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Ethiopia PforR for Strengthening Primary Health Care Services (SPHCS)

Environmental and Social System Assessment (ESSA)

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Abbreviations and Acronyms

AMREF	African Medical and Research Foundation
CASH	Clean and Safe Healthcare Facilities
DRM	Domestic Resource Mobilization
EPA	Environment, Forest and Climate Change Commission
EIA	Environmental Impact Assessment
ESM	Environmental and Social Management
ESMS	Environmental and Social Management System
ESPES	Enhancing Shared Prosperity through Equitable Services
ESSA	Environmental and Social System Assessment
FDRE	Federal Democratic Republic of Ethiopia
FMHACA	Food, Medicine and Healthcare Administration and Control Authority
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
HCP	Human Capital Project
HEP	Health Extension Program
HSTPII	Health Sector Transformation Plan II
INVEA	Immigration Nationality and Vital Events Agency
IPPSC	Infection Prevention and Patient Safety Committees
MDG	Millennium Development Goal
MOF	Ministry of Finance
MOH	Ministry of Health
NNP	National Nutrition Program
PAP	Program Action Plan
PBF	Performance-Based Financing
PSNP	Productive Safety Net Program
RMNCAYH	Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health
SDG PF	Sustainable Development Goals Performance Fund

SEA	Sexual Exploitation and Abuse
SNNP	Southern, Nation, Nationalities and People
SPHCS	Strengthening Primary Health Care Services
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
WOCY	Women, Children and Youth

Executive Summary

Ethiopia has made remarkable progress in achieving significant health outcomes over the past two decades including attaining the fourth Millennium Development Goal (MDG)—reducing child mortality— three years ahead of target, and it made good progress towards achieving MDG 5—improving maternal health. The Government of Ethiopia (GoE) has also adopted a second Health Sector Transformation Plan (HSTP II) aiming to accelerate achievements in strategic priorities including maternal and child health performance. The GoE through MoH requested the Bank for finance for a new Health PforR to address the priority needs of the HSTPII through the Sustainable Development Goals Performance Fund (SDG PF). The aim of the SDG PF is to close the financial gaps of HSTP II priority areas.

The proposed Health PforR will be implemented from 2021-2025 through the Ministry of Health (MoH) and their regional and woreda counterparts. The objectives of the program are to strengthen the primary health care services and ultimately improve equity, coverage and utilization of essential health services, quality of health care including enhancement of implementation capacity of the health sector at all levels. Reproductive, Maternal, Newborn, Nutrition, Child, Adolescent and Youth (RMNNCAY) health will continue to be the major focus areas while continuing to strengthen the revitalization of the health extension program (HEP) based on the newly revised HEP roadmap where more essential health services will be expanded to make services more accessible to the population. The investment of this operation will also give due emphasis on strengthening the health system with special focus to pharmaceutical supply chain, human resources for health, public health infrastructure and health system information management.

The ESSA assessment was carried out in accordance with World Bank guidance for the PforR lending instrument. This includes desk review, Key Informant Interviews, email and telephone exchanges, and stakeholder consultations. Data was collected from MOH relevant directorates (Hygiene and Environmental Health, Clinical Service, Heath Extension and Primary Health Service, Human Resource Management, Health System Special Support, Women, Youth and Children Affairs, Primary Health Infrastructure Development and Health and Health-Related Regulation). In addition, data collection was carried out through virtual consultation and email exchanges with the representatives of three regions (Oromia, Afar and Harari) health bureaus.The major purpose of the proposed ESSA is to provide a comprehensive review of relevant government systems and procedures that address environmental and social issues associated with the Program. It also includes identification of E&S impacts of program activities and provide recommendations to address such impacts. The ESSA found that the current reform process in the country is overhauling the country's policy and legal frameworks including proclamations, regulations, strategies, guidelines, etc. Regarding this, the MOH and other bodies that are responsible for the environment and social management have made improvements to the existing relevant documents used for safeguards purposes. These include the roadmap to optimizing the Ethiopian Health Extension Program, Action on Health response to Gender Based Violence/Sexual Violence and Health Sector Transformation Plan (HSTP-II).

The ESSA describes the extent to which the applicable government environmental and social policies, legislations, program procedures and institutional systems are consistent with the 'six core principles' of OP/BP 9.00 and recommends actions to address the gaps and to enhance performance during Program implementation.

Since the SDG PF-financed activities are determined through an annual consultative process involving all key stakeholders consisting of the Joint Consultative Forum, the scope of the PforR operation will be within the sector main framework provided by the HSTPII through SDGPF that is a non-earmarked harmonized support to the sector using country systems. In addition, synergies will be made with other donor-funded and government programs that are being mobilized to support the MOH's Health Facility Restoration Plan in Conflict-Affected areas. Therefore, activities related to rehabilitation of partially and fully damaged health facilities due to the conflicts and capacity building of displaced human power as well as additional

support that will be identified by the Joint Consultative Forum, which are relevant to the Program, may have potential E&S risks and impacts.

The findings of the ESSA identified key E&S risks. These include potential environmental risks and impacts related to rehabilitation of health facilities, natural habitat & physical cultural resources, depletion and pollution of surface and groundwater resources, hazardous waste management. Besides, the social risks identified were related to risks of economic and physical displacement due to limited land acquisition, risk of social exclusion due to inaccessibility of health facilities and disruption of smooth program implementation in conflict-affected areas. Though the other social risks are considered moderate, the contextual risk due to conflict leads to substantial social risk. The overall E & S risk is substantial. This is because of the limited availability and coordination of E&S management capacity can hamper the implementation of the project. Moreover, the practice of hazardous waste management is below the standard and social unrest in some areas lead to risk. In addition to the conflict context, SEA/SH risks also contribute to the overall social risk rating of **substantial.** The first IPF component for the program is intended to address the issue by facilitating targeted support to the areas covered by the conflict and ensure provision of critical essential services to the most vulnerable groups in the conflict areas.

The ESSA analysis indicates that all the six core principles of PforR financing are applicable to SPHCS Program and are described as follows.

Core Principle #1: Program E&S management systems are designed to (a) promote E&S sustainability in the Program design;(b) avoid, minimize, or mitigate adverse impacts; and (c) promote informed decision-making relating to a Program's E&S effects.

Findings: The main aim of the Health SPHCS Program is to respond to the Government's request to scale-up support for the HSTP II through non-earmarked and harmonized partners support to the SDG PF. Though interventions that will be implemented through the non-earmarked financial allocation are not yet specified, there is a possibility that it will be used for building health institutions, expanding, renovating, and maintaining health and health-related facilities. The renovation and construction component of the program may involve environmental and social impacts and risks. Experiences show that mainly projects that are financed by donors or lenders were subject to EIA procedures within the meaning of legal and regulatory framework of the country as prescribed in the Environmental Policy of Ethiopia and the EIA Proclamation No. 299/2002.

Based on the assessment of E & S management capacity and coordination, there is lack of trained staff / focal persons on E & S management in line with the PforR principles, moreover though different directorates at the ministry engage in implementation of E & S, significant gap was noted in coordination, monitoring and E & S reporting.

Core Principle #2: Program E&S management systems are designed to avoid, minimize, or mitigate adverse impacts on natural habitats and physical cultural resources resulting from the Program.

Findings: The analysis confirmed that Program investments do not significantly impact natural habitats and physical cultural resources. However, to ensure the impacts are not overlooked, it is important to screen all woreda-level projects for possible impacts on natural habitats and physical cultural resources, and to be alert to the possibility of chance finds.

Core Principle #3: Program E&S management systems are designed to protect public and worker safety against the potential risks

Findings: Core Principle 3 is applicable to the Program as there are possibilities to finance potential rehabilitation activities related to health and health-related facilities. Thus, inability to ensure public and worker safety because of influx of laborers and skilled workers as well as unsafe handling of construction

materials without using proper PPE can result in spread of communicable diseases and may cause physical injuries to the public seeking health services as well as health care workers at public health facilities.

Core Principle #4: Program E&S systems manage land acquisition and loss of access to natural resources in a way that avoids or minimizes displacement and assists affected people in improving, or at the minimum restoring, their livelihoods and living standards

Findings: Based on the information gathered during key informant interviews with the public infrastructural directorate, the program might potentially engage in health facility rehabilitation activities. This infrastructural development is mostly done on the existing or within the compound of primary health care facilities such as health centers and health posts. However, in rare cases, there could be land acquisition related to Health PforR sub-projects that aimed at strengthening primary health care services mainly from rural communal lands. This could result in risk of land acquisition though the risk could be minimal.

Core Principle #5: Program E&S systems give due consideration to the cultural appropriateness of, and equitable access to, Program benefits, giving special attention to the rights and interests of Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities, and to the needs or concerns of vulnerable groups

Findings: The core principle is applicable to the analysis of Health PforR strengthening primary health care services based on the government that has identified four regions (Afar, Benishangul-Gumuz, Gambella, and Somali) that require special attention. The program supports to scale up high impact interventions in the Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYH) and Nutrition that are proven to be effective (Skilled Birth Attendance; Antenatal Care, Postnatal Care, Family Planning, Child Immunization and Community Based Nutrition). The program also considers equity in the health services and ensures the disadvantaged groups are included. The National Health Equity Strategic Plan (2020/21-2024/25) and the HSTPII are the two recent documents that have given special attention on the issues of underserved and vulnerable groups. In the MOH, the directorates of health system strengthening and special support as well as women, children and youth affairs are key implementers. Though there could be potential risk of social exclusion if there is major gap in the system, the findings of the assessment on vulnerable and underserved group indicate that, in almost all the regions, there are efforts put by MoH to support needs of vulnerable groups and provide required services to address their barriers and the gap in gender inequality. There is system in place to prevent and respond to SEA /SH, disability issues in the health sector and includes strategies, and action plans on the same with the implementation to be strengthened

Core Principle #6: Program E&S systems avoid exacerbating social conflict, especially in fragile states, post-conflict areas, or areas subject to territorial disputes

Findings: The proposed program will not exacerbate social conflict rather it is designed to yield significant social benefits to all citizens and to improve distributional equity of health services. However, the country is included in Fragile, Conflict and Volatile (FCV) Country list. The program will operate in a post-conflict area or in areas subject to territorial disputes. Due to the ongoing conflicts in various parts of the country such as Tigray, Northern parts of Amhara, Western parts of Afar, and different parts of Oromia (Wellega, Guji, etc); project implementation could be disrupted due to travel restrictions. The conflict also causes damage to facilities of health related institutions. For example, due to the current conflicts in the three regions-Tigray, Amhara and Afar, large number of health facilities were fully or partially damaged. The MOH in collaboration with other stakeholders is carrying out an assessment to identify and measure the scale of the damage. As a result, the population that were being served by these health institutions have become vulnerable to different kinds of diseases including possible epidemics. The IPF component of this

program will have emergency response component to facilitate the service and reconstruction in conflict affected areas based on detail assessment.

Overall, the assessment revealed that institutions and legal frameworks relevant for environmental and social risks and impact management are largely in place. However, there is gap in the system in place at MOH, to coordinate and report Environment and Social Management (ESM) related activities being carried out by the different directorates and their regional counterparts. Moreover, site-screening guideline was not updated, the utilization of solid waste management infrastructure is inadequate and physical accessibility infrastructures built for people with disability are not properly maintained. The following key actions are proposed as mitigation measures to enhance MOH and its regional counterparts' capacity to properly meet the requirements of the World Bank during the implementation of the proposed SPHCS:

1. Strengthen and maintain Environmental and Social Management System (ESMS) in the health sector at least at federal and region levels. The following are the activities that will help achieve this:
   - Assign or hire E&S Safeguards experts at the MOH E & S lead directorate and regional level as well as focal person at woreda level to compile, coordinate and report ESM related activities.
   - Prepare/adapt Environmental and Social risk and impact management (ESRIM) Guideline for the sector including land acquisition risk management and protocol for voluntary land donation
   - Organize awareness raising and capacity building interventions for the leadership of the health sector regarding E & S safeguards issues
   - Organize capacity building training on environmental and social management of the program for newly recruited and assigned experts and technical staffs at regional and woreda levels on environmental and social management of the program.
   - Prepare biannual and annual environment and social implementation reports
   - Undertake annual environment, social and safety audit
   - Conduct annual performance review

2. Strengthen the existing system to prevent and respond to Gender Based Violence/SEA issues through the following activities:
   - Strengthen coordination in the implementation of health-related manuals on gender, people with disability, and GBV/SEA.
   - Implement MoH Action on Health response to Gender Based Violence/ Sexual Violence (2020/21-2025/26) and track progress
   - Develop SEA/SH Risk Assessment and Action Plan

3. Protecting and maintaining Natural habitat and Physical Cultural Resources by updating the site screening guideline developed in 2012 by the Public Health Infrastructure directorate of the MOH as part of the Environment and Social Management Guideline. This guideline is being used all over the country by public health infrastructure experts at different administrative levels including *woreda* level health offices.
4. Strengthen workers and community safety at workplaces, which can be achieved through the following activities:
   - Organize awareness raising meetings on the public and worker safety to Infection Prevention and Patient Safety Committees (IPPSC) and health workers
   - Ensure availability of first aid kits, COVID 19 protective devises, construction related accidents protective devices and fire extinguisher as well as provision of training on fire safety.
   - Assess the procedures in health-care facilities for solid waste management, including segregation, treatment and final disposal.
   - Fulfil required logistics to enable the staff for monitoring construction sites
5. Inclusion of Vulnerable Groups and Underserved Traditional Local Communities. The activities may include the following:

- Finalize the revision of Health sector disability inclusion mainstreaming manual and provide training
- Assess the status of physical accessibility of health facilities for vulnerable groups

1. Introduction

1.1. Background

Ethiopia has made remarkable progress in achieving significant health outcomes over the past two decades including attaining the fourth Millennium Development Goal (MDG)—reducing child mortality— three years ahead of target, and it made good progress towards achieving MDG 5—improving maternal health. However, it is lagging in some of the health targets. The rate of neonatal and under-five children mortality remains high, the prevalence of stunting remains stagnant and RMNCAYH[1] outcome is still lingering. Besides, the health and nutrition outcomes show the overwhelming gaps between income groups and geographic areas or regions. Given this situation, the Government of Ethiopia (GoE) has adopted a second Health Sector Transformation Plan (HSTP II) aiming to accelerate achievements in strategic priorities including maternal and child health performance. The GoE through MoH requested the Bank for finance for a new Health PforR to address the priority needs of the HSTPII through the Sustainable Development Goals Performance Fund (SDG PF). The goals of the SDG PF are to augment financial gaps of HSTP II in priority areas. The proposed Health PforR will be implemented from 2021-2025 through the Ministry of Health (MoH), the Immigration Nationality and Vital Events Agency (INVEA) and their regional counterparts.

1.2. Project Development Objectives (PDOs)

The Project Development Objective is to improve access and equitable provision of quality primary health care services, with a focus on maternal, neonatal, child, adolescent health and nutrition (RMNCAH+N) while strengthening health sytems

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The IDA support through the SDGPF will be linked to achievement of agreed results that are under the direct control of the Government. Specifically, disbursements from the PforR operation will support activities under the SDGPF except for high-value procurement and high-risk subprojects. However, these results will require inputs from activities financed by other financing sources such as block grants, Human Capital Project and critical infrastructure gaps to improve service delivery through the multisectoral efforts such as facilities, education, roads, water etc., being addressed through the various fund provided by the Government. The priority areas and results focus on improved coverage of evidence-based interventions which will help Ethiopia to maintain the results gained in the past years and accelerate progress towards achievement of maternal and child health MDGs and strengthen oversight functions of the health systems. This will be achieved through strengthening the primary health care services to ultimately improve; equity, coverage and utilization of essential health services, quality of health care including enhancement of implementation capacity of the health sector at all levels.

The proposed Health PforR will respond to the Government's request to scale-up support to the HSTP II through non-earmarked and harmonized partners support to the SDG PF. More specifically, the following key reform areas will be addressed by the project:

Strengthening the health system

– Expansion of health facilities providing EmONC services, neonatal interventions (e.g. KMC) and youth friendly services

– Human resources for health:

- Training, supervision and mentoring of staff
- Development and endorsement of strategies, manuals and curricula, guidelines and roadmaps

– Pharmaceutical supply chain:

- Procurement of equipment and medical supplies

[1] Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health

- LMIS scale up
- automation of core functions of EPSA
- National Health Adaptation Plan to Climate Change Updated

Strengthening HMIS and CRVS systems

- SARA/SPA and other innovative ways of data collection
- Data quality assessments, clinical audits, and improvement plans
- Development of electronic CRVS system
- Development of digitalized health facility geographic and service delivery mapping

Undertaking health financing reforms

– Revise CBHI package
– Development of manual for higher-level pooling options and SHI implementation road map

Strengthening the delivery of EHS in conflict-affected areas

–Guidelines to address EHS in humanitarian settings
– Design/enhance resilient emergency system to address conflict situation

The PforR instrument will focus exclusively on non-conflict areas, while the IPF component will focus on support for emergency health and nutrition response in conflict-affected areas.

The World Bank Task Team is responsible for conducting a comprehensive Environmental and Social System Assessment (ESSA) of the country systems in place for managing environmental and social effects associated with Program-related investments in relation to PforR operations. In line with this, the ESSA assessed the Government's institutional capacity to plan, monitor, and report on environmental and social mitigation measures. The findings of the ESSA informed preparation of Program Action Plan to bridge significant gaps in the existing environmental and social management system with respect to the sustainability principles of the Operational Policy/Bank Procedure (OP/BP) 9.00, *Program for Results Financing*.

1.3. Purposes and Objective of the ESSA

1.3.1. Purposes

The major purpose of the proposed ESSA is to provide a comprehensive review of relevant government systems and procedures that address environmental and social issues associated with the project. The ESSA will describe the extent to which the applicable government environmental and social policies, legislations, program procedures and institutional systems are consistent with the following 'six core principles' of OP/BP 9.00 and recommend actions to address the gaps and to enhance performance during Project implementation. The core principles are:

- Promote environmental and social sustainability in the Program design; avoid, minimize, or mitigate adverse impacts, and promote informed decision-making relating to the Program's environmental and social impacts.
- Avoid, minimize, or mitigate adverse impacts on natural habitats and physical cultural resources resulting from the Program.
- Protect public and worker safety against the potential risks associated with: (i) construction and/or operations of facilities or other operational practices under the Program; (ii) exposure to toxic chemicals, hazardous wastes, and other dangerous materials under the Program; and (iii) reconstruction or rehabilitation of infrastructure located in areas prone to natural hazards;
- Manage land acquisition and loss of access to natural resources in a way that avoids or minimizes displacement, and assist the affected people in improving, or at the minimum restoring, their livelihoods and living standards.

- Give due consideration to the cultural appropriateness of, and equitable access to, Program benefits, giving special attention to the rights and interests of the Underserved Peoples and the needs or concerns of vulnerable groups; and
- Avoid exacerbating social conflict, especially in fragile states, post-conflict areas, or areas subject to territorial disputes.

1.3.2. Objective

The proposed ESSA is a decision-making tool to be used by MOH to strategize and provide guidance on implementation of the proposed Project in an environmentally friendly and socially acceptable manner during the operational life of the Project. It is also a key instrument, which will enable the World Bank to conduct a focused policy dialogue, provide recommendations for institutional strengthening and address Health sector development issues with specific focus on environmental and social sustainability in the context of the implementation of the proposed health PforR project. The proposed ESSA aims to ensure that environmental and social issues and risks are addressed from an early stage in the design of the project and its implementation is in line with the Bank's Operational Policy/Bank Procedure (OP/BP) 9.00, Program for Results Financing.

The specific objectives of the ESSA are to:

- establish clear procedures and methodologies for environmental and social planning, review, approval, and implementation of the project.
- evaluate the institutional capacity of the implementing agencies at all levels (federal, regional, and woreda) to manage the likely environmental and social effects in accordance with the country's own requirements under the project.
- assess institutional arrangements for the identification, planning, design, preparation, and implementation of the project to adequately address environmental and social sustainability issues.
- specify appropriate roles and responsibilities and outline the necessary reporting procedures for managing and monitoring environmental and social concerns related to the project.
- assess the consistency of the borrower's systems with the core principles and attributes defined in the Program-for-Results Guidance Note on Environmental and Social Assessment.
- identify the potential environmental and social impacts/risks applicable to the proposed project interventions.
- establish the risks and potential negative environmental and social impacts of the project and ensure that these will be subjected to an adequate initial screening so that relevant mitigation measures can be identified, designed and implemented.
- recommend specific actions for improving counterpart capacity during implementation to ensure that they can adequately perform their mandate.
- design enhanced stakeholders' consultation and participation approaches including stakeholder mapping to mitigate negative impacts and enhance benefits identified.
- ensure public participation and dialogue on the health project through a process of wide stakeholder consultations to include community groups especially the weaker and vulnerable sections, other Development Partners, Ministries, Civil Society and Private Sector.
- assess the Project system performance with respect to the core principles of the PforR instrument and identify gaps in the Program's performance.
- determine the training, capacity building and technical assistance needed to successfully implement the provisions of the ESSA; and
- describe actions to fill the gaps that will be included in the Project Operational Manual in order to strengthen the Project's performance with respect to the core principles of the PforR instrument.

1.4. Scope of the ESSA

In PforR operations, environmental and social management procedures and processes are designed to (a) promote environmental and social sustainability in the program design; (b) avoid, minimize, or mitigate adverse impacts; and (c) promote informed decision-making relating to a program's environmental and social effects. The ESSA employed appropriate assessment tools to describe, identify and analyze potential benefits and risks, suggest mitigation measures and communicate the results in the final report.

1.5. ESSA Process and Methodology

The Health ESSA PforR for Strengthening Primary Health Care Services was prepared by two consultants (social and environment) and supported by the World Bank task team in collaboration with relevant officials and staff of the Ministry of Health (MOH). The process of this ESSA was carried out in accordance with World Bank guidance for the PforR lending instrument, as contained in *Chapter Four: Program Management of Environmental and Social Effects Guidance Note*. The environmental and social system assessment included:

- A review of existing regulations, procedures and guidelines that apply to Health Sector;
- Environmental effects, including residual impacts, systemic risks such as the risk of not identifying significant impacts, potential consequences from inadequate enforcement of mitigation measures, as well as the operational risks of unexpected impacts, accidents and natural hazard;
- Social effects, including residual impacts and systemic risk, consultation mechanisms, grievance mechanisms, information dissemination and disclosure, participation and transparency, gender and GBV;
- Identify activities and analyze their effect on the E&S Management system; and
- Assessment of the capacity to implement the environmental and social management system, including monitoring, supervision and reporting at regional and national levels.

The ESSA considered the strengths and gaps in the system with respect to the six core principles outlined in the OP/BP 9.00. These principles establish the policy and planning elements that are generally necessary to achieve outcomes consistent with PforR objectives. They are intended to guide the assessment of the borrower's systems and of its capacity to plan and implement effective measures for environmental and social risk management. They also serve as a basis for the provision of World Bank implementation support. In order to carry out the ESSA, the following methods were used taking into consideration the scope, objectives and purposes of the assignment.

1.5.1. Desk review

The ESSA preparation process was drawn on a wide range of relevant Ethiopian laws, policies and guidelines. Program documents and other reports of relevant World Bank financed projects and programs were reviewed. The review also covered health sector related national and regional states Proclamations and legal requirements related to environment and social management. Moreover, the review examined Program concept note or Parent PAD and ESSA documents of the original Ethiopia: Health Millennium Development Goals Program for Results and AF ESSA for the same project. Besides, Enhancing Shared Prosperity through Equitable Services (ESPES) and Human Capital Project (HCP) ESSA documents were reviewed. The proposed PforR builds on the experiences and lessons learnt from HSTP I and II, as well as Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health and Nutrition (RMNCAH-N). More specifically, the new investments will address some of the sector challenges that were observed with regard to maintaining the results of RMNCAH-N through five HSTP II strategic priorities: i)quality and equity, ii) information revolution, iii) motivated, competent, and compassionate workforce iv) health financing; and v) leadership. These will create an enabling environment for the translation of plans into results. In addition, the experiences learnt through the implementation of the robust community outreach by the Health Extension Program (HEP) was taken as a good example in the new program.

With these aims, an extensive review of the most pertinent literature was undertaken. Therefore, the desk review covers federal and regional policies, strategy documents and legal requirements related to environmental and social management.

1.5.2. Interviews

The ESSA team carried out interviews with Key Informants from relevant directorates of the ministry of health. More specifically, staff and heads of the directorates: Clinical Service; Human Resource Management; Health Extension and Primary Health Service; Hygiene and Environmental Health; Health System Special Support; Women, Youth and Children Affair; Health and Health-Related Institutions Regulatory and Primary Health Infrastructure Development. In addition, data collection was carried out through virtual and email exchanges with the representatives of three regions (Oromia, Afar and Harari) health bureaus.

1.5.3. Stakeholder Consultation and Disclosure

Consultation is one of the crucial tasks of Environment and Social System Assessment that ensure active participation of stakeholders. This informs decisions about local priorities and needs and be considered in determining the overall concept and design of a program. Due to COVID 19 and security restrictions, local level community consultations were not carried out. The ESSA consultation was conducted virtually on 22 February 2022. During the consultation due attention was given to make sure that all concerned stakeholders who did not participate at the time of data collection are included. In addition, during the project implementation, the consultation should be continued to involve and get the opinion of the community. The ESSA will be publicly disclosed in country and the World Bank.

2. Summary of potential environmental and social impacts and risks applicable to the proposed Program for Results for Strengthening Primary Health Care Services (SPHCS)

In the following sections, some of the potential environmental and social benefits, risks and impacts that may be encountered because of SPHCS are described.

2.1. Potential Environmental Benefits, Risks and Impacts

The environmental effects for the PforR component related activities of SPHCS are assumed not to be significant since most of the activities are aimed at incentivizing outcome-oriented reforms to support the implementation of HSTP II. However, since the project finances construction including rehabilitation and upgrading health related institutions with potential negative environmental impacts, there could be some environmental risks. Whenever such risks occur, (a) deliberately taken mitigation measures can effectively reverse the potential negative environmental and social effects; and (b) consultation with the public, appreciating the local knowledge, whenever appropriate, could help reduce or avoid negative effects.

2.1.1. Potential Environmental Benefits

Environmental Implications of Construction Activities

In Ethiopia, the construction sector is the main employer outside agriculture. Therefore, it helps to generate local employment. In addition, the sale of construction materials can also help as an income and employment generation for landless rural youth. In some instances, open quarries used for construction of health related institutions could be used, with little modification, as water ponds for livestock.

Building capacity to keep the environment safe

The SPHCS support for implementation of HSTP II helps to address environmental determinants of health. Therefore, it helps to build the communities culture on keeping adequate and safe sanitation; water safety and quality; indoor air quality; healthy living environment; and liquid and solid waste management

2.1.2. Potential Negative Environmental Impacts

Negative Environmental Implications of Construction Activities

Excavation activities to collect construction materials from an area can leave the area open and dangerous for the surrounding community. In addition, it can result in accumulation of stagnant water, which will be a breeding place for mosquitos. In addition, loss of vegetation that could provide protection to the watershed and depletion of biodiversity of national or international importance could happen. Thus, recognizing these negative impacts and developing appropriate mitigation measures is required. In line with this, though it may require strict follow up and supervision, the rural road authority has a regulation that obliges construction firms to close opened pits and quarries after use. In almost all health posts and health centers throughout the country, Infection Prevention and Patient Safety Committees (IPPS) constituting the surrounding community and workers are formed. The IPPS in addition to addressing health facilities management issues, they involve in all aspects of health activities that may damage to environment. Therefore, additional awareness creation to the IPPS will help to curb negative environmental risks that may occur. Regarding public health issues, the negative impacts of construction related to; dust, piling of construction inputs and debris, and unregulated water flow. These risks can be mitigated through proper implementation of the health facility construction guidelines.

Negative Implications for Natural Habitat and Physical Cultural Resources

The majority of the construction under SPHCS involves construction related to rehabilitating or upgrading an already existing health institutions. Therefore, the chance of negative impact is rare. However, there might be limited deforestation and reduction of trees for constrcution purposes could bring enviromental risks. In addition, despite the fact that Ethiopia is particularly rich in tangible cultural heritage, physical cultural resources aspect of the ESIA is frequently not given due attention. To ensure that impacts are not overlooked, it is important to screen all primary health institution construction for possible impacts on physical cultural resources, and to be alert to the possibility of chance finds.

Potential for Depletion and Pollution of Surface and Groundwater Resources

Water required for construction purposes could potentially place greater demand on both surface and groundwater resources. The risk that the construction activities in the sectors supported by the SPHCS will over-extract groundwater remains very low. However, if liquid discharges from health institution structures are released into nearby water systems, they could have an adverse impact on water quality, resulting in pollution with solid waste debris, wastewater, and silt. IPPS that are formed around health facilities could be made aware and strengthened to look after these kinds of issues.

Potential for overlooking waste hazardous waste management

The support to RMNCAYH component of HSTP II involves interventions related to provision and medicine and other health facilities. However, as observed in the previous phases of the health sector SDG project, the steps in identification, segregation and disposal of hazardous waste are not adhered to in many health facilities. Therefore, if these continues unabated it will have risk of creating damage to the environment.

2.2. Potential Social Benefits, Risks and Impacts

The social impacts/risks for the PforR component related activities of SPHCS are assumed not to be significant, since most of the activities are aimed at incentivizing outcome-oriented reforms to support the implementation of HSTP II. However, since it involves rehabilitation and upgrading of health related institutions, it could have potential negative social impacts/risks. Besides, the contextual security risk with the current social conflict in different parts of the country may affect the smooth implementation of the program and pose potential risks on workers' health and safety. In the following sections, some of the potential social benefits, impacts and risks of SPHCS are described.

2.2.1. Potential Social Benefits

Improvement in Health Service Delivery and community empowerment

- As the project is planned to support salaries for health extension workers and other frontline staff, disadvantaged areas and communities will have better opportunity for getting access to quality and equity distributional services.
- It increases citizen awareness of package of health care services they are entitled for.
- Increase access to information and generate demand for quality health services, while also improving key nutrition and hygiene behaviors.
- Increase focus on expansion of community-based health insurance that aims to reduce financial barriers to access essential health service

Equity-driven Health Service. The focus of the PforR SPHCS is to improve access to quality specifically on maternal, child, neonate and adolescent health services. This program is one of the top priorities of the HSTP. As a result, it strives to:

- Reduce disparities between geographic areas and groups with underlying social advantage/disadvantage (women, youth, children, the uneducated, the poor, and people with disabilities) in provision of quality health service.
- Strengthen equitable access to high-quality health services will lead to improvements in the health of the population, especially high-priority vulnerable groups, including mothers and newborn, the elderly, and other vulnerable groups.

Preventing GBV and improving Gender Empowerment

- The program will contribute to efforts being implemented by the MOH and other development partners in preventing Sexual Exploitation and Abuse (SEA) including gender based violence as well as improving gender empowerment through the support that will be given to the Women, Children and Youth diretorate of the MOH. This is materialized by implementing the GBV strategy that MOH has prepared
- The program supports Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYH) and Nutrition.

Support to scale up high impact interventions in the health sector

- The project aims at providing support related to scaling-up high impact interventions in the health sector. These include support in the area of RMNCAYH and Nutrition that are proven to be effective (Skilled Birth Attendance; Antenatal Care, Postnatal Care, Family Planning, Child Immunization and Community Based Nutrition).

2.2.2. Potential Key Social Risks

The main risks associated with the proposed SPHCS could be:

Risk of economic and physical displacement due to Land Acquisition

The majority of the construction work related to rehabilitation and upgrading of health facilities is expected to be carried out within the compound of the existing health institutions. However, in cases where new construction areas are planned, there might be a risk of economic and physical displacement of the community during land acquisition. Allocation of resources to manage such risk is vital.

Risk on Public & workers' health and safety

Operations related to the Program particularly in the construction of health facilities including rehabilitation and upgrading may engage workers/employers. This will expose construction workers to different kinds of accidents and in unsafe working conditions. Inability to ensure this could result in spread of communicable diseases that transmit to and from the construction, workers and the unsafe construction activities may cause physical injuries to the public seeking health services and to health care workers working at public health facilities under rehabilitation.

SEA/SH related risks

The program is expected to use local labor, there could be potential risk of SEA/SH due to influx of workers for the construction activities, rehabilitation and upgrading of health facilities in rural community.

Risks related to Conflict

The proposed program will not exacerbate social conflict rather it is designed to yield significant social benefits to all citizens and to improve distributional equity of health services. However, the country is included in Fragile, Conflict and Volatile (FCV) Country list. Moreover, the program will operate in a post-conflict area or in areas subject to territorial disputes. Because of the ongoing conflicts in various parts of the country such as Tigray, Amhara, Afar, and different parts of Oromia, project implementation could be disrupted due to travel restrictions. Moreover, the conflict could also damage facilities of health related institutions. For example, informants from the MOH reveals that due to the current conflicts in the three regions-Tigray, Amhara and Afar, large number of health facilities were fully or partially damaged. As a result, the population that were being served by these health institutions have become vulnerable to different kinds of diseases including possible epidemics. In addition, such conflicts can result in risk of staff death, physical injury, displacement and turnover, and communication gap due to document/knowledge loss in government offices. The IPF component of this program has emergency response component to facilitate the service and reconstruction in conflict affected areas based on detail assessment.

Risk of Social Exclusion in Vulnerable or Disadvantaged Groups or Regions

There are regional and geographical disparities in access to health services and utilization levels. In addition, there are groups identified as vulnerable such as children, especially girls, from poor and rural households, IDPs and persons with disability. Thus, these sections of the community may face risk of social exclusion due to gap in accessibility of services and ensuring equity. Moreover, there might be risk of overlooking culturally appropriate interventions in the Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYH) and Nutrition that are proven to be effective.

3. Assessment of Ethiopia's Environmental and Social Management System Relevant to the Proposed Strengthening Primary Health Care Services (SPHCS)

The Bank's PforR financing policy sets out core principles and key planning elements intended to ensure that program's operations are designed and implemented in a manner that maximizes potential environmental and social benefits, while avoiding, minimizing, or otherwise mitigating environmental or social harm. Thus, all operations function within an adequate legal and regulatory framework to guide environmental and social impact assessment and management. The existing policies, laws, and regulations relevant to SPHCS implementation at the federal level designed to manage environmental and social systems are reviewed. The different directorates of the Ministry of Health practice and performance are analyzed in relation to the environmental and social management systems against core principles of World Bank's PforR financing.

The reform process in Ethiopia and the HSTP II is overhauling the country's health policy and legal frameworks including proclamations, regulations, strategies, guidelines, etc. In line with this, the directorates in the MOH that are responsible for the environment and social management are doing their

level best to review and update relevant documents. The forthcoming sections presents detailed discussions of the applicable environmental and social management policies, laws, plans, guidelines, and strategies.

3.1. Applicable National Policies, Laws, Plans, Strategies and Guidelines Related to Environmental Impact Assessment and Management

A. The Constitution

The Federal Democratic Republic of Ethiopia (FDRE) Constitution provides the overriding principles for all legislative frameworks in the country. The right of Ethiopian people to clean and healthy environment is enshrined in the Constitution under the following articles.

Article	Description of the Issues raised under the article
43	The Right to Development identifies citizens' right to improved living standards and sustainable development and participates in national development and to be consulted with respect to policies and projects affecting their community.
44	Environmental Rights stipulations that all citizens have the right to a clean and healthy environment; and those who have been displaced or whose livelihoods have been adversely affected as a result of state programs have a right to commensurate monetary or alternative means of compensation, including relocation with adequate state assistance.
92	Environmental objectives are identified, as government would endeavor to ensure that all Ethiopians live in a clean and healthy environment. The design and implementation of programs would not damage nor destroy the environment. Citizens also have a right to full consultation and to expression of views in the planning and implementation of environmental policies and projects that directly affect them. Government and citizens would have the duty to protect the environment.

The above-stated constitutional provisions are directly related to core principles 1-6 of Operational Policy (OP)/Bank Procedure (BP) and lay down the basis for the issuance of specific rules and regulations in subsidiary legislations.

B. Relevant National Policies

Environmental Policy of Ethiopia (EPE)

EPE was approved by the Council of Ministers in 1997. It is comprised of 10 sector and 10 cross-sector components, one of which addresses Human Settlements, Urban Environment and Environmental Health. The Policy contains elements that emphasize the importance of mainstreaming socio-ecological dimensions in development programs and projects. The goal of the Policy is to improve and enhance the health and quality of life of all Ethiopians and to promote sustainable social and economic development through sound management of the environment and use of resources to meet the needs of the present generation without compromising the ability of future generations to meet their own needs. The Environmental Policy provides a number of guiding principles that require adherence to the general principles of sustainable development.

C. National Proclamations

i) Environmental Protection Organs Establishment Proclamation, No. 295/2002

The objective of this Proclamation is to define coordinated but differentiated responsibilities of environmental protection agencies at federal and regional levels, and sector environmental units. Thus, the Proclamation aims to lay down a system that fosters sustainable use of environmental resources, thereby avoiding possible conflicts of interests and duplication of efforts.

By Proclamation No. 803/2013, the former Environmental Protection Authority (EPA) was upgraded to the Ministry of Environment and Forest (MEF) then to MEFCC, them to a Commission and now Environmental Protection Authority (EPA).

Proclamation No.1097/2018, Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia Proclamation

This Proclamation redefines the mandates of several federal government agencies including that of the environment. It makes amendments to previous laws and provides for expanded responsibilities to the Ministry of Environment and Forest, adding 'climate change' to its naming and the responsibilities of climate change mitigation and adaptation to its mandate

Sectoral Environmental Units: Concerned line ministries are required by Proclamation No. 295/2002 to establish or designate an environmental unit that shall be responsible for coordination and follow-up of their activities to make sure that they are in harmony with the Proclamation and other environmental protection requirements.

The federal competent authority (EPA) and regional environmental authorities each have designated responsibilities to assess and manage environmental and social impacts. EPA has overall responsibility for the national ESIA system and is the lead agency for federal or trans-regional projects. Regional authorities are responsible for interpreting federal ESIA guidance within their region and overseeing the ESIA process for regional projects.

i) Solid Waste Management Proclamation No. 513/2007

Proclamation 513/2007 aims to promote community participation in order to prevent adverse effects and enhance benefits resulting from solid waste management. It provides for preparation of solid waste management action plans by the concerned government sector and other agencies/institutions.

D. Guidelines

Various environmental guidelines related and applied to this proposed program are stipulated and being functional at national and regional level, some among others are the following:

- Environmental Impact Assessment Procedural Guideline (2003)
- Guideline for Social, Environmental and Ecological Impact Assessment and Environmental Hygiene in Settlement Areas (2004)
- Environmental and social impact assessment guidelines

The former FEPA prepared a series of environmental and social impact assessment guidelines for the different sectors, outlining the key issues, principles, procedures and processes to be adopted and adhered to avoid and/or mitigate potentially negative environmental and social impacts during project planning, implementation and operation by government, public and private entities. Some of the guidelines are generic and are applicable in different sectors, and there are also sector specific guidelines prepared for key environmental and social issues to adhere to during the ESIA analysis in those specific sectors.

- Environmental and Social Management Plan Preparation Guideline, Nov. 2004

The guideline provides the essential components to be covered in any environmental management plan (e.g., identified impacts, mitigation measures, monitoring, capacity building, etc.) and structured formats for mitigation measures, monitoring and institutional arrangements.

3.2. Applicable National Policies, Laws, Plans, Strategies and Guidelines Related to Social Impact Assessment and Management

In the Ethiopian context, the term environmental management also covers social issues. However, there are social issues that require special attention and analysis since social benefits cannot be guaranteed unless

programs/projects are designed in an inclusive manner ensuring distribution of benefits to all sections of the society including vulnerable groups. Therefore, there is a requirement to the project implementers to ensure that the programs or projects are planned and implemented so that they maximize benefits. In order to assess the adequacy of the social management system, relevant policies, laws, and regulations are summarized.

A. The Constitution

The Ethiopian Constitution recognizes the presence of different socio-cultural groups, including historically disadvantaged and underserved communities, pastoralists, agro-pastoralists, and ethnic minorities, as well as their rights to socioeconomic equity and justice.

Article	Description of the Issues raised under the article
25	The Right to 'Education for All' is enshrined in the Constitution, which provides for a range of fundamental rights including the right to equal and effective protection without discrimination.
35	Special attention to the rights of Women guaranteeing affirmative action to address inequality and discrimination
36	The rights of children are constitutionally protected against harassment and violence in schools and other institutions responsible for the care of children.
39	The Constitution recognizes the rights of groups identified as "Nations, Nationalities and Peoples". The Constitution depicts the rights of these Nations, Nationalities and Peoples to self-determination, including the right to secession; speak, write and develop their own languages; express, develop and promote their cultures; preserve their history; and, self-government, which includes the right to establish institutions of government in the territory that they inhabit and equitable representation in regional states and federal governments.
40	"Land is a common property of the Ethiopian Nations, Nationalities and Peoples of Ethiopia and shall not be subject to sale or to other means of exchange". The Constitution states that the Government has the right to expropriate private property for public use subject to payment in advance of compensation commensurate to the value of the property. The Constitution lays down the basis for the property to be compensated in case of expropriation because of State programs or projects in both rural and urban areas. Persons who have lost their land because of acquisition of such land for the purpose of public projects are entitled to be compensated to a similar land plus the related costs arising from relocation; assets such as buildings, crops or fruit trees that are part of the land etc.
41	Article 41 of the Constitution (Economic, Social and Cultural Rights) states that every Ethiopian has the right to access publicly funded social services. Sub Article 5 of the same article stipulates, the state, within available means, should allocate resource to provide rehabilitation and assistance to physically and mentally disabled, the aged and to children who are left without parents or guardians. It also protects the rights of ethnic groups within Ethiopia in terms of their use of mother tongue, and the protection of culture and identity, and equal representation in regional states and the federal government. Moreover, provision is made for the conditions of equal opportunities and full participation of people with disabilities.
42	The article stipulates that 'workers have the right to a healthy and safe work environment', obliging an employer (be it government or private) to take all necessary measures to ensure that workplace is safe, healthy and free of any danger to the wellbeing of workers.
44	Regarding displacement of the public due to development projects, "All persons who have been displaced or whose livelihoods have been adversely affected as a result of state

	programs have the right to commensurate monetary or alternative means of compensation, including relocation with adequate state assistance".
54	The Constitution recognizes existence of "national minorities". It states "members of the House [of Peoples Representatives], on the basis of population and special representation of minority Nationalities and Peoples, shall not exceed 550; of these, minority Nationalities and Peoples shall have at least 20 seats." These groups have less than 100,000 members and most live in the 'Developing Regional States'.
89	Article 89 (2) of the Constitution stipulates: 'The Government has the obligation to ensure that all Ethiopians get equal opportunity to improve their economic situations and to promote equitable distribution of wealth among them'. Article 89 (4) in particular states: 'Nations, Nationalities and Peoples least advantaged in economic and social development shall receive special assistance'.
90	It states: "To the extent the country's resources permit, all Ethiopians are guaranteed access to education in a manner that is free from any religious influence, political partisanship or cultural prejudices."

B. Proclamations, Policies, Regulations, Strategies and Guidelines

i. Expropriation of Land for Public Purposes, Payments of Compensation and Resettlement of Displaced People Proclamation No. 1161/2019

FDRE House of People's Representatives has recently rectified Proclamation No.1161/2019 that deals with "Expropriation of Land for Public Purposes, Payments of Compensation and Resettlement of Displaced People", and replaced the previously active legislation on the matter i.e. Expropriation of Land and Compensation Proclamation No. 455/2005. The new Proclamation gives priority rights to develop Land for the Landholders when the capacity of the Landholders to develop the land as per the approved land use plan; urban structural plan; or development master plan is presented. It states, "Landholders whose holdings are within the area prescribed to be redeveloped shall have priority rights to develop their lands according to the plan either individually or in a group" (Article 7, sub-article 1-2).

Generally, the new Land expropriation, compensation payment and resettlement Proclamation, compared with the Proclamation No. 455/2005, has improved a number of issues related to compensation and resettlement, among others, the major improvements are:

- Number of years for permanent loss of farmland has increased from ten (10) years into fifteen (15) years;
- The number of consecutive years of productivity of crops and price considered for compensation estimate is reduced from five (5) to three (3) years of which the best productivity and price of the three (3) years is to be considered;
- Time limit for the landholder to whom compensation is not paid after estimation, can use the land for former purpose is added in the new proclamation (Article 3, sub-article a, b and C);
- Number of days of notice for illegal holders is set to be thirty (30) days (Article 8);
- Displaced People shall be compensated for the breakup of their social ties and moral damage they suffer as a result of the expropriation (Article 4e); and
- Provision on resettlement packages that enable displaced people to sustainably resettle (Article 16, sub-article 2).

Land Related Grievance Redress Mechanism as Per Proclamation No. 1161/2019

a. Establishing Complaint Hearing Body and Appeal Council

According to Proclamation No. 1161/2019, article 18 (1) "Regional States, Addis Ababa and Dire Dawa City Administrations shall establish Complaint Hearing Body and Appeal Hearing Council which shall have jurisdiction to entertain grievances arising from decisions under this Proclamation". Under sub-article 2,

“Regional States, Addis Ababa and Dire Dawa City Administrations may establish Complaint Hearing Body and Appeals Hearing Council in some of their towns as deemed necessary.” Under sub article 3, “The structure, powers and duties of the Complaint Hearing Body and Appeal Hearing Council shall be determined in a Regulation that shall be enacted to implement this Proclamation.”

b. **Complaints**

Proclamation No. 1161/2019, Article 19 (1) regarding complaints states that, “Any person who received an order of expropriation of his landholding; or who has an interest or claim on the property to be expropriated may file an application within 30 (thirty) days of service of the order to the Complaint Hearing Body”. Further, sub-article 2 indicates that after investigating the complaint submitted to it, the complaint hearing body, shall make its decisions within 30 (thirty) days of the filing of the application and notify in written to the parties.

c. **Appeal**

Article 20 (1) of Proclamation No. 1161/2019, states that “A party who is aggrieved with the decision given under Article 19 sub-article 1of this proclamation shall file an appeal to the Appeal Hearing Council within 30 (thirty) days of the receipt of the written notice of the decision thereof.” Under sub-article 2, “The party who is dissatisfied with the decision has the right to continue his claim; however, for the continuance of the development, he has to surrender his land holdings.” Moreover, under sub-article 3 of the proclamation “If the land holder faces economic loss due to the expropriation and is unable to file an appeal, the government shall arrange for free legal services.”

d. Taking Over Land under Complaint

As per the Proclamation No. 1161/2019 sub-article 1, “If the person who received an order of evacuation of his landholding filed a Complaint application as per this Proclamation, the Woreda or City administration may take over of the land only where:

- The appeal is affirmed as per article 19 sub-article 1of this proclamation and failed to make an appeal on that decision; or
- The landholder failed to make an appeal as per Article 20 sub-article 2 of this proclamation.

Furthermore, the Proclamation No. 1161/2019 sub-article 2 noted that “Notwithstanding to sub-article 1 of this Article where Land under complain is illegally occupied land, the Woreda or Urban Administration may takeover of the land after removing the property, demolishing building on the land.”

ii. Proclamation on Public and Workers Health and Safety

Proclamation No. 624/2009 and regulation no. 243/2011 serves to protect the safety of the public and workers in the construction sector. Articles 31 and 36 state the precautionary measures to be taken during construction and necessary facilities required by persons with disabilities in public buildings.

In addition, the Labour Proclamation No.1156/2019 is enacted to “create favorable environment for investment and achievement of national economic goals without scarifying fundamental workplace rights by laying down well considered labour administration; and determine the duties and responsibilities of governmental organs entrusted with the power to monitor labour conditions; occupational health and safety; and environmental protection together with bilateral and tripartite social dialogue mechanisms; political, economic and social policies of the Country”.

iii. Proclamation No. 1097/2018 on Gender Based Violence

In relation to **Gender Based Violence,** proclamation No. 1097/2018, article 28 (f & g) bestow powers and duties to the Ministry of Women, Children and Youth to: “design strategies to effectively prevent and take measures against gender-based violence against women; implement same in collaboration with relevant organs; facilitate the setting up centers for provision of holistic health, psychological, legal and

rehabilitation services for women who were victims of violence; and follow up the implementation of same."

vii. The National Policy on Ethiopian Women (1993)

It underlines the need to establish equitable and gender sensitive public policies that empower woman, especially in education and property rights, and engaging them in decision making. Improving healthy working conditions, ensuring access to basic services, protecting woman from harmful traditional practices are among the emphasized key issues.

viii. Regulation No. 472/2020 on Expropriation and Valuation and Compensation and Resettlement

Furthermore, FDRE Council of Ministers Regulation No. 472/2020 on Expropriation and Valuation and Compensation and Resettlement was issued. The regulation provides the basis for compensation of affected properties and to assist the displaced or affected persons to restore their livelihood.

ix. The Constitution Article 43 Regulations on Gender and Women Empowerment

The Constitution under Article 43 provides a foundation for the recognition and protection of woman's rights and guarantee equal right with men. The Constitution stipulates providing special attention to women to remedy the historical legacy of inequality and discrimination Ethiopian women endured. Women have the right to full consultation, the formulation of national development policies, the designing and execution of projects particularly those affecting the interests of women. Womens right to acquire, administer, control, use and transfer property; and rights to equality in employment, promotion, pay and transfer of pension entitlemtns are clearly stated in the constitution. The state shall enforce the right of women including to elimination of the influences of harmful customs and practices that oppress or cause bodily or mental harm to women.

x. Regulations to support underserved and Vulnerable groups

A range of policies, action plans and strategies aimed at protecting and promoting the wellbeing, life chances and education opportunities of disadvantaged groups and developing regions are in place. Owing to their limited access to socioeconomic development and underserved status over the decades, the Ethiopian government has designated four of the country's regions, namely: Afar, Somali, Benishangul-Gumz, and Gambella as Developing Regional States (DRS).

There are a number of overarching laws and additional implementation strategies/guidelines adopted by the government to protect vulnerable groups including women, children and people with disabilities, and ensure their rights to quality, access and equity of educational opportunities. Provisions requiring parents and guardians to protect the health, education and social development of children, and respect the legal age of 18 for the marriage as a safeguard against early marriage (Family Code 2000).

Useful proclamations, regulations and plans of actions were formulated to protect people with disability and the elderly. Among others, the most relevant ones include: (i) National Plan of Action of Persons with Disabilities (2012-2021); (ii) Proclamation No. 568/2008, Rights to Employment for Persons with Disabilities; (iii) Building Proclamation, No. 624/2009 and Regulation 243/2011.

Vulnerable and Disadvantaged Groups: Proclamation No. 1097/2018, which specifies the powers and duties of the federal ministries under article 29, sub-article 11 has given MOLSA the duty to:

> work in collaboration with the concerned bodies to strengthen the social protection system to improve and ensure the social and economic wellbeing of citizens and, in particular to: a)

enable persons with disabilities benefit from equal opportunities and full participation; b) enable the elderly to get care and support and enhance their participation; prevent social and economic problems and provide the necessary services to segments of the society under difficult circumstances particularly the elderly and people with disabilities.

The Proclamation No. 1097/2018 Article 13 (1t), which specifies the powers and duties of the federal ministries has given to Ministry of Peace "in collaboration with concerned organs coordinate activities that enable pastoralists and semi-pastoralists to become beneficiaries of social and economic developments." Besides to this, each ministry is given the power and duties to ensure the aforementioned segments of the society who are vulnerable to social and economic problems benefit from equal opportunities and full participation.

xi. The National Social Protection Policy of Ethiopia

Ethiopia has formulated National Social Protection policy in 2012 with a general objective to create an enabling environment in which citizens (including special need and other vulnerable segments) have equitable access to all social protection services that will enhance their growth, development. Ethiopia's social protection policy is a central public policy component for addressing poverty, vulnerability and inequality.

The Policy has designed instruments to reach long and short term objectives including conditional and unconditional social transfer, expansion of public works; providing technical support and financial services; mandatory social insurance and community based health insurance; establishment of social work system, services for PWDs, the elderly and mobility constrained persons; enhancing abuse and exploitation prevention communication, provide protective legal and policy environment, support for survivors of abuse and exploitation and drop in centers and hot lines.

The Social Protection Policy of Ethiopia has identified four key focus areas: i) social safety nets; ii) livelihood and employment schemes; iii) social insurance and iv) addressing inequalities of access to basic services. Further, the policy commits the Government to move beyond the partial, and fragmented, provision of social protection to establish a social protection system.

xii. The National Nutrition Program (NNP)

In order to combat the challenges of malnutrition in Ethiopia the Government embarked on the second National Nutrition Program (NNP II) in 2016, focusing on the first 1,000 days of life to eradicate chronic malnutrition by 2030. The principles for implementation of the program include, breaking the lifecycle and intergenerational transmission of malnutrition; stepping up public health interventions; addressing chronic and recurrent food insecurity; and engaging a large number of stakeholders including, but not limited to, Ministries of Health; Agriculture; Education; Water, Irrigation and Electricity; Finance Labor and Social Affairs; Women and Children Affairs. The ministries have recognized that high malnutrition rate in Ethiopia is unacceptable and have stressed the need for strengthened collaboration to reduce the impact of malnutrition in the country.

xiii. Gender mainstreaming strategy and guideline (2010)

It stresses the consideration of gender issues in policies, programs and projects implemented by government and development partners. This is to ensure that the out comes of development are shared equally between men and women. In addition, it gives right for both men and women to enjoy equal opportunities, status and recognition.

The ratification of the Family Law and amendements made to the criminal code significantly help to fight abuses committted against women and children. Proclamation No, 377/2003 gives special attention to woman and young workers. The proclamation provides protection for women in general and pregenant

women in particular from hard work and long hours. The law clearly states that women should not be discriminated against as regards to employment and payment on the basis of their sex.

C. National and Sectoral roadmaps and Plans

i. Ten-Years Development Plan

Population and Human Resource Development: In the areas of population and human resource development, the Ten- Years Development Plan aims to develop an all-rounded human resource capacity. It intends to achieve this through the provision of equitable access to health and education services as well as ensuring quality and relevance, which will form the primary area of focus for the coming ten years.

Social Justice, Social Security and Public Services: In the areas of Social Justice and Social Security, the ten years plan focuses on empowering various sections of the society to enable them benefit from economic development and get their fair share from the development endeavors. This is planned to be attained through skills development, capacity building and equitable participation. The plan specifically pay attention to inclusiveness and developing the overall capacity of women, children, the youth, the elderly, the handicapped and all vulnerable citizens and facilitate their all-rounded participation in the country's economic, social, and cultural affairs. The plan also looked at the areas of the justice and public services. The focus is to ensure access to justice and good governance, providing impartial and effective legal services, enforcing the rule of law, protecting and respecting the constitution, and enforcing the criminal law.

Gender: The Ten-Year Development Plan vision and goals are largely interlinked with the 17 goals and the associated 169 targets that are identified in the SDG 2030. Of the 17 goals, goal number 5, which states the Ten-Year Development Plan, adopts achieving gender equality and empowerment for all women and girls.

ii. A Roadmap for Optimizing the Ethiopian Health Extension Program

The government of Ethiopia has launched a new roadmap for optimizing the Ethiopian health extension program from 2020-2035. Among other things, the new roadmap aims to improve the earlier health extension program, which focused mostly on addressing married women in their homes. Since that was found to be inadequate, the new roadmap has set a goal to leave no one and reach the different categories of target populations in the different settings.

The roadmap has outlined six strategic objectives. From among these, four of the strategic objectives that deal on: ensuring equitable access to essential health services, improving the quality of health services provided through HEP (introduce professional and gender mix among HP staff), strengthening community engagement and empowerment as well as strengthening political leadership, multi-sectoral engagement and partnerships deliberate on issues of ESM. Therefore, if these are implemented, they will have a positive effect on the improvement of ESM.

iii. Health Sector Transformation Plan (HSTP-II)

The MOH has prepared a five years Health Sector Transformation Plan (HSTP-II) (2020– 2025). In this plan, among the 14 strategic directions that are identified, the following seven are directly and indirectly linked to the issue of ESM:

- Enhance provision of equitable and quality comprehensive health service;
- Improve health emergency and disaster risk management;
- Ensure community engagement and ownership;
- Improve regulatory systems;
- Improve human resource development and management;

- Improve health infrastructure; and
- Ensure integration of health in all policies and strategies;

In addition, the HSTP-II has identified five transformation agenda. Out of which two are related to the issue of ESM. These are:

- **Transformation in equity and quality of health service delivery:** it refers to ensuring delivery of quality health services and creating high performing primary health care units, engaging the community in service delivery and consistently improving the outcome of clinical care.
- **Transformation in Health Workforce:** it aims at ensuring the availability of adequate number and mix of quality health workforce that are Motivated, Competent and Compassionate (MCC) to provide quality health service.

iv. Guiding Criteria for Climate Resilient Health System and Health Care Facilities (2019)

The Federal Democratic Republic of Ethiopia, Ministry of Health has prepared guiding criteria for climate resilient health system and health care facilities. The guiding criteria aims to establish climate resilient health care facilities and service delivery. Generally, the document outlines the following intervention areas:

- Assesses cost effectiveness of health care facility adaptation and mitigation to climate change by quantifying the benefits and costs of implementing new or improved measures to address risks
- Increase awareness about climate change and its impacts
- Build and enhance climate change knowledge capacity relates to hazards for the health care facility
- Ensure adequate leadership and good governance, human resource, finance, health information system including surveillance, early warning and medical supplies
- Avail free space for green area, plantation, solid and liquid waste disposal sites
- Build climate change adaptive capacity through partnerships and mutual support with relevant sectors

v. **Health-care Waste Management Manual for Ethiopia (2021)**

Hygiene and Environmental Health Directorate of the Federal Ministry of Health prepare this Health-care Waste Management Manual for health-care workers and managers in Ethiopia. The document is the revised and updated edition of the first Health-care Waste Guideline published in 2008. The main objective of this manual is to reduce and control human health and environmental risks, and hazards due to improper health care waste by providing technical information and defining the minimum standards for safe and efficient Health-care waste management for Ethiopia. The manual provides detail on environmental and human health risks of health-care waste, planning, implementing and monitoring health-care waste management, health-care waste management principles, wastewater management in health-care facilities, occupational health and safety practices in health-care waste management, and health-care waste management in emergencies and pandemics.

vi. Action on Health response to Gender Based Violence/Sexual Violence (2020/21-2025/26)

Women, Child, Youth Directorate of the Federal Ministry of Health prepared a document on Action on Health response to Gender Based Violence/ Sexual Violence (2020/21-2025/26). The strategic plan aims to:

- Identify key strategic priorities of the health response to GBV/SV for investment in the next five years at all levels of health structure
- Strengthen the health system in the response to GBV/SV to contribute to the goal of the health sector and to the relevant SDGs targets
- Setting the landscape for effective efforts for financial resource mobilization by costing the strategic plan for efficient use of resources.
- Stage the monitoring & evaluation of performances for evidence to base decision

The strategic focus areas included in the document are promoting friendly environment for survivors of GBV/SV at community level, creating an equitable health system in the health response to GBV/SV survivors, and strengthening multi-sector collaborations and partnership.

Generally, the different environmental and social management related policies, legal frameworks, guidelines, templates, etc prepared by the government and the MOH and discussed under sections 3.1 and 3.2 have great potential in improving the E&S management system in the country. However, the ESSA team identified the following gaps:

- Most of the documents are prepared in English and majority of them are not translated into the local languages and thus not clear for most implementers as they have gaps in understanding the English version.
- Since the documents are prepared in isolation, they are not harmonized. As a result, sometimes duplications are observed and some issues related to E&S are overlooked.
- The documents are not properly communicated to implementers. As a result, regional and woreda level stakeholders do not know the existence of these documents.

3.2.1. Federal, regional and Woreda Levels

Ethiopia has a highly decentralized governance structure comprising of the federal government, eleven regional governments, and two city administrations. Each level of government has clearly demarcated responsibilities. For the health sector, the assignment of responsibilities for the main actors includes the Federal Ministry of Health, the regional Health Bureaus and two city administrations and the woreda, local, level Health offices. Within the federal Ministry of Health, there are different directorates that engaged in Environment and Social Management.

Ministry of Health

The ministry at Federal Level has about eight directorates namely, Human Resource Management, Medical Service, Heath Extension and Primary Health Service, Hygiene and Environmental Health, Health System Special Support, Women, Youth and Children Affair, Health and Health-Related Institutions Regulatory, and Primary Health Infrastructure Development that are directly or indirectly involved in ESM related issues.

Human Resource Management Directorate

In this Directorate, activities related to preparing strategies and following up healthcare worker retention, incentive packages, training and capacity building are dealt with. In addition, the directorate has responsibility to look after workers' safety.

In the area of workers' safety, the Directorate has assigned a staff member and tasked to handle the occupational health and safety of the Ministry staff in line with the Labor and Social Affairs requirements pertaining to personal protective equipment and occupational health and safety practices.

Health System Strengthening Special Support Directorate

The Directorate performs different tasks such as technical, financial and institutional support to improve the equitable and quality health service access and utilization in the four emerging regions: Somali, Afar, Benishangul-Gumuz and Gambella and seven selected low performing zones to address geographic inequity through health systems strengthening interventions. The Ministry of Health defines vulnerable persons as those who are mobile (communities who move from place to place due to the nature of their livelihood), HIV positive persons, disabled persons, and people working in development corridors. The issue of addressing the health needs of vulnerable persons is integrated in different programs across the Ministry of Health. The directorate addresses health needs of vulnerable person in these four emerging regions and seven selected low performing zones as one of the priorities to improve the health status of communities. In addition, the directorate performs the implementation of health equity strategic plan to address health inequalities across different dimensions at national level.

The following are some of the guidelines being utilized by the directorate to implement its tasks:

- Pastoralist Health extension program strategy (2016),
- Pastoralist Health Extension program implementation guideline (2016),
- National Health Equity strategy, 2021-2025 (2021),
- Health System Strengthening Monitoring and Evaluation Guide (2021)

The directorate has implemented geographic area focused interventions to reduce existing geographic inequality in health infrastructure expansion and human resource development. It also provided training on leadership, management and governance. Furthermore, the directorate supported the implementation of health information system in the in the four regions and other low performing zones.

Nevertheless, lack of transport facilities, inadequacy of some of the old facilities and those (some built for other purposes but converted to health facilities for disabled persons) and lack of community awareness about the needs of vulnerable people are some of the challenges that limit the effectiveness of the services. Moreover, shortage of human resource at the lower level, low institutional capacity, and inadequate skill regarding equity analysis are reported as challenges.

Public Health Infrastructure Directorate

The directorate is involved in:

- Conducting feasibility study for health infrastructure,
- Conducting detail architectural, structural, sanitary, electrical, and design for health facilities. Conduct quality, cost and time control for all health facilities under construction,
- Work in collaboration with different directorates for improvement of health service quality,
- Support regions on better project implementation and capacity

Concerning environmental and social management, the Directorate plays role in the site screening/selection for the construction of health facilities. It also works to ensure public and worker occupational safety guidelines are incorporated in the civil works contracts for construction of health facilities. However, in site screening or selection, the guideline, which is in use, does not consider and not in line with the PforR core principles and requires update.

The organizational structure of the regional counterparts of the directorate differs from region to region. For example, in Oromia, at regional level, it is organized as construction and maintenance directorate. On the other hand, in Afar, it is organized as project management unit under the planning and program

directorate and in Harari; it is placed in construction planning and monitoring unit. In all the three regions, there is no structure at woreda level, construction supervision is carried out by the regional offices. However, different from the other two, Oromia has assigned an engineer at zone level that works with the regional engineers in following up woreda level health facility related construction works including; design, contract administration, and monitoring. In all the regions, the units work in close collaboration with the urban development and construction bureaus. Issues related to land acquisition for construction is handled by the woreda administration and the role of the regional bureau of health is identifying the sites for the health facilities. This could be strengthened through creating awareness about the available rules and regulations regarding land acquisition.

The main guideline, which is used as site selection criteria is the guideline developed in 2012. The study team observed that the guideline has not been updated since then. As a result, it does not have environmental and social impact and risk criteria in the site selection screening forms for all health facilities. In addition, it does not ensure that the screening is explicit in addressing natural habitats and physical cultural resources considerations in order to avoid constructing health centers in areas that would impact either natural habitat or physical cultural resources or both.

Regarding public and worker safety, the directorate complies with the guidelines prepared by the Ethiopian Government Public Procurement Agency related to components and specification of bid documents for construction of government buildings and civil works. As a result, construction workers and engineers who are frequently engaged in construction site visits are compelled to use PPEs such as safety shoes, chest vests, helmets, raincoats etc. In addition, facemasks and sanitizers are provided for all staffs.

FMHACA Standards for Health facilities (2012) and Standard building codes (2015) are the standards followed by the directorates while carrying out construction activities of the health facilities.

Clinical Service Directorate

This directorate is responsible for the coordination and supervision work of Infection Prevention and Patient Safety Committees (IPPSC) to facilitate implementation of facility level health center waste management. In addition, the Directorate is also involved in issues related to hazardous waste disposal. With regard to the implementation of the health center waste management, the Directorate has made effort to operationalize IPPSCs. This include setting standards for IPPSCs, organizing training for IPPSCs, ensuring the allocation of budget for supplies and equipment, developing recognition mechanism for best performers and institutionalizing regular review mechanism.

The directorate has used the following policy, guidelines, and strategy documents to implement its activities:

- Ethiopian Health service Transformation Guideline, 2016/17,
- Health Service Transformation for Quality, 2016/17,
- Infection prevention and Control, 2021

Health Extension and Primary Health Service Directorate

Under this Directorate hygiene and environmental health, health extension and health education and communication case teams are organized and they are responsible for environmental and social management issues. Their environmental and social management related activities are embodied in the 16 Health extension packages implemented across the country and these include excreta disposal, solid and liquid waste disposal; water supply; food hygiene and safety measures; and healthy home environment.

Health and Health-Related Institutions Regulatory Directorate

The responsibilities of the directorate include:

1. Regulating health facilities, which are under the federal government (Pre license inspection, issue and renew certificate of competency, post license inspection, follow up or supervise the progress in correction of the identified gaps and take administrative measures when necessary.
2. Regulating hygiene and environmental health of health-related institutions, which are under the federal government (universities, prisons, refugee camps, hotels above four-star rate, food and drinking establishments at international airports) and follow up or supervise the progress in correction of the identified gaps and take administrative measures when necessary.
3. Assist the development and revision of national health and health related institutions standards in collaboration with Ethiopian Standard Agency.
4. Ensure the implementation of national health and health related institutions standards
5. Record national health facilities information using a database system (Master Facility Registry) and avail full national data.
6. Conduct national health facilities assessment according to the national standards, label health facilities (green, yellow and red) and take actions as necessary
7. Capacity building and support for regional health regulatory bodies (training, technical and financial support).

The Healthcare Waste Management Directive (2005), Proclamation No. 661/2009, Regulation No. 299/2013, Health facilities standards since 2012 and Health Facilities Promotion Directive (2014) are being utilized in guiding the activities of the directorate.

The health regulatory structures are not uniform from federal to woreda levels. Due to this, the implementation of regulatory laws and standards are not uniform across the regulatory bodies at each level.

Hygiene and Environmental Health Directorate

Hygiene and Environmental Health Directorate has four case teams: Sanitation, Water, Food safety and hygiene, Institutional WASH and Climate resilient and social conformity. The Roles and responsibilities of the directorate include:

- Environmental Health Impact Assessment,
- Promoting hygiene and environmental health services,
- Prepare policies, strategies, guidelines, and manuals, coordinate and support the implementation,
- Strengthen institutional arrangement and implementation capacity for the program at all level,
- Mobilize and properly utilize resources for program implementation,
- Conduct research for evidence based decision,
- Provide capacity building supports for concerned stakeholders,
- Strengthen and coordinate multi-sectorial and private sector integration,
- Monitor and evaluate progresses against targets,
- Facilitate experience sharing and scaling up of good experiences,
- Strengthening climate resilient health system,

The Health care waste management Manual (2020), Health Impact Assessment Guideline (2021) and WASH in health care facilities guidelines are being utilized in guiding the activities of the directorate.

Women, Youth and Children Affairs Directorate

The Roles and responsibilities of the directorate include:

- Facilitate Gender Mainstreaming in programs and operations,
- Enhance women empowerment at institutional and community level,
- Strengthen health sector prevention and response to Gender Based Violence/Sexual Violence (GBV/SV),
- Facilitate the establishment and expansion of one stop centers service for survivors of GBV/SV,
- Enhance multi-sector collaboration, coordination and partnership in gender mainstreaming and GBV/SV perversion and response,
- Strengthen strategic information - monitoring measurement, evaluation and gender related research,
- Advocate for the right-based approaches of health services for children, women, youth and persons with disabilities.

The following documents are being utilized in guiding the activities of women, children and youth directorate:

- Standard operating procedure for the response and prevention of sexual violence in Ethiopia (2016),
- Health sector persons with disability mainstreaming manual (2017). This manual is developed in collaboration with the public infrastructural directorate. In addition, to support the day-to-day implementation of design issues related to disability friendly health facilities, a focal person from the women, children and youth affairs directorate was assigned in the public health infrastructure directorate.
- Health sector strategic plan of women, children and youth, 2020/21-2025/26, (2020),
- Strategic plan for action on Health response to gender based violence/sexual violence, 2020/21-2025/26, (2020),
- Federal ministry of Health workplace harassment prevention and response guideline (2020), Health sector gender mainstreaming manual (2021).

The gaps identified during the interviews with the KII from the women, children and youth directorates include:

- Limited clarity on the mandate of the directorate on children and youth issues. This includes overlap of activities with other directorates such as health system strengthening special support in relation to vulnerable and underserved groups.
- Lack of outcome and outputs indicators for gender and persons with disability in DHIS II and other measuring indicators for the strategies
- Shortage of budget
- Weak multi-program collaboration within the health sector and the multi-sector to respond to WCY and persons with disabilities needs
- Limited number of day care centers in most of the health institution

The Policy, Planning and M&E Directorate

The directorate is in charge of policy formulation and review tasks, strategic and **operational** planning, monitoring and evaluation and stakeholders' engagement coordination.

Maternal and Child Health Directorate

The directorate is responsible for directing RMNCAHN & Seqota Declaration programs, interventions and activities and implementing major priority programs for all aspects of maternal, child health and nutrition issues throughout the country

Disease Prevention and Control Directorate

The directorate is in charge of coordinating communicable and non-communicable disease programs; coordinating the designing and development of national strategies, policy guidance, technical guidelines, protocols, Standard Operating Procedures, and intervention packages; ensuring the availability and uninterrupted supply of commodities for the programs, in collaboration with the Ethiopian Pharmaceuticals Supply Agency (EPSA)

The Ministry of Health has also seven agencies that are responsible for guiding and implementing health and health-related activities. These include:

The Ethiopian Public Health Institute (EPHI):

EPHI is responsible for public health- and nutrition-related surveys and researches, quality laboratory systems, and public health emergency management

Armauer Hansen Research Institute (AHRI):

AHRI is primarily responsible for generating and delivering scientific evidence, developing new tools and methods through biomedical, clinical, and translational research; and serves as a hub for technological transfer and capacity building in medical research and training

HIV/AIDS Prevention and Control Office (HAPCO):

HAPCO is primarily responsible for coordination of multi-sectoral HIV prevention and control activities
Ethiopian Health Insurance Agency (EHIA):
EHIA is primarily responsible for establishing and implementing an efficient, effective health insurance system; undertake studies and take measures to ensure the financial sustainability of health insurance system.

The Ethiopian Food and Drug Authority (EFDA):

EFDA is responsible for assuring the safety, efficacy, and quality of health and health-related products and services through control and supervision of food safety, pharmaceutical quality, tobacco and tobacco products, cosmetics and related products, and other regulatory activities.
Ethiopian Pharmaceuticals Supply Agency (EPSA):
EPSA is responsible for ensuring a sustainable supply of quality assured pharmaceuticals to health facilities at an affordable price
National Blood Bank: responsible for ensuring the availability of blood and blood products in Ethiopia.

Regional Health Bureaus

The eleven regional health bureaus and two city administrations are responsible for plans and programs for people in their areas. Their responsibility is to deliver health services based on the national health policy, health service delivery within the region (including all types of hospitals), licensing of health facilities, and ensuring adequate supply of safe and affordable medicines and supplies.

The Woreda Health Offices

The Woreda Health Offices are under the administrative control of Woreda Councils. They manage and coordinate the primary health care units (health centers and health posts) and are responsible for planning, financing, and monitoring the health progress and service delivery within the woreda. The regional health bureaus provide technical support to woreda health offices.

Immigration Nationality and Vital Events Agency (INVEA)

INVEA is a national agency engaged in provision of service related to immigration, nationality and registrtion of issues concerning Vital Events**.** The proposed Health PforR operation will support INVEA to undertake CRVS activities through the provision of technical assistance including digitization of CRVS system, capacity building, social and behavior change communication, coordination, monitoring and evaluation (M&E) and project management.

Regulatory Bodies beyond the Health Sector

Environmental Protection Authority(EPA)

Previously, ESIA review was delegated to six ministries: Mines and petroleum; Agriculture; Water, Irrigation and Energy; Urban Development and Construction; Transport; and Trade and Industry. Now, the delegation is revoked, and responsibility has gone back to EPA.

Currently, the EPA is in the process of amending the 299/2002 proclamation on environmental impact assessment (EIA). The draft document was submitted to the Council of Ministers and feedback was received. The feedback was incorporated and resubmitted to the same. The Council is expected to review and submit the draft document to the parliament. The revised draft proclamation is made to include Strategic Environment and Social Assessment (SESA) as a requirement in developing investment proposals. It also specifies when and by whom the SESA should be prepared. In addition, the revised draft proclamation has included environmental audit as one part with details of when and how it should be carried out. Moreover, equal emphasis is given to social assessment, and amended proclamation will have the title "Environment and Social Impact Assessment". However, earlier than this, the social components of the assessment were overlooked and given limited attention. At present, the EPA has planned to prepare a regulation after the proclamation is enacted.

Furthermore, the EPA has prepared Integrated Risk Management Guideline in 2020 in order to complement ESIA. The guideline is prepared as a national general guideline and specific for mines and irrigation. The guideline recommends ESIA to consider additionally the assessment of impact that may happen because of climate change, ecosystem restoration, and disaster. In addition, the EPA has prepared public consultation guideline in 2020. This was prepared to guide how public consultation should be undertaken during project planning and implementation and to be shared to the public.

Ministry of Women and Social Affairs (MoWSA)

The ministry is responsible for follow-up of the implementation of national and international laws; conducting research and formulating policies and guidelines; collaborating with organizations working on women, child and youth affairs; and providing capacity building support to ensure the equal participation and benefit of women, children and youth in the protection of their rights and security. In the ten regional states and the two city administrations, the ministry has structures organized as bureau.

4. Analysis of Ministry of Health (MOH) Environmental and Social Management (E&S) Capacity and Performance

4.1. MOH Capacity of E&S management

The proposed Health PforR operation will use existing institutional and implementation arrangements. The country follows a decentralized federal structure of administration, which shares responsibility for health policy making, regulation and service delivery between the MOH, Regional Health Bureaus and Woreda

Health Offices. The Ministry of health has a mandate for national health policy formulation, expansion of health services, establishment and operation of national referral hospitals and national level study and research centers, determining standards and operational protocols, regulation of health services and professional education in public health, and prevention, control and eradication of communicable diseases. This will be implemented in coordination between MOH and RHBs.

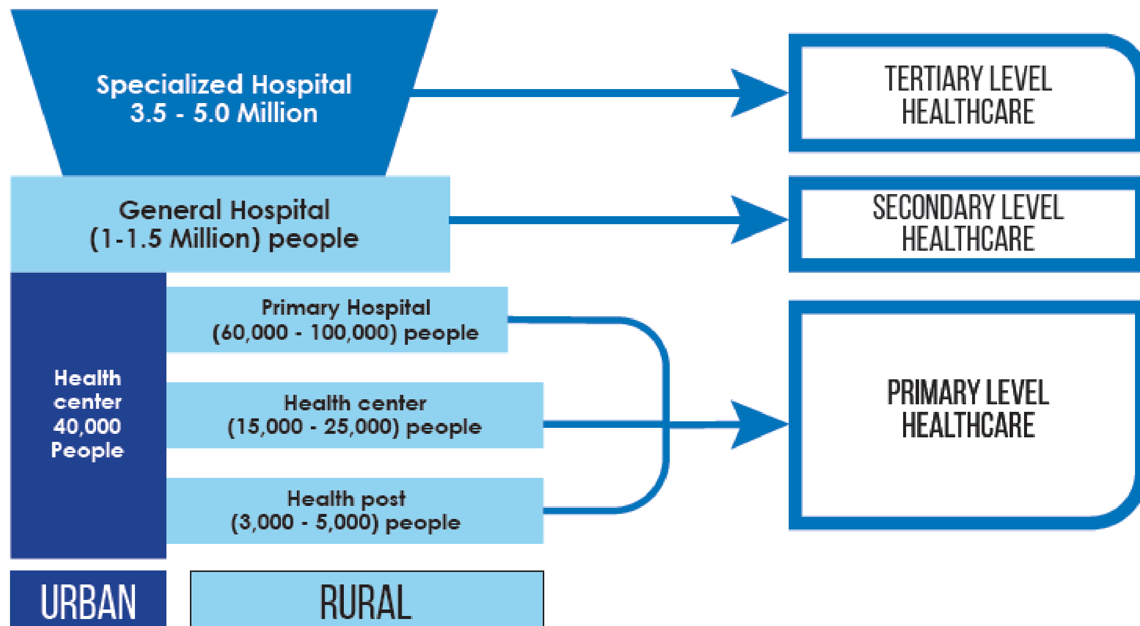
The Regional Health Bureaus are responsible for delivering health services based on national health policy, for health service delivery within the region including all types of hospitals, licensing health facilities, and for ensuring adequate supply of safe and affordable medicines and other supplies. The Woreda Health Offices manage and coordinate the primary health care units (primary/district hospital, health centers and health posts) and are responsible for planning, financing and monitoring the health progress and service delivery within the Woreda.

The directorates that are directly or indirectly involved in environmental and social related issues include Medical Service, Heath Extension and Primary Health Service, Hygiene and Environmental Health, Health System Strengthening and Special Support, Women, Youth and Children Affair, Health and Health-Related Institutions Regulatory, and Primary Health Infrastructure Development. Even though these directorates implement E&S management related activities, there is no specific focal person or unit that coordinates, compiles and reports the E&S related activities. In addition, the work of the directorates are not coordinated with oversight or regulatory bodies such as EPA and MoWSA. Thus, there is a need to either assign or hire a focal person that coordinates, compiles, and reports E&S management within the MOH directorates and with the oversight bodies outside the MOH.

Though the women, children and youth directorate is organized as a directorate at the federal ministry of health level, in regions, zones and woredas, the structure does not exist or constrained with work force. For example, in some regions, it is represented with a focal person at regional level without no representation in the zone and woreda levels.

According to the HSTP-II (2021), the Ethiopian health service delivery is structured into three tiers providing primary, secondary and tertiary-level health care.

Figure 1. Ethiopia's Health Tier System



Source: HSTP-II (2021)

As the focus of the SPHCS is strengthening primary health care service, it may help to describe some information about the current primary health care capacity. As a result, 17,550 health posts and 3,735 health centers are the main source of primary care services, especially for rural communities in Ethiopia. The Health Extension Program that provides a package of 18 primary care packages for family health, health promotion and disease prevention, hygiene, and environmental sanitation supports the primary health service.

The directorates of the MOH have provided various trainings on various aspects of the primary health care services, which have some relevance to environmental and social systems management. These include the following:

- Market Based Sanitation
- Water Quality Monitoring
- Infection Prevention and Control
- Health care WASH
- Health Impact Assessment Guideline,
- Air quality guideline,
- Guiding Criteria for Climate Resilient Health System and Health Care Facilities,
- Environmental Health guidelines on Water, food, personal hygiene, Occupational Health and Safety and Waste management,
- Infection prevention
- Gender and health,
- Gender based violence response and prevention,
- The concept of persons with disability,
- Child health rights,
- Women empowerment and leadership,
- Adolescent and youth health,
- Leadership incubation,

- Project based Leadership, Management and Governance training,
- Monitoring, Evaluation, reporting and learning,
- Facilitation skill for IRT training,
- Quality improvement in health care services,
- Engineering Softwares like Revit, GIS, Premavera etc.
- Construction contrat management, Claim management, Project management etc.

Most of the aforementioned capacity building trainings were provided by different organizations including WHO, USAID, AMREF, the WB, Gender and Health and Ethiopian Center for Development of Disability. Moreover, trainings are provided using the ministry's resource persons. Because of the capacity built through the above and other trainings, the women, children and youth directorate were able to conduct the following assessments related to ESM by its own or engaging external consultants:

No.	Type of assessment and date	The organization who carried out the assessment
1	Women leadership analysis (2020)	MoH, technical working group
2	Women empowerment assessment (2021)	MoH, external consultancy
3	Health sector Gender auditing (2021)	MoH, external consultancy
4	Health sectors accessibility to persons with disability Health sector Gender auditing (2020/21)	MOH, WCYD
5	Workplace harassment (2020)	MOH, WCYD
6	Workplace convenience to women (2019)	MOH, WCYD
7	Outcome and impact of provided trainings (2018)	MOH, WCYD

In summary, the results of assessments mentioned in the above table showed that:

- There positive development in bringing women to leadership positions. However, it requires more efforts to bring the optimum achievement.
- In terms of gender mainstreaming some actions were taken such as preparing working guidelines, improving workplace convenience by organizing childcare facilities for working women, etc.
- Though trainings were given on, various issues for large number of experts due to high staff turnover, the same trainings are needed for the newly recruited staff. In addition, the assessment revealed that trainees were not implementing the much of the knowledge they gained through trainings. The reasons were limitation of budget and transfer of trained staff to other tasks.

The ESSA team found that the health and health related institutions regulatory directorates at federal level and its respective structures at regional, zonal and woreda levels lack skilled and competent professional staff to handle E & S regulatory tasks. In addition, there is high turnover of staffs in sector. Some directorates of the ministry believes that most of the SDG targets are directly or indirectly related to Hygiene and Environmental Health. However, the SDG budget is distributed to different sectors. Furthermore, the activities are not coordinated, and their performances are not regularly monitored. However, though there are relatively adequate staffs at federal challenges related to urban/rural and regional disparities, poor motivation, retention and performance of the human resource is observed at various levels of the health sector.

In addition, the assessment in the public health directorate found out that there were limited regional commitment to contribute matching fund, limited capacity of consultants and contractors in project implementation and shortage of regional engineering staff including capacity. Moreover, due to vehicle shortage, regions such as Afar where the health facilities are located in dispersed location, experts do not

frequently follow-up and supervise the construction of new health facilities as well as the maintenance of old health facilities.

In order to improve the capacity challenges or gaps mentioned above, the following measures were suggested:

- The number of health professionals operating at different levels are enormous. This will make it difficult to reach all of them within relatively short time. Thus, online or virtual platforms could be taken as alternative approach to build their capacity
- The tasks and activities of most of the directorates of the ministry of health are directly or indirectly related to environmental and social management. However, the different directorates and their regional counterparts do not have a specific unit or focal person that coordinate, compile and report environmental and social activities. Therefore, during the implementation of the SPHCS, it may be good to assess and take corrective measures including assigning or hiring a focal person that follows, coordinates and reports the environmental and social management related issues during the project implementation. The assigned or hired safeguard expert in collaboration with directorates and oversight bodies should develop coordination and partnership guideline.

The coordination on E & S management should be strengthened by assigning the relevant one directorate to take the lead in E & S coordination, follow up and reporting.

4.2. Performance

This section describes existing practice of environmental and social systems management in the MOH and its regional counterparts. Therefore, to help understand what is being done currently, implementations and achievements in the area of waste management, gender and gender-based violence, vulnerable and underserved groups, conflict management, grievance redress, and public consultation and participation are presented as follows.

4.2.1. Waste Management

The ESSA found out that the waste disposal practices in most health facilities of the three sampled regions including, hospitals, clinics and health posts needs improvement. In most health facilities, incinerators and placenta pits are built and put in place. However, rather than using these standard waste disposal structures, workers prefer to dispose the waste (mostly solid waste) in open pits. Therefore, when the solid waste in the open pit is burned, the surrounding environment is polluted, and these could affect the safety of the surrounding community. Therefore, it may be good to assess why workers avoid the standard waste disposal structures and come up with a preferred design that improves the use of the standard waste disposal structures.

There are challenges related to fulfilling the required health center waste management supplies and ensure continuous workers commitment in implementing waste segregation practices at the facility level. Furthermore, old facilities and those built before the standard health facilities design was operationalized find it difficult to properly implement waste management procedures and fulfill public and workers safety requirements. Despite the fact that the activities of the health sector require multi sectorial and multimodal approach, since there is limited coordination, between the different actors, it was not possible to achieve what was planned.

4.2.2. Gender and Gender Based Violence

Gender inequality has been common in all parts of the country although the scale may vary from area to area. The inequality is observed in accessing various health care services and facilities. However, initiatives

are implemented that enhance the participation and benefits of women in various development projects. The ministry of health has implemented the following activities aimed at mainstreaming gender in all programs:

- Revising and launching the health sectors mainstreaming manual.
- Conducting gender analysis studies of different programs
- Based on leadership analysis study carried out by the MOH, the management positions in the ministry are made to be 50-50 men and women

Moreover, in order to empower women, the following activities were carried out:

- A gender empowerment guideline prepared.
- In order to support the government affirmative action, the ministry has also provided women with additional 30 percent opportunity for education.
- Women's issues were given focus and mainstreamed in the preparation of health strategies and guidelines.
- Women's access to health services has improved because of the assignment of the health extension workers at grassroots levels.
- Two indicators were included in the revised HMIS for 2021. These are number of gender based violence survivors who received health care services and proportion of leadership position in health facility that are held by females.

From the finding, it is observed that there is a need for effective use of women's groups, panel discussions and community conversations targeting special groups such as pregnant women, traditional leaders (both religious and community elders), and other vulnerable groups to address the interests of women.

Concerning Gender Based Violence (GBV), the DHS data[2] reported that in all regions, there were considerable number of GBV cases. For example, in SNNP the prevalence of GBV was 29% and in Oromia 38%. Therefore, during the implementation of the SPHCS, taking due consideration on the issue of GBV should be given attention.

In relation to capacity building, the MOH has provided training for more than 500 hundred health workers on GBV response and prevention. The training was delivered using MoH in service training Standardized training package. In addition, various documents were prepared in relation to GBV by the MOH:

- Health sector strategic plan of women, children and youth (2020/21-2025/26),
- Standard operating procedure for the response and prevention of sexual violence in Ethiopia,
- Strategic plan for action on Health response to gender based violence/sexual violence (2020/21-2025/26)
- There is also prepared health sector workplace harassment prevention and response guidelines that addresses the capacity of work force and compliant resolution. This guideline beyond creating harassment free work environment, it also prevents gender-based violence on the workplace.

In terms of implementing GBV prevention and response, at national levels, a Memorandum of Understanding was signed between different sectors involved in GBV prevention and response including sexual harassment. As part this effort, a number of one-stop center service to GBV survivors were established across all regions. The multi-sectoral one-stop center government partners includes health service providers, Women and Children Affairs, Police and legal service providers. Therefore, it may be necessary to strengthen the activities of one-stop center service including updating of gender action plan and make sure it has a protocol on how to carry out referrals of GBV to response services. Besides, it may be helpful to recognize and refer grievances related to GBV to respective service providers based on the

[2] Demographic and Health Survey (DHS), 2016, Central Statistical Agency, Addis Ababa

demands of survivors and without forgetting confidentiality. In this respect, GBV related grievances could be better handled by the Woreda Women, Children and Youth Office or female GBV focal points who have the knowledge and skill to provide basic referrals.

The involvement of health extension workers in prevention and treatment of GBV/SEA is limited. In most cases, they are involved in identifying GBV/SEA victims. As a result, the capacity building provided so far are focused mainly on awareness raising. However, the MOH, directorates of women, children and youth as well as health extension are interested to expand their role in involving health extension workers to link victims to the appropriate organizations and treatment in addition to the identification tasks they are currently doing. To help them perform, the two directorates are negotiating to include GBV/SEA in the health extension package or include it as a topic. Thus, the project can support the inclusion of GBV/SEA in the health extension package and provide capacity building to the health extension workers on GBV/SEA.

In general, in order to address the wide-ranging problems of women, children and youth, the ministry has carried out several activities that included gender mainstreaming, reducing Harmful Traditional Practices (Female Genital Mutilation and Early Marriage), children Care and Support, establishing children parliament, reducing youth unemployment rate and increasing Youth Representation in the legislative and judiciary. Even though the tasks of the ministry require working in coordination with other basic sectors and oversight bodies, the coordination is yet to be developed.

4.2.3. Vulnerable and underserved groups

Various measures were undertaken to improve the livelihoods of vulnerable and underserved groups by the government and projects. In most cases, the interventions identify and assess the situation of these groups. Following that targeted support such as direct transfer, employment and income generation schemes were implemented in collaboration with development partners.

In relation to vulnerable and disadvantaged groups, more specifically, the Health System Special Support Directorate and the Women, Children and Youth (WOCY) Affairs Directorate support regions that require special attention. The regions that receive the support include Afar, Somali, Gambella, Benishangul Gumuz and seven low performing zones are given support. The directorates also give emphasis to equity issues related to geographical, gender and sociodemographic disparities. Some of the supports include capacity building, assigning experts that support underserved regions.

The ministry of health has also made improvement on physical access to services through health extension workers and mobile clinics and provided additional matching support to the regions for health center construction. It has also made improvement in financial access of the poor to health services through exemption of user fee for health services and introduction of fee waiver program for the vulnerable population.

In the area of universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines, the Clinical service directorate has made progresses. In line with this, initiatives such as Clean and Safe Healthcare Facilities (CASH) have been implemented. As a result, improvement in universal effective and safe health service coverage was observed.

Despite these efforts, the following challenges still prevail:

- Inadequate awareness and prevalence of misconceptions about special needs issues,
- Poor adherence of the government standard service guideline during care and support intervention

for vulnerable children,

- Weak coordination of the support provided for vulnerable groups,
- Shortage of skilled human resource in the remote areas of the country mainly in the historically disadvantaged regions.

Furthermore, the ESSA team identified the following gaps that need attentions in terms improving the access of health facilities to people with disability:

- The roads leading to the health facilities are not constructed taking into account the situations of people with disability. As a result, disable people are discouraged to visit health facilities even when they fill sick.
- The ramps and other physical accessibility structures are below standard (some do not follow the right slope) and are not maintained when they are damaged.

4.2.4. Social Conflicts

Conflict and civil unrest disrupt project implementation. This creates problem of movement from place to place and restricts access to the affected areas. During the last three years, Ethiopia has experienced various internal conflicts in different parts of the country including Tigray, parts of Amhara, Afar, Benishangul Gumuz and Oromia. Due to these security problems, projects and regular government activities related to health care services were disrupted. This has also significantly affected projects and programs to deliver services due to disruption of experts' movement to perform their duties. In addition, the internal displacement of people because of conflicts in different parts of the country has forced the government to divert budget that could have been used for improving the delivery of health care services.

Because of the ongoing conflicts in the three regions-Tigray, Amhara and Afar, large number of health facilities were fully or partially damaged. As a result, the population that were being served by these health institutions have become vulnerable to different kinds of diseases including possible epidemics. Regarding conflicts and conflict resolution mechanisms, the Proclamation No. 1097/2018 Article 13 (1g), which specifies the powers and duties of the federal ministries has given a mandate to Ministry of Peace to, "identify factors serving as causes of conflicts among communities; submit a study proposing recommendations to keep communities away from conflicts and instability, and implement same upon approval".

4.2.5. Grievance Redress Mechanism (GRM)

All regional governments have established their respective GRM structures down to woreda level with focal points located in the Kebeles. At kebele level, GRM committee members are drawn from kebele administration, teachers, Development agents, Health extension workers, and the community. At woreda level, it is composed of representatives from the local administration, education, health, women and child affairs, and the community. The reporting structure starts from the woreda by the assigned GRM officers reporting to the woreda administrator, who in turn submits regular consolidated reports to the GRM office at the regional level. The head of the regional GRM office is accountable to the regional presidents and provides regionally consolidated reports to the Ethiopian Institute of Ombudsman. With regard to working documents, except Gambella and Afar, all regions have laws that enforces the implementation of GRM.

Largely, the grievances reported so far are related to land issues. For example, in rural roads construction, conflicts arise between implementers of road projects and local communities. This is mainly due to amount of compensation and delay in compensation payments. As a result, delay in project completion is frequently observed. Such kind of cases are handled through continuous consultation, awareness creation, negotiation with community and revising the compensation. However, the government encounters budget constraint when trying to compensate affected individuals. Thus, addressing grievances related to land has an influence on the implementation of ESM.

The issue of grievances in the ministry of health is handled in two directorates, namely, reform and governance as well as ethics and anticorruption. In addition, the women, children and youth affairs directorate has developed a manual on workplace harassment though it is not implemented yet. The ministry has also established a grievance redress committee as part of the Ethiopian Civil Service Regulation. Regions like Somali use scorecards to measure communities' satisfaction with services provided through health extension system. The cards show three satisfaction levels excellent, medium and low. This has increased communities' participation in evaluating public services including the health services.

In order to enable GRM to be more effective in the SPHCS and address issues related to the implementation of the project, more awareness about possible conflicts and grievances that could come as a result of the implementation of the program should be explored and included in the GRM plans.

4.2.6. Public Participation/Consultation

Community participation is required at all stages of the project cycle including planning, implementation, monitoring and evaluation. As a result, representatives of all community groups should be involved and their opinions need to be taken into account. The experiences of the health sector in line with participation and consultation are discussed as follows.

Health sector services used to conduct community consultation at project level using general as well as sectoral guidelines. At woreda and kebele levels, demands arise from the community and/or the government initiates health related projects. In cases when government initiate health related projects, experts from woreda and zones or regions of the public infrastructure directorates related to construction consult the community to understand and identify the priority needs, interests and concerns as per the site screening guideline 2012. Furthermore, they conduct technical assessment regarding the appropriateness of the proposed site. Nevertheless, several community consultations were not conducted due to urgency to start implementation and logistical challenges. For instance, informants form the directorates of the ministry of health indicated that most consultation processes were inclusive but sometimes due to time constraints, key stakeholders could be skipped.

4.2.7. Economic and physical displacement due to Land Acquisition

As the project involves renovation and construction activities within the existing health facilities, the economic and physical displacement due to land acquisition in minimal. However, whenever it exist, the risk could be related to not properly identifying all people affected by land acquisition, inadequate stakeholder consultation, and difficulties related to customary land rights and communal land. With regard to land acquisition, new proclamation and regulation were put in place.

5. Analysis of Environmental and Social Management Systems against the Core Principles of PforR Financing

This section presents the analysis of core principles of PforR financing considering the consistency of government's environmental and social management systems. The core principles are analyzed considering applicability, strength, gaps, opportunities, risks and the recommended actions.

Core Principle #1: Program E&S management systems are designed to (a) promote E&S sustainability in the Program design; (b) avoid, minimize, or mitigate adverse impacts; and (c) promote informed decision-making relating to a Program's E&S effects.

Program procedures will:

- Operate within an adequate legal and regulatory framework to guide environmental and social impact assessments at the program level
- Incorporate recognized elements of environmental and social assessment good practice, including (a) early screening of potential effects; (b) consideration of strategic, technical, and site alternatives (including the "no action" alternative); (c) explicit assessment of potential induced, cumulative, and trans-boundary impacts; (d) identification of measures to mitigate adverse environmental or social impacts that cannot be otherwise avoided or minimized; (e) clear articulation of institutional responsibilities and resources to support implementation of plans; and (f) responsiveness and accountability through stakeholder consultation, timely dissemination of program information, and responsive grievance redress measures.

Applicability: Applicable

The main aim of the Health SPHCS project is to respond to the Government's request to scale-up support for the HSTP II through non-earmarked and harmonized partners support to the SDG PF. Though interventions that will be implemented through the non-earmarked financial allocation are not yet specified, there is high possibility that it will be used for building health institutions; expanding, renovating, and maintaining health and health-related facilities.

The construction component of the project may involve environmental and social impacts or risks. However, when the records of accomplishment of the activities in these sectors are scrutinized, only projects, which donors have financed, or lenders were subject to EIA procedures within the meaning of legal and regulatory framework of the country. That is, these projects have been implemented by fulfilling the legal requirements of EIA as prescribed under the Federal Constitution, the Environmental Policy of Ethiopia and the EIA Proclamation No. 299/2002.

- Some regional states have also enacted their own EIA proclamations (e.g. Amhara, Proclamation No. 181/2011 and Oromia, Proclamation No. 176/2012) by including additional elements in their laws. The other regional states, however, use the federal EIA guideline, as they have not yet adopted their own.
- Undertaking an environmental assessment and implementing an environmental management plan appear to be key to mitigate adverse environment and social impacts, which might be created while implementing these interventions.

Strengths:

- The country is under a major reform process. As a result, most basic sector as well as oversight offices have revised their proclamations, regulations, and guidelines to address the issue of environment and social management in better ways. For example, the Environmental Policy of the country and other supportive documents outlined guiding principles that require adherence to sustainable development. In particular, the documents underscore that Environmental Impact Assessment considers the impacts on human and natural environments; provides for early consideration of environmental impacts in projects and programs design; recognizes public consultation; includes mitigation and contingency plans; provides for auditing and monitoring; and is a legally binding requirement.
- The content of the screening and analysis for EIA under the Proclamation, Directive and Procedural Guideline are comprehensive with respect to the principles of PforR financing.

Gaps:

- Absence of qualified environmental and social safeguards focal persons at Woreda levels
- Inadequate resources to carry out ESM.
- Limited experience on the preparation and supervision of safeguards instruments like ESIA and ESMPs, which needs to be considered during implementation of the program, mainly at local levels
- Lack of proper public disclosure of guidelines and low awareness of the implementing agencies on the importance of disclosure

Opportunities:

- The country has experience on developing and implementing various programs funded by the World Bank. Accordingly, experiences and best lessons on the Environmental and Social Management System have been acquired and used by projects and programs in basic sectors and oversight bodies.
- The Government has appreciated the need for ESM and takes the necessary action to improve the ESM system. In line with this, the HSTP II has identified Enhancing Provision of Equitable, Quality Comprehensive Health Services as one of its strategic area of intervention.

Risks:

Specific risks to the proposed program will be:

- Weak institutional capacity of woredas, especially their inability to enforce the existing environmental laws.
- The inadequacy of the legal framework to cover current EIA issues.
- All potential environmental and social impacts of the Health MGD project may not be identified, mitigated, and monitored.
- Stakeholder's concerns related to environmental, social and safety issues could be overlooked.
- Inability to utilize opportunities timely, effectively and address gaps could lead to inefficient implementation of ESM.
- There is limited coordination and cooperation between health sector and other E&S oversight agencies. In addition, between projects safeguard units and the regular programs.

Risks should be mitigated through a combination of dedicated enforcement of national legislation and existing guidelines at all levels.

Recommended Actions:

- Utilize the revised proclamations, regulations, and guidelines through awareness creation forums and adapt them to suit the regional contexts by allotting the required budget. For example, the Expropriation of Land holdings for Public Purposes, Payments of Compensation and Resettlement Proclamation, 2019, Public consultation guideline.
- Create mechanism to utilize safeguards staff assigned in projects to support ESM activities in regular programs of sectoral offices.
- Strengthen federal, regional and woreda level safeguards units in the health sector through filling vacant positions and building their capacity.
- Reduce the effect of knowledge loss due to staff turnover by introducing continuous capacity building intervention.
- Elevate regional environmental protection offices to bureau level so that they have better voice and capacity to implement ESM including in the health sector.
- conduct follow up to assess the status of addressing the stakeholder's concerns related to environmental, social and safety issues.
- Revisit the legal framework to cover current EIA issues.

Core Principle #2: Program E&S management systems are designed to avoid, minimize, or mitigate adverse impacts on natural habitats and physical cultural resources resulting from the Program. Program activities that involve the significant conversion or degradation of critical natural habitats or critical physical cultural heritage are not eligible for PforR financing

As relevant, the program to be supported:

- Includes appropriate measures for early identification and screening of potentially important biodiversity and cultural resource areas.
- Supports and promotes the conservation, maintenance, and rehabilitation of natural habitats; avoids the significant conversion or degradation of critical natural habitats, and if avoiding the significant conversion of natural habitats is not technically feasible, includes measures to mitigate or offset impacts or program activities.
- Takes into account potential adverse effects on physical cultural property and, as warranted, provides adequate measures to avoid, minimize, or mitigate such effects.

Applicability:

The provisions in Core Principle 2 are considered as part of the ESIA system analyzed under Core Principle 1.

Strength:

- National proclamation and EIA procedure guidelines are consistent with the principle of environmental protection, which highlights consideration of natural and cultural values
- The EIA proclamation has clearly outlined components that are needed to be in place to protect the natural habitat.
- The National Conservation Strategy (1996) presents a coherent framework of policies and plans for investment to promote environmental sustainability, through a holistic view of natural, human and cultural resources;
- As per Proclamation No. 209/2000, the Authority for Research and Conservation of Cultural Heritage (ARCCH) was established. One of the responsibilities of ARCCH is to protect the cultural heritage from human and natural disasters.
- The GoE enacted the National Biodiversity Strategy and Action Plan of 2005. The strategy and action plan outlines activities that need to be considered to protect the natural habitats. This will be implemented through the national coordinating body, which will be established to oversee environmental safeguards and information dissemination.
- Largely, there are no significant contradictions between OP/BP 9.00 and the existing policies, laws, and regulations of the country related to natural habitats.

In addition, although, the analysis confirmed that project investments do not convert critical natural habitats, to ensure that impacts are not overlooked, it is important to screen all woreda-level projects for possible impacts on physical cultural resources, and to be alert to the possibility of chance finds.

Gaps:

- Although the country has well defined and structured policy and legal framework, regions and woredas have limited experience and authority in the implementation of the existing legal frameworks regarding the natural habitats and Physical Cultural Resources.

- Federal as well as regional directorates and departments have limited capacity and tools to assess the potential impacts on the natural habitats and physical cultural resources during the preparation of EIA, review of EIAs and implementation of the recommended measures. However, some regions such as Amhara and Oromia have started to build the capacity of implementing EIA by their own.
- Environmental and social officers are not assigned in the directorates of MoH and regional bureaus to ensure compliance to required environmental standards regarding Clean and Safe Healthcare Facilities (CASH) and natural habitats.

Opportunities:

- Availability of simplified physical cultural resources screening procedures under the Bank-financed PSNP wherein each Sub-project is screened for whether it is located within a recognized cultural heritage or a world heritage site, in addition to a chance-finds procedure.
- Screening procedures include a checklist to assess whether a subproject has the potential for affecting a known cultural or religious site.
- Capacity, experience and lessons on the Environmental and Social Management System exists in projects and programs. This is due to skill and knowledge accumulated through the implementation of various projects and programs implemented by the World Bank and other Development Partners.
- Since the Government has appreciated the implementation of the national biodiversity conservation practices and the need to promote the tourism sector, it is expected that the government will take appropriate actions such as preparation and implementation of suitable guidelines, directives, and strengthening the capacities of institutions working on ESM that help reduce adverse impacts on natural habitats and PCRs.

Risks:
Inability to apply practical and operationally feasible early screening practices for known physical cultural resources and chance-finds in the health sector may lead to adverse environmental impacts on natural habitats and physical and cultural resources. The risk is deemed to be minor to moderate if the FMOH adopts the PSNP simplified screening procedures for known physical cultural resources, develops, and applies internationally recognized chance-finds procedures in the early screening practices for site selection of new health facilities. This will help to ensure that medical and hazardous waste, including bed nets are not disposed-off in natural habitats or affecting physical cultural resources. In general, risks should be mitigated through a combination of dedicated enforcement of national legislation and existing guidelines.

Recommended Actions:

- Include a section on chance find procedures in the ESMSG guidelines. This will help to provide overall guidance on the requirements and procedures for environmental and social screening of **SPHCS** regarding PCRs and natural habitats
- Build the required capacity, avail budget and human resource to implement the ESM guideline
- Plan accordingly to minimize or avoid the sources of negative impacts during the design phase

Core Principle #3: Program E&S management systems are designed to protect public and worker safety against the potential risks associated with (a) the construction and/or operation of facilities or other operational practices under the Program; (b) exposure to toxic chemicals, hazardous wastes, and otherwise dangerous materials under the Program; and (c) reconstruction or rehabilitation of infrastructure located in areas prone to natural hazards

As required, the program to be supported has to: ▪ Promote community, individual, and worker safety through the safe design, construction, operation, and maintenance of physical infrastructure, or in carrying out activities that may be

dependent on such infrastructure with safety measures, inspections, or remedial works incorporated as needed

- Promote use of recognized good practice in the production, management, storage, transport, and disposal of hazardous materials generated through program construction or operations; and promotes use of integrated pest management practices to manage or reduce pests or disease vectors; and provides training for workers involved in the production, procurement, storage, transport, use, and disposal of hazardous chemicals in accordance with international guidelines and conventions
- Include measures to avoid, minimize, or mitigate community, individual, and worker risks when program activities are located within areas prone to natural hazards such as floods, hurricanes, earthquakes, or other severe weather or climate events.

Applicability: Applicable

Core Principle 3 is applicable to the Program as there are possibilities to finance construction activities related to supporting building health institutions; expanding, renovating, and maintaining health and health-related facilities. The provisions in Core Principle 3 are considered as part of the ESIA process analyzed under Core Principle 1

Strengths:

- Availability of national proclamations and guidelines addressing public and worker safety. These cover a range of important aspects including environmental pollution control; labor laws; occupational health safety regulations; food, medicine and healthcare administration and control; management of public health emergencies and national hazards (e.g., droughts).
- Basic equipment and buildings exist in health centers and health posts, especially with those constructed with the support of development partners.
- The Federal Government's Public Procurement Agency has developed guidelines related to components and specification of bid documents for construction of government buildings and civil works. This describes public and worker occupational safety measures to be considered in the civil works.
- The HSTP II has identified the following as strategic intervention areas:
    - Introduction of standard procedures for preventive maintenance of health and health-related facilities, equipment, and furniture
    - Accelerate the expansion of utilities (water, electricity, ICT infrastructure) for health institutions;
    - Construction, expansion (such as operating room blocks in health centers), rehabilitation (of sub-standard health facilities), maintenance, and renovation of health and health-related facilities to meet national standards

The MOH has assigned a staff to look after issues related to occupational health and safety of the ministry staff in line with the Women and Social Affairs requirements pertaining to personal protective equipment and occupational health and safety practices.

Gaps:

- The national EIA system does not comprehensively encompass aspects of public and worker safety.
- Health workers are prone to occupational hazards such as needle pricks.
- As stated under Core Principle 2: (i) Poor compliance with healthcare waste management practices, especially segregation and pretreatment, and (ii) Health and health related institutions regulatory

does not have adequate oversight over health facilities and suppliers that dispose expired medicines improperly. Pesticides and other hazardous material used for vector control are sometimes not collected and disposed properly.
- Availability of tap water and electricity remains a challenge in some health posts. Lack of key utilities affects the quality of services, necessitates the use of alternatives such as use of wells, and transported in water.
- Some physical structures such as garbage shooters in hospitals are not constructed based as the standard or not being utilized properly.
- The design of health facilities does not give proper emphasis to proper heating, ventilation and electromechanical services.
- Budget constraint for operational costs is a constraint to timely maintenance of facilities even for minor repairs.
- Safety provisions including Personal Protective Equipment are not always included in civil works contracts.
- Inadequate experience and devotion to enforce safety rules such as use of personal protective equipment by contractors and sub-contractors.
- Weak or no understanding and carelessness of workers in applying safety measures
- Weak or no supervision on the implementation of safety management
- Inadequate logistics, budget and other resources to conduct regular supervision
- Other gaps identified in Core Principle 1 are also applicable to Core Principle 3

Opportunities:

- Incorporate the identified gaps on public and worker safety measures in all civil works contracts planned to be constructed in the HSTPII.
- The Annual Facility Readiness Assessments developed by FMHACA guidelines allow the MOH to monitor compliance with all recommended public and worker safety measures already embedded in the Program's design.
- Most bid documents include occupational health and safety as an attachment as part of the contract agreement so that contractors are responsible for the wrongdoing,
- The existence of regulatory agencies and starting of some actions to improve standards of labor safety during construction, operation, and maintenance of physical infrastructure.
- The culture of using PPE by construction workers is becoming a trend in most construction firms.

Risks:

- Inability to ensure public safety can result in spread of communicable diseases from construction workers or vice versa
- Physical injuries can result due to the construction to the public seeking health services at public health facilities.
- Inability to ensure workers safety can result in spread of communicable diseases from construction workers to the health facilities workers or vice versa
- Physical injuries can result due to the construction to the workers providing health services at public health facilities
- Risk of SEA/SH due to labor influx that will happen as a result of the construction work

Recommended Actions:

- Enforce and supervise the proper usage of safety protocols, including the wearing of PPE, as required;

- Create awareness to the community, workers and health post and Infection Prevention and Patient Safety Committees (IPPSC) and ensure their understanding of the potential safety and health impacts including mitigation measures;
- Make sure that all construction agreements include an attachment on public and workers safety as part of the bid document. In addition, monitor closely to ensure compliance and completion of the listed actions.

- Strengthen Infection Prevention and Patient Safety Committees (IPPSC) to contribute in proper management of liquid and solid waste in the health institutions.
- Establish functional and accessible worker and project GRMs which are sensitive to SEA/SH

Core Principle #4: Program E&S systems manage land acquisition and loss of access to natural resources in a way that avoids or minimizes displacement and assists affected people in improving, or at the minimum restoring, their livelihoods and living standards.

As relevant, the program to be supported:

- Avoids or minimizes land acquisition and related adverse impacts;
- Identifies and addresses economic and social impacts caused by land acquisition or loss of access to natural resources, including those affecting people who may lack full legal rights to assets or resources they use or occupy;
- Provides compensation sufficient to purchase replacement assets of equivalent value and to meet any necessary transitional expenses, paid prior to taking of land or restricting access;
- Provides supplemental livelihood improvement or restoration measures if taking of land causes loss of income-generating opportunity (e.g., loss of crop production or employment); and
- Restores or replaces public infrastructure and community services that may be adversely affected.

Applicability: Applicable

Based on the information gathered during key informant interviews with the public infrastructural directorate, the program might potentially engage in health facility rehabilitation activities. This infrastructural development is mostly done on the existing or within the compound of primary health care facilities such as health centers and health posts. However, in rare cases, there could be land acquisition related to Health PforR sub-projects that aimed at strengthening primary health care services mainly from rural communal lands based on the site screening guideline 2012. This could result in risk of land acquisition though the risk could be minimal. The land acquisition risk could be slightly higher, in urban areas where population density is high and in agrarian areas where land resources are scarce. Therefore, a risk rating of minor to moderate is appropriate.

To curb the risk, the woreda or urban administrations are expected to provide land for the infrastructural development and replacement. If replacement land is not available, it can be treated under the Country's proclamation No.1161/2019 article 1(1), and Regulation No. 472/2020 that states landholding expropriation for public purposes is compensated and a payment is supposed to be made either in cash or in kind. In this regard, the assessment found the analysis of Core Principle 4 is applicable.

Strength:

- The availability of Government of Ethiopia's Legislation (Proclamation No 1161/2019, Regulation No. 472/2020) and regional proclamation on land administration and use for most of the regional states with clear articles that stipulate the process of land acquisition, resettlement and compensation processes for public service. Most of the articles of the legislations are consistent with the requirements of the core principle.

- Under Article 16 (sub-article 2), the Proclamation mandates the responsible bodies to establish a resettlement package for the affected persons as follows: "Regional states, Addis Ababa, and Dire Dawa, shall develop resettlement packages[3] that may enable displaced people to sustainably resettle". The decision on expropriation for public purpose will be made by the appropriate Federal Authority, or a Regional, Addis Ababa, Dire Dawa City Administration cabinets on the basis of an approved land use plan; or master plan; or structural plan. The Proclamation indicates, "the budget necessary to cover the costs of compensation and resettlement and the responsible body that shall cover these costs shall be made clear at the time when expropriation for public purpose is decided". According to the Proclamation, unless the government needs the land urgently, landholders who are to be displaced shall be consulted at least one year before they handover their land on the type, benefits, and general process of the project; and shall be paid compensation or provided substitute land before displacement (Article 8, sub-article 1(a)).
- Most of the project are assumed to be carried out in the existing health facilities or within the compound of the health centers/facilities.
- Availability of dispute resolution and grievance redress mechanisms through compensation review committees, arbitration tribunal as well through the court system.

Gaps:

- The legal framework only recognizes legal titles and quasi-legal titles (such as customary rights over land and communal land) and does not cater to citizens with no legal rights. Citizens without legal rights to land receive "special assistance", but not formal compensation for loss of land.
- In settlements where pastoralist and agro-pastoralists reside, there are cases where modern and customary laws are practiced simultaneously. This may likely create problem and could be a challenge during implementation of the projects as harmonizing modern and customary laws could sometimes be difficult.
- Delayed compensation and communities' perception and knowledge about the issue of compensation. In some places, the community may claim more compensation above what is budgeted. This could delay the project implementation.
- Land registration and certification are not carried out in pastoral and agro pastoral areas. Land for health centers must be sought from communal land, which is not documented.
- Inability of city administrations to use the services of independent valuators due to budget constraints lead to weak application of existing acquisition and compensation systems.
- Consultations with project-affected people are not conducted systematically.
- Lack of guideline on Land Acquisition and resettlement in the Health Sector

Opportunities:

- HSTP II encompasses developing standard construction designs and enforcing construction quality standards.
- In HSTP II, one of the major strategic initiatives is preparing design of health facilities that suits health service demand considering environmental, climate and geographic factors.
- Appropriate early screening and siting procedures used for siting the HSTPII planned health facilities may reduce the risk of land acquisition and resettlement. The existing screening guideline could be updated to capture issues related to land acquisition.

[3] It is also stated that the contents and detail implementation of the resettlement package shall be determined by the regulation to be enacted following the proclamation.

- Appropriate and transparent consultation and documentation of land acquisition in regions that operate under a communal land system will mitigate the risk of faulty land acquisition and resettlement practices.
- Availability of sufficient land mostly in rural areas for infrastructural construction, including health facilities
- In most cases, willingness of the community to contribute land for the infrastructural construction through Voluntary Land Donation Protocol.
- Previous experiences in the Health PforR can be capitalized for better implementation of the program.

Risks:

- Impoverishment and environmental damage may happen unless appropriate measures are carefully planned and carried out.
- Inadequate compensation for economically and physically displaced people
- Risks of not properly identifying all people affected by land acquisition
- Inadequate stakeholder consultation
- Difficulties related to customary land rights and communal land

Recommended Actions:

- Strengthen/develop standard procedures to be followed while acquiring land for health facilities across program participating regions.
- Strengthen/develop procedures to assist people with no legal rights and use entitlement framework of existing World Bank's funded operation within the regions to compensate and assist program-affected people.
- Establishment of appropriate and transparent mechanisms for consultation and documentation of land acquisition consultations in regions that operate under a communal land system
- Enhance leadership commitment in the health facilities at woreda and city administration levels to implement the directives and guidelines related to land expropriation, compensation and resettlement.
- The capacity of implementing bodies should be improved to plan, undertake and document the process of land acquisition; independent valuation of assets; and grievance redress.
- Awareness creation for the community in relation to land expropriation, compensation and resettlement. Thus, the community perceives the benefits of the infrastructural facilities and avoids undue personal compensation.
- In the few instances where land acquisition, resettlement or loss of access to resources is necessary, the concerned organs should ensure that PAPs received compensation and are properly resettled before the land is expropriated.
- Prepare a resettlement framework for the SPHCS and resettlement plans for subprojects involving land acquisition

Core Principle #5: Program E&S systems give due consideration to the cultural appropriateness of, and equitable access to, Program benefits, giving special attention to the rights and interests of Sub-Saharan African Historically Underserved Traditional Local Communities, and to the needs or concerns of vulnerable groups.

The program:

- Undertakes free, prior, and informed consultations if Underserved Traditional Local Communities are potentially affected (positively or negatively) to determine whether there is broad community support for the program.
- Ensures that Underserved Traditional Local Communities can participate in devising opportunities to benefit from exploitation of customary resources or indigenous knowledge, the latter (indigenous knowledge) to include the consent of the Indigenous Peoples.

- Gives attention to groups vulnerable to hardship or disadvantage, including as relevant the poor, the disabled, women and children, the elderly, or marginalized ethnic groups. If necessary, special measures are taken to promote equitable access to program benefits.

Applicability: Applicable

The core principle is applicable to the analysis of Health PforR strengthening primary health care services based on the government that has identified four regions (Afar, Benishangul-Gumuz, Gambella, and Somali) that require special attention. The program supports to scale up high impact interventions in the Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYH) and Nutrition that are proven to be effective (Skilled Birth Attendance; Antenatal Care, Postnatal Care, Family Planning, Child Immunization and Community Based Nutrition). It is also aimed to address regional disparities and lagging agenda of RMNCAYH with more targeted DLIs. The program also considers equity in the health services and ensures the disadvantaged groups included. Similarly, HSTPII is planned to have a regionally tailored approaches ensuring distributional, gender balanced and culturally appropriate access to health services. It also focuses on the provision of technical support to these regions to ensure coverage and provision of health services. The findings of the assessment on vulnerable and underserved group indicate that, in almost all the regions, there are efforts put by government to support needs of vulnerable groups and provide required services to address their barriers and the gap in gender inequality.

Strengths:

- Improved physical access to services through health extension workers and mobile clinics,
- Additional matching support to the regions from MOH for health center construction,
- Improving financial access of the poor to health services such as exemption of user fee for health services and introduction of fee waiver program for the vulnerable population,
- Presence of the National Health Equity Strategic Plan (2020/21-2024/25),
- Stakeholders interest to improve gender equality outcomes across health sector,
- Presence of the health system strengthening special support and women, children and youth directorates in the health sector to coordinate and provide support for vulnerable and disadvantaged groups. The directorates also give emphasis to equity issues related to geographical, gender and sociodemographic disparities,
- The government's Pathway to Prosperity: 10 Year Perspective Development Plan (2021-2030) includes an emphasis on building human capital through equitable and quality health services,
- The National Nutrition Program (NNP II) supports the implementation of multi-sectoral actions and coordination structures.
- Enhancing health extension worker skills in community case management of childhood illnesses and safe and clean delivery services and training of health officers in emergency surgical and obstetric procedures. This is mainly in the emerging regions. In the other regions, recently, the strategy is to provide skilled delivery service by health centers and above not health posts.

Opportunities:

- Policy framework supported by political commitment is in place to address the needs of vulnerable groups including gender mainstreaming in various institutions,
- Effective use of women's groups, panel discussions and community conversations targeting special groups such as pregnant women, traditional leaders (both religious and community elders), and other vulnerable groups to address demand side barriers,
- Experience of offering public education programs in local languages specifically targeting culturally sensitive health practices,

- Commitment to scale up the CBHI scheme targeting vulnerable populations and provision of a social health insurance scheme for the formal sector to help address financial barriers in accessing health care services,
- Presence of standard operating procedure for the response and prevention of sexual violence in Ethiopia,
- The strategic plan for GBV/SV for 2020/21–2025/26 is developed within the framework of the HSTP II, growth and transformation plan III, 10 years prospective for Prosperity fall within the context of the SDGs.
- HSTPII service delivery is also focused on Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health and Nutrition.
- Efforts put by MoH to support needs of vulnerable groups and provide required services to address their barriers and the gap in gender inequality.
- There is system in place to prevent and respond to SEA/SH, disability issues in the Health sector and includes strategies, and action plans with the implementation to be strengthened. In this connection, the sector recently developed National Health Equity Strategic Plan in December 2020 with the focus including ensuring accessibility of health facilities, building resilient health system, engaging all stakeholders and community as well as ensuring of equity in all policies, strategies and programs.

Gaps:

- Inadequate awareness and prevalence of misconceptions about special needs issues and wrong perceptions about disability and special needs in general on the part of planners, decision makers, implementers and the public at large,
- Low attention is given to vulnerability of children, women and elderly in conflict affected areas,
- Inaccessibility of health care services for physically challenged people such as the elderly and persons with disability,
- Shortage of skilled human resource in the remote areas of the country mainly in the historically disadvantaged regions,
- Poor adherence of the government standard service guideline during care and support intervention for vulnerable children,
- Weak coordination of the support provided for vulnerable groups and underserved traditional local communities,
- Low participation of the vulnerable and underserved groups of the society in the planning and implementation of health services,
- Lack of grievance redress mechanisms for vulnerable and underserved groups.
- Obstacles for people with disability to gain entry into the facility and to move through elevators or doorways into treatment rooms, or use the bathrooms.

Risks:

- Risk of overlooking culturally appropriate interventions in the Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYH) and Nutrition that are proven to be effective (Skilled Birth Attendance; Antenatal Care, Postnatal Care, Family Planning, Child Immunization and Community Based Nutrition). This may result to limited adoption of improved RMNCAYH interventions,
- Failure to ensure equity, coverage and quality of delivery services on sharing program benefits among vulnerable and underserved groups.
- Overlooking the need for active participation and engagement of the community, including vulnerable and historically underserved groups in planning, implementation, monitoring and evaluation of health and health related activities.

- The possibility of the choice of type and location of health facilities are being dominated by higher officials in some traditional communities.
- Risks related to GBV/SEA/SH

Recommended Actions:

- Implement the national health equity strategic plan (2020/21-2024/25)
- There is a need to fill the positions of health workers in the health posts and health centers with workers who speak the local languages,
- Establish strong coordination of directorates working on vulnerable groups including children, youth and women through the assigned or hired safeguard experts in the MOH at federal and regional levels.
  Ensure the proper participation and consultation of vulnerable and underserved traditional local communities during planning, implementation and monitoring through documenting the consultation minutes,
  Create a team that looks after the issue of disability in the women, children and youth affairs directorate of the ministry of health, as there is no structure that follows up the issue except individuals assigned as an ad hoc manner.
- Strengthen coordination in the implementation of health related manuals on gender, people with disability, and GBV/SHE
- Support the inclusion of GBV/SEA in the health extension package and provide capacity building to the health extension workers on GBV/SEA.
- Setting up a GRM, which is culturally appropriate and sensitive to SEA/SH.

Core Principle #6: Program E&S systems avoid exacerbating social conflict, especially in fragile states, post-conflict areas, or areas subject to territorial disputes.

The program*:*   Considers conflict risks, including distributional equity and cultural sensitivities.

Applicability: Applicable

The proposed program may exacerbate social conflict though it is designed to yield significant social benefits to all citizens and to improve distributional equity of health services. The reason is that the country is included in Fragile, Conflict and Volatile (FCV) Country list. Moreover, the program will operate in a post-conflict area or in areas subject to territorial disputes. Findings from the regional key informant interviews indicated that due to the dictation of higher officials in determining the location of health services, complaints and conflict might happen. Due to the ongoing conflicts in various parts of the country such as Tigray, Northern parts of Amhara, Western parts of Afar, and different parts of Oromia (Wellega, Guji, etc); project implementation could be disrupted due to travel restrictions. The conflict could also damage facilities of health related institutions. For example, informants from the MOH directorates mentioned that due to the current conflicts in the three regions-Tigray, Amhara and Afar, large number of health facilities were fully or partially damaged. The MOH in collaboration with other stakeholders is carrying out an assessment to identify and measure the scale of the damage on the health services. As a result, the population that were being served by these health institutions have become vulnerable to different kinds of diseases including possible epidemics. Thus, the assessment found the analysis of Core Principle 6 is applicable.

Strength:

- The formal and informal institutions with the support of the ministry of peace and in collaboration with the regional and federal security forces help in resolving conflicts,

- The recent effort of GRM establishment at different level of the government can help reduce in addressing grievances,
- Measures taken to ensure distributional equity in health services

Gaps:

- Internal displacement of people because of conflicts in different parts of the country has forced the government to divert budget that could have been used for health services,
- Absence of standard and uniform service guideline to coordinate the care and support effort to vulnerable and underserved groups,
- Inadequate functional and accessible GRM system at different levels which could have helped in resolving wide-scale conflicts,
- Absence of clear and consistent data that can support evidence-based budgeting for intervention related to rehabilitating health services for internally displaced people,
- Inadequate attention to the informal conflict resolution practices.

Opportunities:

- Existence of informal conflict management traditions in most of the underserved traditional communities.
- The commitment of the government and development partners in resolving conflicts and rehabilitating internally displaced people.

Risks:

- Risks related to the security of project workers operating in areas experiencing conflict
- Risks related to the use of security personnel if this is considered.

Recommended Actions:

- Strengthen the useful experiences in resolving the recently observed social conflicts through blending the formal and informal institutions.
- Document good practices that were used to resolve conflicts with collaboration of the local communities and the government operating at different levels,
- The health system strengthening and special support directorate could organize awareness raising consultation with the community to help them understand the relationship of conflicts and project delays.
- Preparation of a security management plan,
- Hiring of security personnel,
- Establishing a functional and accessible project GRM at different levels.

6. Environmental and Social Risk Rating and Recommended Actions of the Proposed Strengthening Primary Health Care Services (SPHCS)

6.1. Environmental and Social Risk Rating

Most of the identified environmental and social impacts and risks could apply throughout the program life cycle. The MOH and its counterparts at regional, zonal and woreda levels are responsible for environmental and social risk management during the SPHCS implementation.

The finding of the ESSA identified 10 major risk areas. Of which two are low, two are substantial and the rest are moderate. Therefore, the overall environmental and social risk rating for the proposed SPHCS is '**substantial**'. This is because the limited availability and coordination of E&S management capacity can

hamper the implementation of the project. Moreover, the practice of hazardous waste management is below the standard and social unrest in some areas made the risk to be substantial. As per the findings of the ESSA, the specific risks with their risk level and proposed mitigation measures are presented in Table 1 below.

Table 1: Environmental and Social Risk Rating for Proposed Program

No	Risk Description	Risk Management	Risk Rating
1	**Environmental Implications of Renovation and Construction Activities**	• Ensure the proper utilization of the regulations developed by rural road authority that obliges construction firms to close pits and quarries after use. • Avoid loss of vegetation and protect the watershed and depletion of biodiversity • Use appropriate protective devices in construction site to avoid dust, • Use proper measures to avoid piling of construction inputs and debris as well as unregulated water flow	**Moderate**
2	**Adverse Impacts on Natural Habitat & Physical Cultural Resources due to the Renovation and Construction of Health Facilities**	• Ensure that impacts are not overlooked and important to screen all woreda-level projects for possible impacts on physical cultural resources and be alert to the possibility of chance finds • Assess the status and presence of sensitive species in the area and check no sensitive fauna and flora species are found within and around the construction area that could be affected by the program activities.	**Low**
3	**Depletion and Pollution of Surface and Groundwater Resources**	• The proponent of the subproject must ensure proper design and construction of health institutions that possess proper drainage systems and septic tank IPPSC that are formed around health facilities could be made aware and strengthened to look after these issues.	**Low**
4	**Overlooking hazardous waste management**	• Establish incentive mechanisms such as rewarding better performing health institutions in terms of following the standard steps in identification, segregation and disposal of hazardous waste. • Capacity building for health facility workers	**Moderate**
5	**Public & workers safety**	• Ensure Proper usage of safety protocols, including the wearing of PPE and the agreement with contractors should include the provision of PPE and emergency kit as binding requirements. • Create awareness to IPPSC on the potential safety and health impacts of the construction including SEA/SH potential risks and preventive actions. • Monitoring of contractors during construction of facilities.	**Moderate**
6	**Economic and physical**	• Prepare and utilize the resettlement guideline that include screening, Consultation, GRM and protocol for voluntary land donation	**Moderate**

No	Risk Description	Risk Management	Risk Rating
	displacement due to Land Acquisition	• Prepare Resettlement Plan before taking the required land • Properly utilize compensation and livelihood restoration procedures for persons impacted by the land acquisition	
7	**Conflict related risks**	• Conduct assessment to identify conflict prone areas, needs and prepare actions plan so that project implementation disruption is minimized (To be addressed in the IPF component of the program)	**Substantia l**
8	**Risks related to GBV/SEA/SH**	• Organize woreda level sensitization workshop to alert Infection Prevention and Patient Safety Committees (IPPSC) so that they make the community aware about possible escalation of GBV/SEA/SH and its management due to influx of workers for rehabilitation and upgrading activities of SPHCS related health facilities. • Establish functional and accessible worker and project GRMs which are sensitive to SEA/SH	**Substantial**
9	**Exclusion of Vulnerable or Disadvantaged Groups or Regions**	• The women, children and youth directorate could carry out assessment of best practices related to culturally appropriate interventions in the Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYH) and Nutrition that are proven to be effective (Skilled Birth Attendance; Antenatal Care, Postnatal Care, Family Planning, Child Immunization and Community Based Nutrition). The findings on the best practices could be included in the implementation guideline of RMNCAYH. • The MOH could establish recognition and rewarding system that will encourage the active participation and engagement of vulnerable and underserved groups in planning, implementation, monitoring and evaluation of health and health related activities. This could be carried out annually in the presence of relevant stakeholders to encourage wider adoption. • Implement relevant strategies and guidelines already in place by MoH	**Moderate**
10	**Limited capacity and coordination of Environmental and Social Management Activities**	• Develop/Adopt Environment and Social Management system Guideline and Resettlement guideline for the Sector • Assign unit/directorate to lead and coordinate E & S activities within the ministry • Assign or hire E & S safeguards experts within the E & S lead directorate that coordinates, compile and report environmental and social activities carried out within the different directorates of the MOH and with the oversight bodies. • Avail the necessary budget and logistics for the oversight bodies to monitor and supervise E&S practices in the health facilities.	**Substantial**
Overall Risks		**Substantial**	

6.2. Recommended Mitigation Measures and Program Action Plan (PAP)

The following key actions are proposed as mitigation measures to enhance MOH and its regional counterparts' capacity to properly identify E and S risks that may occur during the implementation of the proposed SPHCS and implement proper environmental and social management.

1. Strengthen and maintain Environmental and Social Management System (ESMS) in the health sector at least at federal and region levels. The following are the activities that will help achieve this:
   - Assign or hire E&S Safeguards experts at the MOH E & S lead directorate and regional level as well as focal person at woreda level to compile, coordinate and report ESM related activities.
   - Prepare/adapt Environmental and Social risk and impact management (ESRIM) Guideline and Resettlement guideline for the sector including land acquisition risk management including protocol for voluntary land donation
   - Organize awareness raising and capacity building interventions for the leadership of the health sector regarding E & S safeguards issues
   - Organize capacity building training on environmental and social management of the program for newly recruited and assigned experts and technical staffs at regional and woreda levels on environmental and social management of the program.
   - Prepare biannual and annual environment and social implementation reports
   - Undertake annual environment, social and safety audit
   - Conduct annual performance review

2. Conduct assessment to identify conflict prone areas, needs and prepare actions plan so that project implementation disruption is minimized (IPF component 1 addresses this issue).

3. Strengthen the existing system to prevent and respond to Gender Based Violence/SEA issues through the following activities:
   - Strengthen coordination in the implementation of health-related manuals on gender, people with disability, and GBV/SHE.
   - Implement Action on Health response to Gender Based Violence/ Sexual Violence (2020/21-2025/26) document prepared by Women, Child, Youth Directorate of the MOH
   - Establish functional and accessible worker and project GRMs which are sensitive to SEA/SH
4. Protecting and maintaining Natural habitat and Physical Cultural Resources by updating the site screening guideline developed in 2012 as part of to screen all *woreda* level health projects on natural habitats and physical cultural resources.
5. Strengthen workers and community safety prevention at workplaces, which can be achieved through the following activities:
   - Organize awareness raising meetings on the potential safety and health impacts of the construction to Infection Prevention and Patient Safety Committees (IPPSC) and health workers
   - Ensure availability of first aid kits, COVID 19 protective devises, construction related accidents protective devices and fire extinguisher
   - Assess the utilization status of solid waste in health facilities and improve the design of inclinators and placenta pits that ease utilization
   - Fulfil required logistics to enable the staff for monitoring construction sites
6. Address inclusion needs of vulnerable groups in service provision and accessibility of health facilities. The activities include the following:

Finalize the revision of Health sector disability inclusion mainstreaming manual and provide training & assess the status of physical accessibility of health facilities for vulnerable groups

Table 2 presents the suggested Program Action Plan (PAP) of SPHCS ESSA that will help to improve the management of environmental, social and safety impacts. The recommendations and actions on the environment and social management and safety will be a part of the Program Action Plan.

Table 2: Recommended Program Action Plan (PAP) on Environment and Social Management

No	Action Items	Activities/Actions	Progress Indicator	Level of application	Responsibility	Timeline	Remark
1	**Strengthen and maintain the Environmental and Social Management System (ESMS) in the health sector at federal, regional and local levels.**	i) Assign and maintain E&S and Gender experts at the MOH, and experts/ focal persons at regional and woreda levels	Assignment of E & S and gender experts at MoH, and assignment of the experts/ focal persons in regions and woredas.	Federal, region, woreda levels	MOH Hygiene and Environmental Health Directorate/ Women and Social Affairs Directorate with regional & woreda health bureaus	Prior to program implementation for federal level. Six months after effectiveness for regions and woredas Maintained throughout the program	MoH will provide detail report on assignment of Experts and Focal persons in place including List of focal persons at national and regions. Letter of assignment, Job Descriptions (JD) for the E & S positions as part of bi-annual and annual reports
		ii)Organize E & S ToT training for federal, regions E &S experts and orientations for leadership of the health sector based on the program E & S guidelines and cascade the ToT training to woreda E & S focal persons	Number of E & S experts/focal persons, leaders trained Training reports	Federal, region and woreda	MoH Hygiene and Environmental Health Directorate	Staring first year of the program with refresher the following years	With support of Environment Protection Authority (EPA) /or qualified E & S consultants

No	Action Items	Activities/Actions	Progress Indicator	Level of application	Responsibility	Timeline	Remark
		iii) Prepare/adapt Environmental and social risk and impact management (ESRIM) Guideline and Resettlement System Guideline(RSG).	Adopted guidelines, Approval of the guideline by senior management	Federal, regional and local level	MoH hygiene and environmental health directorate Regional, zonal and Woreda health sector	Six months after effectiveness during year 1	
		vi) Prepare biannual and annual environmental, social, safety and gender implementation progress reports (including the progress on the program action plan and E & S guidelines implementation) and Conduct annual E & S performance review meetings.	Bi-annual and annual reports Review meetings proceedings	Federal, Regional and Woreda level	Federal MoH hygiene and environmental health directorate	Every 6 months of the respective Year	The biannual report is as part of a progress report for Joint Review and Implementation Support (JIRS) mission
		v) Undertake environmental, social and safety audit (based on agreed ToR) by	Environmental, social and safety audit including (i) corrective actions	Federal, Region and woreda level	MoH hygiene and environmental health directorate	Two times in the project life. First audit submission by year 3 Mid	Audit Report I (covering the performance of year I and Year II with recommendations/

No	Action Items	Activities/Actions	Progress Indicator	Level of application	Responsibility	Timeline	Remark
		Environment Protection Authority (EPA) or independent consultant firm	and (ii) minutes of meetings on the audit report presentation to senior management.			November and second audit submission by year 5 Mid November	corrective actions) and Audit report II (covering Year III & IV performance and implementation of corrective action)
2	**Conflict preparedness and response**	Conduct assessment and propose action	Presence of assessment on conflict affected areas	Federal regional andlocal level	MoH with Regional, zonal and Woreda health sector	Prior to program implementation	Assessment conducted and proposed actions to address emergency situation as part of the IPF component 1
3	**Strengthen the existing system to prevent and respond to Gender Based Violence /SEA SH issues**	i)Institutionalize Gender based violence prevention and response in the health services (promotion and clinical services)	MOH annual report on adolescent and youth service including gender-based violence services	MOH	MoH, Women and Social Affairs Directorate	Staring year 1, Throughout the program period	
		ii) Strengthen coordination in the implementation of health-related manuals on gender, people with disability, and GBV/SH	Availability of report on coordination in the implementation of health-related manuals	MOH	MOH, hired/assigned focal person	Throughout the project implementation	Report on coordination in the implementation of health-related manuals

No	Action Items	Activities/Actions	Progress Indicator	Level of application	Responsibility	Timeline	Remark
4	**Strengthen public and workers safety at workplaces**	i) Organize awareness raising meetings on the potential safety and health impacts of the construction to IPPSs and health workers	Number of meetings and participants	Health facility level	Woreda health office	Throughout program period	IPPS and health workers at health facility level have knowledge about possible negative impacts due to construction
		ii) Ensure availability of first aid kits, COVID 19 protective devises, construction related accidents protective devices and fire extinguisher	Availability and use of first aid kits and COVID 19 protective devises and fire extinguisher	Health facility level	Woreda health office, health facility and Contractors	Health facility level	First aid kits, COVID 19 protective devises, construction related accidents protective devices and fire extinguishers made available
		iii) Provide fire safety training	Number of staff trained	Federal and regional levels	MoH and regional health bureaus	Throughout program period	Staff having knowledge about fire safety
		iv) Capacity building on appropriate health	Number of staff trained	Federal and regional levels	MoH and regional health bureaus	Throughout program period	Staff having knowledge about solid waste management

No	Action Items	Activities/Actions	Progress Indicator	Level of application	Responsibility	Timeline	Remark
		care waste management					
5	**Protecting and maintaining Natural habitat, and Physical Cultural Resources**	Update the site screening guideline developed by public health infrastructure directorate in 2012 to screen all *woreda* level health projects on natural habitats and physical cultural resources.	Availability of updated site screening guideline	Federal and regional level	MoH	Before Program implementation	Updated site screening guideline
6	**Address inclusion needs of vulnerable groups in service provision and accessibility of health facilities**	i) Finalize the revision of Health sector disability inclusion mainstreaming manual and provide training	Final Revised Manual, Training reports documented in the Bi- annual implementation reports	MoH Federal, region and woreda	MoH Women and Social Affairs Directorate	Starting Year 1, throughout the program	
		ii) Assess the status of physical accessibility of health facilities for vulnerable groups	MoH Bi-annual report on progress including number of construction and renovation designs considering universal accessibility /vulnerable groups needs, number of facilities assessed and findings on accessibility for vulnerable groups	Health facility level	MoH, Public Infrastructure Directorate with Women and social Affairs Directorate	Staring year one throughout the program	

Summary of Program Action Plans included in the PAD

Thematic area / Action Description	Responsibility/Timing	Completion Measurement
Strengthen and maintain the Environmental and Social Management System (ESMS) in the health sector at federal, regional and local levels.	MOH (Hygiene and Environmental Health Directorate and Women and Social Affairs Directorate with regional & woreda health bureaus) **Timing:** Progress Update Semi annually	Availability of functional ESMS (Human resources, technical capacity, E &S guidelines, periodic E & S reporting and auditing as per the ESSA recommended actions)
Institutionalize Gender based violence prevention and response in the health services (promotion and clinical services)	MoH (Women and Social Affairs Directorate) **Timing:** Annually	MOH annual report on adolescent and youth service including gender-based violence prevention and response services
Address inclusion needs of vulnerable groups in service provision and accessibility to health facilities	MoH (Women and Social Affairs Directorate) **Timing:** Annually	Final revised manual on Health sector disability inclusion mainstreaming in place, related training provision and report on its implementation MoH bi-annual report on progress of in placing accessible facilities addressing the needs of vulnerable groups

7. Stakeholders Consultation and Disclosure

Strengthening Primary Health Care Services (SPHCS) Project ESSA stakeholders' consultation was conducted virtually on 22 February 2022. The consultation was organized by the World Bank in collaboration with the Ministry of Health (MoH) with the objective of addressing the views, concerns, and comments of the stakeholders on the ESSA for successfully achieving the intended objective of SPHCS with no or limited impact on the environment and the society. In addition, the consultation is aimed to discuss and get feedback on the results and recommendations of the draft ESSA by the stakeholders. A total of nineteen (19) participants drawn from MOH, EPA and World Bank attended the consultation workshop to deliberate on the draft ESSA and accordingly provided additional information and obtain feedback.

Facilitator of the virtual workshop, Feben Demissie, Social Development Specialist, introduced the agenda for the workshop and lead the self-introduction session. Following the self-introductory session, Dr. Mizan Kiros coordinator of the project at MOH welcomed the participants and made the opening speech. The opening and introduction session was followed by a brief explanation about the project by Roman Tesfaye, task team leader (TTL) of the Project. After the TTL brief introduction of the program overview, Dr Elias, Environmental Consultant, World Bank, has presented the ESSA finding covering Objectives of the ESSA, the methodology applied, limitation of the assessment, potential E&S benefits, risks and impact as well as key findings including opportunities/strength, capacity, coordination and performance, environmental and social Risk rating, recommended mitigation measures and proposed Program Action Plan (PAP) actions. After the presentations detailed and active discussion was conducted on the findings. Related questions, suggestions/comments, and concerns were also raised.

The Bank team provided adequate explanation and responses for the questions and concerns raised by consultation participants and took into consideration some of the suggestions.

The participants of the consultation raised few questions related with the process of the ESSA studies and on the proposed program action plan including

- What were the source of data and whether regional or woreda administrators were included as data source or not
- Why information was not collected about air and water pollution
- The risk rating, especial those rated as substantial was found to be contentious requiring discussion
- Why we need establishing and strengthening environmental and social management system in MOH from national to region level
- The period for regular environmental and social management performance report and the frequency of the environmental and social performance audit of the project by independent consultant.
- Suggestion for extension of the timeline for fulfilling some of the actions including the time for hiring or assigning ES safeguards specialist and preparing and endorsing the Environment and Social Management guidelines (ESMSG) and the difficulty of implementing some of the proposed action.

The ESSA consultant (presenter of the finding Dr Elias), the Bank environmental and social risk management team and the TTL have provided adequate explanation and responses for the questions and concerns raised by consultation participants. The consultant explains the methodology allied, the sampling of data collection and the sample areas covered by the assessment. For some of the potential environmental risk rating, that are rated as substantial discussed were made and reached to consensus.

The proposed action of establishing /strengthening functional environmental and social management system by assigning or hiring E&S Safeguards experts at the MOH national, regional and woreda level to coordinate ESM related activities and compiling reports on the performance has also been discussed. The MOH indicated the availability of a structure for hygiene and environmental health directorate, and a dedicated case team for environment and social safeguard activities (at federal), a unit (at regional) and a focal person at woreda level that can take the lead to coordinate and facilitate the environmental and social safeguard issues. Also noted the need to establish a coordination and governance platforms within the sector and among sectors.

In connection with the reporting timeline for periodic environmental and social performance report of the project proposed to be bi-annual and annual, the MoH request to make the reporting period once in a year /annual basis. After the explanation provided by the Bank Safeguard team, the consensus reached to maintain the proposed reporting period of bi-annual and annual.

Detail consultations note along with the consultation participant list is annexed below.

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Annex 1: Strengthening Primary Health Care Services (SPHCS) Project ESSA Stakeholders Consultation Summary note.

Consultation Process, Agenda, and Presentations

Strengthening Primary Health Care Services (SPHCS) PforR ESSA stakeholders' consultation was conducted virtually on 22 February 2022. The consultation was organized by the World Bank in collaboration with the Ministry of Health (MoH) with the objective of addressing the views, concerns, and comments of the stakeholders on the ESSA for successfully achieving the intended objective of SPHCS with no or limited impact on the environment and the society. In addition, the consultation is aimed to discuss and get feedback on the results and recommendations of the draft ESSA among the stakeholders. A total of nineteen (19) participants drawn from MOH, Environment Protection Authority (EPA) and World Bank attended the consultation workshop to deliberate on the draft ESSA and accordingly provided additional information and obtain feedback.

Facilitator of the virtual workshop, Feben Demissie, Social Development Specialist, introduced the agenda for the workshop and lead the self-introduction session. Following the self-introductory session, Dr. Mizan Kiros coordinator of the project at MOH welcomed the participants and made the opening speech. The opening and introduction session was followed by a brief explanation about the project by Roman Tesfaye, task team leader (TTL) of the Project. After the TTL brief introduction of the program overview, Dr Elias, Environmental Consultant, World Bank, has presented the ESSA finding covering Objectives of the ESSA, the methodology applied, limitation of the assessment, potential E&S benefits, risks and impacts as well as key findings including opportunities/strength, capacity, coordination and performance, environmental and social Risk rating, recommended mitigation measures and proposed Program Action Plan (PAP) actions

Discussion on the Presentations

After the presentations detailed and active discussion was conducted on the findings. Questions, suggestions/comments, and concerns were also raised. Accordingly, the following main points were raised by the participants.

On the process of the ESSA studies the participants raised

- A question related to the regions reported as source of data and whether regional or woreda administrators were included as data source or not
- Why information was not collected about air and water pollution
- The risk rating, especial those rated as substantial was found to be contentious requiring discussion

On the Program action plan, the participants raised the following points

- The need for establishing and strengthening environmental and social management system in MOH from national to region level
- Suggestion for extension of the timeline for fulfilling some of the actions including the time for hiring or assigning ES safeguards specialist and preparing and endorsing the Environment and Social Management guidelines (ESMSG) and the difficulty of implementing some of the proposed action.
- The period for regular environmental and social management performance report and the frequency of the environmental and social performance audit of the project by independent consultant.

The ESSA consultant (presenter of the finding Dr Elias), the Bank environmental and social risk management team and the TTL have provided adequate explanation and responses for the questions and concerns raised by consultation participants. The consultant explains the methodology allied, the sampling of data collection and the sample areas covered by the assessment. For some of the potential environmental risk rating, that are rated as substantial discussed were made and reached to consensus.

The proposed action of establishing /strengthening functional environmental and social management system by assigning or hiring E&S Safeguards experts at the MOH national, regional and woreda level to coordinate ESM related activities and compiling reports on the performance has also been discussed. The MOH indicated the availability of a structure for hygiene and environmental health directorate, and a dedicated case team for environment and social safeguard activities (at federal), a unit (at regional) and a focal person at woreda level that can take the lead to coordinate and facilitate the environmental and social safeguard issues. Also noted the need to establish a coordination and governance platforms within the sector and among sectors.

In connection with the reporting timeline for periodic environmental and social performance report of the project proposed to be bi-annual and annual, the MoH request to make the reporting period once in a year /annual basis. After the explanation provided by the Bank Safeguard team, the consensus reached to maintain the proposed reporting period of bi-annual and annual.

In addition, on the proposed program action of the ESSA that requires conducting annual environmental and social performance audit by independent consulting firm/entity, the timing was also raised as a concern and discussed during the consultation. The MOH requested the frequency of conducting ES audit to be every three years by taking into consideration the time required for recruiting independent consulting firm. After long discussion the frequency of conducting ES audit agreed to be twice in the program lifetime.

Finally, a closing remark was made by Feben and Roman with the agreement of revisiting some of the unrealistic timeline of the program action plan.

Annex-2- List of stakeholder consultation participants

No	Name	Organization	Position	Email
1	Roman Tesfaye	WB	TTL	rtesfaye@worldbank.org
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