FEDERAL GOVERNMENT OF SOMALIA

Ministry of Finance (MoF)

PROJECT: Somalia Crisis Recovery Project (SCRP)
For Component 5: Contingent Emergency Response Component (CERC)

Environmental and Social Management Framework (ESMF)

FOR COVID-19 RESPONSE

25 July,2020

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Abbreviation and Acronyms

AFB	Acid-Fast Bacilli
AMR	Antimicrobial Resistance

BMBL	Biosafety in Micro Biological and Biomedical Laboratories
BMW	Bio Medical Waste Management
BSC	Biological Safety Cabinets
BSL	Biosafety Level
CDC	Centre for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
EOC	Emergency Operating Centre
E&S	Environmental and Social
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESHS	Environmental, Social, Health and Safety
EHS	Environmental, Health and Safety
ERP	Emergency Response Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
HCF	Healthcare Facility
HCW	Healthcare Waste
HEPA	High Efficiency Particulate Air filter
HIV	Human Immunodeficiency Virus
HWMS	Healthcare Waste Management System
HVAC	Heating, Ventilation and Air Conditioning
ICWMP	Infection Control and Waste Management Plan
IPC	Infection and Prevention Control
OHS	Occupational Health and Safety
POE	Point of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
Resettlement Action Plan	RAP
Resettlement Policy Framework	RPF
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
TA	Technical Assistance
TB	Tuberculosis
WB	World Bank
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

Executive Summary

Project Description

The FGS has prepared a National Preparedness & Response Plan for COVID-19, with technical support of the World Health Organization to address the spread of corona virus in the country. The plan has

benefited from technical review of the World Bank and has been endorsed by the international development partners.Based on the CERC guidelines, a subset of activities aligned with the positive list provided in the CERC Operations Manual is proposed to be carried out as part of the Plan, and these are focused on:

- Engaging communities and communicating risks
- Containing and preventing infections
- Protecting frontline health workers
- Monitoring and coordinating interventions
- Building government capacities and systems related to the above.

The Project Development Objective (PDO) of the parent Project, the Somalia Crisis Recovery Project (SCRP), is to "support the recovery of livelihoods and infrastructure in flood and drought affected areas and strengthen capacity for disaster preparedness nationwide."

The relevant project component is as follows:

Component 5: **Contingency Emergency Response Component**. This Contingency Emergency Response Component (CERC) is included in the Project in accordance with Investment Project Financing (IPF) Policy, paragraphs 12 and 13. There is a moderate to high probability that during the life of the Project Somalia will experience natural or man-made disasters, and major disease outbreaks of public health importance which causes a major adverse economic and/or social impact, which will result in a request to the Bank to support mitigation, response, and recovery in the areas affected by such an emergency. In the event of such an emergency, the CERC will serve as a first-line financing option for response. Additionally, the CERC is flexible enough to incorporate the new Crisis Response Window Early Response Allocation (CRW ERA) criteria so that it can be mobilized as part of an early response to an eligible food security crisis or disease outbreak.

The activities will cover all States of Somalia.

Purpose of this ESMF

This ESMF supports the COVID-19 related activities, which are planned under the Component 5 - Contingent Emergency Response Component. A separate ESMF has been developed for Component 1-4 and publicly disclosed as a standalone document.

The rationale and purpose of using an E&S framework instead of project-specific environmental and social assessment and management plans is that specific locations and detailed information about the subprojects will only be known during implementation.

This framework will guide the Project Implementation Unit (PIU) and the subproject proponents on the E&S screening and subsequent subproject assessment during implementation, including subproject-specific plans in accordance with the ESF.

The ESMF scope includes procedures relevant to the development of the subprojects, including how to conduct screening of subprojects to assess the environmental risks and impacts and identify mitigation

measures, as part of subproject-specific assessment and plans. This ESMF will allow the MoF to clarify, to the extent possible and based on existing information, the approach that shouldbe taken at the subproject level, in accordance with the ESF.

Legal and Policy Framework

National Legislation. In recent years Somalia and Somali territories have effected constitutional changes that define natural resources, common environmental goods and ecosystem services as protectable public assets, and ascertain the right to a clean and healthy environment. There are no specific environmental or regulations in place, and many projects and activities still rely on an Environmental and Social Screening Assessment Framework (ESSAF), which has been produced through the Somalia Development Fund (SDF) program.

In the absence of a national regulatory framework for sustainable environment, and other than the pieces of legislation available in some states as discussed above, Somalia has a constitution that contains a number of parameters relevant for various operational activities in the country.[1]

Provisional Constitution of the Federal Republic of Somalia. Somalia passed its Provisional Constitution in 2012. Article 12 of the Constitution addresses public assets and natural resources.

Article 25 states that every Somali has the right to an environment that is not harmful to them, and to be protected from pollution and harmful materials. Every Somali has a right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of natural resources.

Article 43 provides guidelines on environmental and social safeguards that can be observed.

Article 45 states that the Government shall give priority to the protection, conservation, and preservation of the environment against anything that may cause harm to natural biodiversity and the ecosystem. Furthermore, all people have a duty to safeguards and enhance the environment and participate in the development, execution, management, conservation and protection of the natural resources and the environment. The FGS and the governments of the FMS affected byenvironmental damage shall take urgent measures to clean up hazardous waste dumped on the land or in the waters of the FGS.

The Constitution further defines access to information as a right. Article 32 on Rights of Access to Information spells out that every person has the right of access to information held by the state; as well as 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.

Relevant World Bank ESS. **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

[1] SCORE - ESMF

Bank through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the Environmental and Social Standards (ESSs).

The environmental and social assessment will be based on current information, including a description and delineation of the project and any associated aspects, and environmental and social baseline data at an appropriate level of detail sufficient to inform characterization and identification of risks and impacts and mitigation measures. The assessment will evaluate the project's potential environmental and social risks and impacts, with a particular attention to those that may fall disproportionally on disadvantaged and/or vulnerable social groups; examine project alternatives; identify ways of improving project selection, siting, planning, design and implementation in order to apply the mitigation hierarchy for adverse environmental and social impacts and seek opportunities to enhance the positive impacts of the project. The environmental and social assessment will include stakeholder engagement as an integral part of the assessment, in accordance with ESS10.

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

ESS 3 – Recourse and Efficiency, Pollution Prevention and Management. ESS3 recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels. The current and projected atmospheric concentration of greenhouse gases (GHG) threatens the welfare of current and future generations. At the same time, more efficient and effective resource use, pollution prevention and GHG emission avoidance, and mitigation technologies and practices have become more accessible and achievable. This ESS sets out the requirements to address resource efficiency and pollution1 prevention and management throughout the project life cycle consistent with GIIP.

ESS 4 – Community Health and Safety. ESS4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.

ESS4 addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of Borrowers to avoid or minimize such risks and impacts, with particular attention to people who, because of their particular circumstances, may be vulnerable. While not explicitly mentioned, prevention and mitigation of different forms of gender-based violence, specifically Sexual Exploitation and Abuse, is being covered by ESS4.

ESS 5 – Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement. ESS5 recognizes that project-related land acquisition and restrictions on land use can have adverse impacts on communities and persons. Project-related land acquisition or restrictions on land use may cause physical displacement (relocation, loss of residential land or loss of shelter), economic displacement (loss of land, assets or access to assets, leading to loss of income sources or other means of livelihood), or both. The term "involuntary resettlement" refers to these impacts. Resettlement is considered involuntary when

affected persons or communities do not have the right to refuse land acquisition or restrictions on land use that result in displacement.

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

ESS6 recognizes the importance of maintaining core ecological functions of habitats, including forests, and the biodiversity they support. Habitat is defined as a terrestrial, freshwater, or marine geographical unit or airway that supports assemblages of living organisms and their interactions with the nonliving environment. All habitats support complexities of living organisms and vary in terms of species diversity, abundance and importance.

ESS 10 – Stakeholder Engagement and Information Disclosure. This ESS recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

The World Bank Group has further issued **Guidelines on Environmental, Health and Safety for General use and more specific Guidelines for Health Care Facilities**. The Guidelines are technical reference documents with general and industry-specific examples of GIIP. The Guidelines include information on HCF design considerations, environmental issues associated with HCF (waste management, emissions to air, wastewater discharges), and community health and safety. They set out performance indicators and industry benchmarks, including on environmental performance and Occupational Health and Safety (OHS).

Environmental and Social Baseline

Covid-19. The Covid pandemic was confirmed to have reached Somalia on 16 March 2020. On 12 May, Somalia reported 1,089 cases of the virus, and 52 deaths. The FGS formed a task force to respond to the pandemic, which has faced great difficulties in obtaining the relevant medical equipment. On 18 March the country suspended all international flights, except for humanitarian transports. Social distancing measures have proven difficult to implement in Somalia, and testing kits and facilities are scarce, making testing difficult.

Somalia operates 7 Emergency Operations Centers across the country, 14 isolation centers across Somalia, 4 out of 21 border crossing are open, 7 out of 8 seaports are open, and 1 out of 12 airports is open.

Two months later, on 18 May, UN Office for the Coordination of Humanitarian Affairs (OCHA) reports that the number of cases have surged to 1421, with 56 deaths and 152 recoveries, presenting one of the highest numbers in East Africa.[2] The majority of cases is in the Benadir region. However, there is suspicion that cases are under-reported and the actual figure is significantly higher.

The FGS National Contingency Plan for Preparedness and Response the Coronavirus defines as a general objective to support early detection, prevent and control of COVID-19 to contribute to reduction in morbidity and mortality associated with the virus. Specific objectives include enhancing coordination and leadership for preparedness and response, enhance national capacity to detect cases and institute responses, limit human transmission of COVID-19 through standards Infection Prevention and Control practices, and provide timely information and key messages to the public.

The Plan further describes the necessity to build capacity among health workers in managing highly infectious diseases. It prescribes training to a national core team, and their subsequent deployment to manage infections by zone. In addition, frontline health workers in the communities are equipped to promptly detect COVID-19 cases.

Somalia currently has 4 laboratories operating with varying capacities. The National Public Health Laboratory in Mogadishu is the most advanced. Three laboratories are currently able to detect COVID-19: Mogadishu, Garowe and Hargeisa.[3] Through the polio surveillance networks, biological samples are collected and shipped to either of the laboratories.

Somalia has 23 ports of entry. Health workers have been deployed at the four main airports to screen travelers upon arrival. Three out of four airports have established isolation rooms, while in Mogadishu and Garowe, ambulances are on stand-by to transfer suspected cases to isolation facilities. While travelers at the airports are screened, they are not tested.

The Early Warning and Response Network (EWARN) had been set up in 535 sentinel facilities to report and alert in regards to epidemic prone diseases. Verification of alerts is implemented by a Rapid Response Team at the District level, supported by WHO and the Ministry of Health. However, reporting can be sporadic due to lack of means of communication and high staff turn-over.

WHO has supported deployment of 4,000 health care workers throughout Somalia. Each health care workers aims to visit 5,000 homes per month to actively identify cases and trace contacts. Information on potential cases is relayed to Rapid Response Teams.

Medical facilities. Healthcare in Somalia sits largely with the private sector, although it is regulated by the Ministry of Health. Somalia launched it Health Sector Strategic plan in 2013, with the objective to provide universal health care to all citizens. In 2014, the FGS launched the 'Essential Package of Health Services', with the objective to establish standards for national health services that include private and governmental health care, as well as UN and NGO-run health services. In 2019, the MoH and WHO launched a Roadmap for Universal Health Coverage, aiming to improve basic health care.

However, despite this, there are still significant disparities in access to health facilities and health outcomes, especially for women, children and marginalized groups. For example, every 2 hours a

[2] OCHA Somalia: Somalia COVID-19 Impact Udpate No.6
[3] OCHA Somalia: Somalia COVID-19 Impact Udpate No.6

mother dies from complications of childbirth, and for 1,300 children born every day 48 babies die before reaching the first month.[4]

Human Development. As a backdrop to the COVID-19 crisis, Somalia scores very low on UNDP's Human Development Index. Although it has not been ranked for a few years, different indicators reveal low scores. For example, life expectancy at birth lies at 57.1 years with a global average of 56 years[5] in low human development countries[6]; and the mortality rate under the age of 5 lies at 127 per 1000 life births[7], while the global average is 39[8].

Health: Even before the COVID-19 pandemic, the availability and access to health facilities was similarly dire. A comprehensive review of the health sector in 2015 showed that health facilities are mainly located in the urban areas and difficult to access for the majority of the rural population. Health facilities are resourced poorly, and there is a critical lack of health workers. According to WHO, only one in three Somalis have access to safe water, and one in nine Somali children die before their first birthday, and ca. 3.2 million Somalis are in need of emergency health services.

Due to poor living conditions there are high risks of measles outbreaks, acute watery diarrhea and cholera. Those residing in IDP settlements are most affected.[9]

Maternal mortality is estimated at 734 for every 100,000 births. Under-five mortality rate was at 133 per 1,000 births before the recent drought.[10] Neonatal mortality rate per 1000 live births is 39.7.[11]

WASH: Access to safe water is low in Somalia, further undermining the country's ability to handle the COVID-19 pandemic. Access to basic water supply lies at 83 per cent in the urban areas and 28 per cent in rural areas. 61 per cent of the population has access to basic sanitation facilities in urban areas and 20 per cent in rural areas. According to a UNICEF report, the key challenges are weak water supply management models, high operational management costs and technical limitations. There is further a lack of a harmonized legal and policy framework and policies in place and inconsistent with implementation.[12]

Continued droughts have had negative impact on the water sector, and conflicts have weakened the water supply and sanitation services. WASH facilities have been destroyed as a result of conflict, and

[4] UNICEF Somalia, Health Strategy note 2018-2020, accessed at: http://files.unicef.org/transparency/documents/Somalia%201.%20Health.pdf
[5] UNDP, Human Development Reports. Somalia, accessed at: http://hdr.undp.org/en/countries/profiles/SOM
[6] UNDP, Human Development Report 2019, p.38.
[7] UNDP, Human Development Reports. Somalia, accessed at: http://hdr.undp.org/en/countries/profiles/SOM
[8] WHO, Children. Reducing Mortality, factsheet, accessed at: https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality
[9] WHO, Humanitarian Response Plan 2015, accessed at: https://www.who.int/hac/donorinfo/somalia.pdf
[10] UNICEF and World Health Organization, Joint Monitoring Program, 2019, accessed at: . https://washdata.org/data#!/som>.
[11] WHO, Somalia, Country Cooperation Strategy at a Glance, 2018, p.1, accessed at: https://apps.who.int/iris/bitstream/handle/10665/136871/ccsbrief_som_en.pdf;jsessionid=01FEF030DB9DD0DE3F6C832FEF64EDCD?sequence=1
[12] UNICEF Somalia Country Office, Water, Sanitation & Hygiene (WASH) Profile, February 2020, p.2, accessed at: https://www.unicef.org/somalia/media/1251/file/Somalia-wash-profile-February-2020.pdf

there is a lack of sufficient WASH facilities for the large number of IDPs. Furthermore, the population pressure causes over pumping of ground water, and the wearing out of equipment.[13]

Environmental and Social Risks and Mitigation Measures

Planning and Design Stage

Procurement of goods and supplies: Where the project will include the procurement of goods and supplies e.g. equipment such as ventilators or PPE or cleaning materials,these materials and the relevant equipment will be sourced as guided by the requirements of WHO. The WHOguidelines provide for minimum requirements for the invasive and non-invasive ventilators to ensure quality, safety and effectiveness when used for the management of COVID-19. All these ventilators will have to be provided with accessories, consumables and spare parts as required to operate for minimum duration of 3 months, as determined by WHO. It is therefore advisable to follow the maintenance guidance for the replacement of accessories and consumables, and for the safe decontamination of the reusable parts provided by the manufacturer.[14]

Type and scale of health care facilities (HCF): An assessment must be conducted to identify and examine the salient characteristics and carrying/disposal capacity of a targeted facility, in order to allow assessing the eligibility for financing, as well as for the identification of the package of support measures financed by the project. The conditions precedent may include but not limited to the following, to arrive at an informed decision:[15]The quantities of waste produced daily at the targeted HCF; Availability of appropriate sites for waste treatment and disposal (e.g. space on HCF premises and distance to nearest residential areas; Possibility of treatment in central facility or hospital with waste treatment facility within reasonable distance; Availability of a hospital or HCF with a high level biosafety laboratory for COVID 19 testing, and accommodation for quarantine purpose; Availability of reliable road access and transportation.

Quarantine and isolation centers: The assessment above will have to include possible sites for quarantine and isolation centres in addition of the 14 sites aimed to be established. The sites for these facilities should be strategically identified to cater for points of entry, urban and/or rural depending on the setup of the worksites. A budget should be developed to cover the requirements on food, water, fuel, hygiene, infection prevention and control, including the aspects of monitoring the health of quarantined persons.

It is not anticipated that new HCF, quarantine of isolation centers have to be constructed. In the case, however, where HCF are expanded, upgraded or rehabilitated, proper design and functional layout of the same will have to be developed consistent with the provisions in the WHO Guidelines[16]. The referenced guidelines provide recommendations, technical guidance, standards and minimum requirements for setting up and operating severe acute respiratory infection (SARI) treatment centres in low- and middle-income countries and limited-resource settings, including the standards needed to repurpose an existing building into a SARI treatment centre, and specifically for acute respiratory

[13] Ditto, p. 2
[14] Technical specifications for invasive and non-invasive ventilators for COVID-19 Interim guidance 15 April 2020
[15]WHO 2005, Decision Making Guide, Management of Solid Health-Care Waste at Primary Health-Care Centres
[16] WHO Manual of Severe Acute Respiratory Infections Treatment Centre (March 2020

infections that have the potential for rapid spread and may cause epidemics or pandemics. These health facilities may involve several aspects such as: i) structural and equipment safety, universal access[17]; ii) nosocomial infection[18] control; iii) waste segregation, storage and processing, iv) Consideration of the need for differentiated treatment for different users of the facilities will be critical and this should be taken care of at the conversion of an identified building into a SARI treatment centre.

Estimation of healthcare waste streams is recommended including wastewater, solid wastes and air emissions (if significant), in a HCF, in order to put in place an effective health care waste management plan.

Land and Resettlement Issues: The activities are not expected to require new construction and therefore the acquisition of land will not be required. However, they may require expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities, or the acquisition of existing property to be used temporarily as HCF (e.g. hotels, stadiums for purposes of isolation or treatment). The activities will therefore be based on the Resettlement Policy Framework, which has been developed for the SCRP, and which stipulates the need for activity-specific Resettlement Action Plans (RAP) in some cases.

Construction Stage

The expansion, upgrading and rehabilitation of HCF and related waste management facilities includes the following risks:

Environmental risks and impacts associated with resource efficiency and material supply; construction related solid wastes, wastewater, noise, dust and emission management; hazardous materials management, discussed in the management plan.

Risks related to labor influx and management, detailed risks and mitigation measures are presented in the Labour Management Procedures (LMP).

Community health and safety issues, including from pollutants and road safety, discussed in the management plan.

GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks through labor influx, detailed risks and mitigation measures are listed in the Labor Management Procedures (LMP) and in the GBV/SEA Action Plan.

COVID-related risks at construction sites, including for construction workers, medical staff or border posts, and surrounding communities. Risks and mitigation measures follow UNOPS guidelines, listed in Annex 3.

[17] Refer to ESS 4 Community Health and Safety

[18] Nosocomial infection can be descried as an infection acquired in hospital by a patient who was admitted for a reason other than that infection. Also called “hospital acquired infection”.

Occupational Health and Safety (OHS) issues associated with repair works and occupational health and safety of construction workers. Detailed risks and mitigation measures are presented in the Labour Management Procedures (LMP).

Security risks for project workers and project-affected parties. As Somalia is a highly fragile State, there are a variety of security related risks for project workers and project-affected parties. These risks and mitigation measures are laid out in the SCRP's Security Management Framework (SMF).

Operational Stage

Occupational health and safety risk related to the spread of the virus for medical staff, laboratory staff and population at large in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages.

Occupational and community health and safety risks in connection to medical waste management - related to collection, transportation and disposal of medical waste management.
To mitigate the associated risks, Annex 2 sets out anInfection Control and Waste Management Plan(ICWMP) and specifies what issues that should be considered.

Exclusion of vulnerable, marginalized and minority members of the community from project benefits amplified by the context of limited resources against widespread need. Given the economic impacts of the pandemic on Somali society, and the temporary closure of justice facilities and challenges for communities to meet and interact, the likelihood of exclusion of specifically vulnerable groups is higher than usual. Communication of Project components and activities, as well as the implementation of Grievance Redress Mechanisms is therefore important. The Project will follow the measures laid out in the Stakeholder Engagement Framework (SEP).

Poor access to beneficiaries for meaningful community engagements and difficulty in monitoring social harm exacerbated by Covid-19 restrictions. Community engagement in order to disseminate information, but also to consult project-affected stakeholders is likely to be more challenging given the current restrictions under the COVID-19 pandemic. Mitigation measures are proposed in the WB guidelines on how to conduct community engagement under the pandemic, mainly focusing on engagements with CBOs, CSOs or NGOs, operating among vulnerable groups. These organizations will present a key focus on Project communication, as they are likely to be able to represent communities' needs and can communicate important messages back to the communities. Given that the GRM will deploy a telephone hotline, GRM modalities should not be impacted by the pandemic-related restrictions.

Decommissioning Stage

OHS and Community Health and Safety risks. Decommissioning of temporary HCF have the potential to cause a risk of exposure to dust, chemicals, hazardous or flammable materials, and wastes in a combination of liquid, solid, or gaseous forms, which should be prevented through the applicable management practices.

The IP will have to develop a site-specific decommissioning plan covering the requirements stated above, with clear time frame and accurate budget considerations. The plan must be completed and submitted to the PIU at least 6 months before planned closure.The decommissioning plan will also include the site restoration of the area as alluded to earlier, once all the waste resulting from demolition and dismantling works is removed from the site. In certain places, the open earth sites will be restored through replenishment of the top soil and re-vegetation using indigenous plant species.

Procedures for Sub-Projects

The key procedures to address environmental and social risks and impacts of sub-projects or site-specific activities include the following steps:

Step1: Screening of sub-projects for eligibility. First, all sub-projects or site-specific activities will be screened for their eligibility of funding. The E&S screening will help filter out activities that are not eligible under this Component, including those with too high risk and potential negative impact on the environment or society.

Step 2: Screening of sub-projects for E&S risks and impacts. The E&S screening process is designed to identify and appraise the type and scale of any adverse environmental and social impacts or risks that may arise from a planned activity.

The screening process commences with the identification of a respective activity by the PIU or IP. If the sub-project is conducted in one specific location, one screening exercise should suffice. If the sub-project is conducted in a variety of locations, different screenings may have to be conducted as per site. The PIU, specifically the Environmental and Social Specialists, will provide assistance in the identification of sub-projects and site-specific activities.

IPs will need to conduct the E&S screening process of a planned activity prior to the commencement of the activity. The PIU will provide oversight and assistance to E&S screening processes. The screening will be based on the site- or project-specific Social and Environmental Screening Form (Annex 1).

The screening outcome will further determine and assign the activity an environmental and social risk rating based on a set of evaluation criteria, and further identify any potential sensitive environmental and social receptors likely to be negatively impacted. The screening of sub-projects or site-specific activities will allow to estimate the risk level, based on the intrinsic environmental and social risks associated with the type of intervention to be carried out. Where a single sub-project includes multiple types of activities or infrastructure, the risk rating will be assigned on the basis of the highest level or risk applicable for any component of the sub-project or activity, unless an exclusion risk is provided beforehand.

The screening results will help advise which E&S instruments will be relevant or required for which activity, for example, Resettlement Action Plans (RAPs), Labor Management Procedures (LMPs), Infection Control and Waste Management Plan etc… The screening report will help to determine which ESF standards are applicable and which steps need to be taken and which provisions or procedures apply.

Other critical issues identified during the screening may require closer investigation during potential ESIAs. The risk level assigned to a sub-project or site-specific activity will determine if an Environmental and Social Impact Assessment (ESIA) and/or an Environmental and Social Management Plan (ESMP) are required before the activity can commence.

Step 3: E&S assessment and sub-project specific management plans and instruments. The next step, once the relevance of such risks or impacts has been established, is to define the type and scope of additional assessmentsand management plans which need to be conducted or developed as part of requirements under this framework.

The technical specifications of the Project contract document shall include a section that will direct the respective IPs to prepare ESMPs and where applicable prepare the ESIA consistent with the provisions in the ESMF. Additional environmental, social, gender, health and safety analyses and documents can provide as reference to help Bidders understand what will be required to implement the environmental and social measures associated with this project. The PIU, working in collaboration with the Project Steering Committee (PSC) can coordinate the procurement process, which includes the preparation of the bidding documents.

After the procurement of a Contractor (IP), it will be the responsibility of the PIU to orient the IP on the requirements of the project.

As regards the preparation of the ESIA, there could a budget allocation to IPs to allow them to engage an expert firm to conduct a comprehensive assessment of the project components, consistent with the provisions of the ESMF. Given the responsibility to also design the project components, the IP will supervise the ESIA experts, in consultation with the PIU, until the ESIA is fully developed. The IP will then submit the ESIA for review to PIU which will later submit to the World Bank for approval after the PIU is satisfied with the content of the ESIA. After approval of the ESIA by the World Bank, the IP will be required to prepare site specific ESMP based on the approved ESIA and consisted with the requirements in the ESMF. The PIU will coordinate this exercise and ensure all ESMPs and ESIAs are approved by the World Bank and publicly disclosed.

During the actual implementation of the activity, the respective IPs will be expected to adhere to the approved ESMPs. The PIU will be responsible for ensuring the IP conduct the activities in compliance with the approved ESMPs.

Step 4: Consultation and disclosure of E&S plans and instruments.The World Bank disclosure standards require that the environmental and social assessment reports for the project is made available to project affected groups, local NGOs, and the public at large. A summary version will be translated into Somali. The PIU will make available copies of the ESMF and ESIA/ESMPs on strategic locations and offices of the ministries, according to the SEP.

Step 5: Review and approval of E&S plans and instruments. The E&S Screening results will be submitted by the IP to the PIU, which will in turn provide comments on the screening results or provide approval in order for a planned activity to proceed.

Relevant provisions of subproject-specific E&S instruments will be incorporated into procurement documents and measures implemented during implementation of the project.

ESIAs and their associated ESMPs will be prepared during the implementation phase of the Component when the nature, scope and geographical location of the activities are known, as earlier mentioned. Relevant E&S management plans such as the Resettlement Action Plan (RAP), Occupational Health and Safety Plan (OHP), Security Management Plan, GBV/SEA Action Plan and Infectious Disease and Waste Management Plan will be included in the site-specific ESMPs, reviewed and approved by the World Bank, working in collaboration with the PIU, prior to the start of any construction works and prior to the disbursement of the funding. Contracting and full disbursement of funding can only take place after the E&S screening has been completed and associated products and instruments have been prepared. Subproject budgets needs to reflect sufficient funding for the implementation of all risk mitigation measures.

Step 6: Implementation and monitoring of E&S plans and instruments. The goals of monitoring are to measure the success rate of the activities, determine whether interventions have handled negative impacts, and whether further interventions are required or monitoring is to be extended in some areas. The goal of inspection activities is to ensure that sub-component activities comply with the plans and procedures laid out in the ESMF and in activity-specific instruments. A list of monitoring indicators is provided in Table 7 below.

This ESMF is the overall document that guides the development of site specific ESMPs. While the ESMF, laying out expectation from all implementers – all implementers will be responsible for their own site/activity specific screening, impact assessments, development of site/activity-specific ESMPs, monitoring of impacts, and administration of mitigation measures in regards to their respective sub-component activities. They further commit to integrate stakeholder inputs into their regular monitoring and reporting activities. All implementers are committed to report all screening result, results of ESIAs, and site/activity-specific ESMPs to the PIU.

The PIU Environmental and Social Specialists will assess the compliance of all implementers' activities against the ESMF and their subsequent ESMPs, and will report possible non-compliance to the Project Coordinator of the PIU. Indicators are identified in both documents, and used as a baseline for assessing progress on implementation. The PIU will also independently conduct its own monitoring, verification and inspection of the activities of all implementers to ensure they are in compliance with this ESMF. Monitoring indicators will depend on specific activity contexts.

The World Bank will equally supervise and assess the environmental and social performance through review of the biannual monitoring reports and through regular site visits.[19]

Monitoring. The responsibility for monitoring activities will mainly lie with the IP itself, where appropriate it will be conducted by MDAs at the state level (or SPTs respectively). Where this is the case, results will be reported to the PIU. The PIU has the overall responsibility for the appropriate monitoring of all risk mitigation measures and their indicators. The environmental specialist, the social specialist , as well as OHS and GBV staff will conduct regular monitoring missions to project sites. This will include building the E&S monitoring capacity of the state-level SPTs and MDAs. At the same time, the PIU E&S staff will be supported through UNOPS environmental and social specialists.

[19] Frequency will be determined by the need but expected to be more frequent at early stages of project implementation

Monitoring will consist of a rotational site visit plan, but also include spot checks. The monitoring plans will be developed in cooperation between the E&S staff at the PIU level and the SPTs and MDAs in the respective states.

Where monitoring and supervision of the implement of E&S risk mitigation measures reveals non-compliance with this ESMF and other E&S instruments, the case will be reported by the E&S staff to the PIU Project Coordinator, and it will be detailed in the regular E&S reporting (see below). Non-compliance will be formally discussed with the IP or the respective party, and the IP will be requested to comply. Monitoring of the respective sub-project or site-specific activity will increase in frequency until full compliance is attested.

Institutional and Implementation Arrangements

The institutional arrangements for the implementation of the CERC activities follow the arrangements set up for the parent project SCRP.

Implementation of activities approved by the PSC at the federal level will be led by the PIU, which is located in the MoF. The PIU, under instruction from the PSC and in consultation with state-level Ministries of Planning, and with technical support from the World Bank and UNOPS, will contract out the detailed design and implementation of activities.

Implementing Partners will be contracted by the PIU to lead the detailed design of the sub-projects or activities. This includes the implementation of the E&S screening process, which is laid out above, and any following planning measures that are required (implementation of an ESIA where required, design of an activity-specific ESMP, planning and budgeting for any required E&S risk mitigation measures and planning and budgeting for the organizational capacity to implement the ESMF and activity-specific E&S instruments).

The PIU will be responsible to assist with the E&S screening process where necessary and to approve screening results and subsequent E&S plans, and to monitor and supervise the implementation of all E&S risk mitigation measures.

The IPs will thereby fulfill all requirements of this ESMF, associated E&S instruments and activity-specific E&S instruments. This will also include the implementation of the SEP, which will be done in close cooperation with FMS SPTs. These willassist in engaging targeted communities to ensure project design properly reflects local-level needs.

With design and E&S screening and mitigation measures approved by the PIU, the IP will lead activity implementation, working closely with relevant FMS technical MDAs to ensure activity compliance with federal and state technical standards, and with this ESMF.

The PIU will consist of one environmental specialist and one social specialist, both with at least 8 years of experience in the implementation of safeguards in their respective fields. Both will staff the Risk Management Section within the PIU, and will report directly to the Project Coordinator of the PIU. Their key tasks will be the analysis of environmental and social risks related to the project; the overseeing of all partners' implementation of this ESMF and associated instruments, the monitoring of the same; the

facilitation and monitoring of stakeholder engagements including GRM. They will make recommendations on how analytical and consultation outcomes should be taken up in activity-specific ESMPs and other action plans and monitor the implementation of the same; they will coordinate and monitor the implementation progress of the E&S instruments and make recommendations for changes where necessary. The overall responsibility for the implementation of all E&S instruments lies with the Project Coordinator of the PIU. The PIU will further support stand-by consultant expertise on issues such as GBV, resettlement and labor issues, as well as health.

The PIU will be reinforced by UNOPS that will provide support to the approval of E&S screening processes and subsequent E&S planning and documentation, as well the monitoring, supervision and reporting of the implementation of specific E&S instruments and this ESMF. UNOPS will thereby act in an advisory function to the PIU, and will assist with capacity development for the PIU staff and all relevant project implementation partners (PSC, PIU, SPTs, MDAs, CSOs) in regards to the activity-specific E&S screening processes, the development of activity-specific E&S instruments, and the implementation of the ESMF with all its related E&S instruments. UNOPS will not have decision making powers over the approval of E&S screening results or any other related activities, as well as sanctions for non-compliance.

All IPs receiving funding for project implementation must demonstrate sufficient E&S capacity among their staff in order to design and implement the necessary E&S measures. The PIU will approve demonstrated staffing capacity of the respective IP, together with approval of general project activities.

The capacity of the government institutions involved in the project in view of the implementation of the World Bank's ESF is low, and there may be difficulties in building cooperation and coordination across different levels. Furthermore, there are limited policy and regulatory frameworks for the management of social and environmental risks.

The PIU will adopt a policy that commits to implementing the World Bank ESF. It will further ensure that all its staff work in support of this policy and have sounds understanding of it through training and capacity building measures.

1. Introduction

This *Environmental and Social Management Framework* (ESMF) assists the Ministry of Finance (MoF) of the Federal Government of Somalia(FGS) in identifying the type of environmental and social assessment that shouldbe carried out for Contingent Emergency Response Component (CERC) activities financed under Component 5 of the Somalia Crisis Recovery Project that involve construction, expansion, rehabilitations and/or operation of healthcare facilities in response to COVID-19, and in developing the environmental and social (E&S)management plans in accordance with the World Bank's Environmental and Social Framework (ESF).

As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will be provided for a number of different activities, all aimed at strengthening national health care systems. The World Bank is providing support to the Federal Government of Somalia (FGS)for preparedness planning to provide optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials).

This ESMF includes an*Environmental and Social Management Plan* (ESMP) and *Infection Control and Waste Management Plan* (ICWMP). The ESMP identifies potential environmental, social, health and safety issues associated with the construction and operation of healthcare facilities in response to COVID-19. The ICWMP focuses on infection control and healthcare waste management practices during the operation of healthcare facilities. The ESMP and ICWMP set out measures for infection control and waste management during operation of the relevant healthcare facility.Both plans are intended to serve as a reference for the development of sub-project and activity-specific ESMPs and ICWMPs.

Furthermore, environmental and social risks and impacts will be managed through the implementation of instruments prepared under the parent project, the Somalia Crisis Recovery Project (SCRP). These are; a) Labor Management Procedures (LMP) to address the risk of exploitation of and by workers and ensure equity, diversity and transparency in recruitment of project staff; b) a GBV Action Plan that outlines measures for minimizing SEA/H and GBV; c) Security Management Framework (SMF) that outlines measures to identify and mitigate security threats to project workers and project-affected persons, and; d) a Stakeholder Engagement Plan (SEP) which provides a framework for inclusive and meaningful engagements with the stakeholders and communities.

2. Background

2.1. COVID-19 in Somalia

Somalia confirmed its first case of the COVID-19 in Mogadishu 16 March, 2020. As of 12 May, there are 1170 confirmed cases, including at least 20 health workers with 52 reported deaths and 126 recoveries. Majority of the cases are now clustered community transmissions. Somalia's capacities to prevent, detect and respond to any global health security threat scored six out of 100 as measured by the Health Emergency Preparedness Index in 2016. There are two healthcare workers per 100,000 people, compared to the global standard of 25 per 100,000. Disease outbreaks such as cholera – with a current outbreak ongoing since December 2017— strain the country's health systems. Less than 20% of the limited health facilities have the required equipment and supplies to manage epidemics.

The Somali economy is heavily reliant on imports. The lock down of key supply markets, the closure of borders and restrictions on domestic movements are beginning to have an impact. As retailers begin to stockpile, in particular in the lead up to Ramadan, rising prices on key imported commodities are impacting low-income earners, particularly internally displaced persons (IDPs) and rural communities. Moreover, reports indicate that remittances, received by an estimated 40% of Somali households, have dropped by as much as 50%. With the Federal Government of Somalia (FGS) projecting an 11% decline in nominal GDP through 2020, an economic slowdown threatens to impact negatively on access to livelihoods and income generating activities across Somalia, and to place additional pressures on households trying to meet basic needs. Somalia is currently experiencing a desert locust upsurge that could have significant consequences for food security and livelihoods. The country also experiences seasonal floods, with riverine and flash flooding expected in the current Gu rains.

In terms of the most affected and at-risk population groups, Somalia has 2.6 million internally IDPs who have limited access to quality essential healthcare, water and sanitation services and live in more than 2,000 sites in crowded living conditions in urban and semi-urban areas. The elderly – approximately 2.7% of the population – and the urban poor are also considered vulnerable groups who could be worst affected by COVID-19.

On 26 March, the Office of the Prime Minister launched a National Preparedness & Response Plan for COVID-19, aligned with the World Health Organization (WHO) ten pillars and seeking $57 million for immediate response for 6 months. This Plan is integrated into the FGS Comprehensive Socio-Economic Impact and Response Plan for COVID-19. The FGS has an overall financial requirement of $503.5 million and committed an initial $5 million to the COVID-19 response.

The FGS established a COVID-19 National Coordination Committee, led by the Prime Minister. COVID-19 task force committee meetings led by the respective Ministries of Health at the sub-national level. The FGS and the Search Results Federal Member States (FMS) continue to take necessary measures to mitigate the spread and impact of COVID-19 in Somalia. From 16 March to 22 April 2020, a total of 35 COVID-19 related directives / statements have been issued, either in writing or verbally, providing for curfews, closure of institutions, social distancing, suspensions of international and domestic passenger flights.

Despite the efforts and progress made the National Coordination Committee to institute preparedness,

there are still significant gaps in the health sector in Somalia, particularly in terms of surveillance, laboratory testing and personal protective equipment supply, to enable quick identification, diagnosis and tracing of all suspected cases. Similarly, although hygiene response is being scaled up to limit the spread of the virus through risk management and infection prevention and control (IPC) both at community and facility levels, there is a need to scale up WASH support. The impact of the COVID 19 on people can also be exacerbated by the response if protection and health standards are not mainstreamed in activities, exposing beneficiaries to heightened risk of contamination, or exclude vulnerable groups.

2.2. Description of Parent Project: SCRP

The Project Development Objective (PDO) of the Somalia Crisis Recovery Project (SCRP) is to "support the recovery of livelihoods and infrastructure in flood and drought affected areas and strengthen capacity for disaster preparedness nationwide."

The relevant project component is as follows:

Component 5: **Contingency Emergency Response Component**. This Contingency Emergency Response Component (CERC) is included in the Project in accordance with Investment Project Financing (IPF) Policy, paragraphs 12 and 13. There is a moderate to high probability that during the life of the Project Somalia will experience natural or man-made disasters, and major disease outbreaks of public health importance which causes a major adverse economic and/or social impact, which will result in a request to the Bank to support mitigation, response, and recovery in the areas affected by such an emergency. In the event of such an emergency, the CERC will serve as a first-line financing option for response. Additionally, the CERC is flexible enough to incorporate the new Crisis Response Window Early Response Allocation (CRW ERA) criteria so that it can be mobilized as part of an early response to an eligible food security crisis or disease outbreak.

This ESMF supports the COVID-19 related activities, which are planned under the Component 5 - Contingent Emergency Response Component. A separate ESMF has been developed for Component 1-4 and publicly disclosed as a standalone document.

Therationale and purpose of using an E&S framework instead of project-specific environmental and social assessment and management plans is that specific locations and detailed information about the subprojects willonly be known during implementation.

This framework will guide the Project Implementation Unit (PIU) and the subprojectproponents on the E&S screening and subsequent subproject assessment during implementation, includingsubproject-specific plans in accordance with the ESF.

The ESMF scopeincludes procedures relevant to the development of the subprojects, including how to conduct screening of subprojects to assess the environmental risks and impacts and identify mitigation measures, as part of subproject-specific assessment and plans. This ESMF will allow the MoF to clarify, to the extent possible and based on existing information, the approach that shouldbe taken at the subproject level, in accordance with the ESF.

3. CERC Emergency Response

The FGS has prepared a National Preparedness & Response Plan for COVID-19, with technical support of the World Health Organization to address the spread of corona virus in the country. The plan has benefited from technical review of the World Bank and has been endorsed by the international development partners.

Based on the CERC guidelines, a subset of activities aligned with the positive list provided in the CERC Operations Manual is proposed to be carried out as part of the Plan, and these are focused on:

- Engaging communities and communicating risks
- Containing and preventing infections
- Protecting frontline health workers
- Monitoring and coordinating interventions
- Building government capacities and systems related to the above.

Table 1: Summary of planned emergency activities by area of intervention

Area	Details
A1. Prevention	Surveillance, case investigation, contact tracing, laboratory diagnosis, communication campaigns, IPC
A2. Clinical	A2a. Critical care units
	A2b. ICU only
A3. Non-COVID health services	Continuation of essential health services
A4. Program Management	Coordination, planning, M&E, OSL

Table 2: Detailed planned emergency activities

Area	Strategic Response Pillar	Activities	CERC May 2020 – Apr 2021 (12 months) US$
A4	1. Country-level coordination, planning and monitoring	1.1 Activate Incident Management System for COVID-19 Response in Somalia, including establishment of 06 Emergency Operation Centers (EOCs) with Video conferencing system, software, office furniture	225,000
		1.2 Standard Operation fund for EOCs in each of the states	160,000
		1.3 Documentation of best practices, lessons learnt in the context of fragile health care system	100,000
		1.4 Monitoring and Evaluation activities for all pillars – including dashboard	521,250

		Sub total	**1,006,250**
A1	2. Risk communication and community engagement	2.1 Customize and test appropriate messages targeting key stakeholders and at-risk groups (including health care workers), print and disseminate IEC materials to all health facilities, PoE and communities.	900,000
		2.2 Amplify engagement with community networks with focus on vulnerable groups and IDPs through mass media communication, telecommunication companies, NGOs, religious groups, women groups, medical associations and other relevant bodies	
		2.3 Contextualize and broadcast messaging and information on COVID-19 through social media, radio broadcasts, and other channels including targeted messaging for key stakeholders and at-risk groups based on community risk perceptions (including children, parents/care givers, pregnant women, health providers etc.)	
		2.4 Conduct targeted outreach to urban poor and other potentially high-risk communities (e.g. IDPs), including utilization of existing social protection systems, to ensure delivery of accurate information on prevention assistance	
		2.5 Support the establishment/ operationalization of 7 call center in state headquarters with enough manpower and resources and link the call center with the disease surveillance system for appropriate investigation	225,000
		2.6 Support the MOH in briefing and guiding the local media in creating awareness of COVID19 and ensuring misinformation and rumors are not being spread	60,000
		Sub total	**1,185,000**
A1	3. Surveillance, contact tracing, and field investigation	3.1 Enhance and expand surveillance for COVID-19 to include additional 250 health facilities including private sector hospitals/clinics in all states	767,000
		3.2 Train and deploy 2,000 Community Engagement teams (03 members each) for integrated community-based surveillance, contact tracing and risk communication for 12 months	1,666,667
		3.3 Train and deploy 100 Integrated Rapid Response Teams for COVID-19 response at the district level (case identification and investigation, reporting, immediate response and contact tracing)	300,000
		3.4 Equip designated major points of entry with thermal scanners to screen all travelers	50,000

		Sub total	**2,783,667**
A1	4. National laboratories	4.1 Procure PCR machines and reagents and train laboratory technologists to test for COVID-19 (9 PCR machines in different locations)	660,000
		4.2 Procure 51, 840 sample collection kits; 62,250 RNA Extraction kit; 103,800 Diagnostic kits and other essential lab supplies for 12 months	1,500,000
		4.3 Deploy technical staffs (54 lab technician and 18 data specialists) to Labs	350,000
		4.4 Labs operation cost for 12 months	400,000
		Sub total	**2,910,000**
A1	5. Infection Prevention and Control	5.1 Procure Personal Protective Equipment (PPE) to protect 1,850 HCW; 3,000 Community Health Worker (CHW); 3,000 nutrition workers both for case management and continuation of essential health services over 6-12 months	1,800,300
		5.2 Provision of 104,000 Hygiene kits for home quarantine of patients and their close contacts	650,000
		5.3 Training of health staff of 962 Primary Health facilities on disinfection and waste disposal protocols. Ensure timely distribution of cleaning agents and routine monitoring to ensure IPC standards are sustained	486,183
		5.4 Provision of emergency WASH facilities (plastic water tanks, handwashing stations, etc.) in health care centers in priority areas	1,500,000
		5.5 Support access to water and sanitation for health (WASH) services in public places and community spaces most at risk	1,200,000
		Sub total	**5,636,483**
A2	6. Case Management	6.1 Procure and set up Oxygen concentrators and consumables (e.g. bubble humidifier, O_2 mask & cannula, oxygen cylinder etc.) for state headquarter hospitals (Stage 1)	450,000
		Sub total	**450,000**
A3	7. Essential health services	7.1 Establish triage stations to screen incoming patients at over 500 existing health facilities providing essential health services	760,000
		7.2 Establish Public Health Emergency Operations (PHEO) Isolation sites for 6 Federal member states	350,000
		7.3 ProcureProcure Interagency Emergency Health Kit(IEHK) kits to ensure continuation of essential health	2,218,600

		services to cover 1,000,000 people for 6 months	
		Sub total	**3,328,600**
A4	8. Operations, procurements and logistics	8.1 Operations cost for transportation of supplies, samples, goods and RRT teams for 06 months	1,950,000
		8.2 Hiring 4 technical specialists each for 7 State MoH for 6 months	1,250,000
		Sub total	**3,200,000**
		Total Budget	**20,500,000**

While it is not yet determined which health facilities will be supported, the type of healthcare facilities to be supported include: Emergency Operation Centres (EOCs); call centers; private sector hospitals and clinics; laboratories; critical care units at regional hospitals; and isolation sites.

The activities include some minor civil works in view of upgrading existing healthcare facilities, but they do not include the construction of new health care facilities.

The activities are likely to involve the acquisition of existing public or private facilities in order to convert them to temporary laboratory, EOCs, quarantine or isolation centers.

They further include training of staff of primary health facilities on disinfection and waste disposal protocols, such as: handling, waste segregation, packaging, colour coding and labeling right at points of generation for temporal storage, before the medical and health care waste is transported for incineration, and the ash generated from the incinerator is disposed together with ordinary waste at anapproved disposal site; ensuring timely distribution of cleaning agents; and routine monitoring to ensure IPC standards.

Prior to usage of the incinerators as final disposal sites for contaminated waste, due diligence will be conducted by the Ministry of Health environmental specialist to examine the technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures, to be supported by the Project under Component 5, shall be recommended for implementation and such measures may include rehabilitation of existing incinerators at identified Health Care Facilities, and capacity building in the Medical Waste and Health Care Management. Management of medical and health care waste generated from the clinics and health centres, as well as training on this issue, is critically important and must be handled with extra care and hence the need for capacity building and a mandatory sensitization on the management of waste to all at the project inception and throughout the implementation to ensure there are no gaps in this activity.

Where necessary incinerators are not available within the project site, third party incinerators may have to be used that are available at particular health facilities. The generated ash from the incinerator is harmless and can be disposed at an approved disposal site. Considering the nature or waste generated, there is likely no need for a wastewater treatment plant. However, should there be need, wastewater should be treated in well-designed and well-managed centralized wastewater treatment works. Each stage of treatment (as well as retention time and dilution) results in a further reduction of the potential

risk. In this case, a waste stabilization pond (that is, an oxidation pond or lagoon) is generally considered to be a practical and simple wastewater treatment technology that isparticularly well suited to destroying pathogens, as relatively long retention times (20 days or longer) combined with sunlight, elevated pH levels and biological activity serve to accelerate pathogen destruction.

The activities will include procurement of a variety of goods, including video conferencing equipment, software, office furniture, thermal scanners, PCR and GenExpert machines and reagents, sample collection kits, RNA extraction kit,diagnostic kits and other essential lab supplies, PPE for HCW, hygiene kits, equipment for critical care unit, hospital beds, standard biomedical equipment (Pulse oximeter, multi-parameter monitors, suction devices etc…, Patient monitor, multiparametric, NIBP, SpO2, TEMP, respiratory rate (RR) with sensors and cables, electrocardiograph (portable, with accessories), resuscitation equipment including different sizes of ambubags, basic clinical diagnostic capacity (e.g. ECG, USG, mobile X-ray), hospital furniture, pharmaceuticals and non-pharmaceuticals commodities including COVID recommended antibiotic Azithromycin and IV fluids, oxygen concentrators and consumables (e.g. bubble humidifier, O_2 mask & cannula, oxygen cylinder etc…, Pressure Swing Absorption (PSA) plant and consumables (e.g. bubble humidifier, O_2 mask & cannula, oxygen cylinder etc…), IEHK kits, items to set up WASH facilities (e.g. poly plastic water tanks, handwashing stations, soap, cleaning equipment) , and ambulances.

In the case ofmovement of samples, firstly it is important that laboratories are equipped with procedures relevant to appropriate biosafety practices, consistent with the provisions in the WHO Biosafety Guidelines which makes provision for non-propagative diagnostic work to be conducted in a Biosafety Level 2 (BSL-2) laboratory, while propagative work to be conducted at a BSL-3 laboratory. The process for assessing the biosafety level of a medical laboratory (including management of the laboratory operations and the transportation of specimens) shall consider both biosafety and general safety risks. OHS for workers in the laboratory and potential community exposure will be another critical component to the movement of samples.In consideration of biosafety and the general safety risks, patient specimens from suspected or confirmed cases shall be transported as UN3373 Category B infectious substance, while viral cultures or isolates shall be transported as Category A “Infectious substance, affecting humans”[20].It is expected that transportation of specimen shall be from a particular Health Centre Facility to the Medical laboratory for laboratory analysis within the particular region and therefore transboundary movement(across regions) is not envisaged and shall be discouraged at all costs.

The CERC-supported activities will employ a variety of workers. These include core staff in the PIU and MoH that will be administering and implementing the activities; community engagement facilitators; communications specialists; call center staff; Community Health Workers for integrated community-based surveillance and for emergency and critical care support in all regional hospitals, contact tracing and risk communication; Integrated Rapid Response Teams for COVID-19 response at the district level; technical staffs (lab technician and data specialists) to the labs; and technical specialists at State MoHs.

The proper management of medical waste generally depends on good organization, sufficient funding and the active participation of informed and trained personnel. In this respect, a “waste management” working group will be set up by the heath care manager. That team must include the following members: the health care project manager, the public health and environmental specialist, the local

[20] Laboratory biosafety guidance related to the novel coronavirus (2019-nCoV), WHO 2020

waste manager, and members of the health care staff, such as the health care administrator, the head nurse, the head of radiology, the chief pharmacist and the head of laboratory.

a) The health care project manager has the overall responsibility of ensuring that the health care wastes are managed in compliance with national legislation and international conventions. He is expected to set up a working group in charge of drafting the waste management plan, appoint the local waste manager, to supervise and coordinate the waste management plan on a daily basis, assigning duties, allocate financial and human resources, implement the waste disposal plan, conducting audits and continuously update and improve the waste management system.
b) The Public Health and Environmental Specialist will be mandated to carry out an initial assessment of the waste situation, propose a waste management plan to the working group, include the choice of treatment/disposal methods in line with the best management practice, plan the construction and maintenance of waste storage and disposal facilities, assess the environmental impact of waste management (monitor contamination, conduct hydrogeological assessments, etc. where applicable), regularly analyse risks for the personnel, supervising the local waste manager and conduct training from time to time.
c) The local waste manager shall be in charge of administering the waste management plan on a daily basis. He will be the guarantor of the long term sustainability of the system and therefore expected to be in direct contact with all the members of the working group and all health care facility employees.
d) The selected members of the health care staff such as the health care administrator shall ensure that stocks of consumables (bags, receptacles and containers, personal protective equipment, etc.) are permanently available, the head nurse is expected to ensure the health care staff are trained in waste management, paying special attention to new staff member, the chief pharmacist is expected to maintain medicine stocks and minimizing expired stock, while the head of laboratory will be expected to maintain the stock of chemicals, minimize chemical wastes and manage the generated chemical wastes.

The clinical care activities will not require land acquisition and/or restrictions on land use, but may require the temporary acquisition of property, where property is turned into temporary facilities required for the COVID-19 response.Where such temporary acquisition is necessary, the Project will follow the SCRP Resettlement Framework Policy (RFP).

The involvement of security forces for the implementation of activities in some of the highly volatile areas is possible. Somalia is a highly insecure country, where project delivery may have to rely on the provision of security. The SCRP has developed a Security Management Framework (SMF) for these purposes (see also baseline section on security).

The activities will cover all States of Somalia.

4. Policy, Legal and Regulatory Framework

4.1. National Legislation

In recent years Somalia and Somali territories have effected constitutional changes that define natural resources, common environmental goods and ecosystem services as protectable public assets, and ascertain the right to a clean and healthy environment. There are no specific environmental or regulations in place, and many projects and activities still rely on an Environmental and Social Screening Assessment Framework (ESSAF), which has been produced through the Somalia Development Fund (SDF) program.

In the absence of a national regulatory framework for sustainable environment, and other than the pieces of legislation available in some states as discussed above, Somalia has a constitution that contains a number of parameters relevant for various operational activities in the country.[21]

Provisional Constitution of the Federal Republic of Somalia. Somalia passed its Provisional Constitution in 2012. Article 12 of the Constitution addresses public assets and natural resources.

Article 25 states that every Somali has the right to an environment that is not harmful to them, and to be protected from pollution and harmful materials. Every Somali has a right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of natural resources.

Article 43 provides guidelines on environmental and social safeguards that can be observed.

Article 45 states that the Government shall give priority to the protection, conservation, and preservation of the environment against anything that may cause harm to natural biodiversity and the ecosystem. Furthermore, all people have a duty to safeguards and enhance the environment and participate in the development, execution, management, conservation and protection of the natural resources and the environment. The FGS and the governments of the FMS affected byenvironmental damage shall take urgent measures to clean up hazardous waste dumped on the land or in the waters of the FGS.

The Constitution further defines access to information as a right. Article 32 on Rights of Access to Information spells out that every person has the right of access to information held by the state; as well as 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.

In view of labor procedures, Article 14 stipulated that a person may not be subjected to slavery, servitude, trafficking, or forced labor for any purpose.

Art 24. Prohibits sexual abuse in the workplace. The Puntland Sexual Offences Act 2016 prohibits sexual harassment. Human trafficking: A person may not be subjected to slavery, servitude, trafficking or force labor offences. Every labor law shall comply with gender equality.

[21] SCORE - ESMF

Article 24.5 stipulated 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

The Labour Code of 1972[22] stipulates that all contracts of employment must include a) the nature and duration of the contract; b) the hours and place of work; c) the remuneration payable to the worker; and c) the procedure for suspension or termination of contract. Furthermore, all contracts must be submitted to the competent labor inspector for pre-approval.

In regards to occupational health and safety standards (OHS), the employer is obligated (under the labour code) to provide adequate measures for health & safety protecting staff against related risks, including the provisions of a safe and clean work environment and of well-equipped, constructed and managed workplaces that provide sanitary facilities, water and other basic tools and appliances ensuring workers' health and safety.

The Code further stipulates that workers have the right to submit complaints and the employer must give the complaints due consideration. Remuneration must be adequate in view of the quality and quantity of the work delivered, and must be non-discriminatory in regards to age, gender and other aspects. Maximum number of working hours per week are 8 hours per day and 6 days per week.

Some work is considered dangerous and unhealthy and forbidden for women and youth (defined as 15-18 years of age). This includes the carrying of heavy weight or work at night.

The Labor Code further forbids work for children below the age of 12, but allows employment of children between the age of 12-15, yet employment has to be compatible with proper protection, health and the moral of children. The Code also recognizes freedom of association. Employers are prohibited from engaging in any kind of discrimination or restriction of the right of freedom of association. Workers are allowed to join trade union.

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

The Somali Penal Code of 1962. The Code criminalizes rape and other forms of sexual violence as well as forced prostitution. Articles 398-9 provide that 'carnal intercourse' and 'acts of lust omitted with violence' are punishable with 5-15 years and 1-5 years of imprisonment. Abduction for the purpose of lust or marriage is prohibited under Art 401.

4.2. Relevant World Bank Environmental and Social Standards (ESS)

The Environmental and Social Framework (ESF) sets out the World Bank's commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards that are designed to support Borrowers' projects, with the aim of ending extreme poverty and promoting shared prosperity. The short summary of several relevant Environmental and Social Standards (ESSs) from the latest Banks' Environmental and Social Framework are presented below.

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

The Environmental and Social Standards set out the requirements for Borrowers relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank through Investment Project Financing. The Bank believes that the application of these standards, by focusing on the identification and management of environmental and social risks, will support Borrowers in their goal to reduce poverty and increase prosperity in a sustainable manner for the benefit of the environment and their citizens.

The standards will:

(a) support Borrowers/Clients in achieving good international practice relating to environmental and social sustainability;
(b) assist Borrowers/Clients in fulfilling their national and international environmental and social obligations;
(c) enhance nondiscrimination, transparency, participation, accountability and governance;
(d) enhance the sustainable development outcomes of projects through ongoing stakeholder engagement
The ten Environmental and Social Standards establish the standards that the Borrower and the project will meet through the project life cycle, as follows:

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).

The environmental and social assessment will be based on current information, including a description and delineation of the project and any associated aspects, and environmental and social baseline data at an appropriate level of detail sufficient to inform characterization and identification of risks and impacts and mitigation measures. The assessment will evaluate the project's potential environmental and social risks and impacts, with a particular attention to those that may fall disproportionally on disadvantaged and/or vulnerable social groups; examine project alternatives; identify ways of improving project selection, siting, planning, design and implementation in order to apply the mitigation hierarchy for adverse environmental and social impacts and seek opportunities to enhance the positive impacts of the project. The environmental and social assessment will include stakeholder engagement as an integral part of the assessment, in accordance with ESS10.

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.

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

The Borrower will develop and implement written labor management procedures applicable to the project. These procedures will set out the way in which project workers will be managed, in accordance with the requirements of national law and this ESS. The procedures will address the way in which this ESS will apply to different categories of project workers including direct workers, and the way in which the Borrower will require third parties to manage their workers in accordance with ESS2. ESS2 requires also a grievance redress system which allows workers to raise their grievances.

ESS 3 – Recourse and Efficiency, Pollution Prevention and Management. ESS3 recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels. The current and projected atmospheric concentration of greenhouse gases (GHG) threatens the welfare of current and future generations. At the same time, more efficient and effective resource use, pollution prevention and GHG emission avoidance, and mitigation technologies and practices have become more accessible and achievable. This ESS sets out the requirements to address resource efficiency and pollution1 prevention and management throughout the project life cycle consistent with GIIP.

The ESMF should include sections on resource efficiency and pollution prevention and management. Assessment of risks and impacts and proposed mitigation measures related to relevant requirements of ESS3, including raw materials, water use, air pollution, hazardous materials, and hazardous waste are included within scope of the ESMF, and ESMPs as relevant.

ESS 4 – Community Health and Safety. ESS4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.

ESS4 addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of Borrowers to avoid or minimize such risks and impacts, with particular attention to people who, because of their particular circumstances, may be vulnerable. While not explicitly mentioned, prevention and mitigation of different forms of gender-based violence, specifically Sexual Exploitation and Abuse, is being covered by ESS4.

ESS 5 – Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement. ESS5 recognizes that project-related land acquisition and restrictions on land use can have adverse impacts on communities and persons. Project-related land acquisition or restrictions on land use may cause physical displacement (relocation, loss of residential land or loss of shelter), economic displacement (loss of land, assets or access to assets, leading to loss of income sources or other means of livelihood), or both. The term “involuntary resettlement” refers to these impacts. Resettlement is considered involuntary when affected persons or communities do not have the right to refuse land acquisition or restrictions on land use that result in displacement.

Experience and research indicate that physical and economic displacement, if unmitigated, may give rise to severe economic, social and environmental risks: production systems may be dismantled; people face impoverishment if their productive resources or other income sources are lost; people may be relocated to environments where their productive skills are less applicable and the competition for resources greater; community institutions and social networks may be weakened; kin groups may be dispersed; and cultural identity, traditional authority, and the potential for mutual help maybe diminished or lost.

For these reasons, involuntary resettlement should be avoided. Where involuntary resettlement is unavoidable, it will be minimized and appropriate measures to mitigate adverse impacts on displaced persons (and on host communities receiving displaced persons) will be carefully planned and implemented.

The ESS does not apply to voluntary land transactions, as will be relevant for the SCRP. Voluntary, legally recorded market transactions are those in which the seller has the opportunity to retain the land, and to refuse to sell it, and is fully informed about his options. Such voluntary transactions, however, cannot result in the displacement of persons as a result of the transaction.

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

ESS6 recognizes the importance of maintaining core ecological functions of habitats, including forests, and the biodiversity they support. Habitat is defined as a terrestrial, freshwater, or marine geographical unit or airway that supports assemblages of living organisms and their interactions with the nonliving environment. All habitats support complexities of living organisms and vary in terms of species diversity, abundance and importance.

This ESS also addresses sustainable management of primary production and harvesting of living natural resources.

ESS6 recognizes the need to consider the livelihood of project-affected parties, including Indigenous Peoples, whose access to, or use of, biodiversity or living natural resources may be affected by a project. The potential, positive role of project affected parties, including Indigenous Peoples, in biodiversity conservation and sustainable management of living natural resources is also considered.

ESS 10 – Stakeholder Engagement and Information Disclosure. This ESS recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

The client will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.

Stakeholder engagement is an inclusive process conducted throughout the project life cycle. Where properly designed and implemented, it supports the development of strong, constructive and responsive relationships that are important for successful management of a project's environmental and social risks. Stakeholder engagement is most effective when initiated at an early stage of the project

development process, and is an integral part of early project decisions and the assessment, management and monitoring of the project's environmental and social risks and impacts.

In consultation with the Bank, the Borrower will develop and implement a Stakeholder Engagement Framework (SEF) proportionate to the nature and scale of the project and its potential risks and impacts. The SEF also outlines the establishment of a functioning grievance redress mechanism.

The World Bank Group has further issued **Guidelines on Environmental, Health and Safety for General use and more specific Guidelines for Health Care Facilities**. The Guidelines are technical reference documents with general and industry-specific examples of GIIP. The Guidelines include information on HCF design considerations, environmental issues associated with HCF (waste management, emissions to air, wastewater discharges), and community health and safety. They set out performance indicators and industry benchmarks, including on environmental performance and Occupational Health and Safety (OHS).

4.3. International and Regional Conventions

Stockholm Convention for Persistent Organic Pollutants. The Convention is an international environmental treaty that aims to eliminate and restrict the production and use of persistent organic pollutants. Somalia acceded the Convention in 2010.

Rotterdam Convention: This is a multilateral treaty that came into effectiveness in 2004. The purpose is to promote shared responsibilities in relation to importation of hazardous chemicals. The convention promotes open exchange of information and calls on exporters of hazardous chemicals to use proper labelling, include directions on safe handling, and inform purchasers of any known restrictions or bans. Signatory nations can decide whether to allow or ban the importation of chemicals listed in the treaty, and exporting countries are obliged to make sure that producers within their jurisdiction comply. Some types of asbestos are listed as banned under this treaty but Chrysotile asbestos is not yet banned though there is global discussions to include it on the listed chemicals. Somalia acceded the Convention in 2010.

Convention on the Rights of the Child: The Convention on the Rights of the Child from 1989 is the most comprehensive compilation of international legal standards for the protection of the human rights of children. It acknowledges children as individuals with rights and responsibilities according to their age and development, as well as members of a family or community. This includes non-discrimination, the best interest of the child, the right to life, survival and development and the right to participation. Somalia ratified the Convention in 2015.

Constitution of the International Labor Organization: The constitutional principle is that universal and lasting peace can be established if it is based on social justice. The ILO has generated such hallmarks of industrial society as the eight-hour work day, maternity protection, child labor laws, and a range of other principles. Somalia has been a member of the ILO since 1960.

ILO Convention 182 on Worst Forms of Child Labor. Ratification of this Convention makes a country commit itself to taking immediate action to prohibit and eliminate the worst forms of child labor. Some predefined worst forms of child labor include sale of a child, trafficking of children, forced or compulsory labor, commercial exploitation of children, prostitution or the production of pornography, and work by

its nature that is likely to harm the health, safety and morals of children. The Convention was ratified by Somalia in 2014.

UN Convention on the Rights of the Child. The Convention is a Human Rights treaty that sets out the civil, political, economic, social, health and cultural rights of children. It defines a child as any human being under the age of 18 unless the age of majority is attained earlier under national legislation. The Convention was ratified by Somalia I 2015.

Forced Labour Convention (1930/no. 29). The key objective of the Convention is to suppress the use of forced labor in all its forms. It defines forced labor as 'all work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily'. The Convention has been in force in Somalia since 1960.

Convention on the Elimination of All forms of Discrimination against Women (CEDAW 1981):The CEDAW affirms that gender equality is a precursor for development and peace. It establishes legal standards for the attainment of gender equality through the elimination of discriminationagainst women in all aspects of political, social, economic and cultural life. It highlights the importance of equality and equal opportunity in political and public life as well as education, health and employment. Ratifying Governments are required to set in place measures to enable and expedite gender equality in law and fact as well as confronting the underlying social political inequalities that perpetrate asymmetrical power relations based on gender.Although FGS is yet to ratify CEDAW, although theCabinet has approved it subject to ratification by parliament.

Protocol to the African Charter on Human and People´s Rights on the Rights of women in Africa (Maputo Protocol). Somalia has signed but not ratified the Protocol

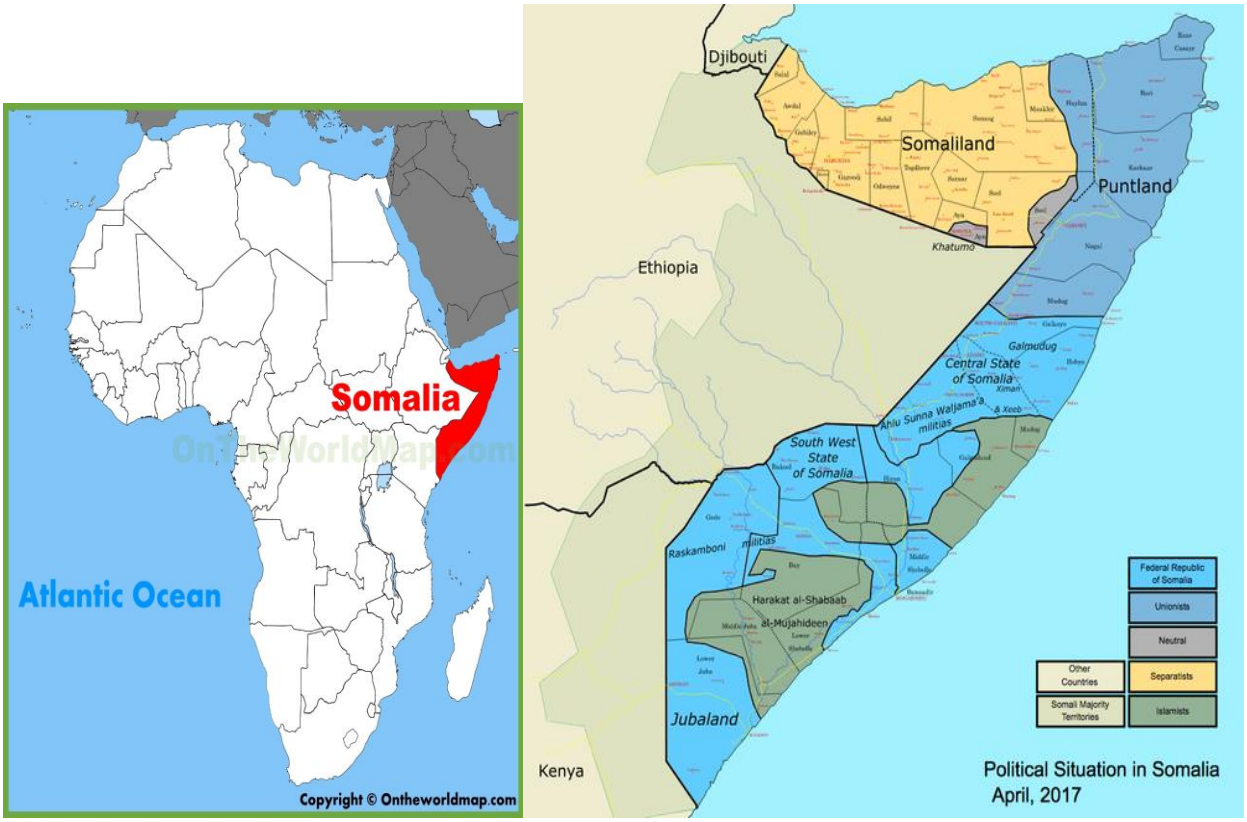
4.4. Good International Industry Practice (GIIP)

WHO has developed Good International Industry Practice (GIIP) for addressing COVID-19. These technical guidance documents are evolving, and they are being updated as new information becomes available. WHO resources include technical guidance on: (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers.

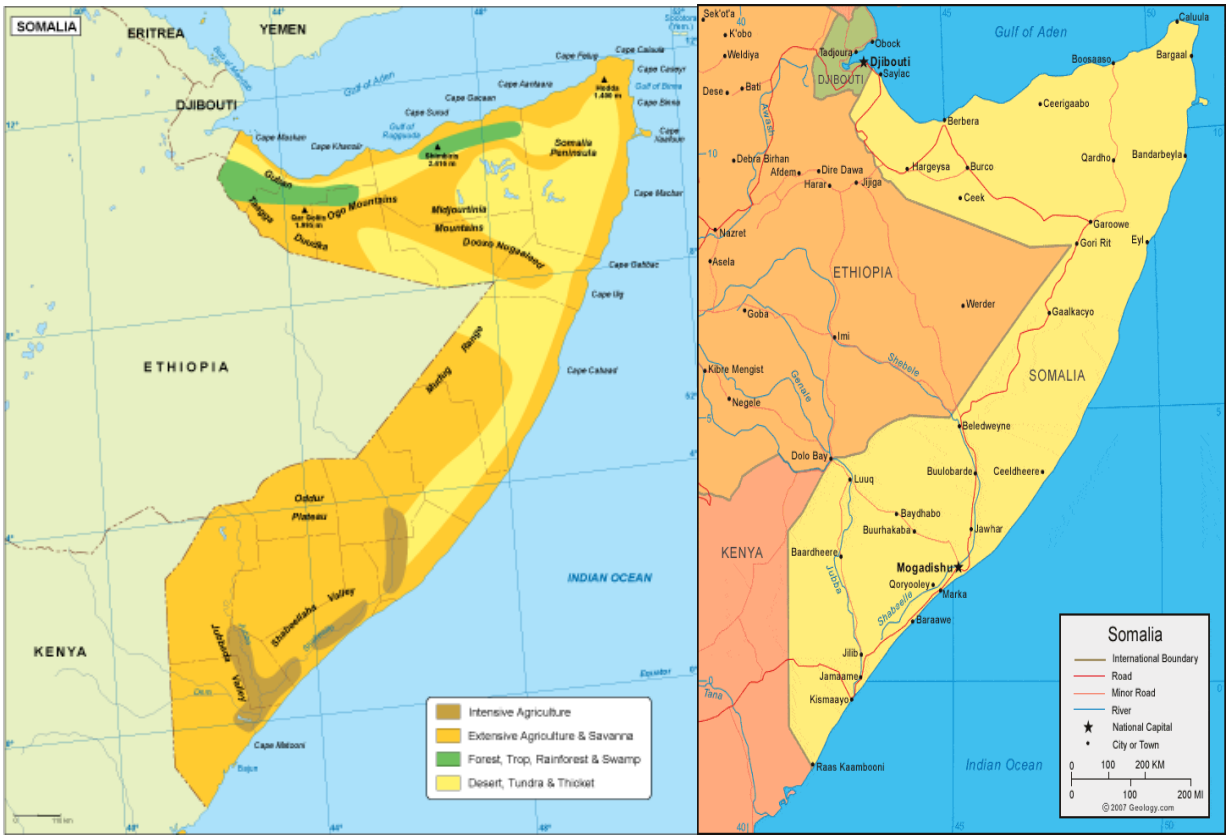
5. Environmental and Social Baseline

5.1. Geography

Somalia is Africa's easternmost country, and is bordered by Kenya to the south, Ethiopia to the west, Djibouti to the north-west, the Gulf of Aden to the north, and the Indian Ocean to the east. It has a land area of 637,540 km^2 , and a coastline of 3,300 km, the longest of any African country, 1,300 km of which is on the Gulf of Aden and the other 2,000 km on the Indian Ocean. The country stretches for almost 1,550 km from north to south between latitudes 12°00'N and 1°37'S, and 1,095 km from west to east between longitudes 41o00' and 51o21'E. The map below shows location of Somalia in relation to the neighboring countries.



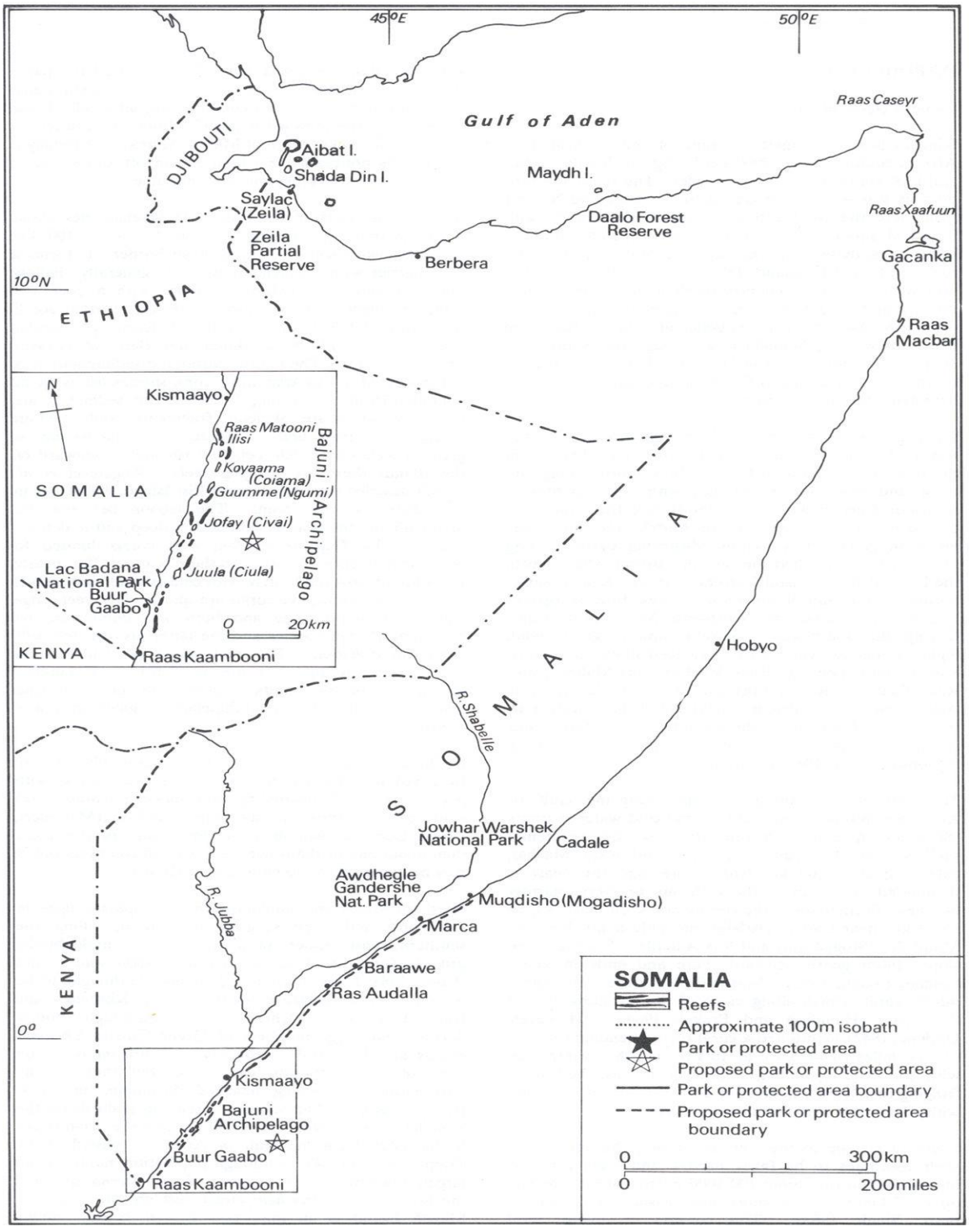
Somalia location on Africa Map and Map of Somalia
Source: https://www.google.com/search?q=Somalia+Atlas+Map



Map showing intensive agriculture and transport system in the southern region
Source: https://geology.com/world/somalia-satellite-image.shtml

5.2. Biodiversity and Protected Areas

Only 0.8% of the area of Somalia is under some form of protection (2000). A NationalConservation Strategy used to exist, but is now extremely low on the territories' agenda.Somalia is part of Conservation International's Horn of Africa Hotspot which has over 60endemic genera and over 2,750 endemic species. Somalia is a part of Somalia-Masai steppegeographic region of plant endemism (savannas and shrub lands) and has 24 important birdareas. Generally, fauna has been depleted due to hunting and culling to protect livestock.Invasive species (e.g. Prosopis spp. and the Indian House crow, Corvus splendens) havewidespread effects on local fauna and flora and important to address, although Prosopis couldbe used to substitute endemic trees for charcoal production[Error! Bookmark not defined.].



Map showing *Somalia's ecological parks, coral reefs and protected areas.*
Source: https://en.wikipedia.org/wiki/List_of_national_parks_of_Somalia

5.3. Waste Management

The rapid growth of waste generation presents serious challenges in emerging markets. When poorly managed, the waste sector has serious health, safety, and environmental impacts, especially in developing countries, where waste is often burned or discarded in unregulated dumps. Population growth, urbanization, and economic development all exacerbate these challenges. Somalia is no exception. Given the high costs of sustainable solid waste management (SWM), governments are increasingly partnering with the private sector through public-private partnerships to find sustainable solutions.

The local government in Somalia collects transports and disposes waste materials from the city. Unfortunately in most circumstances, there is no distinction of the nature of waste; whether solid, liquid or any other form; waste will be considered as waste and dumped in the dumping sites[23].There is no known recycling activities in Somalia and therefore all the waste that is generated is transported for final disposal. There are cleaning companies that operate in certain compounds. They clean regular trash from such areas and dispose waste in the respective places. Afterwards, the Turkish and Banadir Administration take the wastes to the dumping sites.

Waste Disposal: Non-Hazardous Waste Management

The general management of waste in Somalia, all garbage and rubbish collected from major cities and towns are dumped in large holes dug several kilometres away from the town and lacking a separation process of hazardous and non-hazardous waste, instead all are dumped in one place which is not environment friendly. There are tankers, which collect and dump waste water outside the city[23].

Waste Disposal: Hazardous Waste Management

Mogadishu has big industries that produce hazardous wastes that are harmful to humans, however foreign companies have been observed to be dumping hazardous waste along the ocean. There are rules and regulations that forbid dumping of used motor oil in to the sea or near the ports. Violators are heavily fined and ordered to clean up. Friendly countries and international organization have been assisting Somalia to monitor and prevent the dumping of wastes until the government gets the capability of tackling these problems[23].

Waste is mainly collected in dumping holes dug outside the towns and cities. The local municipalities organizes and collects the waste for dumping outside the town. In Somaliland, as an example, Hargeisa has two companies named DHIS Waste Management and Sabawanag Waste Management who collect the waste from the city and their temporary dumping sites are located within the town. Hargeisa Municipality has four dumping sites for burning garbage, which are about seven kilometres outside the city.

In general Somalia does not have a recycling programme in place therefore two commonly used materials like plastic bags and bottles are dumped or sometimes burned.

5.4. COVID-19

[23] https://dlca.logcluster.org/display/public/DLCA/3.7+Somalia+Waste+Management+and+Disposal+Providers

The Covid pandemic was confirmed to have reached Somalia on 16 March 2020. On 12 May, Somalia reported 1,089 cases of the virus, and 52 deaths. The FGS formed a task force to respond to the pandemic, which has faced great difficulties in obtaining the relevant medical equipment. On 18 March the country suspended all international flights, except for humanitarian transports. Social distancing measures have proven difficult to implement in Somalia, and testing kits and facilities are scarce, making testing difficult.
Somalia operates 7 Emergency Operations Centers across the country, 14 isolation centers across Somalia, 4 out of 21 border crossing are open, 7 out of 8 seaports are open, and 1 out of 12 airports is open.

Two months later, on 18 May, UN Office for the Coordination of Humanitarian Affairs (OCHA) reports that the number of cases have surged to 1421, with 56 deaths and 152 recoveries, presenting one of the highest numbers in East Africa.[24] The majority of cases is in the Benadir region. However, there is suspicion that cases are under-reported and the actual figure is significantly higher.

The FGS National Contingency Plan for Preparedness and Response the Coronavirus defines as a general objective to support early detection, prevent and control of COVID-19 to contribute to reduction in morbidity and mortality associated with the virus. Specific objectives include enhancing coordination and leadership for preparedness and response, enhance national capacity to detect cases and institute responses, limit human transmission of COVID-19 through standards Infection Prevention and Control practices, and provide timely information and key messages to the public.

The Plan further describes the necessity to build capacity among health workers in managing highly infectious diseases. It prescribes training to a national core team, and their subsequent deployment to manage infections by zone. In addition, frontline health workers in the communities are equipped to promptly detect COVID-19 cases.

Somalia currently has 4 laboratories operating with varying capacities. The laboratories are BSL 3. The National Public Health Laboratory in Mogadishu is the most advanced. Three laboratories are currently able to detect COVID-19: Mogadishu, Garowe and Hargeisa.[25]Through the polio surveillance networks, biological samples are collected and shipped to either of the laboratories.

Somalia has 23 ports of entry. Health workers have been deployed at the four main airports to screen travelers upon arrival. Three out of four airports have established isolation rooms, while in Mogadishu and Garowe, ambulances are on stand-by to transfer suspected cases to isolation facilities. While travelers at the airports are screened, they are not tested.

The Early Warning and Response Network (EWARN) had been set up in 535 sentinel facilities to report and alert in regards to epidemic prone diseases. Verification of alerts is implemented by a Rapid Response Team at the District level, supported by WHO and the Ministry of Health. However, reporting can be sporadic due to lack of means of communication and high staff turn-over.

WHO has supported deployment of 4,000 health care workers throughout Somalia. Each health care workers aims to visit 5,000 homes per month to actively identify cases and trace contacts. Information on potential cases is relayed to Rapid Response Teams.

[24] OCHA Somalia: Somalia COVID-19 Impact Udpate No.6
[25] OCHA Somalia: Somalia COVID-19 Impact Udpate No.6

Testing capacities, however, are still low. The Galmudug State Ministry of Health, for example, has appealed for support to establish local testing facilities. Currently, samples are transported to Mogadishu for testing.

COVID-19 has significant economic impact. The FGS currently projects an 11% decline in the nominal GDPfor 2020. Remittances received by nearly half of Somalis have dropped by approximately 50%.[26]

Of further concern is recent flooding, which caused displacement of 412,000 people in 29 districts. Most of them have fled to higher grounds and have taken shelter in already crowded villages. WHO estimates that this can speed up the transmission of COVID-19, given the crowded living conditions.

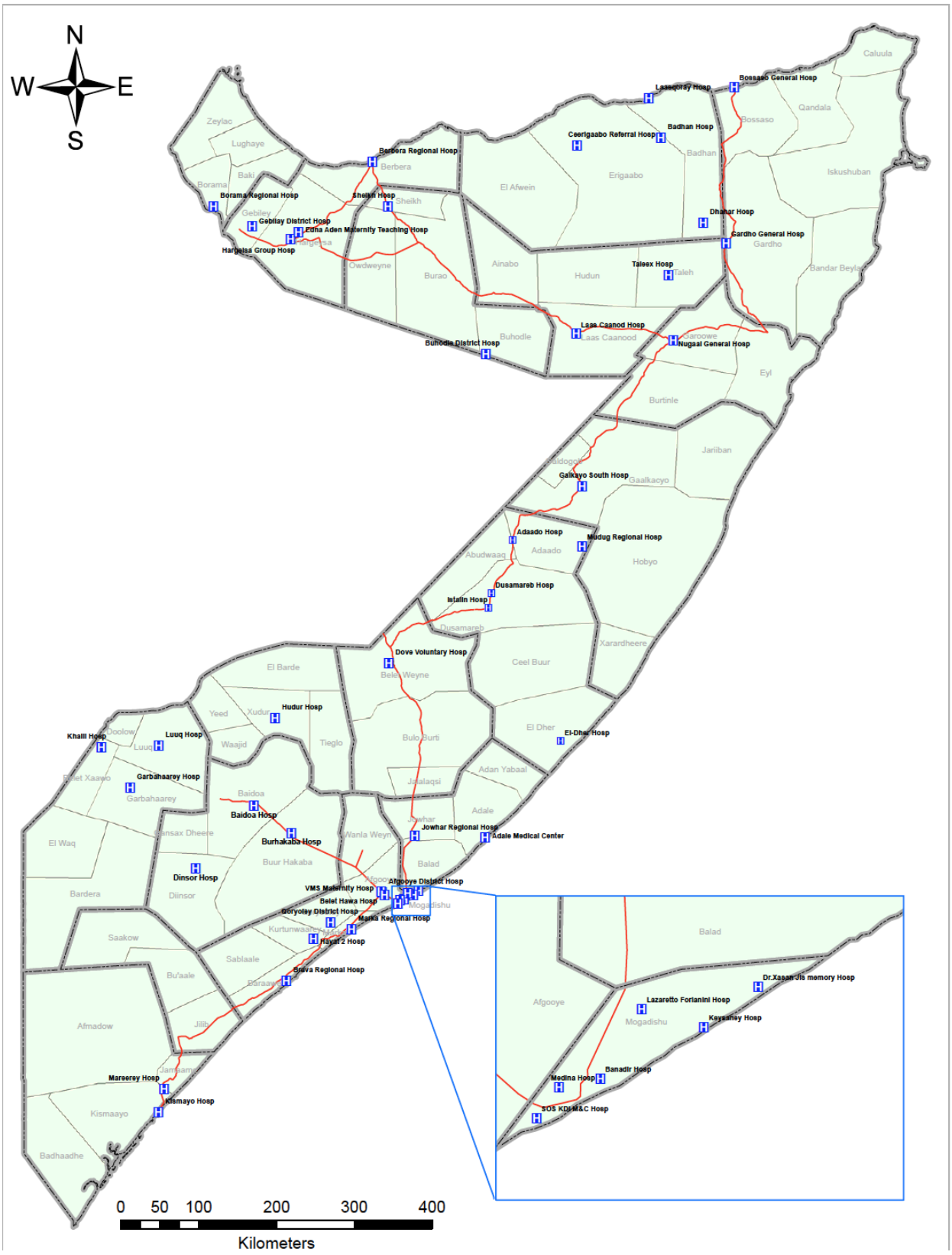
5.5. Locations of Medical Facilities

Healthcare in Somalia sits largely with the private sector, although it is regulated by the Ministry of Health. Somalia launched it Health Sector Strategic plan in 2013, with the objective to provide universal health care to all citizens. In 2014, the FGS launched the 'Essential Package of Health Services', with the objective to establish standards for national health services that include private and governmental health care, as well as UN and NGO-run health services. In 2019, the MoH and WHO launched a Roadmap for Universal Health Coverage, aiming to improve basic health care.

However, despite this, there are still significant disparities in access to health facilities and health outcomes, especially for women, children and marginalized groups. For example, every 2 hours a mother dies from complications of childbirth, and for 1,300 children born every day 48 babies die before reaching the first month.[27]

COVID-19 has strained the fragile health system in Somalia even more. It has disrupted normal health services. Somalia has hospitals in all States, as per the WHO map below[28]:

[26] Ditto
[27] UNICEF Somalia, Health Strategy note 2018-2020, accessed at: http://files.unicef.org/transparency/documents/Somalia%201.%20Health.pdf
[28] World Health Organization, Hospitals in Somalia, accessed at: https://www.ecoi.net/en/file/local/1335099/1222_1197629397_hospitals-somalia.pdf


N
W
E
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Caluula
Bossaso General Hosp
Laasqoray Hosp
Qandala
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Badhan Hosp
Ceerigaabo Referral Hosp
Badhan
Iskushuban
Zeylac
Lughaye
Berbera Regional Hosp
Berbera
Erigaabo
El Afwein
Baki
Borama
Borama Regional Hosp
Sheikh Hosp
Sheikh
Gebiley
Gebiley District Hosp
Edna Aden Maternity Teaching Hosp
Hargeisa
Hargeisa Group Hosp
Dhahar Hosp
Gardho General Hosp
Gardho
Owdweyne
Burao
Ainabo
Hudun
Taleex Hosp
Taleh
Bandar Beyla
Laas Caanod Hosp
Laas Caanood
Buhodle
Buhodle District Hosp
Garoowe
Nugaal General Hosp
Eyl
Burtinle
Jariiban
Galkayo South Hosp
Gaalkacyo
Adaado Hosp
Mudug Regional Hosp
Abudwaaq
Adaado
Hobyo
Dusamareb Hosp
Istalin Hosp
Dusamareb
Xarardheere
Dove Voluntary Hosp
Belet Weyne
Ceel Buur
El Barde
Hudur Hosp
Yeed
Xudur
Khalil Hosp
Luuq Hosp
Waajid
Tieglo
Bulo Burti
El Dher
El-Dher Hosp
Garbahaarey Hosp
Garbahaarey
Baidoa
Baidoa Hosp
Jalalaqsi
Adan Yabaal
Adale
Jowhar
Jowhar Regional Hosp
Adale Medical Center
Wanla Weyn
Burhakaba Hosp
Buur Hakaba
Balad
Dinsor Hosp
Afgooye District Hosp
VMS Maternity Hosp
Belet Hawa Hosp
Goryoley District Hosp
Marka Regional Hosp
Mogadishu
Hayat 2 Hosp
Sablaale
Sheva Regional Hosp
Afmadow
Mareerey Hosp
Kismaayo Hosp
Kismaayo
Badhaadhe
Balad
Dr.Xasan Jia memory Hosp
Lazaretto Fortanini Hosp
Afgooye
Mogadishu
Keysaney Hosp
Banadir Hosp
Medina Hosp
SOS KDS M&C Hosp
0 50 100 200 300 400
Kilometers

5.6. Human Development

As a backdrop to the COVID-19 crisis, Somalia scores very low on UNDP's Human Development Index. Although it has not been ranked for a few years, different indicators reveal low scores. For example, life expectancy at birth lies at 57.1 years with a global average of 56 years[29] in low human development countries[30]; and the mortality rate under the age of 5 lies at 127 per 1000 life births[31], while the global average is 39[32].

Health: Even before the COVID-19 pandemic, the availability and access to health facilities was similarly dire. A comprehensive review of the health sector in 2015 showed that health facilities are mainly located in the urban areas and difficult to access for the majority of the rural population. Health facilities are resourced poorly, and there is a critical lack of health workers. According to WHO, only one in three Somalis have access to safe water, and one in nine Somali children die before their first birthday, and ca. 3.2 million Somalis are in need of emergency health services.

Due to poor living conditions there are high risks of measles outbreaks, acute watery diarrhea and cholera. Those residing in IDP settlements are most affected.[33]

Maternal mortality is estimated at 734 for every 100,000 births. Under-five mortality rate was at 133 per 1,000 births before the recent drought.[34] Neonatal mortality rate per 1000 live births is 39.7.[35]

WASH: Access to safe water is low in Somalia, further undermining the country's ability to handle the COVID-19 pandemic.Access to basic water supply lies at 83 per cent in the urban areas and 28 per cent in rural areas. 61 per cent of the population has access to basic sanitation facilities in urban areas and 20 per cent in rural areas. According to a UNICEF report, the key challenges are weak water supply management models, high operational management costs and technical limitations. There is further a lack of a harmonized legal and policy framework and policies in place and inconsistent with implementation.[36]

Continued droughts have had negative impact on the water sector, and conflicts have weakened the water supply and sanitation services. WASH facilities have been destroyed as a result of conflict, and there is a lack of sufficient WASH facilities for the large number of IDPs. Furthermore, the population pressure causes over pumping of ground water, and the wearing out of equipment.[37]

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[29] UNDP, Human Development Reports. Somalia, accessed at: http://hdr.undp.org/en/countries/profiles/SOM
[30] UNDP, Human Development Report 2019, p.38.
[31] UNDP, Human Development Reports. Somalia, accessed at: http://hdr.undp.org/en/countries/profiles/SOM
[32] WHO, Children. Reducing Mortality, factsheet, accessed at: https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality
[33] WHO, Humanitarian Response Plan 2015, accessed at: https://www.who.int/hac/donorinfo/somalia.pdf
[34] UNICEF and World Health Organization, Joint Monitoring Program, 2019, accessed at: . https://washdata.org/data#!/som>.
[35] WHO, Somalia, Country Cooperation Strategy at a Glance, 2018, p.1, accessed at: https://apps.who.int/iris/bitstream/handle/10665/136871/ccsbrief_som_en.pdf;jsessionid=01FEF030DB9DD0DE3F6C832FEF64EDCD?sequence=1
[36] UNICEF Somalia Country Office, Water, Sanitation & Hygiene (WASH) Profile, February 2020, p.2, accessed at: https://www.unicef.org/somalia/media/1251/file/Somalia-wash-profile-February-2020.pdf
[37] Ditto, p. 2

Various aid programs have supported the development of latrines. However, UNICEF remarks that there is little impact on increased use of latrines or improved sanitation and hygiene. There is further a lack of sustainability of latrines and little indication of behavioral changes among the population.

Widespread displacement and recurrent emergencies contribute to this dire picture. Diseases like cholera are therefore widespread in Somalia, with a total of 164,000 cases reported between 2006 and 2015.[38]

5.7. Security and Conflict Environment

Handling the COVID-19 pandemic, and implementing the project activities, is particularly challenging given the persisting fragility and conflict in Somalia. Somalia ranks second on the Fragile State Index from 2019 with a total score of 112.3, only topped by Yemen with a score of 113.5.[39] Somalia's indicators on factionalized elites, and demographic pressures score the highest.

Somalia has had a long history of civil war, which followed the Siad Barre regime that ended in 1991. In 2012, after the adoption of the Provisional Constitution, the first internationally recognized Federal Government of Somalia (FGS) came into power following more than two decades of civil war and transitional governance arrangements. With the new President, the federal statebuilding process commenced[40] under the framework of the distinct peacebuilding and statebuilding goals of the New Deal/Compact, which was signed in September 2013. However, the last years have been dominated by political infights and clan-related tensions, including in the establishment of the FMS. This has worsened the security situation in Somalia significantly.

There is significant conflict at different levels in Somalia. Some insecurity stems from clan competition, which goes back into history and historical movements and power distribution.Often it is combined with localized competition over resources, for example over land or water sources. Such insecurity and conflict can be due to continued local tension between different communities, competition over sources of power, such as governmental positions, as well as competition over aid resources brought down to the state or district level.

The social impacts and potential aggravation of resource-related conflicts is well documented in a range of pastoralist and agro-pastoralist assessments carried out in the Somali region[41]. Access to water and pasture is a fundamental source of both conflict and co-operation between clans and civil authorities throughout the Somali region. In terms of conflict, extensive trans-boundary movements of livestock and limited access to the combination of water and pasture is one of the primary drivers of conflict across the Horn of Africa and within Somalia. Long and well documented records of conflict and

[38] Ditto, p. 3
[39] Fragile State Index 2019, accessed at: https://fragilestatesindex.org/data/
[40] Under the Federal Government of Somalia (FGS), the state level governments are Puntland State of Somalia, Jubaland State of Somalia, and two interim administrations, i.e. Galmudug State and the Interim South West Administration. Somaliland is a self-declared state. State formation is currently ongoing in the Hiraan and Middle Shabelle regions.
[41] Lewis 1961; Lewis 1998; DfID 2005; Gomes 2006 Access to water for pastoral resources management

cooperation over access to water and pasture in pastoralism domain exists[42]. Following decades of low investment in Somaliland and Puntland, water points with adequate surrounding pasture are especially scarce, claimed by clans, fiercely guarded and intrinsically linked to resource conflict.

The Islamist group Al-Shabaab still controls areas in South Central Somalia, providing harsh treatment, forced recruitment vis-à-vis the local populations. It infiltrates other areas and conducts deadly attacks on citizens. Most importantly, Al Shabaab has introduced a harsh tax system in its areas of control and beyond. It has also started to expand on other administrative functions, such as the provision of justice.[43] Given the weakness of the formal justice system, people have been flogging to Al Shabaab courts, where swift justice and the execution of judgments is guaranteed. Al Shabaab remains as a key source of violence, attacking government facilities, personnel, security forces, and members of international organizations.

Different armed groups maintain checkpoints along key arteries of the country to extract fees from travelers, including from those who deliver aid items. People are thereby associated with their clans, and have difficulties moving and working in areas in which their clans are not prominent. Even government checkpoints can be little efficient, as they are subject to corruption.[44]

Somalia therefore remains trapped in continued fragility, which is protracted by insecurity, endemic corruption, fledgling government capacity, predatory armed groups and spoiler networks. This poses significant security risks for the population, but also for project activities. These include terrorist attacks, hijackings, abductions, and killings. The state security apparatus is thereby very weak, and is underpinned by clan dimensions as well. There are sometimes blurred lines between the state security apparatus, local militia or other armed factions.

In view of the recent pandemic, there are concerns that the pandemic may be used as an excuse to delay elections scheduled for later this year; and there have been concerns about arrests of journalists over reporting on COVID-19.

5.8. Vulnerability and Social Exclusion

Internal Displacement:The COVID -19 pandemic has hit displaced person particularly hard, as in camps living conditions are often cramped and there is little possibility of social distancing as well access to clean water and other hygiene facilities.

At the end of 2018, Somalia had 2.6 million IDPs, due to both, disaster and conflict. Conflict and violence had thereby triggered 578,000 new displacements; and disasters 547,000.[45] During the famine in 2017, people dependent on livestock and agriculture had to abandon their rural homes to find new opportunities in urban areas.Drought conditions are contributing to already pronounced rates of acute and protracted displacement. More than 278,000 people have been displaced in March alone within

[42] Ditto
[43] Security Council, S/2019/858, p.3
[44] J. Sanya and I. Mwenda, Mogadishu. When Checkpoints don't work, Horn International Institute for Strategic Studies, accessed at: https://horninstitute.org/mogadishu-when-checkpoints-dont-work/
[45] Internal Displacement Monitoring Center, The Ripple Effect. Economic Impacts of Internal Displacement. Case Studies in Eswatini, Ethiopia, Kenya and Somalia, Thematic Series, January 2020, p. 30.

Somalia due to the drought, bringing the total number to approximately 585,630 since December 2016[46].

Camps are heavily congested and have also proportionally received the largest number of new arrivals[47].Displaced women and girls are among the most vulnerable populations and face multiple constraints including lack of access to adequate shelter, livelihoods and access to critical resources, including land. The attendant separation of many women and girls from community and familial support structures, as well as from traditional livelihoods activities, also contributes to an increased reliance particularly of women on marginal, inconsistent and hazardous livelihood strategies, which often increases exposure to violence.

IDPs commonly settle in informal urban settlements, where access to services and conditions are poor, and where they often become victims of forced eviction. They are therefore part of the poorest strata in Somalia, and are often in dire need of access to food, water, sanitation, health services, shelter and education.[48]

Gender-Based Violence and Gender Dynamics. While there is a serious lack of statistical data on the situation of women in Somalia, the available evidence shows that Somali women are still far from enjoying equal rights and treatment. The Social Institutions & Gender Index for 2014 places Somalia on the 6th lowest position in the world, with 'very high' discriminatory family codes, 'very high' levels of restricted physical integrity, and a 'very high' level of restricted resources and assets.[49] The continuation of practices, such as polygyny, early and forced marriages, FGM, and wife inheritance, continues to undermine development towards increased gender equality. Lack of access to services, such as education and health, or lack of access to agricultural production or other livelihoods and employment opportunities have kept most of the female population of Somalia disempowered.

Insecurity for women is still the number one issue that prevents gender equality and women's empowerment from being a feasible objective. Somalia has ranked prominently as one of 'the worst countries to be a woman'[50] and one of the 'worst countries to be a mother'[51]. Women continue to suffer disproportionally from clan-fights and extremist interventions. Formal security forces have proven to be weak in their willingness to protect women, and the justice apparatus has failed survivors of conflict-related SGBV[52], as well as the many survivors of domestic violence and FGM. Protracted conflict and fragility have increased fundamentalist religious interpretations, including the acceptance of pharaonic-type FGM by a younger generation.[53]

In this context, there are anecdotes on the rise of GBV – especially domestic violence – under the COVID-19 pandemic. SGBV (particularly rape) is generally widespread, including as a tool between social

[46] UNHCR, UN Habitat, IOM, JIRA and Local Ministries of Interior, IOM and The World Bank, 2017
[47] JRIA 2016
[48] Internal Displacement Monitoring Center 2020, p. 30.
[49] OECD Development Center, Social Institutions and Gender Index, 2014, accessed at: http://genderindex.org/ranking?order=field_sigi_value14_value&sort=asc
[50] See: http://www.theguardian.com/world/interactive/2011/jun/15/gender-afghanistan
[51] Save the Children, 'The Urban Disadvantage. State of the World's Mothers 2015', Fairfield 2015, p.9.
[52] Implementation of the Beijing Platform for Action. Beijing +20 Review. Somalia Country Report 2014, p. 14
[53] See, for example, NAFIS Network/MOLSA, Assessment of the Prevalence, Perception and Attitude of Female Genital Mutilation in Somaliland, 2014.

units in conflict.[54]The UN has consistently reported that between 75-85% of GBV incidents collected through the Gender-Based Violence Information Management System (GBVIMS) are perpetrated against IDPs.[55]

There is no comprehensive information on SGBV in Somalia. Existing data sets are unreliable, inconsistent and rarely disaggregated by sex or other relevant categories such as age, urban-rural divide or clan affiliation. Still, the information available indicates that sexual violence and GBV in the country are very high. In particular, sexual violence against women has been used as a tool of war, including leheyste-galmo, a form of sexual hostage-taking as well as child marriage, FGMC (98% of female population in Somalia), rape and intimate domestic violence (IPV) which already existed but were normalized after conflict[56].

Rape is increasing in prevalence, becoming more violent and taking on a more normalized form. There are reports of an increase of gang rape and "date rape" as a youth phenomenon driven by frustrations associated with lack of opportunity and access to marriage.[57] Rape cases reports indicate that it primarily affect younger women between the ages of 11–25 years as well as children, both girls and boys. In South-Central Somalia and IDP areas, perpetrators are often 'uniformed'.[58]

The ongoing COVID-19 pandemic has a detrimental effect on women in various aspects. A rapid assessment by the Ministry of Women and Human Rights Development in April 2020 showed that the pandemic was a serious threat to women's engagement in economic activities. Most women work in the informal sector and are therefore particularly exposed to the crisis. Furthermore, the crisis appears to promote gender gaps in livelihoods. Reduced income for women also results in negative effects on the health and welfare of the entire household.[59]

[54] See, for example, UNICEF 'Sexual Violence as a Weapon of War, accessed at: http://www.unicef.org/sowc96pk/sexviol.htm

[55] Somalia Humanitarian Country Team, 2019, Humanitarian Needs Overview, accessed at: https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia_2019_HNO.PDF; UNFPA, September 2016, Somalia Gender Based Violence Sub-Cluster Bulletin, accessible at https://somalia.unfpa.org/en/publications/somalia-gender-based-violence-sub-cluster-bulletin; UNFPA, December 2016, Somalia: Gender Based Violence Sub-cluster Bulletin, accessed at https://somalia.unfpa.org/sites/default/files/pub-pdf/Dec_GBV%20Bulletin%20%283%29.pdf; UNFPA, August 2015, Somalia: Gender Based Violence Sub-cluster Bulletin, accessible at https://reliefweb.int/report/somalia/somalia-gbv-sub-cluster-bulletin-1-january-august-2015

[56]Expanding Access to Justice Program, Gender Assessment, 2019.

[57]Ditto.

[58] For example, security and law enforcement officials, AMISOM, gang-members and/or freelance militia

[59] Federal Republic of Somalia, Ministry of Women and Human Rights Development, Rapid Assessment on the Impacts of COVID-19 on Somali Women Leading Small-Scale Businesses, April 2020.

6. Potential Risks and Risk Mitigation Measures / Environmental and Social Management Plan

6.1. Planning and Design Stage

Procurement of goods and supplies: Where the project will include the procurement of goods and supplies e.g. equipment such as ventilators or PPE or cleaning materials,these materials and the relevant equipment will be sourced as guided by therequirements of WHO. The WHOguidelines provide for minimum requirements for the invasive and non-invasive ventilators to ensure quality, safety and effectiveness when used for the management of COVID-19. All these ventilators will have to be provided with accessories, consumables and spare parts as required to operate for minimum duration of 3 months, as determined by WHO. It is therefore advisable to follow the maintenance guidance for the replacement of accessories and consumables, and for the safe decontamination of the reusable parts provided by the manufacturer.[60]

Type and scale of health care facilities (HCF): Anassessment mustbe conducted to identify and examine the salient characteristics and carrying/disposal capacity of a targeted facility, in order to allow assessing the eligibility for financing, as well as for the identification of the package of support measures financed by the project. The conditions precedent may include but not limited to the following, to arrive at an informed decision:[61]The quantities of waste produced daily at the targeted HCF; Availability of appropriate sites for waste treatment and disposal (e.g. space on HCF premises and distance to nearest residential areas; Possibility of treatment in central facility or hospital with waste treatment facility within reasonable distance; Availability of a hospital or HCF with a high level biosafety laboratory for COVID 19 testing, and accommodation for quarantine purpose; Availability of reliable road access and transportation.

Quarantine and isolation centers: The assessment above will have to include possible sites for quarantine and isolation centres in addition of the 14 sites aimed to be established. The sites for these facilities should be strategically identified to cater for points of entry, urban and/or rural depending on the setup of the worksites. A budget should be developed to cover the requirements on food, water, fuel, hygiene, infection prevention and control, including the aspects of monitoring the health of quarantined persons.

It is not anticipated that new HCF, quarantine of isolation centers have to be constructed. In the case, however, where HCF are expanded, upgraded or rehabilitated, proper design and functional layout of the same will have to be developed consistent with the provisions in the WHO Guidelines[62].The referenced guidelines provide recommendations, technical guidance, standards and minimum requirements for setting up and operating severe acute respiratory infection (SARI) treatment centres in low- and middle-income countries and limited-resource settings, including the standards needed to repurpose an existing building into a SARI treatment centre, and specifically for acute respiratory infections that have the potential for rapid spread and may cause epidemics or pandemics. These health facilities may involve several aspects such as: i) structural and equipment safety, universal access[63]; ii)

[60] Technical specifications for invasive and non-invasive ventilators for COVID-19 Interim guidance 15 April 2020

[61]WHO 2005, Decision Making Guide, Management of Solid Health-Care Waste at Primary Health-Care Centres

[62] WHO Manual of Severe Acute Respiratory Infections Treatment Centre (March 2020

[63] Refer to ESS 4 Community Health and Safety

nosocomial infection[64]control; iii) waste segregation, storage and processing, iv) Consideration of the need for differentiated treatment for different users of the facilities will be critical and this should be taken care of at the conversion of an identified building into a SARI treatment centre.

Estimation of healthcare waste streams is recommended including wastewater, solid wastes and air emissions (if significant), in a HCF, in order to put in place an effective health care waste management plan.

Land and Resettlement Issues: The activities are not expected to require new construction and therefore the acquisition of land will not be required. However, they may require expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities, or the acquisition of existing property to be used temporarily as HCF (e.g. hotels, stadiums for purposes of isolation or treatment). The activities will therefore be based on the Resettlement Policy Framework, which has been developed for the SCRP, and which stipulates the need for activity-specific Resettlement Action Plans (RAP) in some cases.

6.2. Construction Stage

The expansion, upgrading and rehabilitation of HCF and related waste management facilities includes the following risks (see annex 3 for WB guidance on the management of E&S risks at construction sites under Covid-19):

Environmental risks and impacts associated with resource efficiency and material supply; construction related solid wastes, wastewater, noise, dust and emission management; hazardous materials management, discussed in the management plan.

Risks related to labor influx and management, detailed risks and mitigation measures are presented in the Labour Management Procedures (LMP).

Community health and safety issues, including from pollutants and road safety, discussed in the management plan.

GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks through labor influx, detailed risks and mitigation measures are listed in the Labor Management Procedures (LMP) and in the GBV/SEA Action Plan.

COVID-related risks at construction sites, including for construction workers, medical staff or border posts, and surrounding communities. Risks and mitigation measures follow UNOPS guidelines, listed in Annex 3.

Occupational Health and Safety (OHS) issues associated with repair works and occupational health and safety of construction workers. Detailed risks and mitigation measures are presented in the Labour Management Procedures (LMP).

[64] Nosocomial infection can be descried as an infection acquired in hospital by a patient who was admitted for a reason other than that infection. Also called “hospital acquired infection”.

Security risks for project workers and project-affected parties. As Somalia is a highly fragile State, there are a variety of security related risks for project workers and project-affected parties. These risks and mitigation measures are laid out in the SCRP's Security Management Framework (SMF).

6.3. Operational Stage

Occupational health and safety risk related to the spread of the virus for medical staff, laboratory staff and population at large in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages.

Occupational and community health and safety risks in connection to medical waste management - related to collection, transportation and disposal of medical waste management.
To mitigate the associated risks, Annex 2 sets out anInfectionControl and Waste Management Plan(ICWMP) and specifies what issues that should be considered, including:

- Delivery and storage of goods, including samples, pharmaceuticals, reagents and other hazardous materials
- Healthcare treatment practices, including provision and use of PPE, appropriate cleaning procedures, testing for COVID-19, and transportation of samples to testing facilities
- Waste processes that align with WHO guidance on Safe Management of Wastes from Healthcare Activities, including with respect to:
    - Waste generation, minimization, reuse and recycling
    - Waste segregation at the point of care, packaging, collection, storage and transport
    - Suitability and capacity of onsite disinfection and waste handling equipment such as autoclave. Onsite treatment facilities may include small-scale incinerator and wastewater treatment works. Their adequacy and compliance should be assessed, and proper measures proposed as necessary
    - Suitability and capacity of off-site disposal facilities, where healthcare wastes will be transported and disposed of in off-site. The adequacy and compliance with transport and disposal regulations and licensing for the transport vehicles and the offsite disposal facilities should be assessed. Transport of medical materials and wastes to other countries should be governed by relevant international and regional conventions, including Basel Convention and Bamako Convention (for Africa) for trans-boundary movement and disposal of hazardous substances and waste, as discussed in the management plan.

Exclusion of vulnerable, marginalized and minority members of the community from project benefits amplified by the context of limited resources against widespread need. Given the economic impacts of the pandemic on Somali society, and the temporary closure of justice facilities and challenges for communities to meet and interact, the likelihood of exclusion of specifically vulnerable groups is higher than usual. Communication of Project components and activities, as well as the implementation of Grievance Redress Mechanisms is therefore important. The Project will follow the measures laid out in the Stakeholder Engagement Framework (SEP).

Poor access to beneficiaries for meaningful community engagements and difficulty in monitoring

social harm exacerbated by Covid-19 restrictions. Community engagement in order to disseminate information, but also to consult project-affected stakeholders is likely to be more challenging given the current restrictions under the COVID-19 pandemic. Mitigation measures are proposed in the WB guidelines on how to conduct community engagement under the pandemic, mainly focusing on engagements with CBOs, CSOs or NGOs, operating among vulnerable groups. These organizations will present a key focus on Project communication, as they are likely to be able to represent communities' needs and can communicate important messages back to the communities. Given that the GRM will deploy a telephone hotline, GRM modalities should not be impacted by the pandemic-related restrictions.

6.4. Decommissioning Stage

OHS and Community Health and Safety risks. Decommissioning of temporary HCF have the potential to cause a risk of exposure to dust, chemicals, hazardous or flammable materials, and wastes in a combination of liquid, solid, or gaseous forms, which should be prevented through the applicable management practices and these include the following:

- Use of specially trained personnel to identify and remove waste materials from vessels, processing equipment, shelter or contaminated land as a first step in decommissioning activities to allow for safe excavation, construction, dismantling or demolition
- Use of specially trained personnel to identify and selectively remove potentially hazardous materials in the temporal structure or building elements prior to dismantling or demolition including, for example, insulation or structural elements containing asbestos and Polychlorinated Biphenyls (PCBs), electrical components containing mercury
- Use of waste-specific PPE based on the results of an occupational health and safety assessment, including respirators, clothing/protective suits, gloves and eye protection
- Where possible, restoration of flora and fauna through reforestation of the cleared land with indigenous trees.

The IP will have to develop a site-specific decommissioning plan covering the requirements stated above, with clear time frame and accurate budget considerations. The plan must be completed and submitted to the PIU at least 6 months before planned closure.

The decommissioning plan will include the following activities;

- Dismantling of equipment and fixtures. Here the Implementing Partner will ensure safe dismantling of the structure taking all the precautions highlighted above. This must be done after all the hazardous components have been isolated and appropriately stored for disposal
- Hazardous waste disposal method will be stated in the decommissioning plan, including the precautionary measures taken to separate the hazardous waste materials from the rest, the type and quantities as well as transportation used (if applicable), delivery note and method used for destruction of the same.
- General waste (non-hazardous) from demolition to be removed and disposed of at the approved sites, after taking care of hazardous waste as guided above. The implementing Partner will have to state the type of general waste that will be removed from site for disposal, the quantities and where this will be disposed

The decommissioning plan will also include the site restoration of the area as alluded to earlier, once all the waste resulting from demolition and dismantling works is removed from the site. In certain places, the open earth sites will be restored through replenishment of the top soil and re-vegetation using indigenous plant species.

7. Procedures to Address Environmental and Social Issues

The key procedures to address environmental and social risks and impacts of sub-projects or site-specific activities include the following steps:

Step1: Screening of sub-projects for eligibility.First, all sub-projects or site-specific activities will be screened for their eligibility of funding. The E&S screening will help filter out activities that are not eligible under this Component, including those with too high risk and potential negative impact on the environment or society.

Step 2: Screening of sub-projects for E&S risks and impacts. The E&S screening process is designed to identify and appraise the type and scale of any adverse environmental and social impacts or risks that may arise from a planned activity.

The screening process commences with the identification of a respective activity by the PIU or IP. If the sub-project is conducted in one specific location, one screening exercise should suffice. If the sub-project is conducted in a variety of locations, different screenings may have to be conducted as per site. The PIU, specifically the Environmental and Social Specialists, will provide assistance in the identification of sub-projects and site-specific activities.

IPs will need to conduct the E&S screening process of a planned activity prior to the commencement of the activity. The PIU will provide oversight and assistance to E&S screening processes. The screening will be based on the site- or project-specific Social and Environmental Screening Form (Annex 1).

The screening outcome will further determine and assign the activity an environmental and social risk rating based on a set of evaluation criteria, and further identify any potential sensitive environmental and social receptors likely to be negatively impacted. The screening of sub-projects or site-specific activities will allow to estimate the risk level, based on the intrinsic environmental and social risks associated with the type of intervention to be carried out. Where a single sub-project includes multiple types of activities or infrastructure, the risk rating will be assigned on the basis of the highest level or risk applicable for any component of the sub-project or activity, unless an exclusion risk is provided beforehand.

The potential risks and impacts identified during the screening should be considered as constraints to the activity. Project designers may find alternative options with less risks and impacts involved. Alternatively, activity design can be altered to lower the risks and impacts. If both are not possible, appropriate risk mitigation measures have to be identified and captured in an ESMP, including monitoring mechanisms and appropriate budget for the risk mitigation measures.

Furthermore, the screening results will help advise which E&S instruments will be relevant or required for which activity, for example, Resettlement Action Plans (RAPs), Labor Management Procedures (LMPs), Infection Control and Waste Management Plan etc… The screening report will help to determine which ESF standards are applicable and which steps need to be taken and which provisions or procedures apply.

Other critical issues identified during the screening may require closer investigation during potential ESIAs. The risk level assigned to a sub-project or site-specific activity will determine if an Environmental

and Social Impact Assessment (ESIA) and/or an Environmental and Social Management Plan (ESMP) are required before the activity can commence.

Step 3: E&S assessment and sub-project specific management plans and instruments. The next step, once the relevance of such risks or impacts has been established, is to define the type and scope of additional assessmentsand management plans which need to be conducted or developed as part of requirements under this framework.

The technical specifications of the Project contract document shall include a section that will direct the respective IPs to prepare ESMPs and where applicable prepare the ESIA consistent with the provisions in the ESMF. Additional environmental, social, gender, health and safety analyses and documents can provide as reference to help Bidders understand what will be required to implement the environmental and social measures associated with this project. The PIU, working in collaboration with the Project Steering Committee (PSC) can coordinate the procurement process, which includes the preparation of the bidding documents.

After the procurement of a Contractor (IP), it will be the responsibility of the PIU to orient the IP on the requirements of the project.

As regards the preparation of the ESIA, there could a budget allocation to IPs to allow them to engage an expert firm to conduct a comprehensive assessment of the project components, consistent with the provisions of the ESMF. Given the responsibility to also design the project components, the IP will supervise the ESIA experts, in consultation with the PIU, until the ESIA is fully developed. The IP will then submit the ESIA for review to PIU which will later submit to the World Bank for approval after the PIU is satisfied with the content of the ESIA. After approval of the ESIA by the World Bank, the IP will be required to prepare site specific ESMP based on the approved ESIA and consisted with the requirements in the ESMF. The PIU will coordinate this exercise and ensure all ESMPs and ESIAs are approved by the World Bank and publicly disclosed.

During the actual implementation of the activity, the respective IPs will be expected to adhere to the approved ESMPs. The PIU will be responsible for ensuring the IP conduct the activities in compliance with the approved ESMPs.

Step 4: Consultation and disclosure of E&S plans and instruments.The World Bank disclosure standards require that the environmental and social assessment reports for the project is made available to project affected groups, local NGOs, and the public at large. A summary version will be translated into Somali. The PIU will make available copies of the ESMF and ESIA/ESMPs on strategic locations and offices of the ministries, according to the SEP.

Step 5: Review and approval of E&S plans and instruments. The E&S Screening results will be submitted by the IP to the PIU, which will in turn provide comments on the screening results or provide approval in order for a planned activity to proceed.

In the event that the IP will need to implement full or partial site- or activity-specific ESIAs, the IP will – under the guidance of the PIU – develop the required assessment or plan and submit it to the PIU for approval.

Relevant provisions of subproject-specific E&S instruments will be incorporated into procurement documents and measures implemented during implementation of the project.

The screening form may need to be reviewed and updated as needed during the process to accommodate other variables. All forms will be collated together into a screening report and shared with the PIU and the Bank for review and clearance.

ESIAs and their associated ESMPs will be prepared during the implementation phase of the Component when the nature, scope and geographical location of the activities are known, as earlier mentioned. Relevant E&S management plans such as the Resettlement Action Plan (RAP), Occupational Health and Safety Plan (OHP), Security Management Plan, GBV/SEA Action Plan and Infectious Disease and Waste Management Plan will be included in the site-specific ESMPs, reviewed and approved by the World Bank, working in collaboration with the PIU, prior to the start of any construction works and prior to the disbursement of the funding. Contracting and full disbursement of funding can only take place after the E&S screening has been completed and associated products and instruments have been prepared. Subproject budgets needs to reflect sufficient funding for the implementation of all risk mitigation measures.

The PIU is expected to review for adequacy the management plans submitted by the IP before they can be submitted to the World Bank for approval. The PIU will exert quality control in compliance with World Bank ESSs. It will review environmental and social instruments proposed and applied by IPs to ensure that these instruments are in compliance with the applicable ESSs objectives and requirements.

Step 6: Implementation and monitoring of E&S plans and instruments. The goals of monitoring are to measure the success rate of the activities, determine whether interventions have handled negative impacts, and whether further interventions are required or monitoring is to be extended in some areas. The goal of inspection activities is to ensure that sub-component activities comply with the plans and procedures laid out in the ESMF and in activity-specific instruments. A list of monitoring indicators is provided in Table 7 below.

This ESMF is the overall document that guides the development of site specific ESMPs. While the ESMF, laying out expectation from all implementers – all implementers will be responsible for their own site/activity specific screening, impact assessments, development of site/activity-specific ESMPs, monitoring of impacts, and administration of mitigation measures in regards to their respective sub-component activities. They further commit to integrate stakeholder inputs into their regular monitoring and reporting activities. All implementers are committed to report all screening result, results of ESIAs, and site/activity-specific ESMPs to the PIU.

The PIU Environmental and Social Specialists will assess the compliance of all implementers' activities against the ESMF and their subsequent ESMPs, and will report possible non-compliance to the Project Coordinator of the PIU. Indicators are identified in both documents, and used as a baseline for assessing progress on implementation. The PIU will also independently conduct its own monitoring, verification and inspection of the activities of all implementers to ensure they are in compliance with this ESMF. Monitoring indicators will depend on specific activity contexts.

The World Bank will equally supervise and assess the environmental and social performance through review of the biannual monitoring reports and through regular site visits.[65]

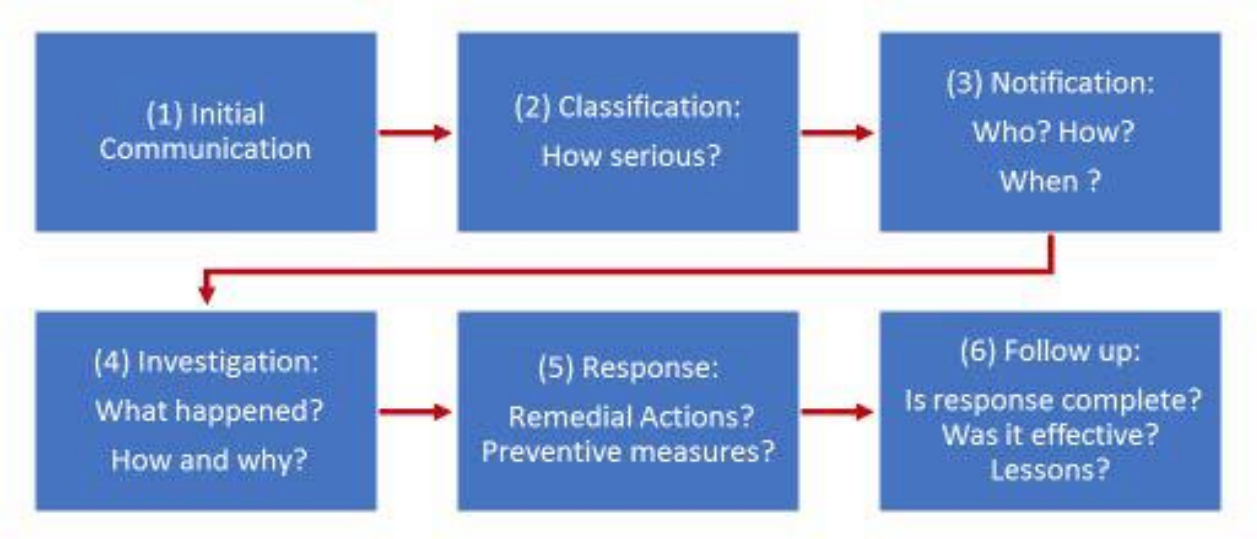
[65] Frequency will be determined by the need but expected to be more frequent at early stages of project implementation

The GRM will further help track complaints and effectiveness of interventions, including those with environmental and social impacts.

Upon completion of the Project, the PIU shall undertake an assessment of the success of the ESMF and include relevant information in the Implementation Completion Report (ICR). This ICR will be followed by the Bank's own ICR. If either of these assessments reveals that any key objectives of the ESMF were not achieved, follow-up measures shall be developed to remedy the situation. This is also applicable for site-specific ESMPs.

Implementation (work plan) progress shall be reported by the IPs to the PIU, and verified by the PIU through periodic project site visits. The PIU in turn will keep the PSC and the WB properly updated on implementation progress.

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



Incidents should 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 SCRP ESMF for guidance). A 'severe' incident causes great harm to individuals, or the environment, or presents significant reputational risks to the World Bank.

Severe incidents (an incident*that caused significant adverse effect on the environment, the affected communities, the public or workers*, e.g. fatality, GBV, forced or child labor) will be reported within 24 to the PIU and the World Bank.

Where grievances are of sexual nature and can be categorized as GBV/SEA or child protection risk, the implementer has to handle the case appropriately, and refer the case to the GBV referral system, defined in the GBV/SEA and Child Abuse Action Plan.

Table 3 - Environmental and Social Risks and Mitigation Measures during Planning and Designing Stage

The below ESMP monitoring table will be adapted for each sub-project or site-specific activity, as not all risks, mitigation measures and indicators are relevant for each sub-project.

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibility of…	Timeline (12 months)	Monitoring Indicator	Monitoring Responsibilities	Frequency of Monitoring	Budget Risk mitigation / monitoring
Coordination and execution of COVID-19 response under the CERC	Disagreements between FGS MoH and the technical IPs; and segregation of duties and responsibilities	➢ Adopt and follow the National Preparedness and Response Plan for COVID-19: ➢ ensuring overall leadership and guidance from MoH ➢ UN agencies to act as technical leads (especially UNICEF and WHO)	PIU, IPs, MoH	Throughout project implementation	National Preparedness and Response Plan is followed MoH is providing overall leadership and guidance UNICEF and WHO provide technical support	PIU	Monthly	PIU staff costs
Procurements of Goods	Procurement of goods that does not comply with standards	➢ Source goods as guided by the requirements of WHO.	Implementing Partner (IP)	Throughout project implementation	Procurement lists comply with WHO requirements	PIU	monthly	Included in IP staff costs / included in PIU staff costs
Identify the type, location and scale of healthcare facilities (HCF)	Poor location of HCF may lead to possible spread of the pandemic due to close interaction and additionally increased	➢ Conduct a survey on proposed property in relation to proximity to sensitive areas such as a cultural heritage site or a nature reserve, nearby sensitive	IP working in collaboration with MoH representative	During planning and designing stage	Survey conducted Municipal	PIU	During design	Included in IP budget / included in PIU staff costs

	grievances from the local community on various inconveniences which include noise pollution	social receptors such as a residential area or school. ➢ Ensure availability of municipal services such as public water supply, sewage and waste collection services at the location			services are available			
Identify the need for expansion, upgrading and/or rehabilitation of disposal facility	Poor management of healthcare waste leading to contamination of the environment	➢ Conduct due diligence to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures are recommended and implemented. These measures include the rehabilitation of the existing infrastructure, to make it usable and training of available operators in health care management and disposal.	IP working in collaboration with MoH representative and local council	During planning and designing stage	Due diligence conducted	PIU	During design	Included in IP budget / included in PIU staff costs
Identify the needs for ancillary works and associated	Poor access may lead to shortage of essential services at the HCF while the	➢ Engage local council in the provision of access road and best alternatives for provision of	IP working in collaboration with local council	During planning and designing stage / throughout project	Road access available	PIU	During design	Included in IP budget / included in PIU staff costs; travel budget

facilities, such as access roads, construction materials, supplies of water and power, sewage system	lack of water and sewage facilities may lead to poor sanitation which may exacerbate the health of the patients and the health workers	sanitation facilities		implementation				for PIU E&S staff: 200,000 USD
Identify the needs for acquisition of assets (e.g. acquiring existing assets such as hostel, stadium to hold potential patients)	The spread of the pandemic if not contained Unlawful acquisition of property	➢ Acquisition of assets such as hostels and stadium identified in strategic places, together with HCF to ensure to ensure quick isolation and early treatment of all cases, thereby preventing the spread of the pandemic. ➢ Apply Resettlement Policy Framework (RPF) to develop a Resettlement Action Plan and implement it prior to commencement of works on the site.	IP working in collaboration with MoH representative	During planning and designing stage	RPF followed	PIU	Design phase	RPF included in IP budget / included in PIU staff costs
Identify onsite and offsite waste management facilities, and waste transportation routes and	Inadequate facilities and processes for treatment of waste	➢ Estimate potential waste streams ➢ Consider the capacity of existing facilities such as the incinerator, and develop a waste management plan to	IP working in collaboration with MoH	During planning and designing stage	Appropriate design provided	PIU	Design phase	Included in IP budget / included in PIU staff costs

service providers		efficiently manage waste based on available capacity and location of the available incinerator as an example, ➢ Require that receptacles for waste should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited, consistent with the provisions in the WHO Laboratory Biosafety Manual, 3rd Edition Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance. Design training for staff in the segregation of wastes at the time of use			Protocol available			
Identify needs for workforce and type of project workers	The project may not be delivered safely and on time.	➢ Identify numbers and types of workers ➢ Consider accommodation and measures to minimize cross infection ➢ Use LMP for risk	IP working in collaboration with MoH	During planning and designing stage	Plan for deployment of workers produced LMP implemented	PIU	Design phase	Included in IP budget / included in PIU staff costs

		identification and mitigation						
Identify needs for using security personnel during construction and/or operation of HCF	security risks for project workers	➢ See Security Management Framework (SMF) for risks and mitigation measures	IP	During planning and designing stage	SMF implemented, local SMP available	PIU	Design phase	Potential SMP included in IP budget /included in PIU staff costs; for travel budgte see above
HCF design – general	Structural safety risk; Functional layout and engineering control for nosocomial infection	➢ Ensure inclusion of recommended designs consistent with WHO requirements, and the actual implementation consistent with those provisions	IP working in collaboration with MoH	During planning and designing stage	Design is consistent with WHO requirements	PIU	Design phase	Included in IP budget / included in PIU staff costs
HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (the elderly, those with preexisting conditions, or the very young) and those with disabilities	Some groups may have difficulty accessing health facilities	➢ Establish a list of vulnerable groups and assess the different access barriers they may experience and also establish mechanisms to monitor the outbreak among these groups and their access to care. Develop a tailored intervention package to facilitate prevention efforts, for possible consideration in the	IP working in collaboration with local council	During planning and designing stage	List of vulnerable groups available and intervention plans available	PIU	Design phase	Included in IP budget / included in PIU staff costs

		HCF designs.						
Design of facility should reflect specific treatment requirements, including triage, isolation or quarantine	Potential for the HCF to be made redundant in the area where its mostly needed because it was not tailor made to meet the needs of the local community	➢ The design, set up and management will take into account the advice provided by WHO guidance for Severe Acute Respiratory Infections Treatment Center. ➢ Hand washing facilities should be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices. ➢ Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19. ➢ Isolation rooms should: ✓ be single rooms with attached bathrooms (or with a dedicated commode); ✓ ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be	IP working in collaboration with MoH	During planning and designing stage	Design reflects WHO guidelines Hand washing facilities available Isolation rooms planned	PIU	Design phase During implementation Design phase	Included in IP budget / included in PIU staff costs, for travel budget see above

		avoided) ✓ be sited away from busy areas or close to vulnerable or high-risk patients, to minimize chances of infection spread; ✓ have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope ✓ have signs on doors to control entry to the room, with the door kept closed; ✓ have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.						

Table 4- Environmental and Social Risks and Mitigation Measures during Construction Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibility of	Timeline	Monitoring Indicator	Monitoring Responsibilities	Frequency of Monitoring	Budget Risk Mitigation / Monitoring
Clearing of vegetation and trees; Construction	Impacts on natural habitats, ecological resources and biodiversity	➢ Conduct screening to exclude all sites with potential to affect sensitive	IP	During construction phase	Alternative options considered	PIU	During commencement of implementation	Included in IP budget / included in PIU staff

activities near ecologically sensitive areas/spots		natural habitats. ➢ Ensure all options on alternative sites are exhausted before disturbing the vegetation ➢ Define the construction corridor or space required for the project and only clear vegetation in the define area at the barest minimum						and travel costs
General construction activities	Impacts on soils and groundwater; Geological risks	➢ Ensure proper management of any hazardous materials stored on site by being consistent with provisions for storage of such substances to avoid contamination of soil and ground water. ➢ Ensure appropriate and applicable safety measures are put in place during the construction and borehole drilling activities to protect both the workers and the local community. ➢ Excavate material in a manner which avoid off-site	IP	During construction phase	Proper management of oil leaks performed Proper management of hazardous materials	PIU	monthly	Included in IP budget / PIU travel costs, see above and staff costs

		environmental problems ➢ Any excavated material will be appropriately stored for use in backfilling or otherwise disposed appropriately						
General construction activities	Resource efficiency issues, including raw materials, water and energy use; Materials supply	➢ Carry out a waste minimization assessment which examines opportunities for waste avoidance reduction, reuse and recycling ➢ Ensure supplier of material needed for the project, following good analysis of quantities raw for material required ➢ Ensure the needed material is obtained from already existing suppliers in the area, approved by the local council. No new borrow sites should be created by the project.	IP IP working in collaboration with the local council	During construction phase	Assessment of waste minimization available	PIU	Commencement of activity	Included in IP budget / included in PIU staff costs
General construction activities – general pollution	Construction solid waste; Construction wastewater;	➢ Ensure appropriate disposal of generated solid waste after separation of	IP	During construction phase	Appropriate waste disposal	PIU	monthly	Included in IP budget / included in PIU travel costs and

management	Noise; Vibration; Dust; Air emissions from construction equipment	materials with potential to be recycled ➢ Prior to commencement of works, identify a government approved arrangements for disposal of construction solid waste. ➢ Minimize the quantity of uncontaminated water entering cleared areas ➢ Establish cut-off or intercept drains to redirect wastewater away from cleared areas and slopes to stable (vegetated) areas or effective treatment installations ➢ Where an activity is likely to cause noise nuisance to nearby residents, restrict operating hours to between 7am and 6pm weekdays and 7am to 1pm Saturdays, except where for practical reasons, the activity is unavoidable			Drains established Operations are restricted to given times Advise provided Wind fences installed			staff costs

		➢ Advise local residents when unavoidable out-of-hours work will occur. ➢ Schedule deliveries to the site so that disruption to local amenity and traffic are minimized ➢ Where possible, implement dust prevention strategy developed at project planning stage ➢ Ensure spraying or sprinkling with water the affected areas to reduce on dust generation during construction activities ➢ Install wind fences where appropriate ➢ Ensure scheduled maintenance of construction equipment to reduce on air emissions.						
General construction activities – hazardous waste management	Fuel, oils, lubricant	➢ Minimize fuels and chemicals stored on-site ➢ Install bunds and take other precautions to reduce the risk of spill ➢ Implement a	IP	During construction phase	Contingency plan available	PIU	Commencement of activity	Included in IP budget / included in PIU staff costs

		contingency plan to handle spills, so that environmental damage is avoided						
General construction activities – Labor issues	Workers coming from infected areas Co-workers becoming infected Workers introducing infection into community/general public labor deployment does not comply with labor standards	➢ Refer to Annex 3 on Covid-19 handling at construction sites ➢ Refer to LMP	IP working in collaboration with MoH and/or NGO	During construction phase	LMP implemented	PIU	monthly	Included in IP staff costs / Included in PIU staff costs
General construction activities – Occupational Health and Safety (OHS)	Risk of injury to the local community Risk of injury to the workers Risk of spreading the infection among the workforce and the medical personnel.	➢ Ensure safety sign posts around the worksites ➢ Ensure provision of appropriate safety equipment is provided to the workers ➢ Assuring proper and quick access to appropriate and timely medical services, ➢ Educate hand hygiene and PPEs, that is not based on ability to pay or other factors; and ➢ Anticipate and address issues	IP working in consultation with the medical personnel	During construction phase	Sign posts are available and visible Workers have been provided with safety equipment	PIU	Monthly	Included in IP budget / Included in PIU travel and staff costs

		resulting from people being kept in quarantine. Report any serious incident (i.e. causing an injury or death) to the MOH and the World Bank within 48 hours of occurrence.						
General construction activities – traffic and road safety	Risks of accidents by project workers and suppliers of goods and services	➢ The project workers and sub-contractors are sensitized to observe road safety sign ➢ Ensure speed limits are mounted where absent and are adhered to by all project workers sub-contractors ➢ Ensure the construction machinery is equipped with signals ➢ Provide regular training/sensitization to drivers and the community on the risks related to traffic management.	IP	During construction phase	Sensitization has taken place	PIU	monthly	Included in IP budget / Included in PIUtravel and staff costs
General construction activities – security personnel	Risks of theft at construction site Security Risks for	➢ Ensure security personnel are engaged at construction site to avoid loss of procured material	IP	During construction phase	SMF implemented	PIU	monthly	Included in IP budget / Included in PIUtravel and staff costs

	workers	for the project. ➢ Refer to SMF						
General construction activities – land and asset	Acquisition of assets is not lawful	➢ Apply Resettlement Policy Framework (RPF) to conduct Resettlement Action Planning (to be implemented prior to construction activities) ➢ Ensure grievance mechanism is known to the local community for any grievance they may have during construction in the given corridors or sites	IP working in collaboration with PIU Team	During construction phase	RFP implemented GRM available	PIU	monthly	RAP included in IP budget / Included in PIU travel and staff costs
General construction activities	GBV/SEA issues	➢ Ensure sensitization is made to the workers and the local community in the area of GBV and SEA and use of the available grievance redress mechanism ➢ Implement GBV/SEA Action Plan	IP working in collaboration with available NGO	During construction phase	Trainings for local communities held Trainings for workers held	PIU	monthly	Included in IP budget / Included in PIU staff costs
General construction activities – emergency preparedness and response	Risks of accidents such as injury or fire outbreak	➢ Each workers, permanent or temporary, must sign a code of conduct and undergo an onboarding procedure, including a OHS briefing.	IP	During construction phase	Emergency Preparedness and Response Plan available	PIU	Commencement of activity	Included in IP budget / Included in PIU staff costs

		➢ Daily briefings prior to commencement of the assignment should take place as a reminder of the OHS rules on site. ➢ Monitoring checks are to be conducted to ensure PPE is worn at all times. ➢ There must be an emergency preparedness and response plan developed for such in the event of an emergency and this must be known or communicated to all the workers						
Construction activities related to *onsite* waste management facilities, including temporary storage, incinerator, sewerage system and wastewater treatment works	Risks of accidents Risk of encroachment into someone's land Risk of constructing in an area close to the local community and poorly siting the incinerator for medical waste disposal	➢ Ensure appropriate signage is placed at construction site and proper barricade installed to protect the local community from illegal entry and occupational health risks ➢ Ensure the public is aware of the construction activities, schedule and access restrictions. ➢ Ensure acquisition procedures have been followed (as	IP working in collaboration with Ministry of health and PIU Team	During construction phase	Signage is available at construction site Consultations have been implemented	PIU	monthly	Included in IP budget / included in PIU travel and staff costs

		per site specific Resettlement Action Plan) and signed up with appropriate authority before embarking on construction works ➢ Ensure appropriate consultation have been made and location suitable for purpose. More specifically, the following are some of the parameters to consider when selecting the site[66]; ○ The location should be at least 30 meters away from the closest occupied or inhabited building. ○ The prevailing winds at the location should blow in a direction away from occupied buildings. ○ There should be no regular public passage within immediate proximity of the incinerator. ○ There should be no horticulture or leaf crops within 300 meters of the						

[66] https://path.azureedge.net/media/documents/TS_mmis_incin_guide.pdf

		incinerator in the direction of the prevailing winds. o In the case where the ash is deposited in a pit, the bottom of the ash pit should be above the maximum level of the water table. The location should be secure and free from risk of vandalism or theft. The location should permit construction of a facility to house the incinerator (unless designed for external use) and store the waste awaiting disposal						

Table 5 - Environmental and Social Risks and Mitigation Measures during Operational Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibility of	Timeline	Monitoring Indicator	Monitoring Responsibilities	Frequency of Monitoring	Budget Risk Mitigation / Monitoring
General HCF operation – Environment	General & Health Care wastes, wastewater and air emissions	General & Health Care Waste ➢ Ensure waste is segregated at point of generation to the extent possible for easy handling ➢ Ensure the	IP	During operational phase	Evidence of waste segregation	PIU	monthly	Included in IP budget / included in PIU travel and staff costs

		segregated waste is appropriately packaged and stored for final disposal using environmentally acceptable methods as guided in the ICWMP Waste waster ➢ As much as possible, ensure minimal generation of wastewater. However, where this is generated for disposal, ensure it is treated before disposal Air emissions ➢ Rigorously segregate waste so that no PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal ➢ Ensure that the incinerator is built according to recommended dimensions			Incinerator built according to recommendations			

		("INCINERATOR GUIDE BOOK)[67], using appropriate materials, and that it is functioning properly, and the chimney is clear of excessive soot. Load the incinerator based on available capacity, to ensure there are no spillages						
General HCF operation – OHS issues	Physical hazards (for example, handling of sharps); Electrical and explosive hazards; Fire; Chemical use; Ergonomic hazard; Radioactive hazard	➢ Ensure a local risk assessment (identification of risks at work) is conducted for each process step, that is, from sample collection to virus isolation to identify specific hazards and for each identified risk, appropriate risk control measures must be defined. ➢ Provide safety training in the management of hazards identified other than those related to sample handling ➢ Provide review of Infectious Preventive Control training for	IP in collaboration with MoH	During operational phase	Risk assessment produced Safety trainings held	PIU	monthly	Included in IP budget / included in PIU staff costs

[67] https://path.azureedge.net/media/documents/TS_mmis_incin_guide.pdf

		the health care facility staff, including HCWs at high risk for infection after 14-day quarantine period.						
HCF operation – Labor issue	Workers denied the opportunity to complain they do not have adequate PPE to protect themselves against COVID 19	➢ Regular review and provision of PPE to the project sites ➢ Grievance Mechanism in place ➢ Grievances collected and resolved according to the standards describes in the GRM	IP	During operational phase	GRM in place (hotline number exists)	PIU	monthly	Included in IP budget / included in PIU travel and staff costs
HCF operation - considerations for differentiated treatment for groups with different needs (e.g. the elderly, those with preexisting conditions, the very young, people with disabilities)	Risk of failure by the vulnerable groups to access health care facilities	➢ Establish a list of vulnerable groups and assess the different access barriers they may experience (especially to first contact and transport). ➢ Establish mechanisms to monitor the outbreak among these groups and their access to care. ➢ As part of the final design, develop a tailored intervention package to facilitate prevention efforts and support access, to be activated in	IP in consultation with the local community leadership in the targeted area	During operational phase	List of vulnerable groups available Mechanism available	PIU	monthly	Included in IP budget / included in PIU staff time

		case of need. ➢ Consider a wide range of vulnerabilities associated with the nature of the epidemic itself and with the sociodemographic, economic and environmental conditions of households.						
HCF operation – cleaning	Poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values	➢ Provide cleaning staff with adequate cleaning equipment, materials and disinfectant. Provide adequate facilities to disinfect the cleaning equipment and dispose of the used consumables in a safe manner; ➢ Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. ➢ Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with	IP	During operational phase	Staff has adequate cleaning equipment Training of cleaning staff has been conducted Cleaners have been provided with PPE Cleaners have been trained	PIU	monthly	Included in IP budget / included in PIU travel costs and staff costs

		COVID-19, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, provide best available alternatives. ➢ Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials)						
HCF operation - Infection control and waste management plan	Risk of the spread of the pandemic among health professionals	➢ Ensure appropriate training on Infectious Prevention and Control for healthcare workers and other staff. ➢ Plan for surge capacity, estimate the needs in terms of patient beds, respiratory support, PPE, staff and diagnostics.	IP in collaboration with PIU and MoH	During operational phase	Training to health care workers has been provided Non-essential vists are	PIU	monthly	Included in IP budget, MoH budget / included in PIU travel costs and staff costs

		Laboratory capacity and therapeutics should also be included in these estimates ➢ Ensure each facility is equipped with handwashing stations ➢ WHO prescribed protocols for personal protection of healthcare professionals is to be enforced at all times ➢ Consider restricting non-essential visits and ensure that everyone, including patients and visitors, at the healthcare facility are aware of the need for hand and respiratory hygiene, including suitable cough etiquette ➢ Ensure training in Health care waste management systems, which enable health care waste to be managed responsibly, without harming the community or the environment. ➢ Staff engaged in			restricted Training has been provided Staff has been provided with PPE			

		waste management should wear PPE. ➢ Staff engaged in auxiliary activities, such as food supply, waste management should wear PPE. ➢ Waste should be treated as infectious clinical waste Category B (UN3291) [30] and handled in accordance with healthcare facility policies and local regulations						
Waste minimization, reuse and recycling	Use of incinerators results in emission of dioxins, furans and particulate matter	➢ Where possible avoid the use of incinerators and make use of steam based treatment (autoclave) process, except there is no volume reduction of waste with this type of treatment. ➢ If small-scale incineration is the only option, this should be done using best practices, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment prior to disposal with	IP working in collaboration with Ministry of Health	During operational phase	tbd	PIU		Included in IP budget and MoH budget / included in PIU staff costs

		sterile/non-infectious shredded waste and disposed of in suitable waste facilities) ➢ Do not use single-chamber, drum and brick incinerators ➢ If small-scale incinerators are used, adopt best practices to minimize operational impacts.						
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies	Risk of infection Risk of getting spoiled sample	➢ A specimen received by the laboratory must be accompanied by sufficient information to identify what it is, when and where it was taken or prepared, and which tests and/or procedures (if any) are to be performed. ➢ Specimens must be stored in containers with adequate strength, integrity, and volume to contain the specimen, and that are leakproof when the cap or stopper is correctly applied. ➢ Use plastic containers for	Ministry of Health, monitored by IP representative	During operational phase	Information is available for every sample Adequate containers are used for storage	PIU	monthly	Monitoring Included in IP budget / included in PIU travel and staff costs

		storage whenever possible that are free of any biological material on the outside of the packaging. ➢ Correctly label containers, marked and recorded to facilitate identification, and made of an appropriate material for the type of storage required						
Storage and handling of specimen, samples, reagents, and infectious materials	Risk of infection Risk of getting spoiled sample	➢ All procedures must be performed based on risks identified in the assessment and only by personnel with demonstrated capability, in strict observance of any relevant protocols at all times. ➢ Initial processing (before inactivation) of specimens should take place in a validated biological safety cabinet (BSC) or primary containment device. ➢ Non-propagative diagnostic laboratory work (for example, sequencing, nucleic acid amplification	Ministry of Health, monitored by IP representative	During operational phase	Risk assessment available BSC exists	PIU	monthly	Monitoring included in IP budget / included in PIU travel and staff costs

		test [NAAT]) should be conducted at a facility using procedures equivalent to Biosafety Level 2 (BSL-2). ➢ Point of care (POC) or near-POC assays can be performed on a bench without employing a BSC, when the local risk assessment so dictates and proper precautions are in place.						
Waste segregation, packaging, color coding and labeling	Risk of infection to the handlers	➢ Segregate medical/health care waste at generation point	HCF staff and waste handlers	During operational phase	Waste is segregated	PIU	monthly	HCF budget / Included in PIU travel costs and staff costs
Onsite collection and transport	Risk of infection to the handlers due to secondary handling	➢ Place the different types of medical/health care waste in secured bags colour coded and labelled	Ministry of Health Officer, working in collaboration with IP representative	During operational phase	Color coded bags are used for medical waste	PIU	monthly	Included in IP budget, MoH budget /Included in PIU travel costs and staff costs
Waste storage	Risk of contaminating the surrounding environment, the workers and the community	➢ Ensure the medical/health care waste storage is properly secured from non-staff members	HCF staff and waste handlers	During operational phase	Health care waste is locked	PIU	monthly	HCF budget / Included in PIU travel costs and staff costs

	members							
Onsite waste treatment and disposal	Indiscriminate disposal of hazardous waste	➢ Ensure incineration of all the delivered hazardous waste and a record of the amount incinerated kept	Ministry of Health Officer, working in collaboration with IP representative	During operational phase	All hazardous waste is incinerated	PIU	monthly	Included in IP budgte, MoH budget / PIU travel costs and staff costs
Waste transportation to and disposal in offsite treatment and disposal facilities	Entails the carriage of healthcare waste through public streets which can be a risk in case of an accident or mare spill of health care waste	➢ Storage and transportation of medical waste is done according to the WHO specifications ➢ Routing and scheduling can be figured out by trial-and-error or by heuristic routing approaches which take into account traffic patterns at different times of day, street configurations, on which side of the road the majority of facilities are situated, ground ➢ Ensure a waste tracking system as part of a cradle-to grave approach to waste management and in keeping with the “duty of care” principle is put in place	IP in consultation with the local authority	During operational phase	tbd	PIU	Monthly	Included in IP budget / included in PIU travel costs and staff costs

HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials	Risk involved is the accidental spill of the material during transportation causing land contamination	➢ Avoid transboundary movement of hazardous material to the extent possible. ➢ Where this is not possible, ensure before transportation, strong containers are used for transportation of the material	IP	During operational phase	Stronger containers are in usage	PIU	Monthly	Included in IP budget / PIU travel costs and staff costs
Emergency events	Spillage; Occupational exposure to infectious disease; Exposure to radiation; Accidental releases of infectious or hazardous substances to the environment; Medical equipment failure; Failure of solid waste and wastewater treatment facilities Fire;	➢ Emergency Response Plan, to be developed for each site, as relevant, which shall provide for specific standard operating procedures (SOPs) to be followed in possible emergency scenarios that apply to the work and local environment. Personnel must be trained on these procedures and have periodic refresher training to maintain competency ➢ First-aid kits, including medical supplies, such as bottled eye washes and bandages, must be available and	IP in collaboration with the Ministry of Health	During operational phase	Emergency Response Plan exists Kits are available 100% of incidents are reported	PIU	monthly	Included in IP budget, MoH budget / PIU travel costs and staff costs

	Other emergent events	easily accessible to personnel. These products must be checked routinely to ensure that they are within their use-by dates and are in sufficient supply. ➢ All incidents must be reported to the appropriate personnel promptly. ➢ Any serious incident, involving injury or death should be reported to the MOH and the World Bank within 48 hours of occurrence.						
WASH – handwashing stations	Spreading of COVID-19 and other disease	➢ Ensure minimal touch handling water and soap ➢ Ensure proper drainage of waste water ➢ Ensure 1 meter distance between users ➢ Follow UNICEF guidelines (Handwashing Stations and Supplies for the COVID-19 response)	IP	During operational phase	Handwashing stations designed to allow for minimal touch handling facilities 1 meter distancing requirements indicated	PIU	Monthly	Includd in IP budget / included in PIU staff and travel costs
Health Services	Exclusion of marginalized communities	➢ Implement SEP	IP	During operational phase	SEP is implemented	PIU	Monthly	Included in IP budget / PIU travel costs and

								staff costs
Community engagements	Covid restrictions pose challenges to community engagements	➢ Implement WB guidelines on community engagements under COVID-19	IP	During operational phase	Community engagements are implemented	PIU	monthly	Included in IP budget / PIU travel costs and staff costs

Table 6- Environmental and Social Risks and Mitigation Measures during Decommissioning

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibility of	Timeline	Monitoring Indicator	Monitoring Responsibilities	Frequency of Monitoring	Budget Risk Mitigation / Monitoring
Decommissioning of interim HCF	Pollution of the environment with various types of waste Contamination of the environmental and the risk of local community to contract diseases if the hazardous waste remains are not properly disposed	➢ Ensure proposer disposal of generated waste consistent with the available legal requirements ➢ Ensure separating health care waste from the rest and dispose appropriately ➢ Ensure implementation of a restoration plan	IP working in collaboration with medical personnel at affected site	During decommissioning	Restoration plan available	PIU	Decommissioning phase	Included in IP budget / included in PIU staff costs
Decommissioning of medical equipment	Risks of spreading the infection if not properly sterilised	➢ Ensure all the medical equipment is adequately sterilized before it can be removed from the HCF and reclaimed for the same purpose elsewhere.	IP working in collaboration with medical personnel at affected site	During decommissioning	tbd	PIU	Decommissioning phase	Included in IP budget / included in PIU staff costs
Regular decommissioning	Risk of abandoning site as is Pollution of the environment and poor aesthetic values	➢ Ensure implementation of a decommissioning plan	IP	During decommissioning	Decommissioning plan is implemented	PIU	Decommissioning phase	Included in IP budget / included in PIU staff costs

Grievance Redress Mechanism	Project GRM has not solved all filed cases	➢ Follow up on all outstanding cases that have been filed and ensure resolution of 100% of GRM cases	PIU and IPs	During decommissioning	All grievances are solved	PIU	Decommissioning phase	Included in IP budget / included in PIU staff costs

Monitoring. The responsibility for monitoring activities will mainly lie with the IP itself, where appropriate it will be conducted by MDAs at the state level (or SPTs respectively). Where this is the case, results will be reported to the PIU. The PIU has the overall responsibility for the appropriate monitoring of all risk mitigation measures and their indicators. The environmental specialist, the social specialist , as well as OHS and GBV staff will conduct regular monitoring missions to project sites. This will include building the E&S monitoring capacity of the state-level SPTs and MDAs. At the same time, the PIU E&S staff will be supported through UNOPS environmental and social specialists.

Monitoring will consist of a rotational site visit plan, but also include spot checks. The monitoring plans will be developed in cooperation between the E&S staff at the PIU level and the SPTs and MDAs in the respective states.

Furthermore, IVAs' Project monitoring tasks and schedules will include E&S mitigation measures and their indicators. This will be integrated into the TOR for the IVAs recruited for the SCRP. IVA reporting, where relevant to E&S standards, will be submitted to the PIU.

Where monitoring and supervision of the implement of E&S risk mitigation measures reveals non-compliance with this ESMF and other E&S instruments, the case will be reported by the E&S staff to the PIU Project Coordinator, and it will be detailed in the regular E&S reporting (see below). Non-compliance will be formally discussed with the IP or the respective party, and the IP will be requested to comply. Monitoring of the respective sub-project or site-specific activity will increase in frequency until full compliance is attested.

Where issues arise that are related to non-compliance of the IP/contractor, the IP will be financially liable for the costs of mitigation measures. Where issues arise that are beyond the responsibility of the IP, costs will be carried by the PIU.

If non-compliance persists, the PIU Project Coordinator, with advice from his E&S staff, can take the decision to cancel the activity and the contract of the IP. Provisions to this regard will be integrated into contractual agreements with contractors/IPs.

All detected non-compliance will be integrated into the quarterly E&S reporting, which will be submitted to the World Bank. If non-compliance reoccurs in a specific sub-project or site-specific activity, or through a specific IP, the World Bank has the right to request the cancelation of the contract / activity.

Reporting. Reporting on E&S risk mitigation implementation, monitoring results and details of GRM cases and outcomes, will be included in quarterly reports from the PIU to the World Bank (see Annex 8 for outline of ESS reporting). The PIU Environmental Specialist and Social Specialist will be responsible to compile all data to be reported and to prepare reporting inputs to the PIU M&E officer two weeks prior to the quarterly reporting cycles. For analysis and interpretation of data they will also rely on subject matter experts, such as the OHS or GBV specialist.

The PIU will compile data from IPs, SPTs and MDAs, where applicable, as well as directly through IP and contractor reporting. IPs and contractors will be request in their contracts to provide monthly reporting on E&S issues.

8. PublicConsultation and Disclosure and Stakeholder Engagement

The SCRP Stakeholder Engagement Plan seeks to define a structured, purposeful and culturally appropriate approach to consultation and disclosure, in accordance with ESS 10. The FGS recognises the diverse and varied interests and expectations of project stakeholders and seeks to develop an approach for reaching each of the stakeholders in the different capacities at which they interface with the project. The aim is to create an atmosphere of understanding that actively involves project-affected people and other stakeholders leading to improved decision making.

Overall, the Stakeholder Engagement Plan(SEP) serves the following purposes:

i. stakeholder identification and analysis;
ii. planning engagement modalities through effective communication, consultations and disclosure;
iii. enabling platforms for influencing decisions;
iv. define roles and responsibilities for the implementation of the SEP;
v. define reporting and monitoring measures to ensure the effectiveness of the SEP and periodical reviews of the SEP based on findings.
vi. defining role and responsibilities of different actors in implementing the Plan; and
vii. elaborating the role of grievance redress mechanism (GRM).

8.1. Purpose and Timing of Stakeholder Engagement Program

Project preparation has relied significantly on national level stakeholder engagement in order to gainunderstanding of the needs of the affected three States, as well as an understanding of the degree of the destruction and the possibilities of rebuilding and rehabilitating community infrastructure and services; as well as existing capacities and coordination mechanisms at national and State levels.

Given the nature of the Project, specific project stages are not yet fully defined. Stakeholder engagement plans will be refined and adopted as the Project design evolves. However, it is anticipated that the four purposes of consultations and information dissemination in the SCRP are: (a) understanding of the needs of the affected populations; (b) ensuring of coordination between all implementers and government and community authority structures; (c) reception of feedback and comments as well as grievances from all stakeholders on project design and implementation; (d) provision of transparent and accountable mechanisms on all aspects of Project design and implementation; and (e) ensuring that members of vulnerable groups from project affected communities are able to participate fully in the consultation process and enjoy project benefits. To ensure this, a grievance redress mechanism (GRM) will be in place throughout the life cycle of the Project (see below) and will be set up in a way that all affected individuals and groups can report on project-related grievances or can provide comments and feedback.

In consideration of Covid-19 restrictions or for communities affected by floods, locust, the project will innovate ways for consultations to be fit for purpose, following World Bank guidelines for stakeholder engagement under the current pandemic. This means effective and meaningful consultations 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 smaller meetings, small FGDs to be conducted as appropriate taking full precautions on staff and community safety. Where meetings are not permitted, traditional channels of communications such as radios and public announcements will be implemented. Other strategies will include one on one interviews through phones and skype for community representatives, CSOs and other interests' groups.

8.2. Information disclosure

Information disclosure to the affected populations and beneficiaries in the three States will rely on the following key methods: Radio broadcasting, community meetings in coordination with local authorities (district administration, community leaders), and phone communication (SMS). At the national level information will be disclosed mainly by email. Information will be disclosed in Somali or English. Local authorities, such as District Administrators or community leaders will be requested to inform communities in community meetings and through disclosure on social media.

8.3. Strategy for Consultations

Table 11: Strategy for Consultations

Project Stage	List of information to be disclosed	Methods proposed	Timelines: locations / dates	Target Stakeholders	% Reached	Responsibilities
Project Design	SEP	Stakeholder meetings	June 2020	District level	10%	PIU
		Email	June 2020	National Level	50%	PIU
		websites	June 2020	National level	20%	PIU
	CERIP	Stakeholder meetings	June 2020	District level	10%	PIU
		email	June 2020	National level	50%	PIU
		websites	June 2020	National level	20%	PIU
	CERC-ESMF (including GRM)	Stakeholder meetings	June 2020	District level	10%	PIU
		email	June 2020	National level	50%	PIU
		websites	June 2020	National level	20%	PIU
Project Initiation and Implementation	Activity – or site specific ESMPs, ESIAs or RAPs	Community meetings	Continuous	Community level	20%	IP
		email	Continuous	National level	50%	IP/PIU
		website	Continuous	National level	20%	IP / PIU
		Stakeholder meetings	Continuous	Districts and State level	20%	IP
	Any project-related information (on activities, beneficiary selection etc…)	Community meetings	Continuous	Community level	20%	IP
		radio	Continuous	Community, district and State level	20%	IP
		Mobile phone	Continuous	Community, district and	20%	IP

				State level		
		Email/website	Continuous	National level	50%	IP
	GRM	Community meetings	Continuous	Community level	20%	IP / PIU
		radio	Continuous	Community, district and State level	20%	IP / PIU
		Mobile phone	Continuous	Community, district and State level	20%	IP / PIU
		website	Continuous	National level	30%	IP / PIU

This plan lays out the overall consultative processes of the Project with its different stakeholders. In principle, all IPs overseeing sub-component activities, will follow their existing participatory engagement and consultation methods, especially with affected communities and beneficiaries. These will follow specific tools and methods of community consultations that partners have developed in their sectoral fields (e.g. in health, agriculture, cash for work, WASH etc.). This SEP will be updated to include these strategies.

The GRM will be another means of consultation, as complaints received will be filed, assessed and responded to (see below).

Table 12: Stakeholder Consultations

Project stage	Topic of consultation	Suggested Method (will be refined by IP)	Target stakeholders	Responsibilities
Project Design	Overall Project activities	Community meetings	Community level stakeholders	PIU / IP
		Stakeholder meetings	District, state level, national level stakeholders	PIU / IP
		email	National level stakeholders	PIU / IP
Project Implementation	Rehabilitation of risk mitigation infrastructure	National, state level stakeholders	IP	
		State, district and community level stakeholders	IP	
		State, district and community level stakeholders	IP	
	Sub-Project Specific ESMPs / and or ESIAs, RAPs	Community level stakeholders	IP	
		Community, district, state level stakeholders	IP	
		National level stakeholders	IP	
		National level stakeholders	IP	

8.4. Proposed Strategy to incorporate the View of Vulnerable Groups

EachIP will ensure that women, persons with disabilities, ethnic minorities and other members of vulnerable groups are participating effectively and meaningfully in consultative processes and that their voices are not ignored. This may require specific measures and assistance to afford opportunities for meetings with vulnerable groups in addition to general community consultations. For example, women may be more outspoken in women-only consultation meetings than in general community meetings. Similarly, separate meetings may be held with young people, persons with disabilities or with ethnic or other minority groups. Further, it is important to rely on other consultation methods as well, which do not require physical participation in meetings, such as social media, SMS, or radio broadcasting, to ensure that groups that cannot physically be present at meetings can participate.

In view of promoting gender equality, it is most important to engage women's groups on an ongoing basis throughout the lifetime of the project. Women voicing their concerns and contributing in the decision-making process on issues such as community infrastructure should be encouraged, especially in various fora that predominantly consist of men.

IPs are similarly encouraged to deploy female staff, in particular where staff interfaces with community members.

GRMs will be designed in such a way that all groups identified as vulnerable have access to the information and can submit their grievances and receive feedback as prescribed.

8.5. Reviews of Comments

The IPs implementing different sub-components of the Project will gather all comments and inputs originating from community meetings, GRM outcomes, and surveys. The information gathered will be submitted to the Environmental and Social Specialists of the PIU, to ensure that the Project has general information on the perception of communities, and that it remains on target. It will be the responsibility of the different IPs to respond to comments and inputs, and to keep open a feedback line to the communities, as well as the local authorities and State governments. Training on environmental and social standards facilitated by WB will be provided soon after the Project becomes effective to ensure that all the staff from the PIU, and the different IPs are equipped with the necessary skills.

The SEP provides the overarching guidelines for the rolling out of stakeholder engagements. While this SEP will be refined once the different communication and consultation modalities of the IPs can be elaborated on, the guiding principles will remain in place. The PIUwill monitor the capacity of the safeguards staff of the different IPs, and recommend appropriate actions, e.g. refresher trainings.

8.6. Implementation Arrangements for Stakeholder Engagement

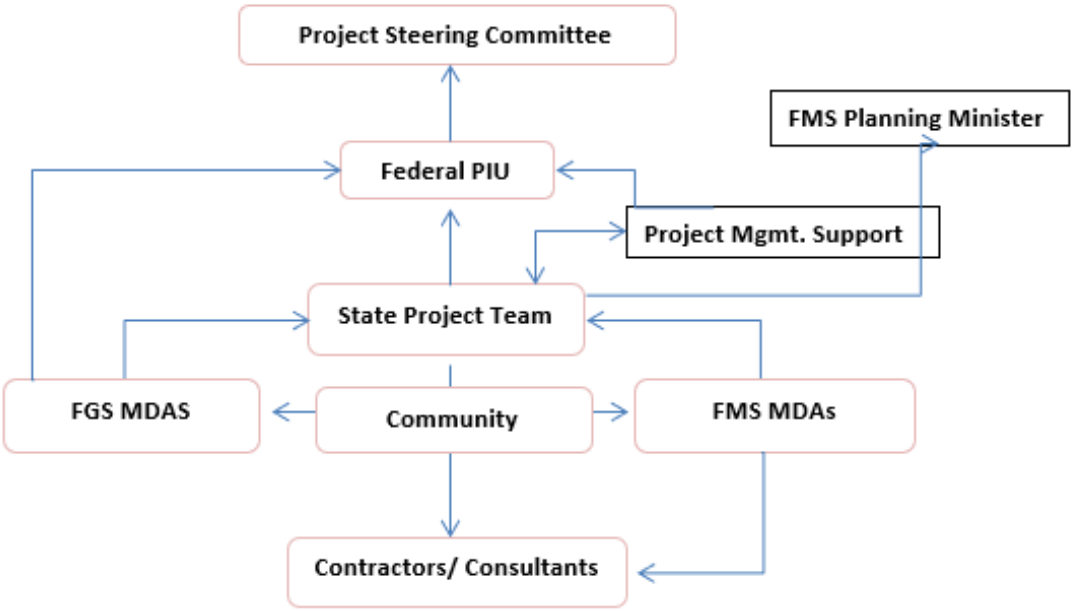
The overall responsibility for the implementation of the SEP lies with the MoF, specifically the Head of the PIU. The Project Coordinator of thePIU will be overseeingan Environmental and Social Specialist, who are both part of the PIU staffing table. They form part of the Risk Management Unit inside the PIU.

The Social Specialist will maintain a stakeholder database for the overall project and will lead a commitment register. However, while the PIU will oversee all coordination and disclosure-related consultations, the IPs will implement the SEP at the community level in their respective project sites and will report on their activities to the PIU Social Specialist on a monthly basis. The PIU Social Specialist will undertake field verification activities jointly with the IPs – at least every other month, or during planned events.

Each IP will identify dedicated staff responsible for the implementation of the SEP within the organization. Staff names will be submitted to the PIU Social Specialist. Selected staff must have ample qualifications to implement the SEP, as stipulated by the terms of reference for the position in the IPs' HR system. IPs will also commit to communicate the stakeholder engagement strategies for their respective sub-components internally.

IPs who will contract local companies for construction work, or local NGOs or CSOs for the implementation of their activities will submit plans to the Social Specialist at the PIU. The Specialist will verify the implementation of those plans during field visits.

Roles and Responsibilities



9. Grievance Redress Mechanism

Under the new World Bank ESSs, Bank-supported projects are required to facilitate mechanisms that address concerns and grievances that arise in connection with a project.[68] 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'.[69] This Project GRM 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 SCRP will provide mechanisms to receive and facilitate resolutions to such concerns. This section lays out the grievance redressal mechanisms (GRM) for the SCRP, which will also apply for its CERC component.

As per World Bank standards, the GRM will be operated in addition to a separate GBV/SEA and Child Protection Risk Action Plan, which includes reporting and referral guidelines (see GBV/SEA and Child Abuse Action Plan).

The GRM are designed to capture the high potential for conflict in Somalia. There is concern that there may be disagreements over local level planning and implementation processes. Furthermore, the project itself may cause grievances, or existing community and inter-community tensions may play out through the project. The source of grievances in regards to project implementation can also sometimes be the very nature local governance or power distribution itself.

It will therefore be key in the fragile environment of Somalia to ensure that grievances and perceived injustices are handled by the project, and that the project aides mitigating general conflict stresses by channeling grievances that occur between people, groups, government actors and beneficiaries and project staff, NGOs, CSOs or contractors. Aggrieved parties need to be able to refer to institutions, instruments, methods and processes by which a resolution to a grievance is sought and provided. The GRM provides an effective avenue for expressing concerns, providing redress, and allowing for general feedback from community members.

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

9.1. Assess and Clarify

Through radio, mobile phones, community meetings, email and websites information about the Project and its sub-component activities will be publicly disclosed (see above).

[68]Under ESS 2 (Labour and Working Conditions), a grievance mechanism for all direct or contracted workers is prescribed, which will be laid out in a separate Labour Management Plan (LMP). The World Bank's Good Practice Note on 'Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works'[68] spells out requirements for a GBV grievance redress mechanisms, which will be defined in a separate GBV/SEA and Child Protection Risks Action Plan.

[69] World Bank, 2018, p. 131.

The type of information disclosed includes details about the Project structure, activities, budgets, consultation and information disclosure plans (SEP), the Environmental and Social Commitment Plan (ESCP), the CERC-Environmental and Social Management Framework (ESMF), activity-specific Environmental and Social Impact Assessments (ESIAs), activity-specific Environmental and Social Management Plans (ESMPs), Resettlement Action Plans (RAPs) (if prepared), the GBV/SEA and child protection referral systems, as well as detailed information about the Project GRM.

Based on the information made available, aggrieved parties can decide whether they have a case to report or whether the available information clarifies their concern. This will allow the aggrieved party to decide on the appropriate next step in order to report a grievance, comment, or provide feedback to the Project.
The provision of multiple grievance channels allows an aggrieved party to select the most efficient Institution, accessibility, circumvent partial stakeholders, and creates the ability to bypass channels that are not responsive.

9.2. Intake, Acknowledge and Follow-Up

Grievances received through the GRM reporting mechanisms will be taken in by the respective IP. This will be through walk-ins, referrals, community meetings, letters or hotline calls. Calls received by the Hotline Operator will be reviewed, information received and transfers it to the respective IP; Community Project facilitators will file grievances and pass them to the respective IP at state or national level. Community facilitators will also man the help desks or be responsible for suggestion boxes. All cases received through these, the community facilitator reports to the IP. All cases will thereby be treated confidentially.

Incident reporting. Severe incidents (an incident *that caused significant adverse effect on the environment, the affected communities, the public or workers*, e.g. fatality, GBV, forced or child labor) will be reported by the IP - within 48 - to the PIU and the World Bank.

Where grievances are of sexual nature and can be categorized as GBV/SEA or child protection risk, the IP has to handle the case appropriately, and refer the case to the GBV referral system, defined in the GBV/SEA and Child Abuse Action Plan.

For all other grievances, the respective IP will decide whether the grievance can be solved locally, with local authorities, implementers, NGOs, CSOs or contractors, and whether an investigation is required. The first ports of call will have in-depth knowledge of communal socio- political structures and will therefore be able to address the appropriate individuals, if the case can be solved at the local level.

At all times, the IP will provide feedback promptly to the aggrieved party, for example through the phone or through the community facilitator. Feedback is also communicated through stakeholder meetings and beneficiary meetings during Project activities. For sensitive issues, feedback is given to the concerned persons bilaterally.

Records of all feedback and grievances reported will be established by the IP. All feedback is documented and categorized for reporting and/ or follow-up if necessary. For all mechanisms, data will be captured in an excel spreadsheet. The information collected, where possible, should include the

name of the person provided feedback, district, State, cooperating partner where applicable, project activity, and the nature of feedback or complaint.

9.3. Verify, Investigate and Act

The IP will investigate the claim within 5 working days and share findings with relevant stakeholders. Where an incident was reported, the IP will, in addition, follow the incident management protocol.

Where a negotiated grievance solution is required, the IP will invite the aggrieved party (or a representative) and decide on a solution, which is acceptable to both parties and allows for the case to be closed – based on the agreement of both parties.

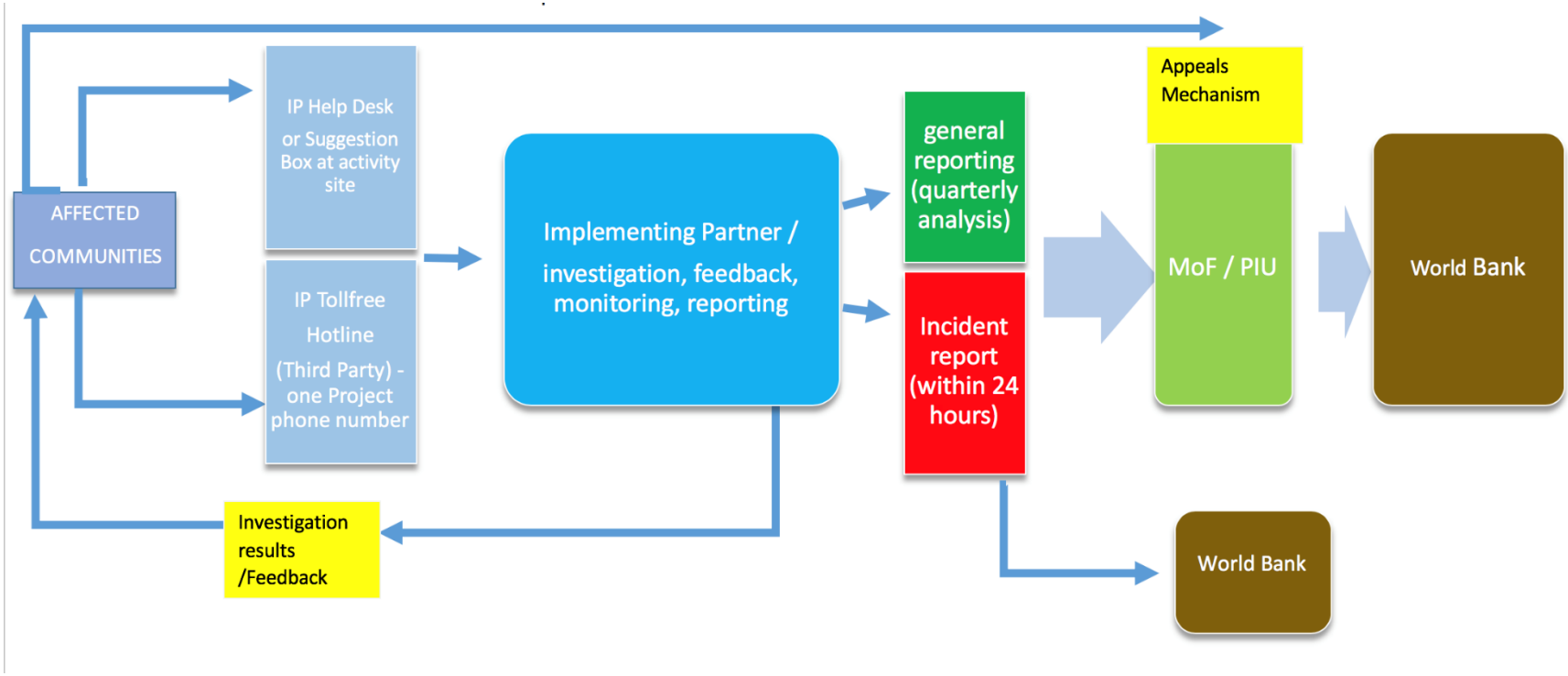
After deciding a case, the IP has to provide an appeals mechanism to the aggrieved party, which is constituted through the PIU.This is important in cases in which the aggrieved party is dissatisfied with the solution provided by the IP. In these instances, the PIU will step in and provide an appeals mechanism. The appeal should be sent to the PIU directly (a phone number will be provided), where it will be reviewed by the PMU Risk Management Unit and will be decided on jointly with the Project Coordinator of the PIU. Where aggrieved parties are dissatisfied with the response of the PIU, they can report cases directly to the World Bank (see below).

9.4. Monitor, Evaluate and Feedback

The IP will provide first feedback on the case to the aggrieved party within one week, if the case was not filed anonymously. Further feedback and action will depend on the nature of the case, and whether cases are decided upon within the respective IP. The IP will show to the PIU that action has been taken within a reasonable amount of time.

Most importantly, all cases filed need to be logged and monitored by the IP. The IP will analyze all complaints and feedback on a quarterly basis, and share a synthesis report of the analysis with the PIU.

9.5. SCRP Grievance Redress Mechanisms Flowchart



9.6. Monitoring and Reporting of GRM

The PIU, specifically the Social Specialist, will be responsible for the monitoring of the availability and implementation of the GRM by all IPs. The Specialist will include the GRM into his supervision and monitoring missions to the field and conduct spot checks in regards to its implementation, or, where access is difficult recruit IVA to do so.

IPs will provide analytical synthesis reports on a quarterly basis to the PIU, which include the number, status and nature of grievances. These reports will form the basis of allregular reports from the PIU to the World Bank.

IPs will further provide an excel sheet summary of the feedback and grievances reported, which will be linked to the Project's Management Information System (MIS) and to the M&E Results Framework. They will further maintain a documented record of stakeholder engagements, including a description of the stakeholders consulted, a summary of the feedback/grievances received during community consultations.

The PIU will further extract lessons learnt from the GRM and implement analysis on the overall grievances, and share them with all IPs.

9.7. GBV and Sexual Exploitation and Abuse (SEA)

Cases of GBV/SEA can be reported through the general Project GRM. The GBV survivor has the freedom and right to report an incident to anyone: community member, project staff, GBV case manager. All relevant staff of the PIU and IPs will receive training on receiving GBV complains and referral systems, ideally during the project initiation phase and as part of the staff welcome package. The GRM Operators will be trained to receive those cases in an appropriate manner and immediately forward it to the GBV/SEA referral system. The GRM Operator will ensure appropriate response by 1) providing a safe caring environment and respect the confidentiality and wishes of the survivor; 2) If survivor agreed, obtain informed consent and make referrals, 3) provide reliable and comprehensive information on the available services and support to survivors of GBV.

The GRM should consider to include key features on prevention of GBV: 1) Establish women quotas in community level grievance management to facilitate women to women reporting, 2) provide multiple channels to receive complaints (channels to be determined after community consultation) 3) Resolving complaints at the point of service delivery to reduce information and transaction costs and gender sensitive independent channels for redress. 4) Communicate GRM services at the community level to create GBV awareness and enable project-affected people to file complaints.

However, beneficiaries and communities should generally be encouraged to report all GBV/SEA cases through the dedicated GBV/SEA referral system and complaints resolution mechanism. This will be made explicit in all community awareness sessions, as well as be part of the publicly disclosed information. The GBV/SEA referral system will guarantee that survivors receive all necessary services, including medical, legal, counselling, and that cases are reported to the police where applicable.

If such cases are reported through the Project GRM, the GRM Operator needs to report the case within 24 hours to the PIU, as the PIU is obliged to report any cases of GBV/SEA to the World Bank within 48 hours following informed agreement by the survivor.Furthermore, cases need to be reported to the IP, if it concerns a direct worker or a worker from a sub-contractor, NGO partner or even a community worker following a survivor-centered approach. UN agencies will have their organizational PSEA systems in place, through which violations by staff will be handled. This may be in addition to criminal prosecution, to ensure that sanctions for the violation of Code of Conducts are implemented. IPs are in charge of monitoring that the courses for contractors regarding the Code of Conduct obligations and awareness raising activities to the community are in place. The information gathered would be monitored and reported to the PIU and the World Bank. All reporting will limit information to the survivor's wishes regarding confidentiality and in case the survivor agrees on further reporting, information will be shared only on a need-to-know-base, avoiding all information which may lead to the identification of the survivor and any potential risk of retribution.

9.8. WB's Grievance Redress Service (GRS)

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

10. Institutional Arrangements, Responsibilities and Capacity Building

The institutional arrangements for the implementation of the CERC activities follow the arrangements set up for the parent project SCRP.

Implementation of activities approved by the PSC at the federal level will be led by the PIU, which is located in the MoF. The PIU, under instruction from the PSC and in consultation with state-level Ministries of Planning, and with technical support from the World Bank and UNOPS, will contract out the detailed design and implementation of activities.

Implementing Partners will be contracted by the PIU to lead the detailed design of the sub-projects or activities. This includes the implementation of the E&S screening process, which is laid out above, and any following planning measures that are required (implementation of an ESIA where required, design of an activity-specific ESMP, planning and budgeting for any required E&S risk mitigation measures and planning and budgeting for the organizational capacity to implement the ESMF and activity-specific E&S instruments).

The PIU will be responsible to assist with the E&S screening process where necessary and to approve screening results and subsequent E&S plans, and to monitor and supervise the implementation of all E&S risk mitigation measures.

The IPs will thereby fulfill all requirements of this ESMF, associated E&S instruments and activity-specific E&S instruments. This will also include the implementation of the SEP, which will be done in close cooperation with FMS SPTs. These willassist in engaging targeted communities to ensure project design properly reflects local-level needs.

With design and E&S screening and mitigation measures approved by the PIU, the IP will lead activity implementation, working closely with relevant FMS technical MDAs to ensure activity compliance with federal and state technical standards, and with this ESMF.

The PIU will consist of one environmental specialist and one social specialist, both with at least 8 years of experience in the implementation of safeguards in their respective fields. Specifically for the CERC activities, an additional health professional with appropriate experience will be recruited to support the team with expertise on COVID-19 issues. All three will staff the Risk Management Section within the PIU, and will report directly to the Project Coordinator of the PIU. Their key tasks will be the analysis of environmental and social risks related to the project; the overseeing of all partners' implementation of this ESMF and associated instruments, the monitoring of the same; the facilitation and monitoring of stakeholder engagements including GRM. They will make recommendations on how analytical and consultation outcomes should be taken up in activity-specific ESMPs and other action plans and monitor the implementation of the same; they will coordinate and monitor the implementation progress of the E&S instruments and make recommendations for changes where necessary. The overall responsibility for the implementation of all E&S instruments lies with the Project Coordinator of the PIU. The PIU will further support stand-by consultant expertise on issues such as GBV, resettlement and labor issues, as well as health.

The PIU will be reinforced by UNOPS that will provide support to the approval of E&S screening processes and subsequent E&S planning and documentation, as well the monitoring, supervision and reporting of the implementation of specific E&S instruments and this ESMF. UNOPS will thereby act in an advisory function to the PIU, and will assist with capacity development for the PIU staff and all relevant project implementation partners (PSC, PIU, SPTs, MDAs, CSOs) in regards to the activity-specific E&S screening processes, the development of activity-specific E&S instruments, and the implementation of the ESMF with all its related E&S instruments. UNOPS will not have decision making powers over the approval of E&S screening results or any other related activities, as well as sanctions for non-compliance.

The PIU staff will work closely with the Ministry of Environment for any project clearance issues. It will work closely with state and local authorities (formal and informal) in regards to project planning and implementation, especially in view of stakeholder consultations, communication and coordination. The PIU and implementing partners will draw on local NGOs and CSOs to facilitate the stakeholder engagements at the local level.

This will be part of UNOPS assistance in intensive project management support in the first two years to build the capacity of the PIU and then gradually phase out over the lifetime of the project. UNOPS shall be expected to provide the PIU with intensive 'on the job' training during the project.

All IPs receiving funding for project implementation must demonstrate sufficient E&S capacity among their staff in order to design and implement the necessary E&S measures. The PIU will approve demonstrated staffing capacity of the respective IP, together with approval of general project activities.

There are some risks related to the institutional arrangements on the project and therefore for the successful implementation of the activities. As the institutional arrangements for the project management will draw on government entities from different levels and sectors, there is potential lack of clarity of responsibilities. This counts especially for some level of competition over resources between the federal and state level. This can also translate into a lack of access of the government into some parts of the country, as well as a lack of information sharing between FGS and FMS.

The capacity of the government institutions involved in the project in view of the implementation of the World Bank's ESF is low, and there may be difficulties in building cooperation and coordination across different levels. Furthermore, there are limited policy and regulatory frameworks for the management of social and environmental risks.

The PIU will adopt a policy that commits to implementing the World Bank ESF. It will further ensure that all its staff work in support of this policy and have sounds understanding of it through training and capacity building measures.

A capacity assessment will be undertaken by the PIU and UNOPS, which will include task mapping; the identification of relevant institutions and actors and their assigned roles and responsibilities; an analysis of the institutional arrangements and links clarifying the respective mandates and roles; assessing the capacity of individual institutions; and recommendation of concrete action to develop capacities to be reflected in the respective ESMPs.

The main monitoring responsibilities and inspection activities will be with the PIU, which will administer the overall project-related environmental and social monitoring and implementation as laid out in this

ESMF, as well as the SEP. The Project Coordinator of the PIU will be overall responsible for the implementation of the environmental and social mitigation measures, as well as for monitoring and inspections for compliance. The Environmental and the Social Specialist in the PIU will be handling the day-to-day tasks in regards to the implementation of the ESMF and associated instruments. The PIU will bring a medical consultant on board to assist the PIU with medically related advise, as well as a GBV specialist to advise on all GBV-related matters.

At this point, Implementing Partners (IPs) for the Project have not been decided on. This ESMF will be updated accordingly once they are known.

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ANNEX 1: Screening Form for Potential Environmental and Social Issues

This form is to be used by theIPsto screen for the potential environmental and social risks and impacts of a proposed subproject. It will help them identify the relevant Environmental and Social Standards (ESS), establish an appropriate E&S risk rating for these subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans.Use of this form will allow themto form an initial view of the potential risks and impacts of a subproject***. It is not a substitute for project-specific E&S assessments or specific mitigation plans.***

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

Questions	**Answer**		**ESS relevance**	**Due diligence / Actions**
	Yes	no		
Does the subproject involve civil works includingexpansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?			ESS1	ESIA/ESMP, SEP
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?			ESS5	RPF
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESIA/ESMP, SEP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESIA/ESMP, SEP
Does the subproject have an adequate existing facilities on siteto address waste?				
Does the subproject have existing arrangements for offsite removal of waste?				
Does the subproject have monitoring systems for the removal of waste in place?				
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP

Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?				
Does the subproject have a GRM in place, to which all workers have access, designed torespondquickly and effectively?				LMP
Does the subproject involve transboundary transportation (including potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary)of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESIA/ESMP, SEP, SMF
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1 / ESS4	ESIA/ESMP, SEP, GBV Action Plan

Conclusions:

1. **Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**

2. **Proposed E&S Management Plans/ Instruments.**

Negative Project List:

The following activities, sites or purchases cannot be selected or financed under the SCRP:

- Sites lacking sufficient infrastructure to support operation of the COVID-19 management investments;
- Requirements for transboundary movement of samples;
- Requirement for BSL-3 lab;
- Weapons, including but not limited to mines, guns, ammunition and explosives;
- Chainsaws;
- Support of production of any hazardous goods on this negative list, including alcohol, tobacco, arms, and controlled substances
- Road rehabilitation or construction into protected areas;
- Any activity with impacts on critical habitats:
- Consumption items or events;
- Activities, equipment or materials that have alternative prior sources of committed funding;
- Political or electoral campaign materials or donations in any form;
- Salaried activities that employ children below the age of 18 years;
- Activities that unfairly exploit women or men at any age;
- Activities that increase the vulnerability of subgroups or households or increase the overall inequality of communities
- International travel;
- Investments detrimental to the environment;
- Any activity on land that has disputed ownership or tenure rights;
- Any activity on land that has not been allocated in accordance with the procedures outlined in the ESMF;
- Cash donations;
- Vehicles (including tractors, threshers, trucks and buses but with water tankers as an exception);
- Enterprise development or income-generating activities
- Micro credit
- Any activity likely to increase social tensions and/or risk of violence beyond the given context
- Any other activity ruled out by the ESMF

ANNEX 2: Infection Control and Waste Management Plan (ICWMP) Template

Where screening results indicate the necessity of the preparation of an Infection Control and Waste Management Plan (ICWMP), it will be the task of the IP to prepare such a plan. The plan is to be shared with the PIU for approval and for the monitoring of the implementation of the plan. The plan is to be implemented as and additional instrument next to the ESMF and other instruments. The design of the ICWMP should follow the template laid out in this annex.

1. Introduction

1.1 Describe the project context and components

1.2 Describe the targeted healthcare facility (HCF):

- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory, quarantine or isolation centers;
- *Special type of HCF in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;*
- Functions and requirement for the level infection control, e.g. biosafety levels;
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds

1.3 Describe the design requirements of the HCF, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of healthcare waste (HCW) generated in the HCF, including solid, liquid and air emissions (if significant)
- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following WBGEHS Guidelines for Healthcare Facilities and pertaining GIIP.
- *Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during COVID-19 outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.*
- Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works
- Provide a flow chart of waste streams in the HCF if available
- Describe applicable performance levels and/or standards
- Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management

2.2 Management Measures

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations.
- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of hazardous medical goods.

- Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerators can be found in pertaining EHS Guidelines and GIIP.
- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or the private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, processcapacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Wastewater treatment: HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases where HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

3. Emergency Preparedness and Response

Emergency incidents occurring in a HCF may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, communities, the HCF's operation and the environment.

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

4. Institutional Arrangement and Capacity Building

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of a HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a HCF, and build an intra-departmental team to manage, coordinate and regularly review issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

5. Monitoring and Reporting

Many HCFs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCF should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. The HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing systems should be in place.

Externally, reporting should follow the reporting outline in the SCRP ESMF, which is formulated around.

COVID-19 Infectious Control and Waste Management Plan					
Activities	**Potential E&S Issues and Risks**	**Proposed Mitigation Measures**	**Responsibilities**	**Timeline**	**Budget**
Functional Health Care System	Medical and Health care waste indiscriminately disposed	Functional incinerator ("INCINERATOR GUIDE BOOK)[70]and health care system in place at identified Health Care Facilities	Ministry of Health working in collaboration with the contractor	During operational phase	
Stakeholder engagement	Spread of COVID 19 to workers and community members	Dissemination of clear messages to the community and workers around social distancing, wearing of masks, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine, as per WHO guidelines on …	Contractor working in collaboration with Ministry of Health	During constructio n phase	Included in contractor's budget
Sensitizing workers and the local community on the use of sanitizers and the use /disposal of masks	COVID 19 infection rate rises	Provide regular sensitization talks on basic protective measures against Covid-19, as derived from general advice provided by the WHO and based upon the ICS guidance	IP	During operation phase	Included in IP budget
Public Consultation Meetings	Spread of COVID 19 community members and stakeholders	Engage meaningful consultation, based on WB Guidelines on conducting consultations during COVID-19	IP/PIU	During project implementa tion phase	Part of project activities / project budget (PIU and IP)
Project commencement and implementation	Workers potentially exposed to infected COVID 19 community members and among themselves	Provision of PPE consistent with Biosafety Standards, for protection of workers in relation to infection control precautions, particularly facemask, gowns, gloves, handwashing soap and sanitizer	IP / PIU	During constructio n phase	Included in IP/construc tion company's budget
		Overall ensuring adequate OHS protections in accordance with General Environmental, Health, and Safety Guidelines (EHSGs) and industry specific EHSGs and follow evolving international best practice in relation to protection from COVID-19			

[70]https://path.azureedge.net/media/documents/TS_mmis_incin_guide.pdf

Workers tested positive with COVID 19	Workers have no access to medical facilities	Workers adequately taken care of (medically insured), to responds to the specific health and safety issues posed by COVID-19	IP	During construction phase	Included in IP/construction company's budget
Labour matters	Workers denied the opportunity to complain they do not have adequate PPE to protect themselves against COVID 19	Grievance Mechanism in place Grievances are resolved and logged on a regular basis.	IP	During project lifecycle	Included in parent project budget
Medical/Health care waste segregation, packaging, color coding and labeling	Risk of infection to the handlers	Safely segregate medical/health care waste at generation point	IP	During operational phase	Included in IP budget
Medical/Health care waste storage	Risk of contaminating the surrounding environment, the workers and the community members	Ensure the medical/health care waste storage is properly secured and under lock and key	IP	During operational phase	Included in IP budget
Onsite collection and transportation	Risk of infection to the handlers due to secondary handling	Place the different types of medical/health care waste in secured bags colour coded and labelled	IP	During operational phase	Included in IP budget
Record of medical/health care waste transported	Unaccounted for medical/health care waste poses a risk to the local community	The transportation would be properly documented, and all vehicles will carry a consignment note from the point-of collection to the treatment facility	IP	During operational phase	Included in IP budget
Disinfection of vehicle used to transport medical/healthcare waste	Spread of infection to unsuspecting workers who may be in contact with the vehicle	Vehicles used for the carriage of medical/health care waste would be disinfected regularly and prior to use for any other purpose	IP with MoH	During operational phase	Included in IP budget
Onsite medical/healthcare waste treatment and disposal	Indiscriminate disposal of hazardous waste	Ensure incineration of all the delivered hazardous waste and appropriate disposal of the resulting ash at a landfill.	IP	During operational phase	Included in IP budget
Accommodation and supplies	Poor accommodation and nutrition to a quarantined worker or community member	Quarantined persons should be provided with adequate and culturally-appropriate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance	IP	During construction phase	Included in IP budget

Emergency events	- Spillage, - Occupational exposure to infectious - Exposure to radiation, Accidental releases of infectious or hazardous substances to the environment, - Medical equipment failure, - Failure of medical waste treatment facilities, - Fire - Other emergent events	Emergency response plan which must be prepared by the Public Health Specialist at the respective Health Care Facility, in collaboration with the Implementing Partner, before commencement of works. The plan should address all the parameters listed in the risk column.	IP working in collaboration with Ministry of Health	During operational phase	Included in IP budget
Coordination of COVID 19 matters at work sites	Workers and community members not aware of where to report COVID 19 suspects or related matter	Names of Infection Control Staff, their contract information provided in strategic places	IP with MoH	During constructio n phase	Included in IP budget

ANNEX 3: Managing COVID-19 risks on construction sites[71]

The Contractor should identify measures to address the COVID-19 situation. What will be possible will depend on the context of the project: the location, existing project resources, availability of supplies, capacity of local emergency/health services, the extent to which the virus already exist in the area. A systematic approach to planning, recognizing the challenges associated with rapidly changing circumstances, will help the project put in place the best measures possible to address the situation. PIUs and contractors should refer to guidance issued by relevant authorities, both national and international (e.g. WHO), which is regularly updated.

Addressing COVID-19 at a project site goes beyond occupational health and safety, and is a broader project issue which will require the involvement of different members of a project management team. In many cases, the most effective approach will be to establish procedures to address the issues, and then to ensure that these procedures are implemented systematically. Where appropriate given the project context, a designated team should be established to address COVID-19 issues, including PIU representatives, the Supervising Engineer, management (e.g. the project manager) of the contractor and sub-contractors, security, and medical and OHS professionals. Procedures should be clear and straightforward, improved as necessary, and supervised and monitored by the COVID-19 focal point(s). Procedures should be documented, distributed to all contractors, and discussed at regular meetings to facilitate adaptive management. The issues set out below include a number that represent expected good workplace management but are especially pertinentin preparing the project response to COVID-19.

ASSESSING WORKFORCE CHARACTERISTICS

Many construction sites will have a mix of workers e.g. workers from the local communities and workers from a different part of the country. Workers will be employed under different terms and conditions and be accommodated in different ways. Assessing these different aspects of the workforce will help in identifying appropriate mitigation measures:

- The Contractor should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations (e.g. 4 weeks on, 4 weeks off).
- This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation. Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk.
- Consideration should be given to ways in which to minimize movement in and out of site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.
- Workers accommodated on site should be required to minimize contact with people near the site, and in certain cases be prohibited from leaving the site for the duration of their contract, so that contact with local communities is avoided.

[71] Based on World Bank, ESF Safeguards Interim Note: Covid-19 Considerations in Construction/Civil Works Projects, Version 1: April 7, 2020.

- Consideration should be given to requiring workers lodging in the local community to move to site accommodation (subject to availability) where they would be subject to the same restrictions.
- Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health checks at entry to the site (as set out above) and at some point, circumstances may make it necessary to require them to either use accommodation on site or not to come to work.

ENTRY/EXIT TO THE WORK SITE AND CHECKS ON COMMENCEMENT OF WORK

Entry/exit to the work site should be controlled and documented for both workers and other parties, including support staff and suppliers. Possible measures may include:

- Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.
- Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID - 19 specific considerations.
- Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry.
- Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues.
- Checking and recording temperatures of workers and other people entering the site orrequiring self-reporting prior to or on entering the site.
- Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods.
- During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the sitefor 14 days or (if that is not possible) isolating such worker for 14 days.
- Preventing a sick worker from entering the site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days.

GENERAL HYGIENE

Requirements on general hygiene should be communicated and monitored, to include:

- Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing)and what to do if they or other people have symptoms (for further information see WHO COVID-19 advice for the public).
- Placing posters and signs around the site, with images and text in local languages.

- Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution,orprovision of drinking water;in worker accommodation; at waste stations; at stores; and in commonspaces. Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used.
- Review worker accommodations, and assess them in light of the requirements set out in IFC/EBRD guidance on Workers' Accommodation: processes and standards,which provides valuable guidance as to good practice for accommodation.
- Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected (see paragraph (f)).

CLEANING AND WASTE DISPOSAL

Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include:

- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.
- Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes.If appropriate PPE is not available, cleaners should be provided with best available alternatives.
- Training cleaners in proper hygiene (including handwashing) prior to, during and afterconducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated (for further information see WHO interim guidance on water, sanitation and waste management for COVID-19).

ADJUSTING WORK PRACTICES

Consider changes to work processes and timings to reduce or minimize contact between workers, recognizing that this is likely to impact the project schedule. Such measures could include:

- Decreasing the size of work teams.
- Limiting the number of workers on site at any one time.
- Changing to a 24-hour work rotation.
- Adapting or redesigning work processes for specific work activities and tasks to enable social distancing, and training workers on these processes.

- Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE. While as of the date of this note, general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review (for further information see WHO interim guidance on rational use of personal protective equipment (PPE) for COVID-19).
- Reviewing work methods to reduce use of construction PPE, in case supplies become scarce or the PPE is needed for medical workers or cleaners. This could include, e.g. trying to reduce the need for dust masks by checking that water sprinkling systems are in good working order and are maintained or reducing the speed limit for haul trucks.
- Arranging (where possible) for work breaks to be taken in outdoor areas within the site.
- Consider changing canteen layouts and phasing meal times to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site, including gyms.
- At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.

PROJECT MEDICAL SERVICES

Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training. Where these are not adequate, consider upgrading services where possible, including:

- Expanding medical infrastructure and preparing areas where patients can be isolated. Guidance on setting up isolation facilities is set out in WHO interim guidance on considerations for quarantine of individuals in the context of containment for COVID-19). Isolation facilities should be located away from worker accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with curtains, if possible. Sickworkers should limit their movements, avoiding common areas and facilities and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or canteens), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use.
- Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.
- Training medical staff in testing, if testing is available.
- Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, and eye protection. Refer to WHO guidance as to what is advised (for further information see WHO interim guidance on rational use of personal protective equipment (PPE) for COVID-19).

- If PPE items are unavailable due to world-wide shortages, medical staff on the project should agree on alternatives and try to procure them. Alternatives that may commonly be found on constructions sites include dust masks, construction gloves and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.
- Ventilators will not normally be available on work sites, and in any event, intubation should only be conducted by experienced medical staff. If a worker is extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital (see (g) below).
- Review existing methods for dealing with medical waste, including systems for storage and disposal (for further information see WHO interim guidance on water, sanitation and waste management for COVID-19, andWHO guidance on safe management of wastes from health-care activities).

LOCAL MEDICAL AND OTHER SERVICES

Given the limited scope of project medical services, the project may need to refer sick workers to local medical services. Preparation for this includes:

- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies).
- Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.
- Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.
- Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation.
- Establishing an agreed protocol for communications with local emergency/medical services.
- Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved.
- A procedure should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The project should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law.

INSTANCES OR SPREAD OF THE VIRUS

WHO provides detailed advice on what should be done to treat a person who becomes sick or displays symptoms that could be associated with the COVID-19 virus (for further information see WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected). The project should set out risk-based procedures to be followed, with differentiated approaches based on case severity (mild, moderate, severe, critical) and risk factors (such as age, hypertension, diabetes) (for further information see WHO interim guidance on operational considerations for case management of COVID-19 in health facility and community). These may include the following:

- If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site.
- If testing is available on site, the worker should be tested onsite. If a test is not available at site, the worker should be transported to the local health facilities to be tested (if testing is available).
- If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home.If at home, the worker should be transported to their home in transportation provided by the project.
- Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of.
- Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms.
- Family and other close contacts of the workershould be required to quarantine themselves for 14 days, even if they have no symptoms.
- If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible.
- If workers live at home and has a family member who has a confirmed or suspected case of COVID-19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.
- Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law.
- Medical care (whether onsite or in a local hospital or clinic) required by a worker should be paid for by the employer.

CONTINUITY OF SUPPLIES AND PROJECT ACTIVITIES

Where COVID-19 occurs, either in the project site or the community, access to the project site may be restricted, and movement of supplies may be affected.

- Identify back-up individuals, in case key people within the project management team (PIU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place.
- Document procedures, so that people know what they are, and are not reliant on one person's knowledge.
- Understand the supply chain for necessary supplies of energy, water, food, medical supplies and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early pro-active review of international, regional and national supply chains, especially for those supplies that are critical for the project, is important (e.g. fuel, food, medical, cleaning and other essential supplies). Planning for a 1-2 month interruption of critical goods may be appropriate for projects in more remote areas.
- Place orders for/procure critical supplies. If not available, consider alternatives (where feasible).
- Consider existing security arrangements, and whether these will be adequate in the event of interruption to normal project operations.

- Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.

TRAINING AND COMMUNICATION WITH WORKERS

Workers need to be provided with regular opportunities to understand their situation, and how they can best protect themselves, their families and the community. They should be made aware of the procedures that have been put in place by the project, and their own responsibilities in implementing them.

- It is important to be aware that in communities close to the site and amongst workers without access to project management, social media is likely to be a major source of information. This raises the importance of regular information and engagement with workers (e.g. through training, town halls, tool boxes) that emphasizes what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of work force peace of mind and business continuity. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.
- Training of workers should be conducted regularly, as discussed in the sections above, providing workers with a clear understanding of how they are expected to behave and carry out their work duties.
- Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work.
- Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted.
- Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and social distancing, and what to do if a worker displays symptoms.

COMMUNICATION AND CONTACT WITH THE COMMUNITY

Relations with the community should be carefully managed, with a focus on measures that are being implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers, or the risks posed to the community by local workers presence on the project site. The project should set out risk-based procedures to be followed , which may reflect WHO guidance (for further information see WHO Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response). The following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members.
- Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; posters, pamphlets, radio, text message, electronic meetings. The means used

should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups.

- The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. These need to be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g.WHO).