FEDERAL REPUBLIC OF SOMALIA

ADDITIONAL FINANCING OF THE THIRD RECURRENT COST AND REFORM FINANCING PROJECT (RCRF III P181407)

FINAL

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

MARCH 14, 2024

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 an updated version of the Environmental and Social Management Framework (ESMF) for the Second 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 (FMSs) 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**.**

The RCRF III project is part of a series of RCRF projects that first became effective in July 2015. The first phase of the RCRF (P148428), a one-year project, tested the systems for on-budget recurrent cost financing. RCRF Phase II (P154875) supported the implementation of Somalia's Eighth National Development Plan (2017–2020) and helped Somalia reach the HIPC decision point in March 2020. RCRF II closed on June 30, 2022, with a Highly Satisfactory rating as confirmed by the Independent Evaluation Group. The RCRF III project, a US$68 million IDA grant (D658-SO), approved by the World Bank on June 11, 2020, and subsequent Additional Financing (US$62 million IDA and US$30 million Somalia Multi-Partner Fund) approved on July 5, 2022, has a closing date of December 31, 2025. 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 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). This is the second additional financing to the phase 3 of the project. This additional financing (AF) is intended to both scale up and extend the project life. Specifically, the AF is requested to help FGS and FMS prepare for a transition after reaching Heavily Indebted and Poor Countries (HIPC) completion point and phasing out of the recurrent cost financing. In addition, AF will extend the project closing date by 12 months until December 2026 to enable the full implementation of the reform agenda supported by PBCs.

Component 1 has financed FGS civil service salaries through baseline financing on a declining scale and performance-based financing through PBCs. The AF will finance only the performance-based portion of the FGS civil service payroll while the government share of the "baseline" FGS civil service salaries financing (excluding PBCs) will reach 100 percent starting January 2026. Performance-based financing of FGS civil service will comprise around 15 percent of FGS civil service salaries by the end of CY2026. Selected PBCs are revised, and new added with the following considerations: (i) the cost of several PBCs was increased to add more value to the reform and provide greater incentives; (ii) one PBC and additional results under original PBCs were added in 2025-2026 to incentivize sustained implementation beyond the adoption of respective policies and regulations with the focus on supporting fiscal sustainability; (iii) the target timelines for selected reforms were extended while intermediate milestones added to reflect current status, realistic timelines and allow for better reform sequencing; (iv) four PBCs that were either missed or there was no meaningful progress since the start of the project are proposed for deletion and the amounts to be reallocated to the new refined PBCs in the same reform area, and (v) the description and verification protocols of existing PBCs refined to reflect the status of reforms implementation, build on what worked and what did not, and to align with the implementation support under the SERP, which became effective on October 30, 2023. Annex 2 details the proposed changes.

Component 2 will scale up the support to the intergovernmental platforms with the objective of strengthening fiscal federalism structures and contribute to the operationalization of intergovernmental agreements following the intensification of the federalism dialogue at the national level. Furthermore, additional results under original three PBC areas are added to test the viability of performance-based financing of the FMS civil service, teachers and FHWs payroll and introducing the declining scale of "baseline" financing (see Annex 2 for the list of PBCs). The FMS PBCs will need to balance the ambition of the reform with its viability to ensure predictable and uninterrupted financing of FMS payroll. Therefore, the verification processes will be refined and detailed in the Project Operations Manual (POM) to allow for timely and predictable disbursements in January-February each year. The Eligible Expenditure Program will be expanded to include FGS and FMS (including Puntland) civil service wage bill, teacher and FHWs salaries, as well as FMS non-security permanent employees and regular staff who are not civil servants. Intergovernmental transfers from FMS to selected local governments will continue to be piloted with the primary goal of strengthening PFM systems and building capacity for participatory and accountable local government transfers for service delivery and climate change mitigation and adaptation. A grant manual agreement will be signed between FGS and FMS to specify inter alia eligible activities, selection criteria, accountability, reporting, inclusivity, community engagement, and E&S requirements.

Component 3 will introduce a declining scale for the "baseline" (input-based) recurrent financing for FMS with the target of at least 40 percent of FMS civil service salaries financed from FMS own revenue and reimbursed through PBCs. Non-salary recurrent costs will continue to be financed from advance replenishment to ensure the adherence to the agreed reform roadmap and compliance to the PFM regulations through third-party monitoring. AF will scale up financing to the Marwo Caafimaad (Female Health Worker) program with the focus on the newly liberated areas in close coordination and labor division with the Improving Healthcare Services in Somalia Project ("Damal Caafimaad", P172031). While the target number of FHWs remain at 3,000, AF will support additional year of salaries to FHW as well as additional costs related to the expansion to the newly liberated areas, which lack basic infrastructure. Input-based support to education sector is expected to scale down after the RCRF financed teachers have transitioned to Government-financed teacher cadre. At the same time, FGS and FMS level earmarked PBCs in the education sector will provide the financing cushion during the transitionary period between the phase out from the recurrent cost support to post-HIPC financing terms.

Component 4 will have a strengthened focus on citizen engagement, open budget, accountability, transparency, and inclusivity. As initial activities laid the foundations for citizen engagement by improving transparency and collecting citizen feedback, the new activities will focus on closing the feedback loop, citizen participation and trust building, and encouraging government accountability. The AF will consolidate around successful pilots and incrementally expand them with the above objectives in mind. For the call center, this will entail personalization of messaging, integration of social media, and promoting open data. For the mass media, behavior change, and feedback campaign, this will entail rolling out the pilot to a wider geographic scope with a greater focus on collecting actionable feedback and showing how it is used. Finally, on budget transparency, this will entail strengthening and institutionalizing pilot budget hearings held by parliament and budget consultations held by the MoF along with publication of feedback received and government response. Activities will be closely coordinated with SERP, with the AF taking the lead at the FGS and SERP leading in the FMS.

Component 5 will continue providing support to project management and coordination. The component will also procure the services of an Independent Verification Agent or consultants to validate FGS and FMS level PBC achievements.

2 POLICY, LEGISLATIVE AND INSTITUTIONAL FRAMEWORKS

2.1 LAWS AND LEGISLATION ON ENVIRONMENTAL ISSUES

This section describes the existing policy, legislative and institutional framework that will be important for consideration in the design, implementation, monitoring and evaluation of the project. 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 the government has now established a dedicated Ministry of Environment and Climate Change. The ministry 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 2012-2016). 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[1] 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"
- ESS 4: "Community Health and Safety"

[1] 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 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 only have minimal rehabilitation works but will 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 is Substantial due to 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 Substantial While existing contextual risks for GBV in Somalia are high, project-specific risks in this project are limited to 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-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

ESS Standard	Explanation on applicability
	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 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

ESS Standard	Explanation on applicability
	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 7 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. Awareness raising and signing of code of conducts by any contractors implementing component 2.4 activities will be required as well as of the district government implementers. 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 and separate consultations will be required with women and minority groups to promote their active engagement and input 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.

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/GBV 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.

Table 2: GAP analysis for Environmental and Social Standards –

• Scope	• Bank Standard	• Government of Somalia policies, regulations	• Gaps identified	• Gap-filling measures
• ESS1 ("Assessment and Management of Environmental and Social Risks and Impacts")				
• EIA instruments	• Range of instruments to satisfy the Bank include EIAs, regional or sectoral EAs, EMPs, etc.	• Instruments for environmental assessment have not been delineated adequately at the FGS level, and are absent in the FMS.	• EIAs not incorporated into Federal laws, and are weakly captured at State level only Puntland (and Somaliland) • Missing in all the other FMS.	• ESMF to guide the borrower. •
• Environmental impact screening	• Screening procedures developed for projects involving sub-projects.	• There are no clear procedures for screening under the statutes of Somalia.	• Screening procedures are absent in all the FMS save for Puntland.	• ESMF to guide the borrower.
• Social impact screening	• Screening procedures developed for projects involving sub-projects.	• There are no clear procedures for screening under the statutes of Somalia.	• Screening procedures are absent in all the FMS.	• ESMF to guide the borrower.
• Public consultations	• The Bank requires the Borrower to initiate consultations with project-affected persons and other interested parties including CSOs.	• Procedures for public consultations not explicitly stated.	• Procedures for public consultations not explicitly stated.	• The project SEP to guide the borrower.
• Monitoring of environmental and social data	• Bank requires regular monitoring of environmental and social safeguards data to evaluate the success of mitigation and to foster corrective measures at the earliest possible juncture.	• There are no procedures provided in regulations in the country on the conduct of monitoring activities in the collection of environmental and social data.	• There are no procedures provided in regulations in the country on the conduct of monitoring activities in the collection of environmental and social data.	• ESMF to guide the borrower.

• Institutional arrangements	• Requirement by the Bank for specific description of institutional arrangement and implementation schedule for monitoring and mitigation measures.	• MoF as the project implementing entity to be responsible for oversight of environmental matters.	• MoF has capacity for technical implementation of project interventions but will require Safeguards support.	• The PIUs to work with the respective ministries and agencies responsible for management of environmental and social matters for development projects as the focal points for administration of this ESMF.
• ESS2 ("Labour and Working Conditions")				
• Management of different types of project workers	• The Bank puts emphasis on the identification and characterization of different types of workers (project workers, direct workers, contracted workers, community workers, primary supply workers) to manage different types of labour risks.	• Labour Code of Somalia (Law Number 65, adopted in 1972) is the specific labour law governing all aspects of labour and working conditions, which covers the contract of employment, terms and condition, remuneration, and OHS, trade unions and labour authorities. The provisions of the Labour Code apply to all employers and employees in all project municipalities. The Labour Code is applicable to all project workers.	• The Labour Code is broadly consistent with the ESS2, while there is a significant gap in the enforcement aspect of the legislation. More details are presented in the LMP.	• ESMF and the Labour Management Procedures (LMP) to guide the borrower.
• Labour standards	• Several provisions made under ESS2 to safeguard the workers, promote safety at work and ensure that they have a viable means of communicating grievances and receiving redress.	• Article 24(5) stipulates that all workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the work place. • The Puntland Sexual Offences Act 2016 prohibits sexual harassment. • Article 14 prohibits Human trafficking: A person may not be subjected to slavery, servitude, trafficking or force labour offences.	The new labour code, amending the code from 1972, has not been passed yet. The implementation of the existing articles in practice may not be very strong.	The Project will not allow any forced, child labour discrimination against women and retaliatory attacks It will hold all contractors liable to the implementation of the LMP. • The PIU will have overall responsibility to monitor the

		• Every labour law shall comply with gender equality. • Provisional Constitution of the Federal Republic of Somalia Article 14 stipulates that a person may not be subjected to slavery, servitude, trafficking, or forced labour for any purpose. • The Labour Code of 1972 stipulates that all contracts of employment must include: (a) the nature and duration of the contract; (b) the hours and place of work; (c) the remuneration payable to the worker; and (d) the procedure for suspension or termination of contract. Furthermore, all contracts must be submitted to the competent labour inspector for pre-approval.		implementation of the LMP. • The Project will fully comply with WB ESS 2. This is set out in the LMP (see annex 1).
• ESS3 ("Resource Efficiency and Pollution Prevention and Management")				
• Pollution prevention and management	• This ESS requires the Borrower to undertake a health and safety risk assessment of any existing pollution which may affect communities, workers and the environment, especially in the school environment which will be the main arena for project implementation.	• No known national statutes in support of periodic environmental audits. • No national pollution standards known at the time of developing this ESMF.	• There are no supporting legislative frameworks for pollution prevention and management.	• ESMF to guide the borrower on pollution prevention and management. •
• Management of hazardous wastes	• The Bank requires the Borrower to undertake specific measures to manage both hazardous and non-hazardous wastes. • Specific emphasis is given in this ESS with respect to	• No known national legislation or policies on management of hazardous wastes. • Provisional Constitution of the Federal Republic of Somalia - Article 25 of the Constitution	• There are no approved hazardous waste disposal sites in Somalia.	• ESMF to guide the borrower on the management of both hazardous and non-hazardous wastes. •

	transportation and disposal, obtain chain of custody documentation to the final destination. • Approved disposal sites are required for this ESS.	states that every Somali has the right to an environment that is not harmful to them, and to be protected from pollution and harmful materials. • Every Somali has a right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of natural resources. • Article 45 states that the Government shall give priority to the protection, conservation, and preservation of the environment against anything that may cause harm to natural biodiversity and the ecosystem. • All people have a duty to safeguards and enhance the environment and participate in the development, execution, management, conservation and protection of the natural resources and the environment.		
• ESS4 ("Community Health and Safety")				
• Health of community members	• The ESS anticipates that the project will put measures in place to anticipate and avoid adverse impacts on the health and safety of project-affected communities during the project life-cycle from both routine and non-routine circumstances. Further, it provides for the	• The Somali Penal Code of 1962. The Code criminalizes rape and other forms of sexual violence as well as forced prostitution. • Articles 398-9 provide that 'carnal intercourse' and 'acts of lust omitted with violence' are punishable with 5-15 years and 1-5	The Somali Penal Code of 1962 fails to protect survivors and prosecute perpetrators for GBV/SEAH/SEA crimes. The crimes under Articles 398-9 are too narrowly defined to satisfy international law	• The LMP, SEP and the GBV/SEAH Action Plan developed for this project will guide the reduction of harm to communities affected by the project.

	avoidance or minimization of community exposure to transimitable diseases and contamination. •	years of imprisonment. Abduction for the purpose of lust or marriage is prohibited under Art 401. • Article 39(i) makes abuse of power in the commission of a crime an aggravating circumstance and Article 33 provides that when a superior officer orders the commission of an offence both the perpetrator and his superior will be liable. •	standards of protection from sexual and GBV/SEAH. Furthermore, in practice however it has been documented that women complaining about a rape may find themselves trapped by the Article 426 prohibition against adultery that makes no exception for the case of rape. In practice provisions under Art 39(i) offer little more than theoretical protection.	
• Security personnel	• ESS4 states that when the Borrower retains security personnel to safeguard workers and property, it will assess the risks posed by these security arrangements to those within and outside the project sites. • The Borrower will not sanction any use of force by direct or contracted workers in providing security except when used for preventive and defensive purposes in proportion to the nature and extent of the threat.	• There are no security protocols guiding their deployment, and there is possibility of violence meted out on civilians or workers or even the possibility of rent-seeking.	• While the security protocols guiding the deployment and use of force both privatel and public are broadly unknown, the project will coordinate with the law enforcement authorities in each municipality to manage associated risks.	• The project to be guided by the ESMF and relevant provisions of ESS4 • The project will also undertake security assessment and develop and implement a Security Management Plan before any activities.
• ESS5 (“Land Acquisition, Restrictions on Land Use and Involuntary Resettlement”)				
This Standards is not relevant as no new construction works and related land acquisition or economic displacement is eligible for project financing				
ESS6 (“Biodiversity Conservation and Sustainable Management of Living Natural Resources")				
This Standard is not relevant as no new construction works and related habitat/ecosystem risks and impacts is eligible for project financing				
ESS7 (“Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities”)				
Where groups fitting the ESS7 criteria are present in the project areas, culturally appropriate measures will be taken.				
ESS8 (“Cultural Heritage”)				

This standard is not relevant as the project activities cause no risk or impact to tangible or intangible cultural heritage				
ESS9 Financial Intermediaries				
This Standard is not relevant as the project does not engage financial intermediaries.				
• ESS10 ("Stakeholder engagement and information disclosure")				
• Meaningful engagement of stakeholders in the project activities from planning to implementation levels	• The World Bank anticipates that the project will establish a systematic approach to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties. Further, the project will promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life-cycle on issues that could potentially affect them. The project affected persons should be provided with accessible and inclusive means to raise issues and grievances, and allow Borrowers to respond to and manage such grievances.	• Provisional Constitution of the Federal Republic of Somalia: Article 32 stipulated that every person has the right of access to information held by the State. The Federal Parliament shall enact a law to ensure the right of access to information.	• The law on the right of access to information currently only exists as a draft	The Project will implement stakeholder consultations throughout the lifetime of the project, as per the SEP. • The PIU will ensure that a grievance mechanism for the project is in effective, in accordance withESS10 to address concerns from project affected persons.

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.[2] Health service delivery data in Somalia are very limited and indicate weak health systems, with facilities concentrated in urban areas. Until recently, the most reliable service delivery data in Somalia were from a 2011 multi-indicator cluster

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

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.[3] 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 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

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

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, Eyele and Aweer communities as well as the occupational castes such as the Gaboye, Yibir, Tumal and 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 is assessed as “substantial”.

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. 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, likewise, some staff may be unfairly suspended or terminated based nepotism and unfair labour treatments 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, IDPs and people living with disabilities are particularly at risk of discrimination.
- Some recruited health and education staff may fail to provide services without discrimination, including to underserved populations.
- Some project workers, including female recruits, may not be fairly remunerated as their counterparts based on considerations other than type of work or the work load.

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 or people living with disabilities
- 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.

Table 2

4.4 E&S RISKS ASSOCIATED WITH TECHNICAL ASSISTANCE

The following requirements will be applied to technical assistance (TA) activities as relevant and appropriate to the nature of the risks and impacts as per the ESF. The TA activities provided by the project will mainly help to develop mechanisms for fiscal transfers at the local governance level to enable emergency financing in response to climate-related and other disasters, including TA on decentralizing decision-making for a more effective and efficient response and recovery process following severe floods and cyclones. The project will further finance at least one intergovernmental fiscal federalism forum a year to enable discussions on financing climate response and introducing environmental taxation to de-incentivize activities that lead to deforestation. These activities are mainly related to Type 2 (which covers drafting of policies, programs, plans, strategies, laws and/or regulations) and type 3 capacity building activities. These activities could have general output/downstream risk associated with policies and institutional changes brought about by TA including exclusion, equitable access to services, discrimination and reduction of disposable income for low income earners among others.

Thus technical assistance will require the development of an ESMP to be submitted and cleared by the World Bank.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 ESF

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 7.

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. The Security Specialist will be responsible to the PIU Coordinator for ensuring implementation of a

comprehensive security risk training and management approach under the Project Security Management Framework, including

i. Delivering training on development and supervision of security management plans (SMP) and associated procedures,
ii. Ensuring that SMP provisions are adequately included in bidding documents and proposals and conducting due diligence on security arrangements of all PIUs and contractors;
iii. Conducting initial and periodic security risk assessments (SRA) of the operational context for project activity implementation;
iv. Maintenance of a security community of practice (CoP) with Project Contractors,
v. Crisis management contingency planning,
vi. Security reporting within a robust information management framework,
vii. Develop security mechanisms and structures between security apparatus located within the MoH and MoF PIUs,

The table 3 below outlines mitigation measures for the key social and environmental risks identified through the initial stakeholder consultations.

Table 3 E&S risks mitigation and monitoring.

***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/GBV 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/ GBV 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, inclusive 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/ GBV 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/GBV specialist.	Ministry of Finance/PIU and FGS and FMS social/GBV 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/GBV specialists at FMS level
The perceptional conflict between FHWs &	Awareness Raising with FHWs and TBAs collaboration and coordination.	During FHWS training and Health Coordination meetings	PMT/Health team

Table 2 – Risk Mitigation Matrix **Social Risks**	**Mitigation/Management Strategy**	**How will this be monitored?**	**Who is responsible?**
Traditional birth attendants			
Challenges using smart phones/ Open Data Kit (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	Include the leave in the contract and keeping register of all the women on maternity leave and their returning dates, in addition to follow up and reinforcement with HR	Awareness raising on gender, 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 with severe environmental impacts
e. Activities which would require Free Prior Informed Consent under ESS7.
f. Activities that may affect lands or rights of Vulnerable and Marginalized Groups or other vulnerable minorities.
g. Activities that may involve permanent resettlement or land acquisition or adverse impacts on cultural heritage.
h. Activities that may require extensive or major rehabilitation of existing structures.
i. Activities unrelated or not directly related contributing to the enhancement of health, education or climate mitigation within the district context.

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

Table 4: 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 /GBV specialists

E Waste

The table below provides the general e-waste plan the project will implement for the management of e-waste arising out of end of 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. **Pollution of water bodies**	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**
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. Use licensed hazardous waste contractors and licensed hazardous waste landfill sites/disposal facilities.	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	RCRF PIU

Issue: RCRF Procurement and Provision of Electronic Devices (computers, tablets, printers, servers, cables, etc.)			
Impact	**Mitigation**	**Monitoring**	**Responsibility**
	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.	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. 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 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.	

5. ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK PROCEDURES

5.1. Procedure for Implementation of Environmental and Social Management Framework

The following steps summarize procedures for ESS Instruments implementation.

Environmental and social screening

The screening procedure will be designed to identify and appraise the type and scale of adverse environmental and social impacts or risks that may arise from a planned sub-project activity. The screening aims to identify avoidance, minimization or mitigation, including offset or compensation, of adverse environmental and social impacts of the Project and to ensure compliance with the national laws and regulations and the compliance with Environmental and Social Framework (ESF) requirements. The environmental and social safeguard screening will occur during the project preparation stage.

The first step in the screening process is the determination of the environmental and social aspects of activities as detailed under the project components. This is done to ascertain the type of environmental and social assessment required (if any) in accordance with ESS 1 and consistent with the ESSs. The objectives of screening is to;

- Determine the type/s of mitigation measures, assessment, specific plan(s) or safeguard instrument(s) to be prepared based on the outcomes of the screening.
- Identify ineligible project activities that will not be supported by the project as listed in the exclusion list provided in this ESMF.

This is done by analyzing the proposed activities in relation to their environmental & social context (area of influence) using a checklist approach. The screening process of the project interventions will also inform decision makers and the project management of the nature and extent of potential environmental and social risks and impacts of each sub-project which may have a different and lower risk rating. Based upon the screening result the appropriate E&S instruments will be prepared.

Environmental and Social Scoping

Environment and social scoping are informed by the results of the screening assessment. Scoping informs the level of Environment and Social Management Plans (ESMP) required for the proposed project activities as below:

- Determination of applicable national and international policy provisions and legal statute relevant to the project
- The application of relevant ESSs of the World Bank
- Relevant stakeholders to be meaningfully consulted and engaged during the ESMP preparation stage
- Determination of the scope and geographical extent of environment and social impacts to be analyzed further during ESMP preparation stage. The scoping assessment for project activities will be undertaken through literature review, field assessment, data collection, and collection of secondary and primary data. The Scoping assessment will present the aspects summarized below:
- Description of project background
- Determination of project area of influence (geographical, social and stakeholders)
- Consideration of all project-relevant physical, biological, socio-economic, cultural aspects & risks

- Analysis of alternatives
- Impact identification (direct, indirect, induced, & cumulative)
- Preliminary mitigation measures
- Definition of assessment methods for ESMP & personnel required.

If the outcome of the E&S screening/scoping categorizes the subproject as low risk activities, no further E&S actions will be needed. However, for moderate risk subprojects, an ESIA/ESMP shall be prepared, contractors will be required to derive their C-ESMPs from specific ESMPs, and ESHS, labor, GBV/SEAH clauses/conditions shall be included in subproject procurement and contract documents.

The PIU will consult with the World Bank, and if the activity is considered to be of a substantial risk, decide on the type of E&S assessments to be undertaken. Moderate risk subprojects will use an ESMP. High risk projects are excluded from financing, if overall program risk is substantial. Substantial risk projects will require an ESIA that will entail a systematic investigation of all risks and impact areas as identified in the screening report. ESIA shall be developed following both ESF requirements and local standards, and when these differ, the most stringent standard should apply. Proportionate to risk level, E&S studies will be prepared. i.e., High risk project may require the preparation of a full-ESIA, while lower risk project would require less in-depth studies. However, robust assessment in case of substantial risk may still be required. In certain cases, for moderate risk projects an ESMP may suffice.

5.2. Mitigation of Impacts

The priority in mitigation for the Project is to first apply mitigation measures to the source of the impact (i.e., to avoid or reduce the magnitude of the impact from the associated Project activity), and then to address the resultant effect to the resource/receptor via abatement or compensatory measures or offsets (i.e., to reduce the significance of the effect once all reasonably practicable mitigations have been applied to reduce the impact magnitude. Once mitigation and enhancement measures are specified, the next step in the Impact Assessment Process is to assign residual impact significance. This is essentially a repeat of the impact assessment steps discussed above, considering the implementation of the proposed mitigation and enhancement measures. The final stage in the impact assessment process is the development of a management plan for implementing controls and mitigation and also monitoring the effectiveness. Monitoring is done to verify that: a) impacts or their associated project components remain in conformance with applicable standards; and b) mitigation measures are effectively addressing impacts and compensatory measures and offsets are reducing effects to the extent predicted.

5.3. Implementation Monitoring and Supervision

All the activities to be financed under the project will follow the ESF, environment and social standards and the provisions described and agreed to in the ESCP. The PIU will make sure that all bid documents and contracts include the ESMP together with all other sub plans and require compliance with it. Environmental and social monitoring will check the effectiveness and relevance of mitigation measures through the implementation/operation phase. During the course of ESMF implementation, the PIU as well as the E&S teams will prepare and submit regular quarterly reports as per the ESCP indicating E&S monitoring and performance reports for all subprojects carried including the identification and mitigation measures for unanticipated environmental and social risks and a summary of the grievances received and resolved. The environmental and social risk management (SRM) monitoring reports will be submitted internally to the World Bank for review.

6. ROLES AND RESPONSIBILITIES OF IMPLEMENTING ENTITIES

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 senior social/GBV specialist will be recruited under RCRF 3 for MoF, FGS and social/GBV specialists within MoF, FMS. The senior social/GBV 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/GBV 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.

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.

7. MONITORING AND REPORTING

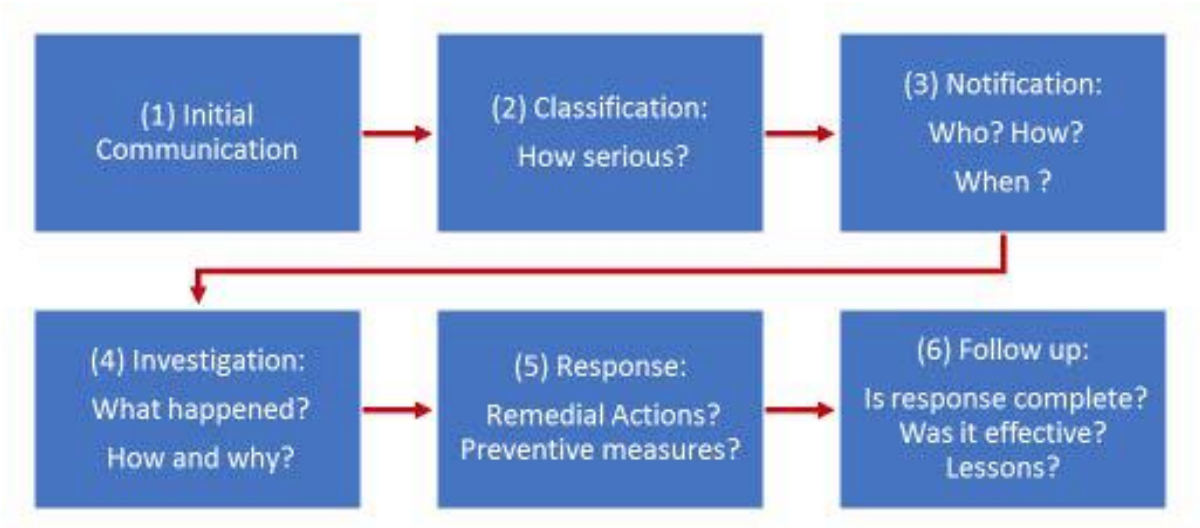
Monitoring and reporting: The PIU will monitor the project implementation to assess progress on indicators defined in the project's working documents and the results framework such as E&S performance and functioning of the GM, beneficiary satisfaction, employment creation, and functional maintenance 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.

evere 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.

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 5: 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)	20,000
Meetings, workshops and stakeholder engagement	For 30 persons/year * two workshops	20,000
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	30,000
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	311,6000
	Contingency (5%)	13,400

ESMF Requirements	Budget basis and assumptions	Total Cost (US dollars)
	Grand Total	325,000

9. 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.

DISCLOSURE OF PROJECT DOCUMENTS

Table 6 below 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 and summaries in Somali	*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, exchange workshops with other World Bank funded project implementation units and FHW trainings*

10. Grievance Mechanism

Under the new World Bank ESF, Bank-supported projects are required to have a functional, accessible and trusted mechanism 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.

10.1. 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/GBV 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 social/GRM specialist should anomymize all complaints at receipt using the same procedures as for SEA/SH complaints. For example, contact details replaced with an identification code, are kept securely by the social/GBV specialist only for their own use in managing any interaction with the complainant. 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/GBV 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, senior social/GBV advisor and communication officer), in addition staff from the Ministries of Health and Education will be invited as required. The Social/GBV specilaists 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/GBV specialist should immediately inform the FGS social/GBV 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/GBV 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/GBV 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/GBV specialist.

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 including measures for whistle blower protection, and should be referred to in the project workers code of conduct, the same would be developed under the key activities under the SEAH prevention and response action plan and 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 in a manner accessible to all 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 as per table 7:

	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/GBV 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/GBV 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

10.2. **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.

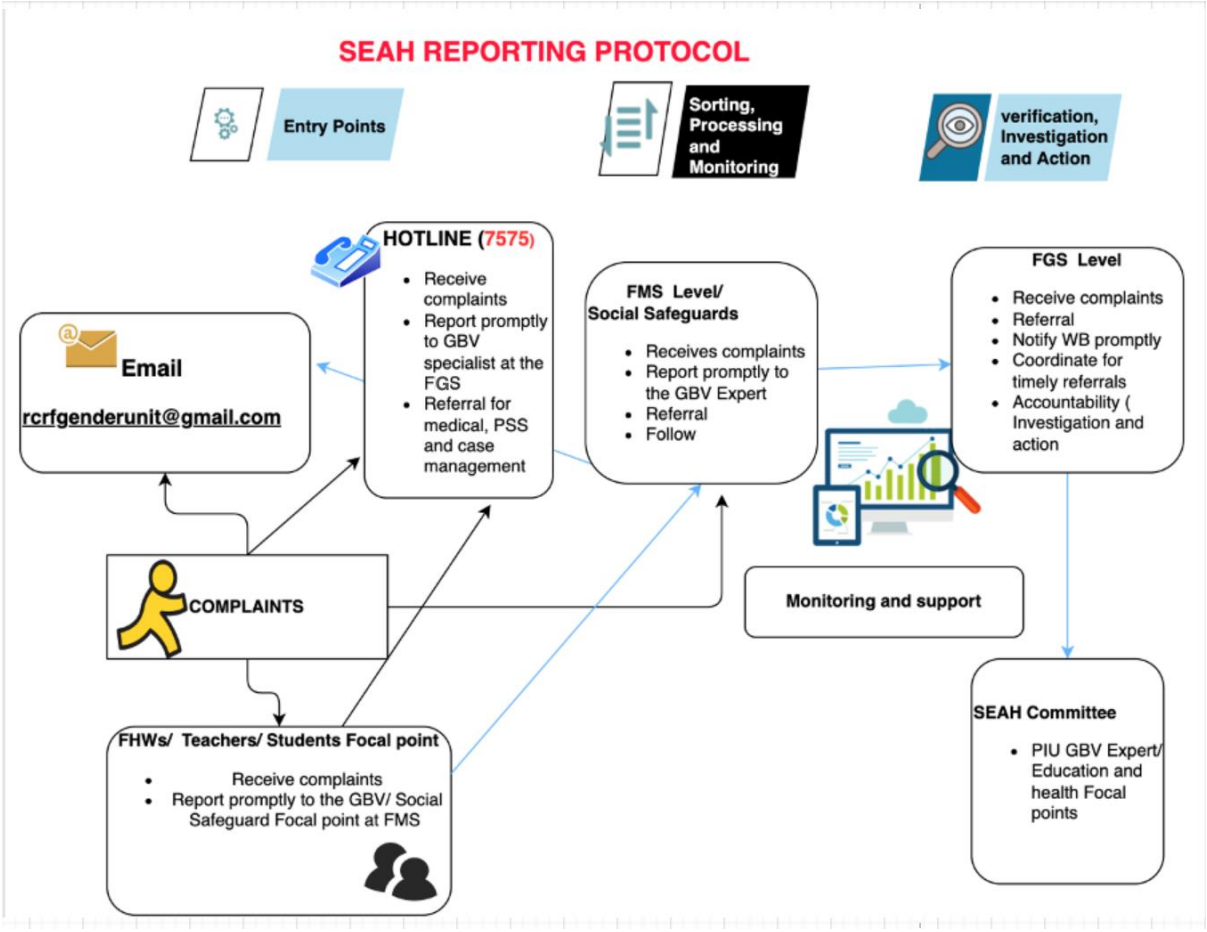
The RCRF project has designated the senior social/ GBV Advisor as the Focal Person for all grievances at the Federal level under the Ministry of Finance. Each FMS has also identified 1 Grievance Focal Person (the social/GBV specialist) and 1 focal point from the female health workers (FHW Supervisor) 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

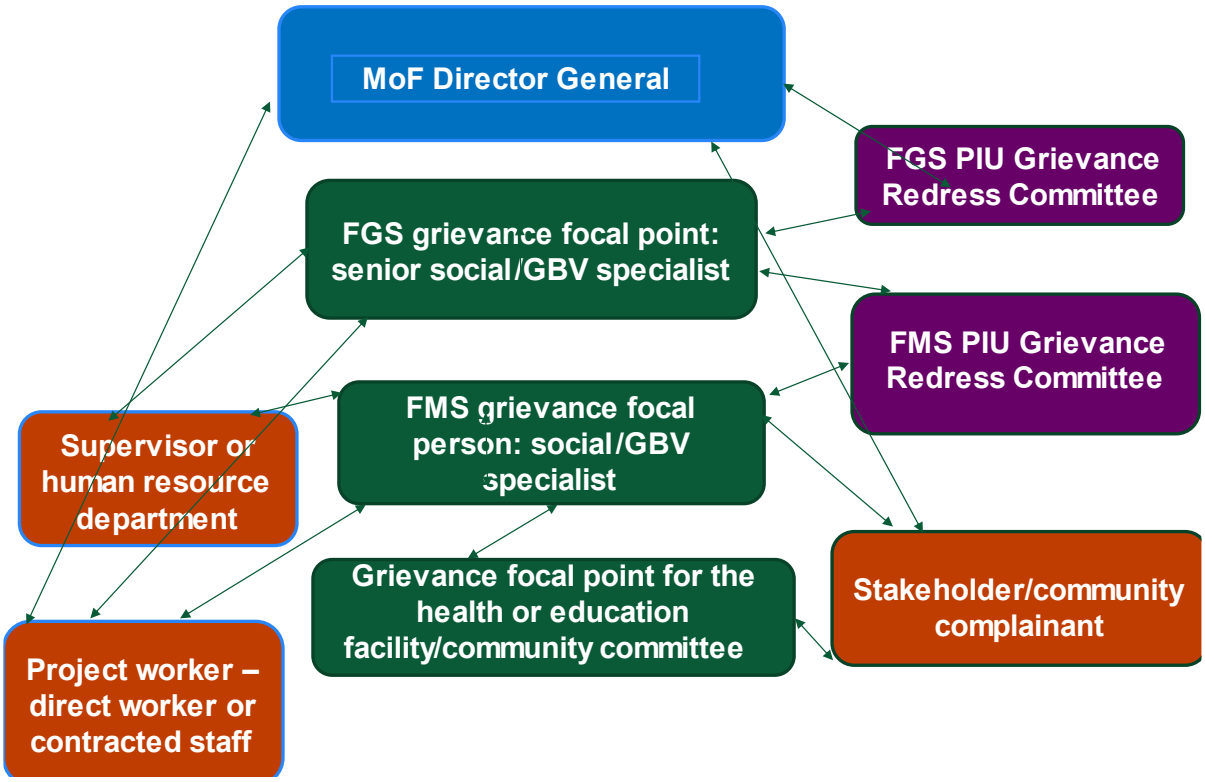


10.3. PROJECT WORKERS GM

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/GBV specialist 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



10.4. 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:[4] 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

[4] 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

10.5. **WORLD BANK INSPECTION PANEL**

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.

ANNEX 1: LIST OF INDIVIDUAL STAKEHOLDERS CONSULTED IN 27th DECEMBER 2023 On the Project's Environmental and Social Instruments.

S/N	Title	Institution
1.	RCRF Project Coordinator	FGS-MOF
2.	RCRF Social Safeguard Specialist	FGS-MOF
3.	Director of Medical Service	FGS-MOH
4.	Admin and finance	FGS-OPM
5.	Communication Specialist	FGS-MOLSA
6.	RCRF CHC	FGS-MOH
7.	Director-General	NCSC
8.	RCRF Education Coordinator	MOECHE
9.	IGFF Secretariat	FGS-MOF
10.	IGFF Secretariat	FGS-MOF
11.	RCRF Communication Specialist	FGS-MOF
12.	Project Manager	SWS-MOF
13.	Project Manager	HSS-MOF
14.	Project Manager	JSS-MOF
15.	Project Manager	PSS-MOF
16.	Project Manager	GSS-MOF
17.	Program Officer	FGS-MOF
18.	PMT/CHC	PSS-MOH
19.	RCRF-Social Safeguard	SWSS
20.	RCRF-Social Safeguard	JSS
21.	RCRF-Social Safeguard	GSS
22.	RCRF-Social Safeguard	HSS
23.	Gender and Youth Program Specialist	UNFPA
24.	Head Nurse	UNSOS
25.	N/A	Save The Child
26.	Somali Programme Advisor	Life and Peace
27.	Human Rights Officer	UNSOM
28.	Operation Manager	MCAN
29.	Contact Person	SIMAE
30.	Contact Person	HISA
31.	Contact Person	SMWC
32.	Executive director	Lifeline org
33.	Deputy Chair	WIDEN
34.	Director	MVG
35.	Chair Lady	SHABYA
36.	Chair Laday	HSORO
37.	Social Safeguard Specialist- SEHCD	FGS-MOE
38.	PCU Coordinator-Damal Caafimad	FGS-MOH
39.	GRM - SCRP Project	FGS-MOF
40.	Communication Specialist- SEHCD	FGS-MOE

S/N	Title	Institution
41.	Social Safeguard Specialist, Stats project	FGS-M
42.	Social Development Specialist, SERP	MOF-SEPR
43.	Social/GBV specialist-Scaled Up Project	FGS-MOF
44.	Social Development specialist, energy project	MoEWR
45.	Social development -SCRP	FGS-MOF
46.	GBV Specialist, Groundwater project	MoEWR
47.	Social Safeguard specialist, Ground water project	MoEWR
48.	Head of Social Work course	City University
49.	Head of Social Work course	Mog University
50.	Head of Social Work course	Simad University

ANNEX 2 MULTI-STAKEHOLDER CONSULTATION MEETING MINUTES

Held: 27th December 2023 10:00AM- 1:00PM

The objective: to get valuable inputs and suggestion on improving the social and environmental instruments for RCRF AF such as ESMF, LMP, GRM and SEP.

Target: the stakeholder consultation meeting will ensure that various stakeholder as such as government officials, civil society organization United Nations, internal displaced people, women groups, and beneficiary communities will be informed about the comprehensive nature of these new interventions. Their valuable input will be incorporated into project documentation, ensuring a collaborative and inclusive approach to this endeavor.

Time	Session	Lead
10:00 am-10:30 am	Opening, introduction to Additional Financing of RCRF III	RCRF, PC- MOF /PIU
10:30 am-11:30 am	Environmental and Social Risks	RCRF-Social Safeguard
11:30 am-12:00 pm	GBV/SEA/SH Prevention and Response Plan	Former RCRF GBV Expert
12:00 pm-12:40 pm	Plenary discussion on social and environmental risk and mitigation measures and their relevance competence.	Participants
12:40 pm-1:00 pm	Closing Remarks	RCRF PC-MoF-PIU

The stakeholder consultation meeting for the RCRF 3 AF 2 project was held on 27th December 2023 virtually and Around 50 participants attended the Stakeholder Consultation meeting representing community members, UN representatives, and Government officials, including Ministry of Finance, Health and Education directors, NGOs, Social Safeguards, and youth groups. Participants actively contributed to the meeting discussions by sharing their opinions about the projects.

A summary of the discussion points is detailed below.

The meeting was officially opened by the Project Coordinator(PC). The PC warmly welcomed all the participants to the meeting. In his opening remarks, the coordinator provided an overview of the project and objectives for organizing such stakeholder engagement workshop with all stakeholders while stressing the need to have regular community engagement and accountability discussions. He comprehensively explained the five components of the RCRF project:

1. Recurrent cost finance to reform resources management systems.
2. Strengthen intergovernmental fiscal relations.
3. Transfer for core government functions and foundational education and health service delivery mechanisms in eligible FMS.
4. Citizen engagement and feedback
5. Project management

He further mentioned the benefits of organizing stakeholder engagement and emphasized that such platforms are always beneficial for government entities/offices that run World Bank-funded projects since wider contributions and inputs from stakeholders are confirmed. Better consultation reflects a better and well-designed project he said and has the following benefits:

1. ***Enhanced Project Design and Implementation:*** Stakeholder engagement allows for valuable inputs and insights from a diverse set of stakeholders, including local communities, NGOs, government officials, and experts. This involvement helps shape project implementation, ensuring it aligns with local needs, maximizes impact, and addresses potential challenges.
2. ***Increased Ownership and Support:*** Engaging stakeholders fosters a sense of ownership and accountability among various actors involved in the project. When stakeholders have a voice in decision-making processes, they are more likely to support and actively participate in project activities, leading to improved project outcomes.
3. ***Effective Risk Identification and Management:*** Engaging stakeholders enables a comprehensive understanding of local contexts, potential risks, and social and environmental impacts. This knowledge allows for early identification and management of risks, ensuring project sustainability and reducing unforeseen challenges during implementation.
4. ***Knowledge Sharing and Capacity Building:*** Stakeholder engagement provides a platform for knowledge exchange, sharing best practices, and building the capacity of local stakeholders. This collaborative approach enables the transfer of skills and expertise, empowering communities to become active participants in project implementation and long-term development.

The Director of Public Health of the Ministry of Health then commended the World Bank for its valuable work in Somalia. The visible support from different parts of the community and governmental assistance were acknowledged. He also praised the environmental and social team for their tireless effort in prompting the protection of the environment and safeguarding social risks for FHWs, proper medical waste management is crucial for safeguarding the environment.

Thereafter, the FGS Social Safeguard Specialist made an overview presentation of the environmental and social management framework and emphasized environmental and social standards that apply to the RCRF Project.

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

The RCRF social safeguard specialist talked about the environmental and social risk rating of the projects, the main environmental issue for the project relates 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. He also talked about the ES risk mitigation measures and confirmed that the participants received a well a rounded understanding of handling different environmental and social risks. Moreover, the FGS Social Safeguard emphasized the importance of the project complaint mechanism and highlighted the ministry's responsibilities for overseeing the resolution of all issues related to the project activities in accordance with the laws of FGS and the WB environmental and Social Standards. Mr. Ahmed Shared with the meeting participants about the existing channels including the hotline number 7575/334 and the FGS and FMS Emails.

The former GBV Expert of RCRF, emphasized the importance of monitoring all forms of gender-based violence, particularly against female project workers and community members during project implementation. It was emphasized that elders, local authorities, and every community member have the responsibility to report any abusive behaviors towards women and girls. The Government maintains a zero-tolerance policy against perpetrators.

Suggestions made during the Consultations

The Project Coordinator of the Damal Caafimaad, praised the achievements of the RCRF Project and appreciated the introduction of the new sub-component of local governance as the project activities are being decentralized and bringing the service delivery closer to the population. Nevertheless, he suggested that the RCRF and DC should think of integrating the Talo Wadaag Center Facility, (A Citizen Engagement Center) to have a unified and shared call center services for cost minimization and time efficiency since RCRF has effectively and efficiently established the citizen engagement center. He further added that Security management framework documentation should also be shared across World Bank projects for cost minimization and time efficiency purposes since the context is always the same.

The PM from Galmudug, suggested that all the stakeholders and different community segments should be engaged especially the traditional elders as they are respected in the communities.

The UN representative expressed the need for translating all project documents such as ESMF, LMP, and SEP into Somali.

The social specialist from the Ministry of Water and Energy commented on the selection criteria for districts, on a discussion point related to the local governance component, highlighting that prioritizing districts with established district councils might unintentionally exclude larger cities or districts from the consideration and thus may lead to underserved population.

The GBV specialist from SCRP suggested that the project should conduct an impact assessment to see the level of impact of the project's initiative. She also recommended the social team to conduct field mentoring for safeguarding and environmental and social-related purpose.

Issues/comments raised during the meeting by other stakeholders.

- Questions were raised regarding the utilization of RCRF project funds for emergency operations, especially in Somalia, such as the recent floods that impacted numerous community members.
- Concerns were expressed about the sustainability of these activities beyond World Bank support, highlighting the need to ensure long-term strategies and plan for a well-designed exit strategy well before the project closure timeline.
- A suggestion was made to establish an integrated call center where local government systems can address issues directly.
- A referral pathway was also raised to be strengthened and enhanced within the established frameworks.
- Collaboration with district council members in each district was proposed to facilitate the work of project workers and enable efficient feedback and handling of complaints.
- One participant expressed interest in hearing documented examples of actual GRM and GBV cases**.**
- Damal Caafimaad to fully utilize the citizen engagement center was also underscored.
- Suggestion was made to streamline security support for the World Bank funded projects by just adopting and emulating one single document.

Lessons Learned

Since RCRF is a flagship project for all World Bank funded projects in Somalia and is the leading project on social and environmental safeguarding instruments, engaging all community segments in various consultation meetings would build the community trust and making the GM accessible for all and upholding the transparency and the fairness of the complaint resolution process.

Conclusion

The Project Coordinator has responded each question raised as per project guidelines and thanked everyone for their valuable input to the project implementation procedures. The meeting provided an opportunity for valuable discussions and insights from various stakeholders.

Overall, the meeting fostered engagement and constructive dialogue among stakeholders to enhance the effectiveness and positive outcomes of World Bank initiatives in Somalia.

ANNEX 3: LIST OF THE STAKEHOLDER ENGAGEMENT MEETING PARTICIPANTS

S/N	Title	Institution
1.	RCRF Project Coordinator	FGS-MOF
2.	RCRF Social Safeguard Specialist	FGS-MOF
3.	Director of Medical Service	FGS-MOH
4.	Admin and finance	FGS-OPM
5.	Communication Specialist	FGS-MOLSA
6.	RCRF CHC	FGS-MOH
7.	Director-General	NCSC
8.	RCRF Education Coordinator	MOECHE
9.	IGFF Secretariat	FGS-MOF
10.	IGFF Secretariat	FGS-MOF
11.	RCRF Communication Specialist	FGS-MOF
12.	Project Manager	SWS-MOF
13.	Project Manager	HSS-MOF
14.	Project Manager	JSS-MOF
15.	Project Manager	PSS-MOF
16.	Project Manager	GSS-MOF
17.	Program Officer	FGS-MOF
18.	PMT/CHC	PSS-MOH
19.	RCRF-Social Safeguard	SWSS
20.	RCRF-Social Safeguard	JSS
21.	RCRF-Social Safeguard	GSS
22.	RCRF-Social Safeguard	HSS
23.	Gender and Youth Program Specialist	UNFPA
24.	Head Nurse	UNSOS
25.	N/A	Save The Child
26.	Somali Programme Advisor	Life and Peace
27.	Human Rights Officer	UNSOM
28.	Operation Manager	MCAN
29.	Contact Person	SIMAE
30.	Contact Person	HISA
31.	Contact Person	SMWC
32.	Executive director	Lifeline org
33.	Deputy Chair	WIDEN
34.	Director	MVG
35.	Chair Lady	SHABYA
36.	Chair Lady	HSORO
37.	Social Safeguard Specialist- SEHCD	FGS-MOE
38.	PCU Coordinator-Damal Caafimad	FGS-MOH
39.	GRM - SCRP Project	FGS-MOF
40.	Communication Specialist- SEHCD	FGS-MOE
41.	Social Safeguard Specialist, Stats project	FGS-M
42.	Social Development Specialist, SERP	MOF-SEPR
43.	Social/GBV specialist-Scaled Up Project	FGS-MOF
44.	Social Development specialist, energy project	MoEWR

S/N	Title	Institution
45.	Social development -SCRP	FGS-MOF
46.	GBV Specialist, Groundwater project	MoEWR
47.	Social Safeguard specialist, Ground water project	MoEWR
48.	Head of Social Work course	City University
49.	Head of Social Work course	Mog University
50.	Head of Social Work course	Simad University

ANNEX 4: 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 5: INCIDENT REPORTING GUIDANCE

No.	Date grievance received	Ref no	How grievance received? (in person, call centre, implementing partner, staff members, email, complaints box etc.)	Short description of complaint	Who complaint referred to/ resolved by	Resolution/Corrective action taken so far or plan (please specify)	Date closed (feedback and agreement from complainant)	Improvements to project made/planned as a result of complaints received

ANNEX 6: 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;
- **Genotoxic waste:** 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 7: 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 8: SEXUAL EXPLOITATION AND ABUSE/SEXUAL HARASSMENT PREVENTION AND RESPONSE ACTION PLAN

Introduction

Somalia is transitioning from a period of prolonged conflict to becoming a more peaceful, politically sound, and economically stable country, in fact, the country has reached the HIPC completion point by the end of 2023 The Recurrent Cost Reform Financing (RCRF) project series has supported several reforms in public financial management, domestic revenue mobilization, and service delivery leading to the HIPC decision and completion points. The Recurrent Cost Reform Financing Second Additional Financing (AF) is the continuity of RCRF III which is restructured to introduce scaling up of selected activities, adding new or revising existing performance-based conditions (PBCs) and results indicators, and extending the closing period of the project from December 31, 2025, to December 31, 2026.

The project is expected to support the Federal Government of Somalia (FGS) and the Federal Member States (FMS) to strengthen resource management systems, inter-governmental fiscal relations, and transfer of core government functions and foundational education and health service delivery mechanisms in eligible FMS including establishment and piloting transfers from FMS to local governments' and capacity building for local government and communities for participatory budgeting as well as climate considerations aimed at reducing Somalia's vulnerabilities to climate-induced threats. The Second AF will continue to support system strengthening in Health and Education in close partnership with the Damaal Caafimad and Education for Human Capital projects. This project will cover all of Somalia.

Addressing GBV including Sexual Exploitation and Abuse and Sexual harassment, is vital as it's 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. Gender equality is essential for sustainable development as it allows women and girls to reach their full potential and contribute to their communities and economies. 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)[5], 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 the 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

[5] GBV includes a range of violations, including i) intimate partner violence; ii) non-partner sexual abuse; iii) harmful practices; iv) human trafficking and v) child sexual abuse. It is expected that the country and regional integration profiles will highlight the most prevalent forms of GBV within each country and provide considerations for how to address these risks most effectively.http://www.worldbank.org/content/dam/Worldbank/document/Gender/Arango%20et%20al%202014.%20Interventions%20to%20Prevent%20or%20Reduce%20VAWG%20-%20A%20Systematic%20Review%20of%20Reviews.pdf

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.

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.

The WB Guidance Note defines four key areas of GBV/SEAH risks:

1. SEA - exploitation of a vulnerable position, use of differential power for sexual purpose; actual or threatened sexual physical intrusion;
2. Workplace sexual harassment - unwanted sexual advances; requests for sexual favors, sexual physical contact;
3. Human trafficking - sexual slavery, coerced transactional sex, illegal transnational people movement; and
4. Non-SEA - physical assault, psychological or physical abuse, denial of resources, opportunities or services and IPV.

Country Context Risks:

Gender-based violence (GBV) continues to be a widespread challenge affecting men, women and children. However, it disproportionately affects women and girls[6] and exists in every country and environment where the Bank operates. It is recognized as a barrier to achieving gender equality and peace, posing a significant obstacle to the attainment of sustainable development goals both at the national and international levels.

In Somalia, available evidence highlights the pervasive nature of GBV throughout the life stages of women and girls, with certain forms of GBV deeply ingrained. Unfortunately, practices like child marriage and female genital mutilation (FGM) have emerged as detrimental coping mechanisms for families seeking to escape poverty. These practices expose young girls to the serious risks of physical and sexual abuse, malnutrition, and an increased likelihood of maternal and neonatal mortality[7].

Conflicts, disasters, and insecurity have heightened the dangers linked to different manifestations of gender-based violence (GBV). There is a growing acknowledgment of the impact of displacement on escalating GBV risks and rates within internally displaced and refugee communities worldwide[8]. Evidence indicates a parallel surge in violence against women triggered by conflict and displacement due to climate-related factors and related stressors. In Somalia, displaced women and girls emerge as particularly vulnerable, being among those most at risk of encountering various forms of GBV[9].

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.[10]

Somali women continue to experience widespread sexual harassment at workplaces[11] by people in positions of authority and power linked to poverty, insecurity and impunity.[12] 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.[13] Anecdotal evidence from humanitarian and development agencies indicate that sexual exploitation and abuse is a largely unreported and significant problem in the country.

GBV service provision across Somalia remains low as compared to the needs and geographical landscape of response. The impact of Covid-19 led to the shutdown of already scarce services, and

[6] Glass N, Perrin N, Marsh M, et al. Effectiveness of the Communities Care programme on change in social norms associated with gender-based violence (GBV) with residents in intervention compared with control districts in Mogadishu, Somalia. BMJ Open 2019;9:e023819. doi: 10.1136/bmjopen-2018-023819

7 UNFPA Somalia GBV Advocacy Brief (March 2023)

8 Vu, A. et al (2014) 'The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis', 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.

9 UNFPA 2020; GBV in Somalia Advocacy brief; https://somalia.unfpa.org/sites/default/files/pub-pdf/Gender-Based%20Violence%20in%20Somalia%20-%20V3%20-%20Digital.pdf

[10] 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.

[11] EASO Country of origin report (2021); Somalia targeted profiles pg. 31- https://euaa.europa.eu/country-guidance-somalia-2023/3131-violence-against-women-and-girls-overview

[12] 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.

[13] Human Rights Watch (2014)

existing shelters were reluctant to admit new GBV survivors due to concerns about the virus. Survivors in remote areas faced additional hurdles in accessing quality services.[14]

Although the Federal Government of Somalia has made significant efforts to advance gender equality objectives through legislative and policy initiatives, such as those outlined in the Provisional Constitution (2012), the National Gender Policy (NGP), and National Development Plan (NDP), the translation of these efforts into substantial equality for women has been limited. Changes to the gendered dynamics of social institutions and power structures have been minimal, posing a challenge to the realization of progress in gender equality and the addressing of gender-based violence (GBV). To overcome this challenge, there is a pressing need for sustained investment in gender equality initiatives and programs within both Government and Civil Society. Additionally, there is a crucial necessity to transform the commitment to gender issues within the government into tangible actions.

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 risks are substantial specific to RCRF III include:

- The abuse of power, including sexual exploitation and abuse, bullying, and unfair hiring, employment and retention practices can be a major concern in the public sector recruitment processes. For example, lack of inadequate pre-employment checks for Female Health workers and teachers may reinforce discrimination, abuse and harassment in the health and education sectors. The risks of SEAH/GBV in the workplace can cause women to remove themselves from the workforce, leading to a continuing culture of SEAH/GBV.

- The absence of integration of GBV, SEA and sexual harassment policies in the training, recruitment, and supervision of health and education personnel can be a significant concern. When staff members lack information or have limited knowledge in identifying, supporting, and reporting cases related to GBV, SEA, and sexual harassment, it may cause more harm than good. This may lead to staff members being unable to respond appropriately to such cases without the required training and awareness, which can result in further harm to the affected individuals.
- Women may face significant risks related to mobility restrictions during outreach or supervision, which can expose them to potential GBV/SEAH incidents when carrying out Female Health Workers (FHWs) duties. For instance, when traveling long distances to reach communities or service sites especially in the newly liberated areas, may become more vulnerable to targeting, exploitation, and harm from non-partner individuals, including armed groups, forces, or individuals.

- 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. Studies also show that domestic violence, or Intimate Partner Violence (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.

[14] https://euaa.europa.eu/country-guidance-somalia-2023/3131-violence-against-women-and-girls-overview

- 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/SEAH 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 Senior Safeguards Specialist at the FGS and support from the Social /GBV Specialist at the FMS level.

Referral pathway

Help-seeking referral pathways for survivors of GBV exist and have been established in all the states and can be accessed here Somalia Referral Pathway. 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 current 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 and identified gaps in service provision in some areas. Since the project is expected to expand health interventions with FHWs to newly liberated areas, the project needs to conduct a comprehensive mapping of GBV available services in those locations once determined. 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 and female teachers 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).

Grievance Mechanism has also been established and the information included under Grievance related to GBV section 5.

The project will put in place the necessary mechanisms to address SEAH. The proposed mitigation measures as 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 including Health technical partner and local governments 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, confidentiality aspects, accountability, and referral procedures, and the equality , safety and respective training to promote equal and respective workplaces in the female health workers and teachers in the MOH and MOE. The PIU, particularly the Senior Safeguards Specialist 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. The trainings will be conducted on a quarterly basis at the FGS and FMS levels.

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 continue to 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 as well as GBV/SEAH requirements and expectations included in the contractual obligations and finalize the code of conduct that addresses SEAH in the project locations. Additional review of the contractor's and sub-contractors' ability to respond to SEAH will be conducted through the ESF assessment using the developed ESF checklist.

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 Senior Safeguards Specialist will continue to use the developed IEC materials (posters) and 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 Senior Safeguards Specialist 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 project has developed Standard Operating Procedures (SOPs) and response protocols for SEAH related grievances that provides step by step information on how to handle complaints from intake to response, including standard process for responding to incidents of GBV and SEAH. The SOP contains information on the overview of the GM including guiding principles for safe and Ethical handling of SEAH allegations, staffing roles and responsibilities in managing GBV /SEAH related incidents and the process of responding to allegations of SEAH which outlines steps for collecting, logging and responding to complaints. The Senior Safeguards Specialist will ensure project workers, 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

While incidents of GBV/SEAH related to the project have been reported through the existing GM channels, survivors have received timely support. Although discussions with different project workers indicated that there is lack of trust in the safety and confidentiality of the GM system.

The project will continue to review and assess the effectiveness of the existing project-specific Grievance Mechanism as well as the emerging systems in the country such as LOOP[15] that are designed to facilitate safe community-based reporting on safeguards. Also, sensitize the current and new GBV focal points (FHW Supervisors) and female teachers on SEAH handling procedures, including reporting and referrals to service providers. An information-sharing protocol has been developed under the SOPs to make the GM more responsive to SEAH and GBV complaints so that survivor-related

[15] Loop is a global platform for people to safely share and hear feedback on humanitarian and development services in their communities: a free-to-use technology tool that enables people receiving aid to shape the type and quality of services that are funded and delivered. In Somalia, LOOP is accessible on the Hormuud network, and operates in Maxatiri and Maay dialects. https://app.talktoloop.org/provide-feedback/info-modal

information is carefully managed and confidentiality maintained. In addition, an awareness campaign and use of IEC materials on GM will continue to be conducted for the communities and stakeholders using easily accessible methods.

The GM provides different ways to submit grievances given the sensitive nature of GBV /SEAH complaint as well as support GBV survivors through established referral systems in the country. In line with the survivor-centered approach, the grievance recipient to whom an allegation is disclosed is required to provide a safe, caring, and supportive environment. This means being non-judgmental, empathetic, and compassionate, including providing encouragement, alleviating feelings of shame and guilt, and demonstrating emotional support to the survivor while clarifying relevant information. It also means respecting confidentiality and the wishes of the survivor.

Ideally, if a SEAH case is disclosed, a survivor should be encouraged to self-report the incident, but also a survivor can ask someone else to act as a survivor advocate and report on her/his behalf. Importantly, survivors should ultimately maintain the right to decide what to do with their story, including if they report. The GBV survivor has the freedom and right to report to the Senior Safeguards Specialist at the FGS level (7575 and rcrfgenderunit@gmail.com), in-person with the Senior Safeguards Specialist at FGS, Social/GBV Safeguard Specialist, FHW Supervisors and Teacher focal point at the FMS level.

Where complaints are made in person at the school or the health facility, the identified focal points shall have an Incident Report Form. They will be trained on how to handle GBV specific grievance including their roles and responsibilities. It is not the responsibility of the focal point to ascertain whether a complaint is true or has sufficient information for follow up. Referral to service providers will be done and refer the allegation to the Senior Safeguards Specialist at the FGS for further support.

If a GBV/SEAH incident is reported through the Call Centre, the operator will be required to provide information and refer the case to the Senior Safeguards Specialist at the FGS level for further follow and support. The call Centre operators have been trained and will continue to be sensitized in ethical handling of GBV incidents as they are reported. The Call Centre operator will have all the necessary information on referral and linking up with the Senior Safeguards Specialist for further support.

The project GM will ensure all incidents of SEAH will be reported to the Bank within 24 hours and should include information on four key points as indicated below.

1. Demographic data, such as age and gender
2. the nature of the complaint (what the complainant says in her/his own words),
3. whether the complainant believes the perpetrator was related to the project.
4. Whether they received or were offered referral to services

This project GM will adapt learnings from the recent GM reviews conducted by the Bank to strengthen accountability to communities and identify a range of issues by holding periodic team meetings to discuss any workplace concerns.

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***	***Responsible***	***Monitoring (Who will monitor)***	***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.	• Have CoCs signed by all project workers • Train all project-related workers on the behavior obligations under the CoCs. • Display CoC in project sites and translated into the local language(s)	Quarter 1	MOF-PIU Senior Safeguards Specialist, MOH, MOE	MOF-MOE/MOH M&E Specialist and Senior Safeguards Specialist	Percentage of workers that have signed a CoC	The training of the staff on CoC will be conducted by the Senior Safeguards Specialist to be recruited.
b)	Develop and conduct GBV/SEA orientation training for all project workers, including PIU	• Develop a training plan • Develop training materials for respective sectors and civil servants • Conduct training for project staff/PIU	Quarterly	MOF-PIU Senior Safeguards Specialist, MOH-HTP	GBV Specialist- MOH and MOE MOF PIU-Senior Safeguards Specialist 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	MOF-PIU Senior Safeguards Specialist - MOF	Senior Safeguards Specialist	M&E framework in place .	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***	***Responsible***	***Monitoring (Who will monitor)***	***Output indicators***	***Estimated Budgets (USD)***
2.	***Inform project stakeholders about GBV/SEAH risks***						
a)	Establish partnerships with key stakeholders (Community members, Students, Parents, teachers, FHWs, PIU staffs, Government- FMS and Municipal/ District level 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.	Quarterly Maintained throughout Project implementation .	MOF-PIU Senior Safeguards Specialist – MOH- HTP	MOF-PIU Senior Safeguards Specialist	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-PIU Senior Safeguards Specialist –	MOF-PIU Senior Safeguards Specialist	A GBV/SEA communication strategy in place	Covered under IEC material development)

	Objective:	***To increase awareness and enhance response systems for GBV, SEA and SH incidents***					
	Activity to Address SEAH risk	***Steps to be taken***	***Timelines***	***Responsible***	***Monitoring (Who will monitor)***	***Output indicators***	***Estimated Budgets (USD)***
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	Quarterly- Maintained throughout Project implementation	MOF-PIU Senior Safeguards Specialist	MOF-PIU Senior Safeguards Specialist, M&E Specialist	No. of social focal points identified and trained	Cost covered under the orientation of all project staffs
d)	Develop relevant IEC materials for community engagements	• Conduct assessment on the effective IEC materials to be used by the community especially in the newly liberated areas • 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-PIU Senior Safeguards Specialist	MOF-PIU Senior Safeguards Specialist	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 • Conduct FGDs with FHWs and teachers to understand the challenges and propose recommendations	Within the first 6 months of project effectiveness Maintained throughout Project implementation	MOF-PIU Senior Safeguards Specialist, MOH-HTP and MOE	MOF-PIU Senior Safeguards Specialist	Number of community sensitization conducted	15,000

	Objective:	***To increase awareness and enhance response systems for GBV, SEA and SH incidents***					
	Activity to Address SEAH risk	***Steps to be taken***	***Timelines***	***Responsible***	***Monitoring*** ***(Who will monitor)***	***Output indicators***	***Estimated Budgets (USD)***
3.	***Mapping of service delivery for GBV/SEA prevention and response***						
a)	Develop and or/update a multisectoral GBV/SEA referral pathway(s)	• Finalize the country wide GBV service Mapping tool. • 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	MOF-PIU Senior Safeguards Specialist, MOH and MOE	MOF-PIU Senior Safeguards Specialist	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***	***Responsible***	***Monitoring*** ***(Who will monitor)***	***Output indicators***	***Estimated Budgets (USD)***
a)	Develop/Review GM for specific GBV/SEAH procedures	• Review the GM for GBV/SEA reporting channels • 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-PIU Senior Safeguards Specialist	MOF-PIU Senior Safeguards Specialist	GM with GBV/SEA procedure integrated In the GM Number of guidelines and protocol on GBV/SEAH developed	N/A
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	Quarterly	MOF-PIU Senior Safeguards Specialist	MOF-PIU Senior Safeguards Specialist	GM operators and GBV social focal points identified and trained	9,200

	Objective:	***To increase awareness and enhance response systems for GBV, SEA and SH incidents***					
	Activity to Address SEAH risk	***Steps to be taken***	***Timelines***	***Responsible***	***Monitoring*** ***(Who will monitor)***	***Output indicators***	***Estimated Budgets (USD)***
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-PIU Senior Safeguards Specialist,	MOF-PIU Senior Safeguards Specialist,	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	**136,600**