹⁶.

District Administration: On 15th of March 2021 the PIU-UNOPS assessment and consultation mission team met with the district administration in Barawe to discuss the health facilities/sites/roads identified through prioritization activities with the SWS Ministry of Planning and relevant ministries (which took place in Baidoa in mid-October 2020). The PIU representative and UNOPS engineers informed the district administration of the key objectives of the assessment mission which the administration welcomed and pledged to assist in any way possible.

The district administration emphasized the need for extensive constructions of roads in Barawe and health facility assistance, as they say they feel abandoned by the SWS government and stated that they need urgent rehabilitation within the city.

The district administration spoke of the general needs of the district and emphasized the state of the hospitals.

Community members: On the 16th of March, the PIU-UNOPS and relevant Ministries – MoPWR & MoEWR held an inclusive consultation with 42 community members in the communities of Barawe District. Initially, the community stated that they feel abandoned by the SWS government and do not get necessary provisions as other regions and districts in the State. The Project team assured that they will be focusing on the District.

The youth of the district stated that they are pleased to hear about the SCRP and its interventions on roads and health facilities as that is an opportunity for employment to them and they requested that the local companies be given prioritization and employment

¹⁶ Government of Somalia, Somalia Crisis Recovery Project, Stakeholder Engagement Plan (SEP), accessed at: <https://www.mof.gov.so/sites/default/files/2020-08/Stakeholder%20Engagement%20Plan%20%28SEP%29%20Somalia%20Crisis%20Recovery%20Project%20%28P173315%29.pdf>; Stakeholder consultation were held in accordance to the WB's 'Citizen Engagement and Stakeholder Consultations during COVID 19, accessed at: <https://www.worldbank.org/en/news/factsheet/2020/12/01/citizen-engagement-and-stakeholder-consultations-during-covid-19>

opportunities for the youth. The Project team assured that contractors will be encouraged to recruit local workers.

The IDP community in Barawe stated that they had been displaced by war and that since they've arrived in Barawe they haven't been given any assistance and they are marginalized alongside minority groups in the district. Both IDPs and minority groups are frowned down upon in society in Barawe and are not given equal opportunities in the district - whether it be decision making or employment opportunities. Both communities said that when heavy rains come and flash floods occur, their homes are damaged/destroyed. The Project team assured that contractors will be encouraged to recruit local workers.



Figure 10-1:Community meeting in Barawe



Figure 10-2: Focus Group Discussion with village elders KII with village women Barawe 16th March 2021

Once the reconstruction of the Barawe TB Unit was decided on, follow-on site visits and stakeholder engagements were undertaken. Below is a summary of the stakeholder consultations carried out during the design development and approval process.

Table 10-1: Details of the stakeholder consultation

Date	Type of Consultation	Stakeholders Consulted	Issues discussed
15-18 March 2021	Stakeholder consultation and initial Assessment (field visit)	District Administration, youth and women's representatives, community elders, business people, religious leaders, and IDPs	Flood risk to the community Prioritization of infrastructure for rehabilitation works Beneficiaries community - potential impact of reconstruction of the health facility Please refer to PIU - UNOPS joint Assessment Mission Reports
24-26 September 2021	Architectural Site Analysis and Inventory (Field Visit)	District Medical Office (DMO). Health Facility Operator International Medical Corps	Confirmation of site infrastructure services, building materials availability. Please refer to Site Analysis & Inventory Report for Barawe TB Unit

26 July 2022	SPT team, South west state institutions	Ministry of Health, Ministry of Public works, District Commissioner	Preliminary Layout discussions
In progress as of 19 August 2022	SPT Team, State Ministry of Health review of site plan and floor plan layout	Ministry of Health, District Medical Officer (DMO)	Approval of site plan and floor plan layout
TBC	World Bank Review (via email)	World Bank Health Technical Lead (Dr. Bernard Olayo)	Review of Facility architectural design for Health requirements.
TBC	Technical Review of the Detailed Design Review (via email)	Hirshabelle State (Ministry of Public Works) Engineers	Detailed design review i.e. Review of detailed design drawings, specifications document, Design reports

11 Grievance Redress Mechanisms

Under the new World Bank ESSs, Bank-supported projects are required to facilitate mechanisms that address concerns and grievances that arise in connection with a project.¹⁷ One of the key objectives of ESS 10 (Stakeholder Engagement and Information Disclosure) is ‘to provide project-affected parties with accessible and inclusive means to raise issues and grievances, and allow borrowers to respond and manage such grievances’.¹⁸ This Project GRM facilitates the Project to respond to concerns and grievances of the project-affected parties related to the environmental and social performance of the project. The SCRP provides mechanisms to receive and facilitate resolutions to such concerns. This section lays out the grievance redressal mechanisms (GRM) for the SCRP.

As per World Bank standards, the GRM operates in addition to a GBV/SEAH and Child Protection Prevention and Response Plan, which includes reporting and referral guidelines (see GBV/SEAH and Child Protection Prevention and Response Plan in the ESMF¹⁹). It also operates in addition to specific workers’ grievance redress mechanisms, which are laid out in the LMP (also part of the ESMF).

The GRM aims to address concerns in a timely and transparent manner and effectively. It is readily accessible for all project-affected parties. It does not prevent access to judicial and administrative remedies. It is designed in a culturally appropriate way and is able to respond to all needs and concerns of project-affected parties.

The GRM Value Chain is presented in Annex 2.

¹⁷ Under ESS 2 (Labour and Working Conditions), a grievance mechanism for all direct or contracted workers is prescribed. The World Bank’s Good Practice Note on ‘Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works’ spells out requirements for a GBV grievance redress mechanisms, which will be defined in a separate GBV/SEA and Child Protection Risks Action Plan.

¹⁸ World Bank, Environmental and Social Framework, 2018, p. 131.

¹⁹ Somali Crisis Recovery Project (SCRP), Environmental and Social Management Framework, amended August 2021

12 Implementation Budget

Table 12-1: Implementation Budget

	Required Resources	Costs
PIU – Monitoring of ESMP		
1.	Human Resources: 1 Environmental, 1 Social Safeguards Specialist	PIU staff costs
2.	1 GBV Specialist (GBV training and GRM)	PIU staff costs
3.	1 Security Specialist	PIU staff costs
4.	1 Stakeholder Consultation Specialist	PIU staff costs
5.	1 GRM Specialist (GRM awareness)	PIU staff costs
6.	Logistics / Travel	PIU travel budget
Grievance Redress Mechanism hotline		
7.	Hotline and other mechanisms	PIU GRM budget
8.	GBV/SEAH reporting mechanisms	PIU staff costs
Implementation of Risk Mitigation Measures Contractor		
9.	Human Resources 1 EHS Specialist x 4 months	Bidder to assess and estimate
10.	Cost of PPE	Bidder to assess and estimate
11.	Cost of OHS and other mitigation measures and Training	Bidder to assess and estimate
13.	Construction Waste Disposal	Bidder to assess and estimate
14.	Safety Signages	Bidder to assess and estimate
15.	Community engagement	Bidder to assess and estimate
16.	Latrines	Bidder to assess and estimate

13 Conclusions

The proposed construction of the Barawe TB Unit is conducted under Component 2 of the Somalia Crisis Recovery Project (SCRCP). The project aims to build a modern TB Unit as part of reconstruction of flood damaged infrastructure. The proposed TB Unit will be equipped to adequately serve the most vulnerable in society, which includes the IDPs that have set up camp right outside the proposed facility location. The proposed TB Unit will also provide a temporary holding for patients who require more urgent attention before being transferred to the main hospital.

This ESMP was prepared to help mitigate potential environmental and social risks and impacts. The risks and impacts for the proposed construction of the TB Unit were classified as moderate, mostly consisting of typical civil works related risks and impacts. The proposed project is being constructed on public land where the existing TB Unit is located, and there are no land nor resettlement issues triggered by the sub-project. Additionally, it is not expected that the sub-project will disturb private business owners within the local community. However, at sourcing construction materials, it will be the responsibility of the contractor in consultation with the engineer, to ensure relevant permits are obtained to access such materials from authorized locations. in relation to the proposed site.

The ESMP is prepared to help guide the PIU, SPT and the construction company on environmental and social risk mitigation measures to be implemented throughout the works to ensure compliance with all SCRCP E&S instruments, World Bank Environmental and Social Standards (ESSs) and local legislation.

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Annex 1: Community Consultations: Stakeholders Consulted

Wasaaradda Maaliyadda
Mashruuca ka soo kabashada Xasaradaha Ee Soomaliya



جمهورية الصومال الفيدرالية
وزارة المالية
شروع إنعاش الأزمات في الصومال

The Federal Government of Somali
Ministry of Finance
Somalia Crises Recovery Project (SCRCP)

Date: 16 February 2021

Subject: Attendance Sheet Field Mission Barawe

No	Name	Title	Telephone
1	Ali Bare Shug	Agasimsha madaxtooyada	0618848130
2	Xamza Ali Siidaw	Xa: masuulka	0615359152
3	Aliqadiir Maxamed Aweys	Dhalinyaro	0616777283
4	MUSTAFA Nov. H.	Youth	0617030777
5	Idiris Maxamed C/qaadir	Youth	0615109789
6	Ali Aah, Cabdi Xaaji	Youth	0618167896
7	Zakaria Maxamed Maxamed	Youth	0615636583
8	Abdullahi Xuseen Ibraahim	Youth	617766202
9	Abdullahi Xuseen Ibraahim	Youth	61828803
10	Adaan Sheekh Cadaan	Youth	613506264
11	Sadiqa Ali Cabdi	uradka dhalinyarada	613485142
12	Ismaciil Xuseen Mahamed	Youth	0615795832
13	Adams Abdulqadir Sadiq	U/Haweenka	0615741518
14	Adams Abdulqadir Sadiq	U/Haweenka	0617020235
15	Adams Abdulqadir Sadiq	U/Haweenka	0618152695
16	Maasida Musein Abdullahi	U/Haweenka	0613193443
17	Khadga Mahied Omar	U/Haweenka	0619345786
18	Fadumo Abdirahman Fiqi	U/Haweenka	0616922931

656395

19	Abirahim Osman Adan	U/Barakayesha	0616235614
20	Hassan Abdulkadir Adan	IDPS	0616788461
21	Abdulkadir Ahmed A/kadir	IDPS	0616444689
22	Nur Ali Nur	IDPS	0614341721
23	Abraham Haji Arabaw	oday Phogon / Nebadon	0615393753
24	Abdi Mahied Sabrye	Nabadon	0615578594
25	Abdi Nur Abdikadir Abdinur	Nabadon	0616738279
26	Mohied Abdulle Osman	Nabadon	0615377021
27	Mohied Abdi Abdikadir	Nabadon	0615291601
29	Abdurahman Mohied Nur	Nabadon	0615541315
30	Musein Ali Omar	Nabadon	0615536075
31	Abdikadir Abdow Haji	Nabadon	0613192849
32	Adm Mahied Abdi	Nabadon	0615259711
33	Masalin Nur Idow	Nabadon	0615216476
34	Abukay Omar mohed Gamed	Nabadon	0617411791
35	Mohied Ahmed Hassan	Nabadon	0616352734
36	Mohied shig Adan Osman	markamade	0615899352
37	Abdikadir shu Ali Omar	oday	0615392767
38	Mahied Abdikadir Faj	markamade	0615312077
39	Mamino Ali Hussain	IDP	0618851936
40	Ali Mohamed Gabaw	Minority groups	0618563644
41	Masalin Adan mady	Minority groups	0616073061
42			

Annex 2: Grievance Redress Mechanisms

This annex describes the Project GRM's objectives and the steps of the GRM Value Chain in more detail.

GRM Objectives

The key objective of the Project GRM is to establish a prompt, easy to understand, consistent and respectful mechanism to support the receiving, investigating and responding to complaints or grievances from project stakeholders. It is designed to offer project stakeholders an opportunity to seek and receive grievance redress; to strengthen the project's team ability to identify, track, resolve and refer eligible grievances; and to enhance the Project's development results and outcomes. The GRM is expected to contribute to continuous improvement in performance of the SCRP through an analysis of trends and lessons learned. The GRM does not prevent access to judicial and administrative remedies. It is designed in a culturally appropriate way and is able to respond to all needs and concerns of project-affected parties. The GRM is available for anyone who wishes to file a complaint, including project workers, community workers, persons aggrieved by the resettlement process etc... In addition, implementing partners and contractors are encouraged to provide a distinct workers' grievance mechanism, however, lessons to date have shown that there is a significant lack of capacity and that the Project GRM needs to be fit to receive also workers concerns. In addition, implementing partners and contractors are encouraged to provide a specific GRM, however, lessons to date have shown that there is a significant lack of capacity and that the Project GRM needs to be fit to receive also workers concerns.

The SCRP has contracted a GRM Focal Point, Halima Farah. It further has put in place a hotline with the number '337'.

Types of Complaints Expected

Types of Complaints expected

Categories of Grievances

1. Basic information

- Access to information
- Correction and deletion of untrue or misleading information that affects the person

2. Ethics and conduct

- Government entities and staff
- Implementing Partner staff

4. Violation and breach of codes of ethics

– Violation of codes of ethics;
– Breach of the code of ethics by government officers:
– Breach of Code of Conduct and Ethics by staff of Implementing Partners
<i>5. Violation of human rights and fundamental freedoms</i>
– - Gender equality and general equality matters.
– Equality and freedom from discrimination (Equality -every person; Equality of men and women to opportunities in political, economic, cultural and social)
– Economic and Social Rights (health, sanitation, freedom from hunger, adequate and quality food, clean safe and adequate water, social security, education, emergency medical treatment)
– Non-discrimination of special needs groups
<i>6. Corruption and Economic crimes</i>
– Unethical conduct
<i>7. Labor and working conditions</i>
– Termination/Summary Dismissal,
– Breach of Employment Contract Terms
– Conflicts with Trade Unions
– Work Injury
– Discrimination
– Sexual Harassment
– Remuneration
– Wrongful termination
– Suspension
– Waiver of Claims
<i>8. Environmental compliance violations</i>
– Violation of environmental standards laid out in the ESIA's, ESMPs, and ESMF , including complaints about noise, dust, pollution, waste accumulation, debris, wastewater, damages to the eco system etc...
<i>9. Occupational Health and Safety (OHS)</i>
– Violation of occupational health and safety measures and standards laid out in the ESMF, ESMPs
– Issues of Community Health and Safety
<i>11. Gender-Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) / Sexual Harassment (SH)</i>
– Gender based violence committed by project personnel or any worker on the Project, or GBV committed in relation to the Project
– Sexual Exploitation and Abuse committed by Project staff or any worker of an IP associated to the Project
– Sexual Harassment committed by Project staff or any worker of an IP associated to the Project

Available Channels

A phone number for a hotline operator: The phone number of a grievance hotline operator must be widely disseminated among project stakeholders. The Hotline Operator is available from 8.00 am to 5.00 pm every day through a toll-free number. The hotline operator is set up and managed by the Project Implementation Unit (PIU). Any concerned party can call the hotline number and file a grievance with the Project. Hotline Operators will respond in Somali or English.

A help desk must be set up by the respective IP during the implementation of sub-project activities in an area.²⁰ They should be manned by the IP staff, especially its community project facilitators, in close coordination with local authorities. At the help desk, PAPs can inquire about information in regards to project activities, or they can file a grievance directly with the person manning the desk. Grievances can be filed in writing or verbally at the Help Desk.

Relevant assigned personnel available in each project site will be required to accept formal grievances and ensure that avenues for lodging grievances are accessible to the public and all PAPs. The first point of contact for all potential grievances from community members may be the contractor, IP or the local government official. Such personnel will be required to accept formal grievances; or they can point out the Hotline Operator's number, the Help Desk or Suggestion Box.

A suggestion box must be installed at the nearest local administration office of the sub-project site. Suggestion boxes provide a more anonymous way of filing a grievance or for providing feedback. Grievances or feedback submitted to the Suggestion Box must be expressed in writing. Suggestion Boxes are installed at the closest official administration office in the sub project area. Boxes are clearly marked as SCRP-related feedback and grievance mechanism.

Processing Steps

Step 1: Grievance Uptake

Multiple channels must be available for aggrieved parties to file their complaint, grievance, or feedback. The aggrieved party must be able to select the most efficient institution, the most

²⁰ The help desk must be budgeted by the IP, the manning of the help desk will depend on the nature of the activity

accessible means of filing a grievance, and must be able to circumvent partial stakeholders in the Project, which may be implicated in the complaint. He or she must further be able to bypass some grievance channels that are perceived as potentially not responsive or biased.

GBV/SEA/SH-related Grievance: Given the sensitive nature of GBV complaints, the GRM provides different ways to submit grievances. All grievance uptake channels can be used to report on GBV/SEA/SH-related grievances. No grievance uptake mechanism cannot reject such grievances, and all personnel directly receiving grievances will be trained in the handling and processing of GBV/SEA/SH-related grievances. Information on relevant legislation will be delivered to survivors prior to any disclosure of case details, for example through initial awareness raising sessions on the GRM. This will allow protect the survivor-centered approach from mandatory reporting.

Step 2: Sort and Process

All registered grievances will be transferred to the GRM Focal Point at the respective IP at state or national level – either by the Hotline Operator, local personnel, or the Help Desk Officer. The GRM focal point will categorize the complaint according the table above (section on ‘Categorization of Grievance’). Where grievances are of sexual nature and can be categorized as GBV/SEAH or child protection risk, the IP has to handle the case appropriately, and refer the case to the GBV reporting protocols and referral system, defined in the GBV/SEAH and Child Protection Prevention and Response Plan. Dedicated training on how to respond to and manage complaints related to GBV/SEAH will be required for all GRM operators and relevant project staff (see below).

For grievances handled under the general Project GRM, the GRM Focal Point will determine the most competent and effective level for redress and the most effective grievance redress approach. The focal point will further assign timelines for follow-up steps based on the priority of the grievance, and make a judgment and reassign the grievance to the appropriate staff or institution. The person will exclude grievances that are handled elsewhere (e.g. at the court). The focal point should offer the complainant option/s for resolution of their grievance.

GBV/SEA/SH: All reporting will limit information in accordance with the survivor’s wishes regarding confidentiality and in case the survivor agrees on further reporting, information will be shared only on a need-to-know-base, avoiding all information which may lead to the identification of the survivor and any potential risk of retribution.

Data on GBV cases recorded will only include the nature of the complaint (what the complainant says in her/his own words), whether the complainant believes the perpetrator was related to the project and additional demographic data, such as age and gender, will be collected and reported, with informed consent from the survivor. If the survivor does not wish to file a formal complaint, referral to available services will still be offered even if the complaint is not related to the project, that referrals will be made, the preference of the survivor will be recorded and the case will be considered closed.

Step 3: Acknowledgement and Follow-Up

The respective IP will decide whether a grievance can be solved locally, with local authorities, implementers, NGOs, CSOs or contractors, and whether an investigation is required. The first ports of call will have in-depth knowledge of communal socio- political structures and will therefore be able to recommend to the GRM Focal Point the appropriate individuals that could be addressed with the case, if the case can be solved at the local level.

Step 4: Verify, Investigate and Act

The IP, the GRM Focal Point, will then undertake activity-related steps in a timely manner. The activities will include: verifying, investigating, redress action and plan.

Steps for grievance redress

Grievance Category	Required Action
Queries, comments and suggestions	Acknowledgement / Clarification
Complaints and concerns which do not require formal investigation	Grievances should be handled and resolved by the immediate manager within the GRM structure, e.g. the GRM Focal Point or a dedicated staff. The IP should appoint a grievance redress committee, which includes relevant staff in the IP organization and can include a selected local authority (ideally the committee consists of an equal number of men and women), which can hear both parties and ideally solve the matter within the organization.
Complaints and concerns that involve	As appropriate, conduct verification, negotiation, mediation or arbitration, coordination with respective authorities, decision-making, escalation to judicial or administrative institutions, proposed solutions, implementation of agreed actions, etc...

allegations that require investigation or interventions of a different kind	The IP should appoint a grievance redress committee, which includes relevant staff in the IP organization and can include a selected local authority (ideally the committee consists of an equal number of men and women), which can hear both parties and ideally solve the matter within the organization.
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Step 5: Monitor, Evaluate and Provide Feedback

The IP/GRM Focal Point will provide feedback to GRM users and the public at large about:

- results of investigations;
- actions taken;
- why GRM is important;
- enhance the visibility of the GRM among beneficiaries; and
- increase in users’ trust in the GRM

Response Times

Response Times

Type of Case	Actions Required	Response Required
Straight-forward cases with little anticipated complications	minimal checks and consultations	• Acknowledge reception of the grievance, detail follow-up steps and set timelines (number of days) for follow-up activities: verify, investigate, if need be, and communicate outcomes and next steps based on outcomes • 1-3 days
Cases that require some minimal processes	delete misleading information, collect information, analyze existing information, prepare communication materials to	• Acknowledge reception of the grievance, detail the steps to follow, and provide the appropriate

Type of Case	Actions Required	Response Required
	disclose delayed information, clarify existing information, and correct misleading information	practical timelines • 7 -14 days
Cases that require investigation	access and review of relevant documentation (reports, policy documentation), field-based fact findings missions (visits and interviews), analysis and preparation of reports, consultative sessions to rectify or adjust the implementation approaches	• Acknowledge reception of the grievance, provide follow-up steps and set timelines for a comprehensive response • 14 to 21 days
Cases that require escalation to higher SCRP implementation level	Transfer case to relevant higher level (e.g. state-level or national HQ of IP; PIU)	• Acknowledge reception of the grievance, provide the need for escalation of the grievance to the next project implementation level, and set timelines for a comprehensive response • 7-14 days
Cases that require referral to other institutions	Transfer case to relevant institution (National Police Service, World Bank)	• Acknowledge reception of the grievance, provide the need for referral of the grievance to an appropriate institution, and set timelines for a comprehensive response on referral progress • 7 – 21 days

Other Redressal options

Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints

received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>.

Annex 3: Environmental and Social Monitoring Template

This annex present a template that should be used for the E&S monitoring process by the SPT/PIU monitoring team. This template will be based on the EMSP Table above (Table 4), it will list all the above mentioned risks and impacts, mitigation measures, indicators, responsibilities, monitoring frequency as per the table above. Prior to the commencement of the works, targets will be added to the indicators, after consultation with the contractors. The findings and observation column will be filled in upon reviews, supervision and inspection as well as based on reporting by the contractors. The corrective action column will be filled in when non-compliances have been discovered, and corrective actions have been agreed on jointly with the contractor.

Environmental and Social Monitoring Template

<i>Risks and Impacts</i>	<i>Mitigation Measures</i>	<i>Indicators</i>	<i>Responsibility</i>	<i>Monitoring Frequency</i>	<i>Findings/Observations</i>	<i>Corrective Action</i>

Annex 4: Code of Conduct for Workers

The following Code of Conduct (COC) must be read and understood by all workers engaged under PPA:

I acknowledge that adhering to the provisions as detailed in this Code of Conduct (CoC) and following any of the Project's Environmental, Social or Health (ESH) or Occupation Health and Safety (OHS) provisions is mandatory.

The Client considers that failure to follow the CoC, EHS or OHS standards - constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment.

I agree that while working on the Project I will:

- If undertaking work related travel within South Sudan outside of Juba, complete a Travel Safety Plan.
- Attend and actively participate in any induction or training required for OHS or sexual exploitation and abuse (SEA) or sexual harassment (SH), as requested by my employer.
- Not drink alcohol or use narcotics or other substances which can impair faculties and potentially cause incidents, before or during work activities.
- Treat women, children (persons under the age of 18), and men with respect regardless of race, colour, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- Not use language or behaviour towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Not engage in sexual harassment—for instance, making unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct, of a sexual nature, including subtle acts of such behaviour (e.g., looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; giving personal gifts; making comments about somebody's sex life; etc.).
- Not engage in sexual favours—for instance, making promises or favourable treatment dependent on sexual acts—or other forms of humiliating, degrading or exploitative behaviour.
- Not participate in sexual contact or activity with children—including grooming, or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
- Unless there is the full consent by all parties involved, I will not have sexual interactions with members of the surrounding communities. 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” within the scope of this CoC.
- Report to my manager any suspected or actual GBV or VAC (Violence against Children) by a fellow worker, whether employed by my company or not, or any breaches of this CoC.

With regard to children under the age of 18:

- Wherever possible, ensure that another adult is present when working in the proximity of children.
- Not invite unaccompanied children unrelated to my family into my home, or the works site unless
- they are at immediate risk of injury or in physical danger.
- Not use any computers, mobile phones, video and digital cameras or any other medium to exploit
- or harass children or to access child pornography.
- Refrain from physical punishment or discipline of children.
- Refrain from hiring children for domestic or other labour below the minimum age of 18
- Comply with all relevant local legislation, including labour laws in relation to child labour and World
- Bank’s Environmental and Social Framework on child labour and minimum age.

Sanctions

I understand that if I breach this CoC, my employer will take disciplinary action which could include:

- Informal warning.
- Formal warning.
- Additional Training.
- Loss of up to one week’s salary.
- Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.
- Termination of employment.
- Report to the Police if warranted.

I understand that it is my responsibility to ensure that the environmental and social, provisions within the CoC are met; that I will adhere to the any additional OHS and EHS management detailed by the Project or the World Bank. I do hereby acknowledge that I have read the aforementioned CoC, do agree to comply with the standards contained therein and understand

my roles and responsibilities to prevent and respond to COC and OHS issues. I understand that any action inconsistent with this COC or failure to act mandated by this COC may result in disciplinary action and may affect my ongoing employment.

Signature:

Date:

Location:

Annex 5: Medical Waste Management Plan

Table 9 Medical Waste Management Plan - Operational Phase

E&S Risks and Impacts	Mitigation Measures	Monitoring Indicator	Responsibility/ Frequency of Monitoring	Date of Inspection/Review		Budget in USD
				DD/MM/YYYY		
				Findings/Observations	Corrective Action	
Risk of medical wastes, wastewater and air emissions leading to contamination of the environment and the workers	General & Health Care Waste ²¹ - Ensure waste is segregated at point of generation to the extent possible for easy handling - Ensure the segregated waste is appropriately packaged in colored containers using standard clinical waste color codes for respective waste type, and stored for final disposal consistent with the WHO standards and	% of waste segregated	MoH			MoH staff costs
		% of waste segregated in color coded containers	Daily / monthly			
		# of records of PVC removed from medical waste stream				
		# of labelled secure bags for generated medical waste				

²¹ WBG/IFC Environmental, Health and Safety Guidelines for Health Care Facilities. Inclusive of Good International Industry Practices (GIIPs) – April 30, 2007. See Table 1 - Treatment and disposal methods for categories of health care waste.

	WBG/IFC EHSGs for HCFs Wastewater - As much as possible, ensure minimal generation of wastewater. However, where this is generated for disposal, ensure it is treated before disposal Air emissions - Rigorously segregate waste so that no PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal	# of wastewater and air emissions analytical results available				
Lack of staff capacity in handling of medical waste	Provide review of Infectious Preventive Control training for the health care facility staff, including Health Care Workers charged with the responsibility to handle and dispose of the medical waste	# of reviews of training provided	Health Care Facility Monthly			MoH budget

Risks emanating from physical hazards (for example, handling of sharps); Electrical and explosive hazards; Fire; Chemical use; Ergonomic hazard; Radioactive hazard	• Ensure a local risk assessment (identification of risks at work) is conducted for each process step, that is, from sample collection to disease isolation to identify specific hazards and for each identified risk, appropriate risk control measures must be defined. • Provide safety training in the management of hazards identified other than those related to sample handling • Provide review of Infectious Preventive Control training for the health care facility staff, including Health Care Workers charged with the responsibility to handle and dispose of the medical waste	# of risk assessment produced and record of safety training/sensitization. # of safety training sessions recorded	Health Care Facility Environmental Health Officer Daily			MoH budget
Workers denied the opportunity to complain they do not have adequate PPE to protect themselves against infections	• Regular review and provision of PPE to the project sites • Grievance Mechanism in place • Grievances collected and resolved according to the standards describes in the GRM	# of cases filed through the GRM	MoH Monthly			MoH Budget

Poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values	• Provide cleaning staff with adequate cleaning equipment, materials and disinfectant. Provide adequate facilities to disinfect the cleaning equipment and dispose of the used consumables in a safe manner; • Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. • Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials)	# of staff with adequate cleaning equipment # of trainings for staff % of cleaners that have been provided with PPE % of cleaners that have been trained	MoH Daily			MoH budget

Risk of infection among health professionals	• Ensure appropriate training on Infection Prevention and Control for healthcare workers and other staff. • WHO prescribed protocols for personal protection of healthcare professionals is to be enforced at all times • Ensure training in Health care waste management systems, which enable health care waste to be managed responsibly, without harming the community or the environment. • Staff engaged in medical waste management should wear PPE. • Staff engaged in auxiliary activities, such as food supply, medical waste management should wear PPE. • Medical waste should be treated as infectious clinical waste Category B (UN3291) [30] and handled in accordance with healthcare facility policies and local regulations	# of trainings held and who has been trained # of protocols available at location # of trainings held % of staff that wears PPE # of records of medical waste treatment	MoH Monthly			MoH budget
Risk of infection to the handlers	• Segregate medical/health care waste at generation point	% of medical waste segregated at source	HCF Environmental Health Officer			MoH budget

			Weekly			
Risk of infection to the handlers due to secondary handling	- Place the different types of medical/health care waste in secured bags color-coded and labelled - Ensure enough signage, PPE, instructions and awareness to handlers	% of medical waste in secured bags which are colour coded and labelled	HCF Environmental Health Officer Daily			MoH budget
Risk of contaminating the surrounding environment, the workers and the community members	Ensure the medical/health care waste storage is properly secured from non-staff members	% of health care waste that is under lock and key	HCF Environmental Health Officer Daily			MoH budget
Risk of indiscriminate disposal of medical waste	Ensure incineration of relevant medical waste and a record of the amount incinerated kept	# of record of dates and quantities incinerated	MoH Weekly			MoH budget
Risks of carriage of healthcare waste through public streets can be a risk in case of an accident or more spill of health care	- Transportation of medical waste will be done according to the WHO specifications which guides that during transportation, a defined route is used always and the vehicle is well labelled to indicate its transporting hazardous materials. - Ensure the quantities of medical	# of times the defined route for transportation of medical waste and the vehicle properly labelled # of public complaints	MoH Weekly			MoH budget

waste	waste transported is recorded before leaving the HCF and also recorded at incineration point to account for every medical waste that is moved from the HCF.	# of times records are made available				
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Annex 6: Chance Find Procedures

This procedure was developed in accordance with the World Bank's ESS 8 (to protect cultural heritage from the impacts of project activities and support its preservation, to address cultural heritage as an integral aspect of sustainable development, to promote meaningful consultation with stakeholders regarding cultural heritage. To promote the equitable sharing of benefits from the cultural heritage).

This procedure is included as a standard provision in the implementation of SCRP Public Works contracts to ensure the protection of cultural heritage (Archaeological and Historical Sites). All implementers / contractors will be required to observe this procedure as documented hereafter.

Excavation in sites of known archaeological interest should be avoided. Where this is unavoidable, prior discussions must be held with the PIU and the World Bank in order to undertake pre-construction excavation or assign an archaeologist to log discoveries as construction proceeds. Where historical remains, antiquity or any other object of cultural or archaeological importance are unexpectedly discovered during construction in an area not previously known for its archaeological interest, the following procedures should be applied:

- Stop construction activities;
- Delineate the discovered site area;
- Secure the site to prevent any damage or loss of removable objects. In case of removable antiquities or sensitive remains, a full-time guard should be present until the responsible authority takes over;
- Notify the responsible foreman/archaeologist, who in turn should notify the PIU and the World Bank and local authorities (within less than 24 hours);
- The significance and importance of the findings will be assessed according to various criteria relevant to cultural heritage including aesthetic, historic, scientific or research, social and economic values;
- Decision on how to handle the finding will be reached based on the above assessment and could include changes in the project layout (in case of finding an irrevocable remain of cultural or archaeological importance), conservation, preservation, restoration or salvage;
- Implementation of the decision concerning the management of the finding;
- Construction work can resume only when permission is given from the respective authorities, PIU and World Bank after the decision concerning the safeguard of the heritage is fully executed;
- In case of delay incurred in direct relation to archaeological findings not stipulated in the contract (and affecting the overall schedule of works), the contractor may apply for an

extension of time. However, the contractor will not be entitled for any kind of compensation or claim other than what is directly related to the execution of the archaeological findings works and protections.