

FEDERAL GOVERNMENT OF SOMALIA

Ministry of Health (MoH)

Somalia Covid-19 Emergency Vaccination Project – Additional Financing (P178886)

Environmental and Social Management Plan (ESMP)

Forlanini Regional Hospital – Phase 2: Construction Works
Benadir Regional Administration (BRA)

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Prepared by UNOPS

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LIST OF ACRONYMS AND ABBREVIATIONS

BRA	Benadir Regional Administration
CoC	Code of Conduct
CSSD	Central Sterile Services Department
E&S	Environmental & Social
EHSG	Environmental, Health and Safety Guidelines
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
FGS	Federal Government of Somalia
FMS	Federal Member State
GBV	Gender-Based Violence
GIIP	Good International Industry Practices
GRM	Grievance Redress Mechanisms
HCF	Health Care Facility
ICU	Intensive Care Unit
IDA	International Development Association
IDP	Internally Displaced Person
LMP	Labor Management Procedures
MDR-TB	Multi-drug resistant TB
MoH	Ministry of Health
OHS	Occupational Health and Safety Standards
OT	Operational Theater
PCIU	Project Coordination and Implementation Unit
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMP	Security Management Plan
UK	United Kingdom
UNOPS	United Nations Office for Project Services
WB	The World Bank
WHO	World Health Organization

Executive Summary

The Somalia COVID-19 Emergency Vaccination Project (P176956) is a World Bank-funded initiative designed to support the Government of Somalia in addressing COVID-19 through effective vaccine deployment. The main goal is to support Somalia in its COVID-19 response by increasing vaccine coverage, enhancing immunization capacity, and addressing health system constraints related to pandemic response. This project, part of Somalia's broader COVID-19 response, supports the country's health resilience and capacity to manage future pandemics through improved health infrastructure and vaccination networks. The government, through the Ministry of Health, has, with the support of a UN agency (the United Nations Office for Project Services), opted to invest in the refurbishment of health facilities. With UNOPS technical backstopping, the project will enhance health facilities to meet the requirements for safe vaccine administration. This includes supporting the development of temporary vaccination sites and ensuring these facilities are equipped with the necessary infrastructure, such as cold chain equipment and PPE for health workers.

The Forlanini Hospital is located in the Benadir region. The Hospital was built in 1924 by the Italian Government. It used to be one of the biggest hospitals in Mogadishu with more than 80,000 m². It services an area with ca. 1.5 million people. At present, the Hospital has only three functioning units, i.e. the MDR-TB Center, psychiatric inpatient unit for men; and a maternity unit that has recently undergone repairs. An inpatient psychiatric unit for women is under construction. The hospital has currently 71 beds, all of which are in the inpatient psychiatric unit for men. The hospital employs 8 doctors, 32 nurses, 6 support staff and 20 others.¹ Since construction will take place on an empty plot of the hospital, the current services will not be impacted

The proposed rehabilitation of the Hospital consists of two Phases. Phase 1 is constituted of the demolition of several hospital buildings, and Phase 2 is constituted of the construction of new buildings. This Environmental and Social Management Plan (ESMP) covers Phase 2, a separate ESMP was prepared and cleared by the World bank for Phase 1. In consultation with the local health authorities, UNOPS has designed the rehabilitation and construction works. The works for Phase 2 comprises construction of a complete functional Primary General Hospital with 30 in-patient beds that could be expanded in future to 90 beds. The design allows for all provisions and facilities to allow the hospital to operate, including all clinical facilities, operational support facilities, and convenient provisions. It includes the construction of a perimeter wall equipped with gates for pedestrians and vehicular access, and includes guard rooms. The design follows a standardized design template for the main building of the general hospital and the service buildings.

¹ See UNOPS, Forlanini Hospital Project, Design Brief, 2024.

To identify, manage, and mitigate the environmental and social risks in both phases, the project team has prepared this ESMP. In consultation with the local health authorities, UNOPS has designed the rehabilitation works.

There are significant positive impacts that are expected from the construction of parts of the Hospital. The primary beneficiaries are the surrounding populations that use the Hospital. Adverse risks and impacts are mainly associated with the construction works and include risks related to occupational health and safety of workers, such as increased level of dust, noise and vibration from moving of vehicles and machinery; community health and safety risk; and risks associated with labor rights and management, e.g., child labor and/or forced labor and sexual exploitation and abuse – sexual harassment due to increase in labor related population in the project site. The land belongs to the Department of Medical Services, Ministry of Health and Human Services, there will be no land acquisition or resettlement impacts. The adverse environment and social risks associated with the construction works are reversible and short term.

Environmental concerns during the construction works include dust and air pollution. This dust can affect air quality in the surrounding area, impacting patients, nearby residents, and the workforce. To manage this, dust suppression techniques will be employed, such as regularly spraying water over debris and work areas, which helps reduce dust dispersion. Additionally, barriers will be installed around the works site to contain particles, while all workers will be provided with appropriate PPE, including masks and respirators, to protect them from inhaling harmful particulates.

Noise and vibrations from demolition and construction activities present another significant risk, especially given the proximity of patients and local residents who may be disturbed by the constant sounds of heavy machinery. To mitigate this, all works will be restricted to daytime hours to minimize disruption during resting periods. Noise-dampening equipment will be used when possible, and communities nearby will be informed about the nature, duration, and timing of demolition-related noise, helping set clear expectations. Workers will also be provided with ear protection, and a buffer zone will be established around the site to shield the community from the brunt of the noise.

Occupational health and safety (OHS) risks are a top priority, as demolition and construction tasks inherently expose workers to hazards such as falling debris, heavy machinery, and potential exposure to harmful materials. To address these risks, all workers will undergo safety training covering work protocols and emergency response procedures. Workers will be supplied with essential PPE, including hard hats, gloves, steel-toed boots, and safety harnesses for high-risk tasks. Clear access controls will be set up to prevent unauthorized entry into the work zones, and first-aid facilities will be available onsite for immediate response to any injuries.

Community health and safety is a priority, as residents, hospital visitors and staff could be exposed to hazards such as falling debris, dust, and increased heavy vehicle traffic. To ensure

public safety, fencing and prominent warning signs will be installed around the demolition area. Traffic control measures will be implemented, with designated routes established for demolition vehicles to avoid populated areas. Additionally, community engagement efforts will keep local residents informed of the work timeline, site hazards, and safety protocols in place.

Social impacts, include potential disruptions to hospital functions and community inconvenience due to noise and dust, child labour, SEA/SH among others. The project's Stakeholder Engagement Plan (SEP) will be adopted and implemented in the context of the site to keep the community involved and informed about the interventions. To facilitate responsive communication, UNOPS, in addition to the already available Project GRM, will also put in place a site-specific grievance redress mechanism (GRM) for the workers, residents and users of the health facility to voice concerns or complaints and receive timely responses. Communicating the benefits of the project and expected timelines will help address community concerns and feedback and foster positive perceptions of the development.

Following the detailed E&S screening of the proposed sub-project, as per the process described in the project's approved ESMF², the sub-project was classified as 'Moderate Risk', as per the levels defined in the ESMF. The project team believes that an Environmental and Social Management Plan (ESMP) would best guide the risk management for the sub-project.

The project team has undertaken an E&S screening of the sub-project, as per process described in the Project ESMF³. The screening resulted in placing the sub-project into 'Moderate Risk' category, as per the levels defined in the ESMF. It was decided that an ESMP would best guide the risk management for the sub-project.

This ESMP specifies the means through which the adverse environmental and social risks and impacts of the Project associated with the construction activities are either avoided or mitigated. It identifies, characterizes and manages the potential risks and impacts. The ESMP lists the project-specific risks and impacts and mitigation measures, lays out institutional arrangements for implementing and monitoring the risk mitigation measures and proposes monitoring indicators for measurement and monitoring of E&S performance. It shows what must be done, by whom, when, and to what standard; and also shows who will monitor its implementation and when and what the budget implications for mitigation measures and monitoring activities are. It further includes a description of the Project Grievance Redress Mechanism (GRM), which needs to be applied during the construction period, and lists stakeholder consultations that have been conducted in the lead up to the project design.

² Ministry of Health, Environmental and Social Management Framework, Somalia COVID-19 Emergency Vaccination Project (P176956), March 2022, p.103

³ Ministry of Health, Environmental and Social Management Framework, Somalia COVID-19 Emergency Vaccination Project (P176956), March 2022, p.103

1. Introduction

1.1 PROJECT BACKGROUND

The Somalia COVID-19 Emergency Vaccination Project (P176956) received Additional Financing from the International Development Association (IDA) in July 2022. The objective of the Project is to support the Federal Republic of Somalia to acquire and deploy Project COVID-19 vaccines, strengthen national immunization capacity, and support the continuity of essential health services. The Project consists of the following components:

Component 1 Vaccine Deployment and Acquisition: Strengthen supply chain and logistics for vaccine in country; acquiring of Project COVID-19 vaccines; and strengthening of health care waste management systems.

Component 2: Implementation Management: Rolling out of vaccination campaign.

Component 3: Continuity of Essential Health Services: Strengthening emergency response capacity at selected public hospitals to respond to the COVID-19 pandemic, through upgrading of hospital infrastructure; development of climate emergency preparedness and response plans, and renovation and rehabilitation and construction of medical facilities to improve their climate-change adaptation and resilience.

Component 4: Establishment of National Cold Chain Center: The Project is implemented by the Ministry of Health and Human Services (MoH) of the Federal Government of Somalia (FGS). The MoH contracted the United Nations Office for Project Services (UNOPS) to implement Building Emergency Response Capacity at hospitals. Under Component 4 (Strengthening solar-powered cold chain), the project will renovate and expand the central cold chain storage facility instead of procuring solar direct refrigerators as Somalia has received many donations of the solar direct refrigerators.

The proposed sub-project for the rehabilitation of Forlanini Hospital in Benadir Regional Administration (BRA) will be conducted in two phases. Phase 1 will focus on the demolition works of the existing hospital, and Phase 2 will focus on the construction works in order to rehabilitate the hospital. This ESMP is prepared in support of Phase 2. A separate ESMP was prepared for Phase 1.

The sub-project team has undertaken an E&S screening of the sub-project, as per the process described in the Annex I-A (Environmental and Social Screening Template) of the Project Environmental and Social Management Framework (ESMF)⁴. The screening resulted in

⁴ Ministry of Health, Environmental and Social Management Framework, Somalia COVID-19 Emergency Vaccination Project (P176956), March 2022, p.103

classifying the sub-project as ‘moderate’, as per the levels defined in the ESMF (p.105). It was decided that an ESMP would best guide the risk management for the sub-project.

1.2 PURPOSE OF THE ESMP

This ESMP lists the typical environmental and social (E&S) risks and impacts and associated mitigation measures that need to be considered at minimum in the context of the construction works planned for Forlanini Hospital. This ESMP provides a consolidated summary of all the Environmental and Social (E&S) commitments relevant for the construction works, including Occupational Health & Safety (OHS). The measures focus on environmental aspects such as emissions and environmental contamination and social aspects such as communication with local stakeholders and safety of workers and communities. The ESMP lists the sub-project-specific risks and impacts and mitigation measures, lays out the institutional arrangements of the implementation and monitoring of the mitigation measures, and proposes monitoring indicators for measurement and monitoring of E&S performance.

The objective of this ESMP is to provide management actions to mitigate adverse risks and impacts in consistence with national frameworks and relevant WB Environmental and Social Standards (ESSs) and the IFC Environmental, Health and Safety (EHS) Guidelines for both general and healthcare facilities, as well as General International Industry Practices (GIIP), such as technical guidance by the World Health Organization (WHO).

The Project ESMF lists applicable local laws and regulations including corrective measures to overcome gaps and responsibilities (please see ESMF for more details). For the sub-project implementation, this project will rely on World Bank ESS, or whichever set of regulations is more stringent.

1.3 METHODOLOGY

The preparation of this ESMP was based on stakeholder consultations, field visits, and review of all project related documentation, including design documents.

2. Policy, Legal, Regulatory and Institutional Framework

This chapter focuses on the relevant provisions of key Somali policy, legal, regulatory and institutional framework, which are related to the activities to be carried out under this project. This chapter also includes other ESF provisions as required by the World Bank and associated Environmental Health and Safety Guidelines (EHSs) and Good International Industrial Practice (GIIP) to which the borrower is obliged to. It also presents an analysis of gaps between both national and WB's provisions. Additionally, this chapter presents relevant international conventions and treaties, which the FGS has signed or ratified.

2. 1. NATIONAL FRAMEWORK

2.1.1. The Provisional Constitution of the Federal Republic of Somalia

Article 10 – Human Dignity: Human dignity is the basis for all human rights. It is inviolable and must be protected by all. The State power must not be exercised in a manner that violates human dignity.

Article 11 – Equality: 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. The State must not discriminate against any person on the basis of age, race, color, tribe, ethnicity, culture, dialect, gender, birth, disability, religion, political opinion, occupation, or wealth. Thus, all laws, or political and administrative actions that are designed to achieve full equality for individuals or groups who are disadvantaged, or have suffered from discrimination in the past, shall be deemed to be not discriminatory.

Article 24 – Labor Relations: Every person has the right to fair labor relations. All workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the workplace. And, every labor law and practice shall comply with gender equality in the workplace.

Article 31 – Language and Culture: The state shall promote the positive traditions and cultural practices, whilst striving to eliminate customs and emerging practices, which negatively impact the unity, civilization and wellbeing of the Somali society. And, the state shall promote the cultural practices and local dialects of minorities.

Article 32 – Right of Access to Information: Every person has the right of access to information held by the state, and 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.

Article 111J – The Office of the Ombudsman: The office is protected against interference from any other person or entity. As such, independence, integrity and effective service delivery are also maintained. The Ombudsman shall: (i) Investigate complaints against government workers regarding: allegations/ outright violations concerning basic rights and freedom, abuse of power, unfair behavior, mercilessness,

lack of clemency, indiscipline or disrespect, corruptive act, illegal behavior, or those that could lead to mischief or injustice; (ii) Investigate complaints in relation to the activities of the Public Service Commission and other administrative institutions of the government, including defense and police forces that could lead to unequal services, unfair recruitment, or administration; (iii) Take appropriate steps to rectify or change items mentioned in earlier clauses through a fair, and appropriate process of consultations and sacrifices among the people concerned; (iv) Report on the complaints and issues raised and submit to the head of the offender; (v) Forward cases to the Attorney General and bring them before a court, as appropriate.

Article 111H – National Security Commission: A National Security Commission shall be established to study and develop an integrated security framework to address present and future needs of Somalia. It shall present proposals to ensure that human security is prioritized and incorporated into such a framework, through which the public may provide oversight and monitor security related expenditure and seek redress from abuses by security personnel.

Article 45 (—Environment||) states that the government shall give priority to the protection, conservation, and preservation of the environment against anything that may cause harm to natural biodiversity and the ecosystem. Furthermore, all people have a duty to safeguards and enhance the environment and participate in the development, execution, management, conservation and protection of the natural resources and the environment. The FGS and the governments of the FMS affected by environmental damage shall take urgent measures to clean up hazardous waste dumped on the land or in the waters of the FGS; take necessary measures to reverse desertification, deforestation and environmental degradation, and to conserve the environment and prevent activities that damage the natural resources and the environment of the nation, among other measures.

Article 115 (—Civil service||) outlines civil service values and protection of their rights.

2.1.2 Relevant National Policies

Somalia 's National Environmental Policy was approved by Cabinet, on February 13, 2020 the stated goal of environmental policy is to improve the health and quality of life of the Somali people. The Federal Government has drafted, or is in the process of drafting, the following policy, legal and regulatory frameworks: National Environmental Protection and Management Act 2024; Draft National Environmental and Social Impact Assessment Regulations; Draft National Ozone Layer Protection Regulation; Draft National Forest Management Policy; and Draft National Charcoal Policy. All of these have some relevance, in one way or another, for the Somalia COVID-19 Additional Financing Project.

Somalia National Gender Policy (2016) includes strategies to eradicate harmful traditional practices such as female genital mutilation/cutting (FGM/C) and child marriage and to improve services for the management of GBV/SEAH cases.

2.1.3 Environmental Protection and Management Act, 2024:

The act guarantees the right to a clean, safe and healthy environment, provides requirements for waste management including hazardous wastes. The act requires the application of the polluter pay and precautionary principle in environment management. The Forlanini construction project is required to adhere to all the relevant requirements prescribed by the act.

2.1.4 Environmental and Social Impact Assessment and Audit Regulations (ESIA) 2024

Part III, regulations 13, 16 and 17, guides public participation, collection and incorporation of views from the general public.

The project's approved ESMF⁵ lists applicable local laws and regulations including corrective measures to overcome gaps and responsibilities (*please see ESMF for more details*). Given that the project is financed by the World Bank, the environmental and social risks likely to be encountered during the sub-projects implementation will be managed using relevant Somalia's national laws and the World Bank's Environmental and Social Framework (ESF) and in particular the six Environmental and Social Standards (ESS) that apply to the project and which are as follows:

ESS1 – Assessment and Management of Environmental and Social Risks and Impacts: This standard is fundamental for all project activities, requiring, where necessary, ESMPs to manage potential risks. For the Forlanini Hospital construction, ESS1 necessitates an ESMP specifically addressing issues like dust, waste management, and community health and safety during demolition and construction.

ESS2 – Labour and Working Conditions: This standard ensures safe and fair labour practices, including working conditions, worker health and safety, and grievance redress mechanisms for workers. The demolition and construction work at the Hospital require strict adherence to ESS2 to protect workers from hazards like heavy equipment use.

ESS3 – Resource Efficiency and Pollution Prevention and Management: ESS3 is relevant to managing pollution and ensuring resource efficiency. For the Hospital site, it applies to managing dust, noise, and waste during demolition, ensuring minimal environmental impact, and applying best practices in resource usage during reconstruction.

⁵ <https://moh.gov.so/so/wp-content/uploads/2023/10/COVID-19-Additional-Financing-ESMF-updated-29-May-clean.pdf>

ESS4 – Community Health and Safety: Focused on protecting the health and safety of nearby communities, ESS4 is critical for the Forlanini hospital construction sub-project to mitigate potential risks from dust, debris, noise, and hazardous material exposure. Measures include fencing, safety signage, controlled traffic access, and communication with residents about safety precautions.

ESS8: Cultural Heritage recognizes that cultural heritage provides continuity in tangible and intangible forms between the past, present and future. ESS8 sets out measures designed to protect cultural heritage throughout the project life-cycle. A chance find procedure is annexed to this report just in case a chance find is encountered during excavation.

ESS10 – Stakeholder Engagement and Information Disclosure: ESS10 emphasizes the need for ongoing community engagement and information dissemination. For the Forlanini Hospital project, this involves informing stakeholders about demolition timelines, risks, and benefits and establishing a grievance mechanism to address concerns.

3. Biophysical and Socio-Economic Environment

This section describes the overall baseline condition of the sub-project area in Abdul Aziz District within BRA. The biophysical environment, as well as the socio-economic background of the sub-project area is similar to that of the entire BRA. The target location is the existing Forlanini Hospital in BRA. The biophysical environment of BRA is in principle similar to that in Somalia, with minor variations. The subproject area is largely an urban environment and has undergone major environmental transformations.

3.1 PROPOSED SUB-PROJECT LOCATION

The sub-project is located in Abdul Aziz District in the north-eastern part of BRA/Mogadishu. The site is located on the southern north side of Mogadishu in an urban environment. It is located 900 metres from the shore and 4.5 km from the seaport. The GPS Coordinates are 2° 2'47.91." N, 45° 21'32.59" E. The hospital can easily be accessed by road. The hospital occupies approximately 106,000 m² of land, of which 15,000 m² are allocated for the primary general hospital, which will be constructed in Phase 2 of this sub-project. The plot has almost no slope and the adjacent southern street presents the lowest point. The site is accessible all year round. The allocated location within the site has direct access to 2 streets, where the main street is a divert from the adjacent major Sanna Street.



Figure 1 Location of Mogadishu City

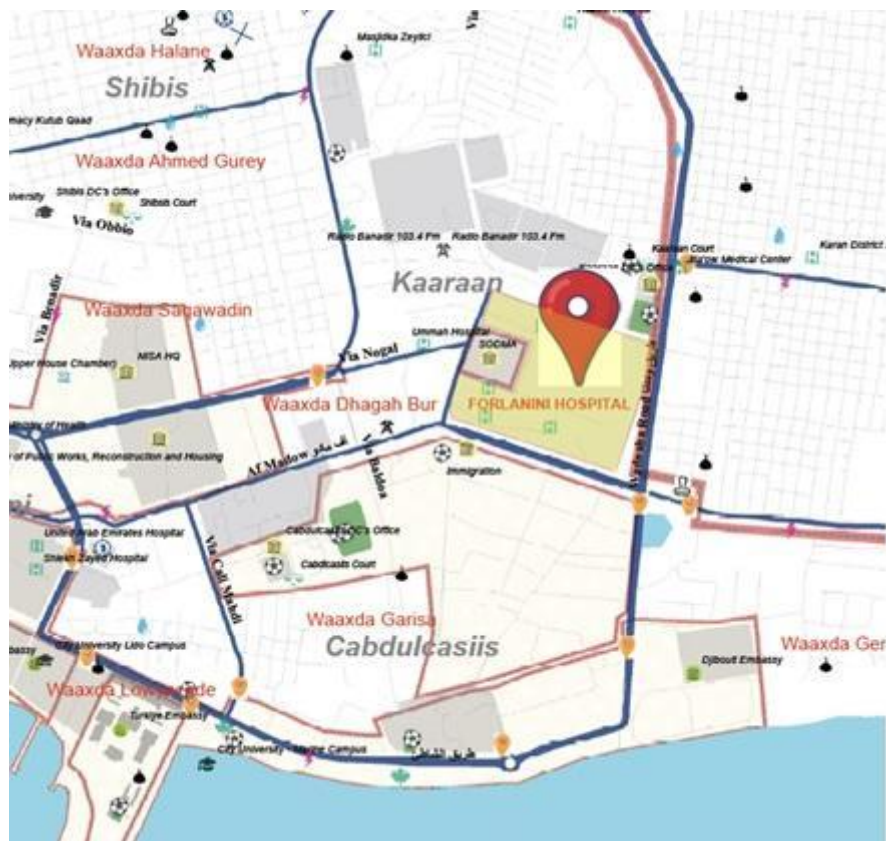


Figure 2 Project Location

The construction works will be undertaken at the location of the current hospital. The figure below shows the location of the proposed sub-project site. The site measures approximately 106,000 m². 15,000 m² are allocated for the Hospital.



Figure 3 Location of Forlanini Hospital

3.2 PHYSICAL ENVIRONMENT

Topography: The elevation of Mogadishu is 43 meters average, with a maximum of 181 meters. The city follows the coastline of Somalia, adjacent to the Indian Ocean.⁶

Geology and Soil: The geology of Somalia is built on more than 700 million-year-old igneous and metamorphic crystalline basement rock. It is covered in thick layers of sedimentary rock formed in the last 200 million years.⁷ The city is located in the tropical thorn woodland biome of the Holdridge global bioclimatic scheme.

⁶ Mogadishu topographic map, accessed at: <https://en-gb.topographic-map.com/map-d3w1h/Mogadishu/?center=1.60067%2C49.87364&popup=1.98015%2C45.39276&zoom=15>

⁷ Geology of Somalia, accessed at: Mogadishu topographic map, accessed at: <https://en-gb.topographic-map.com/map-d3w1h/Mogadishu/?center=1.60067%2C49.87364&popup=1.98015%2C45.39276&zoom=15>

Climate: Mean temperature readings per month vary by approximately 3 degrees Celsius. Precipitation per year averages 429mm. There are ca. 47 wet days annually. The city has an average of 3,066 hours of sunshine per year.⁸

Mogadishu Weather by Month Averages												
	January	February	March	April	May	June	July	August	September	October	November	December
Avg. Temperature °C	26.5 °C	26.7 °C	27.6 °C	27.9 °C	26.9 °C	25.8 °C	24.9 °C	25. °C	25.6 °C	26.3 °C	26.5 °C	26.8 °C
Min. Temperature °C	23.7 °C	23.9 °C	25. °C	25.5 °C	24.9 °C	23.9 °C	23. °C	22.9 °C	23.5 °C	24.1 °C	24.2 °C	24.2 °C
Max. Temperature °C	31.4 °C	31.5 °C	31.8 °C	31.4 °C	29.7 °C	28.4 °C	27.6 °C	27.9 °C	28.8 °C	29.7 °C	29.8 °C	30.9 °C
Precipitation / Rainfall mm	7.0	1.0	9.0	66.0	86.0	59.0	58.0	47.0	34.0	54.0	73.0	36.0
Humidity(%)	69 %	69 %	71 %	73 %	79 %	77 %	77 %	76 %	75 %	77 %	78 %	73 %
Rainy days (d)	1.0	0.0	2.0	9.0	16.0	15.0	15.0	13.0	9.0	9.0	12.0	5.0
avg. Sun hours (hours)	9.8	9.6	9.0	8.6	8.5	8.6	8.6	8.4	8.1	8.1	8.4	9.2

Figure 4 Monthly Average Temperatures in Mogadishu

In view of climate change it is suggested that droughts and floods in the country will increase. The arrival of IDPs, who often flee from the results of climate change in the rural areas, puts further stress on the city's environmental degradation and water management.⁹

Water Resources and Hydrology: Mogadishu relies almost exclusively on groundwater from the recharge from the Shabelle River for water supply. In 2018/19 the city saw heavy flash flooding, while the city has limited engineered storm water drainage. Poor drainage contributes to open sewage contaminating water sources and leading to the outbreak of diseases.¹⁰

3.3 SOCIO-ECONOMIC ENVIRONMENT

Population: The current estimation for Mogadishu's urban population is 2,727,000 million people. There has been no census published since 1975 though. As in the whole of Somalia, the population predominantly consists of youth. The urban area grows approximately 4.3 percent per year.¹¹ Population numbers have been fluctuating due to insecurity. Land and property were forcefully appropriated, leaving a legacy of disputes that still informs city life today.¹² The majority of the residential areas are dominated by specific clans. On the outskirts reside low-

⁸ Mogadishu topographic map, accessed at: <https://en-gb.topographic-map.com/map-d3w1h/Mogadishu/?center=1.60067%2C49.87364&popup=1.98015%2C45.39276&zoom=15>

⁹ African Cities Research Consortium: Mogadishu. City Scoping Study, June 2021, p.6

¹⁰ African Cities Research Consortium: Mogadishu. City Scoping Study, June 2021, p.7

¹¹ African Cities Research Consortium: Mogadishu. City Scoping Study, June 2021, p.3

¹² African Cities Research Consortium: Mogadishu. City Scoping Study, June 2021.

income populations and Internally Displaced People (IDP). In 2018, approximately 500,000 IDPs resided in Mogadishu.

Livelihoods and Employment: Mogadishu is the main economic centre of Somalia. Bakara is the country's largest market and is located in Mogadishu. It is connected to two interior markets through two main roads. The economy is largely informal. Enterprises are characterized by low productivity and wages and goods that are not exported. The fastest growing sectors in recent years have been security, health and education.¹³ 64 percent of the city's households make their living on wage labor. Urban income arrives through informal business, but informal sector workers are in low skill jobs and are often underemployed. This counts in particular for urban women and youth as well as IDPs. Low-income households are vulnerable to shocks. They often do not receive remittances either.¹⁴

Administration and Governance: Mogadishu city is located within Benadir Regions. The positions of Mayor of the City and Governor of BRA are held by the same person, who is appointed by the FGS. BRA is divided into 17 districts. It is the smallest region in the country. Each district has a commissioner, who is appointed by the mayor.

Vulnerability and Poverty: Mogadishu is considered among the world's five most fragile cities. While the average national poverty in Somalia is 62 percent; poverty in Mogadishu is at 72 percent.¹⁵

Gender-based Violence (GBV): Somalia is a patriarchal society with firmly entrenched gender roles that often subjugate women and girls. GBV is pervasive, particularly female genital mutilation/cutting (FGM/C), early marriage and psychological abuse. GBV is rampant in BRA and the most affected are young girls and women from IDP camps who are vulnerable to rape and other forms of sexual abuse. After decades of war and conflict in the country, women, girls and children have been displaced. They remain vulnerable to gender-based violence due to high insecurity in the camps, limited access to justice and lack of protection from the clans. In BRA many gender-based violence cases go unreported, and perpetrators go unpunished.

Access to Water and Electricity: The supply of water in Mogadishu is underpinned by shortages and a lack of quality. here are indications that the groundwater is polluted. Poor households generally do not have access to piped water and rely on shallow wells. Water supply is almost entirely private or supplied through the humanitarian sector. Electricity supply is among the most expensive in the world, while per capita consumption is among the lowest in Africa.¹⁶ The Forlanini Hospital uses water from private sources for a high price. A borehole delivers inadequate water supply, as it has not been maintained.

¹³ African Cities Research Consortium: Mogadishu. City Scoping Study, June 2021.

¹⁴ African Cities Research Consortium: Mogadishu. City Scoping Study, June 2021, p.6

¹⁵ Horn Population Research and Development, Vulnerability Assessment in Somalia, September 2020.

¹⁶ African Cities Research Consortium: Mogadishu. City Scoping Study, June 2021, p.6.

Solid Waste Disposal: Mogadishu produces 2,500 tons of waste every day, but it lacks appropriate disposal sites or recycling facilities. Often waste is dumped into the Indian ocean along the residential shorelines. Waste in Mogadishu can be a serious concern, as through existing dump sites, indiscriminate waste leads to the contamination of soil, water and air. This, in turn, causes a wide range of infections, skin disease or respiratory illness.¹⁷

The waste management at the Forlanini Hospital is inadequate. With the exception of medical waste at the MDR unit, solid domestic and some medical waste are collected in open fields within the compound. At the MDR-TB Unit the medical waste is properly managed through an autoclave and an incinerator.

Health and Education: BRA contains the majority of health care centers in Somalia. The private sector is therefore a key health provider. However, the cost of service is higher in private facilities. Public health care services are free of charge. The Forlanini Hospital is a public facility. It also offers psychiatric treatment, including in-patient treatment. However, female patients are not accepted for inpatient treatment due to the lack of a female wing.¹⁸

¹⁷ Daud Ahmed Mohamed, Magda Elhadi Ahmed and Abdalla Ibrahim Abdalla, Environmental and health effects of solid waste dump sites in Wadajir District, Mogadishu, Somalia, in: World Journal of Advanced Research and Reviews, 2023, 19.3.

¹⁸ Centre for Documentation and Counter Extremism, Somalia, Health Care Services in Mogadishu, 2024.

4. Project Description

4.1 FORLANINI HOSPITAL

The Hospital was built in 1924 by the Italian Government. It used to be one of the biggest hospitals in Mogadishu with more than 80,000 m². It services an area with ca. 1.5 million people. At present, the Hospital has only three functioning units, i.e. the MDR-TB Center, psychiatric inpatient unit for men; and a maternity unit that has recently undergone repairs. An inpatient psychiatric unit for women is under construction. The hospital has currently 71 beds, all of which are in the inpatient psychiatric unit for men. The hospital employs 8 doctors, 32 nurses, 6 support staff and 20 others.¹⁹

The Hospital occupies 106,000 m² of land, with 15,000 m² allocated for the primary general hospital, which will be constructed through the planned works. The allocated area can be seen marked in blue in the below aerial photograph.



Figure 5 Hospital ground with allocated area for the construction marked in blue

The hospital can be easily accessed by road. Especially the allocated area can be accessed from 2 streets.

¹⁹ See UNOPS, Forlanini Hospital Project, Design Brief, 2024.

The allocated site has been vacant for a while. All buildings within the marked zone are empty. The land belongs to the Department of Medical Services, Ministry of Health and Human Services. All works will be undertaken on the existing hospital site and its premises and there will be no land acquisition or resettlement impacts. A perimeter wall currently defines the land boundaries. Since construction will take place on an empty plot of the hospital, the current services will not be impacted.

Current Services at the hospital are:

Sl. No	Name of the Services
1	MDR - TB Center - Inpatient ward - Non-functional
2	MDR- TB Center - Laboratory
3	MDR- TB Center - Office and Store
4	Male - Psychiatric Unit - Admin
5	Male - Psychiatric Unit - Psychiatric Ward- inpatient
6	Male - Psychiatric Unit - Dining Hall
7	Maternity Unit - Maternity Ward - inpatient
8	Maternity Unit - Operation Theatre
9	Maternity Unit - Pharmacy
10	Maternity Unit- Obstetrics & Gynaecology Room
11	Maternity Unit - Emergency Room
12	Maternity Unit - Laboratory room
13	Maternity Unit - Recovery room
14	Maternity Unit - Kitchen

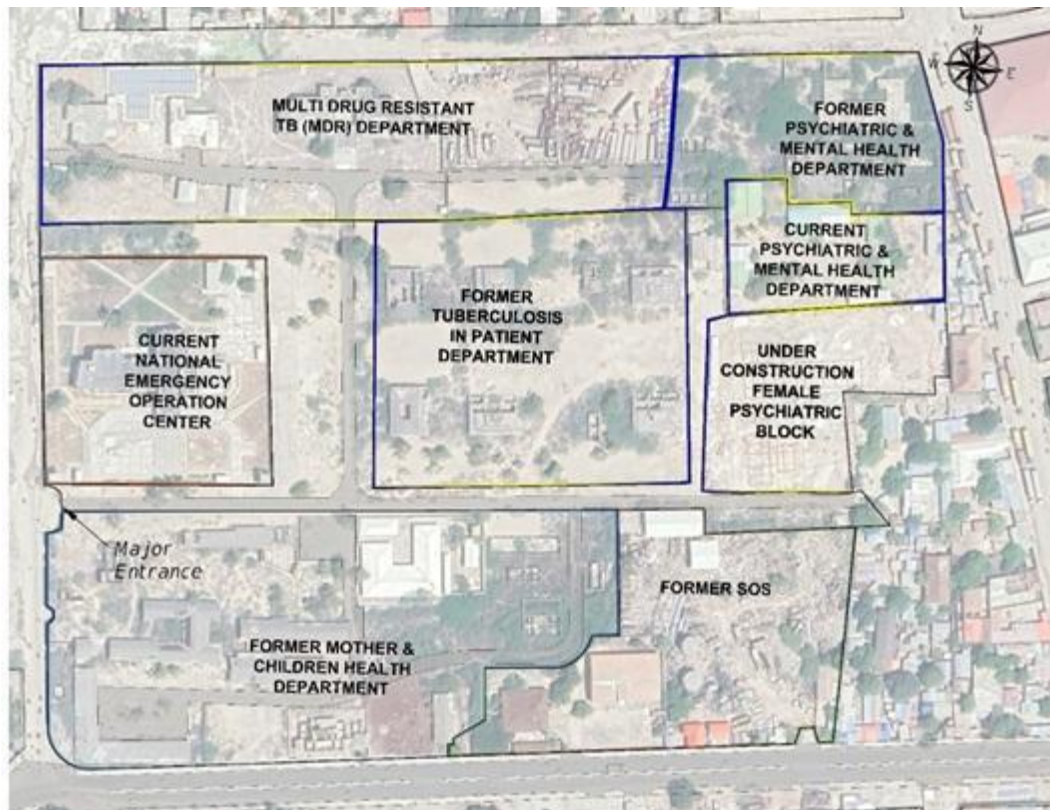


Figure 6 Current hospital division



Figure 7 Currently used areas at the hospital



Figure 8 Photos of current state of Forlanini Hospital

UNOPS conducted a structural assessment of the 26 structural components of the hospital. The MDR TB OPD-1, the TB Laboratory, and the office and storage are indanger of collapse; The

other units are not in immediate danger of collapse, but significant rehabilitation works are recommended.

The following users per working shift have been estimated for the hospital:

Working Shifts:

Shift	From	To
Shift 1	8:00 AM	4:00 PM
Shift 2	4:00 PM	12:00 AM
Shift 3	12:00 AM	8:00 AM

User Category	Shift 1	Shift 2	Shift 3
Staff Doctors	8	4	2
Staff Nurses	14	10	8
Staff Operations	15	10	4
Inpatient Beds	30	30	30
ICU Beds	9	9	9
ER & Outpatient	80	55	20
Visitors\Companions	160	110	40
Totals	316	228	113

4.2 PROPOSED FACILITIES

During Phase 2 a new hospital building will be constructed in the above blue marked area. To make room for the construction, under Phase 1, the demolition of abandoned buildings on the site will be undertaken. The works comprise the construction of a complete functional Primary General Hospital with 30 in-patient beds that could be expanded in future to 90 beds. The design allows for all provisions and facilities to allow the hospital to operate, including all clinical facilities, operational support facilities, and convenient provisions. It includes the construction of a perimeter wall equipped with gates for pedestrians and vehicular access, and includes guard rooms. The design follows a standardized design template for the main building of the general hospital and the service buildings.

The following key functions will be integrated into the design of the new general hospital:

Emergency unit;

Inpatient wards for male and female patients;

Operational Theatre (OT);

Intensive Care Unit (ICU);

Laboratory;

Pharmacy;

Services buildings including kitchen, medical laundry, power house, medical plant, morgue, waste management block, incinerator, guard rooms.

The buildings will be designed to be qualified for vertical expansion up to two additional floors.

The below drawing depicts the master plan for the proposed general hospital:

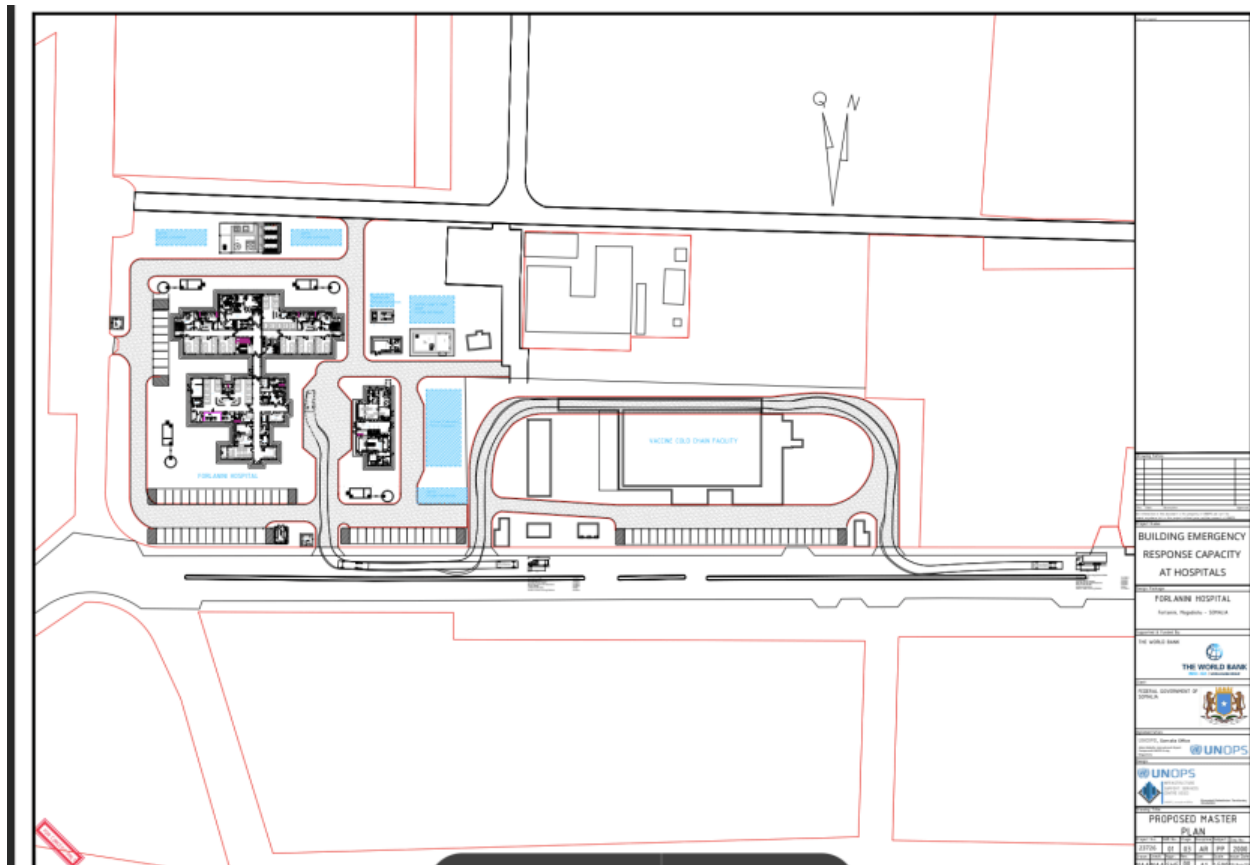


Figure 9 Proposed Master Plan for Hospital

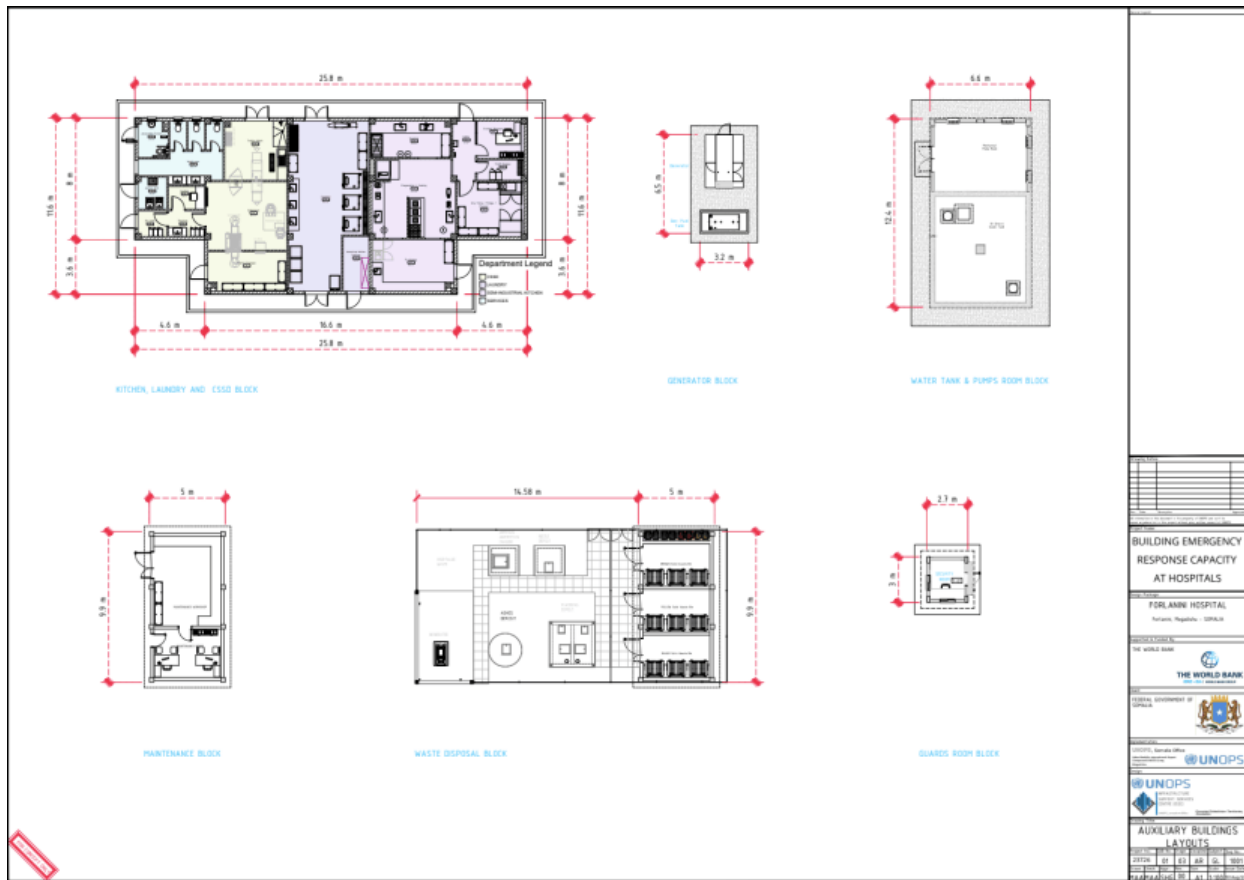


Figure 11 Auxiliary Buildings Layout

No land and resettlement impacts are anticipated because the proposed site is on land that has an existing health care facility. The land is owned by the Department of Medical Services, Ministry of Health and Human Services. Community consultations have further shown that there are also no encroachments on the land. The site is secured and has a perimeter wall along the land boundaries.

Furthermore, the project will engage local personnel for manual removal of non-structural elements such as interior walls, doors, windows, to manually collect and segregate small debris, to operate water spray systems to suppress dust and for safety inspection and enforcement and other labour requirements. These local labourers will be coming from within the local community and therefore there will be no need for the establishment of a workers' campsite. The engineers and supervisors will likely be from the city and not require accommodation. There will be a site office within the designated project area but there will not be any need for a workers' camp.

4.3 DESIGN STANDARDS

Applicable Regulations, Codes and Standards:

- UK Health Building Note 00-01: General design guidance for healthcare buildings
- UK Health Building Note 00-03: Clinical and Clinical support spaces
- UK Health Building Note 00-04: Circulation and communication spaces
- UK Health Building Note 00-07: Planning for a resilient healthcare system
- UK Health Building Note 00-09: Infection control in the built environment
- UK Health Building Note 00-10: Design for flooring, Walls, ceilings, sanitary ware and windows
- UK Health Building Note 04-01: adult in-patient facilities
- UK Health Building Note 04-02: Critical care units
- UK Health Building Note 06: Designing facilities for diagnostic imaging
- UK Health Building Note 10-02: Day surgery facilities
- UK Health Building Note 13: Sterile services department
- UK Health Building Note 14-02: Medicines storage in clinical areas
- UK Health Building Note 15-01: Accident and emergency departments
- International Building Code
- UNOPS Design Manual for Buildings 2014
- UNOPS CAD-Drawing-Guidelines-Version 1.0
- Neufert – Architects Data
- ACI 318-09
- ASCE-7-5

The structural design will adopt the following applicable standards and codes:

UNOPS design planning manual for buildings

Building Code Requirements for Structural Concrete (ACI 318-19) and Commentary.

ASCE standards (ASCE 7-16) for minimum Design Loads for Buildings and Other Structures.

The design of the building includes separate rooms for female staff and patients; accessibility for persons with disabilities; and for environmental issues it includes a stormwater discharge system and for the hot climate it includes 2 types of openings and narrow windows.

The structural system will be composed of isolated and strip reinforced concrete foundations; ground beams and slab on grade; reinforced concrete columns and walls; reinforced concrete solid slabs. The design also includes the site structural components related to the external works, including kitchen, laundry and Central Sterile Services Dept (CSSD) block; water tank and pumps room block; generator block; maintenance block; waste disposal block; guards room block; internal roads and paving; and storm water drainage channels.

The building is designed in a way that it allows for future expansion.

The facility will be provided with:

- a rainwater collection system to drain rainwater from the flat roof to free discharge on site;
- a complete system of soil, waste and vent pipe work which serve all sanitary facilities and all wet areas.
- A connection with the existing water source.
- A firefighting system to address requirements for the facility in accordance with the UNOPS design and planning manual for buildings.
- Mechanical ventilation for rooms with WCs which do not have natural ventilation; and air conditioning for some of the key functions.
- An electrical and low-current system, to be fed from the current private electricity company
- the required centralized medical gasses system.

4.4 PROJECT ACTIVITIES

Design Phase: The design phase included the following activities:

- Surveying
- Stakeholder Engagement
- Design of a layout plan
- Detailed Design (architectural, structural, mechanical & electrical) of the Primary General Hospital with 30 in-patient beds, and the auxiliary buildings.

Construction Phase: The construction phase will mainly include the following activities:

Preliminaries:

- Installation of temporary site offices, toilets and space for stores for the workers.
- Provision of water and electricity within the site for the duration of the contract.
- Supply and installation of a sign post and boarding.
- Cording off the construction site from the rest of the facilities

Construction of Facilities

- Excavation works for a new foundation.
- Backfilling.
- Foundation works for the stone strip foundation.
- Structural works (strip reinforced concrete foundations; ground beams and slab on grade; reinforced concrete columns and walls; reinforced concrete solid slabs)
- External walling
- Doors, windows and grills; complete with all accessories
- Rainwater collection system
- Soil, waste and vent pipe for drainage
- Electrical and low current system

- Site structural components related to the external works, including kitchen, laundry and cssd block; water tank and pumps room block; generator block; maintenance block; waste disposal block; guards room block; internal roads and paving; and storm water drainage channels
- Centralized medical gasses system
- Ventilation and air conditions
- Firefighting system
- Cabling works.
- Testing and commissioning.

The basic material requirements to undertake the construction of the hospital Unit are building sand, stone aggregates, cement, concrete blocks, plumbing accessories etc. Labor requirements and risk mitigation measures listed below also apply for this process. For building sand and aggregate, the contractor shall have the responsibility to source for a legal site where sand can be extracted from and this shall be approved by the engineer prior to engagement, in consultation with the local authority and any other relevant government institutions. The rest of the material can easily be sourced from block making sites. Plumbing materials shall be procured locally unless this proves a challenge; the material can be sourced from other towns.

Operational Phase: The operational phase activities will include:

- Training of the health workers in the management of generated clinical and other waste and recycling opportunities.
- Establishment of Standard Operating Procedures for the hospital, including emergency response procedures.
- Ensuring adherence to OHS standards for the workers
- Operation of the hospital in compliance with the Medical Waste Management Plan provided towards the end of this document (annex 6).
- Management of community exposure to health problems arising from ineffective infection control and inadequate healthcare waste management.

Decommissioning phase

This report does not address the decommission phase of the project, it is envisioned that the hospital will undergo further expansion due to the high population it serves and need for more services. An environment and social management plan shall be prepared for any reason it is found necessary to decommission the hospital.

5. Environmental and Social Risks and Impacts

Positive Impacts: The health sector needs have been vast and vulnerable due to recurrent natural and man-made disasters, including fluctuating levels of conflict, poverty, economic crunch, political uncertainties, drought, floods and epidemics. The burden of diseases has been heavily dominated by communicable diseases, reproductive health and undernutrition issues whereas issues related to non-communicable diseases are also on the rise. The reconstruction of Forlanini Hospital shall provide increased access to health care for the community in the town. There will be improved access to medical health care services for the local community and positive impacts on the environment; benefitting communities and staff as a result of enhancing safety, managing effluents and exploiting less resources.

Negative Risks and Impacts: The activities associated with the construction of the main hospital building and the auxiliary buildings likely generate adverse site-specific risks and impacts, including:

Design Phase:

- Inadequate consultation
- Exclusion of vulnerable groups from consultations
- Lack of access to GRM

Construction Phase:

- Sourcing of materials, an activity which may degrade the surrounding environment,
- Use of existing borrow pits which may further deteriorate the surrounding environment,
- Increased level of dust, noise and vibration from moving of construction vehicles and machinery,
- Increased level of air pollution through operation of heavy equipment and vehicles for construction,
- Fall of material or bricks,
- Generation of construction waste,
- Security for project operations including the protection of project assets, workers and beneficiaries,
- Labor influx and associated risks such as GBV/SEAH,
- Risks associated with labor rights and management, e.g., child labor or forced labor,
- Occupational health and safety of workers, including risk of slips and trips; working at height; working in confined spaces; work with electrical equipment; working in hot environment,
- Transport/road hazards including accidents,
- Storage and keeping of inflammable products,

- Challenges in access to beneficiaries for meaningful stakeholder and community engagements as well as grievance redress and monitoring,
- Disruption in healthcare services for the current and potential patients,
- Traffic risks during construction,
- Potential impacts to patients and health care workers who will be using the existing facility,
- Stormwater (build stormwater discharge system),
- Hot climate: narrow windows to reduce solar radiation with double glazed aluminium profiles),
- Security for project operations including the protection of project-affected persons.

Operational Phase:

- Community health and safety risk: water and sanitation safety, life and fire safety, protection from infectious disease.
- Potential impacts to patients and health care workers who will be using the existing facility
- Waste management
- Medical wastes, wastewater and air emissions leading to contamination of the environment and the workers,
- Risk of infection among health professionals,
- Risk of infection to the handlers
- Physical hazards (for example, handling of sharps),
- Electrical and explosive hazards,
- Fire,
- Ergonomic hazards; OHS hazards related to healthcare and non-healthcare daily operations,
- Radioactive hazard,
- Poor sanitation conditions at the facility leading to discomfort and poor aesthetic values
- Community health and safety: carriage of healthcare waste through public streets can be a risk in case of an accident or more spill of health care waste.
- Lack of access for vulnerable groups, including women, disabled, minorities
- Exclusion from ongoing consultations of vulnerable groups
- Risks of GBV/SEA for persons with disability and other vulnerable groups

Decommissioning Phase:

Decommissioning of the hospital is not planned, and there is potential for future expansion. If decommissioning becomes necessary, an Environment and Social Management Plan will be prepared.

6. Risks and Impacts and Mitigation Measures

The table below lays out the specific adverse risks and impacts anticipated for Phase 2 (construction) of the sub-project and the respective mitigation measures required to reduce or eliminate the risks and impacts. This matrix forms the core of the ESMP, since it shows what must be done and by whom.

Table 1 Environmental & Social Management Plan: Construction of Buildings at Forlanini Hospital

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
Construction Phase						
ESS1 Assessment and Management of Environmental and Social Risks and Impacts						
	Risk of poor implementation of the respective mitigation and monitoring measures for the negative impacts identified in this ESMP	Provide capacity building opportunities to the E&S teams working on the subprojects on understanding and implementing assessment and management requirements of the WB's ESF and WBG's EHSs. Provide Health & Safety (H&S) Training to the construction workforce (including, temporary workers, and drivers). Raise awareness to the workforce regarding the implementation of the ESMP tailored to the subproject scope, through toolbox talks and other platforms.	UNOPS /Contractor	1,500 USD for logistics Capacity building cost is included in the training program	ESF training records H&S training sessions. Record of awareness raising sessions.	At the beginning of construction activity During operation of the subprojects
ESS 2: Labour and Working Conditions						
	Lack of implementation of the mitigation measures.	Provide H&S training to the workforce Raise awareness of workers regarding the implementation of the ESMP tailored to the project scope, through toolbox talks and other platforms.	UNOPS/Contr actor	500 USD for logistics	# of H&S Training session No. of awareness raising session or toolbox talks	At the beginning of construction activity and throughout the construction period.
	Lack of security for project workers	UNOPS has to prepare and implement local Security Management Plan (SMP) Contractor to implement security risk mitigation measures as per SMP.	UNOPS / Contractor	Costs for security risk implementation as part of contractor budget	# Security Risk Assessments # of SMPs # of security incidents	Prior to commencement of activity and during construction activities
	Labor and working conditions are not in compliance with WB and Somali legislation	Implement and monitor the LMP Listing of all staff and titles, new hires and departure Site visited and review of records, major findings,	UNOPS/Contr actor	Incl. in contractor staff costs	Availability of register Availability of logbook showing site visited and actions taken	monthly

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		and actions taken by contractor, engineer, or others, including authorities—to include date, inspector or auditor name				
	OHS risks, including impacts of dust, noise, vibration, ergonomics, extreme temperatures, struck by objects, slips and trips, working at height, working in confined spaces, electrocution.	<u>Dust:</u> Watering to be used to reduce dust Wear PPE (including safety glasses and gloves and dust masks) <u>Noise:</u> Provide hearing protection where necessary (when sound level over 8 hours reaches 85 dB(A)) Use of acoustic insulating materials, isolation of noise source, and other engineering controls <u>Vibration:</u> Control vibration through choice of equipment, installation of vibration dampening pads or devices, and limiting the duration of exposure <u>Electrocution:</u> Mark all energized electrical devices with warning signs. Locking out and tagging out devices during service or maintenance Check all electrical cords, cables and hand power tools for frayed or exposed cords.	UNOPS/Contractor	Incl Contractor budget	% of workers that have been provided with hearing protection # of equipment with vibration-dampening pads or devices # of temporary shelters available # of trainings for industrial vehicle operators conducted # of rest and stretching breaks per work day	
	OHS risks, including impacts of dust, noise, vibration, ergonomics, extreme temperatures, struck by objects, slips and trips, working at height, working in confined spaces	<u>Heat:</u> Provide temporary shelters to protect against the elements during working activities or for use as rest areas. Monitor weather forecast for outdoor work Adjust work and rest periods according to temperature Use of mechanical assists to eliminate or reduce			# of OHS related incidents % of workers with appropriate PPE # of health and safety work plans	

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	(contd..)	exertions required to lift materials, hold tools and work objects Implement quality control and maintenance programs that reduce unnecessary forces and exertions <u>Confined spaces/excavations:</u> Safe access and egress into the excavation area, for example a sufficiently long & secured ladder. Daily and weekly inspections to be carried out as per excavation permit and daily checklist Fencing to be erected around the excavations area, external site fencing with visible signage to be installed to prevent unauthorised entry Ensure materials are located/ unloaded in designated locations and not adjacent to excavation edges Workers/operatives to use appropriate PPE <u>Ergonomics</u> Incorporate rest and stretching breaks into work processes and conduct job rotation				
	OHS risks, including impacts of dust, noise, vibration, ergonomics, extreme temperatures, struck by objects, slips and trips, working at height, working in confined spaces (contd..)	<u>Struck by objects</u> Use designated and restricted waste drop or discharge zone Conduct sawing, cutting, grinding with proper guards and anchoring Provide appropriate PPE, including safety glasses with side shields, face shields, hard hats and safety shoes <u>Working at height</u> Use of temporary fall protection measures Training and use of personal fall arrest systems				

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Use of safety harness with lanyards <u>General:</u> Preparation of an Emergency Preparedness Plan and emergency alert systems Provision of adequate PPE (safety harness, gloves, safety glasses, hard hat, safety boots, dust mask, safety vests) Regular training for workers on workplace safety Preparation of health and safety plan Contractor shall provide UNOPS with method statements for the works to be implemented in a safe manner.				
	Risk of labor influx leads to increase of GBV cases	All workers to sign CoCs. (see Annex 3) Dedicated reporting channel for victims through Project GRM. Provide GBV awareness training to workers The contractor's workers and management will be trained and GBV risk mitigation documents will be shared with them Enlist GBV service providers within the locality. Ensure SEA/SH Action plan is distilled into the contractors' contract and form parts of the periodic reporting.	UNOPS/Contractor	Incl in contractor staff costs	% of workers that signed COCs # of training sessions provided	At commencement of project activity
	Discrimination against women in employment	Contractor to develop recruitment and retention policies that enable fair working conditions and women's safe and equitable participation. Adopt a robust GRM for workers. Sensitize and train workers on the use of the GRM Recruit local unskilled laborers where possible.	UNOPS/Contractor	Incl. in staff costs	% of contractors have policy in place	At start of project

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Comply with LMP				
	Delayed payment or underpayment of workers, leading to complaints and conflict	Ensure provision of timely and adequate payment Ensure provision of workers' GRM Ensure information on workers' GRM is provided	UNOPS/Contractor	Incl. in contractor staff costs	% of payments made on time # of workers' complaints filed and handled	Monthly
	Child and forced labor resulting in employing of underage children and human trafficking	Implementation of GRM to ensure their voices / complaints are heard Contractor to maintain staff records and ID copies Minimum age for workers to be set at 18 Establish remedial measures when forced and child labour cases are reported. Regular monitoring inspections	UNOPS/Contractor	Incl. in contractor staff costs	# of workers' grievances filed No. of GRM cases filed # of child and forced labor reported	Throughout project implementation
	Risk of SEAH among workers	All workers to sign CoC. Dedicated reporting channel for victims through Project GRM Provide GBV awareness training to workers	UNOPS/Contractor	Incl. budget of PCIU and contractor	% of workers that signed COCs # of training sessions provided	Monthly
Operational Phase						
	Risk of medical wastes, wastewater and air emissions leading to contamination of the environment and the workers	Ensure waste is segregated at point of generation to the extent possible for easy handling Ensure the segregated waste is appropriately packaged in colored containers using standard clinical waste color codes for respective waste type, and stored for final disposal consistent with the WHO standards ²⁰	HCF	Incl. budget of HCF	# of labelled secure bags for generated medical waste # of wastewater and air emissions analytical results available	Quarterly

²⁰ <https://www.who.int/publications-detail-redirect/9789241548564>

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Rigorously segregate waste so that no PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal				
	Risks of physical hazards (for example, handling of sharps); Electrical and explosive hazards; Fire; Chemical use OHS hazards related to healthcare and non-healthcare daily operations	Ensure a local risk assessment (identification of risks at work) is conducted for each process step, that is, from sample collection to disease isolation to identify specific hazards and for each identified risk, appropriate risk control measures must be defined. Provide safety training in the management of hazards identified other than those related to sample handling Provide review of Infectious Preventive Control training for the health care facility staff, including Health Care Workers charged with the responsibility to handle and dispose of the medical waste Ensure conducting regular fire drills Implement Medical Waste Management Plan (see Annex 6)	HCF	Incl. budget of MoH	# Local risks assessment conducted every year and specific hazards identified for each and way forward # of regular safety training provided # of reviews of training provided # of fire drills conducted # of OHS incident reports	Monthly
	Risk of infection among health professionals	Ensure appropriate training on Infection Prevention and Control for healthcare workers and other staff. WHO prescribed protocols for personal protection of healthcare professionals is to be enforced at all times. Ensure training in Health care waste management systems, which enable health care waste to be managed responsibly, without harming the community or the environment.	HCF	Incl. budget of MoH	# of training sessions held and workers who has been trained # of protocols available at location	At start of the clinical operations

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	Risk of GBV/SEAH among workers	All workers to sign CoCs (see Annex 3). Dedicated reporting channel for victims through Project GRM Provide GBV awareness training to workers	HCF	Incl. budget of MoH	% of signed COCs # of training sessions provided	Monthly
	OHS risks for hospital workers	Provision of adequate PPE Regular training for workers on workplace safety, Preparation and implementation of health and safety plan	MoH	Incl. budget of MoH	# of training sessions provided # of health and safety plans available	Monthly
ESS 3: Resource Efficiency and Pollution Prevention and Management						
	Poor sanitation facilities and sanitation conditions at work site	Provide proper water closet toilet facilities at work sites. Normalize the use of approved and medically fit for use disinfectants Maintain elaborate cleaning roster within the hospital environment. Do not allow water to run out at toilets. Maintain all toilets in clean and sanitary condition. Do not allow site workers to defecate in the open anywhere on the site or in its vicinity. Add the use of sanitation arrangements in toolbox talks	UNOPS/Contractor	Budget of contractor	# of water closet toilet facilities available % of toilets leaking # of Toilets are well maintained # of toolbox talks with Sanitary arrangements	monthly
	Risk of pollution from construction wastes and water use on groundwater	Through accurate estimation of the sizes and quantities of materials required, order materials in the sizes and quantities they will be needed, rather than cutting them to size, or having large quantities of residual materials.	UNOPS/Contractor	Incl. in contractor staff costs	volume of construction materials left over at the end volume of waste at construction site is	Throughout project implementation

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Develop and implement waste management plan, including specifying disposal site for solid waste. Encourage efficient use of materials to minimize wastage. Ensure that construction materials left over at the end of construction will be used in other projects rather than being disposed of. Ensure that damaged or wasted construction materials will be recovered for refurbishing and use in other projects Donate recyclable/reusable or residual materials to local community groups, institutions and individuals or homeowners. Dispose waste more responsibly by disposal at designated dumping sites. Waste collection bins to be provided at designated points on site Create awareness on the available GRM channels for waste related complains.			disposed of appropriately # of waste bins available at construction sites #of waste related complaints	
	Air quality impacts from construction machinery and material transport	Install emission control devices, such as diesel particulate filters or oxidation catalysts on older machinery Ensure equipment or vehicle is properly maintained to operate efficiently and emit fewer pollutants	UNOPS/Contr actor	Incl. in contractor budget	Availability of emission control device Record of maintenance is available	Throughout construction phase
	Risk of water consumption	Manage water consumption, including through - On-site water recycling	UNOPS/Contr actor	Incl. in contractor budget	Availability of water recycling	Throughout construction phase

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		- Rainwater harvesting Conduct regular inspections to identify and fix leaks in pipes, hoses and tanks.			Availability of inspection record	
	Prevention of spills during refuelling	Apply spill containment trays Inspect and maintain fuel hose and connection to prevent leaks.	UNOPS/Contractor	Incl. in contractor budget	Availability of containment trays Availability of inspection record	Throughout construction phase
	Hazardous material storage and disposal	Empty paints cans store in closed drums or isolated area from soil and water at Contractor store, then handle as recycled metal scrap. Store any chemicals and hazardous waste at designated areas, insulated from the ground Ensure trained personnel handle hazardous chemicals and wastes.	UNOPS/Contractor	Incl. in contractor budget	Availability of material safety data sheets in areas where chemicals are used or stored Availability of eye wash stations Training records on handling of hazardous chemicals	Throughout construction phase
Operational Phase						
	Stormwater	Build stormwater discharge system	UNOPS/Contractor	UNOPS		During construction phase
	Hot Climate	Build narrow windows to reduce solar radiation with double glazed aluminium profiles	UNOPS/Contractor	UNOPS		During construction phase
	Risk of medical wastes, wastewater and incinerator air emissions leading to contamination of the environment and the workers	Rigorously segregate waste so that no PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal Implement the Medical Waste Management Plan (Annex 6)	HCF	Incl. budget of HCF	# records of PVC waste segregated Report on implementation of the medical waste management plan.	Quarterly

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
ESS 4: Community Health and Safety						
	Increased GBV/SEAH cases and risks of sexual exploitation and abuse or sexual harassment, such as requests for sexual favors by project workers	GBV awareness sessions for community members and post translated awareness posters across the facility. GBV awareness sessions for workers Engage a dedicated specialist to support oversight and management of these risks Workers to sign CoC Provide GRM for SEA/SH cases	UNOPS/Contractor	Incl. in PCIU staff and travel costs	# of GBV awareness session # of specialists engaged % of workers that have signed CoC # of GBV-related incidents reported	monthly
	Spread of communicable diseases (Sexually Transmitted Diseases SIs, HIV/AIDS, etc..) between workers and the community	Community awareness sessions on communicable diseases Provide hand washing stations for workers Provide mosquito nets for workers	Contractors / PCIU / UNOPS	Incl. in PCIU staff costs and contractor budget	# of community sensitization % of workers that have signed CoC # of related complaints filed in GRM	monthly
	Exposure of community members to physical hazards on project sites.	Undertake safety precautions to address safety hazards for the nearby community, Sensitize the local community and inform them about construction risks and the restricted access to the site Restrict access to construction site through signage Remove hazardous conditions on site that cannot be controlled effectively with site access restrictions, such as covering openings to small confined spaces, ensuring means of escape for larger openings Lock storage of hazardous material	Contractor	Incl. in Contractor budget	# of sensitization measures for communities # of signage available around construction site % of small openings that have been covered % of larger openings that have an escape opening # of locked storage for hazardous materials	Throughout activity
	Increased level of dust,	High level maintenance of the project vehicles to	Contractor	Incl. in	% of vehicles well	Throughout

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	noise and vibration from moving of construction vehicles and machinery	reduce the vibrations Selecting equipment with lower sound power levels Installing suitable mufflers on engine exhausts and compressor components equipment casing Planning activities in consultation with local communities so that activities with the greatest potential to generate noise are planned during periods of the day that will result in least disturbance. Spray work area with water to avoid dust		Contractor budget	maintained % of engine exhausts with mufflers installed % of activities implemented during the days	activity
	Disruption in health services for current and future patients	Ensure alternative health centers are communicated to all stakeholders in a timely manner	HCF	Incl. in MoH budget	No. of GRM cases filed in relation to site closure	Throughout activity
	Potential impacts to patients and health care workers who will be using the existing facility	Provide signage and fencing to guard access between the demolition site and the remaining hospital site. Provide alternative routes and sites if the areas were previously used for any activities including pathways.	Contractor	Incl. in contractor budget	# of GRM cases filed	Throughout activity
	Transport/road hazards and traffic risks during construction	Hiring of well-trained and industrial vehicle operators in the safe operation of specialized vehicles. Ensure all drivers are licensed and have relevant experience. Ensure drivers undergo medical surveillance Establish rights of way, site speed limits, vehicle inspection requirements, operating rules and procedures	Contractor	Incl. in contractor budget	% of industrial vehicle operators with license % of vehicle operators with medical surveillance	monthly

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Avoid construction activities at night				
Operational Phase						
	Risk of poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values	Provide cleaning staff with adequate cleaning equipment, materials and disinfectant. Provide adequate facilities to disinfect the cleaning equipment and dispose of the used consumables in a safe manner; Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials)	HCF	Incl. budget of MoH	# of cleaning equipment available % of cleaners trained	monthly
	Communities' exposure to health problems arising from ineffective infection control and inadequate health care waste management	Implement MWMP	HCF administration	running costs of HCF	See MWMP	Monthly
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources						
	Possible minor loss of terrestrial and other vegetation and thus biodiversity	Avoid environmentally sensitive areas when scouting for gravel extraction and backfill materials for hospital construction works Contracts with contractors and suppliers will incorporate EHS requirements. Contractors and PMU/PIUs to seek advice and clearance from appropriate government agencies on the location of these sensitive environments to meet EHS requirements Minimization of cleared area to only the land needed	Contractor /PIU	included in the project/operational budgets.	# of sensitization measures for communities and project workers	At the start of the construction.

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility /Supervision	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		for the construction of the facilities Vegetative regeneration should be included as a condition in contracts for physical works.				
ESS 8: Cultural Heritage						
	Risk of Chance Finds	Implement Chance Find procedures (see Annex 4)	UNOPS/Contr actor		Chance find procedures are implemented	monthly
ESS 10: Stakeholder Engagement and Information Disclosure						
	Challenges in access to beneficiaries for meaningful stakeholder and community engagements as well as grievance redress and monitoring	Implementation and monitoring of GRM Implementation of Project SEP.	PCIU / UNOPS	PCIU costs GRM	% of complaints filed have been addressed No. of site-specific incident logs	monthly
	Risks of lack of information on access to GRM leads to lack of accountability	Awareness raising on GRM	UNOPS/PCIU	PCIU budget for GRM	# of awareness sessions of GRM	quarterly
	Lack of information disclosure leads to lack of transparency and suspicions of mismanagement of the sub project	Conduct in- depth community engagement, providing information on the sub project Implement SEP	PCIU	PCIU budget for stakeholder engagement	# of community engagement sessions held	quarterly

7. Implementation Arrangements

7.1 GOVERNMENT AND UNOPS RESPONSIBILITIES

The overall responsibility for the works sits with the Ministry of Health (MoH) as the main recipient and implementer of the project. The work is overseen by the Project Coordination and Implementation Unit (PCIU) embedded within the Project's institutional structures. The PCIU has contracted UNOPS as a sub-implementer for the rehabilitation and reconstruction of 6 hospitals, including Forlanini Hospital. UNOPS has designed the works and is preparing the bidding documents for a contractor to be recruited to perform the works. UNOPS will oversee the works and the compliance with the ESMP-specific E&S mitigation measures. The construction companies will implement the project including all Environmental and Social (E&S) mitigation measures defined in this ESMP. For Forlanini Hospital demolition works, one contractor will be hired.

Below is the list of Government institutions involved in the implementation, with their respective roles and interests.

Table 2 Institutional partners responsibilities

MoH	The MoH is responsible for the overall implementation of the Project including monitoring of implementation of this ESMP.
Hospital Administration	The Hospital Administration has agreed to the design of the works and will support it.
UNOPS	UNOPS Engineers and E&S safeguard team have prepared the design for the works and this ESMP. They will oversee the implementation of the works by the contractor and supervise implementation of the environment and social management plan
Contractor	The contractor will implement the works at Forlanini Hospital based on the agreed design and implement the ESMP.

7.2 CONTRACTOR

The contractor is responsible for complying with requirements for all field activities covered by this ESMP, the contractor is also responsible to ensure that all its sub-contractors follow the ESMP and other ESF instruments that apply to this sub project. The contractor will have contractual clauses specifying compliance with the mitigation measures listed in the ESMP and in the WBG EHS Guidelines, in addition to national requirements and to indicate measures taken in cases of non-compliance. The contractor is also responsible for the actions of any sub-

contractors they may engage. Sub-contractors also have to comply with all E&S standards as laid out in this ESMP. Contractor's responsibilities include:

- Ensure that all operations comply with the mitigation measures laid out in this ESMP, for which the contractor is responsible.
- Ensure that the control measures provided for in the ESMP are both understood and implemented by site personnel.
- Comply with accident and incident reporting as laid out in the ESMF. All severe incidents must be reported through UNOPS/PCIU to the Bank within 48 hours of occurrence.
- Set up plans for action to be taken in the event of spills or leakages of hazardous materials, and other environmental emergencies.
- Monitor the ESMP implementation, against the monitoring indicators laid out in the ESMP Table.
- Participate in community consultative meetings.
- Identify additional significant matters pertaining to environmental and social compliance.
- Liaise with UNOPS on the need for corrective action in the event of unexpected environmental or social problems emerging during the course of operations.
- Communicate with all staff regarding E&S compliance requirements and other matters of importance.
- Identify additional environmental mitigation or corrective measures that are deemed to be necessary during project implementation.
- Prepare and share periodic reports on all aspects of E&S compliance.
- Maintain lists of all workers, including their age and gender including attrition levels.
- Develop and maintain a workers' grievance mechanism.
- Prepare and maintain an OHS Plan, and provide training to all workers on OHS Plan.
- Ensure signing of code of conduct by every worker, including issues of Sexual Harassment, Gender-Based Violence (GBV) and Sexual Exploitation and Abuse.
- Implement the Security Management Plan.
- Undertake workers training on OHS, GM and SEAH
- Undertake periodic stakeholders engagements with the local communities.

The contractor is obliged to implement this ESMP with all risk mitigation measures assigned to it.

E&S Safeguards or Environmental Health and Safety (EHS) Specialist: The contractor will deploy an E&S or EHS Specialist as an addition to the team to ensure operationalization of this ESMP, including monitoring, supervision and reporting on mitigation measures. The key tasks of the Specialist include the following;

- Ensure PPE for workers is available and workers are trained in its use
- Provide OHS training to all workers, based on the OHS Plan
- Ensure health and safety of all workers at the construction site
- If necessary, stop the works to ensure safety

- Maintain records of accidents and incidents and ensure appropriate reporting of incidents to UNOPS
- Ensure waste management procedures are followed closely
- Ensure availability of water and sanitation facilities for all workers at site and at the campsite
- Conduct toolbox talks for workers
- Train all workers in the CoC and ensure that CoC is signed by every worker
- Liaise closely with the UNOPS and the PCIU on training workers on GBV issues, as well as community awareness on GBV
- Maintain workers' lists indicating age and gender
- Maintain records of Workers' GRM

8. Reporting on ESMP Compliance

UNOPS will prepare periodic monitoring reports, including inputs from the contractor and the on the status of implementation of this ESMP. The reports will be submitted to the PCIU for its review and feedback. Details of these reports and their content are given in the Table below. A template for E&S Monitoring report is included in Annex 2.

Table 3 ESMP Monitoring and Compliance Reports

N o.	Title of the Report	Contents of the Report	Frequency of Report Preparation	Report to be prepared by
1	ESHS Monitoring Report to UNOPS	Compliance status of the Project with the E&S mitigation and monitoring measures. The report should cover: Environmental incidents; Health and safety incidents, child and forced labor; Health and safety supervision; Usage of PPEs by workers; Highlights of inspection; Training conducted and workers participated; Workers grievances.	Monthly	Contractor
2	ESMP Monitoring Report to PCIU	Compliance status of overall Project with ESMP requirements	Quarterly	UNOPS
3	Incident Reports to PCIU	Incident and accidents notification and investigation reports for all major incidents covering details of the incident, root cause analysis, and actions taken to address the future recurrence of this event	Initial notification report for severe incidents within 48 hours. Detailed Investigation Report within ten days	UNOPS
4	Incident and accident Reports to the World Bank	Incident and accidents notification and investigation reports	Notification within 48 hours	PCIU

9. Capacity Building and Training

The implementation of this ESMP is highly dependent on the available existing capacity and awareness of the contractors' staff, the surrounding community and the concerned stakeholders. Training workshops are required to increase the awareness of all individuals concerned with the Project and to train and follow up with the workers who are specifically involved in the site operation.

On-site workers should receive appropriate training to undertake the duties of implementing the necessary mitigation measures. The training workshops should be undertaken prior to commencement of construction activities. The recipients of the training are all construction workers. The trainings are to be included in the budget of the contractor. The only trainings to be provided by the UNOPS include GBV/SEA/SH prevention. One initial training on mitigation measures will be provided to the contractor.

The training for the workers should cover at least the following issues:

- Occupational and public health and safety.
- GBV/SEA/SH prevention
- Accidents and emergency plans
- Roll-out of GRM among workers and communities
- Appropriate segregation, transportation, final disposal of solid waste.
- COC

This will be achieved through the implementation of small workshops in the induction phase for the workers. During the construction phase, refresher trainings will be held.

Next to the training of workers, communities at the site will receive awareness raising sessions on the following topics:

- heighten awareness of environmental and social risks and impacts and mitigation measures including trainings on (not exhaustive):
- Community grievance redress mechanism
- GBV prevention

10. Stakeholder Consultations

The preparation of the ESMP and of the sub-project selection and design was highly dependent on stakeholder consultations, conducted as per the Stakeholder Engagement Plan (SEP).

Once the rehabilitation of the Forlanini Hospital was decided on, follow-on site visits and stakeholder engagements were undertaken. The design team met with the PCIU Project Coordinator, the Immunity Specialist, the Hospital Director, Deputy Director, Medical Director, and Administrative staff on 4 June 2024 at the Hospital site. An agreement on the construction was made, based on priorities set by the Hospital administration.



Figure 12 Design team meeting with Hospital leadership

Initial stakeholder consultations were held in November 2023. The UNOPS Project team visited the Hospital site and met with the Hospital administration. At the time the Hospital leadership pointed out that investments in healthcare infrastructure is needed; primary healthcare services need to be strengthened as foundation of the health services; and that the Forlanini

District Hospital requires rehabilitation to serve the needs of the community of Abdi Aziz District. Social and environmental risks of the construction works were pointed out, they included noise, dust and other pollutants; temporary lack of access to the facility and concerns over the debris caused by the construction works. It was further explained that no issues of land ownership will occur, as the Government owns the land on which the Hospital is located.

The Project Team further held community level consultations in November 2023, including with Affected Persons and Other Interested Parties. Community members consulted especially included women and elderly community members, as well as members of the business community. General community members pointed out that the Hospital has not been working at its full capacity, as the facility is old. However, there are many elderly, low-income people, people with mental disabilities and people with disabilities that require health services. Community members welcomed the rehabilitation of the hospital. In view of environmental and social risks, community members pointed out that there will be dust and noise during the rehabilitation works, and that the Hospital has not been handling waste management appropriately. There may also be limited access to healthcare during the works. However, the rehabilitation will not affect any land ownership nor any livelihoods of communities around the hospital grounds. Concerns of community members included further inequality at the workplace, unequal access to benefits and men treating women during construction in a bad manner. The women consulted expressed their concerns over the risk of GBV during the construction through project workers. But they stated that after rehabilitation, however, women and vulnerable groups will benefit from the services, and there will be employment opportunities. During construction there may be job opportunities for women to cook at the site for the workers.



Figure 13 Consultations with Community Members, November 2023.

11. Grievance Redress Mechanisms

One of the key objectives of ESS 10 (Stakeholder Engagement and Information Disclosure) is ‘to provide project-affected parties with accessible and inclusive means to raise issues and grievances, and allow borrowers to respond and manage such grievances’.²¹ This Project GRM facilitates the Project to respond to concerns and grievances of the project-affected parties related to the environmental and social performance of the project. The Project provides mechanisms to receive and facilitate resolutions to such concerns. This section lays out the grievance redressal mechanisms (GRM) for the Project.

The MoH has the responsibility to resolve all issues related to the Project in accordance with the laws of FGS and the World Bank ESSs through a clearly defined GM that outlines its process and is available and accessible to all stakeholders. The entry point for all grievances is the social specialists at the FGS and FMS/BRA levels, who receives grievances by phone, text or email to publicized mobile phone lines and email addresses. The social safeguards specialists will acknowledge, log, forward, follow-up grievance resolution and inform the complainant of the outcome. The complainant has the right to remain anonymous, in which case the identifying details will not be logged. The PCIU senior social specialist will carry out training of FMS/BRA social officers and project officers on complaints handling and reporting. Grievances may also be submitted to UNOPS or the contractor. Both will aim to handle grievances and solve them, or feed the cases into the established Project GRM described here where applicable.

A Grievance Committee (GC) is established at federal level, consisting of the project coordinator, and relevant staff, with the social safeguards specialist acting as the secretary to the meeting and taking minutes and follow up the grievance resolution process. The GRM offers different channels to enable a confidential and sensitive approach to GBV-related cases that ensures the safety of survivors and enables survivor-centered care. The GC meets every two months throughout the project implementation period to review non-urgent appeals and the functioning of the GM.

The PCIU conducts public awareness campaigns to inform all communities and staff on the mechanism. A one-pager provides summary details on the GM, while a poster and leaflet are prepared for the project site. Various mediums are used to sensitize the communities on the project GRM including social media and FM radio to reach out to communities at the Project locations, including call-ins with panels including community and government representatives. The GRM details will be also published on the MoH website indicating a phone number, email address and physical address for further information (see below). The GRM is represented in simple visual formats as well as in Somali dialects, as needed.

²¹ World Bank, Environmental and Social Framework, 2018, p. 131.

The GRM includes an appeals process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint have been proposed and if the complainant is still not satisfied, then he/she should be advised of his/her right to legal recourse. Anonymous grievances can be raised and addressed.

Uptake channels include:

- Toll-free telephone hotline/Short Message Service (SMS) line;
- E-mail;
- Letter to Grievance Focal Points at local health facilities and vaccination sites;
- Complaint form to be lodged via any of the above channels; and
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals.

To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the GRM has different channels and protocols to enable a confidential and sensitive approach to GBV/SEAH related cases that ensures the safety of survivors and enables survivor-centered care. Women, girls and other at-risk groups often have less access to information and available services. They are also more likely to receive inaccurate information due to existing unequal power structures and/or create opportunities for exploitation. Specifically, targeted information campaigns, radio and other means of communication modalities will be used. The information shared includes messages on GBV/SEAH risks related to the Project and potential response services.

The Project will identify clear channels for reporting as well develop tools to track complaints related to GBV/SEAH. Where such a case is reported to the GRM, actions taken will ensure confidentiality, safety and survivor-centered care for survivors. Any survivors reporting through the GRM are offered immediate referral to the appropriate service providers based on their preference and with informed consent, such as medical, psychological and legal support, emergency accommodation, and any other necessary services. Project workers will also have the right to lodge complaints related to GBV/SEAH through the GM operator, with any supervisor at any level, with the IP in the case of a subcontractor, or directly with the PCIU (GBV Specialist). All personnel shall be trained appropriately in receiving such cases and in providing appropriate referrals. Only the nature of the complaint (what the complainant says in her/his own words), whether the complainant believes the perpetrator was associated with Project and additional demographic data, such as age and gender, will be collected and reported, with informed consent from the survivor. If the survivor does not wish to file a formal complaint, referral to available services will still be offered. The preference of the survivor will be recorded and the case will be considered closed. Recorded GBV/SEAH cases should be reported to the World Bank project team within 24 hours.

 Damal Caafimaad and C-19 Vaccination Projects GRM Channels PCIU Functioning GRM Channels (FGS Level) 	
 fmoh.complaint@gmail.com and fmoh.complaints.seah@gmail.com	
 0615466666  +252615466666  Call center still not functioning	
	
PMT functioning GRM Channels (FMS Level)	
 PUNTLAND  mohpl.grm.complaints@gmail.com  0907477639  +252907477639	 GALMUDUG  projects.complaints@moh.gm.so  0771598695  +252771598695
 HIRSHABELLE  Hssmohcomplaint@gmail.com  +252610909045  +252610909045	 JUBALAND  Feedback@mohjubalandstate.so  0771635044  +25261771635044
 SOUTHWEST  swscomplain@moh.sw.so  0613003040  Whatsapp: +25261613003040	 BRA  bra.complaint@gmail.com  0613180288  +252613180288

Figure 14 GRM contacts

12. Implementation Budget

Table 4 Implementation Budget

	Required Resources	Costs
UNOPS – Monitoring of ESMP		
1.	Human Resources: 1 HSSE Specialist (50 percent of time)	UNOPS staff costs
2.	1 Security Specialist (20 percent of time)	UNOPS staff costs
3.	Logistics / Travel	UNOPS travel budget
4.	Training for contractor	500 USD
5.	Community engagement	2,000 USD
Implementation of Risk Mitigation Measures Contractor		
6.	Human Resources 1 EHS Specialist x 4 months	Bidder to assess and estimate
7.	Cost of PPE	Bidder to assess and estimate
8.	Cost of OHS and other mitigation measures and Training	Bidder to assess and estimate
9.	Construction Waste Disposal	Bidder to assess and estimate
10.	Safety Signages	Bidder to assess and estimate
11.	Latrines	Bidder to assess and estimate
12.	Security risk mitigation	Bidder to assess and estimate

Annex 1: Community Consultations: Stakeholders Consulted

A meeting was held with the design team and the Hospital leadership on 4 June 2024. The meeting included the following participants.

Table 5 Participants of stakeholder meeting on 4 June 2024.

Name:	Title
Dr. Abdikamal Alislad	PCIU Project Coordinator, MoH
Dr. Khalf Abdullahi Nour,	Immunity Specialist
Dr. Mohamed Jafer,	Forlanini Hospital Director
Dr. Fadumo,	Deputy Director, Forlanini Hospital
Dr. Ali Mohamed,	Medical Director, Forlanini Hospital
Dr. Osman Wehliye,	Head of Admin and Finance, Forlanini Hospital
Abdi Alasolo Addow,	Head of HRM, Forlanini Hospital
Dr. Mohamed Derow,	EPI manager, Ministry of Health
Solomon Gebremedhin	Senior Project Manager
Ala Arman	Head of Design unit
Muwafak Abu-Ayyash -	Lead Architect
Antone MARIA	Lead MEchanical Engineer
Mohammad ALBAW -	Lead Electrical Engineer
Sa'id ALSHARIF	Lead Structural Engineer

Initial stakeholder consultations held in November 2023 included the following participants:

Name	Role
1. Dr. Fadumo Abdi maow	Director general
2. Mohamed Jacfar Ali	Deputy director
3. Abdi Calasow Adow	Admin
4. Omar sheikh Ali	Community
5. Hassan Mohamud omar	Community
6. Mohamud Abdalle Mohamed	Member of business community
7. Mohamud Mohamed khaliif	Community
8. Sahra muhumid calasow	Community
9. Xassan Mohamud gafow	Community
10. Mohamed Mohamud hirable	Community
11. Abdicaziz Osman	Manager
12. Yasin Salad	Deputy MDR
13. Mohamed Ismail	MDR focal point

XX

Name	Role
Prof. Dr. Fadumo A. Maw	Director General
Mohammed Sakhir Ali	Deputy
Abdi Alasow Adow	Admin
Omar Sheikh Ali	Community
Youssef Mohamed Omar	Community
Mohamed Abdulla Hamed	Commercent
Mohamed Thabit	Community
Sahar Youssef Osman	Community
Mohamed Mohamed Hamed	Community
Youssef Mohamed Gafow	Community
Abdiaziz Osman Olow	NTRL manager
Yasin Yassin Salad Shewe	Deputy mor, per
Mohamed Ussef	MOR - Focal point

Minutes of Meeting on 4 June 2024:

23726- Building Emergency Capacity for Six Hospitals in Somalia- 04 June 2024
- Forlanini Hospital meeting on the Hospital's requirement



MEETING MINUTES, 04 June 2024

Project Title	Building Emergency Capacity in Six Hospitals in Somalia	Meeting Number	
Meeting Purpose	Design team mission to visit the site and to agree on the requirements for Forlanini Hospital and the cold chain facility		
Meeting Location	Forlanini Hospital office, Benadir, Mogadishu, Somalia	Meeting Date & Time	04 June 2024 10hr00 – 12hr30
Present	• Dr. Abdikamal Alisalah - PCIU Project Coordinator • Dr. Khalf Abdullahi Nour, Immunity Specialist • Dr. Mohamed Jafer, Forlanini Hospital Director • Dr. Fadumo, Deputy Director, Forlanini Hospital • Dr. Ali Mohamed, Medical Director, Forlanini Hospital • Abdi Alasolo Addow, Head of HRM, Forlanini Hospital • Dr. Osman Wehliye, Head of Admin and Finance, Forlanini Hospital • Dr. Mohamed Derow, EPI manager, Ministry of Health • Solomon Gebremedhin - Senior Project Manager • Ala Arman- Head of DesignUNIT • Muwafak Abu-Ayyash - Lead Architect • Antone MARIA - Lead MEchanical Engineer • Mohammad ALBAW - Lead Electrical Engineer • Sa'id ALSHARIF - Lead Structural Engineer		
Distribution	All participants		
Minutes prepared by	Solomon Gebremedhin	Distribution Date	06 June 2024
Minutes verified by	Solomon Gebremedhin		

Item	Agenda/Item	Action by
	The following agenda was followed: • Opening remarks • Introduce project with the stakeholders	

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Mogadishu, Somalia

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www.unops.org

23726- Building Emergency Capacity for Six Hospitals in Somalia- 04 June 2024
- Forlanini Hospital meeting on the Hospital's requirement



	• Update the project status • Collect information for the design team including the design requirements; • Visit the site and agree on the locations for construction; • Gain practical insights through sites visit; collect photos and get feedback of users' • Update on outstanding key Items	
1.	Opening remarks, Project status update and discussion and agreement on the requirements of the hospital The meeting was chaired by Dr. Mohamed Jaffar by appreciating all in attendance for making time to attend the meeting to resolve the outstanding issues. The hospital Director warmly welcomed and expressed gratitude to UNOPS. Mr. Solomon Gebremedhin provided an overview of the project and detailed the project's scope and the status of the project. He also introduced the design team to the meeting and detailed discussion on the requirements of the hospital, the priorities of the hospital, the location of the site for the priorities, preparatory works that can be done in parallel while the design proceeds were discussed. The hospital authorities mentioned the priority is the emergency unit, and that the MDR is supported by another project and it is not part of COVID-19 project, and the future plan for the psychiatric male unit is to have a new building which will be part of the future expansion. The EPI manager highlighted the need for expedited implementation of the cold chain facility. Mr. Solomon mentioned that the amendment to the legal agreement to include the cold chain in the scope of the project needs to be signed expeditiously so as to move quickly with the design / design revision, and the amendment is currently with the WB. The UNOPS team expressed the need for prompt review and approval of the requests related to the design that will be submitted to the MoH and the hospital and Dr. Mohamed Ja'ffer confirmed the hospital will respond as soon as they receive requests. The hospital site was visited by the attendees of the meeting after the discussions. The following were agreed following the discussions and the site visit: 1) The location of the emergency unit, the top priority of the hospital, and the cold chain were agreed as shown in the figure below	All

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2. The MDR TB unit is not part of the COVID-19 project and the support for the facility is covered by other project.

3. The plan of the existing male psychiatric unit is to have a new one similar to the new female psychiatric unit which is under construction. The new unit shall have 100 bed capacity. This will be part of future expansion.

4. Due to budget restrictions for construction, further discussions were held with the Hospital Director. It was agreed that the construction of an emergency unit is the top priority for both the hospital and MOH. Therefore, UNOPS should prioritise the design of this emergency hospital. However, this decision may affect the procurement and supply of medical equipment. Once the construction budget is finalised, it is possible that medical equipment might be excluded from the project scope.

5. It was agreed that the proposed emergency unit shall include:

- Entry Level Hospital up to 1300m²:
 - Admission (Reception, registration, Records & waiting area)
 - Triage room
 - 10 beds emergency ward (5 male + 5 female)
 - ICU 10 beds
 - Inpatient 15 bed

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- Forlanini Hospital meeting on the Hospital's requirement



- Resuscitation room
- Gypsum room
- Laboratory
- Pharmacy
- X-Ray/imaging Room
- Minor Operating Theater
- Central Sterile Services Department (CSSD)
- Medical Plant Room
- Small Semi-Commercial kitchen
- Small Medical Laundry
- Incinerator
- MEP Services Rooms (Electrical room + Mechanical & Pumps + Fire Fighting Water tank)
- Parking lots

UNOPS confirmed that the requirements provided and agreed upon would be effected and the Final Design proceeds accordingly.

Follow-up Action Matrix:

Actions to be Taken	By Whom	Completion Date
1. Present the concept layout	UNOPS	Within a week
2. Finalise the Master Plan for the hospital	UNOPS	Within a month
3. Forlanini Hospital to confirm the final requirements of the hospital	Forlanini Hospital	Within a week
4. Tender document for demolition of existing dilapidated structures where the new facilities will be constructed	UNOPS	Within a month

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23726- Building Emergency Capacity for Six Hospitals in Somalia- 04 June 2024
- Forlanini Hospital meeting on the Hospital's requirement



4.	AoB There being no other business, the meeting ended at 12:30 pm.	
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Name:	Title	Signature:
Dr. Abdikamal Alisalad	PCIU Project Coordinator, MoH	
Dr. Khalf Abdullahi Nour,	Immunity Specialist	
Dr. Mohamed Jafer,	Forlanini Hospital Director	
Dr. Fadumo,	Deputy Director, Forlanini Hospital	
Dr. Ali Mohamed,	Medical Director, Forlanini Hospital	
Dr. Osman Wehliye,	Head of Admin and Finance, Forlanini Hospital	
Abdi Alasolo Addow,	Head of HRM, Forlanini Hospital	
Dr. Mohamed Derow,	EPI manager, Ministry of Health	
Solomon Gebremedhin	Senior Project Manager	
Ala Arman	Head of Design unit	
Muwafak Abu-Ayyash -	Lead Architect	
Antone MARIA	Lead MEchanical Engineer	
Mohammad ALBAW -	Lead Electrical Engineer	
Sa'id ALSHARIF	Lead Structural Engineer	

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Annex 2: Environmental and Social Monitoring Template

This annex presents a template that should be used for the E&S monitoring process by the UNOPS E&S team. This template will be based on the EMSP Table above (Table 4), it will list all the above-mentioned risks and impacts, mitigation measures, indicators, responsibilities, monitoring frequency as per the table above. Prior to the commencement of the works, targets will be added to the indicators, after consultation with the contractors. The findings and observation column will be filled upon reviews, supervision and inspection as well as based on reporting by the contractors. The corrective action column will be filled in when non-compliances have been discovered, and corrective actions have been agreed on jointly with the contractor.

Table 6 Environmental and Social Monitoring Template

<i>Risks and Impacts</i>	<i>Mitigation Measures</i>	<i>Indicators</i>	<i>Responsibility</i>	<i>Monitoring Frequency</i>	<i>Findings/Observations</i>	<i>Corrective Action</i>

Annex 3: Code of Conduct for Workers

The following Code of Conduct (COC) must be read and understood by all workers engaged under PPA:

I acknowledge that adhering to the provisions as detailed in this Code of Conduct (CoC) and following any of the Project's Environmental, Social or Health (ESH) or Occupation Health and Safety (OHS) provisions is mandatory.

The Client considers that failure to follow the CoC, EHS or OHS standards - constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment.

I agree that while working on the Project I will:

If undertaking work related travel within South Sudan outside of Juba, complete a Travel Safety Plan.

Attend and actively participate in any induction or training required for OHS or sexual exploitation and abuse (SEA) or sexual harassment (SH), as requested by my employer.

Not drink alcohol or use narcotics or other substances which can impair faculties and potentially cause incidents, before or during work activities.

Treat women, children (persons under the age of 18), and men with respect regardless of race, colour, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Not use language or behaviour towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.

Not engage in sexual harassment—for instance, making unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct, of a sexual nature, including subtle acts of such behaviour (e.g., looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; giving personal gifts; making comments about somebody's sex life; etc.).

Not engage in sexual favours—for instance, making promises or favourable treatment dependent on sexual acts—or other forms of humiliating, degrading or exploitative behaviour.

Not participate in sexual contact or activity with children—including grooming, or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.

Unless there is the full consent by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex—such sexual activity is considered “non-consensual” within the scope of this CoC.

Report to my manager any suspected or actual GBV or VAC (Violence against Children) by a fellow worker, whether employed by my company or not, or any breaches of this CoC.

With regard to children under the age of 18:

Wherever possible, ensure that another adult is present when working in the proximity of children.

Not invite unaccompanied children unrelated to my family into my home, or the worksite unless

they are at immediate risk of injury or in physical danger.

Not use any computers, mobile phones, video and digital cameras or any other medium to exploit

or harass children or to access child pornography.

Refrain from physical punishment or discipline of children.

Refrain from hiring children for domestic or other labour below the minimum age of 18

Comply with all relevant local legislation, including labour laws in relation to child labour and World

Bank’s Environmental and Social Framework on child labour and minimum age.

Sanctions

I understand that if I breach this CoC, my employer will take disciplinary action which could include:

Informal warning.

Formal warning.

Additional Training.

Loss of up to one week’s salary.

Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.

Termination of employment.

Report to the Police if warranted.

I understand that it is my responsibility to ensure that the environmental and social provisions within the CoC are met; that I will adhere to the any additional OHS and EHS management detailed by the Project or the World Bank. I do hereby acknowledge that I have read the aforementioned CoC, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to COC and OHS issues. I understand that any action inconsistent with this COC or failure to act mandated by this COC may result in disciplinary action and may affect my ongoing employment.

Signature:

Date:

Location:

Annex 4: Chance Find Procedures

This procedure was developed in accordance with the World Bank's ESS8 (to protect cultural heritage from the impacts of project activities and support its preservation, to address cultural heritage as an integral aspect of sustainable development, to promote meaningful consultation with stakeholders regarding cultural heritage. To promote the equitable sharing of benefits from the cultural heritage).

This procedure is included as a standard provision in the implementation of Public Works contracts to ensure the protection of cultural heritage (Archaeological and Historical Sites). All implementers / contractors will be required to observe this procedure as documented hereafter. Excavation in sites of known archaeological interest should be avoided. Where this is unavoidable, prior discussions must be held with the PIU and the World Bank in order to undertake pre-construction excavation or assign an archaeologist to log discoveries as construction proceeds. Where historical remains, antiquity or any other object of cultural or archaeological importance are unexpectedly discovered during construction in an area not previously known for its archaeological interest, the following procedures should be applied:

- Stop construction activities;
- Delineate the discovered site area;
- Secure the site to prevent any damage or loss of removable objects. In case of removable antiquities or sensitive remains, a full-time guard should be present until the responsible authority takes over;
- Notify the responsible foreman who in turn should notify the PIU and the World Bank and local authorities (within less than 24 hours);
- The significance and importance of the findings will be assessed according to various criteria relevant to cultural heritage including aesthetic, historic, scientific or research, social and economic values;
- Decision on how to handle the finding will be reached based on the above assessment and could include changes in the project layout (in case of finding an irrevocable remain of cultural or archaeological importance), conservation, preservation, restoration or salvage;
- Implementation of the decision concerning the management of the finding;
- Construction work can resume only when permission is given from the respective authorities, PIU and World Bank after the decision concerning the safeguard of the heritage is fully executed;

In case of delay incurred in direct relation to archaeological findings not stipulated in the contract (and affecting the overall schedule of works), the contractor may apply for an extension of time. However, the contractor will not be entitled for any kind of compensation or claim other than what is directly related to the execution of the archaeological findings works and protections.

Annex 5: E&S Screening

Annex I-A: Environmental & Social Screening Template

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

A note on *Considerations and Tools for E&S Screening and Risk Rating* is included in this Annex to assist the process.

Subproject Name	Forlanini Hospital
Subproject Location	Mogadishu
Subproject Proponent	Ministry of Health, Somalia
Estimated Investment	US\$1.87 million
Start/Completion Date	Feb 2025 - Oct 2025

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities, vaccine cold storage units and/or waste management facilities?	yes		ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?		No		
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?		No	ESS5	
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?		No	ESS3	ESIA/ESMP, SEP

Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?		No	ESS1	ESIA/ESMP, SEP
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Does the subproject have an adequate system in place (capacity, processes and management) to address waste?	Yes			
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?	Yes		ESS2	LMP, SEP
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?	Yes			
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?	Yes			
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?	No		ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?	No		ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?	No		ESS6	ESIA/ESMP, SEP
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?	No		ESS7	Indigenous Peoples Plan/other plan reflecting agreed terminology
Is the subproject located within or in the vicinity of any known cultural heritage sites?	No		ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?	No		ESS1	ESIA/ESMP, SEP

Does the subproject carry risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?		No	ESS1	ESIA/ESMP, SEP
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Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?		No	<i>OP7.60 Projects in Disputed Areas</i>	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways ³⁸ ?		No	<i>OP7.50 Projects on International Waterways</i>	Notification (or exceptions)

Conclusions:

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

The project is rated as 'moderate', as there are no major risks and impacts expected, except from the asbestos removal. However, those can be mitigated.

Proposed E&S Management Plans/ Instruments.

ESMP.

Annex 6: Medical Waste Management Plan

Table 7 Medical Waste Management Plan - Operational Phase

E&S Risks and Impacts	Mitigation Measures	Monitoring Indicator	Responsibility/ Frequency of Monitoring	Date of Inspection/Review		Budget in USD
				DD/MM/YYYY		
				Findings/Ob servations	Corrective Action	
Risk of medical wastes, wastewater and air emissions leading to contamination of the environment and the workers	General & Health Care Waste ²² Ensure waste is segregated at point of generation to the extent possible for easy handling Ensure the segregated waste is appropriately packaged in colored containers using standard clinical waste color codes for respective waste type, and stored for final disposal consistent with the WHO standards and WBG/IFC EHSGs for HCFs Wastewater As much as possible, ensure minimal generation of wastewater. However, where this is generated for disposal, ensure it is treated before disposal Air emissions Rigorously segregate waste so that no	% of waste segregated	MoH			MoH staff costs
		% of waste segregated in color coded containers	Daily / monthly			
		No. of records of PVC removed from medical waste stream				
		No. of labelled secure bags for generated medical waste				
		No. of wastewater and air emissions analytical results available				

²² WBG/IFC Environmental, Health and Safety Guidelines for Health Care Facilities. Inclusive of Good International Industry Practices (GIIPs) – April 30, 2007. See Table 1 - Treatment and disposal methods for categories of health care waste.

	PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal					
Lack of staff capacity in handling of medical waste	Provide review of Infectious Preventive Control training for the health care facility staff, including Health Care Workers charged with the responsibility to handle and dispose of the medical waste	No. of reviews of training provided	Health Care Facility Monthly			MoH budget
Risks emanating from physical hazards (for example, handling of sharps); Electrical and explosive hazards; Fire; Chemical use; Ergonomic hazard; Radioactive hazard	Ensure a local risk assessment (identification of risks at work) is conducted for each process step, that is, from sample collection to disease isolation to identify specific hazards and for each identified risk, appropriate risk control measures must be defined. Provide safety training in the management of hazards identified other than those related to sample handling Provide review of Infectious Preventive Control training for the health care facility staff, including Health Care Workers charged with the responsibility to handle and dispose of the medical waste	No. of risk assessment produced and record of safety training/sensitization. No. of safety training sessions recorded	Health Care Facility Environmental Health Officer Daily			MoH budget
Workers denied the opportunity to complain they do not have adequate PPE to protect themselves against	Regular review and provision of PPE to the project sites Grievance Mechanism in place Grievances collected and resolved according to the standards describes in the GRM	No. of cases filed through the GRM	MoH Monthly			MoH Budget

infections						
Poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values	Provide cleaning staff with adequate cleaning equipment, materials and disinfectant. Provide adequate facilities to disinfect the cleaning equipment and dispose of the used consumables in a safe manner; Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials)	No. of staff with adequate cleaning equipment No. of trainings for staff % of cleaners that have been provided with PPE % of cleaners that have been trained	MoH Daily			MoH budget
Risk of infection among health professionals	Ensure appropriate training on Infection Prevention and Control for healthcare workers and other staff. WHO prescribed protocols for personal protection of healthcare professionals is to be enforced at all times Ensure training in Health care waste management systems, which enable health care waste to be managed responsibly, without harming the community or the environment. Staff engaged in medical waste management should wear PPE. Staff engaged in auxiliary activities, such as food supply, medical waste management should wear PPE. Medical waste should be treated as	No. of trainings held and who has been trained No. of protocols available at location No. of trainings held % of staff that wears PPE No. of records of medical waste treatment	MoH Monthly			MoH budget

	infectious clinical waste Category B (UN3291) [30] and handled in accordance with healthcare facility policies and local regulations					
Risk of infection to the handlers	Segregate medical/health care waste at generation point	% of medical waste segregated at source	HCF Environmental Health Officer Weekly			MoH budget
Risk of infection to the handlers due to secondary handling	Place the different types of medical/health care waste in secured bags color-coded and labelled Ensure enough signage, PPE, instructions and awareness to handlers	% of medical waste in secured bags which are colour coded and labelled	HCF Environmental Health Officer Daily			MoH budget
Risk of contaminating the surrounding environment, the workers and the community members	Ensure the medical/health care waste storage is properly secured from non-staff members	% of health care waste that is under lock and key	HCF Environmental Health Officer Daily			MoH budget
Risk of indiscriminate disposal of medical waste	Ensure incineration of relevant medical waste and a record of the amount incinerated kept	No. of record of dates and quantities incinerated	MoH Weekly			MoH budget
Risks of carriage of healthcare waste through public streets can be a risk in	Transportation of medical waste will be done according to the WHO specifications which guides that during transportation, a defined route is used always and the vehicle is well labelled to indicate its transporting	No. of times the defined route for transportation of medical waste and the vehicle properly labelled No. of public complaints	MoH Weekly			MoH budget

case of an accident or spill of health care waste	hazardous materials. Ensure the quantities of medical waste transported is recorded before leaving the HCF and also recorded at incineration point to account for every medical waste that is moved from the HCF.	No. of times records are made available				
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