

**SUMMARY OF DAMAL CAAFIMAAD ENVIRONMENTAL AND SOCIAL
MANAGEMENT FRAMEWORK (ESMF)**

September 2022

1.0 Project Description

1.1. Scope of the Project

The Damal Caafimaad project intends to improve coverage of essential health and nutrition services in Project areas and strengthen stewardship capacities of Ministries of Health at Federal and Member States level. Through resource mapping conducted by the Global Financing Facility (GFF), the World Bank (WB) task team has engaged with the Federal Government of Somalia (FGS) Ministry of Health (MOH) and key partners to support the development of a prioritized Essential Package of Health Services (EPHS) for project areas that are aligned with available resources prioritized to address Somalia's priority health needs. The EPHS delivery modalities will be carefully selected to avoid duplication with other partners' activities and to promote equity and improved access to health and nutrition services by underserved groups.

1.1.1 Development objectives.

The Project Development Objective (PDO) of the project is to

“improve the coverage of essential health and nutrition services in project areas and strengthen stewardship capacity of Ministries of Health.”

The Project's beneficiaries will be: (i) mothers, children, women of reproductive age and persons living in Project target areas, including hard-to-reach populations like Internally Displaced Persons (IDP) and nomads, who will be covered by the delivery of a sub-set of high-impact health and nutrition services in the target areas – this is anticipated to reach a total 1.87 million beneficiaries across the five target regions; and (ii) Ministries of Health officials in both FGS and Federal Member States (FMS), who will receive capacity building and technical assistance.

1.2 Project Components

1. Expanding the coverage of the first phase of the standardized EPHS in selected areas,
2. Developing and strengthening government stewardship capacities to enhance service delivery,
3. Project Management, knowledge management and Learning
4. Contingency Emergency Response Component (CERC)

2.0 Purpose of the Social Management Frameworks (SocMF)

The purpose of the SocMF is to ensure that the activities executed under ‘Damal Caafimaad’ address and identify measures to avoid and minimize social impacts, as much as possible. Where the impacts cannot be avoided, they will be adequately identified, assessed and necessary mitigation measures designed and implemented following relevant, existing Somali legislation and the World Bank’s Environmental and Social Standards (ESSs).

Alongside this, SocMF and other Environmental and Social Framework (ESF) documents have been prepared including the Environmental Management Framework (EMF), Stakeholder Engagement Plan (SEP), and Environment and Social Commitment Plan (ESCP), Labour Management Procedures (LMP), Security Management Framework (SecMF) as well as contractor specific versions contained in their Environmental and Social Assessment and Management Plans (ESMPs), which together will guide the implementation of the project in as far as management of E&S risks are concerned.

2.1 Social risks and mitigation measures

The social risks from this project are rated substantial, taking into account the following key risks and impacts: (i) potential of exclusion of disadvantaged and vulnerable groups from project benefits and elite capture; (ii) potential risks of increased social tension in the community (for example, on types and/or how services are delivered, or siting of services); (iii) conflict and security risks for project workers, patients and the community. Potential security risks include targeting of health workers and project staff by parties involved in conflict; risks to health workers and other project staff due to conflict; and inability of both workers and community members to access project areas due to conflict; (iv) labour risks, including occupational health and safety (OHS) risks, sexual exploitation and abuse (SEA), sexual harassment (SH), and other forms of gender-based violence (GBV) that may occur in recruitment or retention of skilled or unskilled female workers and the delivery of services; (v) contextual risks of operating in a conflict zone and a complex social context where effective and inclusive community consultations, stakeholder engagement, and community participation and safety of staff are challenging.

The existing policies, legislation and institutional frameworks on social services, including policies on social, health and civil service sectors, and World Bank’s ESF provide a framework that can facilitate the implementation of social safeguards for the project.

The existing labour laws are aligned to the provisions stipulated in Environment and Social Standard 2 (ESS2) although the key challenge in Somalia is lack of enforcement.

The Provisional Constitution (2021) makes provisions that guarantee human rights of all people including the disadvantaged and vulnerable groups and the right to healthcare and other social services. The Somalia Health Sector Strategic Plan (HSSP) takes a pragmatic approach to the provision of essential package of health services (EPHS) including community-based health services across the FMSs and regions of Somalia but the EPHS' implementation is limited to some regions due to funding gaps and insecurity.

Multiple mechanisms are outlined on how to mitigate the potential social risks including:

(i) ensuring that all the specific risks are identified and addressed in the ESMPs of all the contractors and implementing partners; (ii) stakeholders are actively involved in the project as guided by the Stakeholder Engagement Plan (SEP); (iii) the LMP, Inclusion Plan and GBV Action Plan are fully implemented (note that the Inclusion Plan is part of the SEP and of this SocMF while the GBV Action Plan is part of this SocMF); (v) the grievance management (GM) procedures developed for the project is operationalized; and (v) there is robust monitoring through a third party.

2.1.1 Inclusion plan

This plan addresses the risk of exclusion of disadvantaged and vulnerable people in the intervention areas. These groups include: minority castes and groups; internally displaced people (IDPs); people who live in remote rural areas or areas characterized by violence and conflict and are bereft of social services and amenities; nomadic pastoralist communities; people living with disabilities (PWDs); and female headed households including vulnerable orphans and unaccompanied minors. The project will also endeavour to involve men since they are often left out in health projects, yet their commitment and influence are essential for women and children to access services, as well as the need for general community commitment to the project for successful implementation, and security and conflict management.

2.1.2 Grievance Mechanism

For the **'Damal Caafimaad'** project, the Federal Ministry of Health will have the responsibility to resolve all issues related to the project in accordance with the laws of Federal Government of Somalia and the World Bank Environmental and Social Standards through a clearly defined

Grievance Mechanism that outlines its process and is available and accessible to all stakeholders.

The entry point for all grievances will be the social specialists at the Federal Government of Somalia and Federal Member State levels who will receive grievances by phone, text or email to publicized mobile phone lines and email addresses at both FMS and FGS levels, ensuring confidentiality and sensitivity in handling them to avoid any retaliation or harm to the complainant.

3.0 Policy, Legislation and Institutional Frameworks

This section examines the existing policies, legislations and institutional frameworks on social services, including policies on social, health and civil service sectors, and World Bank's ESF.

3.1 Constitutional Requirements

The following clauses of the Provisional Constitution (adopted in August 2012) relate to social issues and those in bold particularly relate to those in the ESF.

Article 10. Human Dignity

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

Article 11. Equality

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

Article 24. Labour Relations

- (1) Every person has the right to fair labour relations.

- (2) Every worker has the right to form and join a trade union and to participate in the activities of a trade union.
- (3) Every worker has the right to strike.
- (4) Every trade union or employer's organization or employer has the right to engage in collective bargaining regarding labour-related issues.
- (5) All workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the workplace. Every labour law and practice shall comply with gender equality in the workplace.

Article 31. Language and Culture

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

Article 32. Right of Access to Information

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

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

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

- (a) Every level of government shall enjoy the confidence and support of the people;
- (b) Power is given to the level of government where it is likely to be most effectively exercised;
- (c) The existence and sustainability of a relationship of mutual cooperation and support between the governments of the Federal Member States, and between the governments of the Federal Member States and the Federal Government, in the spirit of national unity;
- (d) Every part of the Federal Republic of Somalia shall enjoy similar levels of services and a similar level of support from the Federal Government;
- (e) Fair distribution of resources;
- (f) The resolution of disputes through dialogue and reconciliation.

Article 111J. The Office of the Ombudsman

- (a) A member of the Council of Ministers, the Federal Parliament or any other person shall not interfere with the work of the office of the Ombudsman.
- (b) Each department of the Government shall co-operate with the office of the Ombudsman regarding the need to maintain its independence, integrity and effective service delivery.

The Ombudsman shall:

- (a) Investigate complaints regarding allegations or outright violations against basic rights and freedoms, abuse of power, unfair behavior, mercilessness, lack of clemency, indiscipline or disrespect towards a person that lives in Somalia by an officer who works at the various levels of government, an apparently unfair behavior, or act in a corrupt manner, or a behavior by an officer deemed as illegal by a democratic society or regarded as mischief or injustice.
- (b) Investigate complaints in relation to the activities of the Public Service Commission of the government, administrative institutions of the government, and the defense and police forces wherever such complaints relate to, failure to equally align those services or fair recruitment among all people in those services or to administer those services fairly.

- (c) Take appropriate steps that the public calls for, to rectify or change items mentioned in earlier clauses through a fair, and appropriate process, which include, but are not limited to:
 - (i) Consultations and sacrifices among the people concerned;
 - (ii) Reporting on the complaints and matters presented to the Ombudsman, and submit to the head of the offender;
 - (iii) To forward the matter to the Attorney General;
 - (iv) To bring the matter before a court that forbids improper conducts by an officer;

Article 111H. National Security Commission

(1) A National Security Commission shall be established by federal law. The National Security Commission shall be independent and shall comprise security experts from all sectors.

(2) The mandate of the National Security Commission shall be to: (a) Study and develop an integrated security framework to address the present and future needs of Somalia for review and adoption by the Federal Parliament;

(b) Present proposals to ensure that human security is prioritized and incorporated into the national security framework; (c) Develop a framework through which the public may provide oversight and monitor security related expenditure; and (d) Seek redress from abuses by security personnel.

3.0 Legislation And Policies On The Health Sector

The Somalia National Health Policy was approved in 2014. The FGS then developed the second version of the National Health Sector Strategic Plan (HSSP-II 2017-2021) with chapters on each of the FMS having similar strategic priorities. The Strategy is based on nine building blocks of the health system. It prioritizes governance and leadership, followed by human resources, services delivery, health financing, pharmaceuticals and medical technology, health intelligence and information system, social determinants of health, emergency preparedness and response and health infrastructure.

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

- a. Public Health Act;

- b. Drug Policy – already developed and endorsed;
- c. Drug Act – the draft bill has been submitted to the parliament – pending for approval;
- d. Health Policy – the last one developed was 2014;
- e. Health Regulatory Framework: National Health Professional Act was developed and signed by the President – it is currently in force;
- f. WATSAN and Environmental Health Policy and Strategy – this has been developed and endorsed; and
- g. Community Health Strategy was developed in 2015.

3.3 Legislation And Policies On The Civil Service

The Provisional Constitution provides the legislative framework for labour issues. It provides that “all workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the work place. Every Labor law and practice shall comply with gender equality in the work place” (Article 24-5). Labor Code of Somalia (Law 1 Number 65, adopted in 1972) is the specific labor law governing all aspects of labour and working conditions, which covers the contract of employment, terms and conditions, remuneration, and OHS, trade unions and labour authorities.

The provisions of the Labour Code apply to all employers and employees in all project areas. The Labour Code is applicable to all project workers. The Code is broadly consistent with the ESS2, while there is a significant gap in the enforcement aspect of the legislation (see Section VIII on the institutional framework). The public service and institutions are governed by the Civil Service Law (Law Number 11).

3.4 World Bank Social Standards

Relevant ESSs: The ESSs seek to avoid, minimize, or mitigate the adverse effects of development projects financed by the World Bank through the IPF modality. Compliance with these Standards is required, among others, to assure that the project is eligible for World Bank support. The project will apply the World Bank ESF. The following four social ESSs are applicable to **‘Damal Caafimaad’** project:

ESS 1: Assessment and Management of Environmental and Social Risks and Impacts; ESS 2: Labour and Working Conditions; ESS 4: Community Health and Safety; ESS 10: Stakeholder

Engagement and Information Disclosure. It is notable that the other relevant ESSs have been covered under the EMF developed for this project.

3.5 World Bank EHS Guidelines

The WBG General Environment, Health and Safety (EHS) Guidelines include guidance on health and safety of workers as well as of communities, which are relevant for this project and will be referenced in the Labour Management Procedures (LMP) and SecMP.

3.5.1 Good Practice Note Addressing Sexual Exploitation and Abuse and Sexual Harassment

The WBG Good Practice Note on Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEAH) addresses key risks of varying forms of gender-based violence, and in particular risks of SEAH that may arise or be exacerbated by World Bank-financed project. This Good Practice Note outlines in particular the identification and mitigation of these risks and impacts through project preparation and implementation, through key instruments such as the SEP, GM and LMP.

3.5.2 World Bank Guideline on Non-discrimination and disability

The ESF strengthens the Bank's commitment to identify disadvantaged and vulnerable individuals and groups, including PWDs, and assessing and preventing potential risks and negative impacts that could affect them disproportionately, as well as barriers to accessing project benefits.

World Bank Good Practice Note on Assessing and Managing the Risks and Impacts of the Use of Security Personnel

4.0 Country Context and Socio-Economic Setting

With a population of 15.44 million in 2019, Somalia is a young and rapidly expanding nation with an annual population growth of three percent (3%). Since the late 1980s, Somalia has experienced armed conflict, violence and a series of natural and man-made disasters which have resulted in a long, drawn out and comprehensive state collapse. Consequently, Somalia ranks at the bottom among the least developed nations and is one of the poorest countries in the world. In 2017, Somalia ranked the lowest globally in all dimensions of the Human Development Index (HDI) at 0.251 overall (the lowest in the world), of which health is at 0.514.

4.1 Somalia's Health Sector

The country currently has some of the lowest health and well-being indicators globally. Extended periods of conflict and insecurity, exacerbated by recurrent extreme droughts and floods and subsequent food insecurity, have devastated the health status of the population and severely damaged its fragile health system. Droughts result in displacements, which have led to unprecedented levels of malnutrition, health emergencies and epidemics.

The country's overall morbidity and mortality remain very high, particularly women and children. Somalia currently has the world's highest child mortality rate. One out of seven children die before the age of five. Somali mothers experience the sixth highest maternal death risk in the world, with skilled health personnel attending only one in 10 births. The average Somali woman has 6.7 children, the fourth highest fertility rate in the world. Health service utilization is low, particularly in the public sector, it is estimated at 0.23 outpatient visits per person per year and 0.81 hospital discharges per one hundred people per year (SARA, 2016).

Socio-cultural factors play a significant role in the health seeking behaviours and status of women in Somalia. Responsibility for decisions related to health seeking, such as when to get treatment at a clinic, resides primarily with men and contributes to care seeking delays

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¹¹¹ ⁹⁴ <https://www.transparency.org/country/SOM>; scale: 100 (very clean) to 0 (highly corrupt)

⁹⁵ <http://worldpopulationreview.com/countries/somalia-population/>

⁹⁶ WHO Somalia Country Cooperation Strategy 2019-23.

⁹⁷ WHO Somalia Country Cooperation Strategy 2019-23.

4.2 Gender and Equality

Gender segregation is deeply rooted in traditional Somali socio-cultural structures and remains a formidable barrier to women's participation in decision-making processes and access to – and control of – resources. Gender-related disparities remain an area of major concern, especially in the fields of education and health.

Moreover, there is a higher dropout rate for girls due to lack of resources and the prioritization of education for boys.

4.3 Employment of Female Health Workers

Recruitment of health professionals can be influenced by nepotism, clannism and elitism, thus leading to employment of unqualified medical professionals and endangering the lives of the communities. Further, female health workers may be excluded from employment due to their gender and cultural beliefs about female health providers.

4.4 Traditional Beliefs And Health Care Provision

Health service utilization is low, particularly in the public sector, estimated at 0.23 outpatient visits per person per year and 0.81 hospital discharges per one hundred people per year (SARA, 2016).

Clan structures are believed to have a major impact on service utilization, dictating which facilities people visit especially if run and staffed by a certain clan. Use of traditional medicine and health seeking behaviour within families and outside of formal medicine are believed to be common mainly due to perceptions within the communities that certain conventional medications cause infertility. Similarly, most patients, especially those in rural areas are against the use of contraceptives and child spacing practices in general due to cultural and religious beliefs. Decisions on the use of child spacing services may sometimes be made by husbands, thus leading to delays or un-utilization of the services.

4.5 Disadvantaged And Vulnerable Groups

Disadvantaged groups, such as minority groups, nomadic pastoralists, IDPs, female headed households, and PWDs experience different social and economic barriers to accessing health services.

5.5 Stakeholder Engagement

The World Bank ESSs require continuous public consultation with affected groups and other Stakeholders about the project E&S impacts, in order to take on their suggestions and inputs to improve project implementation.

Section two

Environmental Management Framework

1.0 PURPOSE AND SCOPE OF THE ENVIRONMENTAL MANAGEMENT FRAMEWORK

The purpose of the EMF is to ensure that the activities executed under the Improving Healthcare Services in Somalia project (also identified throughout this EMF as “the project”) address and identify measures to avoid and minimize environmental impacts, as much as possible. Where these cannot be avoided, the impacts are adequately identified, assessed and necessary mitigation measures designed and implemented following relevant, existing Somali environmental legislation and the World Bank’s Environmental and Social Standards.

1.1 EMF Justification

The Environmental Management Framework (EMF) clarifies appropriate environmental standards, processes, and mitigation principles, organizational arrangements and design criteria to be applied to sub projects, which are likely to be financed under the overall Damal Caafimaad project.

1.1.1 The Specific Objectives of This EMF are:

- To ensure that the implementation of the project will be carried out in an environmentally sustainable manner.
- To provide information about scope of adverse environmental risks and impacts expected during activities planning and operation;
- To describe the approach to mitigation and monitoring actions to be taken, and their cost implications.
- To clarify the roles and responsibilities of the MoH, the project PCIU and respective PMTs at the FMS level, and participating private sector companies and other stakeholders with regard to environmental due diligence, management of risks and impacts, and monitoring.
- To provide the project implementation team with an environmental screening process and risk management procedures that will enable them to identify, assess and mitigate potential environmental impacts of project activities.

1.1.2 EMF Principle

This ESMF will guide the PCIU at the Federal Ministry of Health in the Somali Republic in implementing the project in line with World Bank's overall Environmental and Social Framework and the Somalia government's environmental management standards, including the newly developed National Environmental Policy.

2.0 POLICY, LEGISLATIVE AND INSTITUTIONAL FRAMEWORKS

This section describes the existing policy, legislative and institutional framework that will be important for consideration in the design, implementation, monitoring and evaluation of the Improving Healthcare Services for Somalia project.

2.1 Somalia National Laws, Policies and Legislations

The key legal instrument for management of environmental affairs in Somalia is the Constitution, especially Article 25 ("Environment"), Article 27 ("Economic and Social Rights"), Article 29 ("Children"), Article 43 ("Land"), Article 44 ("Natural Resources"), Article 45 ("Environment") and Article 52 ("Cooperative Relationships Between the Various Federal Member State Governments").

Article 52 of the Constitution lays the framework for cooperation between the centre (the FGS) and the fringes (the FMSs), and makes it clear that the health sector is a matter for mutual cooperation. Article 27 of the Provisional Somali Constitution states that "every [Somali] has the right to healthcare, and no one may be denied emergency healthcare for any reason, including lack of economic capability" (Article 27, clause 2).

Article 25 of the Constitution states that "[every Somali] has the right to an environment that is not harmful to their health and well-being, and to be protected from pollution and harmful materials." The article proceeds to declare that "[every Somali] has the right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of these natural resources."

Article 45 (in Chapter 3 – "Land, Property and Environment") exhorts "all people in ... Somalia" to "participate in the development, execution, management, conservation and protection of the natural resources and environment."

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

The project is required to meet the health sector laws of Somalia, as well as environmental management systems in place in the country, including the National Environment Policy (recently published by the Office of the Prime Minister) and the newly developed Environmental and Social Impact Assessment Regulations of 2021.

The Federal Government of Somalia has developed the second Health Sector Strategic Plan.

The HSSP is based on the NDP, and follows the same goals and targets, and provides broader interpretation of the actions that needs to be taken.

Furthermore, the Somali National Medicines Policy was developed, and endorsed in 2014.

The National Medicines Supply Chain Master plan for Somalia was finalized in 2015, while the Medicines Regulatory Authority established in 2016.

The project is also structured to meet the requirements of the Somalia-WHO Country Cooperation Strategy.

In particular, the project interventions will contribute to the achievement of:

- Strategic Priority 1 (“Communicable Diseases”): through implementing activities that will reduce the burden of communicable diseases, and by way of child health. services (routine immunization; micronutrient supplementation) that are planned in the project
- Strategic Priority 2 (“Non-Communicable Diseases”): this will be achieved through planned investments in primary health care, knowledge and documentation activities, and strengthening the capacity of Somali authorities to prevent and, manageit and their risk factors
- Strategic Priority 3 (“Health through the Life Course”): the proposed project has significant focus on maternal, newborn, and child health; the project also proposed to strengthen coordination between participating FMSs and development partners on maternal, neonatal, and child health
- Strategic Priority 4 (“Health System and People-Centred Healthcare Services”): The proposed project has a focus on strengthening the existing weak health systems by infusing technical (personnel) as well as policy and regulatory frameworks in order to ensure greater well-being of the people of Somalia.

2.2 Somalia National Development Plans

The NDP 2017-2019 has been succeeded by the ninth NDP, which covers the period 2020- 2024. The Plan sets three main priorities for improving health access and outcomes. These are:

(a) Institutional oversight and strengthening, which includes setting the legal and oversight frameworks at the Ministry of Health, and at the level of state and municipal government health bodies.

(b) focusing on most pressing health challenges, including maternal and early childhood health, reducing malnutrition and childhood stunting, and greater access to clean water and sanitation (in homes as well as in health facilities).

(c) Focusing on the most vulnerable, especially rural citizens along with Internally Displaced Persons (IDPs), and those in newly liberated areas, who have the least access to health care.

2.3 Somalia National Environment Policy.

The Somali Cabinet, on February 13, 2020, approved the National Environmental Policy. The stated goal of environmental policy is to improve the health and quality of life of the Somali people.

2.3.1 Somalia Solid Waste Management Framework

In Mogadishu, the local government or Benadir Administration collects transports and disposes waste materials from the city.

Waste management differs in the urban areas from that of the rural area, as there are more people in the rural area in comparison to the city. This is done in order to minimize harm to individual's health as well as the environment. In Somalia there is no distinction of the nature of waste; whether solid, liquid or any other form; waste will be considered as waste and dumped in the dumping sites.

3.0 LAWS AND REGULATIONS IN FEDERAL MEMBER STATES OF SOMALIA

In Puntland The National Environmental Policy (2015) provides the overall guiding policies relating to the management of the environment and natural resources.

This policy allows rationalization of administrative regulations and policies to eliminate deficiencies or inconsistencies with other previous policies. The policy promotes the use of appropriate environmental assessment instruments such as the EIA and Strategic Environmental Assessment.

Puntland's Constitution envisages, in Article 96, the importance and protection of the environment.

The existing policies, laws and regulations in Puntland relevant to the Somalia health project implementation include the following:

- Environmental Policy (2014) approved by the Cabinet and Parliament;
- Environmental Management Act (2016) approved by the Cabinet;
- Puntland Waste Management Policy (2016);
- EIA Act and Regulation (2016) approved by Cabinet and Parliament;
- Ministry of Environment and Climate Change Strategic Plan (2016-2020).

3.1 Institutional Capacity For Environmental Management

The Somali government has introduced changes in the institutional set-up dealing with environmental issues in the country. A Directorate of the Environment and Climate Change ("DoECC") has been formed within the Office of the Prime Minister. The Directorate is mandated to draft the national environmental policies, regulations and legislations including establishing of the Environmental Quality Standards, Sectoral Environmental Assessments (SEAs), Environment Impact Assessments (EIAs) and Environmental Audits (EAs), among others.

The Somalia National Environment Policy was approved at Cabinet level on February 13, 2020. This policy which will be the foundation for sustainable management of natural resources both at the Federal and member state levels. The National Environment Management Bill of 2020 was passed by a Cabinet resolution on November 26, 2020. The Bill has 18 sections and has clauses relevant to this project.

In addition, the Directorate of Environment and Climate Change has also published draft Environmental and Social Impact Assessment (ESIA) regulations.

These regulations prescribe the procedures for conducting environmental assessments of the nature envisaged by this EMF.

3.2 International Conventions and Agreements Signed or Ratified by Somalia

There are a number of international treaties, agreements and conventions that had been signed or ratified by Somalia. These conventions and agreements are aimed at halting environmental degradation and improving the sustainable use of natural resources, and may be on limited relevant for the Somalia health project. Among the important international conventions related to natural resource use and management that Somalia is a signatory to, include:

- Convention on International Trade in Endangered Species of Wild Fauna and Flora
- Convention on the Conservation of Migratory Species of Wild Animals;
- Regional Convention for the Conservation of the Red Sea and the Gulf of Aden Environment;
- Protocol concerning Regional cooperation in Combating Pollution by Oil and other Harmful Substances in Cases of Emergency;
- UN Convention on the Law of the Sea; and Protocol concerning Co-operation on Combating Marine Pollution in cases of Emergency in the Eastern African region.
- Convention for the protection, Management and Development of the Marine and Coastal Environment of the Eastern African Region (Nairobi Convention).
- Six ILO fundamental conventions

4.0 World Bank Environment And Social Standards

The World Bank's Environmental and Social Standards seeks to avoid, minimize, else mitigate the adverse effects of development projects it is financing through the Investment Project Financing (IPF) modality.

The compliance with these Standards is required among others, to assure that the project is eligible for World Bank support.

Seven ESSs will be relevant to the Damal Caafimaad project:

- ESS1 ("Assessment and Management of Environmental and Social Risks and Impacts")
- ESS2 ("Labour and Working Conditions")
- ESS3 ("Resource Efficiency and Pollution Prevention and Management")

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- ESS4 (“Community Health and Safety”)
 - ESS6 (“Biodiversity Conservation and Sustainable Management of Living Natural Resources”)
 - ESS8 (“Cultural Heritage”)
 - ESS10 (“Stakeholder Engagement and Information Disclosure”)

5.0 WORLD BANK GROUP EHS GUIDELINES

WBG has guidelines for Environment, Health and Safety (EHS) that serve as useful references for general issues as well as sector-specific activities. Projects financed by the World Bank Group are expected to comply with this guideline as required by the policies and the standards. The EHS guidelines are mainly on occupational health and safety, community health and safety as well as on construction and decommissioning.

5.1 Potential Environmental Risks And Impacts And Mitigation Measures.

This section highlights the generalized environmental risks and impacts along with generalized associated mitigation measures for the expected potentially deleterious environmental risks and impacts linked to proposed project activities, especially medical waste issues and other operational impacts.

The project will entail, among other things, possible installation of incinerators or other waste management equipment, strengthening and expanding of existing government health centres, and possible upgrading and installing of sanitary facilities.

5.2 Environmental Risks Rating

Assessment of risks for the Damal Caafimaad-financed subprojects will be determined according to their environmental risk level. The environmental risk classification for the project is Substantial under the World Bank ESF, mainly because of the risks linked to the management of biomedical waste but also because of the risks linked to small scale renovation and of health facilities.

Other potentially significant risks and impacts include wastewater disposal problems, indoor air quality issues, and worker and community health and safety exposure. In addition, health and safety risks

The risk level is to be estimated based on the intrinsic environmental risks associated with

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- The type of intervention to be carried out (e.g., the extent of the proposed small-scale expansion of health facilities, associated solid and liquid waste infrastructure, etc.), and
 - Other specific type of infrastructure investments proposed, if any, for the project.

5.3 Environmental Risks And Impacts Envisaged

The main environmental impacts of health activities supported under this project may come during the rehabilitation and operational phases of the project from the possible heavy consumption of energy and water resources, pollution, possible greenhouse gas emissions, use and disposal of toxic chemicals, and production of wastes and wastewater and their disposal. The project activities with environmental risks proposed under the project include construction activities.

The project activities will produce hazardous waste, such as mercury-containing items (thermometers) contaminate the environment; ash residue, which, if not properly disposed of, can contaminate groundwater at unlined waste disposal pits.

5.4 Monitoring And Mitigation Measures

In order to address the aforementioned potentially adverse environmental risks and impacts, an environmental screening process has been proposed under this EMF. This will be applied in such a way as to ensure that potential negative risks and impacts of the project are prevented or mitigated appropriately, and positive impacts are enhanced. To mitigate these risks during project implementation, the PCIU will oversee the inclusion of detailed environmental health and safety (EHS) requirements in subproject bids and contracts

Key ESF instruments will be prepared and activated in the life of the project. These are as follows:

- Stakeholder Engagement Plan (SEP), which will set out effective and transparent management of consultation and information disclosure processes: the SEP will include a Grievance Redress Mechanism (GRM) as a key component;
- An Environment and Social Commitment Plan (ESCP), which will summarize the Borrower's commitments and obligations to adopt and implement these measures during project implementation; and
- The Labour Management Procedures, which also highlight occupational health and safety risks and procedures for minimizing them.
- The Security Management Framework which outlines the security risks and mitigation measures;
- The Social Management Framework which outlines the social risks and mitigation measures including the GBV action Plan.
