FEDERAL REPUBLIC OF SOMALIA

MINISTRY OF FINANCE

ADDITIONAL FINANCING OF THE THIRD RECURRENT COST AND REFORM FINANCING PROJECT (RCRF III)

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

FINAL

25th September 2022

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ACRONYMS AND ABBREVIATIONS

AF	Additional Financing
BRA	Benadir Regional Authority
CBS	Central Bank of Somalia
COPM	Comprehensive Operating Procedures Manual
CMU	Country Management Unit
DLI	Disbursement Linked Indicator
EAFS	External Assistance Fiduciary Section
ESF	Environment and Social Framework
EU	European Union
ESMF	Environment and Social Management Framework
FCV	Fragile, Conflict and Violence
FGS	Federal Government of Somalia
FM	Financial Management
FMS	Federal Member States
FY	Fiscal Year
GDP	Gross Domestic Product
HR	Human Resource
IFRS	International Financial Reporting Standards
IGFR	Inter-Governmental Fiscal Relations
IMF	International Monetary Fund
IPF	Investment Project Finance
IPF-DLI	Investment Project Finance with Disbursement Linked Indicators
ISN	Interim Strategy Note
ISR	Implementation Status and Results Report
M&E	Monitoring and Evaluation
MDA	Ministries Departments and Agencies
MoF	Ministry of Finance
MPF	Somalia Multi-Partner Trust Fund
MTR	Mid Term Review

OP	Operation Policy
PDO	Project Development Objective
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PFM	Public Financial Management
RCRF	Recurrent Cost & Reform Financing
SCD	Systemic Country Diagnostics
SDRF	Somalia Development and Reconstruction Facility
SFMIS	Somalia Financial Management Information System
TA	Technical Assistance
TSA	Treasury Single Account
WB	World Bank
WCO	World Customs Organization

PREAMBLE

This is the Environmental and Social Management Framework (ESMF) for the Additional Financing of the third phase of the Recurrent Cost and Reform Finance Project (RCRF III). The ESMF ensures that the project activities are compliant with the World Bank Environment and Social Framework's (ESF) Environmental Social Standards. The objective of this ESMF is to set out the principles, rules, guidelines and procedures to assess the environmental and social impacts and develop mitigation measures as well as carry out monitoring to ensure that environment and social aspects are duly considered. This development of this ESMF was informed by consultations with the Federal Government of Somalia's Ministry of Finance/PIU as well as, various key stakeholders at the national, state and community level in Somalia and social, environmental and GBV experts at the World Bank.

1. INTRODUCTION AND PROJECT CONTEXT

PROJECT DESCRIPTION AND OBJECTIVE

The Project Development Objective (PDO) is to support the Federal Government of Somalia Eligible Federal Member States to strengthen resource management systems, the inter-governmental fiscal framework, and service delivery systems in health and education. PDO level indicators include:

- Strengthened resource management systems: i) share of civil servants' salaries financed by government, and ii) eligible civil servants salaries paid on time.
- Strengthened FGS transfers to FMS: FGS' transfers execution rate to FMS.
- Strengthened Service Delivery in FMS/BRA: i) Students enrolled in schools that receive performance-based school grants (disaggregated by gender), and ii) Female Health Workers selected according to guidelines, are trained and actually providing services.

Project Beneficiaries

The primary beneficiaries of the proposed project will be the government, civil servants and employees of the implementing ministries, departments and agencies in FGS and the Federal Member States. This includes the civil servants whose salaries will be covered under the project as well as social service workers, i.e. teachers and health workers in FGS and Federal Member States. Citizens will benefit from improved service delivery, particularly in health and education, greater government responsiveness – facilitated through the Citizen Engagement Component, and on a broader scale, from an improved public administration. Moreover, development partners will be able to leverage this platform to provide technical advice and financial assistance**.**

RCRF 1 focused on Benadir Region, Galmudug and Puntland States. RCRF 2 expanded to the rest of Somalia and since 2019 has been funding 377 workers in three regions, and starting in 2020 will reach 3,000 workers across all FMS and Benadir by 2023 and essential investments in government contract management capabilities. RCRF 3 will expand the number of health workers in all States and in education will transition from direct teacher payroll financing to performance-based grants to schools, which is likely to increase the number of teachers covered. The project will also continue to fund other civil service cadres in a range of sectors including non-military personnel in the Ministry of Defense as well as Judiciary, Ministry of Labor and Social Affairs and Ministry of Women and Human Rights Development in both FGS and some States. RCRF 2 will run concurrently with RCRF 3, although will continue to work under the Operational Policies (OPs), however where the government agrees, RCRF 2 will also adopt the RCRF 3 ESMF standards to avoid confusion.

RCRF 3 would also provide support for transparency and citizen engagement for improved service delivery (Component 4) will support the designing and use of tools to advance transparency and generate citizen feedback mechanisms up to the facilities level (for selected locations).

Component 1: Recurrent cost finance to reform resource management systems

1. This component will continue to finance the civil service wage bill through input-based or "baseline" financing and PBCs

Subcomponent 1.1. Financing eligible civil service salaries in FGS: Baseline

2. **The AF will provide, on a declining basis, input-based financing of the FGS non-security sector civil service wage up to December 2025.** AF target will be to decrease the RCRF share of financing FGS civil service wage bill through the advance-replenishment model from the current 20 percent to 10 percent by 2025. In parallel, the focus will be on responding to the weaknesses in the RCRF-supported payrolls, such as input controls, inconsistent digitization, weak adjustments, and exceptions handling, as well as broader issues with Human Resource Management (HRM) and accountability, including time and attendance.

3. **Financing of the FGS Capacity Injection Mechanism (CIM) recruits will not be continued under the AF in line with the initial plan of graduating CIM recruits under the Capacity Injection Project (P149971), which closes on December 31, 2022.** Starting January 2022, CIM salaries are fully sourced from the FGS own revenue, except for the External Assistance Fiduciary Sections (EAFS) staff salaries that will continue to be sourced from the parent project's Subcomponent 1.1 until December 2022. FGS has agreed that CIM staff will no longer be 'branded' as such, their salaries will be planned as part of the government's standard salary allocations for all civil servants, and there will be no future replacement of vacancies left by CIM staff.

Subcomponent 1.2. Financing eligible civil service salaries in FGS: Reform benchmarks (PBCs)

4. **The AF aims to expand the scope of PBCs and increase financing from up to US$6.3 million to US$21.5 million through reimbursement against eligible expenditures.** The revised set of PBCs will center on six key areas:

PBC 1. Strengthen domestic revenue administration: The PBC title is revised from "strengthening customs administration" to "strengthening domestic revenue administration" to reflect the inclusion of reforms on inland revenue management. In addition to two original benchmarks on customs administration, three new benchmarks are added on the procurement of a vendor to develop and implement an Integrated Tax Administration System (ITAS), the harmonization of Tax Identification Number (TIN), and ITAS implementation. The implementation of PBC 1 will be supported by FCDO and SERP.

PBC 2. Strengthen the payment process for operational expenditures and payroll. The PBC title is revised to include improvements in payroll management. A new benchmark on the implementation of comprehensive payment procedures is added together with three new benchmarks related to the conduction of a special audit on the payroll processes, development of recommendations to strengthen the payroll weaknesses, and their implementation by the MoF. The implementation of PBC 2 will be supported by SERP.

PBC 3. Strengthen inter-governmental fiscal relations. New benchmarks on the implementation of the unified chart of account (UCoA) and publication of monthly fiscal reports using the new UCoA at the six-digit level are added to incentivize harmonization efforts in budget preparation and accounting.

PBC 4. Strengthen FGS transfers to FMS. The original benchmarks were revised to allow the calculation of the FGS transfers' outturn rate for the whole year and not the half-year to better capture the flow of FGS transfers.

PBC 5. Strengthen public administration. New benchmarks on the implementation of the pension reform, pay and grading system, as well as enhancing the role of women in leadership positions in the civil service are added. The implementation of PBC 5 will be supported by FCDO and SERP.

PBC 6. Wage bill management. A new PBC is added to increase transparency and improve management of the FGS wage bill.[1]

5. **The proposed reform benchmarks are deliberately relatively granular in nature.** This is because systems reform progress at the FGS level has, in recent years, taken advantage of short-term windows of opportunity. The reforms selected as benchmarks are linked to the ongoing portfolio of World Bank projects, as well as the IMF ECF, and represent key intermediary reform steps.

[1] For a detailed PBC description, changes, amounts, and verification protocols, see PBC Matrix in Section VIII and Annex 3.

6. **Disbursements against PBCs can be made only if sufficient qualifying eligible expenditures have been incurred, referred to as the Eligible Expenditure Program (EEP)**. The EEP is comprised of the FGS non-security sector civil servants wage bill, as provided in the annual Appropriation Act,[2] plus eligible salaries of teachers in the Benadir region[3] managed by FGS, net of RCRF share of financing and exceptions identified by the MA (table 3).

Table 3. RCRF financing as a share of EEP, US$ million

	CY2019	CY2020	CY2021	CY2022	CY2023	CY2024	CY2025
FGS non-security sector formalized civil service	35.3	34.7	35	35	35	35	35
Benadir teachers			3	3.0	3.0	3.0	3.0
Expanded EEP	**35.3**	**34.7**	**38.0**	**38.0**	**38.0**	**38.0**	**38.0**
RCRF financing (parent project + AF)	14.09	14	19.97	28.34	16.75	17.75	3.2
Baseline civil service financing	6.99	7	7.5	6	5.5	5	3.2
FGS RCRF II DLIs	7.1	7	8.77	11.74[4]			
FGS RCRF III PBCs				7	6.5	8	
FMS RCRF III PBCs			3.7	3.6	4.75	4.75	
RCRF total financing as a share of EEP	**40%**	**40%**	**53%**	**75%**	**44%**	**47%**	**8%**
RCRF baseline financing as a share of EEP	**20%**	**20%**	**20%**	**16%**	**14%**	**13%**	**8%**

Component 2: Strengthen intergovernmental fiscal relations

Subcomponent 2.1. Supporting inter-governmental fiscal forums and Secretariat

7. **The AF will provide support to the fiscal federalism agenda and federal entities.** Specifically, the AF will continue support of the IGFF and Secretariat as well as to sectoral (health, education) intergovernmental forums. It will also provide technical assistance for analytical outputs in the areas

[2] Object codes 2111 and 2112 of Somalia Annual Appropriation Acts (2020-2022)

[3] Object code 21312 of Somalia Annual Appropriation Acts (2020-2022)

[4] Includes RCRF II (i) DLI2.2, DLI5.3, DLI8.2.2, DLI9.1, and DLI14.2 in the amount of US$4.87 million that are met, but have not been disbursed, and (ii) DLI3.2, DLI3.3, DLI10.2, DLI13.1, DLI15.2, and DLI15.3 in the amount of US$6.87 million that are likely to be met by June 2022, the RCRF II closing date. DLI8.2.1, DLI8.3.1, DLI8.3.2, DLI9.2.1, DLI9.2.2, DLI11, DLI12.2, DLI12.3, and DLI14.3 in the amount of US$7 million are less likely to be met by June 2022 and are not included. Some of these benchmarks will be moved to RCRF III but with the lesser amounts. The details on the status of RCRF II DLIs as of May 10, 2022 are provided in Annex 2.

of fiscal transfers, a revenue sharing formula, functional decentralization in service delivery. As SERP provides technical assistance on the harmonization of PFM and DRM systems between FGS and the FMS, a key priority for the RCRF will be to reinforce communication and coordination between the FGS and the FMS for strengthened intergovernmental fiscal relations. Support to the intergovernmental dialogue platform on civil service reforms initiated under the RCRF will be taken up by SERP to avoid duplication of activities and ensure stronger technical assistance support to the harmonization agenda.

Subcomponent 2.2. Reform benchmarks for improved governance and service delivery at the FMS level (PBCs)

8. **FMS-level PBCs are revised.** Three service-delivery PBCs (formerly PBCs 6, 7, and 8) are now regrouped into two PBCs (PBCs 7 and 8), their verification protocols are streamlined, and greater focus is placed on intergovernmental transfers and functional assignments. Originally designed FMS level PBCs were cumbersome and required extensive documentation, at times duplicative. A new PBC 9 is added to incentivize FMS-level achievements and harmonization efforts in PFM and DRM to support reforms to be implemented under SERP. Emphasis on improved service delivery due to climate-related illnesses and events is also added for health and education service delivery.

9. **A step-by-step and iterative approach to FMS-level reform benchmarks will be applied weighing the benefits and risks.** Several lessons learned have been considered in revising the PBCs. First, FMS still have limited capacities and understanding of the PBC-based financing mechanism. Second, launching new initiatives (such as performance-based school grants program) through PB financing without project allocations to support design, piloting, and expansion have proved challenging; the approach has been revisited to ensure adequate levels of technical assistance in the implementation of FMS PBCs. Finally, additional measures to increase accountability and transparency in the use of PB financing are required and should be aligned with SERP support. PBCs to the FMS and transfers will be earmarked to strengthen the use of funds for the purpose intended, increase transparency, and limit/avoid wastage in the fiscally stressed environments of the respective FMS. PBC 7 will finance the implementation of annual community health service delivery plans and FHW program, which will be monitored through the relevant budgetary appropriations, submission of the health service delivery plans, and implementation and financial reports. PBC 8 will finance salaries of teachers, non-teacher education staff, and non-salary recurrent costs of education ministries. FMS will be required to provide a detailed plan for financing such expenditures as stipulated in POM to avoid double dipping from Component 3.2. PBC 9 will finance strategic staffing needs to be identified under the SERP, keeping in mind wage bill and fiscal stress implications, as well as eligible non-salary recurrent costs (NSRC). A detailed financing plan will need to be submitted in accordance with POM.

10. **The wage bill for FGS non-security sector civil servants and Benadir Regional Administration (BRA) teacher salaries will continue to form the EEP for FMS level PBCs.** A co-financing arrangement for FMS civil servants and teacher salaries will be pursued, and once agreed, the FMS civil servant wage bill and FMS teacher salaries may be included in the EEP.

Subcomponent 2.3. Strengthening resource management systems

11. **Subcomponent 2.3 of the parent project is revised and activities to be financed by the AF have been aligned with the upcoming SERP and the PREMIS phase two project funded by the FCDO.** Several originally planned activities in the areas of capacity building in PFM for FMS ministries, departments, and agencies (MDAs), harmonizing PFM and DRM legislation, and improving automatic fiscal data sharing between FGS and FMS are excluded from RCRF support, as these activities will continue under the SERP. Support to developing the institutional capabilities of FMS MDAs will be focused on the ministries of finance, health and education in the areas of finance, accounting and financial reporting, procurement, human resources and internal audit. Subcomponent 2.3 will support the Office of the Accountant General (OAG) in developing OAGs in FMS, assessing needs for

professionalization and training for the government's accounting cadres, developing a three-year strategic plan, and maintaining strategic regional partnerships. The subcomponent will also finance FMS EAFS salaries and their professionalization with emphasis given to training around the linkages between PFM and DRM to enhance budget execution and resilience during climate change induced disasters. The subcomponent will also support building up expertise and sharing experiences across the World Bank's operations in the health and education sectors in Somalia. FMS social/gender-based violence (GBV) specialist positions and their travel, community mobilization, and monitoring activities will be financed from this subcomponent. The expertise and knowledge exchange will help to enhance health and education service delivery, particularly when they are interrupted because of climate-induced events.

Subcomponent 2.4. Supporting local governance within FMS

12. **A new subcomponent to support the local governance agenda within FMS is being added.** While further engagement with FGS and the FMS will be required, preliminary areas of support, complementing the needs of the growing Bank urban-focused investments, include: (i) fostering intra-FMS dialogue with and capacity building of municipal/district governments selected in accordance with criteria set forth in the POM on functional (health and education) and fiscal decentralization; (ii) funding technical assistance on the implementation of property taxation, which may include urban property surveys, property registers, and property tax revenue sharing arrangements in selected FMS; (iii) building capacity of fit-for-purpose PFM and payroll systems in selected municipalities/districts; (iv) promoting citizen engagement at all levels of government per demand; and (v) advising on mechanisms to enable emergency financing in response to climate-related and other disasters. The potential for implementing a district grants program will be explored. This subcomponent will be carried out in close coordination with the United Nations' JPLG Program and United Nations Community Development Fund.

Component 3: Transfers for core government functions and foundational education and health service delivery mechanisms in eligible FMS

Subcomponent 3.1. Financing core government functions

13. **This AF will provide financing of FMS recurrent costs.** The subcomponent, through transfers from the FGS to FMS, will continue financing (a) non-salary recurrent costs, (b) salaries and allowances of Eligible Civil Servants (excluding elected officials) in selected MDAs, and (b) strengthening the institutional capacity of eligible FMS MoFs capacity to manage donor funds in selected MDAs.

14. **The AF will continue leveraging the participation eligibility criteria[5] for incentivizing the transparency of financial reporting.** Fiscal reporting eligibility criteria in POM will be revisited to emphasize the quality and consistency of fiscal reporting and its automation in line with the broader harmonized CoA and reporting dialogue. The criteria will also be expanded to promote basic system strengthening, including fiscal transparency, basic payroll, and PFM controls, as well as to secure the reforms achieved.

Subcomponent 3.2. Financing education service delivery

15. **The AF will continue supporting the FGS and the FMS education ministries to strengthen their core systems for delivering and managing education services**. RCRF AF will continue financing teacher

[5] The Participation Eligibility Criteria are a set of measures that both FGS and the FMS must meet to continue benefiting from each project subcomponent. The Participation Eligibility Criteria were established to promote basic system strengthening, including intergovernmental relations, fiscal transparency, and basic payroll and PFM controls. The Participation Eligibility Criteria may be revised as part of the RCRF annual and mid-year reviews.

salaries, non-teacher education staff, and other recurrent expenses in FMS/BRA. The structure of teacher salaries in each FMS/BRA and their funding sources will be continuously revised while considering fiscal affordability and improved access to education for less advantaged children in communities most vulnerable to climate change. A scale-up of teacher financing may be considered only in FMS that are ready to include teacher and non-teacher education staff salaries in EEP and to provide co-financing. In close coordination with SERP, which proposes to support sustainable and efficient planning, budget allocations, expenditure management, and HRM in FGS/FMS, RCRF will continue to support system strengthening activities through improvements in HR policies and payroll management processes and by incentivizing the participation of women in the teacher cadre through participation eligibility criteria and other tools as stipulated in the POM.

16. **The parent project's plans to pilot a performance-based school grants program are dropped to avoid fragmentation of World Bank support.** The Education for Human Capital Development Project, which became effective on December 24, 2021, intends to finance school grants to enable newly constructed schools to meet recurrent expenditures and ensure the schools maintain conducive learning environments and do not impose fees for disadvantaged children. Considering that the education project is better positioned to implement the performance-based school grants by leveraging economies of scale through technical assistance and building the capacities of FMS, head teachers, and community education committees to implement, administer, and provide oversight to the grants program, RCRF will no longer support the performance-based grants program. There was no disbursement made against the performance-based school program from the parent project, therefore it is now excluded from the disbursement category 2 of the Financing Agreement.

17. **RCRF will closely coordinate with the education project (P172434) to ensure that RCRF-financed teachers benefit from the teacher professional development program, improve their teaching quality, and raise their students' outcomes**. RCRF will continue financing school supervision activities between now and December 2023, but the technical design will be supported by the education project to ensure interlinkages with the school grants program and other activities envisaged under the education project. While continuing RCRF financing of school supervision, the emphasis will be on using digital tools, reporting by head teachers, encouraging self-assessment, reducing costs for sustainability, and incorporating climate change mitigation and resilience assessment into the school supervision checklist. Digital data reporting and self-assessment will increasingly replace physical supervision visits, minimize operational disruptions caused by climate-induced events, including flooding,[6] and decrease long-distance travel by half, thus contributing to reduced greenhouse gas (GHG) emissions, which are in line with the revised Nationally Determined Contributions (NDC) targets of 30 percent.

Subcomponent 3.3. Financing health service delivery

18. **The AF will support the scale-up of the 'Marwo Caafimaad' FHW program with government-led delivery**. With around 900 FHWs recruited and trained, and the ambition of reaching 3,000 FHWs across Somalia by 2025, the AF will support enhanced FMS capacities in the FHW program management, improved data collection and analysis, data linkage with Health Management and Information System (HMIS), increased cost-efficiency in supportive supervision activities, and improved training materials based on lessons learned. Since communities served by FHWs often suffer from climate-related events and are more susceptible to cholera and other water-borne illnesses, a special training component will be developed to sensitize FHWs on climate-change risks and mitigation measures at the community level. Through extensive household-level digital data

[6] UNOCHA (United Nations Office for the Coordination of Humanitarian Affairs) (2021), Somalia Humanitarian Bulletin Available at: https://reliefweb.int/report/somalia/somalia-humanitarian-bulletin-april-2021

collection, FHWs will generate knowledge on the spread of climate-induced diseases and will help identify vulnerable communities at risk of severe illness and death because of floods and cyclones. This subcomponent will leverage the data collected to help inform vulnerability maps and identify the most appropriate locations to deploy FHW when climate-induced disasters occur.

19. **In locations where the Damal Caafimaad project is implemented, the FHWs will be integrated into the health programs for purposes of training, support, supervision, and monitoring**. The NGOs contracted by the Damal Caafimaad to deliver essential packages of health services in those specific regions will have additional oversight, wherever needed, for the FHWs and supervisors under their jurisdiction to provide ongoing mentorship and training, supervision and reporting, and provision of essential supplies. An independent MA procured under the Damal Caafimaad project will also support the FHW verification and validation processes. Continuous monitoring of FHW program results and mid-term impact evaluation will provide insights into the program's effectiveness and inform policy decisions regarding future expansion of government-led community health programs across Somalia.

20. **Community health plans financed through PBCs will also be expanded to support last-mile service delivery and increase budget allocations to the health sector**. Service delivery transfer agreements signed between the FGS and FMS will be further strengthened and reoriented toward functional assignments in health service delivery. With regard to service delivery at the community level, the project will prioritize areas where health indicators are lagging, especially in uptake of modern family planning methods and childhood immunization, and where communities have been affected by climate-related events.

21. **Substantial progress has been achieved in promoting the use of digital tools to improve the performance of the FHW program.**[7] Going forward, the focus will be on building FGS and FMS Ministry of Health (MoH) capacities in ensuring uptake of energy efficient digital tools, developing and implementing day-to-day performance metrics, and using information to enhance the program's planning. To ensure integrity and transparency of performance and investments into the program and to improve delivery of services to Somali citizens, no new FHW/FHS will be recruited and deployed in any state or the BRA unless the digital performance management, data collection, and training tools (and a system of pharmaceutical procurement and supplies), with standards developed by FGS, are fully deployed to and in use by existing staff.

22. **Based on lessons learned from the previous iteration of the FHW program, the scale-up ambition and pace, as well as implementation support arrangements are being revisited** (see Annex 1 for a detailed description of implementation challenges). Given capacity constraints, no more than 600 new FHW/FHS will be selected, trained, and deployed annually. The role of a Health Technical Partner (HTP)[8] will be limited to four key functions – verification of FHW and salary payments, provision of medical supplies, training, and data management. Going forward, alternative solutions for the procurement and distribution of medical supplies though a United Nations system and

[7] All FHWs have been provided with a tablet, solar charging system, training, software tools, and monthly data money to enable them to report on their daily activity, with geo-tagging and photo evidence, where necessary (provided the security situation allows such ICT use), to help strengthen their day-to-day work. More than two dozen videos have been translated and their use rights procured to improve the quality of training and behavior change communication with communities.

[8] The original financing agreement of the parent project requires that a health technical partner is to be engaged to assist the FMS with the implementation of FHW program, including procuring pharmaceuticals, managing and supervising the program, developing the program's operational systems, strengthening linkages between program services and health facilities, and supporting/devising measures, including the use of digital tools, to increase the effectiveness and reach of program coverage and services.

verification of FHW/FHS by an Independent Verification Agent will be tested. Linking FHWs to the national health systems will be prioritized.

Component 4: Citizen engagement and feedback

23. **The AF will continue the parent project's budget transparency activities beyond June 2023.** Specifically, the AF will support public participation in budget development and scrutiny of execution by facilitating public hearings and by capturing citizen feedback on budget execution at the community level. In addition to dissemination of budget data and reports, the AF will stimulate use of this information by supporting the development of quarterly policy briefs on the budget by a Somali think tank; holding of public hearings by the MoF and Parliament that include the private sector, CSOs, academia, and vulnerable groups, including those most susceptible to climate-related disasters and diseases; and training for media to read and analyze budget reports and a workshop to develop related media content. Budget transparency and citizen engagement activities will be closely coordinated with the SERP. The AF will lead budget transparency efforts at the FGS level with mass media promotion and beneficiary engagement with talk shows, public service announcements, and targeted messaging on social media that will be coupled with more analog channels such as radio shows, billboards, and public events to address the digital divide. A communications strategy outlining audience segmentation, objectives and desired outcomes, and channels for implementation will be developed and implemented. SERP will focus on FMS key budget documentation, parliamentary scrutiny, citizens' budgets, and engagement of citizens in the budgeting process and will be able to learn from the experience of the FGS.

24. **The parent project's activities in promoting citizenry participation in service delivery at community level are reoriented from mapping and stakeholder analysis to the implementation and roll out.** The services of a Mogadishu-based Citizen Engagement Center (CEC) established under the parent project will be used for establishing a two-way communication with selected service providers and service recipients for collecting feedback, verification of service delivery, behavior change, and promoting community compacts between users/beneficiaries and service providers. The CEC will also help inform citizens, including pregnant women, of the level of services they should expect and subsequently develop a level of accountability. The AF will focus on institutionalizing citizen engagement initiatives across ministries of finance, health, and education at the national and federal levels to make it a truly government owned, managed, and led activity. A new results indicator is added that measures the number of beneficiaries contacted, feedback received, government response/corrective measures taken and reported closing the feedback loop.

Component 5: Project management

25. **Project management and implementation modalities will largely remain unchanged.** Due to the upcoming closure of the DRM & PFM Project (P151492) in June 2022, the PFM Reform Coordination Unit, which served as an implementation support unit for both RCRF and DRM &P FM projects, is reorganized into the RCRF Project Implementation Unit (PIU). At the FMS level, project managers financed under the education project will support RCRF activities and their linkages with the education project. As noted earlier, the parent project's requirement is for the FGS to select and engage verification consultant(s) to assist the OAuG in preparing the PBC verification reports. As the DRM & PFM project that financed a verification consultant is closing, the AF will finance such a consultant going forward. Regular policy and technical level discussions will be encouraged, in line with POM requirements, to review the status of PBCs semi-annually, agree on reform actions, and ensure timely completion of benchmarks, with reports submitted to the FGS Minister of Finance and the World Bank. Enhanced emphasis in project management at all levels will be on climate risks as well as environmental and social standards to be jointly financed through subcomponent 2.3 and component 5.

2. POLICY, LEGISLATIVE AND INSTITUTIONAL FRAMEWORKS

2.1 LAWS AND LEGISLATION ON ENVIRONMENTAL ISSUES

In all Somali territories policy and legislation with respect to the environment is evolving, in terms of assessing the potential impact of such policies on the environment, or how they could contribute to environmental conservation and sustainable livelihood improvement.

Article 45 of the Somali Federal Government Constitution states that:

a. The Federal 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.
b. All people in the Somalia have a duty to safeguard and enhance the environment and participate in the development, execution, management, conservation and protection of the natural resources and environment.
c. The Federal Government and the governments of the Federal Member States affected by environmental damage shall:
d. Take urgent measures to clean up hazardous waste dumped on the land or in the waters of off Somalia.
e. Enact legislation and adopt urgent necessary measures to prevent the future dumping of waste in breach of international law and the sovereignty of the Federal Republic of Somalia
f. Take necessary measures to obtain compensation from those responsible for any dumping of waste, whether they are in the Federal Republic of Somalia or elsewhere
g. 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.
h. In consultation with the Federal Member States, the Federal Government shall adopt general environmental policies for the Federal Republic of Somalia.

The Federal Government has introduced changes in the institutional set-up dealing with environment and a directorate of Environment has been formed within the Office of the Prime Minister. The Directorate of Environment (DE) is mandated to draft the National Environmental Policies and legislations including establishing of the Environmental Quality Standards, Sectoral Environmental Assessments (SEAs), Environment Impact Assessments (EIAs) and Environmental Audits among other items. However necessary laws or legislations have not been formulated and no commissions or authorities have been established.

2.2 LAWS AND LEGISLATION ON SOCIAL ISSUES

The following clauses of the Constitution relate to social issues and those in bold particularly relate to those in the ESF:

Article 10. Human Dignity

1. Human dignity is given by God to every human being, and this is the basis for all human rights.
2. Human dignity is inviolable and must be protected by all.
3. State power must not be exercised in a manner that violates human dignity.

Article 11. Equality

1. All citizens, regardless of sex, religion, social or economic status, political opinion, clan, disability, occupation, birth or dialect shall have equal rights and duties before the law.

2. Discrimination is deemed to occur if the effect of an action impairs or restricts a person's rights, even if the actor did not intend this effect.
3. The State must not discriminate against any person on the basis of age, race, color, tribe, ethnicity, culture, dialect, gender, birth, disability, religion, political opinion, occupation, or wealth.
4. All State programs, such as laws, or political and administrative actions that are designed to achieve full equality for individuals or groups who are disadvantaged, or who have suffered from discrimination in the past, shall be deemed to be not discriminatory.

Article 24. Labor Relations

1. Every person has the right to fair labor relations.
2. Every worker has the right to form and join a trade union and to participate in the activities of a trade union.
3. Every worker has the right to strike.
4. Every trade union or employer's organization or employer has the right to engage in collective bargaining regarding labor-related issues.
5. 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 31. Language and Culture

1. The state shall promote the positive traditions and cultural practices of the Somali people, whilst striving to eliminate from the community customs and emerging practices which negatively impact the unity, civilization and wellbeing of society.
2. The state shall collect, protect and preserve the country's historic objects and sites, whilst developing the know-how and technology that shall enable the fulfilment of such an obligation.
3. The state shall promote the cultural practices and local dialects of minorities.
4. The rights mentioned in this Article shall be implemented in accordance with the fundamental rights recognized in this Constitution.

Article 32. Right of Access to Information

1. Every person has the right of access to information held by the state.
2. Every person has the right of access to any information that is held by another person which is required for the exercise or protection of any other just right.
3. Federal Parliament shall enact a law to ensure the right of access to information.

Article 50. Principles of Federalism in the Federal Republic of Somalia

The various levels of government, in all interactions between themselves and in the exercise of their legislative functions and other powers, shall observe the principles of federalism, which are:

1. Every level of government shall enjoy the confidence and support of the people;
2. Power is given to the level of government where it is likely to be most effectively exercised;
3. The existence and sustainability of a relationship of mutual cooperation and support between the governments of the Federal Member States, and between the governments of the Federal Member States and the Federal Government, in the spirit of national unity;
4. Every part of the Federal Republic of Somalia shall enjoy similar levels of services and a
5. similar level of support from the Federal Government;
6. Fair distribution of resources;
7. The resolution of disputes through dialogue and reconciliation.

Article 111J. The Office of the Ombudsman

1. A member of the Council of Ministers, the Federal Parliament or any other person shall not interfere with the work of the office of the Ombudsman.

2. Each department of the Government shall co-operate with the office of the Ombudsman regarding the need to maintain its independence, integrity and effective service delivery.
3. The Ombudsman shall:
    a. Investigate complaints regarding allegations or outright violations against basic rights and freedoms, abuse of power, unfair behavior, mercilessness, lack of clemency, indiscipline or disrespect towards a person that lives in Somalia by an officer who works at the various levels of government, an apparently unfair behavior, or act in a corrupt manner, or a behavior by an officer deemed as illegal by a democratic society or regarded as mischief or injustice.
    b. Investigate complaints in relation to the activities of the Public Service Commission of the government, administrative institutions of the government, and the defense and police forces whoever such complaints relate to, failure to equally align those services or fair recruitment among all people in those services or to administer those services fairly.
    c. Take appropriate steps that the public calls for, to rectify or change items mentioned in earlier clauses through a fair, and appropriate process, which include, but are not limited to:
        i. Consultations and sacrifices among the people concerned;
        ii. Reporting on the complaints and matters presented to the Ombudsman, and submit to the head of the offender;
        iii. To forward the matter to the Attorney General;
        iv. To bring the matter before a court that forbids improper conduct by an officer.

Article 111H. National Security Commission

A National Security Commission shall be established by federal law. The National Security Commission shall be independent and shall comprise security experts from all sectors. The mandate of the National Security Commission shall be to:

a. Study and develop an integrated security framework to address the present and future needs of Somalia for review and adoption by the Federal Parliament;
b. Present proposals to ensure that human security is prioritized and incorporated into the national security framework;
c. Develop a framework through which the public may provide oversight and monitor security related expenditure; and
d. Seek redress from abuses by security personnel.

2.3 LEGISLATION AND POLICIES ON THE HEALTH SECTOR

A legal framework for the health sector in Somalia is absent but the policy environment is beginning to improve with the production of a draft National Health Policy.

Somalia's national health planning cycle is therefore addressed in the national health policy. The Federal Government of Somalia developed second version of the national health sector strategic plan (HSSP-II 2017-2021) with chapters per each of the federal member states having similar strategic priorities. The strategy is based on nine building blocks of the health system according to the needs. It prioritizes governance and leadership, followed by human resources, services delivery, health financing, pharmaceuticals and medical technology, health intelligence and information system, social determinants of health, emergency preparedness and response and health infrastructure.

The HSSP takes a pragmatic approach to the provision of essential package of health services (EPHS) including community-based health services across the federal member states and regions of Somalia but the EPHS implementation is limited to some regions based on funding available and due to limited security access. The EPHS is largely implemented with humanitarian and emergency support coming from humanitarian partners. The FGS is currently updating the EPHS framework and aiming to guide

all development and humanitarian partners to support the EPHS framework. The priority is to consolidate and scale up of essential health services in all areas where access and security permits.

This HSSP responds to the most urgent health systems development challenges; it is the second post-conflict plan to seek to build effective health sector institutions as well as core planning and financing systems in Somalia. The plan provides a framework for future programmes to work within, expanding access to quality services, encouraging better targeting of disease specific programmes, better coordination of this work with government strategic priorities, and more effective use of external support. The Plan also acts as an overarching framework for the numerous sub-sector strategies and plans that have been, or are in the process of being, developed.

The HSSP-II has set a result target of developing and/or adopting the following health sector policy and legal frameworks by 2021:

1. Public Health Act;
2. Drug policy – already developed and endorsed;
3. Drug act – the draft bill has been submitted to the Parliament – pending approval
4. Health Policy document – the last one was developed in 2014;
5. Health regulatory framework: the National Health Professional act was developed and signed by the President – it is implementation is in process;
6. WATSAN and Environmental Health policy and strategy – this has been developed and endorsed;
7. Community Health strategy has been developed in 2015.

The planning and management of the health system is poorly developed in Somalia. The federal Ministry of Health and the five state ministries of health (and the Benadir Regional Administration) are responsible for various aspects of health sector policy and service provision. The federal MoH is currently revising the essential package of health services (EPHS) which aims to deliver health services through a five-tiered system – National/Regional hospitals, Referral Health Centers; Health Centers, Primary Health Units and community based health workers all providing at least some elements of a package of preventive and curative services known as the EPHS. Most services comprise of basic primary health care and outpatient services and cater to women and children. Public sector service points are often managed, financed and at least partially staffed by employees of international or national NGOs and CBOs. The federal MoH developed a draft health workforce deployment policy in early 2020 "*to train, employ, deploy and retain an adequately skilled health workforce that is well motivated to offer quality services to the general public and people living in Somalia*." The draft policy is intended to guide human resource development of non-civil servant staff. The ministry's FHW compendium outlines an outreach strategy that "..*coordinate with local health committees, community leaders, religious leaders, women's groups and other influential community members to ensure support for health services, to spread health messages, to mobilize community members to utilize services and to resolve any challenge*s."

2.4 LEGISLATION AND POLICIES IN THE EDUCATION SECTOR

A key step towards rebuilding and improving education service delivery throughout Somalia was the establishment of the Federal Ministry of Education, Culture and Higher Education (MoECHE) in 2012, and development of an interim Education Sector Strategic Plan (IESSP 2012-2106). Recently, the Federal MoECHE with support from Global Partnership for Education and other development partners developed an Education Sector Strategic Plan (ESSP) for the period of 2018-2020 which, building on the previous ESP, identifies a number of priorities for the education sector. The ESSP guides education sector investments and coordinate various stakeholders around a single platform. Intergovernmental dialogue has improved with coordinated support from the federal Ministry of Education, Culture and Higher Education (MoECHE) to FMS on key challenges and preparing coordinated policy responses

such as on the role of Community Education Committees (CECs). A safe schools policy has been developed but has yet to be approved. However, considerably more work is needed to establish a coherent system for education service delivery in the country.

2.5 LEGISLATION AND POLICIES ON THE CIVIL SERVICE

The Provisional Constitution of the Federal Republic of Somalia (adopted in August 2012) provides the legislative framework for labor issues. Somalia's Provisional Constitution provides that ***"all workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the work place. Every Labor law and practice shall comply with gender equality in the work place"*** (Article 24-5). The Labor Code[9] of Somalia (Law Number 65, adopted in 1972) is the specific labor law governing all aspects of labor and working conditions, which covers the contract of employment, terms and condition, remuneration, and occupational health and safety, trade unions and labor authorities. The provisions of the Labor Code apply to all employers and employees in all project areas. The Labor Code is broadly consistent with the ESS2, while there is a significant gap in the enforcement aspect of the legislation (see Section VIII on the institutional framework). The public service or public institutions are governed by the Civil Service Law (Law Number 11).

The Federal Ministry of Labor and Social Affairs (MOLSA) is responsible for labor policy and regulatory frameworks. The Labor Ministry in each State is in charge of implementation of the labor code, including the labor inspection. While five States have labor ministries, only Puntland has three labor inspectors under the minister. Others have no functioning labor inspection.

The Revised Draft Somalia Labor Code has more emphasis on occupational health and safety requirements. It makes the Director of Occupational Safety and Health (OSH) responsible for the registration of hazards and risks, regulation and supervision of all workplaces and monitoring or enforcing compliance with Labor Code and any other Labor law to the extent that they regulate safety, health and welfare in the workplaces. Part VI of the Revised Draft Labor Code covers the administration of occupational accidents, injury and disease provisions at workplace, employer's general duties towards to OSH, insurance requirements, employees' general duties, medical support, compensations, offenses and penalties etc. The Labor Code covers protection against risks to the workers, notification procedures in occupational accidents, medical requirements at site and conveyance of injured workers to the hospitals, among others.

2.6 WORLD BANK ESF

Relevant Environmental and Social Standards. The World Bank's Environmental and Social Standards seek to avoid, minimize, or mitigate the adverse effects of development projects it is financing through Investment Project Financing (IPF). The compliance with these Standards is required among others, to assure that the project is eligible for World Bank support. The project will apply the World Bank Environment and Social Framework. The following five ESSs are applicable to RCRF III:

- ESS 1: "Assessment and Management of Environmental and Social Risks and Impacts"
- ESS 2: "Labour and Working Conditions"
- ESS 3: "Resource Efficiency and Pollution Prevention and Management"

[9] The Labor Code is in the review process with support from the ILO. The revised draft Labor Code was agreed and adopted in February 2019 by representatives from various ministries of the Federal Government of Somalia, all Federal Member States, employers, workers, and academia. The Federal Ministry of Labor could not predict the likely timeframe for the Parliamentary approval, and advised that the existing Labor Code (1972) shall continue to be applicable until revised code becomes the law. Consultation with both State's Labor Ministries also have confirmed that they follow the national Labor Code in administration of Labor matters in their States.

- ➢ ESS 4: “Community Health and Safety”
- ➢ ESS 10: “Stakeholder Engagement and Information Disclosure”

More details on the ESSs and how they apply to RCRF III are enumerated in Table 2 below:

Table 1 – Applicability of ESSs

ESS Standard	Explanation on applicability
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). According to ESS1, the Client will manage environmental and social risks and impacts of the project throughout the project life cycle in a systematic manner, proportionate to the nature and scale of the project and the potential risks and impacts. The Client is thereby responsible to cascade compliance with standards along the chain of implementing partners, contractors, and subcontractors. While the project will not entail civil works or construction—and focuses mainly on technical assistance, capacity building and training—the key risks remain to be medical kits waste from the supplies issued to female health workers and E-waste generated from tablets and solar charging system that will be distributed to female health workers.. Given some Female Health Workers (FHWs) may be far from the health facility, they will undergo appropriate training on offsite MW disposal procedures, prior to issuance of medical kits. Waste management teams constituted within the FHW will do follow ups and provide regular reports to the designated waste management officers. The social risk rating has been reduced to Moderate, given the school based grants component has been removed and the capacity of the team is strong with 2 social/GBV specialists at national level and one in each FMS and the development of a citizen engagement platform for feedback on the project and general and GBV complaints. The following key social risks and impacts: (i) potential exclusion of disadvantaged and vulnerable groups in recruitment and service provision and elite capture; and (ii) potential risks of tension in the community due to sensitivities in project services or women’s role travelling and providing community based care (for example, the promotion of family planning, vaccination and other sensitive services; (iii) labor risks including OHS and security risks, sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence (GBV) that may occur in recruitment or retention of skilled or unskilled female workers and the delivery of both health and education services; (v) contextual risks of operating in a conflict zone and complex social context where effective and inclusive community consultations, monitoring, and developing effective and trusted grievance redress mechanisms are challenging. Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating Moderate While existing contextual risks for GBV in Somalia are high, the project is not expected to exacerbate those risks and thus is rated moderate. Project-specific risks include abuse of power in the recruitment process which can distort power relations and lead to opportunities for abuse. Also, resistance and backlash against women’s entry into the workforce can lead to increased risks of SEAH or GBV at the household level as well as in the workspace. Other risks related to limitations on mobility that is for female health workers during outreach or supervision, can lead to potential exposure to GBV/SEA when implementing FHW duties or reaching remote areas of project implementation. With the additional financing, the project will update the SEAH prevention and response Action Plan that includes among other aspects such as monitoring the response and accountability framework that outline key response measures should incidence occur, the strengthening the functionality of the SEAH GM and regular updating of GBV Services Providers to enable appropriate and immediate care should a problem arise. Key risks are further mitigated by the development of a cadre of FHWs and embedded training on GBV service provision and care, which has already started in conjunction with the contractor for training FHWs. Citizen engagement, with a focus on gender, will be embedded in the project through (i) gender-

ESS Standard	Explanation on applicability
	differentiated consultations, (ii) an assessment of the quality of the health-care delivered by the FHWs, the number of patients served and the level of satisfaction among patient seen by the FHWs, (iii) the gender-sensitive and GBV-sensitive GRM, and (iv) creation of a feedback loop to discuss findings with beneficiaries, FHWs and other stakeholders including policymakers and health-care managers. During implementation, periodic surveys could be carried out with focus on key indicators including quality of service provision by FHWs, number of gender-related grievances reported, the number of GBV-related grievances referred to GBV services providers, and the number of GBV trainings conducted. As a result, this Environmental and Social Management Framework (ESMF) which includes a Medical Waste Management Plan (MWMP) and an E-Waste plan, has been prepared, in conjunction with other, appropriate safeguards documentation, including: ➢ Labor Management Procedures ➢ Stakeholder Engagement Plan ➢ SEAH Prevention and Response Action Plan ➢ Environment and Social Commitment Plan
ESS2 Labour and Working Conditions	Members of the PIU (who are not civil servants) are people who are employed or engaged directly by the Borrower (including the project proponent and project implementing agencies) to work specifically in relation to the project are considered **direct workers.** People employed by the contracted firms or Health Technical Partner (firms) are the **contracted workers.** Both of these categories of project workers will be subject to the full requirements of ESS2. The Project will finance the salaries and allowances of other civil servants as well as female health workers. They will remain subject to the terms and conditions of their existing public sector employment, which are governed by Somalia's Provisional Constitution (2012) and Civil Service Law (Law Number 11) that covers permanent civil servants but does not apply to local government employees and to members of the armed forces or the police and corrections corps. Thus, ESS2 requirements will not apply to them other than child labour and forced labour and occupational health and safety (OHS) considerations. OHS risks include security risks, risks of sexual exploitation and abuse and other forms of GBV , as well as risks from contracting infectious diseases e.g. Covid 19, and handling health supplies and waste and risks associated with natural or manmade risks on project workplaces. Labor Management Procedures (LMP) have been prepared and the GBV risks will be addressed in a SEAH prevention and response action plan. The LMP will set out the Project's approach and requirements to meeting ESS2 requirements including OHS requirements including security guidelines for all workers as part of the OHS requirements
ESS3 Resource Efficiency and Pollution Prevention and Management	The ESMF provides guidance on MWMP which include: training of health staff in Primary Health facilities on disinfection and waste disposal protocols; timely distribution of cleaning agents and routine monitoring to ensure Infection Prevention and Control standards are sustained. A checklist to guide assessment of medical waste management, including PPE adequacy and usage by health workers, is included in the ESMF. To cover potential E waste concerns the Environmental and Social Management Framework (ESMF) has an addendum for e-waste management for the small solar chargers. Medical waste management procedures have been integrated into the training modules for FHW and FHWs have been trained on how to use and dispose medical kits. Medical kits distributed contain multivitamins and chlorhexidine (for newborn cord care) and PPE. From a medical waste management perspective this presents very minimal risk. Through the HTP, participating health care facilities have been validated to check the existing practices for medical waste management conformance with ESMF requirement. The RCRF AF will provide technical assistance on mechanisms at the local governance level to enable emergency financing in response to climate-related and other disasters, including on the

ESS Standard	Explanation on applicability
	decentralization of decision-making for a more effective and efficient response and recovery process as a result of severe floods and cyclones (subcomponent 2.4). Digital tools will also be leveraged to strengthen education and health delivery functions, particularly those related to climate change. Digital data reporting and self-assessments will replace the need for physical supervision visits, which can be interrupted by climate-related disasters. Digitization will also reduce travel time and contribute to lower GHG emissions. The use of solar charges by FHWs contributes to the use of clean energy and lower GHG emissions.
ESS4 Community Health and Safety	Communities may be exposed to health risks arising from ineffective infection control and healthcare waste management. Mitigation measures will be outlined in the medical waste management plan including an awareness raising campaign to sensitize local communities against the reuse of needles, medicine bottles, and other used or expired medical supplies. Teachers will be oriented on the prevention of spread of infectious diseases such as Covid 19 in the classroom by themselves and other pupils as outlined in the ESMF. As most teachers are male, women's empowerment is low, project activities may exacerbate risks of sexual exploitation and abuse, harassment and other child protection issues. Incidences may further undermine females' access to education services. Thus, a SEAH prevention and response action plan has been prepared in Annex 3 Sensitization on GBV and confidential grievance handling mechanisms, in line with global guidelines on ethical engagement, will be developed in addition to direct worker GMs and the project grievance mechanism. Additional measures will include capacity building and training of relevant stakeholders, including project workers and government partners on GBV/SEA. In addition, GBV risks will be monitored throughout project implementation through regular re-assessment, particularly as new project locations are determined, and through regular monitoring activities. The SEAH prevention and response action plan will be updated as necessary throughout the life of the project. No security personnel will be directly funded by the project, however, government security personnel at district level may be used by the independent verification agent, and the health technical partner and to help deliver other components e.g. health worker and teacher supervision and the monitor the piloting of the citizen engagement platform, thus code of conducts and training will be used for security forces to ensure risks to communities are mitigated.

ESS Standard	Explanation on applicability
ESS10 Stakeholder Engagement and Information Disclosure	A Stakeholder Engagement Plan (SEP) has been prepared and will be updated as necessary. The SEP provides the framework for identification and consultation of stakeholders throughout the project cycle. Robust community engagements will be conducted before commencement of project activities as well as sensitization on the project GM to support the systematic processing and resolution of project related complaints and grievances. For GBV, reporting and response protocol including identification of SEAH and GBV-sensitive channels to be integrated into the grievance mechanism, and requirements for enabling survivor-centered care. The project will engage a range of stakeholders during both the preparation and implementation of this project including: the different ministries of Federal Government of Somalia and the participating Federal Member States, who will be responsible for project implementation and management; non-state actors, such as Development Partners (DPs) and relevant CSOs; communities, different groups of patients, TBAs and other traditional medicine providers, Koran schools and religious leaders, parents, teachers and students. Information and feedback on criteria used and location of expansion of civil service appointments should be promoted as inequitable provision may exacerbate conflict and may lead to further mistrust and barriers to accessing services. All stakeholders will be engaged regularly through the life of the project and the SEP updated as needed. Given Covid-19 restrictions, the project will use innovative ways of consulting stakeholders in order to meet project and stakeholder needs and adhere to the restrictions put in place by the government to contain virus spread. Strategies to be employed include FGDs to be conducted as appropriate taking full precautions on staff and community safety, one on one interviews through phone calls and virtual platforms for community representatives, CSOs and other interest groups. The Citizen Engagement component of the Project will build on and strengthen the SEP and project GM.

No social impacts related to Indigenous people/Sub-Saharan African Historically Underserved Traditional Local Communities or involuntary resettlement are anticipated under any of the activities proposed under the project.

2.7 WORLD BANK GROUP EHS GUIDELINES

The WBG General Environment, Health and Safety (EHS) Guidelines serve as useful references for EHS management for general non-sector specific activities. Projects financed by the World Bank Group are expected to comply with these guidelines as required by the policies and the standards. The EHS General Guidelines address occupational health and safety, community health and safety as well as on construction and decommissioning. It contains guidelines cross cutting on environmental (waste management, ambient air quality, noise and water pollution), occupational health and safety issues among others, applicable to all the industry sectors. In addition, WGB EHS Guidelines on Healthcare Facilities provides good practice guidance on handling medical waste which is relevant to the project.

2.8 WORLD BANK GROUP GUIDELINES ON GENDER AND GBV

The WBG note on gender provides guidance on how, at the project level, activities can work to close gaps between men and women, girls and boys and enhance women's leadership and voice. The note is specifically aimed at addressing gender gaps in the context of the ESF focusing at the project level and the identification and mitigation of risks and impacts through the process of environmental and social assessment. The GBV note includes definitions of sexual exploitation and abuse and sexual harassment (SEAH) and their operationalization in Bank-financed projects; updated language changing Gender Based Violence (GBV) to SEAH where relevant; and additional information on third-party monitoring of SEAH. It seeks to assist Task Teams in identifying risks of SEAH and to advise Borrowers on how to best manage such risks.

2.9 WORLD BANK GROUP GUIDELINE ON THE USE OF SECURITY FORCES

The good practice note on use of security forces is intended to support project teams and environmental and social specialists as they work with Borrowers in assessing and managing risks to the safety and security of project-affected communities and project workers. The focus is on identifying risks that could arise from the use or presence of security personnel that have been engaged to protect the project or related aspects. If it is decided that security personnel should be engaged, the potential risks and impacts stemming from such engagement in turn needs to be assessed and management measures identified in accordance with the mitigation hierarchy.

3. COUNTRY CONTEXT AND SOCIO-ECONOMIC SETTING

3.1 CONTEXT OVERVIEW

Somalia is currently on a path of political stabilization and reconstruction, after more than twenty years of conflict. Since the collapse of the Siad Barre government in 1991, cycles of conflict have fragmented the country, destroyed legitimate institutions and large segments of the economy, and displaced millions of people. The adoption of the Provisional Constitution in 2012, peaceful presidential elections in 2012 and 2017, and a broader regularization of Somalia's political processes represent important milestones. Although the Somali economy has been recovering at a modest pace, there is a high degree of susceptibility to external shocks such as droughts and epidemics. In post-conflict Somalia, health and education systems remain weak, poorly resourced and inequitably distributed. The challenges in social services sectors are complex and multidimensional including the areas of training and shortage of medical and educational staff, school and health infrastructure, curriculum, unregulated private actors, and finance. The current COVID-19 pandemic is expected to result in a recessionary impact and further stretch the fragile healthcare system. Causes of insecurity remain the on-going insurgency from Al Shabaab and resource-based communal conflicts.

3.2 EDUCATION

Somalia lags behind almost all Sub-Saharan African countries in enrolment at the primary and secondary level. Primary gross enrolment rate (GER) has increased very slowly, the primary completion rate is less than 40 percent, and lower secondary schooling places are available to only about a third of primary school graduates. In Puntland and Somaliland, the secondary GER remains 12.6% and 20.5% respectively. The situation in the central and southern FMS is much more critical and remains very low, as the secondary GER is estimated at 12.2%. An estimated 2.5 million children and youth aged 5-14, comprising some approximately 35 percent of Somalia's population remain excluded from schooling and training opportunities. The majority of these children live in the target regions of the RCRF 3 – Benadir, Galmudug, Hirshabelle, Jubbaland and South West States of Somalia.

Gains in access to education in Somalia have not been accompanied by satisfactory learning outcomes. Children who do attend school face many obstacles, including a shortage of qualified teachers (most of who quit teaching as a result of absence of a salary structure), inadequate facilities, inadequate textbooks, and language problem (most teachers have limited functional knowledge of English yet textbooks are often in English), and inadequate facilities. Less than 40 percent of primary and secondary teachers are qualified to teach. With such large number of unqualified teachers in the system, the poor learning outcomes for Somali children are not surprising and can be attributed in large part of to poor teaching quality. The proportion of female teachers at primary and secondary levels is less than 20% across Somalia. Public financing of the education sector remains limited, with most of services provided by non-state actors including households, and donors. As reported from the latest school census, nearly 95 percent of the registered primary schools in Mogadishu are managed by non-state actors. Though the budget allocation to the education hasn't increased much in tandem with the growth of the revenue, the share of public expenditure on education remains less than 5 percent in 2019.

3.3 HEALTH

The country ranks among the highest for maternal mortality ratio (732 per 100,000 live births in 2016) and life expectancy at birth is only 58.5 years (2017). The estimated fertility rate (6.2), second highest globally, further strains already weak service delivery systems.[10] Health service delivery data in Somalia are very limited and indicate weak health systems, with facilities concentrated in urban areas.

10 World Development Indicators, https://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN?locations=SO

Until recently, the most reliable service delivery data in Somalia were from a 2011 multi-indicator cluster survey (MICS) conducted only in Puntland and Somaliland. The 2011 Somaliland and Puntland MICS indicate, respectively 11% and 9% DPT3 coverage, 32% and 24% prenatal care by skilled personnel, and 44% and 38% skilled deliveries. In 2019, the United Nations Population Fund (UNFPA) conducted the Somalia Health and Demographic Survey (SHDS). Final and geographically disaggregated data from the survey have not yet been released, but provisional data indicate marginal service delivery improvements since 2011. Based on the SHDS, 31% of births across Somalia are estimated to take place at health facilities and coverage of DPT3 is estimated at 12% (SHDS provisional data, 2019). Health service delivery is believed to be much less developed in the four emerging states which composed the former South-Central zone where health systems are less developed and health services are provided predominately in urban areas (SARA, 2016).

The poorly regulated private sector is an important service delivery provider. At least 60% of health services are estimated to be delivered by the private sector. Analysis indicates that public perceptions of private facility quality is higher than of public facilities. It is estimated that the private sector provides around 70% of the country's medicines and the UN provides 30%. However, due to lack of regulation in Somalia's health sector, there are no quality standards for services or health commodities, limiting the full potential of the private sector. Other than the nascent Ministries of Health in Somaliland and Puntland, the rest of the country is just beginning to set up governance structures. Key health staff in most of the Ministry of Health units are either secondees from NGOs and other development partners or volunteers. The recently conducted institutional assessments for FMS revealed, for instance, all 57 Hirshabelle State Ministry of Health staff are externally funded and off-treasury.

Somalia does not have effective government institutions in place or an environmental health strategy to deal with waste management and control in a coherent manner. Hospital waste, like biohazardous and biological waste, including disposable medical supplies (i.e., used needles, syringes and vials, gloves, surgical dressings and unused expired medicines) are scattered around hospital premises. Owing to the lack of proper planning or control of biohazardous waste management, the public is left unprotected from this hazardous and infectious waste.

3.4 SOCIAL ISSUES – GENDER AND MARGINALIZED GROUPS

Gender and equality

Gender segregation is deeply rooted in traditional Somali socio-cultural structures and remains a formidable barrier to women's participation in decision-making processes and access to, and control of, resources. Gender-related disparities remain an area of major concern, especially in the fields of education and health. More boys than girls are enrolled in primary, secondary and tertiary education. Moreover, there is a higher dropout rate for girls due to lack of resources and the prioritization of education for boys. Reproductive health indicators are poor, with a maternal mortality ratio of 732 deaths per 100,000 live births and a high fertility rate of 6.4. Despite recent successes, the representation of women in political positions, such as parliament remains low.[11] Efforts to codify a gender quota in electoral legislation has thus far been unsuccessful. As result of the collapse of the state and the subsequent decades of conflict, women have been vulnerable to physical insecurity in the form of GBV such as rape and domestic violence. While these behaviors are still taboo, the combination of high rates of male unemployment and khat addictions have contributed to increased instances of these types of violence against women. Women have become primary breadwinners in many households yet are still largely restricted to the small and petty trade sectors. In the Somalia

11 http://applications.emro.who.int/docs/CCS_Somalia_2010_EN_14487.pdf?ua=1

civil service, women make up only 25% of the government workforce, however even when they are recruitment conditions in offices are often not conducive to them being able to function. There is often an absence of toilets and facilities in government offices and they are not included in decision making forums and their contributions not valued.

Marginalized Groups

The ethnic identity of Somalis is informed by a complex history of clans and sub-clans, which form the primary organizing social unit, as well as the basis of the current political dispensation. The four major clans in Somalia are the Hawiye, Isaaq, Darod and Rahanweyn, with the Dir clan and other ethnic minorities making up the rest of the population. Marginalized communities in Somalia include ethnic minorities from the Bantu and Arabicized peoples as well as castes such as the Midgan. They have been traditionally marginalized from political life while also bearing the brunt of insecurity and economic decline since the collapse of the Somali state in 1991. Many of these communities can be found amongst IDP populations in urban areas as well as in rural communities where Al Shabaab have relative ease of movement. As a result, these rural communities are often unable to access social services provided by the government or international community.

Waste Management

Having experienced chronic conflict for over 25 years, Somalia is finally on the path towards post-conflict recovery characterized by the re-establishment of formal government structures in an effort towards the provision of governance services to its citizens.

In a post-conflict environment, there is a general lack of formal systems that governs certain sectors, and hence the gaps observed such as the general lack of solid waste management. There are no regulations or systems governing the disposal and management of waste. All levels of administration including cities/regional and/or district government authority are not able to provide waste management services to the public. This has caused rampant indiscriminate disposal of solid waste including open disposal of solid waste in the streets and the public beaches. Burying of waste in homes, hospitals and in public spaces is a common practice as is open burning. Hospitals generally have incinerators, but at health centre level incinerators are scarce.

4. KEY RISKS AND IMPACT MITIGATION

4.1. INTRODUCTION

For the additional financing for this project the social risk has been reduced from "substantial" to "moderate" with the reasons being the dropping of the school-based grants component, adequate capacity of the team with 2 social/GBV specialists at national and FMS levels, development of a citizen engagement platform for feedback on the project and for GBV complaints. Potential environmental and social impacts can be adequately managed by integrating environmental and social due diligence into the sub-project cycle. The ESMF will guide handling of project environmental and social aspects during implementation, specifically the identification of potential projects impacts.

4.2 POTENTIAL RISKS OF THE PROJECT

The potential social risks outlined below were developed through a series of consultations with a diverse set of stakeholders including government staff, health workers, civil society and NGO staff (see Annex 2). The consultations were done virtually due to the restrictions of the Covid 19 pandemic. A stakeholder consultation meeting was held to get input into the instruments once prepared.

Potential Social Risks

Equity

- Hiring decisions that bring on board staff across all categories of labor (direct and indirect) may not reflect transparent and fair processes and instead be influenced by nepotism or clannism or assumptions about women, e.g., that they cannot provide certain services or cannot be relied upon unless married. There is often a lack of facilities for women in government offices and their contributions are often undervalued. Minority clans and groups and IDPs are particularly at risk of discrimination.
- Some recruited health and education staff may fail to provide services without discrimination, including to underserved populations.

Occupational Health and Safety (OHS)

- Workers may be directly targeted by violent non-state actors for their affiliation with the government. This a particular threat for those working near areas outside of government control, areas where people congregate, e.g., health centres and schools may also be a target.
- Physical structures from which workers provide services to the community may not cater for females.
- Female health workers may be exposed to infectious diseases because of a lack of personal protective equipment and training.
- Female health workers will be provided with basic medical kits that could become a source of infection for healthcare staff or communities. Of particular concern is the handling infectious waste (including sharps) without adequate protective gear, storage of sharps in containers that are not puncture-proof, particularly as Somalia lacks appropriate medical waste management facilities, awareness and regulations.
- Physical structures used by workers may be exposed to natural or man-made risks which in turn could impact the OHS of workers.

Gender Based Violence (GBV)

- FHWs often travel alone and by foot to homes to provide services. As a result, they are particularly vulnerable to GBV.

- Limited trainings for key personnel (health and education) providing services to GBV survivors as well as lack of information on who provides what, can increase harm, violence and death.
- Due to limited understanding of survivor-centered approaches, reinforcement of community conflict resolution in some cases may cause harm to women and girls including revictimization, stigma and forced marriage to the perpetrator.
- With the current COVID 19 pandemic, women working in the frontline such as health may experience abuse including intimate partner violence at home and other forms of abuse while in the community.

Sexual Exploitation Abuse and/or Harassment (SEAH)

- Female workers (whether civil servants, FHW or teachers) may be subject to SEAH in the recruitment or retention process given men dominate the hiring management in most if not all government offices.
- Lack of integrated policies providing protective environment free from GBV, SEAH.

Other gender issues

- While official government policy is to allow for female employees to take maternity leave and have access to time off for breastfeeding, women are vulnerable to losing their jobs after pregnancy since these policies are rarely adhered to in reality.
- The lack of female representation in school management may serve to limit the ability of communities to increase the number of female teachers – a critical component in providing a welcoming environment for girl students.

Other potential risks

- The focus of support exclusively to FHWs may marginalize traditional birth attendants who are the primary providers of pre and post pregnancy care in rural areas.

4.3 KEY MITIGATION MEASURE FOR E&S RISKS OF THE PROJECT

The project will comply with the key measures within the Environmental and Social Commitment plan as follows:

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY
MONITORING AND REPORTING			
A	**REGULAR REPORTING** Prepare and submit to the Association regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to the implementation of the ESCP, status of preparation and implementation of E&S instruments required under the ESCP, stakeholder engagement activities, and functioning of the grievance mechanism(s).	Quarterly reports to the Association throughout Project implementation, commencing after the Effective Date. Submit each report to the Association no later than 15 days after the end of each reporting period.	Ministry of Finance Somalia
B	**INCIDENTS AND ACCIDENTS** Promptly notify the Association of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, including, inter alia, cases of sexual exploitation and abuse and sexual harassment (SEAH), and accidents that result in death, serious or multiple injury. Provide sufficient detail regarding the scope, severity, and possible causes of the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and/or supervising firm, as appropriate. Subsequently, at the Association's request, prepare a report on the incident or accident and propose any measures to address it and prevent its recurrence.	Notify the Association no later than 48 hours after learning of the incident or accident. Provide subsequent report to the Association within a timeframe acceptable to the Association	Ministry of Finance Somalia

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY
ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS			
1.1	**ORGANIZATIONAL STRUCTURE** The Ministry of Finance shall establish and maintain a PIU with qualified staff and resources to support management of ESHS risks and impacts of the Project AF including one senior social/GBV and one social/GBV specialist and a security risk management consultant at FGS level and one social/GBV specialist in each FMS.	The PIU shall be maintained throughout Project implementation	Ministry of Finance Somalia
1.2	**ENVIRONMENTAL AND SOCIAL INSTRUMENTS** 1. Update, consult on and disclose an update of the Environmental and Social Framework (ESMF) including an E waste plan and SEAH prevention and response plan, consistent with the relevant ESSs satisfactory to the Association. 2. Prepare, publicly consult, disclose, adopt, and implement Infection Control and Waste Management Plans, Environmental and Social Management Plans and/or other instruments, if required for the respective Project AF activities based on the screening and assessment process, in accordance with the ESSs, the ESMF, the EHSGs and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines related to COVID-19, in a manner acceptable to the Association.	Update and adopt the ESMF prior to effectiveness and thereafter implement throughout Project implementation. Adopt instruments before carrying out relevant project activities.	Ministry of Finance Somalia
1.3	**EXCLUSIONS** Exclude the following type of activities as ineligible for financing under the Project AF: a. Activities that may cause long term, permanent and/or irreversible adverse (e.g. loss of major natural habitat) impacts	During the assessment process conducted under action 1.2 above	Ministry of Finance Somalia

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY
	b. Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to treatment of COVID19 cases c. Activities that may have significant adverse social impacts and may give rise to significant social conflict d. Activities which would require Free Prior Informed Consent under ESS7 e. Activities that may affect lands or rights of Vulnerable and Marginalized Groups or other vulnerable minorities f. Activities that may involve permanent resettlement or land acquisition or adverse impacts on cultural heritage. All the other excluded activities set out in the ESMF.		
1.4	**TECHNICAL ASSISTANCE** Ensure that the consultancies, studies, capacity building, training, and any other technical assistance activities under the Project are carried out in accordance with terms of reference acceptable to the Association, that are consistent with the ESSs. Thereafter ensure that the outputs of such activities comply with the terms of reference.	Throughout Project implementation.	Ministry of Finance Somalia

4.4 E&S RISKS ASSOCIATED WITH TECHNICAL ASSISTANCE

The following requirements will be applied to technical assistance activities as relevant and appropriate to the nature of the risks and impacts as per the ESF. The terms of reference, work plans or other documents defining the scope and outputs of technical assistance activities will be drafted so that the advice and other support provided is consistent with ESSs 1–10:

1. The Bank will require the Borrower to prepare and implement projects so that they meet the requirements of the ESSs in a manner and a timeframe acceptable to the Bank. In establishing the manner and an acceptable timeframe, the Bank will take into account the nature and significance of the potential environmental and social risks and impacts, the timing for development and implementation of the project, the capacity of the Borrower and other entities involved in developing and implementing the project, and the specific measures and actions to be put in place or taken by the Borrower to address such risks and impacts.

2. Where the Bank has agreed that the Borrower may plan or take specific measures or actions to avoid, minimize, reduce or mitigate specific risks and impacts of the project over a specified timeframe, the Bank will require that the Borrower commit to not carrying out any activities or taking any actions in relation to the project that may cause material adverse environmental or social risks or impacts until the relevant plans, measures or actions have been completed in accordance with the ESCP.

3. If the project comprises or includes existing facilities or existing activities that do not meet the requirements of the ESSs at the time of approval by the Bank, the Bank will require the Borrower, as part of the ESCP, to adopt and implement measures satisfactory to the Bank so that the material aspects of such facilities or activities meet the requirements of the ESSs within a timeframe acceptable to the Bank.

Thus techncail assistance or other significant activities will require the development of an ESMP to be submitted and cleared by the World Bank.

4.5 SOCIAL RISKS - MONITORING AND MITIGATION MEASURES

Using the World Bank's ESF guidance, the borrower has developed monitoring plans to identify and mitigate the varied social risks and impacts associated with the RCRF 3 project.

Labor Risks

Potential risks are those related to labor and working conditions, such as work-related discrimination, gender-based violence (GBV) and occupational health and safety (OHS) and security risks. For labor-related risks a Labor Management Procedures (LMP) have been prepared and GBV risks are addressed in a SEAH prevention and response action plan contained in Annex 9.

The LMP includes a Code of Conduct for project workers who will receive training on OHS, GBV and security requirements. A security management framework will be developed for the project, with a security guideline developed for direct workers and security management plan for contractors' activities as necessary.

Security Risks

A security risk management consultant will be employed to assess and implement measures to manage the security risks of the Project, including the risks of engaging security personnel to safeguard project workers, sites, assets, and activities, as set out in a Security Risk Assessment and Security Management Plan using the principles of proportionality and GIIP, and by applicable law, in

relation to hiring, rules of conduct, training, equipping, and monitoring of such personnel. A security risk assessment and management plan and guidelines will be developed before involvement of any public or private security personnel, and implemented throughout Project implementation.

Stakeholder Engagement

The World Bank Environment and Social Standards require continuous public consultation with affected groups and other stakeholders about the project environmental and social impacts. This is with a view of taking their suggestions and inputs into account in the project design and improving project outcomes during implementation.

The government will implement the Stakeholder Engagement Plan (SEP) to build mutual trust, foster transparent communication with both the project beneficiaries and other stakeholders, and ensure social and environment risks are identified and mitigated to the best of its ability. In Somalia, consistent and meaningful dialogue with stakeholders is critical to maximize opportunities for the project's success and to improve the social contract between the government and its citizens. In addition, the SEP can contribute to the setting of mutual expectations and to clarify the extent of the government's commitments and resources. The SEP includes a grievance mechanism (GM) to allow for the government to act upon complaints and suggestions for improvements in a timely fashion. All stakeholders will be engaged regularly through the life of the project, and the SEP updated as needed.

Given Covid-19 restrictions, the project will use innovative ways of consulting stakeholders in order to meet project and stakeholder needs and adhere to the restrictions put in place by the government to contain virus spread. Strategies to be employed include FGDs to be conducted as appropriate taking full precautions on staff and community safety, one on one interviews through phone and skype for community representatives, CSOs and other interest groups as well as using other platforms such as WhatsApp groups of community representatives and other virtual tools, e.g., KoBo Toolbox monitoring tools.

Grievance Mechanism

The project will have several channels for complaints and grievances including email, phone calls, texts, blogs, hotline and letter writing that will also be accessible to all workers and have confidential and appropriate mechanisms for dealing with SEAH complaints and whistle blower protection. Information on the project GM will be made available to workers at all facilities, government offices (both national and local) and community level (health clinic, for instance) to ensure that all workers, including indirect workers such as FHWs have adequate information on how to lodge a complaint and who to direct it to. Anonymity will be assured when handling workers' grievances. Although 'suggestion boxes' exist in many worksites and appear to be a preferred form of reporting complaints, the experience has been that these boxes are hardly opened. If these have to be used as part of the GM, a structure needs to be put in place for opening, reviewing, responding and providing feedback on the issues raised.

The table below outlines mitigation measures for the key social and environmental risks identified through the initial stakeholder consultations:

Table 2 – Risk Mitigation Matrix **Social Risks**	**Mitigation/Management Strategy**	**How will this be monitored?**	**Who is responsible?**
Unanticipated social risks	Monitoring of unanticipated social risks and intensification of mitigation measures by the social specialists	Through the monitoring and grievance mechanisms and community feedback mechanisms	Ministry of Finance/PIU
Discriminatory recruitment practices and lack of facilities and support for women and disadvantaged groups to operate effectively once in office.	Recruitment procedures ensuring transparent and fair practices will be required for Project workers including direct and contracted workers. The Code of conduct for civil servants includes clauses on equal treatment of all without discrimination regardless of their background, disability or wealth. Ensuring that there are designated washrooms and other facilities for women and disabled access. Sensitization on inclusion and gender and other marginalized groups.	For direct and contracted workers, any complaints related to recruitment will be dealt with by the project workers grievance mechanisms. For contracted workers, any complaints related to recruitment will be channeled through the project GM	Ministry of Finance/PIU and contractors
Inequitable provision of services to communities	Ministry of Health and Ministry of Education, working with DPs operating in the health and education sectors, will use data to ensure areas of need are able to access services and selection process is transparent and objective. Code of conduct for civil servants include clauses on equal treatment of all without discrimination regardless of ethnicity, gender, disability or wealth.	The SEP will ensure regular community consultations on project performance. The project GM will allow for submission of complaints from citizens related to project performance and area selection.	Ministry of Finance/Social Specialists
Marginalisation of TBAs as FHWs will encourage mothers to go to health centres for births	FHWs will coordinate with traditional birth attendants, to promote utilization of antenatal care, facility delivery, postnatal care and birth spacing services. TBAs can also be selected as FHWs.	Community feedback and project monitoring mechanisms	MoH
Elite capture of jobs and benefits	The selection of FHWs will be done by communities in an open and transparent way and awareness raising will be carried out on service, however FHWs will serve all the community including VMGs. Also FHWs will be posted in areas of need including VMG areas and will include VMGs. Code of conduct for civil servants include clauses on equal treatment of all without discrimination regardless of ethnicity, gender, disability or wealth.	Community feedback and monitoring mechanisms including with VMGs	MoH/MoE
Lack of inclusion in the citizen engagement platform	Citizen Engagement will ensure inclusion and reach to vulnerable and marginalized groups.	Plans for citizen engagement will be reviewed closely to ensure all measures are undertaken to promote	Ministry of Finance/Social Specialists

***Table 2 – Risk Mitigation Matrix* Social Risks**	**Mitigation/Management Strategy**	**How will this be monitored?**	**Who is responsible?**
		engagement with vulnerable and marginalized groups.	
Security threats to staff and users of education and health services	The PIU will develop security guidelines and protocols for project workers and civil servants which will be rolled out to all civil servants funded by the project as well as project workers. All workers will be made aware of the protocols and compliance will be promoted within code of conducts. Project staff will be trained on security guidelines and protocols on a regular basis. Some schools may employ security guards in insecure areas or when they may be targeted. Orientation, training and codes of conduct will be out in place to comply with the World Bank guidance note on the use of security personnel. Contractors will be required to include security procedures to protect staff in their bidding documents and report on serious incidents as per the ESIRT protocols. Due diligence will be carried out before awards. Security management plans may be required. Ministry of Finance/PIU to monitor and address threats to direct project staff.	The SEP will ensure regular community consultations which will promote feedback on security concerns, buy in from communities and improve security for service provision. In addition, the project GM will further allow for submission of complaints from citizens related to security. This will be included in the POM for the school grants program and monitored by MoF and MOE. Contractors' security arrangements will be included in their reports and monitored by the person supervising their contract together with the social safeguards officer.	Ministry of Finance/PIU and FGS and FMS social specialists MoF/MoE
SEAH/GBV	Based on a SEAH prevention and response action plan, the project will: 1) Identify actions to mitigate GBV/SEAH risks among staff, patients, students, and community members, 2) Carry out capacity building and training of relevant stakeholders, including project workers and government partners on GBV/SEAH; the project will also conduct consultation and sensitization and awareness raising activities with communities on GBV/SEAH risks; 3) Review and update GBV/SEAH GM channels to manage GBV-related complaints in order to enable reporting of GBV incidents in a safe, confidential and survivor-centric manner.	The SEP will ensure regular community awareness on GBV/SEAH issues. The project GM will identify specified channels to allow for the safe, confidential and survivor-centric submission of complaints from citizens related to GBV/SEAH. The GBV advisors will provide quarterly reports on the implementation of the SEAH prevention and response action plan.	Ministry of Finance PIU/GBV advisor and social specialists at FMS level

Table 2 – Risk Mitigation Matrix **Social Risks**	**Mitigation/Management Strategy**	**How will this be monitored?**	**Who is responsible?**
The perceptional conflict between FHWs & Traditional birth attendants	Awareness Raising with FHWs and TBAs collaboration and coordination	During FHWS training and Health Coordination meetings	PMT/Health team
Challenges using smart phones/ ODK/taking photos/security	Supervisors to support them, only use when needed.	Provide security guidelines and training by Security Experts of the project to protect the life of FHWs	PMT/Health team
Maternity leave not respected	Follow up and reinforce	Awareness raising on gender and ethnic discrimination and labour laws for all supervisors.	PMT/Health team

4.6 ENVIRONMENTAL RISKS - MONITORING AND MITIGATION MEASURES

The environment risk rating is Moderate, due to the waste generated from the medical kits to be supplied to female health workers. The main environmental issues for the project relate to the handling and disposal of medical kits and limiting the spread of communicable diseases (e.g., Covid-19) through health and education provision. Other project activities do not pose risks since they relate to technical assistance, capacity building and training. All potential impacts are expected to be temporary, site-specific, and mostly reversible, and mitigation measures can readily be designed. Therefore, the ESMF includes a Medical Waste Management Plan (MWMP) in annex 6 that manages risks to prevent public health risk and environmental impacts of the small solar chargers.

Potential Risks

The activities proposed under health care may potentially increase the generation of health care waste such as sharps, infectious and noninfectious waste due to the deployment and supplies medical kits by female health workers. EHS Guidelines under WGB EHS Guidelines on Healthcare Facilities (HCF). provides good practice guidance on handling medical wastes which is relevant to the project and the project will make use of it. Further the MWMP (See annex 6) will be used to manage the identified risks.

The work environment is anticipated to generate risks and impacts to the occupational health and safety (OHS) of healthcare workers, including patient handling, falls, sharps injuries, infection, security and violence, exposure to hazardous drugs, environmental hazards, and ergonomics. These will need to be managed carefully to support the wellbeing of healthcare workers in hospitals and health facilities.

Health care providers are not only at risk of infection themselves but are partly responsible for the spread of infection in the population if they do not maintain standard hygiene practices. Health care workers risk infection and spreading infection as they handle and come across different types of infectious medical waste. Examples of poor hygiene practices that can cause infection are inadequate handwashing, inappropriate use of gloves, recapping of needles, and lack of appropriate decontamination.

Hazards from chemical and pharmaceutical waste

Medical Stores are potential sources of infectious waste in gaseous, liquid or solid forms. These could pose unsafe conditions for healthcare staff. Of particular concern are staff handling infectious waste (including sharps) without adequate protective gear, storage of sharps in containers that are not puncture-proof. While some OHS risks will be borne by the project activities, most other effects are existing (hence cumulative) and would only be exacerbated by increased scale of healthcare services**.** Some examples of hazardous substances and their effects in health care facilities are:

- **Mercury -** Mercury is prevalent in hundreds of different devices but is most concentrated in diagnostic devices such as thermometers, blood pressure meters, esophageal dilators, and Miller-Abbott and Cantor tubes. It is also found in additional mercury sources such as fluorescent light tubes and batteries.
- **Disinfectants** - Disinfectants constitute a particularly important group, as they are used in large quantities and are often corrosive. It should also be noted that reactive chemicals may form secondary compounds of high toxicity.
- **Chemical residues** - Chemical residues discharged into the sewage system may have toxic effects on the operation of biological sewage treatment plants or on the natural water ecosystem.
- **Pharmaceutical residues** - Pharmaceutical residues may have the same effects, as they may include antibiotics and other drugs, heavy metals such as mercury, phenols and derivatives, and other disinfectants and antiseptics.

Community health and safety risks

Disease transmission. Diseases can be transmitted from:

- Health worker to patient, resulting from unwashed hands, contaminated sharps, or improperly cleaned reusable equipment.
- Patient to health worker, resulting from accidental prick by needles or sharps that have been used on patients or blood or body fluids accidentally splashing on to or coming in contact with broken skin.
- Health worker to family and community, resulting from health workers with unclean hands or contaminated clothing or shoes carrying infection home to family members.
- Health facility to community, resulting from improper disposal of medical waste and sharps. This can lead to transmission of disease to community members due to needlestick injury or needle reuse.

Hazards from sharp items

- The main source of illness from infectious waste is most likely injuries from used sharps. Sharps cause cuts and punctures and infect the wounds with agents that previously contaminated the sharps.
- According to WHO, the risk of infection following a needlestick injury with a needle from and infected source patient is 0.3 percent for HIV, 3 percent for hepatitis C, and 6 percent to 30 percent for hepatitis B.
- Recapping of sharps continues to be a challenge. Recapping means to put the protection cap back on the needle after usage and is considered one of the main reasons for needlestick accidents.

Hazards from infectious waste

Community Health Risk due to Improper Waste Management - Improper infectious waste disposal can cause public health risks due to environmental pollution: impaired air quality, wastewater/sewage handling, storm water contamination of water courses or when adults and

children rummage through raw waste stockpiles. Infectious waste may contain a great variety of pathogenic micro-organisms, which may infect the human body through one of the following pathways:

- Crack or cut in the skin (injection) through absorption.
- Mucous membranes through absorption.
- Inhalation and ingestion.

4.7 EXCLUSION CRITERIA

Exclude the following type of activities as ineligible for financing under the Project AF:

a. Activities that may cause long term, permanent and/or irreversible adverse (e.g. loss of major natural habitat) impacts

b. Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to treatment of COVID19 cases

c. Activities that may have significant adverse social impacts and may give rise to significant social conflict

d. Activities which would require Free Prior Informed Consent under ESS7

e. Activities that may affect lands or rights of Vulnerable and Marginalized Groups or other vulnerable minorities

f. Activities that may involve permanent resettlement or land acquisition or adverse impacts on cultural heritage.

In addition, any additions to the basic medical kit for Female health workers that cannot been safely disposed of will also be excluded.

Table 3 –Environmental Risk Mitigation Matrix

Environmental Risks	Mitigation/Management Strategy	How will this be monitored?	Who is responsible?
Risk of Exposure of FHW to infectious diseases such as COVID 19	• Provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE • Develop a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime • Ensure adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer) are available • Ensure adequate OHS protections in accordance with General EHSGs and EHS Guideline for Health Care Facilities	An assessment of training records, medical waste management and PPE adequacy and usage by health workers will be included as part of inspections to be carried out by third-party monitors during supervision visits at the local level. Procedures to respond to the specific health and safety issues posed by COVID-19 and facilities (buildings) for project workers and protect workers' rights as set out in ESS2. WGB EHS Guidelines and WGB EHS Guidelines on Healthcare Facilities (HCF) will be followed	Environmental officers in FMS MoF and Ministry of Health
Improper disposal of medical waste	ESMF provides guidance on medical waste management plan (MWMP) (See annex 6) including: training of health staff in Primary Health facilities on disinfection and waste disposal protocols; timely distribution of cleaning agents and routine monitoring to ensure Infection Prevention and Control standards are sustained.	Prior screening on MWMP (See annex 6) preparedness will be carried during the roll out for all participating HCF. While during monitoring inspection visits, an assessment of medical waste management, including PPE adequacy and usage by female health workers, will be carried out by third-party monitors using appropriate questionnaires. Where EHS issues around adequacy MW management is noted during monitoring appropriate corrective actions will be implemented to ensure adequate MWMP systems are in place (see Annex 5 for generic inspection checklist). Given some FHWs may be too far from the health facility, they will prior to issuance of medical kits undergo appropriate offsite training on MW disposal procedures. Waste management teams constituted within the FHW will do follow up and provide regular reports to the designated waste management officers.	Environmental officers in and focal points in the Ministry of Health Ministry of Finance/Social Specialists

E Waste

The table below provides general e-waste plan the project will implement for the management of e waste arising out of end use life of project procured electronics, tablets and the small solar charging system issued to female health workers.

E-Waste Management/Disposal Plan

Issue: RCRF Procurement and Provision of Electronic Devices (computers, tablets, printers, servers, cables, etc.)			
Impact	**Mitigation**	**Monitoring**	**Responsibility**
Air Pollution through improper disposal Which leads to the release of toxic, hazardous, and carcinogenic gaseous. **Human Health** Electrical and electronic equipment contain different hazardous materials, which are harmful to human health. For instance, bio-accumulative toxins (PBTs) are harmful to human health and have been associated with cancer, nerve damage and reproductive disorders. Chronic exposure to arsenic can cause lung cancer and can often be fatal. Also, exposure to barium can lead to brain swelling, muscle weakness, damage to the heart, liver, and spleen.	Procure Electronic devices from credible manufacturers and or accredited vendors with manufacturers' authorization to avoid purchasing second hand, refurbished or obsolete devices with a short shelf life or already categorized as E-Waste. If possible, select sources offering repair and take back schemes. Ensure insurance coverage and electronic physical protective devices are fitted. Reuse and recycle all E-waste where applicable and possible. Establish E-Waste collection points in all project sites, including collection bins/receptacles. Conduct awareness and sensitization targeting the users of the electronic devices to ensure that they engage in best practice for E-waste management.	Warranty and take back schemes for Electronic Devices purchased. Credibility of manufacturers supplying the electronic devices Availability of E-waste receptacles in each project site. Number of awareness and training conducted for users of electronic devices on E-waste E-waste certificates of disposal using licensed hazardous waste contractors and licensed hazardous waste landfills/disposal facilities.	RCRF PIU

Issue: RCRF Procurement and Provision of Electronic Devices (computers, tablets, printers, servers, cables, etc.)			
Impact	**Mitigation**	**Monitoring**	**Responsibility**
Pollution of water bodies Electrical and electronic equipment contain different hazardous materials, which are harmful to human health and the environment including ground and surface water if not disposed of carefully.			
Pollution of land resources including landfills Electrical and electronic equipment contain different hazardous materials, which are harmful to human health and the environment including soil if not disposed of carefully.	Procure Electronic devices from credible manufacturers and or accredited vendors with manufacturers' authorization to avoid purchasing second hand, refurbished or obsolete devices with a short shelf life or already categorized as E-Waste. If possible, select sources offering repair and take back schemes. Ensure insurance coverage and electronic physical protective devices are fitted. Reuse or Recycle all E-waste. Establish E-Waste Collection Centres in all project sites, including collection bins/receptacles.	Warranty and take back schemes for Electronic Devices purchased. Credibility of manufacturers supplying the electronic devices. Availability of E-waste receptacles in each project site. Number of awareness and training conducted for users of electronic devices on E-waste	RCRF PIU

Issue: RCRF Procurement and Provision of Electronic Devices (computers, tablets, printers, servers, cables, etc.)			
Impact	**Mitigation**	**Monitoring**	**Responsibility**
	Use licensed hazardous waste contractors and licensed hazardous waste landfill sites/disposal facilities. Create and maintain records of all E-waste items for disposal, securely store and prepare for shipment correctly. Conduct awareness and sensitization targeting the users of the electronic devices to ensure that they engage in best practice for E-waste management.	E-waste certificates of disposal using licensed hazardous waste contractors and licensed hazardous waste landfills/disposal facilities.	
Growth of informal E-waste disposal centres. Improper and indiscriminate disposal of E-waste is likely to lead to the exponential increase of informal waste disposal centres in communities near project sites which may further exacerbates the problem of E-waste.	Procure Electronic devices from credible manufacturers and or accredited vendors with manufacturers' authorization to avoid purchasing second hand, refurbished or obsolete devices with a short shelf life or already categorized as E-Waste. If possible, select sources offering repair and take back schemes. Ensure insurance coverage and electronic physical protective devices are fitted.	Warranty and take back schemes for Electronic Devices purchased. Credibility of manufacturers supplying the electronic devices.	RCRF PIU

Issue: RCRF Procurement and Provision of Electronic Devices (computers, tablets, printers, servers, cables, etc.)			
Impact	**Mitigation**	**Monitoring**	**Responsibility**
	Reuse or Recycle all E-waste. Establish E-Waste Collection Centres in all project sites, including collection bins/receptacles. Use licensed hazardous waste contractors and licensed hazardous landfill sites/disposal facilities. Create and maintain records of all E-waste items for disposal, securely store and prepare for shipment correctly. Conduct awareness and sensitization targeting the users of the electronic devices to ensure that they engage in best practice for E-waste management.	Availability of E-waste receptacles in each project site. Number of awareness and training conducted for users of electronic devices on E-waste. E-waste certificates of disposal using licensed hazardous waste contractors and licensed hazardous waste landfills/disposal facilities.	

5. GRIEVANCE MECHANISM

Under the new World Bank ESF, Bank-supported projects are required to have a functional, accessible and trusted mechanisms in place that address concerns and grievances that arise in connection with a project. 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'. This Project GM should facilitate the Project to respond to concerns and grievances of the project-affected parties related to the environmental and social performance of the project. The project will provide mechanisms to receive and facilitate resolutions to such concerns.

5.1 PROJECT COMPLAINTS MECHANISM

The Ministry of Finance will have the responsibility of overseeing the resolution of all issues related to the project activities in accordance with the laws of FGS and the World Bank Environmental and Social Standards through a clearly defined GM that outlines its process and is available and accessible to all stakeholders. The entry point for all grievances will be with the Social Safeguards specialists at the FGS and FMS level who will receive grievances by phone +252614756599, text 7575 or email address: rcrfgrm@gmail.com to publicized mobile phone lines and email addresses at both FMS and FGS level. The social safeguards specialists will acknowledge, log, forward, follow up grievance resolution and inform the complainant of the outcome. The complainant has the right to remain anonymous, thus their name and contacts will not be logged and whistleblower protection for complaints raised in good faith will be ensured. Grievances related to the overall project will be dealt with by the Ministry of Finance/PIU at FGS and FMS level. However, those about health or education service provision will be resolved in conjunction with the relevant ministry at the FGS and/or FMS. The FGS senior social specialist will carry out training of all PIU staff and Ministry of Health and education focal points on receiving complaints and referral and complaints handling and reporting.

A grievance redress committee (GRC) will be established at FMS and FGS level chaired by the project manager, and the relevant PIU staff will be included as necessary depending on the complaint (procurement, finance, M&E GBV advisor and communications), in addition staff from the Ministries of Health and Education will be invited as required. The Social Safeguards Officers will minute the meetings and follow up the grievance resolution process. The GRC will meet monthly to review minor complaints, progress on complaints resolution, review the development and effectiveness of the grievance mechanism, and ensure that all staff and communities are aware of the system and the project. Immediate meetings will be held in case of significant complaints to be addressed at the Ministry of Finance/PIU level. Types of complaints and how they will be dealt with will be outlined in the GM manual. For serious or severe complaints involving harm to people or the environment or those which may pose a risk to the project reputation, the FMS social specialist should immediately inform the FGS social specialist or head of the PIU, who will inform the World Bank within 24 hours after taking note of the incident as per the Environmental and Social Incident Reporting (ESIRT) requirements.

A serious incident is one that caused or may cause significant harm to the environment, workers, communities, or natural or cultural resources, is complex or costly to reverse and may result in some level of lasting damage or injury; or failure to implement E&S measures with significant impacts or repeated non-compliance with E&S policies; or failure to remedy Indicative non-compliance that may potentially cause significant impacts.

Examples of serious incidents may include injuries to workers that require off-site medical attention, exploitation or abuse of vulnerable groups, consistent lack of Occupational Health and Safety (OHS)

plans in a civil works project, and large-scale deforestation. Serious incidents require an urgent response and could pose a significant reputational risk for the Bank.

A severe incident is one that caused or may cause great harm to individuals or the environment, or present significant reputational risks that could hamper the Bank's ability to operate in a country or region. The Borrower's inability or unwillingness to remedy situations that could result in serious or severe harm would be a factor in classification. A severe incident is complex and expensive to remedy (if possible), and is likely irreversible. A fatality is automatically classified as severe, as are incidents of major environmental contamination, forced or child labor, abuses of community members by project security forces or other project workers (including GBV), violent community protests a project, kidnapping, and trafficking in endangered species.

The social specialists are responsible for noting and reporting critical trends emerging in the GM process such as an increase/decrease in types of grievances to share with the GRC, as well as tracking complaints expressed on social media and whether and how these should be addressed. Throughout the process, the social specialists will receive support from the PIU.

Types of grievance: Complaints may be raised by staff, partners, consultants, contractors, members of the community where the programme is operating or members of the general public regarding any aspect of programme implementation. Potential complaints include:

1. Fairness of contracting
2. Fraud or corruption issues
3. Inclusion
4. Social and environmental impacts
5. Payment related complaints
6. Quality of service issues
7. Poor use of funds
8. Workers' rights
9. Gender Based Violence, sexual harassment or sexual exploitation and abuse
10. Forced labour, including human trafficking and use of prison labour
11. Child labour
12. Threats to personal or communal safety

There will also be a separate worker grievance mechanism for the use of all direct and contracted workers to raise employment-related concerns, in line with the provisions of ESS2. This will be included in contractors' contracts and managed by the project secretary who will have this specific mandate to support the social safeguards officer.

Separate channels to manage GBV-related complaints will be identified and integrated into the GM to enable reporting in a safe, confidential and survivor centric manner to be developed under the key activities under the SEAH prevention and response action plan and to be integrated into relevant project documents, such as the Project Operations Manual.

Building Awareness on the GM: The PIU will initially brief all its staff, and the staff of the implementing Ministries and FMS PIUs, on the GM procedures to be used including the reporting and resolution, as well as how to handle and refer complaints if they receive them. A public awareness campaign will be conducted to inform all communities, stakeholders and financed staff on the mechanism, as well as it's functionality and whistle blower protection procedures to promote trust so that stakeholders feel comfortable raising concerns. A one pager will be developed providing details and a visual poster and leaflet provided in all areas where the project is implemented. Various mediums will be used to raise awareness on the GM including social media and FM radio to reach remote communities, including

call ins with panels including community and government representatives and information on how complaints are handled and resolved. The radio stations will be carefully selected to reach communities targeted for support under the RCRF 3 including vulnerable and marginalized groups. The GM procedure and contacts will also be published on Ministry of Finance website indicating a phone number, email and address for further information. The GM will be represented in simple visual material as well as Somali dialects as needed.

The project will aim to address grievances with the following steps and indicative timelines:

	Steps to address the grievance	**Indicative timeline***	**Responsibility**
1	Receive, register and acknowledge complaint in writing. Serious complaints immediately reported to the PM who will report to the World Bank.	Within two days	The person receiving the complaint. Social specialist at FGS and FMS levels supported by PIU
2	Screen and establish the basis of the grievance. Where the complaint cannot be accepted (for example, complaints that are not related to the project), the reason for the rejection should be clearly explained to the complainant and where possible the complaint directed to the relevant department.	Within one week	Senior Social/GBV specialist supported by PIU.
3	Program manager and social specialist to consider ways to address the complaint if required in consultation with the GRC.	Within one week	Program Manager supported by PIU.
4	Implement the case resolution and feedback to the complainant.	Within 21 days	Program Manager with support from GRC.
5	Document the grievance and actions taken and submit the report to PIU.	Within 21 days	Senior social/GBV specialist and GRC supported by PIU
6	Elevation of the case to the government judiciary system, if complainant so wishes.	Anytime	The complainant
* If this timeline cannot be met, the complainant will be informed in writing that the GRC requires additional time.			Senior social/GBV specialist, GRC supported by PIU

5.2 GRIEVANCES RELATED TO GENDER BASED VIOLENCE (GBV)

To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the GM has developed different channels and protocols to enable a confidential and sensitive approach to GBV related cases.

Serious complaints of sexual exploitation and abuse, sexual harassment and other forms of gender-based violence will be addressed immediately by referring the GBV survivors to support services as per the GBV Referral Pathway. GBV/SEAH cases can be reported through the general Project GM – identified project focal points, staff handling the call centres, or through the GM Hotline Operator. In addition, the PIU GBV Advisor at the FMS will man a reliable SMS, email address (rcrfgenderunit@gmail.com) where such complaints can be raised.

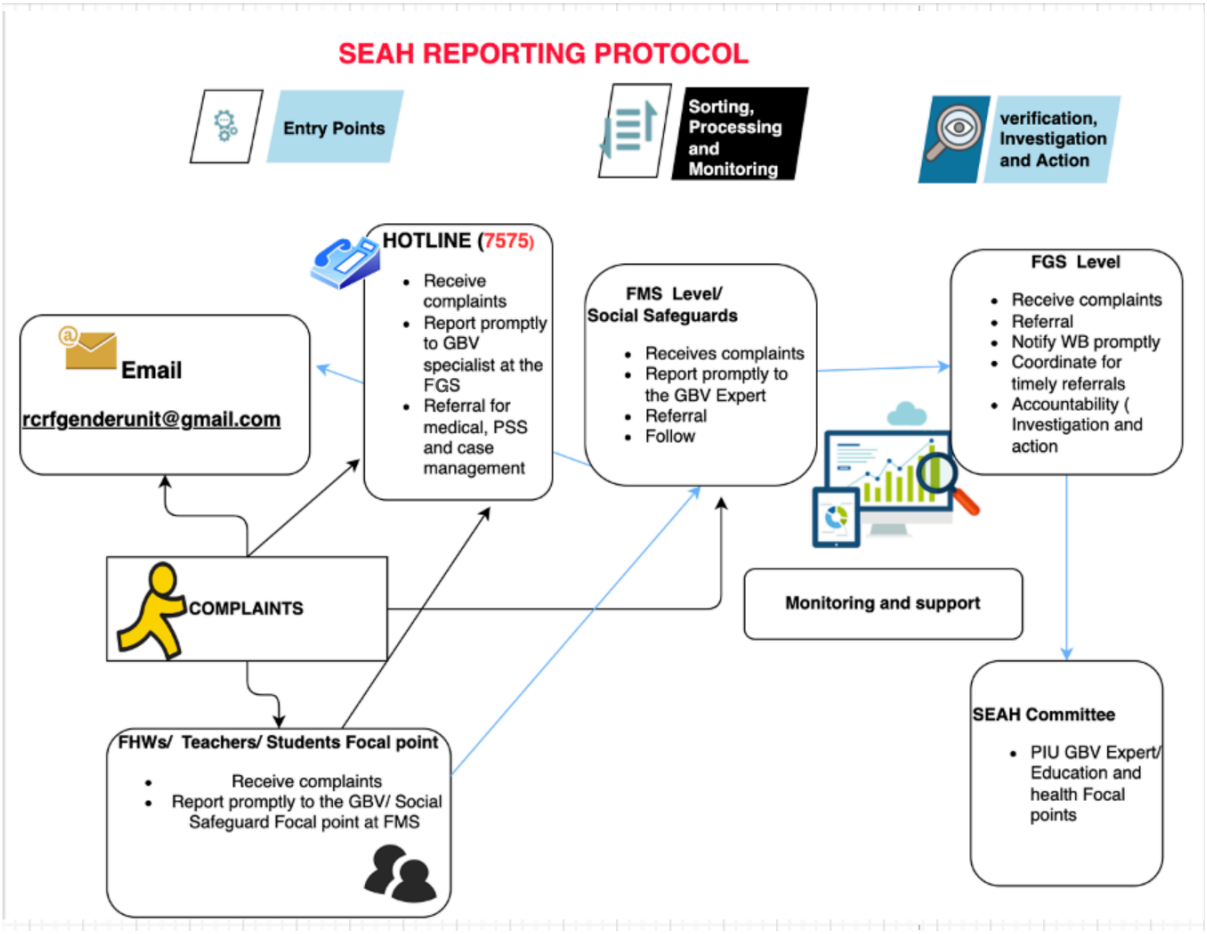
The RCRF project has designated the GBV Advisor as the Focal Person at the Federal level under the Ministry of Finance. Each FMS has also identified 1 Grievance Focal Person (the senior social/GBV specialist) and 1 focal point from the female health workers (FHW Supervisor) and teachers in each project location. In line with the survivor-centered approach, the grievance recipient to whom an allegation is disclosed will provide a safe, caring, and supportive environment. This means being non-judgmental, empathetic, and compassionate, and demonstrating emotional support to the survivor while clarifying relevant information. It also means respecting confidentiality and the wishes of the survivor.

Once a case has been taken in by a GM operator or via the identified focal points, informed consent of the survivor is obtained to proceed with the case, the case file/information will be submitted to the RCRF GBV Advisor. The GBV Advisor will ensure that the survivor has been provided with all necessary GBV referral services and will ensure that the survivor is safe.

All reporting will limit information according to the survivor's wishes regarding confidentiality. If the survivor agrees on further reporting, information will be shared only on a need-to-know-base, avoiding all information that may lead to the survivor's identification of 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.

Where the RCRF project worker has allegedly committed the GBV/SEAH grievance, the case will be reported to the respective employing agency (HTP, sub-contractor, government Ministry of Education and Health). The PIU GBV Advisor will follow up and determine jointly with a specially constituted “SEAH Committee”, the GBV Advisors from the Ministries of Health and Education, Health Technical Partner (HTP) GBV focal points, and sub-contractors on the GBV/SEAH allegations related to the RCRF project. The GBV Advisor will follow up and ensure that the Code of Conduct violation is handled appropriately according to the sanctions as indicated in the individual CoC. These sanctions may include oral, written warning, loss of salary, suspension from employment, termination of employment and report to the police if warranted.

Figure 1: Illustration of the GM for SEAH allegation for RCRF project

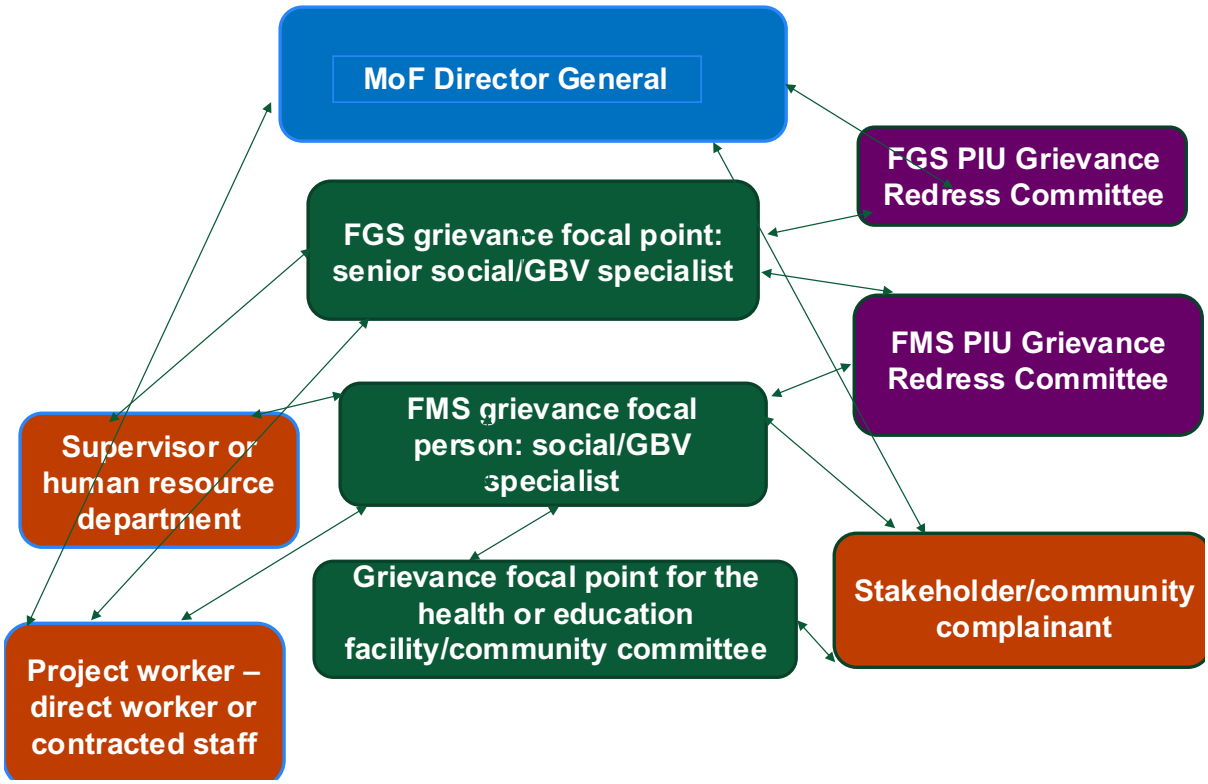


5.3 PROJECT WORKERS GM

All contractors including the Health Technical Partner and other contractors e.g. for the citizen engagement component or monitoring and citizen feedback, a workers GM will be required and included in bidding documents and contracts. Project staff at FMS and FGS level, will be encouraged to raise concerns with their immediate supervisor or the Project Coordinator (FMS) or Project Manager. However if the concern relates to the LMP provisions they can also raise it via the social safeguards officer at FGS level who will forward to the Project manager for resolution in conjunction with a workers' GRC consisting of the procurement officer, the project secretary and the social safeguards specialist or if it is not resolved by the Director General of MoF who can be contacted at: mof@mof.gov.so and dg@mof.gov.so Recipients of these emails will be oriented on how to refer complaints confidentially.

See below for flowchart outlining grievance focal points and redress committees:

Figure 2: GM flow diagram



5.4 COMPLAINTS TO THE WORLD BANK

World Bank Office: If no satisfactory resolution of complaints has been received from the NPIU, complaints can be raised with the World Bank Somalia office on somaliaalerts@worldbank.org

World Bank Grievance Redress Service:[12] If no satisfactory resolution has been received from the World Bank Country office, grievances can be raised with the World Bank Office in Washington. For more information: http://www.worldbank.org/grs, email: grievances@worldbank.org

The World Bank's Grievance Redress Service (GRS) provides an additional, accessible way for individuals and communities to complain directly to the World Bank if they believe that a World Bank-financed project had or is likely to have adverse effects on them or their community. The GRS enhances the World Bank's responsiveness and accountability by ensuring that grievances are promptly reviewed and responded to, and problems and solutions are identified by working together.

The GRS accepts complaints in English or the official language of the country of the person submitting the complaint. Submissions to the GRS may be sent to:

Email: grievances@worldbank.org
Fax: +1-202-614-7313

[12] http://pubdocs.worldbank.org/en/440501429013195875/GRS-2015-BrochureDec.pdf

Letter: The World Bank
Grievance Redress Service (GRS)
MSN MC 10-1018
1818 H St, NW
Washington, DC 20433, USA

5.5 WORLD BANK INSPECTION PANEL[13]

The Inspection Panel is an independent complaints mechanism for people and communities who believe that they have been, or are likely to be, adversely affected by a World Bank-funded project. The Board of Executive Directors created the Inspection Panel in 1993 to ensure that people have access to an independent body to express their concerns and seek recourse. The Panel assesses allegations of harm to people or the environment and reviews whether the Bank followed its operational policies and procedures.

The Panel has authority to receive Requests for Inspection, which raise issues of harm as a result of a violation of the Bank's policies and procedures from:

- Any group of two or more people in the country where the Bank financed project is located who believe that, as a result of the Bank's violation of its policies and procedures, their rights or interests have been, or are likely to be adversely affected in a direct and material way. They may be an organization, association, society or other group of individuals;
- A duly appointed local representative acting on explicit instructions as the agent of adversely affected people;
- In exceptional cases, a foreign representative acting as the agent of adversely affected people;
- An Executive Director of the Bank in special cases of serious alleged violations of the Bank's policies and procedures.

The Panel may be contacted by:

email at ipanel@worldbank.org
phone at +1-202-458-5200
fax at +1 202-522-0916 (Washington, D.C.)
mail at: Inspection Panel, Mail Stop MC 10-1007, 1818 H Street, N.W., Washington, D.C. 20433, U.S.A.

[13] http://ewebapps.worldbank.org/apps/ip/Documents/Guidelines_How%20to%20File_for_web.pdf

6. MONITORING AND REPORTING

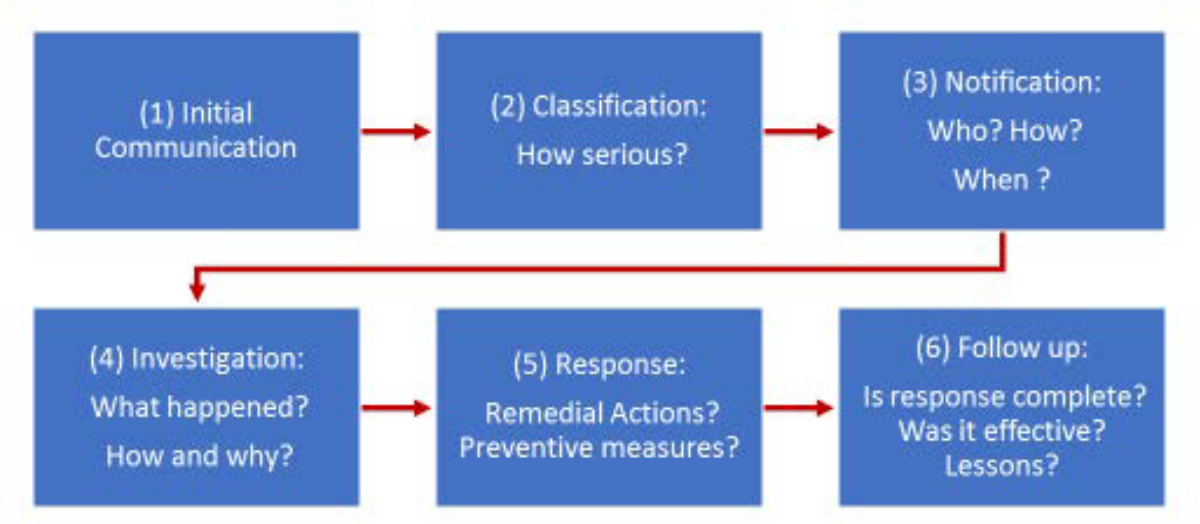
Monitoring and reporting: The PIU will monitor the project implementation to assess progress on indicators defined in the project's working documents and the results framework such as E&S performance and functioning of the GM, beneficiary satisfaction, employment creation, and functional maintenance systems. Environmental and social monitoring indicators will be established and the PIU will submit quarterly progress reports or as otherwise requested by the World Bank on a case-by-case basis.

Internal Monitoring: The PIU will prepare data on activities and outputs in regular quarterly reports. The monitoring and evaluation process will be participatory, engaging community members of the districts benefiting from the project investments. An end-line beneficiary survey will be carried out to measure who and to what extent people benefited from the project as well as how it affects their lives and the social impacts.

External Monitoring: Given the persistent insecurity in some project areas, the ability to monitor and supervise project on the ground will continue to be limited. As such, the project will have an independent monitoring agent for supervision of project implementation progress.

Reporting back to stakeholders: Regular stakeholder workshops will enable feedback on project progress and improvements to all stakeholders. In addition, component 4 of the new RCRF supports the designing and use of tools to advance transparency and generate citizen feedback mechanisms up to the facilities level (for selected locations). It also supports the learning and evaluation of the possible most impactful tools. Sub-component 4.3 Impact evaluation to citizen feedback in education and health will strive to incorporate citizen feedback into the provision of education and/or health services particularly the staff supported by the project and evaluate the possible impact of the interventions on health and education access and quality. A rigorous impact evaluation will be financed to assess the efficacy of citizen engagement on education/health access and quality with health/education teams.

Incident and Accident Reporting: ESHS Incident reporting will follow the management and reporting process below:



Incidents will be categorized into 'indicative', 'serious' and 'severe'. Indicative incidents are minor, small or localized that negatively impact a small geographical area or a small number of people and

do not result in irreparable harm to people or the environment. A ‘significant’ incident is one that causes significant harm to the environment, workers, communities, or natural resources and is complex or costly to reverse (see Annex 4 for World Bank incident classification guide). All SEAH cases are treated as severe. A ‘severe’ incident causes great harm to individuals, or the environment, or presents significant reputational risks to the World Bank.

Severe incidents (an incident that caused significant adverse effect on the environment, the affected communities, the public or workers, e.g. fatality, GBV, forced or child labor) will be reported within 24 to the PIU and the World Bank (see Annex 5 for key information on incident reporting). Further guidance on reporting of serious and indicative incidents is provided in Annex 4.

Where grievances are of sexual nature and can be categorized as GBV/SEAH or child protection risk, the PIU handle the case appropriately, and refer the case to the GBV referral system, defined in the GBV/SEAH and Child Protection Prevention and Response Plan. There is need to note the protocols for handing incident reporting and response for SEAH is different from other cases or complaint.

7. E&S CAPACITY ASSESSMENT AND TRAINING PLAN

Although current E&S and other project staff are experienced in E&S risk identification and mitigation measures, and have received basic training, further deepening of training in key issues as well as training of new and replacement staff will be carried out in the following areas:

- Stakeholder engagement
- Relevant World Bank ESS
- Occupational and Community Health and Safety
- Medical waste management
- E-Waste management
- Application of project ESMF
- Gender-Based Violence Risk Mitigation
- Grievance Management
- Labor Management procedures
- Security management procedures

Female health workers and teachers will also receive training on the SEAH prevention and response plan and the Grievance Mechanism.

8. ESMF BUDGET

An indicative budget has been provided in table below, meant to cover expenses related to the implementation of the ESMF, such as capacity building programs, coordination and public consultation meetings, planning workshops, monitoring work, and environmental consultancy services. This estimated budget does not include the administrative costs for the operation of the PIU Safeguard unit are including in the overall project cost.

Table 4: Indicative Budgetary requirements for implementing the ESMF

ESMF Requirements	Budget basis and assumptions	Total Cost (US dollars)
Capacity building for PIU personnel on ESMF implementation	Training held in-country (all in one year)	10,000
Meetings, workshops and stakeholder engagement	For 30 persons/year * two workshops	7,000
Environmental screening	No additional budget	No additional budget
Monitoring of implementation of ESMF in Project locations	Field visits are estimated for two PIU personnel per year (to cover, transport, and daily allowances)	Already in PIU budget
Stakeholder Engagement at FMS and community level	One per year in each FMS	10,000
Grievance mechanism costs		Already included in citizen engagement platform and operational costs
Monitoring compliance and cost of third-party monitoring of health care facilities	Assume quarterly monitoring activities over five days, each quarter, per year (two persons plus logistics, per diem etc.)	20,000
Monitoring compliance including assessment of medical waste management and PPE adequacy and usage by health workers	Assume quarterly monitoring activities over five days, each quarter, per year (one person plus logistics, per diem, etc.)	20,000
Cost for preparation of any HCF specific HCWMP	Average	10,000
EHS training of project workers (FHWs)	Average	50,000
Printing and follow up of agreement forms on use of kits and medical waste disposal		5,000
SEAH Prevention and Response Action Plan	Assume yearly (breakdown on each of the action is provided under the SEAH action plan matrix including trainings on GBV risk management, mapping, etc.).	136,600
	TOTAL Estimated Budget	268,000
	Contingency (5%)	13,400
	Grand Total	281,400

9. ROLES AND RESPONSIBILITIES OF IMPLEMENTING ENTITIES

The FGS Ministry of Finance shall be responsible for overall coordination and implementation of the Project. Governance arrangements include a Project Implementation Unit (PIU), a Project Management Team (PMT) and the FGS PFM Reform Coordination Unit (PFMRCU). The FGS is required to maintain these structures throughout project implementation with terms of reference satisfactory to the World Bank, and with adequate resources to carry out their responsibilities.

Implementation is managed by a Project Coordinator and Project Manager at the FGS, and a Project Manager at each FMS.

It is the responsibility of the Project Coordinator to coordinate among different ministries and FMS. The Project Manager will manage and track implementation progress, identify opportunities for improvements to implementation and to solve day-to-day issues that may be slowing down or blocking implementation. At the overall project level, the Project Coordinator is responsible for tracking progress against the results framework indicators. At the component level, Technical Implementation Units (TIU) will be established for monitoring and evaluation of specific component activities being implemented in their ministries and agencies.

The project will be implemented in coordination with the Ministries of Health and Education who will have dedicated social and environmental specialists at FGS level funded under other World Bank Projects with separate environmental and social focal persons within the PIUs of participating FMS.

To support ESF capacity, a social safeguards specialist and a GBV Advisor will be recruited under RCRF 3 for MoF, FGS and social safeguards specialists within MoF, FMS. The social safeguards specialist at FGS will oversee implementation of social and environmental requirements in close coordination with the environmental specialist within the Ministry of Health, the social safeguards specialists in the Ministries of Health and Education and the social specialists in each FMS.

Role of the World Bank

The World Bank will provide technical support where requested and receive quarterly reports on safeguards performance including prior to project missions.

10. CONSULTATION AND PUBLIC DISCLOSURE

Individual virtual interviews were carried out to develop this ESMF with the people listed in Annex 2 and a stakeholder consultation on the document was carried out virtually with key government partners (see Annex 3) and non-governmental organisations (see Annex 4).

As part of implementation regular feedback will be obtained from key stakeholders including community members and VMGs as outlined in the SEP. This may be done via community monitoring, using virtual monitoring tools such as kobo toolbox. WhatsApp groups of female health workers, teachers and other staff will be encouraged and nominated representatives will be encouraged to provide anonymous feedback from the groups on social and environmental risks and the effectiveness of mitigation measures and suggestions for improvement.

The preparation of this document, took place during the Covid 19 pandemic, thus followed national and WHO guidelines as well as the World Bank guidelines on Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings.

DISCLOSURE OF PROJECT DOCUMENTS

The following table outlines the disclosure of project documents:

Disclosure of project documents			
Project stage	**Target stakeholders**	**List of information to be disclosed**	**Methods and timing proposed**
Before appraisal	Government partners, health, and education stakeholders and the general public	PAD, SEP, ESCP	*WB and MOF website*
Before effectiveness	All stakeholders identified above	Updated SEP, LMP, ESMF including the SEAH prevention and response action plan and medical and e-waste waste management plan	*WB and MOF website*
Before project activities	All stakeholders identified above, plus FMS stakeholders and other World Bank funded projects	Summary in Somali of the project and GM including workers GM and GBV sensitive GM	*MOF FGS website, FMS stakeholder engagement workshops, exhnage workshops with other World Bank funded project implementation units and FHW trainings*

ANNEX 1: LIST OF INDIVIDUAL STAKEHOLDERS CONSULTED IN MARCH 2022 ON THE IMPLEMENTATION OF THE ESMF

S/N	Participant's Name	Title	Institution
Representatives from Government Institutions			
1.	Suleiman Sheikh Umar	Director-General	FGS-MOF
2.	Abdulkadir Suleiman	RCRF Project Coordinator	FGS-MOF
3.	Ayan Said Tukale	RCRF GBV Expert	FGS-MOF
4.	Fadumo Abdi Ali	OPM Deputy PS	FGS-OPM
5.	Ali Abdirahman Osman	Director of Public Health	FGS-MOH
6.	Abdullahi Abdihakim Ismail	RCRF Health Focal Person	FGS-MOH
7.	Abdisalam Abdullahi Mohamud	RCRF Community Health Coordinator	FGS-MOH
8.	Mohamed Ibrahim Abdikarim	Director-General	NCSC
9.	Dr Mahad Mohamed	RCRF Education Coordinator	MOECHE
10.	Abdinasir Sheikh Mire	GRM Specialist	MOSLA
11.	Asad Abukar Ali	Human Rights Focal Person	MOHADM
12.	Mohamed Hussein Mad	Accountant	MOF
13.	Abdisamad Abdullahi	IGFF Secretariat	FGS-MOF
14.	Abdiwahab Omer Jama	IGFF Secretariat	FGS-MOF
15.	Abdirahman Mohamed Adan	RCRF Communication Specialist	FGS-MOF
16.	Hussein Hassan Bunow	Project Manager	SWS-MOF
17.	Abdifatah Samaale	Deputy Minister of Education	SWS-MOE
18.	Sadia Mohamed Warsame	TOT Galmudug	Galmudug-MOH
19.	Abdirizak Mohamed Hussein	EAFS Officer	FGS-MOF
20.	Ismail Hassan Ahmed	Finance Assistant	MOECHE
21.	Abdirahman Hassan	Procurement	MOECHE
22.	Abdullahi Abdirahman	FM Specialist	FGS-MOF

S/N	Participant's Name	Title	Institution
23.	Abdi Hassan Fidow	Coordination Unit	FGS-MOF
24.	Ali Aden Hassan	Program Officer	FGS-MOF
25.	Salma Osman Gure	PMT/CHC	PL-MOH
Representatives from UN and International Organizations			
26.	Fardowsa Abdi Mohamud	Protection and Human Rights Office	UNISOM
27.	Mohamed Mursal Abdi	Gender and Youth Program Specialist	UNFPA
28.	Hawa Ali Warsame	Head Nurse	UNSOS
29.	Ahmed Abdirahman Omar	Associate Director	World Vision
30.	Sayid Ali	Area Manager	Norwegian Refugee Counsel (NRC)
31.	Maryan Abdi Khalif	Area Coordinator	SIHA Network
Representatives from Civil Society and Local NGO			
32.	Ahmed Dini Hassan	Operation Manager	SPL
33.	Batula Sheikh Ahmed	Chair Lady Somali National Women's Association (SNWA)	Women Rep
34.	Halima Moalim Abikar	Chair Lady Tawakal	Tawakal Org
35.	Aisha Abdikarim Hassan	Protection Coordinator	HINNA
36.	Iqra Mohamed Osman	Finance Officer	WARDI
37.	Asha Ahmed	M &E Officer	SPL
38.	Xabibo Ali Abukar	Deputy Chair	Women Group
39.	Suldano Ahmed Mohamed	Director	Women Group
40.	Halawi Sheikh Dahir	Chair Lady	BAWDO org
41.	Abdinasir Aden Osman	Project Manager	GREDO
42.	Hussein Ali Moallim	Program Officer	SMCAN
Representatives from Other World Bank Projects			

S/N	Participant's Name	Title	Institution
43.	Amina Nor Mohamed	Social Safeguard Specialist-Damal Cafimad	FGS-MOH
44.	Mohamed Nor Haji	Environmental Specialist-Damal Cafimad	FGS-MOH
45.	Nor Ali Mohamud	PCU Coordinator-Damal Cafimad	FGS-MOH
46.	Halima Farah	GRM -Somali Crisis Recovery Project SCRP	FGS-MOF
47.	Khadra Abdirahman	Communication Specialist-Damal Cafimad	FGS-MOH
48.	Fadwo Hassan Jimale	GBV Specialist-Damal Cafimad	FGS-MOH
49.	Mohamud Ali Salad	Environmental Specialist-SEHCP	MOE MOCHE
50.	Abdirahman Omar Warsame	Contract Management Specialist- Damal Cafimad	FGS-MOH
51.	Abukar Sayid Ali	Social Specialist-Scaled Up Project	FGS-MOF
52.	Ahmed H Mohamed	M&E -Scaled Up Project	FGS-MOF
53.	Amina Arale	Gender and GBV Specialist-SURP Project	FGS-MPWR
54.	Abdiqani Muse Farah	Stakeholder Engagement Officer-SCRP	FGS-MOF
55.	Muna Ali Abdullahi	GBV Specialist-SEHCP	MOECHE
Representatives from Universities			
56.	Abdimalik Khalif Ahmed	Social Work	City University
57.	Osman Muse Mohamed	Social Work	City University
58.	Salma Suleiman Mohamed	Social Work	City University
59.	Muhumed Hussein	Social Safeguard Specialist	World Bank
60.	Liban Abdi Mohamud	FM Specialist	FGS-MOF

ANNEX 2: KEY ISSUES FROM PHYSICAL CONSULTATION WITH KEY GOVERNMENT, INGOs, CSOs AND UNIVERSITIES

When: 30th March 2022, from 9:00 am – 12:30 pm at Guryasamo Halls in Mogadishu

Objective: to get input and suggestions on improving the social and environmental instruments for RCRF 3 including stakeholder engagement and grievance redress mechanism in the project.

Participants: representatives of vulnerable and marginalised groups and different NGOs working in the health, education and citizen engagement and grievance redress sectors at FGS and FMS level

IntroductionThe Stakeholder consultation meeting for the RCRF III Project Additional Financing was held on 30th March 2022 in Mogadishu. The participatory stakeholder consultation sessions were attended by the leadership of the Ministry of finance, a representative from the office of the Prime Minister, the project team, representatives from other World Bank-financed projects, representatives from civil society organizations, UN agencies, National and International NGOs, the leadership of women groups, representative of the disabled group, University representatives, WB social safeguard specialist, and other stakeholders.

The meeting was officially opened by Suleiman Sheikh Omar a Director-General of the Ministry of Finance, The DG warmly welcomed all the participants to the meeting. In his opening remarks, the Director-General emphasizes the importance of Environmental and Social safeguards Instruments and thanked World Bank Support. He further urged the participants to benefit from each other experience and provide feedback on the project's ES risks and mitigation measures through active participation.

Mr. Abdulkadir Suleiman, RCRF Project Coordinator gave an overview of the RCRF project. Mr. Suleiman talked about the main objective of the Stakeholder Engagement Consultation meeting which is to get feedback and input on the improvement of the social and environmental management framework, including the Stakeholder Engagement Plan (SEP), GBV risks mitigation measures, labor Management Procedure (LMP), and Grievance Redress Mechanism (GRM).

Mohamed Ibrahim, Director General of the National Commission Civil Servant talked about Human Rights and the importance of the work environment in Somalia. He stressed the need for robust Human resources management including protecting the rights of the workers and having strong performance measurement standards in the various government offices.

Ali Abdirahman Osman, Director of Public Health stated that both Public and Private institutions occur violations and abuse of power against their employee. There is a need to Strengthen gender units in ministries to be effective and grassroots engagement and all Employees have equal rights said during his speech at the consultation meeting.

Batula Sheikh Ahmed, Chairlady of the Somali National Women Association talked about the importance of this engagement meeting with different stakeholders including the Women's group. She reiterated that Somali women are the backbone of society both socially and economically though they're under-represented in the national leadership and decision-making positions. As women, we can play a key role in the socio-economic development of society.

Faduma Abdi Ali, OPM Deputy Permanent Secretary, Office of the Prime Ministry has close coordination with the FGS Ministry of Finance and National Civil Servants and are committed to working to improve a conducive environment and conditions for the public civil servants. She stressed the need of having women-friendly offices by instituting separate washrooms and prayer areas for the female staff.

Some of the key highlights of the panel discussion and follow-up plenary discussions by the participants include.

Social and environmental risks: All projects have distinct risks in addition to the overall contextual risks that affect all the projects. Some of the risks include security risks, land ownership, and disputes,

displacement/eviction and Sexual exploitation, abuse and Harassment, Elite capture / Exclusion, Environmental degradation, and pollution. These risks are prevalent to the project beneficiaries, especially the women and children, whereby polluted resources are used for human consumption, including the soil, water, and air.

Environment: There is a need to have an overview of the environmental impact of a project and not just on the physical environment in all the phases of the project. The natural resource on land, sea, and air benefits the environment and its degradation can be detrimental to the environment and livelihoods. Local communities and other key stakeholders need to be included in the discussion of the environmental policies and regulations to manage the project activities and their adverse effect on the environment. It is important to undertake regular monitoring and corrective measures for any deviations from the planned regulations. Site selection for any project activities important to analyze the suitability and environmental protection; environmental impact assessment to guide all the project activities prior to the engagement of the construction and other activities. Waste management and pollution control should be set in place.

Mitigation of social and environmental risks in Somalia: Important for all project workers to understand the overall ESS (tools) and risk classification. Such measures include but are not limited to risk forecasting, mapping, and mitigation measures, including the signing of the code of conduct by all the stakeholders, community feedback and GRC, Security management framework, and plan. This can be achieved by creating awareness and sufficient information sharing on all the environmental and social risks to all stakeholders. Resettlement action plan for construction of infrastructure, the Compensation plan for communities affected by the project, Occupational health services for all the project and project sites, and risk classification.

Stakeholder engagement: Stakeholder engagement helps bridge the gaps between the different stakeholders and information sharing / experience sharing. Stakeholder mapping for the project includes the primary stakeholder (direct beneficiaries) and other stakeholders. Transparent and continuous communication with the stakeholders will strengthen their engagement in the project. This will be supported by a functioning and accessible grievance mechanism to enable stakeholders to always provide feedback. For beneficiaries, there should be clear beneficiary selection criteria to ensure inclusion and uniform distribution of resources to the most deserving persons.

Gender Based Violence risk mitigation: Awareness and information sharing/normalization of some harmful practices. Abuse of power / financial / resource otherwise for sexual favors in exchange for the services. Denial and mitigation measures for the prevention of SEAH should be in place. All projects must have a code of conduct signed, and it's important that it's complemented with the necessary legal support mechanisms and confidence that abuse will be investigated and actioned upon. There is a need to create ample referral pathways in addition to sharing information about the support provided by aid agencies and civil society. Agencies / Institutions should also put in place mechanisms to prevent any forms of abuse in the workplace. There should be prioritization of women's economic and social empowerment and bridging the gender gaps.

Other issues raised during the consultation include:

- Continuous capacity building of the project stakeholders to bolster the project quality and deliverables.
- Strong communication and information sharing in all the phases of the project. It's noted by the participants that communication and sufficient information sharing can forestall misunderstanding, timely resolution of risks, and enhance functioning two-way communication.
- Use of mass media to share the works of the projects with the wider public.
- Need for monitoring and accountability of project deliverables and implementation of the agreed policies, frameworks, and tools.
- Effective and functioning grievance redress mechanisms that are accessible to all parties and professionals to ensure confidential treatment of sensitive cases like Gender-Based violence.

Functionality and promptness of the responses will motivate parties to utilize the GRM with confidence.

- circumventing political inference through transparency in project activities and engagement of the layers of the governance.
- Documentation and knowledge management for learning and experience sharing.
- Strengthening gender units in ministries to be effective and grassroots engagement.

Some of the specific risks and proposed mitigation measures include.

Environmental and Social Risks	**Mitigation measures**
Lack of or inadequate public participation.	Ensure that measures are put in place to identify and reach the disadvantaged groups and rural populations with project information in a timely manner Identify and equip local leaders with information on the project. Hold meetings with the beneficiary communities and other stakeholders to update on the project and respond to any communal concerns. Ensure all the stakeholders agree on the project's deliverables and what their roles are and Engage stakeholders throughout the process (in problem-solving, reviewing new requirements, and creating lists of lessons learned). Conduct monitoring, reporting, and coordination mechanisms on the environmental and social performance of the project against the ESS system. Develop an ESCP and implement all measures. Strengthening Institutions for Sustainability.
Lack of waste disposal management.	Prepare and implement Waste Management Plan. Establish Code of conducts (CoC) to be followed by all stakeholders and workers that will include penal action in case of violation of the guidelines.
There is existing sexual harassment in the workplace but mostly unreported	Provide more awareness-raising on key Government officials and make sure all project workers must sign the Code of Conduct
There are limited separate female washrooms in the Workplace	Separate toilets should be provided for females.
Lack of different types of pollution prevention.	Prepare Pollution Management strategies. Ensure that the construction design adopted enabling environment.
Possible loss of cultural heritage during construction works.	Project staff to ensure that contractors carefully follow the protocols and procedures to protect cultural heritage and development of cultural heritage mitigation plans.

ANNEX 3: WORLD BANK INCIDENT CLASSIFICATION GUIDE

Indicative

- Relatively minor and small-scale localized incident that negatively impacts a samll geographical areas or small number of people
- Does not result in significant or irreparable harm
- Failure to implement agreed E&S measures with limited immediate impacts

Serious

- An incident that caused or may potentially cause significant harm to the environment, workers, communities, or natural or cultural resources
- Failure to implement E&S measures with significant impacts or repeated non-compliance with E&S policies incidents
- Failure to remedy Indicative non-compliance that may potentially cause significant impacts
- Is complex and/or costly to reverse
- May result in some level of lasting damage or injury
- Requires an urgent response
- Could pose a significant reputational risk for the Bank.

Severe

- Any fatality
- Incidents that caused or may cause great harm to to the environment, workers, communities, or natural or cultural resources
- Failure to remedy serious non-compliance that may potentially cause significant impacts that cannot be reversed
- Failure to remedy Serious non-compliance that may potentially cause severe impactsIs complex and/or costly to reverse
- May result in high levels of lasting damage or injury
- Requires an urgent and immediate response
- Poses a significant reputational risk to the Bank.

ANNEX 4: INCIDENT REPORTING GUIDANCE

An incident report should contain the following information:

Incident Report Form
Please report any incident within 24 hours to the PIU

Implementing Partner	
Subproject / Activity	
Report Date	
Reported By (Name and Title)	

i. Details of Incident

Incident Date	
Incident Time	
Incident Place	

ii. Identification of type of incident and immediate cause

For each type of incident, select the relevant descriptor(s) from the list. You can select up to 5 descriptors for each type of incident. If a descriptor is not listed below, please type in short descriptor in "Other". Add more rows as necessary.

Incident Type	Descriptor 1	Descriptor 2	Descriptor 3	Descriptor 4	Descriptor 5	Other
H&S						
Social						
Environmental						

Provide a description of the immediate cause of the incident:

Description of the Incident
Record all facts prior to and including the incident, if it was a planned activity, describe/list material, ecosystem and property damaged, etc.

Root Cause Analysis

Select the root cause(s) of the incident from the list below. If 'Other', please specify:

Root Cause	Yes	No
Improper Planning		
Poor Maintenance		
Poor Supervision		
Poor Quality of Equipment		
No rules, standards, or procedures		
Lack of knowledge or skills		
Improper motivation or attitude		
Failure to comply with rules		
Other		

Additional Questions:

- Is the incident still ongoing or is it contained?
- Is loss of life or severe harm involved?
- What measures have been or are being implemented by the Implementer?

ANNEX 5: MEDICAL WASTE MANAGEMENT PLAN

Introduction

Scale-up of the Marwo Caafimaad Female Health Worker (FHW) Program and re-training for COVID-19 response: RCRF III will provide US$16.2 million of health sector financing, including the supporting scale-up of the FHW program from 377 workers in three regions in 2019, starting in 2020 and reaching 3,000 workers across all FMS and Benadir by 2023 and essential investments in government contract management capabilities. Further, the FGS and FMS ministries of health and World Bank team are currently working to re-focus the FHW program on the COVID-19 response. Options under discussion include:

- FHW role in detecting, isolating, and reporting cases as well as community awareness raising;
- Support for system of case reporting and response;
- Support for increased supervision of the FHW system;
- PPE for FHWs and possibly other supplies (primarily masks), and;
- Accelerating roll-out of new FHWs in at-risk districts.

According to the World Health Organization (WHO) medical waste refers to the entirety of waste generated by health care and medical research facilities and laboratories (see also Appendix I). According to this definition medical waste includes but is not limited to:

- **Infectious waste:** waste contaminated with blood and other bodily fluids (e.g. from discarded diagnostic samples), cultures and stocks of infectious agents from laboratory work (e.g. waste from autopsies and infected animals from laboratories), or waste from patients in isolation wards and equipment (e.g. swabs, bandages and disposable medical devices);
- **Pathological waste:** human tissues, organs or fluids, body parts and contaminated animal carcasses;
- **Sharps:** syringes, needles, disposable scalpels and blades, etc.;
- **Chemicals:** for example, solvents used for laboratory preparations, disinfectants, and heavy metals contained in medical devices (e.g. mercury in broken thermometers) and batteries;
- **Pharmaceuticals:** expired, unused and contaminated drugs and vaccines;
- **Genotoxicwaste:** highly hazardous, mutagenic, teratogenic1 or carcinogenic, such as cytotoxic drugs used in cancer treatment and their metabolites;
- **Radioactive waste:** such as products contaminated by radionuclides including radioactive diagnostic material or radiotherapeutic materials; and
- **Non-hazardous or general waste:** waste that does not pose any particular biological, chemical, radioactive or physical hazard.

Kitchen waste and general waste from patients and visitors is not classified as medical waste. This MWMP's overall objective is to prevent and/or mitigate the negative EHS effects of medical waste. Medical Waste must be managed in a safe manner to prevent the spread of infection and reduce the exposure of health workers, patients and the public to the risks from medical waste. The plan includes advocacy for good practices in medical waste management and is to be used by health, sanitary and cleaning workers who manage medical waste.

This document represents the Medical Waste Management Plan (MWMP) for the RCRF3 Female health worker (FHW) program and provides a plan for management of waste associated with provision of medical kits to FHW. The plan also can be used to provide basic skills training for female health care workers and will be translated to Somali language where necessary.

STANDARD PRECAUTIONS

Improper management of medical waste poses a significant risk to patients, health-care workers, the community and the environment. Thus, proper management of medical waste is an important part of the overall management of Environmental, Health and Safety (EHS) risks and impacts of the Project.

Standard precautions are taken to reduce the risk of transmitting blood-borne micro-organisms and other pathogens from both recognized and unrecognized sources. These precautions should be followed, as a minimum in the care of all patients in health care facilities and settings, regardless of their diagnoses or presumed infection status.

Standard precautions include:

- Hand hygiene.
- Good housekeeping.
- Appropriate use of PPE.
- PEP.
- Appropriate hand hygiene must be carried out in the following circumstances:
- Upon arriving at and before leaving the health care facility.
- Before putting on gloves.
- After removing gloves.
- Before and after every patient contact.
- After any situation in which hands might become contaminated, such as:
    - Handling contaminated objects, including used instruments.
    - Using the toilet, wiping or blowing one's nose, or performing other personal functions.
    - Touching waste that may have mucous membranes, blood, body fluids, secretions, or excretions or other sources of micro-organisms.
    - Before preparing, handling, serving, or eating food.

HANDWASHING

- The purpose of handwashing is to remove soil, blood, and other organic material and transient micro-organisms from the skin.
- The three elements that are essential for effective handwashing are (1) soap, (2) clean running water, and (3) friction.
- Hand hygiene is the single most important way to prevent transmission of pathogens associated with health care services.

Steps in Handwashing

Handwashing takes about 40 to 60 seconds.

- Remove all jewelry.
- Thoroughly wet your hands with running water. Do not dip hands into a basin that contains standing water, even with the addition of an antiseptic agent, because micro-organisms can survive and multiply in these solutions. Use a comfortable water temperature. Washing your hands in hot water increases the risk of skin irritation and does not remove more micro-organisms.
- Apply a handwashing agent (soap or detergent). Washing your hands with plain water without soap is not effective.
- Rub all areas of hands and fingers vigorously for 10 to 15 seconds, paying close attention to fingernails and areas between the fingers. Do not forget the wrists. Repeat each action five times.
- Remove debris from under the fingernails.
- Rinse hands thoroughly with clean running water from a tap for 10 to 15 seconds.
- Use a paper towel when turning off the water if the tap is hand-operated.

- Dry hands with paper towels or air-dry them. Avoid using common or shared towels, which might harbor micro-organisms and contaminate hands even after proper handwashing. To avoid sharing towels, use alcohol-based hand rub, disposable paper towels, or single-use hand towels. Do not dry your hands-on personal clothes or on wet and soiled towels.

Good Housekeeping

Good housekeeping refers to the general cleaning of your work area, including the floors, walls, certain types of equipment, furniture, and other surfaces. Cleaning entails removing dust, soil, and contaminants on environmental surfaces.

Housekeeping helps eliminate micro-organisms that could come in contact with patients, visitors, staff, and the community. It ensures a clean and healthy hospital environment for patients and staff.

Personal Protective Equipment

- Health workers protect themselves by establishing a barrier between themselves and the infective
- agent. The type of protection needed depends on the workers' activities.
- Protective clothing must be worn at all times when handling HCW.
- PPE must be properly maintained and kept clean.
- The clothing should not be taken home; it must remain at the health facility to avoid possible
- contamination of the community.

Principles for using PPE

- Assess the risk of exposure to blood, body fluids, excretions, or secretions and choose items for PPE accordingly.
- Use the right PPE for the right purpose.
- Avoid any contact between contaminated (used) PPE and surfaces, clothing, or people outside the patient care area.
- Do not share PPE.
- Change PPE completely and thoroughly wash your hands each time you leave a patient to attend to another patient or another duty.
- Disinfect reusable PPE appropriately.
- Discard used PPE appropriately in designated disposable bags.

The following individuals should use PPE:

- Health care workers who provide direct care to patients and who work in situations in which they might have contact with blood, body fluids, excretions, or secretions.
- Support staff, including waste handlers, cleaners, and laundry staff, in situations in which they may have contact with blood, body fluids, excretions, or secretions.
- Laboratory staff who handle patient specimens.
- Family members who provide care to patients and could come in contact with blood, body fluids, excretions, or secretions.

Types of PPE and their recommended uses.

Type of PPE	Recommended Use	Person Protected
Gloves	When there is a reasonable chance of hands coming in contact with blood or other body fluids, mucous membranes, or skin that is not intact. Before performing invasive medical procedures (e.g., when inserting vascular devices such as peripheral venous lines). Before handling contaminated waste, items or touching contaminated surfaces.	Service providers
Caps, gowns, scrub suits, or aprons	When performing invasive procedures during which tissue beneath the skin is exposed. When handling immunocompromised patients or clients. When handling patients with infectious disease. When handling contaminated waste.	Service providers and patients
Masks	When performing invasive procedures. When handling patients with airborne or droplet infections. When handling medical waste.	Service providers, patients, incinerator operators, and visitors
Goggles or glasses	Situations in which splashing or spillage of blood, body fluids, secretions, or excretions is likely.	Service providers
Mackintoshes, plastic or rubber aprons	When handling infectious waste. Service providers closed boots or shoes	Service providers
Closed boots or shoes	Situations in which sharp instruments or in which spillage of infectious agents are likely. When handling immunocompromised patients	Service providers and patients
Sterile drapes	Sterile drapes When performing major or minor surgical procedures.	Patients

Maintaining PPE

Supervisors must see to it that PPE is properly cleaned, laundered, repaired, replaced, or disposed of as needed, at no cost to health workers.

The following precautions for handling and using PPE should be observed:

- Remove garments penetrated by blood and other infectious material as soon as possible.
- Place contaminated protective equipment in designated areas or containers for storage,
- washing, decontaminating, or discarding each day or shift.
- Replace gloves if torn, punctured, or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for re-use if the integrity of the gloves is not
- compromised. However, they must be discarded if they are cracked, peeling, torn, etc.

Waste Treatment

- HCW should be treated prior to disposal to ensure protection from potential hazards posed by the
- waste.
- To be effective, treatment must reduce or eliminate the risk present in the waste so that it no
- longer poses a hazard to persons who may be exposed to it.
- The common methods of waste treatment are:
    - Incineration.
    - Steam sterilization/Autoclaving

- Chemical disinfection.
- Microwave irradiation.
- Maceration.
- Other Methods – Encapsulation, inertization, shredding, and grinding.
- Treatment methods should be chosen according to the national and local situation

Waste Disposal

- HCW should be treated prior to disposal to ensure protection from potential hazards posed by the
- waste.
- The common methods of waste disposal:
  - Municipal disposal sites.
  - Sanitary landfills.
- Protected ash pits.
- Placenta pits.
- Anatomical pits.
- Recycling.
- Return to supplier/manufacturer.
- Approved sewer/drainage systems.

Untreated waste discharged into an uncontrolled, non-engineered, open dump does not protect the local environment and should not be used. Discharging waste in open dumps either within the health care institution or in the public facility is an insufficient solution and leads to environmental pollution.

For RCRF III the following will be used:

Safe Burial in Hospital Premises

Safe burial of small quantities of pharmaceutical waste prevents scavenging and may be an appropriate disposal method for some establishments. Particular attention should be paid to prevention of ground water pollution.

Incineration

Small quantities of pharmaceutical waste may be incinerated together with infectious or general waste, provided that they do not form more than 1 percent of the total waste (in order to limit potentially toxic emissions to the air).

Roles and Responsibilities in HCWM

The overall responsibility of implementing the healthcare waste management issues particularly the present MWMP will rest with the Director General of Health Services (DGHS). Within the directorate, a dedicated, fulltime specialist will be appointed as the Medical Waste Management Focal Point (MWMFP). At the district level, the District Officer – Health (EDO-Health) of each district will be the focal point for performing/supervising the environment and healthcare waste management functions particularly implementing the present MWMP in the respective district. Finally, at the facility level, the WMO will be designated as the focal point for MWMP implementation. In addition, a Waste Management Team (WMT) will be constituted within each healthcare facility overseeing female health workers, and an appropriate officer designated as WMO. Prior to issuance of medical kits, FHW and FHS will have to undergo training on waste disposal protocols that will cover proper use of medical kits and waste disposal. Trainings will be undertaken by MOH master trainers with experience in medical waste management protocols as detailed in Compendium to Implement Community Based Female Health Workers' Programme on Country Systems. If FHWs are found not to be disposing of

MW properly despite training and orientation, they will not be able to collect the next batch of equipment. Following OHS guidelines will also be included in their CoC.

ANNEX 6: SAMPLE MEDICAL WASTE MANAGEMENT MONITORING QUESTIONNAIRE

Health Facility (name, location): _____

Type/Category of Health Facility (tick one):

Hospitals

☐ Tertiary: Specialist, National, Teaching

Hospitals, Sub-HCF Hospital, Private Hospitals

☐ Secondary: Governorate Gen.

☐ Primary; Health Centre, Dispensary

☐ Mobile health care unit

No. of inpatients: _____ /day

No. of outpatients: _____ /day

No. of beds (total): _____ /day

Type of solid waste produced and estimated quantity

(Consult classification and mark X where waste is produced)

Type	**Estimated Quantity (for a defined time period)**
Sharps	
Pathological waste	
Infectious waste	
Pharmaceutical waste	
Pressurized containers	

Waste segregation, collection, storage, and handling

Describe briefly what happens between segregation (if any) and final disposal of:

Sharps _____

Pathological waste _____

Infectious waste _____

Pharmaceutical waste _____

Pressurized containers _____

Waste segregation, collection, labelling, transport, and disposal

Handling of segregated waste	Sharps	Pathological waste	Infectious Waste	Pharmaceutical waste	Pressurized containers
Indicate by "X" the type of waste (if any) that is segregated from general waste stream.					
Where is the segregation taking place (i.e. operating room, laboratory, among others)?					
What type of containers/bags (primary containment vessels) are used to segregate waste (bags, cardboard boxes, plastic containers, metal containers, among others)? describe accurately.					
What type of labelling, colour-coding (if any) is used for marking segregated waste? Describe					
Who handles (removes) the segregated waste (designation of the hospital staff member)? Is the waste handler using any protective clothing (gloves, among others) during waste handling? Yes/No.					
What type of containers (plastic bins, bags, cardboard boxes, trolleys, wheelbarrows, safe boxes, metal containers, among others) are used for collection and internal transport of the waste? Describe.					
Where is the segregated waste stored while awaiting removal from the hospital for disposal? Describe.					

Handling of segregated waste	Sharps	Pathological waste	Infectious Waste	Pharmaceutical waste	Pressurized containers
Describe briefly the final disposal of segregated waste (taken to municipal landfill, buried on hospital grounds, incinerated (external incinerator, own incinerator), open burned, removed from premises, among others) and whether the disposal adequately meets EHS requirements for the Project					
If removed from premises; who is responsible for removal? Health facility/self, private collector, State Environmental protection Agency					
If removed from premises; what form of transport is used? Enclosed waste track, open waste track, open pick-up, among others					
How often is the waste removed from site?					
Daily					
3 – 4 times per week					
1 – 2 times per week					
Once a week					
Every two weeks					
Once a month					
Less often					

Is safety clothing issued to staff involved in medical waste collection, i.e. gloves, aprons, among others?

Y N

If yes, please list the safety clothing/items issued to medical waste collectors and the frequency of issue:

Items issued	Daily	Weekly	Monthly	As Needed
Aprons				
Gloves				
Safety shoes				
Overhauls				
Others (specify)				

Which of these waste collection, handling, transport and disposal activities are undertaken by Health-care staff and which are outsourced? List the party responsible for that activity, where the activity is outsourced and the start and end dates of the contract entered into:

ACTIVITY	RESPONSIBLE PARTY (self/facility, Environmental Protection Agency, Private collector, among others)	NAME OF THE RESPONSIBLE PARTY/PRIVATE COLLECTOR
Collection		
Handling		
Transport		
Incineration		

Personnel involved in the management of Health-care waste

Designation of person(s) responsible for organization and management of waste collection, handling, storage, and disposal at the hospital administration level.

_____

Has he/she received any training on hospital waste management?

Yes No

If yes, what type of training and of what duration?

_____

_____

ANNEX 7: SEXUAL EXPLOITATION AND ABUSE/SEXUAL HARASSMENT PREVENTION AND RESPONSE ACTION PLAN

Introduction

Somalia is currently on a path of political stabilization and reconstruction, after more than twenty years of conflict. Since the collapse of the Siad Barre government in 1991, cycles of conflict have fragmented the country, destroyed legitimate institutions and large segments of the economy, displaced millions of people, and hence created widespread vulnerability to external shocks, such as pandemics and droughts. The adoption of the Provisional Constitution in 2012, peaceful presidential elections in 2012, 2017 and 2022, and a broader regularization of Somalia's political processes represent important milestones. The Somali economy has been recovering at a modest pace there is a high degree of susceptibility to shocks where the COVID-19 pandemic expected to result in a recessionary impact.

The Recurrent Cost Reform Financing Additional Financing is continuity with RCRF II and RCRF III with a strengthened focus on implementable reforms road map leading to sustainable results at the FGS and FMS. The project is expected to support the Federal Government and Member States to strengthen resource management systems, the inter-governmental fiscal framework, and service delivery systems in health and education. The AF will continue to support system strengthening in the health and education sectors in close partnership with the Damal Caafimaad and Education for Human Capital projects. This project will cover all of Somalia.

This SEAH prevention and response action plan details the necessary operational measures and protocols that will be put in place to address gender-based violence (GBV), sexual exploitation and abuse (SEA) and sexual harassment (SH) that are project related and how they will be integrated over the life of the project. This includes, how to address any SEAH allegations that may arise and procedures for preventing and responding to SEAH. The action plan includes an accountability and response framework, which details how allegations of SEAH will be handled (investigation procedures) and disciplinary action for violation of the Code of Conduct (CoC) by workers.

Definition of terms

The Inter-Agency Standing Committee (IASC) defines **gender-based violence** as "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females". GBV broadly encompasses physical, sexual, economic, psychological/emotional abuse/violence including threats and coercion, and harmful practices occurring between individuals, within families and in the community at large. These include sexual violence, domestic or intimate partner violence, trafficking, forced and/or early marriage, and other traditional practices that cause harm.

The United Nations defines **"sexual exploitation**" as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. **Sexual abuse** on the other hand is "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions." SEA is therefore a form of gender-based violence and generally refers to acts perpetrated against beneficiaries of a project by staff, contractors, consultants, workers and Partners.

Sexual harassment is defined as any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation to another, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. It occurs between personnel/staff and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature.

Why is addressing GBV/SEAH related risks important?
Gender-based violence (GBV) is a global pandemic that affects 1 in 3 women in their lifetime. Most recent global estimates suggest that 35% of women worldwide have experienced either physical and sexual intimate partner violence (IPV) or non-partner violence, and over 200 million girls and women have undergone Female Genital Mutilation[14.]

GBV is recognized as a major obstacle to gender equality, peace and development. It affects women's and girls' health, educational attainment, economic productivity, and capacity to care and provide for themselves and their families. In both public and private settings, GBV limits women's and girls' mobility, agency and empowerment, and inhibits economic and social development. Addressing GBV is therefore critical to achieving many of the Sustainable Development Goals (SDGs).

In providing financial and technical support to the Federal Government of Somalia, the World Bank Group pays close attention to risks that can undermine development impact of its assistance. A set of policies and procedures have been developed to address specific risks such as fiduciary (the risk that the financing could be misused) and negative social and environmental impacts.

Gender-based violence (GBV), and in particular sexual exploitation and abuse and sexual harassment, is one of the most pernicious types of risk that the WBG is deeply concerned about worldwide and is stepping up its efforts to address these in its operational environment. This concern is also relevant for this project focusing on Health and Education sectors where there is a high representation of women and girls who may be at risk of varying types of GBV, including sexual violence, sexual exploitation and abuse, sexual harassment, denial of services and psychological abuse if preventive and risk mitigation measures are not put in place by the government.

In 2019, the World Bank's Somalia Country Team conducted a risk assessment of the portfolio to assess GBV, sexual exploitation and abuse (SEA), and sexual harassment risks across the country investment portfolio. The consequences of gender-based violence therefore calls for structured and systems that are cross sectoral effective prevention and response interventions. This review highlighted key challenges across the portfolio as well as risks across projects.

Country Context Risks:
GBV is a major challenge in Somalia and is considered to be an obstacle to gender equality and peace, as well as hindrance to achieving the sustainable development goals in the country and the Bank's twin goals of shared prosperity and poverty eradication. Available evidence indicates GBV is common in the lives of women and girls across the life course in Somalia, with some forms of GBV endemic. FGM/C has in the past been near universally practiced. Intimate partner violence and sexual violence, the most prevalent types of GBV globally, are both commonplace in the lives of Somali women and girls.

Conflicts, disasters and insecurity have in the past, and continue to, exacerbate risks associated with varying forms of gender-based violence. The effects that displacement has on increasing GBV risks and rates among internally displaced and refugee communities globally is increasingly recognized[15] and evidence points to a similar escalation of violence against women catalyzed by conflict and climate-related displacement and associated stressors; displaced women and girls are among the most vulnerable to experiencing some form of

14 World Bank (2019) brief on gender based violence

15 Vu, A. et al (2014) 'The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and metaanalysis', in PLOS Currents Disasters: Stark, L and Ager (2011) 'A systematic review of prevalence studies of gender-based violence in complex emergencies', in Trauma Violence Abuse 2011;12:127–34.

GBV in Somalia. Conflict and disaster-related displacement magnify in particular sexual violence risks for women and girls. Women and girls are at amplified risk of sexual assault during movement to new areas and once settled in displaced settings. Unsafe environments, eroded protection mechanisms and social cohesion, and a lack of safe livelihoods options all increase the incidence of opportunistic sexual violence perpetrated in and around displaced settings when women and girls are collecting water, firewood and other resources, and when in public spaces and accessing public facilities.[16]

Sexual exploitation and abuse of children and women by people in positions of authority and power are reportedly common as elsewhere, linked to poverty, insecurity and impunity.[17] Although data are limited, there is evidence of high levels of sexual exploitation and abuse by a range of perpetrators, including domestic and foreign security forces and by civilians.[18] Anecdotal evidence from humanitarian and development agencies indicate that sexual exploitation and abuse is a largely unreported and significant problem in the country.

There have been significant efforts to promote gender equality objectives through Federal Government legislative and policy initiatives, as integrated, for example, in the Provisional Constitution (2012), the National Gender Policy (NGP) and National Development Plan (NDP). At the same time, progress in translating these initiatives into substantive equality for women has been limited, and there have been few changes to the gendered dynamics of social institutions and power structures, meaning that realization of progress towards gender equality and towards addressing GBV continues to be a challenge. There is a need for sustained investment in gender equality initiatives and programs within government and civil society and a need to galvanize commitment to gender issues within government into action.

Identified Project-related GBV Risks

Complementary to identification of existing contextual risks is a need to identify and understand the project-specific risks that may exacerbate or create new risks of sexual exploitation and abuse, sexual harassment and other forms of GBV. Identified GBV risks in the additional financing have been reduced from "substanto "moderate" with the reasons being exclusion of the school-based grants component, adequate capacity of the team with 2 social/GBV specialists at national and FMS levels, development of a citizen engagement platform for feedback on the project and for GBV complaints. are substantial specific to RCRF III include:

- **Abuse of power, including sexual exploitation and abuse and bullying, in hiring, employment, and retention practices.** Public sector recruitment processes can distort power relations and lead to opportunities for abuse. For example, hiring and employment practices that seek to increase the number of women in different employment positions – from skilled labour in Ministries to community health workers – can expose women to incidents of sexual exploitation, harassment, or violence, either because they are pressured to exchange "favours" for jobs, or because the working environment legitimizes and allows harassment and exploitation. SEA/GBV risks in the office and workforce can lead women to remove themselves – or be removed – from the workforce; exacerbating a continuing culture of SEA/GBV.
- **Lack of integration of GBV, SEA and sexual harassment related policies in the training, recruitment and supervision of health and education personnel.** With limited or lack of information, staff may have no /limited knowledge in identifying, supporting and reporting GBV, SEA and SH related cases as such may cause more harm than good.

[16] Ministry of Planning, Investment and Economic Development (2017); Refugees International (2017) *On the Edge of Disaster: Somalis forced to flee drought and near famine conditions*, RI, Washington DC; Human Rights Watch (2014a) *Here, Rape is Normal*, HRW, New York.

[17] See Reports of the United Nations Secretary-General on Sexual Violence in Conflict S/2019/280 and 2018/250; Human Right Watch (2014b*) "The Power These Men Have Over Us" Sexual Exploitation and Abuse by African Union Forces in Somalia,* HRW, New York.

[18] Human Rights Watch (2014)

- **Resistance and backlash against women's entry into the workforce can lead to increased risks of SEAH or GBV at both the household level as well as in workspaces.** Women entering workforces traditional dominated by men can be seen as "taking a man's job" or "taking a man's place," sparking backlash and, potentially, exposing women to increased levels of harassment or GBV. Studies also show that domestic violence, or IPV, can increase when women upset traditional gender norms, for example, by leaving off household duties to join the workforce. It can lead to increased risks of domestic violence or IPV – forms of violence that have shown to have costly economic and public health impacts. Research shows that IPV/DV is, in many countries, one of the most common reasons for women to either miss work or leave the workforce; costing the economy and related health systems significant money and important contributions.
- **Women and girls can face high risks related to limitations on their mobility during outreach or supervision, leading to potential exposure to GBV/SEA when implementing FHW duties.** For example, traveling long distances to reach communities and/or service sites work sites can increase targeting, exploitation and harm from non-partner individuals, including armed groups/forces/individuals.
- **Limited or incomplete training for key personnel (health and education), as well as a lack of competent, survivor-centered primary, secondary and tertiary services, can increased risk of harm. Other risks include violence or death for survivors of GBV and women, girls and other groups (such as people with disabilities and people of minority ethnic/tribal groups).** Survivors of GBV who choose to seek services and disclosure their experience. It can be in a primary care setting, to FHWs or education personnel (in the case of young people), or at designated clinical management of rape services. Such survivors may experience more violence and harm by providers or health personnel who do not observe survivor-centered principles – namely safety, confidentiality, non-discrimination and informed consent – or who do not abide by safe and ethical operating procedures for referrals to specialized services. Breaks in confidentiality or breaks in considerations for a survivor's safety and choices could lead to a slew of consequences including retaliation by perpetrator(s), intimate partners or family members, social isolation, targeted physical attack and death. Additionally, an inability to recognize or respond appropriately to the signs of trauma from survivors can lead first responders such as FHWs or "trusted adults" (such as educators, if they are) to inadvertently exacerbate stigma, trauma, and/or survivors ability to access safe, appropriate, services.
- **Community conflict resolution approaches can lead to more harm against survivors who report GBV/SEA experiences.** Community or social governance resolution processes might reinforce gender inequality pushing for resolutions that widen inequalities, are not survivor-centered and may lead to impunity and more harm to a survivor (through marriage to a perpetrator, re-victimization or other consequences).

Existing Risk Management Systems/Gaps

Regulations and Policies

The **Civil Servant Act** of 2017 provides the legal and administrative framework for effective work. It includes overall management and organization of a politically neutral and impartial Civil Service; the terms and conditions for appointment to the Civil Service; working conditions; the rights and obligations of staff; personal conduct; and Career progression of Civil Servants.

Prohibitions have been highlighted such as accepting or soliciting gifts in cash or kind, favours of any sort, or rewards from any internal or external sources for discharging civil service functions, or from commercial firms or individuals doing or seeking to do business with the [FMS] State of Somalia or any of its Ministries or agencies.

On matters of disciplining and dealing with misconduct, there is a need to develop mechanisms to address specifically SEAH, including a grievance mechanism with separate channels to manage GBV related complaints and the procedure for disciplinary actions on matters on GBV/SEAH.

Therefore, the project needs to take into consideration the potential risks emanating due to limited training of personnel, limited or lack of understanding of survivor-centered approach, and lack of integrated policies providing a protective environment free from GBV, SEA, and SH. If not well managed, these factors can lead to further harm to the workers and community members.

Code of Conduct

The parent project has finalized the project code of conduct that specifies behavioural conduct, responsibility, and penalties for all workers and contractors. The CoC sensitization for the project workers at the FGS and FMS has been done, and the project workers have signed it.

The project will ensure that recruited project workers will be required to sign the code of conduct that clearly outlines prohibited behaviours, including SEAH, which is unacceptable in the project sites. The CoC has been translated and explained to workers in languages they understand, considering the different dialects across selected states in Somalia. However, there is a need to reinforce the CoC, particularly training on SEAH provisions to project workers by the GBV Advisor at the FGS level.

Referral pathway

Help-seeking referral pathways for survivors of GBV exist and have been established in all the states. However, limited availability of specialized services such as rape treatment for rape survivors, psychosocial support, and higher levels of mental health care for traumatized women and girls are significant gaps in GBV service provision in Somalia. This is also compounded by the limited number of specialized services providers.

The project has done an initial desk review of the gaps existing through service provision for survivors of GBV in Banadir, Hirshabelle, Southwest, Jubaland, Galmudug and Puntland. The project will continue to advocate with other GBV service providers on the areas where gaps are identified and provide an appropriate action. There is a need to regularly update the GBV referral pathways in collaboration with different ministries and relevant agencies providing GBV services, provide relevant training for the project workers, and inform communities on where to seek services whenever appropriate.

The project will continue to link up with female health workers (FHWs) supervisors as the first point of contact to support community-based referrals of GBV-sensitive cases, especially in areas with no health facilities, clinics, or other needed GBV services. The project also plans to conduct nationwide GBV service mapping using the Kobo toolkit with support and collaboration with the Ministry of Women and Human Rights Development (MoWHRD).

The Grievance Mechanism has also been established and the information included under Grievance related to GBV section 7.

The project will put in place the necessary mechanisms to address SEAH. The proposed mitigation measures s per the risk level in the current project are as follows:

1. **Capacity building**

This action plan will focus on building capacity and sensitizing PIU and other project stakeholders on the importance of GBV/SEAH-related issues. The training will explain GBV/SEAH, expectations for behaviour and conduct, sanctions for violations, roles and responsibilities of actors involved, GBV incident report

mechanisms, accountability, and referral procedures. The PIU, particularly the GBV Advisor with the supervision of the World Bank, will review training and communications materials, make suggestions if there are gaps, and assess the need for follow-up activities.

2. **Contractor responsibilities**

The capacity of contractors to manage the GBV/SEAH risks is an integral part of the action plan. Consequently, SEAH requirements and expectations will be incorporated into contractors' and sub-contractors bidding documents. The contractor's SEAH Accountability and Response Framework will be evaluated as part of the bid's evaluation. Define GBV/SEAH requirements and expectations included in the contractual obligations and finalize the code of conduct that addresses SEAH in the project locations.

3. **Stakeholders Engagement and Consultations**

Stakeholder consultation will continue with Community members, teachers, PIU staff, Government and NGO services providers such as health, psychosocial support, safety and security-related services, legal and justice-related services and economic empowerment opportunities, etc.) to regularly inform them properly about the potential GBV/SEAH risks, project activities including the channels available to seek grievance redressal through project-related grievance mechanisms. The GBV Advisor will continue to use the developed IEC messages developed under the parent project for providing information, education, and communication to the stakeholders, particularly on GBV response services (such as hotline numbers and where to seek assistance when needed). The GBV Advisor will re-examine the GBV risks and take appropriate follow-up actions to manage those risks. GBV service providers, including national organizations, International and relevant government agencies working to respond to GBV, will participate in the consultation. Such consultation will also help build linkages and prepare the project to respond better to the GBV cases. The project will also conduct regular focus group discussions to understand the risks and limiting factors that female staff and community members may experience in their working environment.

4. Accountability and Response Framework to deal with the GBV/SEAH cases

The framework will detail how the project will handle allegations of SEAH, procedures to report SEAH allegations internally, a referral pathway to refer survivors to appropriate service providers and procedures of confidential requirements dealing with the cases will be strengthened. A Standard operating procedure and response protocol to ensure timely and safe reporting of SEAH incidents is in draft and will be finalized soon. The GBV focal points will ensure beneficiaries and communities are informed of the availability of varying reporting channels for allegations related to GBV/SEAH during community awareness sessions and be part of the publicly disclosed information.

5. Grievance Mechanism

The project will continue to review and assess the effectiveness of the existing project-specific Grievance Mechanism and sensitize the current and new GBV focal points on SEAH handling procedures, including reporting and referrals to service providers. The existing and the new GBV focal points at PIUs will be trained by the GBV Advisor on receiving and handling SEAH, including GBV complaints. An information-sharing protocol is under review to make the GM more responsive to SEAH and GBV issues so that survivor-related information is carefully managed, and confidentiality maintained. In addition, an awareness campaign and development of IEC materials on GM will be done for the communities and stakeholders using easily accessible methods.

6. Monitoring and Evaluation

The project will conduct periodic monitoring and evaluation of the implementation plan, including reporting on the indicator progress.

Table 5: SEAH PREVENTION AND RESPONSE ACTION PLAN

	Objective:	***To increase awareness and enhance response systems for GBV, SEA and SH incidents***					
	Activity to Address SEAH risk	***Steps to be taken***	***Timelines***	***Institutional Focal Point***	***Collaborating actors/relevant ministries***	***Output indicators***	***Estimated Budgets (USD)***
1.	***Review the IA's capacity to prevent and respond to GBV/SEAH;***						
a)	Codes of Conduct signed and understood.	Review CoC for provisions/clauses that guard against GBV/SEAH Have CoCs signed by all project's personnel Train all project-related staff on the behavior obligations under the CoCs. Display CoC in project sites and translated into the local language(s)	Within the first 3 months of project effectiveness	MOLSA / MOH / MOE	MOF	Percentage of workers that have signed a CoC	The training of the staff on CoC will be conducted by the GBV Advisor already existing with support from WB.
b)	Develop and conduct GBV/SEA orientation training for all project staff, including PIU	Develop a training plan Develop training materials for respective sectors and civil servants Conduct training for project staff/PIU	Within the first 3 months of project effectiveness Retraining during project implementation	MOF	MOH/MOE, GBV Advisor and WB	Number of trainings conducted for project staff Number of staff trained	67,400
c)	Develop M&E programme	Develop a comprehensive M&E plan to monitor SEAH prevention and response action plan implementation Promotion of high level commitment on monitoring the implementation of SEAH prevention and response action plan in order to supports efforts to provide multi-sectoral support to GBV survivors. Monitor SEAH action plan	Maintained throughout Project implementation .	GBV/SEA Specialist-MOF	MOH/MOE	M&E framework in place .	N/A
2.	***Inform project stakeholders about GBV/SEAH risks***						

	Objective:	***To increase awareness and enhance response systems for GBV, SEA and SH incidents***					
	Activity to Address SEAH risk	***Steps to be taken***	***Timelines***	***Institutional Focal Point***	***Collaborating actors/relevant ministries***	***Output indicators***	***Estimated Budgets (USD)***
a)	Establish partnerships with key stakeholders (Community members, Students, Parents, teachers, FHWs, PIU staffs, Government and NGO services providers such as health, psychosocial support, safety and security-related services, legal and justice-related services and economic empowerment opportunities etc.)	Identify and officially inform the stakeholders on the components of the projects and project-related risks of GBV/SEA Engage stakeholders including citizens engagement and feedback component regularly and conduct joint meetings	Within the first 3 months of project effectiveness Maintained throughout Project implementation	MOF	MOE/MOH	Number and types of stakeholders engaged	N/A
b)	Develop information dissemination strategy	Develop a strategy Identity the methods to disseminate the information Disclosure of information to stakeholders through multimedia outlets	Within the first 3 months of project effectiveness Maintained throughout Project implementation .	MOF	MOE/MOH	A GBV/SEA communicatio n strategy in place	Covered under IEC material development
c)	Identify, train and establish project social focal point for GBV/SEA	Establish a trained, dedicated and committed network of project social focal persons including for education and health components	Within the first 3 months of project effectiveness Maintained throughout Project implementation	MOF	MOE/MOH	No. of social focal points identified and trained	Cost covered under the orientation of all project staff

	Objective:	***To increase awareness and enhance response systems for GBV, SEA and SH incidents***					
	Activity to Address SEAH risk	***Steps to be taken***	***Timelines***	***Institutional Focal Point***	***Collaborating actors/relevant ministries***	***Output indicators***	***Estimated Budgets (USD)***
d)	Develop relevant IEC materials for community engagements	Conduct assessment on the effective IEC materials to be used by the community Develop relevant GBV IEC materials that targets everyone without discrimination and easy to comprehend. IEC materials to include information on GBV response services (such as hotline and where to get help).	Within the first 6 months of project effectiveness Maintained throughout Project implementation .	MOF	MOE/MOH	No and type of GBV/SEA IEC material developed	15,000
f)	Conduct outreach information and sensitization campaigns with female health workers and teachers on the risks of GBV/SEA	Develop GBV /SEA information guide integrated into the health and education materials for outreach teams	Within the first 6 months of project effectiveness Maintained throughout Project implementation .	MOE /MOH	Health actors and education actors	Number of community sensitization conducted	15,000
3.	***Mapping of service delivery for GBV/SEA prevention and response***						
a)	Develop and or/update a multisectoral GBV/SEA referral pathway(s)	Mapped out GBV/SEA prevention and response service providers across Somalia, Update a GBV/SEA referral list of preferred service providers. Identify key gaps where remedial measures may be required (e.g. training staff on psychosocial first aid) Regular quality assurance and evaluation	Within the first 3 months of project effectiveness Maintained throughout Project implementation .	MOE /MOH	MoWHRD	Referral pathway developed/ updated Number/type of GBV/SEA preventive and response services available.	30,000
4.	***GBV/SEA sensitive channels for reporting in GM***						

	Objective:	***To increase awareness and enhance response systems for GBV, SEA and SH incidents***					
	Activity to Address SEAH risk	***Steps to be taken***	***Timelines***	***Institutional Focal Point***	***Collaborating actors/relevant ministries***	***Output indicators***	***Estimated Budgets (USD)***
a)	Develop/Review GM for specific GBV/SEAH procedures	Update internal review of GM for GBV/SEA reporting channels Identify and Integrate GBV/SEA entry points within the GM with clear procedures and tools for management of related complaints Develop and regularly update the information sharing protocol to enhance who is receiving information and how best it is used. Update disclosure and reporting guidelines / protocol for GBV/ SEAH with a provision for victim protection and assistance. Strengthen the identified simple, anonymous and confidential tracking system that community health workers /teachers /or identified social focal points can use to document when they observe/support and refer GBV incidents to service providers.	Within the first 3 months of project effectiveness Maintained throughout the project implementation	MOF		GM with GBV/SEA procedure integrated In the GM Number of guidelines and protocol on GBV/SEAH developed	N/A

	Objective:	***To increase awareness and enhance response systems for GBV, SEA and SH incidents***					
	Activity to Address SEAH risk	***Steps to be taken***	***Timelines***	***Institutional Focal Point***	***Collaborating actors/relevant ministries***	***Output indicators***	***Estimated Budgets (USD)***
b.	Identify and train GM operators and GBV/SEAH social focal points within the GM, who will be responsible for GBV/SEA cases and referrals as defined in the referral pathway.	Clarify the role of the GM operators and social focal points in GBV/SEA as referral points Train the social focal points and all GM operators on GBV/SEA basics, survivor-centered approach and the referral pathways	Within the first 6 months of project effectiveness Retraining during project implementation .	MOF	MOE/MOH	GM operators and GBV social focal points identified and trained	9,200
c)	Review GM reports/logs for GBV/SEA sensitivity	Review logs for GBV/SEA documentation to ensure it follows standards for documenting GBV/SEA cases Identify and review culturally appropriate community-based reporting mechanism to facilitate reporting.	During project implementation .	MOF	MOE/MOH	Number of GBV/SEA cases documented Number of referrals of SEAH incidents to the project GM/ by other service providers % of GBV/SEAH complaints not resolved by type Number of cases closed, and the average time they were open	N/A
Total							**<u>136,600</u>**