FEDERAL GOVERNMENT OF SOMALIA

Ministry of Health and Human Services (MoH)

Improving Health Care Services in Somalia Project (Damal Caafimaad) (P178876)

Environmental and Social Management Plan (ESMP)

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

Amended 20 November 2025

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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 Improving Healthcare Services in Somalia Project (Damal Caafimaad) has been implemented since May 2021 and is planned to end in December 2026. Its Project Development Objective (PDO) is to 'improve the coverage of essential health and nutrition service in project areas and strengthen stewardship capacity of Ministries of Health'. The project seeks to scale up high-impact health services across the population in project target regions and develop the Federal And State Ministry of Health services across the population in project target regions and develop the Federal and State Ministry of Health capacities to act as stewards of the health sector, effectively governing and building core functions that will be able the Government to lead and manage the sector.

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 m^2. 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.

The proposed rehabilitation of Forlanini Hospital was originally planned under the Somalia COVID-19 Emergency Vaccination Project (P176956), which is a World Bank-funded initiative designed to support the Government of Somalia in addressing COVID-19 through effective vaccine deployment. However, the Project is currently closing, and the planned rehabilitation is shifted to the Improving Healthcare Services in Somalia Project (Damal Caafimaad). The government, through the Ministry of Health, has, with the support of the United Nations Office for Project Services (UNOPS) opted to invest in the refurbishment of health facilities. With UNOPS technical backstopping, the sub-project will enhance health facilities.

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 previous project's approved ESMF[2], 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 ESMF.[1] 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

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

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.

1. Introduction

1.1 PROJECT BACKGROUND

The overall Project will support the delivery of a package of health services to beneficiaries, which includes procurement of health commodities (including medicines), procurement of key equipment including provision of solar power generation and green cooling equipment, and development of policies and mechanisms that would regulate safer disposal of obsolete cold chain equipment, as well as developing capacity of the regional level to manage health service delivery including support for HMIS, and supportive supervision.

In addition, the Damal Caafimaad project aims to respond to the institutional, operational, and technical capacity needs in Somalia's Ministries of Health (MoHs). At the request of the Federal Ministry of Health (FMoH), this project will strengthen the FMoH public financial management capacity (PFM) in fiduciary and contract management in the short, medium and long-term. Short-term activities will be supported during project preparation using WB executed financing, and longer-term activities will help build credible PFM systems in Somalia's MoHs in a consistent and phased approach. The FP initiative expands the EPHS with a dedicated family planning service line, offering short and long contraceptive methods free of charge through private providers.

The Project has four components as described in the sections below:

(i) Component 1: Expanding the coverage of high-impact health and nutrition services in select geographic areas.
(ii) Component 2: Strengthening Government's stewardship to enhance service delivery.
(iii) Component 3: Project Management and Knowledge Management and Learning.
(iv) Component 4: Contingency Emergency Response Component (CERC).
(v) Under AF, new interventions and activities are introduced under Components 1 and 3.

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 previous Project's Environmental and Social Management Framework (ESMF). The screening resulted in 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 ESMP Environmental and Social Management Plan was prepared based on World Bank Environmental and Social Standards (ESSs). It included a community lead participatory approach and high-level stakeholders' engagement approaches. The approach involved identifying the scope of work which clearly stipulates the nature and magnitude of anticipated environmental and social risks. The risks were determined during the environmental and social screening process. All the adverse negative risks and impacts anticipated were mapped out. Risk mitigation hierarchy was adopted as a standard operating procedure in managing the risks. All the anticipated negative risks were either avoided, reduced, mitigated or offset/compensated for the residual impacts. The ESMP was prepared which includes anticipated impacts, mitigation measures, responsible party to deal with the risk incurred, the occurring frequency of the risk and the budget amount to offset the impacts. Many stakeholders including the local communities and the local health workers. were involved in a high-level stakeholder engagement process

Policy, Legal, Regulatory and Institutional Framework

The project's previous approved ESMF lists applicable local laws and regulations including corrective measures to overcome gaps and responsibilities (please see ESMF for more details)[3]. A summary of the national policies, laws and the World Environment and Social Standards is highlighted below.

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 ESMF[5] 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.

2. 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.

2.1 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 m^2 of land, of which 15,000 m^2 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

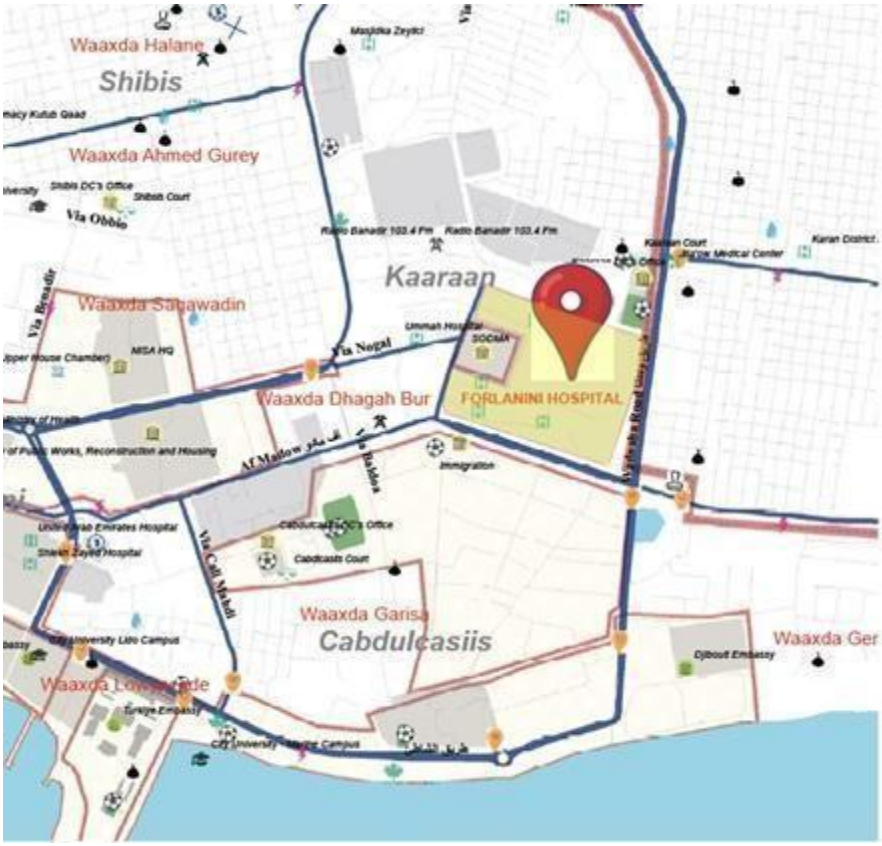

Figure 2 Project Location

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 m^2. 15,000 m^2 are allocated for the Hospital.

Figure 3 Location of Forlanini Hospital

2.2 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]

2.3 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.

3. Project Description

3.1 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 m^2. 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 m^2 of land, with 15,000 m^2 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

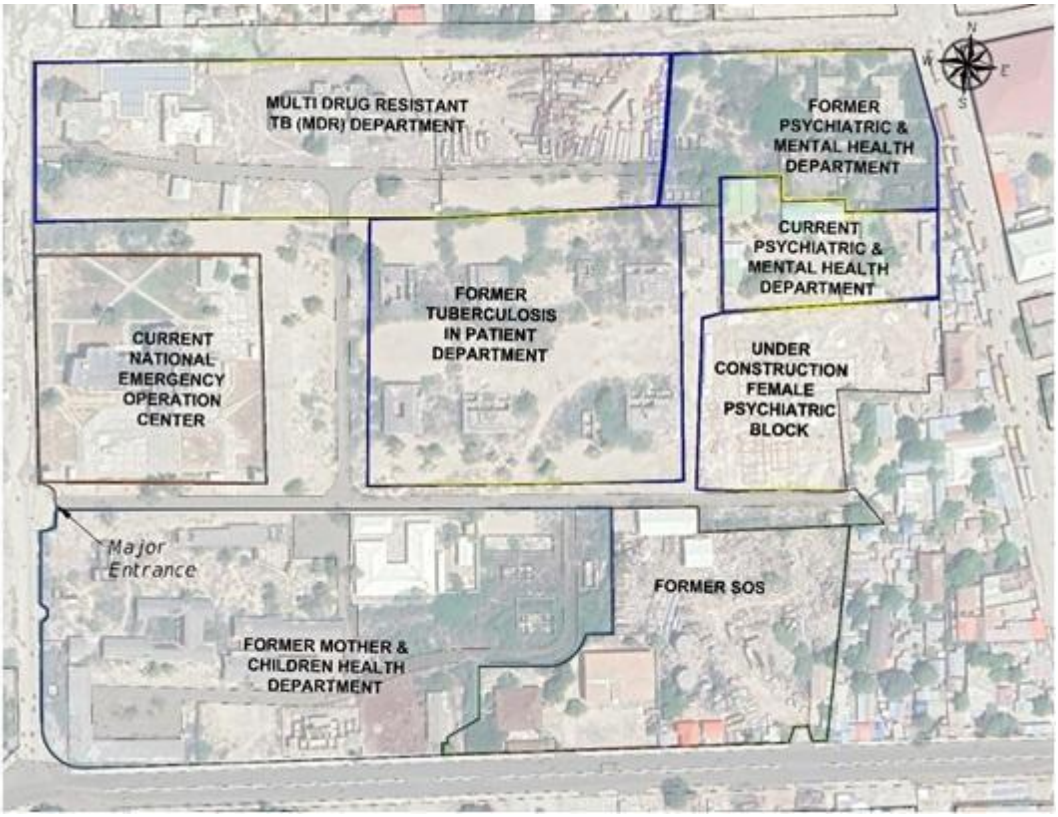

Figure 6 Current hospital division

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

3.2 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:

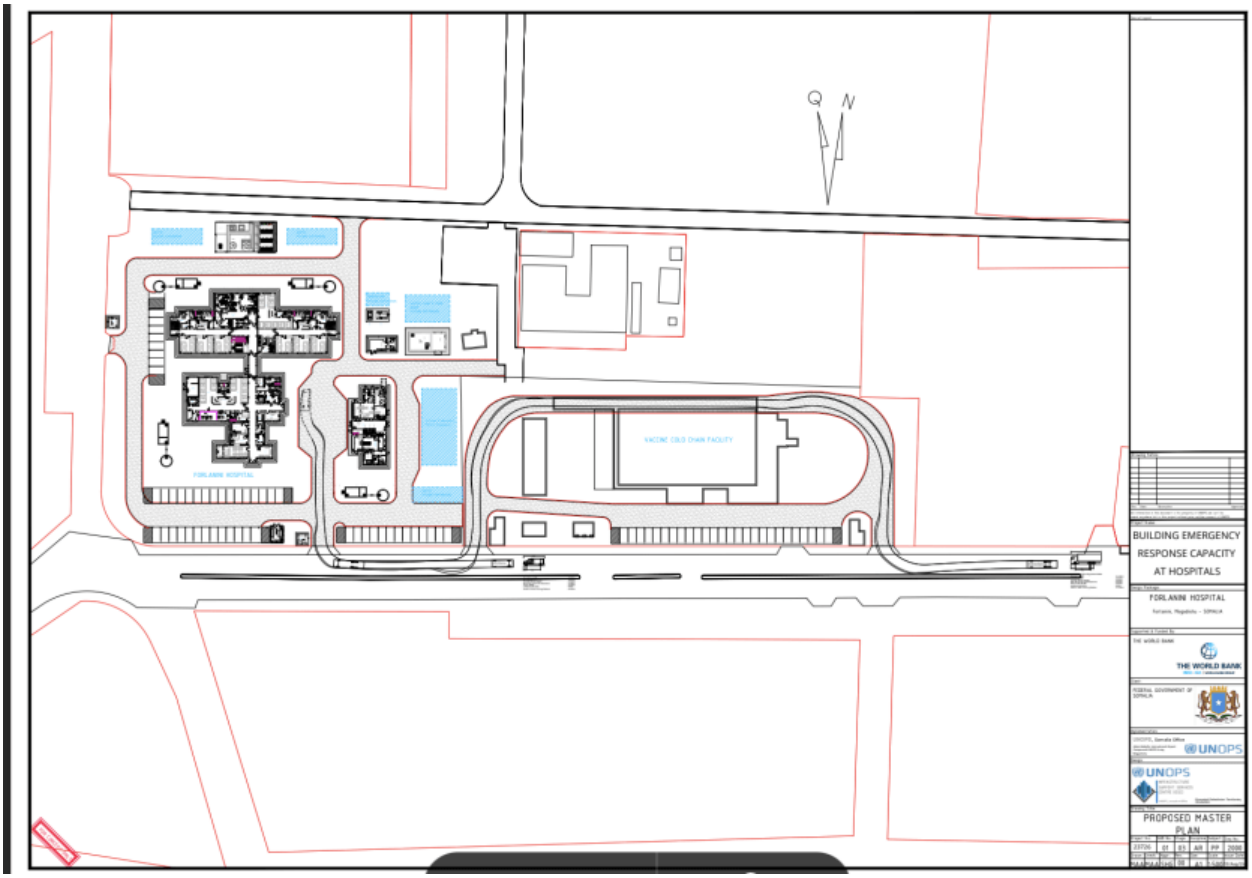

Figure 9 Proposed Master Plan for Hospital

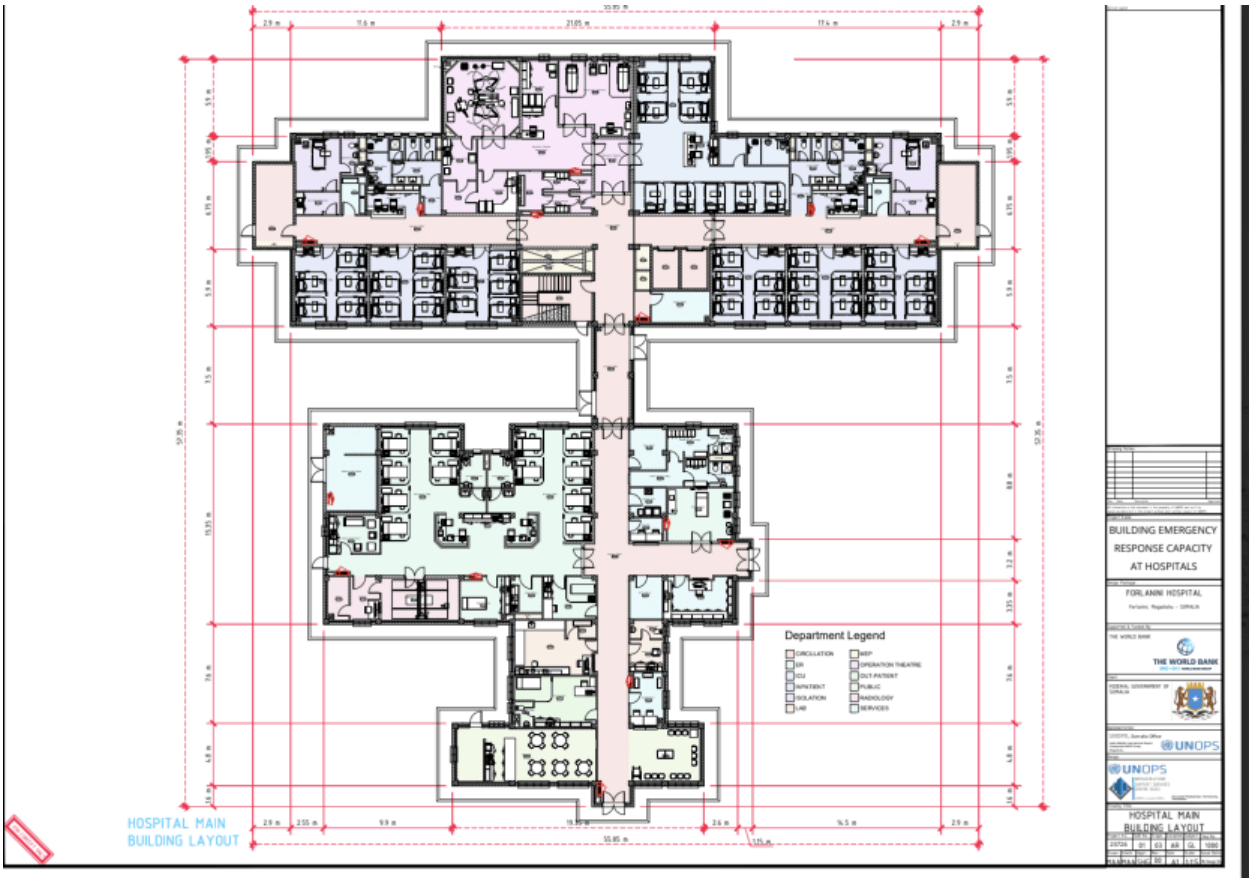

Figure 10 Hospital Main Building Layout

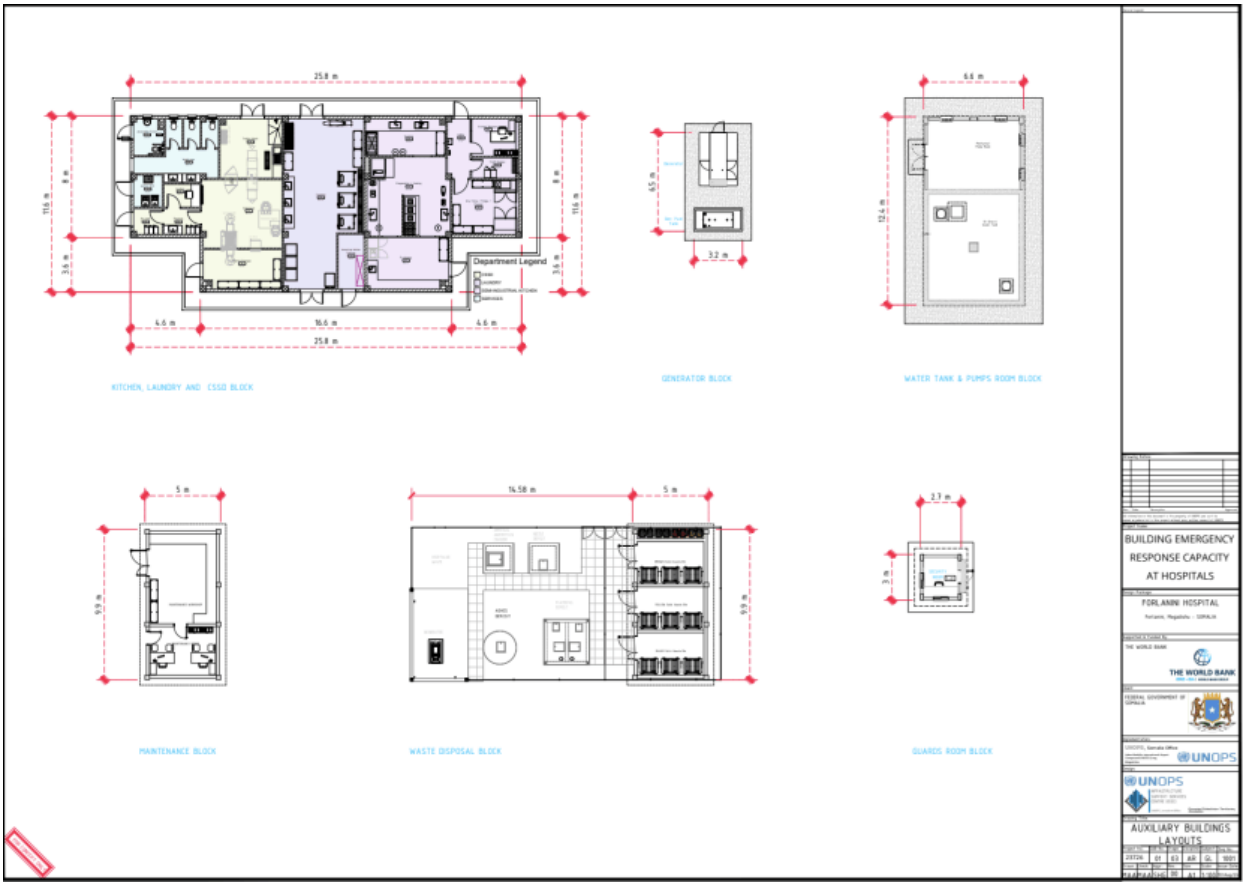

Figure 11 Auxiliary Buildings Layout

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.

3.3 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: Clinial 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 vbuilt environment
- UK Health Building Note00-10: 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 Note6: Designing facilities for dagnostic imaging
- UK Health Building Note 10-02: Day surgery facilities
- UK Health Building Note13: 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.

3.4 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 ICMWMP provided towards the end of this document (See Project ESMF).
- 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 environmental and social management plan shall be prepared for any reason it is found necessary to decommission the hospital.

4. 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 aluminum 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 lead 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 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 mare 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.

5. 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 EHSGs. 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.	Implementation: UNOPS Monitoring: PCIU	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/Contractor	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	PCIU to provide actions according to the Project Security Management Framework and UNOPS adopt actions and cascade them to contractors. Contractors to implement security risk management mitigation measures according to the SMF.to update existing Security Risk Assessment and local Security Management Plans (SMPs) in light of the new activities in Bosaso	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/Contractor / PCIU	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 contractors, 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.	Dust: Watering to be used to reduce dust Wear PPE (including safety glasses and gloves and dust masks) Noise: 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 Vibration: Control vibration through choice of equipment, installation of vibration dampening pads or devices, and limiting the duration of exposure Electrocution: 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.	Implementation: Contractor Monitoring: PCIU	Incl in 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	Heat: 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	Implementation: Contractor Monitoring: PCIU		# of OHS related incidents % of workers with appropriate PPE # of health and safety work plans	

		Use of mechanical assists to eliminate or reduce				

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	Implementation: Contractor Monitoring: PCIU			

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	Implementation: Contractor Monitoring: PCIU	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	Implementation: Contractor / PCIU Monitoring: UNOPS	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 ICMWMP (see Project ESMF)	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 for 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/Contractor	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/Contractor	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 ICMWMP (See Project ESMF)	HCF	Incl. budget of HCF	# records of PVC waste segregated Report on implementation of the ICMWMP.	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 SIIs, 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 Infection Control and Medical Waste Management Plan (ICMWMP) (See Project ESMF)	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/Contractor		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 GRM costs	% 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

6. Implementation Arrangements

6.1 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.

6.2 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

7. 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

No.	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

8. Capacity Building and Training

The implementation of this ESMP is highly dependent on the existing available 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 training sessions are to be included in the budget of the contractor. The only training 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

9. 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 previous Project's 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

10. 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 are 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 ensure 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.

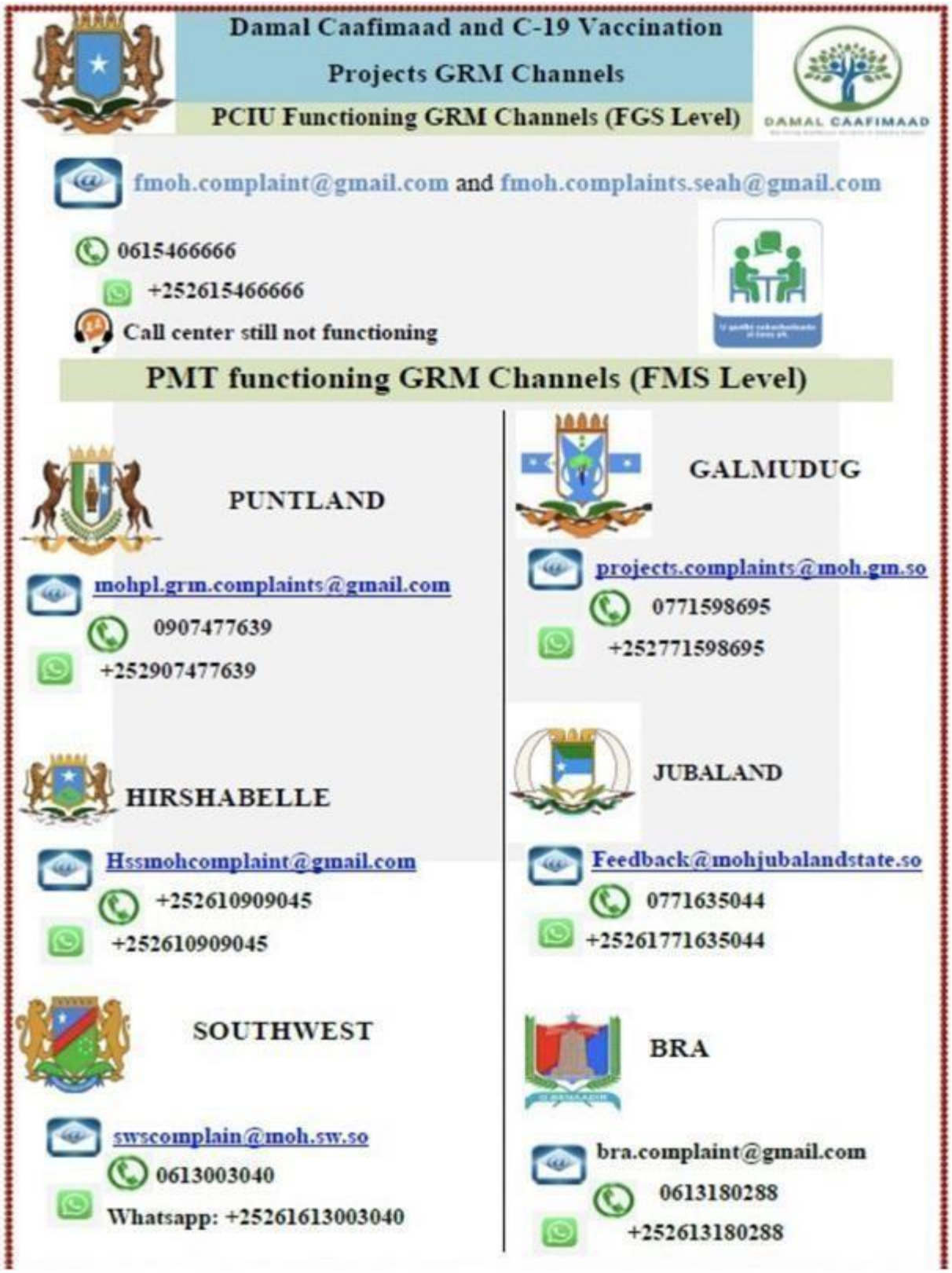

Figure 14 GRM contacts

11. Implementation Budget

Table 4 Implementation Budget

	Required Resources	Costs
UNOPS – Monitoring of ESMP		
1.	Human Resources: 1 E&S / EHS 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 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

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

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Name	Role
Prof. Dr. Fadumo A. Maow	Director General
Mohammed Sacar Ali	Deputy
Abdi Maow Adow	Admin
Osman Sheikh Ali	Community
Yassin Mahmud Omer	Community
Mohamud Abdulle Mahad	Commencement
Hassan Khalif	Community
Sahra Yusuf Osman	Community
Mohamed Mohamud Hirsi	Community
Yassin Mohamed Gafow	Community
Abdiaziz Osman Dayib	NTRL manager
Yasin ~~Yasin~~ Salad Sheikh	Deputy MDR,
Mohamed Ismail	MDR- 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

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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 Alisalad - 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 **Minutes verified by**	Solomon Gebremedhin Solomon Gebremedhin	**Distribution Date**	06 June 2024

	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

		• 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

- 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	***UNOPS***

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	4.	**AoB** There being no other business, the meeting ended at 12:30 pm.	

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	

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

Risks and Impacts	*Mitigation Measures*	*Indicators*	*Responsibility*	*Monitoring Frequency*	*Findings/Observations*	*Corrective Action*

Annex 3: Code of Conduct for Workers

I, _____acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing gender-based violence (GBV) and violence against children (VAC) is important. All forms of GBV or VAC are unacceptable in the workplace or when interacting with communities. The organization considers that failure to follow ESHS and OHS standards or to partake in GBV or VAC activities, constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution of those who commit GBV, or VAC may be pursued if appropriate.

I agree that while working on the project I will:

- Attend and actively partake in training courses related to ESHS, OHS, HIV/AIDS, GBV and VAC as requested by my employer.
- Follow my employers' guidance on prevention of the spread of infectious diseases, including Covid 19;
- Follow my employers' guidance on security and safety, including not causing conflict or exposing myself, other colleagues, stakeholders including community members, project facilities or assets to risks;
- Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Not participate in sexual contact or activity with children (anyone age 18 or under) – 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.

Not engage in any form of sexual harassment of a co-worker - for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, of a sexual nature, including subtle acts of such behavior. 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. Sexual harassment constitutes acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal.

- Not engage in any form of sexual exploitation or abuse – for instance, exchanging money, employment, goods or services for sex or sexual favors, or making promises or favorable treatment dependent on sexual acts – or other forms of humiliating, degrading or exploitative behavior. This includes any project-related assistance due to community members. Sexual exploitation and sexual abuse constitute acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal.
- Not engage in sexual misconduct, use the project resources or funds to exploit community members.
- Report any suspected or actual GBV or VAC by a fellow worker, whether employed by my organization or not or any breaches of this Code of Conduct through the reporting mechanism.

The standards set out above are not intended to be an exhaustive list. Other types of sexually exploitive or sexually abusive behaviour may be grounds for administrative action. 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 unless they are at immediate risk of injury or in physical danger.
- Use any computers, mobile phones, or video and digital cameras appropriately, and never to exploit or harass children or to access child pornographic material through any medium (see also "Use of children's images for work-related purposes" below).
- Refrain from physical punishment or discipline of children.
- Refrain from hiring children for domestic or other labor, which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities or places them at significant risk of injury.
- Comply with all relevant local legislation, including labor laws in relation to child labor.
- Use of children's images for work-related purposes
- When photographing or filming a child for work-related purposes, I must:
- Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
- Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
- Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
- Ensure images are honest representations of the context and the facts.
- Ensure file labels do not reveal identifying information about a child when sending images electronically.
- Sanctions
    - I understand that if I breach this Individual Code of Conduct, 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; and
    - Report to the police if warranted.

I hereby acknowledge that I have read the foregoing Individual Code of Conduct, agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, GBV and VAC issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to take action mandated by this Individual Code of Conduct may result in disciplinary action and may affect my on-going employment.

Signature: _____ Name_____

Title: _____ Date:

_____

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

This E&S screening form was completed in view of the sub-project design.

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

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

Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?		No	*OP7.60 Projects in Disputed Areas*	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways[38]?		No	*OP7.50 Projects on International Waterways*	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: Emergency Preparedness and Response Plan

During construction, and as the hospital enters its operational phase, an "***Emergency Preparedness and Response Plan"*** (EPRP) is essential to ensure safety, efficiency, and resilience in handling emergencies. This plan focuses on preparedness, response, and recovery measures for Forlanini Hospital's specific context, in alignment with international best practices, ensuring that the hospital is resilient and well-prepared for emergencies, enhancing patient and staff safety while ensuring continuity of healthcare services.

1. Emergency Risk Assessment

This risk assessment identifies potential hazards based on Forlanini hospital's location, infrastructure, and operational environment.

Overview of Risks, Impact Levels and Mitigation Measures

Risk Category	Potential Hazards	Impact Level	Mitigation Measures
2.1 Natural Disasters	Earthquakes, floods, droughts	High	Seismic reinforcement, flood barriers, emergency water supply
2.2 Fire Hazards	Electrical faults, flammable materials	High	Fire alarms, extinguishers, evacuation routes
2.3 Health Emergencies	Disease outbreaks (cholera, COVID-19, malaria)	High	Infection control, isolation units, vaccination programs
2.4 Security Threats	Armed conflict, terrorism, theft	High	Perimeter security, emergency lockdown procedures
2.5 Technological Failures	Power outages, IT system failure	Medium	Backup generators, redundant IT systems

2. Emergency Preparedness Measures

Preparedness ensures that Forlanini hospital is equipped to handle emergencies effectively

Overview of Emergency Preparedness Measures for Forlanini Hospital

Preparedness Component	Measures Implemented
3.1 Emergency Response Team (ERT)	Establishes a trained multidisciplinary team for rapid response
3.2 Training & Drills	Conducts regular fire drills, CPR training, and active shooter drills
3.3 Early Warning Systems	Installs alarms for fire, biohazards, and security threats
3.4 Medical Supplies	Maintains emergency stockpiles (medications, PPE, oxygen)
3.5 Evacuation Planning	Develops and posts clear evacuation routes
3.6 Emergency Communication	Implements radio and satellite phone backup communication
3.7 Community Engagement	Engages with local authorities for coordinated response

3. Emergency Response Protocols

This section outlines actions during emergencies based on the type of incident.

Overview of Emergency Response Protocols for Forlanini Hospital

Emergency Type	Response Steps	Details
4.1 Fire Response	4.1.1 **Alert**	Activate fire alarm and notify the Fire Department.
	4.1.2 **Evacuate**	Follow designated exit routes and use stairwells.
	4.1.3 **Contain**	If safe, use fire extinguishers to control small, manageable fires.
	4.1.4 **Assist**	Help vulnerable patients evacuate safely.
	4.1.5 **Assess & Report**	Document incident(s) and review fire safety measures.
4.2 Disease Outbreak Response	4.2.1 **Detection**	Isolate symptomatic patients and notify public health authorities.
	4.2.2 **Containment**	Implement infection control protocols (PPE, sanitation, restricted access).
	4.2.3 **Treatment**	Provide medical care based on protocols (antivirals, antibiotics, IV fluids).
	4.2.4 **Communication**	Issue public health advisories and coordinate with the Ministry of Health.
	4.2.5 **Recovery**	Conduct decontamination and review Forlanini hospital's policies.
4.3 Security Threat Response	4.3.1 **Lockdown**	Secure all hospital entrances and limit movement.
	4.3.2 **Alert Authorities**	Notify police/ military for assistance.
	4.3.3 **Patient & Staff Safety**	Move non-essential personnel to safe areas.
	4.3.4 **Incident Management**	Coordinate security response and debrief staff.
	4.3.5 **Post-Incident Review**	Assess security vulnerabilities and improve protocols.

4. Recovery and Business Continuity

Post-emergency recovery ensures a smooth return to normal hospital operations.
Overview of Post-emergency Recovery Actions for Forlanini Hospital

Recovery Phase	Actions
5.1 Damage Assessment	Identify affected hospital areas and necessary repairs
5.2 Patient Care Continuity	Arrange temporary care facilities if needed
5.3 Staff Support	Provide psychological/ psychosocial first aid for affected personnel
5.4 Infrastructure Restoration	Restore power, water, and medical supplies
5.5 Policy Review	Update emergency protocols based on lessons learned

Summarised Schedule of Coordination with External Agencies

The table below outlines the structured coordination with external emergency response agencies under the Benadir Regional Administration framework, and is intended to ensure efficient emergency response, reduce response time, and enhance Forlanini Hospital's preparedness to handle health crises effectively.

Coordination Schedule for Forlanini Hospital with External Agencies

Agency	Role	Coordination Frequency	Formal Agreement
Benadir Regional Health Office	Supervision and outbreak response coordination.	Quarterly & during emergencies	MoU with Ministry of Health
Mogadishu Fire and Rescue Department	Fire safety, emergency evacuation, and fire drills.	Bi-annual training & drills	Emergency Response Protocol
Benadir Ambulance Service	Patient transfer and emergency medical support.	As needed & annual review	Service Agreement
Mogadishu Police Force	Security support during emergency responses and hospital safety.	Monthly review meetings	Security Collaboration Agreement
WHO & UN Agencies	Technical support for infection prevention and control.	Annual assessment & emergency responses	UN Coordination Framework
Environmental Health Department	Waste management and environmental health inspections.	Quarterly audits	Compliance MoU

Key Actions:

Annual review of agreements with external agencies to ensure effectiveness.
Joint simulation exercises with emergency responders every six months.
Centralized emergency response hotline to facilitate rapid response.

Emergency Evacuation Plan (EEP) for Forlanini Hospital

1. **Introduction**

The Emergency Evacuation Plan (EEP) for Forlanini Hospital ensures the safe, rapid, and coordinated evacuation of all individuals in the event of a fire, security threat, natural disaster, or other emergency. This plan aligns with regional risks specific to the Benadir Region, including security challenges and limited emergency response capacity.

2. **Objectives**

Objectives of the Emergency Evacuation Plan (EEP) for Forlanini Hospital

Objective	Description
Safe Evacuation	Ensure all patients, staff, and visitors evacuate quickly and safely.
Minimize Panic	Implement structured procedures to avoid confusion during emergencies.
Assist Vulnerable Groups	Provide priority evacuation for ICU, maternity, and disabled patients.
Coordination with Emergency Services	Ensure seamless interaction with fire, ambulance, and police services.
Regular Drills	Conduct scheduled drills to maintain high preparedness levels.

3. **Evacuation Procedures**

Overview of the 4-Step Evacuation Procedure for Forlanini Hospital

Step	Action
Step 1: Alert & Notification	Activate alarms and notify emergency services.
Step 2: Staff Response & Coordination	Assign personnel to assist with patient movement.
Step 3: Evacuation & Assembly	Guide evacuees to designated **safe zones** outside the hospital.
Step 4: Headcount & Reporting	Conduct roll calls and report missing individuals.

4. **Evacuation Routes & Exits**

Overview of the Proposed Evacuation Routes & Exits for Forlanini Hospital

Element	Specification
Exit Signage	Clearly marked, illuminated, and unobstructed.
Stairwell Access	NO elevator use during fire/ power failures. Wide staircases prioritized.
Assembly Points	Pre-designated areas away from the hospital for regrouping.

5. **Evacuation for Special Needs Patients**

Overview of the Proposed Evacuation Protocols for Special Needs Patients

Category	Evacuation Plan
Non-Ambulatory (ICU, Disabled)	Use **stretchers and wheelchairs**, assigned evacuation teams.
Critical Care Patients	Immediate transfer with **life support assistance**.
Maternity & Pediatric Patients	Nurses assist **mothers with newborns** for safe relocation.
Visitors & General Staff	Directed to the **nearest exits** by security personnel.

6. **Coordination with External Agencies**

Overview of Evacuation Coordination Measures with External Agencies

Agency	Role in Evacuation	Coordination Frequency
Mogadishu Fire & Rescue Service	Fire suppression, rescue operations, hazard control.	Bi-annual training & drills.
Benadir Ambulance Service	Emergency transport for critical patients.	On-demand response.
Mogadishu Police	Security management, crowd control, protection.	Quarterly security drills.
Benadir Regional Health Office	Medical support coordination, outbreak control.	Annual review.

7. **Emergency Drills & Training**

Overview of Emergency Drills & Trainings

Activity	Frequency	Responsible Team
Full Evacuation Drill	Twice a year	Emergency Response Team (ERT)
Fire Safety Training	Quarterly	Fire & Rescue Service
Security Threat Response Drill	Every 6 months	Mogadishu Police
Evacuation Route Updates	Annually	Hospital Safety Committee

8. **Emergency Equipment & Communication**

Overview of Emergency Equipment and Communication Infrastructure for Forlanini Hospital

Equipment	Location	Maintenance Frequency
Fire Extinguishers	Every hospital wing	Monthly inspections
Emergency Lighting	Stairwells, corridors	Quarterly maintenance
First Aid Kits	Nurses' stations, exits	Bi-monthly replenishment
Emergency Call System	All hospital wards	Monthly system test
Evacuation Maps	Posted in hallways	Reviewed annually

9. **Post-Evacuation Procedures**

Overview of Post-Evacuation Procedures for Forlanini Hospital

Action	**Responsibility**
Headcount & Accountability	Supervisors confirm all evacuees are accounted for.
Medical Assessments	Emergency medical teams treat injuries.
Incident Report & Review	Management documents events for process improvement.
Debriefing Sessions	Staff feedback gathered to enhance future responses.

Fire Safety Equipment Inspection and Maintenance Schedule

This section outlines minimum requirements for fire extinguishers, fire alarm systems, and associated safety devices. All inspections must be documented in the Fire Safety Logbook and reported to the Safety and Security Officer.

1. Fire Extinguishers

1.1 Monthly Visual Inspection

- Verify extinguishers are present, mounted properly, and unobstructed.
- Check pressure gauge is in the operable range.
- Ensure safety pin and tamper seal are intact.
- Confirm no visible damage, corrosion, leakage, or blocked nozzle.
- Record inspection date, initials, and any noted deficiencies.

1.2 Annual Maintenance (by certified technician)

- Conduct full mechanical inspection and internal condition assessment.
- Weigh extinguishers (if applicable) to verify correct charge.
- Replace tamper seals and clean equipment.
- Repaint or replace damaged labels and operating instructions.
- Perform hydrostatic testing according to manufacturer's schedule (typically every 5 years).

2. Fire Alarm and Detection Systems

2.1 Weekly/Monthly Checks

- Confirm control panel shows normal operation (no trouble signals).
- Test manual call points/alarms on a rotating schedule to avoid disruption.
- Inspect smoke/heat detector locations for dust, obstruction, or damage.

2.2 Quarterly Testing

- Test a representative sample of smoke detectors, heat detectors, and notification devices (sirens, strobes).
- Verify battery backup functionality.

2.3 Annual System Test (by qualified technician)

- Full functional test of all detectors, alarm circuits, annunciator panels, and communication links.
- Clean smoke detectors following manufacturer instructions.
- Document all faults and corrective actions.

3. Emergency Lighting and Exit Signs

Monthly Inspection

- Check lights and signs for proper illumination.
- Ensure batteries or backup power systems are operational.

Annual Test

- Conduct a full 90-minute discharge test of emergency lighting systems.

4. Fire Hose Reels, Hydrants, and Sprinkler Systems (if present)

Monthly

- Confirm equipment is accessible and free of obstruction.
- Check hoses, nozzles, valves, and fittings for visible wear.

Annual (or per manufacturer standard)

- Pressure-test hose reels and hydrants.
- Inspect pumps, tanks, and sprinkler valves.
- Conduct flow tests and verify adequate water pressure.

5. Documentation and Reporting

- All inspections should be recorded using standardized forms.
- Any deficiencies must be reported immediately to the Safety Officer and corrected within agreed timelines.
- Maintain maintenance records for a minimum of 5 years or as required by hospital policy.

Annex 7: Occupational Health and Safety Plan

The purpose of this OHS Plan is to provide guidance for the systematic identification, evaluation, prevention and control of general workplace hazards, specific job hazards, potential hazards and environmental impacts that may arise during the implementation of the hospital rehabilitation. The measures are based on the IFC's Environmental, Health and Safety Guideliens (EHSG).

This plan shall be followed by all workers of the sub-project.

Types of Incidents & Their Reporting: The three categories of Incident are as follows:

Non-Reportable Cases: An incident where the injured person is given medical help and discharged for work without counting any lost time.

Reportable Cases: In this case the injured person is disabled for 48 hours or more and is not able to perform his duty.

Injury Cases: These are covered under the heading of non-reportable cases. In these cases, the incident caused injury to the person, but he/she still continues his duty.

HSE ORGANIZATION

Number of Safety Officers: The contractor must deploy one safety officer. In addition, there must be one safety-steward/safety-supervisor for every 100 workers.

Responsibilities

Site In -Charge of Contractor

- Shall engage qualified safety officer(s) and steward (s) as per clause;
- Shall adhere to the rules and regulations mentioned in this code, practice very strictly in his area of work in consultation with his concerned engineer and the safety coordinator;
- Shall screen all workers for health and competence requirement before engaging for the job and periodically thereafter as required;
- Shall not engage any employee below 18 years of age;
- Shall arrange for all necessary PPEs like safety helmets, belts, full body harness, shoes, face shield, hand gloves etc. before starting the job;
- Shall ensure that no person lifts, carries or move any load which, by reason of its weight, is likely to injure his health or jeopardize his safety;
- Shall ensure that all Tools & Plants (T&Ps) engaged are tested for fitness and have valid certificates from competent person;

- Shall ensure that provisions for the welfare of the employees such as canteen, rest rooms/washing facilities are provided for at the site;
- Shall adhere to the instructions laid down in Operation Control Procedures (OCPs) available with the site management;
- Shall ensure that person working above 2.0 meter should use Safety Harness tied to a lifeline/stable structure;
- Shall ensure that materials are not thrown from height. Cautions to be exercised to prevent fall of material from height;
- Shall report all incidents (Fatal/Major/Minor/Near Miss) to the Site engineer /HSE officer;
- Night work is forbidden;
- Shall ensure that all personnel working under contractor are working safely and do not create any Hazard to self and to others;
- Shall ensure display of adequate signage/posters on OHS;
- Shall ensure conductance of OHS audit, mock drills, medical camps, induction training and training on OHS at site;
- Shall ensure full co-operation during OHS audits;
- Shall ensure submission of look-ahead plan for procurement of HSE equipment's and PPEs as per work schedule;
- Shall ensure good housekeeping;
- Shall ensure adequate valid fire extinguishers are provided at the worksite;
- Shall ensure availability of sufficient number of toilets /restrooms and adequate drinking water at work site and labor colony;
- Shall ensure adequate emergency preparedness;
- Shall be member of site OHS committee and attend all meetings of the committee;
- Temporary fencing should be done for open edges if Hand – railings and Toe-guards are not available.

Health, Safety and Environment Officer of Contractor

- Carry out safety inspection of Work Area, Work Method, workers, Machine & Material, processes and materials and other tools;
- Facilitate inclusion of safety elements into Work Method Statement;
- Highlight the requirements of safety through toolbox talks/ other meetings;
- Help concerned heads of sections to prepare Job Specific instructions for critical jobs;
- Conduct investigation of all incident/dangerous occurrences & recommend appropriate safety measures;
- Advice & co-ordinate for implementation of HSE permit systems;
- Convene HSE meeting & minute the proceeding for circulation & follow-up action;
- Plan procurement of PPE & Safety devices and inspect their healthiness;
- Report to OHS specialist on all matters pertaining to status of safety and promotional program at site level;
- Facilitate administration of First Aid;
- Facilitate screening of workmen and safety induction;
- Conduct fire Drill and facilitate emergency preparedness;

- Design campaigns, competitions & other special emphasis programs to promote safety in the workplace;
- Notify site personnel non-conformance to safety norms observed during site visits / site inspections;
- Recommend to Site In-Charge, immediate discontinuance of work until rectification of such situations warranting immediate action in view of imminent danger to life or property or environment;
- To decline acceptance of such PPE / safety equipment that do not conform to specified requirements;
- Encourage raising Near Miss Report on safety along with, improvement initiatives on safety.

Mobilization of Machinery/Equipment/Tools by Contractor: As a measure to ensure that machinery, equipment and tools being mobilized to supplier or consultant are fit for purpose and are maintained in safe operating condition and complies with legislative and owner requirement, inspection shall be arranged by in-house competent authority for acceptance as applicable.

Mobilization of Personpower by Contractor

- The Contractor shall arrange induction and regular health check of their employees as per requirement in the Labor Code.
- The Contractor shall take special care of the employees affected with occupational diseases. The employees not meeting the fitness requirement should not be engaged for such a job.
- Ensure that the regulatory requirements of excessive weight limit (to carry/lift/ move weights beyond prescribed limits) for male and female workers are complied with.
- Appropriate accommodation to be arranged for all workers in hygienic condition.

Provision of PPEs: PPEs, in adequate numbers, will be made available at site & their regular use by all concerned will be ensured.

- All the PPEs shall be checked for their quality before issue and the same shall be periodically checked. The users shall be advised to check the PPEs themselves for any defect before putting them on. The defective ones shall be repaired/ replaced.
- The issuing agency shall maintain register for issue and receipt of PPEs.
- The helmets shall have logo or name (abbreviation of agency name permitted) affixed or printed on the front.

Drinking water: Drinking water shall be provided and maintained at suitable places at different elevations. Container should be labeled as “Drinking Water”

Washing Facilities: In every workplace, adequate and suitable facilities for washing shall be provided and maintained. Separate and adequate cleaning facilities shall be provided for the use of male and female workers. Such facilities shall be conveniently accessible and shall be kept in clean and hygienic condition and dully illuminated for night use.

Latrines and Urinals

- Latrines and urinals shall be provided in every workplace.
- They shall be adequately lit and shall be maintained in a clean and sanitary condition at all times, by appointing a designated person.
- Separate facilities shall be provided for the use of male and female worker if any.

Provision of Shelter During Rest: Proper Shed & Shelter shall be provided for rest during break.

Medical Equipment: To be available nearby/at site:

Medical Centre
First Aider
First Aid Box
Health Check Up

HSE Induction Training: All persons entering into the project site shall be given HSE induction training by the HSE officer of Contractor before being assigned to work**.**

In-house induction training subjects shall include but not limited to:

- Briefing of the Project details.
- Safety objectives and targets.
- Site HSE rules.
- Site HSE hazards and aspects.
- First aid facility.
- Emergency Contact No.
- Incident reporting.
- Fire prevention and emergency response.
- Rules to be followed in the camp
- Proper safety wear & gear must be issued to all the workers being registered for the induction (i.e., Shoes/Helmets/Goggles/Leg guard/Apron etc.)
- They must arrive fully dressed in safety wear & gear to attend the induction.
- Anyone failing to conform to this safety wear & gear requirement shall not qualify to attend.
- On completing attending Contractor's in-house HSE induction, each employee shall sign an induction training form to declare that he/she has understood the content and shall abide to follow and comply with safe work practices. They may only then be qualified to be issued with a personal I.D. card, for access to the work site

HSE Toolbox Talk: HSE toolbox talk shall be conducted by frontline foreman/supervisor of Contractor to specific work groups prior to the start of work. The agenda shall consist of the followings:

- Details of the job being intended for immediate execution.
- The relevant hazards and risks involved in executing the job and their control and mitigating measures.

- Specific site conditions to be considered while executing the job like high temperature, humidity, unfavorable weather etc.
- Recent non-compliances observed.
- Appreciation of good work done by any person.
- Any doubt clearing session at the end.
- Tool box talk to be conducted at least once a week for the specific work.

HSE Training During Project Execution

- Other HSE training shall be arranged by Contractor as per the need of the project execution and recommendation of HSE committee of site.
- The topics of the HSE training shall be as follows but not limited to:
    - Hazards identification and risk analysis (HIRA)
    - Work Permit System
    - Incident investigation and reporting
    - Fire fighting
    - First aid
    - Fire-warden training
    - T&Ps fitness and operation
    - Storage, preservation & material handling
    - A matrix shall be maintained to keep an up-to-date record of attendance of training sessions carried out.

HSE Promotion-signage, Posters, Competition, Awards etc

Display of HSE posters and banners: Site shall arrange appropriate posters, banners, slogans in local languages at workplace

Display of HSE signage: Appropriate HSE signage shall be displayed at the work area to aware workmen and passersby about the work going on and dos and don'ts to be followed

Competition on HSE and award: Contractor shall arrange HSE awareness program periodically on different topics including medical awareness for all personnel working at site

Incident Reporting: The Contractor shall submit report of all incidents, fires and property damage etc., not later than 24 hours of the occurrence. The Engineer shall report the same to the OHS Specialist immediately. Such reports shall be furnished in the manner prescribed by the implementer. (Refer to HSE procedure for incident investigation, analysis and reporting for details).

In addition, periodic reports on safety shall also be submitted by the Contractor to the implementer from time to time. Compiled monthly reports of all kinds of incidents, fire and property damage to be submitted to the Specialist as per prescribed formats.

HSE incidents of site shall be reported to the implementer site Management as per Procedure for Incident Investigation and Reporting. Corrective action shall be immediately implemented at the

workplace and compliance shall be verified by the implementer's OHS Specialist and until then, work shall be put on hold by the Construction Manager.

Work Permit System: "HSE Procedure for Work Permit System" shall be followed while implementing permit system.

- Permit applicant shall apply for work permit of particular work activity at particular location before starting of the work with Job Hazard Analysis.
- Permit signatory shall check that all the control measures necessary for the activity are in place and issue the permit to the permit holder.
- The permit holder shall implement and maintain all control measures during the period of permit. He will close the permit after completion of the work.
- The closed permit shall be archived in HSE Department of site.

Safety During Work Execution: Respective Operation Control Procedures are to be followed and adhered to and the same would be contractually binding.

Electrical Handling

- Providing an adequate number of 24 V sources and ensuring that no hand lamps are operating at voltage level above 24 Volts.
- Fulfilling safety requirements at all power tapping points.
- High/ Low pressure welders to be identified with separate color clothing. No welders will be deployed without passing appropriate tests and holding valid welding certificates. Approved welding procedure should be displayed at workplace.
- The Contractor shall not use any hand lamp energized by Electric power with supply voltage of more than 24 volts in confined spaces like inside water boxes, turbine casings, condensers etc.
- All portable electric tools used by the Contractor shall have a safe plugging system to source of power and be appropriately earthed. Only electricians licensed by appropriate statutory authority shall be employed by the Contractor to carry out all types of electrical works. Details of earth resources and their test date to be submitted to OHS specialist.
- The Contractor shall use only properly insulated and armored cables which conform to the requirement.
- The implementer reserves the right to replace any unsafe electrical installations, wiring, cabling etc. at the cost of the Contractor.
- All electrical appliances used in the work shall be in good working condition and shall be properly earthed.
- No maintenance work shall be carried out on live equipment.
- The Contractor shall maintain adequate number of qualified electricians to maintain his temporary electrical installations.
- Area wise Electrical safety inspection is to be carried out on monthly basis as per "Electrical Safety Inspection checklist' and the report is to be submitted to the implementer's safety officer
- Adequate precautions shall be taken to prevent danger to electrical equipment. No materials on any of the sites of work shall be so stacked or placed as to cause danger or inconvenience to any person or the public

- The Contractor shall carefully follow the safety requirement of the implementer/ the purchaser with regard to voltages used in critical areas.

Fire Safety

- Providing appropriate firefighting equipment at designated workplace and nominating a fire officer/warden adequately trained for his job.
- Contractor shall provide enough fire protection equipment of the types and numbers at his office, stores, temporary structure in labor colony etc. Such fire protection equipment shall be easy and kept open at all times.
- The fire extinguishers should be properly refilled and kept ready, which should be certified at periodic intervals. The date of change should be marked on the Cylinders.
- All other fire safety measures as laid down in the emergency preparedness and response plan shall be followed.
- Non-compliance with the above requirement under fire protection shall in no way relieve the Contractor of any of his responsibility and liabilities to a fire incident occurring either to his materials or equipment or those of others.
- Emergency contact numbers must be displayed at prominent locations
- Tarpaulin being inflammable should not be used (instead, only non-infusible covering materials shall be used) as protective cover while preheating, welding, stress relieving etc. at site.

Lifting Safety

- It will be the responsibility of the Contractor to ensure safe lifting of the equipment, taking due precaution to avoid any incident and damage to other equipment and personnel.
- All requisite tests and inspection of handling equipment, tools & tackle shall be periodically done by the Contractor by engaging only the Competent Persons as per law.
- Defective equipment or uncertified goods shall be removed from service.
- Any equipment shall be loaded more than its recommended safe working load.

Environmental Control: Environmental damage is a major concern of the principal Contractor and every effort shall be made, to have effective control measures in place to avoid pollution of Air, Water and Land and associated life. Chlorofluorocarbons such as carbon tetrachloride and trichloroethylene shall not be used. Waste disposal shall be done in accordance with the guidelines laid down in the Waste Management Plan. Any chemical, including solvents and paints, required for construction shall be stored in designated bonded areas around the site as per Material Safety Data Sheet (MSDS).

In the event of any spillage, the principle is to recover as much material as possible before it enters drainage system and to take all possible action to prevent spilled materials from running off the site. The Contractor shall use appropriate MSDS for clean-up technique.

All Contractors shall be responsible for the cleanliness of their own areas.

The Contractors shall ensure that noise levels generated by plant or machinery are as low as reasonably practicable. Where the Contractor anticipates the generation of excessive noise levels from his

operations the Contractor shall inform the Construction Manager accordingly so that reasonable and practicable precautions can be taken to protect other persons who may be affected. The Contractor shall carry out periodic air and water quality check and illumination level checking in his area of workplace and take suitable control measure.

Housekeeping: Keeping the work area clean/ free from debris, removed scaffoldings, scraps, insulation/sheeting wastage /cut pieces, temporary structures, packing woods etc. will be in the scope of the Contractor. Such cleanings have to be done by Contractor on a daily basis by an identified group. If such activity is not carried out by Contractor is not satisfied, then the implementer may get it done by other agency and actual cost along with overheads will be deducted from contractor's bill. Such decisions shall be binding on the Contractor.

- Proper housekeeping to be maintained at workplace and the following are to be taken care of on a daily basis.
- All surplus earth and debris are removed/disposed of from the working areas to identified locations.
- Unused/Surplus cables, steel items and steel scrap lying scattered at different places/elevation within the working areas are removed to identified locations.
- All wooden scrap, empty wooden cable drums and other combustible packing materials, shall be removed from the workplace to identified locations. Sufficient waste bins shall be provided at
- Different workplaces for easy collection of scrap/waste. Scrap chute shall be installed to remove scrap from high location.
- Access and egress (staircase, gangways, ladders etc.) path should be free from all scrap and other hindrances.
- Workmen shall be educated through toolbox talk about the importance of housekeeping and encourage not to litter.
- Labor camp area shall be kept clear and materials like pipes, steel, sand, concrete, chips and bricks, etc. shall not be allowed in the camp to obstruct free movement of men and machineries.
- Fabricated steel structures, pipes & piping materials shall be stacked properly.
- No parking of trucks/trolleys, cranes and trailers etc. shall be allowed in the camp, which may obstruct the traffic movement as well as below LT/HT power line.
- Utmost care shall be taken to ensure overall cleanliness and proper upkeep of the working areas

Waste Management: Take suitable measures for waste management and environment related laws/legislation as a part of normal construction activities. Compliance with the legal requirements on storage/ disposal of paint drums (including the empty ones), Lubricant containers, Chemical Containers, and transportation and storage of hazardous chemicals will be strictly maintained.

Inspection on HSE for different activities being carried out at site shall be done to ensure compliance to HSE requirements. The Contractor shall maintain and ensure necessary safety measures as required for inspection and tests as applicable, to enable inspection agency for performing Inspection. If any test equipment is found not complying with proper safety requirements, then the Inspection Agency may

withhold inspection, till such a time the desired safety requirements are met.

HSE PERFORMANCE

- Contractor shall be assessed on a monthly basis for HSE Compliance by Safety In-charge at the site.
- The implementer shall reserve the right to use this assessment for evaluating bidder's capacity for future tenders
- Suitable HSE reward system shall be developed at site level to promote HSE compliance amongst workmen by the Contractor. To decide HSE reward, performance towards HSE shall be evaluated for workers and it shall be awarded regularly in public gathering.
- If safety record of the Contractor in execution of the awarded job is to the satisfaction of safety department of the implementer, issue of an appropriate certificate to recognize the safety performance of the Contractor may be considered by the implementer after completion of the job.

NON-COMPLIANCE: *NONCONFORMITY OF SAFETY RULES AND SAFETY APPLIANCES WILL BE VIEWED SERIOUSLY AND UNOPS HAS THE RIGHT TO IMPOSE PENALTIES ON THE CONTRACTOR FOR EVERY INSTANCE OF VIOLATION NOTICED:*

HSE AUDIT/INSPECTION: Regular HSE Audit/inspection shall be carried out by Contractor as per Site HSE audit calendar. HSE checklist shall be used for carrying out audit/inspection and report shall be submitted to site management.

All non-conformities and observations on HSE identified during internal or external HSE audit shall be disposed of by site in a time bound manner and reported back the implementation status

Corrective action and Preventive action on HSE issues raised by certification body issued by Regional HQs shall be implemented by site and reported to Site management.