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 KULMIS MOTHER AND CHILD HEALTH CARE FACILITY (MCH)
JOWHAR DISTRICT, HIRSHABELLE STATE

21 July 2022
Project Implementation Unit (PIU)
Ministry of Finance
Federal Government of Somalia

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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
MCH	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 Kulmis Mother and Child Health Care Facility (MCH) is located in Jowhar District in Hirshabelle State. The proposed project includes the reconstruction of the Kulmis MCH main building into a modern facility with supporting amenities and separation of the healthcare facility from the school facility located on the same land. 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 building will measure 244 m^2. Outside and separate from the main building, support facilities including staff changing rooms with kitchen, washrooms with utility areas and a guard house will be constructed, measuring a total of 86m^2. The pit latrines and splash wash hand sink area will be decommissioned to pave way for the new toilet block. The existing 'under 5' Clinic, kitchen and the Gender-Based Violence (GBV) clinic will be retained. The current main MCH building will be assessed for demolition after relocation to the newly built 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 MCH. The MCH 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, labor influx and associated risks such as GBV and others.
The project team has undertaken an E&S screening of the sub-project, as per process described in the SCRP ESMF[1]. 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 identifies, characterizes and manages the potential risks and impacts. The ESMP lists the project-

[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

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 (SCRP) 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) 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 SCRP. 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 Kulmis MCH 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 as 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 HCF 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 ESMF[2]. 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 Kulmis MCH 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.

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 ESS & WBG General Environmental, Health and Safety Guidelines (EHSGs) for healthcare facilities.

[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

2 Policy and Legal Framework

2.1 National Regulatory and Policy Framework

Somali policy and legislation with respect to the environment is nascent or outdated. A number of international agreements exist, and although binding on Somalia, there has been little progress in the implementation of those. These international environment agreements include topics such as biodiversity, desertification, endangered species, and ozone layer protection.

In recent years the Federal Republic of Somalia and its Federal Member States (FMS) have effected constitutional changes that define natural resources, common environmental goods and ecosystem services as protectable public assets, and ascertain the right to a clean and healthy environment. However, there are no specific environmental or regulations in place. Protection and use of Somali water resources is the responsibility of the Ministry of Water Resources that has put a policy, act and regulatory framework in place. The Ministry for Natural Resources (MNR), shall establish the Regional Watch Councils (REWC). The MNR, in consultation with the Local Government Councils/ District Governor, local CSO/CBOs and the community shall establish the District Environment and Environment Watch Council (DEWC).

As a stop gap measure, in the absence of a national regulatory framework for sustainable environment, Somalia has a **Provisional Constitution** (2012) that contains a number of parameters relevant for various operational activities for the planned sub-project of the SCRP: Article 12 addresses public assets and natural resources; Art. 11 provides that all citizens have equal rights regardless of sex, and that the State must not discriminate against any person on the basis of gender; Article 14 stipulates that a person may not be subjected to slavery, servitude, trafficking, or forced labor for any purpose; Art 24. Prohibits sexual abuse in the workplace; Article 24.5 stipulated 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; Article 25 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.

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 safeguard 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.

The Labour Code of 1972[3] **(Art. 31-42)** stipulates that all contract 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.

In regard to Occupational Health and Safety standards (OHS) (Art. 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 ensuring workers' health and safety.

The Labour Code (Art. 134-140) further stipulates that workers have the right to submit complaints and the employer must give the complaints due consideration. 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.

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. The Labor Code further 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. 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.

The Labor Code stipulates right to equal pay for the same work as men, paid maternity leave. Women are entitled to 14 weeks of maternity leave at half pay.

The Somali Penal Code of 1962 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. Abduction for the purpose of lust or marriage is prohibited under Art 401.

[3] The Code has recently been revised, but the revisions have not yet been passed and signed into law.

Somalia National Gender Policy (2016) includes strategies to eradicate harmful traditional practices such as FGM/C and child marriage and to improve services for the management of GBV cases

The National Environmental Policy (2015) promotes the use of appropriate environmental assessment instruments.

In regards to the institutional capacity for environmental management, a Directorate of Environment is integrated in the Office of the Prime Minister. It is mandated to draft relevant policies and legislation, including establishing of the Environmental Quality Standards, and Sectoral Environmental Assessments, Environmental Impact Assessments (EIA). Laws on environmental governance in SWS are at infancy stages and environmental impact assessment capacity is nascent. Environmental decision-making arrangements includes the FGS signing international conventions, and parliament approving Environmental Acts and Laws. However, necessary laws have not been formulated yet.

2.2 International Conventions Signed and Ratified by Somalia

The 1992 United Nations Framework Convention on Climate Change (1992). The primary purpose of the Convention is to establish methods to minimize global warming and in particular the emission of greenhouse gases. The Convention was adopted in 1992 and came into force in 1994. Somalia acceded the Convention in 2009. Somalia ratified the Kyoto agreement in 2010 and the Paris agreement in 2016.

United Nations Convention on Biological Diversity (1992). The Convention has three main goals including which are, the conservation of biological diversity (or biodiversity); the sustainable use of its components; and the fair and equitable sharing of benefits arising from genetic resources. Somalia acceded to the Convention in September 2009.

ILO Convention 182 on Worst Forms of Child Labor. Ratification of this Convention makes a country commit itself to taking immediate action to prohibit and eliminate the worst forms of child labor. Some predefined worst forms of child labor include sale of a child, trafficking of children, forced or compulsory labor, commercial exploitation of children, prostitution or the production of pornography, and work by its nature that is likely to harm the health, safety and morals of children. The Convention was ratified by Somalia in 2014.

Forced Labour Convention (1930/no. 29). The key objective of the Convention is to suppress the use of forced labor in all its forms. It defines forced labor as 'all work or service which is exacted

from any person under the menace of any penalty and for which the said person has not offered himself voluntarily'. The Convention has been in force in Somalia since 1960.

Rotterdam Convention: This is a multilateral treaty that came into effectiveness in 2004. The purpose is to promote shared responsibilities in relation to importation of hazardous chemicals. The convention promotes open exchange of information and calls on exporters of hazardous chemicals to use proper labelling, include directions on safe handling, and inform purchasers of any known restrictions or bans. Signatory nations can decide whether to allow or ban the importation of chemicals listed in the treaty, and exporting countries are obliged to make sure that producers within their jurisdiction comply.

2.3 World Bank Environmental and Social Standards (ESS)

The Environmental and Social Framework (ESF)[4] sets out the World Bank's commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards. Below is a short summary of the relevant Environmental and Social Standards (ESSs) for this sub-project[5]:

ESS 1: Assessment and Management of Environmental and Social Risks and Impacts. ESS1 sets out the Client's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the Environmental and Social Standards (ESSs). This ESS is relevant to this sub-project, and E&S risks and impacts are managed through this ESMP.

ESS 2 – Labor and Working Conditions. ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. ESS2 applies to project workers including fulltime, part-time, temporary, seasonal and migrant workers. In order to mitigate risks and impacts in relation to labor and

[4] World Bank, Environmental and Social Framework (ESF), 2018.

[5] ESS 7-9 do not apply to this project. There are no population groups that are included in the relevant criteria of ESS 7, and there is no cultural heritage findings expected.

working conditions, the SCRP has prepared Labor Management Procedures (LMP), which are annex to the ESMF.[6] This ESMP lists the relevant procedures.

ESS 3 – Recourse and Efficiency, Pollution Prevention and Management. ESS3 recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels. The current and projected atmospheric concentration of greenhouse gases (GHG) threatens the welfare of current and future generations. At the same time, more efficient and effective resource use, pollution prevention and GHG emission avoidance, and mitigation technologies and practices have become more accessible and achievable. This ESS sets out the requirements to address resource efficiency and pollution prevention and management throughout the project life cycle consistent with Good International Industry Practice (GIIP).

ESS 4 – Community Health and Safety. ESS4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities. Key risks and impacts of the sub-project in regards to community health and safety relate to GBV/SEA-H, pollution and security. Consistent with this, ESS4 addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility to avoid or minimize such risks and impacts, with particular attention to people who, because of their particular circumstances, may be vulnerable. Risk mitigation measures are listed in this ESMP.

ESS 6 – Biodiversity Conservation and Sustainable Management of Living Natural Resources. ESS6 recognizes that protecting and conserving biodiversity and sustainably managing living natural resources are fundamental to sustainable development. Biodiversity is defined as the variability among living organisms from all sources including, inter alia, terrestrial, marine and other aquatic ecosystems and the ecological complexes of which they are a part; this includes diversity within species, between species, and of ecosystems. Biodiversity often underpins ecosystem services valued by humans. Impacts on biodiversity can therefore often adversely affect the delivery of ecosystem services.

ESS6 recognizes the importance of maintaining core ecological functions of habitats, including forests, and the biodiversity they support. Habitat is defined as a terrestrial, freshwater, or marine geographical unit or airway that supports assemblages of living organisms and their

[6] SCRP, Environmental and Social Management Framework, amended August 2021.

interactions with the nonliving environment. All habitats support complexities of living organisms and vary in terms of species diversity, abundance and importance. Where relevant to this sub-project, risk mitigation measures have been listed in this ESMP.

ESS 10 – Stakeholder Engagement and Information Disclosure. This ESS recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation. Stakeholder engagement has been undertaken for this sub-project, as listed in the section on consultations. In consideration of Covid-19 restrictions, the project has followed World Bank guidelines on community consultation under COVID-19[7].

[7] The World Bank, 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

2.4 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: Gap 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 impacts remain, compensate for or offset	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.	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
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 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.	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. 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 new labor code, amending the code from 1972, has not been passed yet The implementation of the existing articles in practice may not be very strong	The Project does not allow any forced and child labor. It will hold all contractors liable to the implementation of the LMP The PIU will have overall responsibility to monitor the implementation of the LMP The LMP spells out a workers' grievance redress mechanism; and the GBV Action Plan provides referral pathways for cases of GB

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
To provide project workers with accessible means to raise workplace concerns.	The Labour Code of 1972 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 Project complies with WB ESS 2. This is set out in the LMP (see annex 6)
	The Labour Code of 1972. 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 on OHS
	The Labour Code of 1972. Workers have the right to submit complaints and the employer must give the complaints due consideration.	n/a	This ESMP sets out a workers' grievance redress mechanism

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
	The Labour Code of 1972. 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
	The Labour Code of 1972. 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). However, children under 18 are not to be considered for hazardous work and the work cannot interfere with their education or be harmful for their health.
	The Labour Code of 1972. 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.

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
	The Labour Code of 1972. 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 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	The Project promotes the sustainable use of resources and avoid or minimize adverse impacts on human health according to the Constitution and the WB's ESS3. Detailed measures are laid out in this ESMP

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.		

	Provisional Constitution of the Federal Republic of Somalia. 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			

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	<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. Abduction for the purpose of lust or marriage is prohibited under Art 401. Art 39(i) makes abuse of power in the commission of a crime an aggravating circumstance and Article 33 provides that when a superior officer orders the commission of an offence both the perpetrator and his superior will be liable	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 of hazardous	This ESMP includes risk mitigation measures to protect community health and safety, the ESMP largely relies on the ESS.

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
		materials, Emergency Preparedness & response, risks and impacts from security personnel.	
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources			

ESF Objectives	National Laws and Requirements	**Gaps**	**Recommended Actions**
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.	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. Provisional Constitution of the Federal Republic of Somalia. 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.

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
ESS 10: Stakeholder Engagement and Information Disclosure			
The Objectives of ESS 10 are: To establish a systematic approach 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.	Provisional Constitution of the Federal Republic of Somalia. Article 32 stipulated that every 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	The law on the right of access to information currently only exists as a draft	Stakeholder consultations have been implemented for the sub-project, based on the Project Stakeholder Consultation Plan (SEP)[8] The SCRP GRM is implemented in the sub-project area

[8] 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

ESF Objectives	National Laws and Requirements	**Gaps**	**Recommended Actions**
To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format. To provide project-affected parties with accessible and inclusive means to raise issues and grievances, and allow Borrowers to respond to and manage such grievances.			

3 Biophysical and Socio-Economic Environment

This section describes the overall baseline condition of Hudur 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 Kulmis MCH in Hudur 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 Jowhar town, in Hirshabelle State. Jowhar lies approximately 95 km southwest of Mogadishu. Jowhar is the capital city of Hirshabelle State and also the administrative city of Middle Shabelle Region. It is situated about 90 km north of Mogadishu. Jowhar consists of 4 urban villages, namely Horseed, Bulosheikh, Kulmis, and Hantiwadag. The first two villages are located on the east side of the town, and the last two are on the west side.[9]

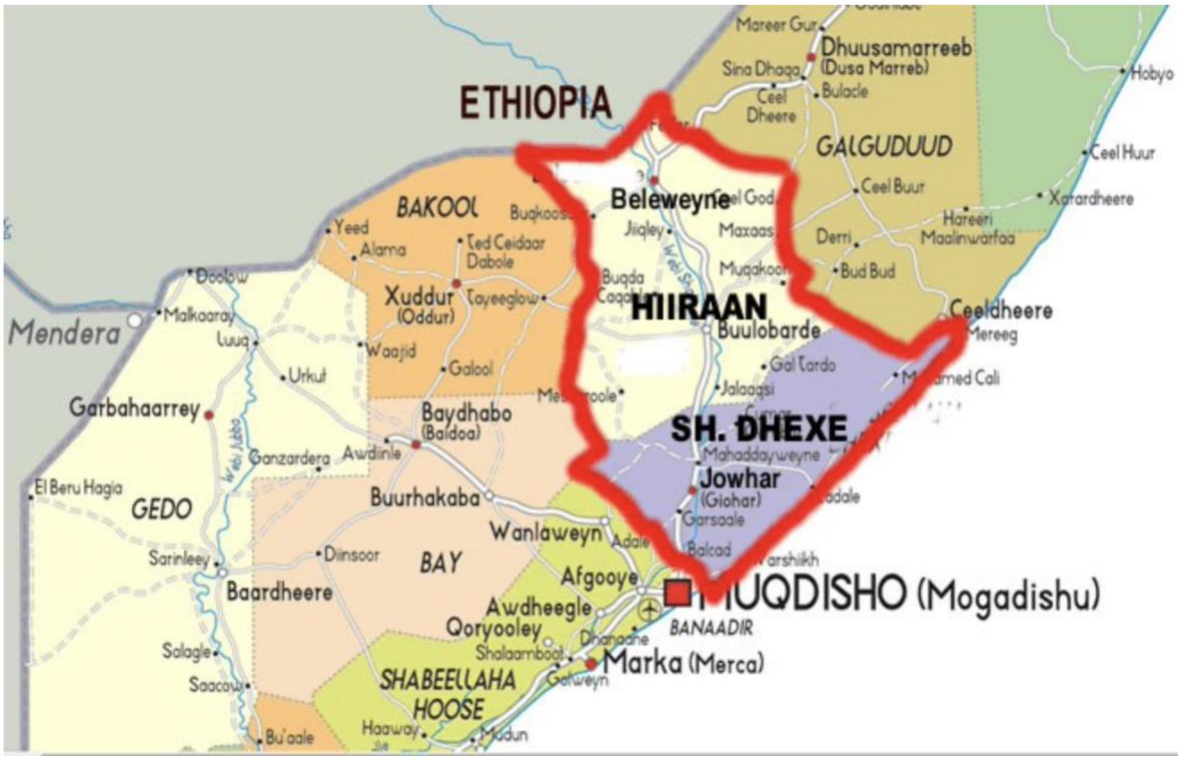

Figure 3-1:Hirshabelle State and Jowhar District

[9] https://unhabitat.org/sites/default/files/2020/12/jowhar_urban_profile_1.pdf

The re-construction of the MCH 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.

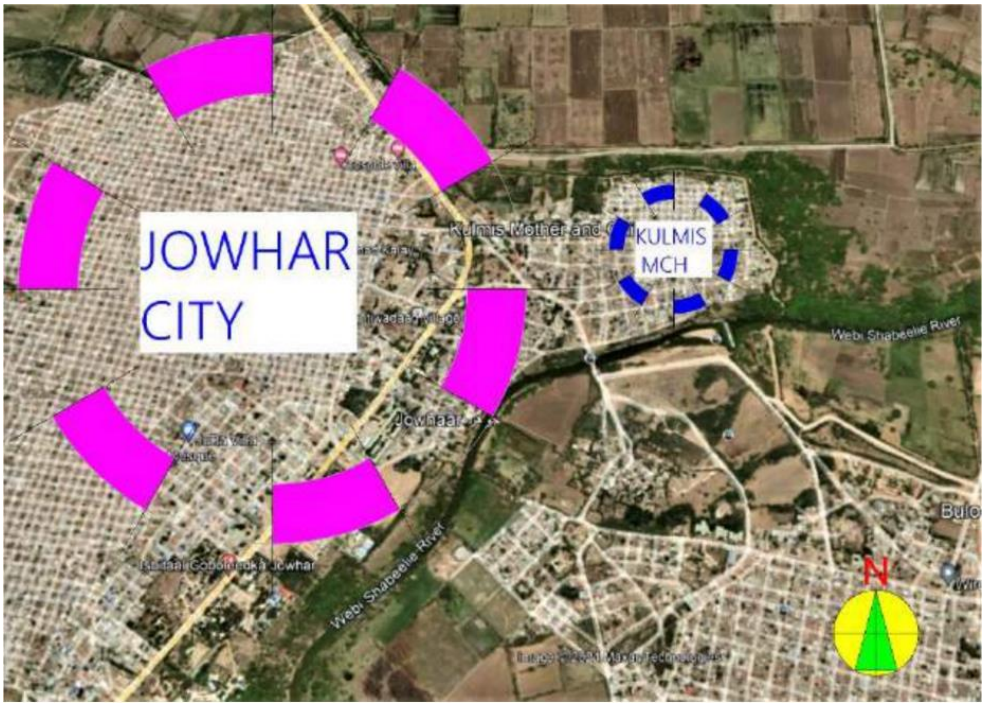

Figure 3-2: Kulmis site location with MCH

3.2 Physical Environment

Topography: Jowhar District, in which the MCH is located, is located is in the Middle Shabelle Region and Jowhar is the capital of the Hirshabelle State. Elevation is ca. 100 meters. It is generally flat, and the city is surrounded by crops. The landscape of the area is conditioned by the Shabelle River. Mango crop fields exist along the river and cereal crop field occur further away from the river. There is an extensive irrigation network for agriculture, which is developed at the east side of town while the flood prone areas of the west are reserved for rice plantations.[10]

[10] UNHABITAT, Jowhar Urban Profile, Working Paper and Spatial Analyses for Urban Planning Consultations and Durable Solutions for Displacement Crisis, November 2020, p.11

Figure 3-3: Aerial View of Jowhar

Geology and Soil: The soil in Jowhar consist of floodplan, alluvial plan with fertile clay loam and dark clay. The land is affected by degradation, especially in the east, due to increased farming, reduction of vegetation cover and tree cutting.[11]

Climate: The average annual temperature in Jowhar is 27.3 C, with an average annual rainfall of 483 mm. There are seasonal monsoon winds, and irregular rainfall as well. The gu rains (Southwest Monsoons) begin in April and last until July, which is the best time for vegetable growth in the District.

[11] Ditto, p.11

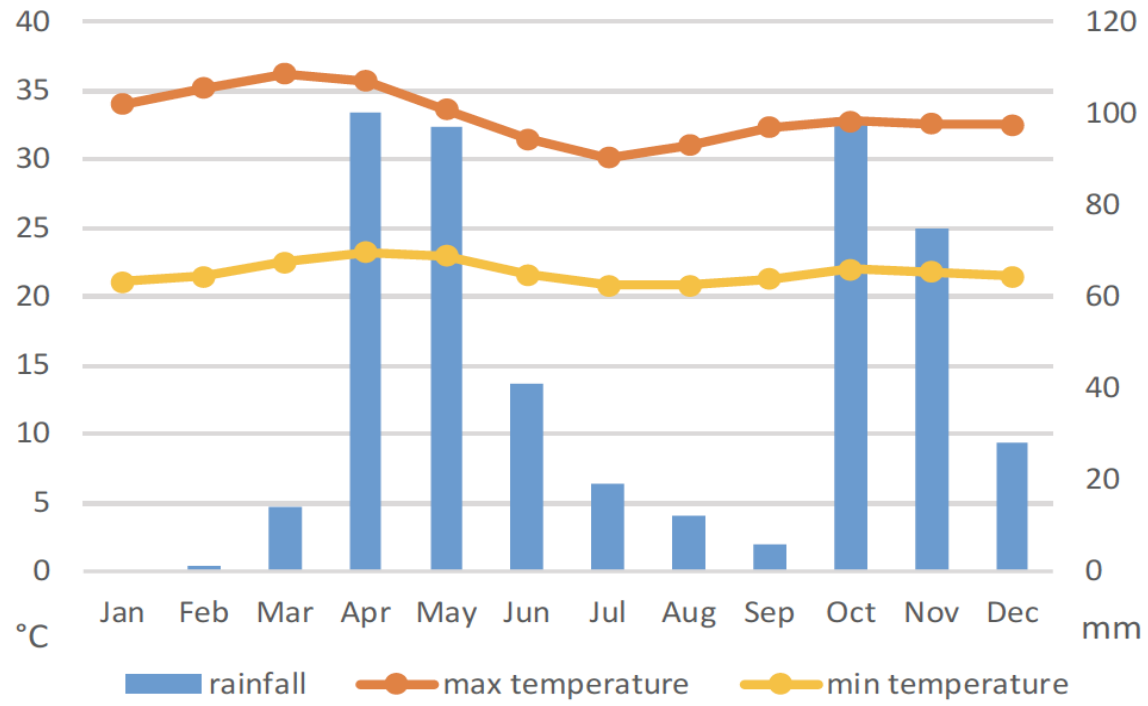

Figure 3-4: Climate in Jowhar District[12]

Water Resources and Hydrology: Jowhar District is prone to recurrent flooding during the rainy season. While it is prone to recurrent flooding, it almost dries up at other times of the year. River management and related disaster prevention and mitigation are almost completely absent. Seasonal variations in river flow at Jowhar are less pronounced than upstream of the Shabelle River. The government had constructed structures for the diversion of excess water during high flows in the past, and redirecting it to the river during low flows. However, these structures are not functional anymore and a lot of this water in the area is diverted for irrigation. Furthermore, silt and rubbish has accumulated in the past 30 years in the river channels, which causes increasingly frequent bank over-topping and damage to surrounding farmlands. In addition, the dry season water flows have become lower and lower, and sometimes failing entirely due to upstream damming and over-use in Ethiopia.[13] Floods regularly displace local populations.

While the population accesses the river water, except when it is dried up, there is generally a lack of clean water. During the dry seasons lack of access to water can lead to conflict.

[12] UNHABITAT, p.11

[13] UNHABITAT, p. 12.

3.3 Socio-economic Environment

Population: The population of Jowhar town is 47,068.[14]

Livelihoods: Jowhar thrives from its agriculture. Agricultural products include maize, beans, rice, sesame, onions and sorghum. It further contains fruits, including mango, guava, lemon, banana and tomato and onions. However, there is also livestock production, including cattle, goats, camels, sheep and poultry. A local market exists with ca. 1,000 stalls, and trading is regulated by the Chamber of Commerce. The main market is in Hantiwadag village (Suuq Wey nee Jowhar). Many livelihoods and a lot of the national food security depends on the Shabelle River in Hirshabelle.

Administration and Governance: Jowhar District does not have a district council yet. It has a district administration led by a District Administrator who was appointed by the federal government of Somalia, in consultation with the state government. The District Administrator has a Deputy District Administrator and two Secretaries for Security and Finance. The administration consists of multiple local sub-clans. Furthermore, a council of elders exists in Jowhar, which is influential, in particular in matters concerning clan conflict and local resource conflicts. It works with the local government to help with local peace and security. The council consists of 40 members from various sib-clans.[15]

Education: Jowhar has 7 schools. 5 of the schools (Barsane, Adde, Hanafi, Imamu Shai'I and Horseed) are private schools, and 2 of them (Buule Balle and Sheikh Oyaye) are public. The private schools offer primary and secondary levels to around 5000 students. The public schools only offer primary education to ca. 700 students. Furthermore, Jowhar has 2 universities with programs such as business administration ,IT, public administration, medicine and agriculture. 33 percent of the District population has not accessed educational services due to the lack of schools[16].

Health Care Facilities: Jowhar town has a main district general hospital that serves as a referral facility for health facilities in the area including Kulmis MCH. Other functioning health centers are run by "Action Against Hunger" and "MARDO NGO" a Mothers and Children's Hospital. 3 private

[14] https://worldpopulationreview.com/countries/cities/somalia

[15] UNHABITAT, Jowhar Urban Profile, Working Paper and Spatial Analyses for Urban Planning Consultations and Durable Solutions for Displacement Crisis, November 2020, p.6

[16] UNHABITAT, , p.14.

hospitals offer services to the population. At the district level, only 48 percent of inhabitants have access to health services. This is due to the lack of nearby health facilities, affordability, and inaccessibility due to security.

The target MCH for reconstruction in Jowhar consists of existing plastered masonry block building that is flood-damaged as well as a kitchen, GBV clinic, 'under 5' clinic, pit latrines, incinerator and wash area. The MCH is estimated to receive an average of 90-130 patients per day. Among the services offered at the facility are:

- Outpatient services for under 5 years of age
- Outpatient services for over 5 years of age
- Outpatient for youth
- Ante-natal and postnatal consultation
- Nutrition OTP (Outreach Therapeutic Feeding Program)
- Vaccination services under the Expanded Programme for Immunization (EPI)
- Wound Dressing room
- Isolation room for Measles and Cholera
- GBV offices
- Normal delivery services were stopped due to challenges of accessibility to the hospital occasioned by floods

Figure 3-5: Kulmis MCH, the Main blue building in the background, is the current hospital building, the under 5 clinic is pictured on the right

Figure 3-6: current Kulmis MCH, waiting area in red iron sheets, under 5 clinic to the right and the laundry area, pit latrine and entrance in the background

Figure 3-7: Access to current Kulmis MCH during rainy season

Data was obtained from the Facility Operator on the population who are benefiting from the Kulmis MCH as per the table below.

Table 3-1: People benefitting from the MCH

Region	District	Town/ Village	Type of service	Catchment population			# of targeted U5		# of targeted women		
				Total Estimated Pop	Under 5 yrs	Women Child Bearing Age	U 6 months	6-59 months	Pregnant Lactating Women	Post-Partum	Women Child Bearing
Bakool	Jowhar	Kulmis Village	Primary Healthcare (MCH & EPI Nutrition referral)	31,720	5,392	8,786	602	4,790	5,202	1,395	8,786

Source: Client data

4 Project Description

Kulmis MCH provides out-patient services, ante-natal & post-natal consultation, measles and cholera isolation services, mental health services and supports nutrition & vaccination programs. The reported average daily outpatient numbers is 90-130. Cases requiring specialized medical attention are transferred to the nearby District Hospital. The existing flood-damaged main clinic and a few of the support functions are not feasible for rehabilitation, and new buildings were designed to applicable standards.

Some of the challenges outlined by the facility operator are as follows:

- Inaccessibility. During rainy seasons the access road gets flooded; impeding people from accessing the facility.
- The pooling of rainwater within the site slowly aids in deterioration of the buildings.
- The flow of functions in the existing MCH is not integrated (the building was initially a Community Centre and was retrofitted to become a health care facility after a cholera outbreak in 1993). Confusion sometimes arises while offering medical services.

- A section of the perimeter fencing is made from CGI sheets. It is temporary and can easily be damaged by flooding hence exposing the facility. The paint on the plastered masonry boundary walling has been washed off exposing the plaster.
- The flue to the Incinerator is badly corroded; it should be replaced.
- Water storage and distribution tanks: the number of patients the facility serves is vast and the current capacity of water storage and distribution tanks is not adequate.
- The primary school is within the compound of the MCH, causing a clash of functions.
- The primary school be separated from the MCH.

The concept design layout was developed and presented to the State authorities (via the Project Implementation Unit - PIU and the State Project Team -SPT) and received endorsement. Following completion of the preliminary drawings, the online meeting was also held between the UNOPS Architect and the District Medical team to share the design and receive an endorsement on this. Kulmis MCH is located at the following coordinates: 2°46'53.87"N, 45°30'23.33"E.

No land and resettlement impacts are anticipated because the proposed site is on public land and has an already 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 labor requirements. These local laborers 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 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 complete with basic amenities, such as electricity, water, sanitation, and waste management facility etc. The proposed single-storey building will measure 244 m^2. The support facilities total an area of 86m^2 hence a total built up area of 330m^2. The Figure below shows the floor plan for the proposed Kulmis MCH developed according to the UNOPS design planning manual.

Demolition of existing structures:

- 2 Pit latrines
- A corrugated waiting shed
- Laundry area

There is and open piece of land within the facility that will allow for new construction to take place while the facility remains operational.

The main building and support facilities are proposed to have the following:

- 3 consultation rooms
- Delivery room
- Anta natal/post-natal
- Waiting room
- Store
- Pharmacy
- Reception
- Wound-dressing room
- Measles and cholera isolation
- Mental health room
- Public washroom with separate male and female facilities
- Staff changing and washroom with separate male and female facilities
- Laundry area
- Repair of incinerator flue
- Placenta pit and ash pit (1.5m diameter and 2m depth with concrete walls and 150mm concrete cover with a covered access manhole. Free draining hardcore at the bottom of the pit to allow biodegradation).

The main building and the gate house will be assessed for demolition upon completion of the project.

Other amenities and services designed for the upgrade of the existing facility include:

- water storage capacity of 32,000 litres (8,000 litres overhead tank and three 8000 litres ground level tank)
- soak pits and septic tank for wastewater management
- solar panels for electricity supply.
- Perimeter masonry wall

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.

Operational waste:

- **Waste water:** The proposed waste water disposal will be to a septic tank and proposed soakpit. Septic tank sludge will be disposed.

- **Solid waste:** will be collected in storage bins and disposed of.
- **Medical waste:** Maternity functions will be included in the MCH and a placenta pit has been provided in the design to cater for the medical waste disposal of the placenta in a culturally acceptable way. There is an existing incinerator which will allow for handling of other medical waste on site. A new ash pit will be built as the existing one collapsed.
- **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 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.

Alongside the proposed designs are the environmental, social health and safety aspects considered which have been highlighted in the management plan. The management plan has moved further to identify possible impacts that may arise when the maternal and child health facility is now in operation.

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.

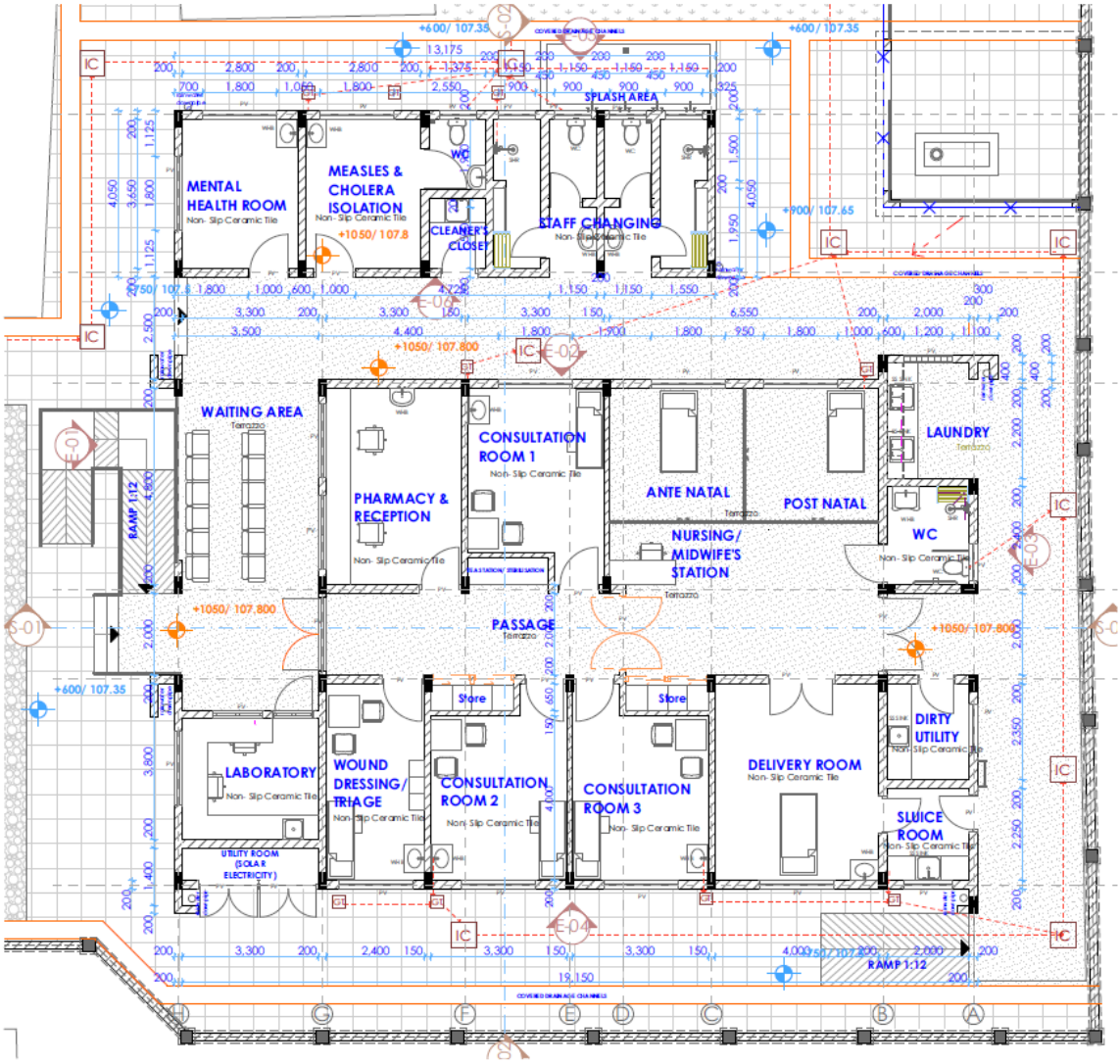

Figure 4-1: The proposed design for reconstruction of the MCH

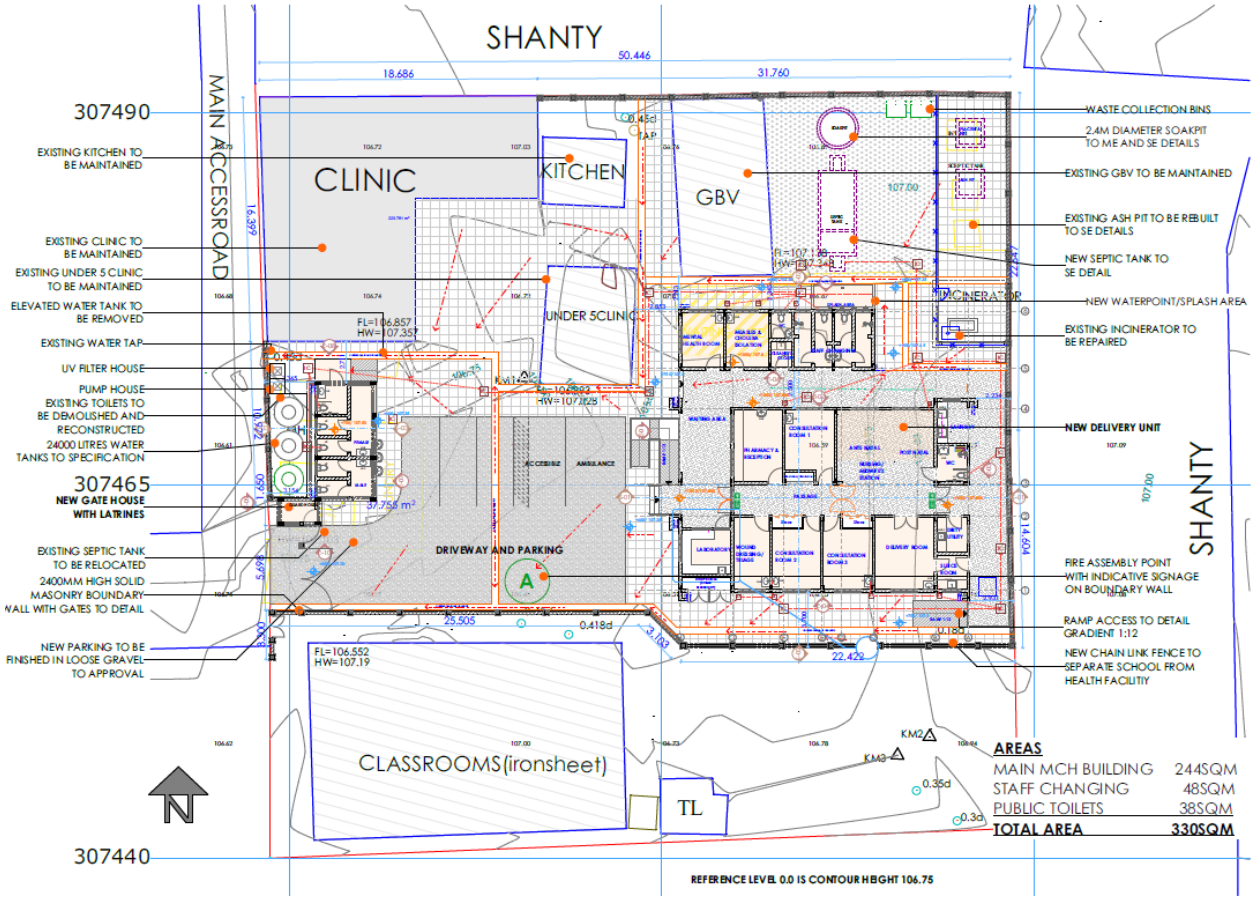

Figure 4-2: The proposed site plan for the reconstruction of MCH

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 MCH:

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 aluminum sections

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
- Geotechnical Investigations
- Design of a layout plan
- Detailed Design (Architectural, Structural, Mechanical & Electrical) of the Main MCH and other support facilities buildings.

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 Health Facilities (Main 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 materials requirements to undertake the re-construction of the MCH are building sand, stone aggregates, cement, concrete blocks, plumbing accessories etc. 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.

Operation Phase: The operational phase activities will include:

- Training of the health workers in the management of generated clinical waste
- Establishment of Standard Operating Procedures for the hospital, including emergency response procedures.
- Ensuring adherence to occupational Health and Safety for the workers to avoid, among others, cross contamination from point of generation to actual incineration or final disposal.
- Operation of the MCH in full compliance with the Medical Waste Management Plan provided towards the end of this document (annex 5).
- Maintenance of the solar panel to ensure they are safe from vandalism.

5 Environmental and Social Risks and Impacts

This section lists the anticipated positive and adverse impacts associated with the reconstruction of the Kulmis MCH.

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 MCH 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. This is particularly important given the current pressures on the Jowhar District health system through the increased numbers of IDPs, which have been moving into the area.[17]

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

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,
- 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,
- 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,

[17] UNHCR, CCM Cluster Somalia, Jowhar IDP Site Verification 2021, accessed at: https://data.unhcr.org/en/documents/details/89251

- 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,
- Limitations in effective community engagements and participation,
- Security for project operations including the protection of project-affected persons,
- Community health and safety risk: traffic safety, water and sanitation safety, life and fire safety, protection from COVID-19.

Operation 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
- Soil and water contamination,
- 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 mare spill of health care waste

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 6-1: Environmental & Social Management Plan: Re-construction of MCH

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts						
ESS 1	**Preparation Phase**					
	Access to beneficiaries for meaningful 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
	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
ESS 2: Labour and Working Conditions						
ESS 2	**Construction Phase**					

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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	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 log book showing site visited and actions taken	monthly

	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 accustic 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	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	

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		○ Implement quality control and maintenance programs that reduce unnecessary forces and exertions			# of rest and stretching breaks per work day	
	Risk of labor influx leads to increase of GBV cases	○ All workers to sign CoCs. ○ Dedicated reporting channel for victims through Project GRM	Contractor	Incl in contractor staff costs	% of signed COCs	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 payment ○ Ensure provision of workers' GRM	Contractor	Incl in contractor staff costs	# of recruitment and retention policies available % of workers that signed COCs	Monthly

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	Risks of child and forced labor resulting in employing of underage children and human trafficking	○ Set-up of a workers' GRM to ensure their voices / complaints are heard ○ Contractor to maintain staff records, ID copies	Contractor	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
	Risk of workers being unaware of the dangers at the site (quarries, construction site etc…) leading to injury	○ Regular review and provision of PPE to the project sites. The PPE includes but not limited to: safety boots, safety googles, hard hats, gloves, dust masks, reflective jackets, overalls and dust coats. ○ Workers' GRM in place ○ Regular fire drills	Contractor	incl. in contractor budget	# of regular reviews conducted # of grievances logged # of fire drills conducted	Monthly
	Operation Phase					

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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 standards[18] ○ Rigorously segregate waste so that no PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal	MCH administration	Incl. budget of MoH	# of labelled secure bags for generated medical waste # of Wastewater and air emissions analytical results available	Quarterly

[18] https://www.who.int/publications-detail-redirect/9789241548564

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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	Monthly

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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
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)[19], 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 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 employees and public ○ 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	Contractor	waste management costs 10,000 USD lump sum per site	# 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

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		affect the drinking water sources, cultivation fields, irrigation channels, natural drainage paths, wetlands and critical habitat, the existing waste management system in the area, local routes, and general aesthetic value of the area				

[19] WBG EHS Guidelines, Waste Management, accessed at: https://www.ifc.org/wps/wcm/connect/456bbb17-b961-45b3-b0a7-c1bd1c7163e0/1-6%2BWaste%2BManagement.pdf?MOD=AJPERES&CVID=nPtgwEW

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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	5,000 USD	# of water closet toilet facilities available % of toilets leaking Toilets are well maintained # of latrines provided % of latrines filled # of workers openly defecating Sanitary arrangements part of toolbox talk	monthly

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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	# of construction materials left over at the end % of waste at construction site is disposed of appropriately # of waste bins available at construction sites	Throughout project implementation
	Operation Phase					
ESS 4: Community Health and Safety						
	Construction Phase					

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
ESS 4	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 sessions # of specialists engagement % of workers that have signed CoC	monthly

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	Risk of spread of communicable diseases (Sexually Transmitted Diseases SIIs , 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 % or works with access to face masks and sanitizer	monthly

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	Impacts of dust, air pollution and noise generation	○ High level maintenance of the 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
	Operation Phase					

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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)	MCH administration	Incl. budget of MoH	# of cleaning equipment available % of cleaners trained	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
	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

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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 MCH 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. 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 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)	The DMO will be engaged in ensuring the facility meets the necessary technical standards as specified in the design.
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 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 contractors are 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.

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, ○ Health and safety supervision: ○ Usage of PPE by workers ○ Worker accommodations for foreign workers; ○ Highlights of inspection ○ Training conducted and workers participated ○ Workers grievances ○ Community grievances ○ Chance find (if any), in accordance with Project Chance Find Procedures (Annex 5)	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.

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.

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) [20].

Initially the PIU and UNOPS Teams traveled to Jowhar in February 2021 for a joint assessment mission to identify flood-affected health facilities, roads, among other infrastructures (see Annex 1 for participants of consultations). During this field assessment mission, district and community level consultations were held in Jowhar. At this point, the specific site was not yet decided on and the objective was to identify the key needs of the local communities and to allow for the prioritization of specific flood-affected infrastructure. Key issues for consultations included the provision of all sub-project related information to affected communities, ensure coordination between the SCRP and local authorities and community structures, receive feedback and comments on the identification of projects, receive feedback and comments on the potential environmental and social risks of the identified projects and planned mitigation measures, and discuss investment sustainability, as well as familiarize communities with the Project GRM. In addition, after the consultations, the SCRP provided project information through its website, flyers directly distributed in communities, and radio shows. The list of attendees is included as Annex 1 of this document. The consultations consisted of separate sessions with different types of stakeholders, including local authorities.

District Level Consultations: On February 2, 2021, the field assessment team met with the local government officials and community leaders in Jowhar. The meeting was attended by local government officials and community leaders in Jowhar, the District Commissioner, officials from various ministries, youth and women's representatives, community elders, business people and religious leaders.

All those who addressed the meeting spoke about their immediate priority needs and listed the following:

- Management of flash floods
- Rehabilitation of roads damaged by frequent flooding
- Rehabilitation and construction of MCHs

[20] 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; 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

- Rehabilitation and construction of boreholes and wells

Sessions with IDP members: Members of the IDP community in Jowhar consist of some of the most vulnerable populations. They stated that their main problem with the flash floods is the inaccessibility of roads meaning that they cannot fend for their daily livelihoods. Floods are causing crop failure leading to malnutrition and food insecurity.

Figure 10-1: Consultations in Jowhar with Local Government

Once the rehabilitation of the MCH was decided on, follow-up site visits and stakeholder engagements were undertaken:

Table 10-1: Details of the stakeholder consultation

Date	Type of Consultation	Stakeholders Consulted	Issues discussed
2 February 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
April 2021	Design Questionnaire Input (Via email & Phone)	District Medical Office (DMO). Health Facility Operator (International Medical Corps)	Collected data and information on patient numbers, facility operations, current support infrastructure, services provided etc as input to design development.
15-16 October 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 Kulmis MCH
9 February 2022	DMO/ Operator Consultations (virtual)	District Medical Office (DMO). Health Facility Operator Relief International	Consultations on design requirements
26 February 2022	DMO/ Operator Consultations (email communication)	District Medical Office (DMO). Health Facility Operator Relief International	Confirmation of available land for school and health facility
12 May 2022	DMO/ Operator Consultations (virtual)	District Medical Office (DMO). Health Facility Operator Relief International	Preliminary Layout discussions
In progress as of 20 June 2022	DMO/ Operator review of site plan and floor plan layout	District Medical Officer (DMO) Health Facility Operator (International Medical Corps)	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.[21] 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'.[22] 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 ESMF[23]). 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.

[21] 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.

[22] World Bank, Environmental and Social Framework, 2018, p. 131.

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

12 Implementation Budget

Table 12-1: Implementation Budget

	Required Resources	**Costs in USD**
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	8000
10.	Cost of PPE	2000
11.	Cost of OHS and other Training	1000
13.	Construction Waste Disposal	10000
14.	Safety Signages	1000
15.	Community engagement	Included in staff costs
16.	Latrines	5000
	TOTAL	**20 500**

13 Conclusions

The proposed construction of the Kulmis MCH is conducted under Component 2 of the Somalia Crisis Recovery Project (SCRP). The project aims to build a modern MCH as part of reconstruction of flood damaged infrastructure. The proposed MCH 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 MCH 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 MCH 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 MCH 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 SCRP E&S instruments, World Bank Environmental and Social Standards (ESSs) and local legislation.

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World Bank, Good Practice Note on 'Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works'

Annex 1: Community Consultations: Stakeholders Consulted

STAKEHOLDER MEETING PARTICIPANTS IN JOWHAR, HIRSHABELE (Tuesday, February 2, 2021)

NAME	TITLE	TEL
1. Ismail M. Nur	Minister of Planning Hirshabele State	0612699254
2. Ahmed Kheyre Makaran	Governor of Middle Shabelle Region	0615872342
3. Muhidin Mukhtar	State Minister of Health Hirshabele State	0615576961
4. Abdihamid M. Ali	Deputy Minister of Planning Hirshabele State	0618569108
5. Safiyo Ahmed Cifow	Mopic/Human Resources	0618569108
6. Abdullahi Mohamed Hassan	Mopic/Human Resources	0619742521
7. Salah Mudey Ali	Mayor of Jowhar	0616308611
8. Osman Mohamed Mukhtar	District Commissioner, Jowhar , Hirshabele State	0615882088
9. Mohamed Abdi	Deputy Governor Middle Shabelle Hirshabele State	0615565198
10. Abdirahman Addow	Director of Social Affairs ,Hirshabele State	0615561111
11. Kafia Adan	Director of Youth organizations	0615688768
12. Abdiwahab Ali	Director General Public Works, Hirshabele State	0615080449
13. Sharifo Abdulle	Chairwoman Women's organization	0615550886
14. Abdiqani Muse	Stakeholder Engagement, PIU	0618303838
15. Adan Abdi Adan	Senior Project Coordinator , UNOPS	0615918230
16. Eng. Khalid Mohamed	Civil Engineer, UNOPS	0615764977
17. Eng. Abdinur Farah	Project Engineer, PIU	0617895176
18. Eng. Mohamed Mohamud	Civil Engineer, UNOPS	0612186799

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.

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

5. Violation of human rights and fundamental freedoms
– - 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
6. Corruption and Economic crimes
– Unethical conduct
7. Labor and working conditions
– Termination/Summary Dismissal,
– Breach of Employment Contract Terms
– Conflicts with Trade Unions
– Work Injury
– Discrimination
– Sexual Harassment
– Remuneration
– Wrongful termination
– Suspension
– Waiver of Claims
8. Environmental compliance violations
– Violation of environmental standards laid out in the ESIAs, ESMPs, and ESMF , including complaints about noise, dust, pollution, waste accumulation, debris, wastewater, damages to the eco system etc…
9. Occupational Health and Safety (OHS)
– Violation of occupational health and safety measures and standards laid out in the ESMF, ESMPs – Issues of Community Health and Safety
11. Gender-Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) / Sexual Harassment (SH)
– 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.[24] 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 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

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

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'). Worker-related grievances will be handed over to a workers' GRM (see below). 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 allegations that require investigation or interventions of a different kind	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… 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.

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 disclose delayed information, clarify existing information, and correct misleading information	• Acknowledge reception of the grievance, detail the steps to follow, and provide the appropriate 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 - 21days

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 Monitoring Plan

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

Annex 4: Code of Conduct for Workers

International Labor Conventions and Recommendations: The International Labor Standards (i.e., Conventions and Recommendations) have served as the foundation on which much of this Code of Conduct is based.

1. Scope of Application:
It is expected that these principles apply to contractors, suppliers and their employees, parent, subsidiary or affiliate entities and subcontractors. It is expected that contractors ensure that this Code of Conduct is communicated to their employees, parent, subsidiary and affiliated entities as well as any subcontractors, and that it is done in the local language and in a manner that is understood by all. This Code of Conduct provides the minimum standards expected. In addition, contractors should note that certain provisions of this Code of Conduct will be binding in the event the contractor is awarded a contract by the Project pursuant to the terms and conditions of any such contract. Failure to comply with certain provisions may also preclude contractors from being eligible for a contract award.

2. Continuous Improvement:
The provisions as set forth in this Code of Conduct provide the minimum standards expected of contractors. It is expected that contractors strive to exceed both international and industry best practices. It is also expected that contractors encourage and work with their own suppliers and subcontractors to ensure that they also strive to meet the principles of this Code of Conduct. It is recognized that reaching some of the standards established in this Code of Conduct is a dynamic rather than static process and encourages suppliers to continually improve their workplace conditions accordingly.

3.Management, Monitoring and Evaluation:
It is the expectation that contractors, at a minimum, have established clear goals toward meeting the standards set forth in this Code of Conduct. It is expected that contractors will establish and maintain appropriate management systems related to the content of this Code of Conduct, and that they actively review, monitor and modify their management processes and business operations to ensure they align with the principles set forth in this Code of Conduct. Contractors participants in the Global Compact are strongly encouraged to operationalize its principles and to communicate their progress annually to stakeholders.

Labor:

4. Freedom of Association and Collective Bargaining: It is expected that contractors recognize the freely-exercised right of workers, without distinction, to organize, further and defend their

interests and to bargain collectively, as well as to protect those workers from any action or other form of discrimination related to the exercise of their right to organize, to carry out trade union activities and to bargain collectively.

5. Forced or Compulsory Labor: It is expected that contractors prohibit forced or compulsory labor in all its forms.

6. Child Labor: It is expected that contractors do not employ: (a) children below 18 years of age or, if higher than that age, the minimum age of employment permitted by the law of the country or countries where the performance, in whole or in part, of a contract takes place, or the age of the end of compulsory schooling in that country or countries, whichever is higher; and (b) persons under the age of 18 for work that, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of such persons.

7. Discrimination: It is expected that contractors ensure equality of opportunity and treatment in respect to employment and occupation without discrimination on grounds of race, colour, sex, religion, political opinion, national extraction or social origin and such other ground as may be recognized under the national law of the country or countries where the performance, in whole or in part, of a contract takes place. It is expected that contractors take all appropriate measures to ensure that neither themselves nor their parent, subsidiary, affiliate entities or their subcontractors are engaged in any gender-based or other discriminatory employment practices, including those relating to recruitment, promotion, training, remuneration and benefits.

8. Wages, Working Hours and Other Conditions of Work: It is expected that contractors ensure the payment of wages in legal tender, at regular intervals no longer than one month, in full and directly to the workers concerned. Suppliers should keep an appropriate record of such payments. Deductions from wages are permitted only under conditions and to the extent prescribed by the applicable law, regulations or collective agreement and suppliers should inform the workers concerned of such deductions at the time of each payment. The wages, hours of work and other conditions of work provided by suppliers should be not less favorable than the best conditions prevailing locally (e.g. collective agreements covering a substantial proportion of employers and workers / arbitration awards / applicable laws or regulations) for work of the same character performed in the trade or industry concerned in the area where work is carried out.

9. Health and Safety: It is expected that contractors ensure, so far as is reasonably practicable, that: (a) the workplaces, machinery, equipment and processes under their control are safe and without risk to health; (b) the chemical, physical and biological substances and agents under their control are without risk to health when the appropriate measures of protection are taken; and (c) where necessary, adequate protective clothing and protective equipment are provided to prevent, so far as is reasonably practicable, risk of accidents or of adverse effects to health.

Human Rights:

10. Human Rights: It is expected that contractors support and respect the protection of internationally proclaimed human rights and to ensure that they are not complicit in human rights abuses.

11. Harassment, Harsh or Inhumane Treatment: It is expected that contractors create and maintain an environment that treats all employees with dignity and respect. It is further expected that contractors, as well as their parent, subsidiary and affiliated entities along with any subcontractors, will neither use or engage in, nor allow their employees or other persons engaged by them to use or engage in, any: threats of violence, verbal or psychological harassment or abuse, and/or sexual exploitation and abuse. Sexual exploitation and abuse violate universally recognized international legal norms and standards and are unacceptable behavior and prohibited conduct. Prior to entering into agreements, contractors are informed of the standards of conduct with respect to the prohibition of sexual exploitation and abuse, expected. Such standards include, but are not limited to, the prohibition of: (i) engaging in any sexual activity with any person under the age of 18, regardless of any laws of majority or consent, (ii) exchanging any money, employment, goods, services, or other things of value, for sex, and/or (iii) engaging in any sexual activity that is exploitive or degrading to any person. It is expected that contractors take all appropriate measures to prohibit their employees or other persons engaged by the suppliers, from engaging in sexual exploitation and abuse. It is also expected that contractors create and maintain an environment that prevents sexual exploitation and abuse. Contracts will contain provisions concerning a supplier´s obligation to take appropriate measures to prevent sexual exploitation and abuse. The failure by a supplier to take preventive measures against sexual exploitation or abuse, to investigate allegations thereof, or to take corrective action when sexual exploitation or abuse has occurred, constitute grounds for termination of any agreement. Moreover, no harsh or inhumane treatment coercion or corporal punishment of any kind is tolerated, nor is there to be the threat of any such treatment.

12. Mines: It is expected that contractors do not to engage in the sale or manufacture of anti-personnel mines or components utilized in the manufacture of anti-personnel mines.

Environment:

13. Environmental: It is expected that contractors have an effective environmental policy and to comply with existing legislation and regulations regarding the protection of the environment. Suppliers should wherever possible support a precautionary approach to environmental matters, undertake initiatives to promote greater environmental responsibility and encourage the diffusion of environmentally friendly technologies implementing sound life-cycle practices.

14. Chemical and Hazardous Materials: Chemical and other materials posing a hazard if released into the environment are to be identified and managed to ensure their safe handling, movement, storage, recycling or reuse and disposal.

15. Wastewater and Solid Waste: Wastewater and solid waste generated from operations, industrial processes and sanitation facilities are to be monitored, controlled and treated as required prior to discharge or disposal.

16. Air Emissions: Air emissions of volatile organic chemicals, aerosols, corrosives, particulates, ozone depleting chemicals and combustion by-products generated from operations are to be characterized, monitored, controlled and treated as required prior to discharge or disposal.

17. Minimize Waste, Maximize Recycling: Waste of all types, including water and energy, are to be reduced or eliminated at the source or by practices such as modifying production, maintenance and facility processes, materials substitution, conservation, recycling and re-using materials.

Ethical conduct:

18. Corruption: It is expected that contractors adhere to the highest standards of moral and ethical conduct, to respect local laws and not engage in any form of corrupt practices, including but not limited to extortion, fraud or bribery.

19. Conflict of Interest: It is expected that contractors disclose any situation that may appear as a conflict of interest, and disclose if any official or professional under contract may have an interest of any kind in the supplier's business or any kind of economic ties with the supplier.

20. Gifts and Hospitality: No invitations to sporting or cultural events should be accepted, offers of holidays or other recreational trips, transportation, or invitations to lunches or dinners. It is expected that contractors do not offer any benefit such as free goods or services, employment or sales opportunity to staff members in order to facilitate the contractors´ business with the Project entities.

21. Post-employment restrictions: Post-employment restrictions may apply to staff in service and former staff members who participated in the procurement process, if such persons had prior professional dealings with suppliers. Contractors are expected to refrain from offering employment to any such person for a period of one year following separation from service.

Annex 5: Medical Waste Management Plan

Table 2 Medical Waste Management Plan - Operational Phase

E&S Risks and Impacts	Mitigation Measures	Monitoring Indicator	Responsibility/ Frequency of Monitoring	Date of Inspection/Review DD/MM/YYYY		Budget in USD
				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 • 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 WBG/IFC EHSGs for HCFs[25] Wastewater	% of waste segregated % of waste segregated in color coded containers # of records of PVC removed from medical waste stream # of labelled secure bags for generated medical waste	MoH Daily / monthly			MoH staff costs

[25] 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.

	• 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;	• 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	# of risk assessment produced and record of safety training/sensitization. # of safety training sessions recorded	Health Care Facility Environmental Health Officer Daily			MoH budget

Chemical use; Ergonomic hazard; Radioactive hazard	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					
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 Budgegt
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.	# 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

	• 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)					
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	# 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

	healthcare facility policies and local regulations					
Risk of infection to the handlers	• Segregate medical/health care waste at generation point	% of medical waste segregated at source	HCF Environmental Health Officer Weekly			MoH budget
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 mare spill of health care waste	• 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 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 the defined route for transportation of medical waste and the vehicle properly labelled # of public complaints # of times records are made available	MoH Weekly			MoH budget