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)

Jowhar Regional Hospital: Rehabilitation Works

Amended 20 November 2025

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LIST OF ACRONYMS AND ABBREVIATIONS

CoC	Code of Conduct
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 Standard
FGS	Federal Government of Somalia
FMS	Federal Member State
GBV	Gender-Based Violence
GIIP	Good International Industry Practices
GRM	Grievance Redress Mechanisms
ICU	Intensive Care Unit
IDP	Internally Displaced Person
JRA	Jowhar Regional Administration
LMP	Labor Management Procedures
MDR-TB	Multi-drug resistant TB
OHS	Occupational Health and Safety Standards
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
UNOP	United Nations Office for Project Services
WB	The World Bank
WCBA	Women of Child Bearing Age

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.

One of the health facilities slated to benefit from this activity is the Jowhar Regional Hospital, which is located in Jowhar City. Currently, the Hospital is one of the largest medical facilities in the Middle Shabelle Region. It is the only public health facility serving more than ***516,036*** individuals. The current services provided include: Emergency Department; Maternity and Child Healthcare; Basic health services; Laboratory; and a Pharmacy. It provides the services of a referral hospital despite the various challenges, which include building structures that were not designed for a hospital, lack of permanent structures, the ageing and deterioration of several of the service units, and lack of medical equipment. UNOPS conducted a structural assessment of the structural components of the hospital. The IPD- MCH- Emergency, the OPD- Pharmacy- HR Unit, and the guard house are under danger of collapse owing to the level of deterioration observed, with the Cholera Treatment Centre in need of a permanent structure to house it. The other units, including the X-ray, Nutrition, Drug Store and Offices require minimal interventions given their relatively good condition, but the Laboratory, Meeting Hall and Staff Accommodation buildings are in need of minor maintenance. Almost all buildings did not have adequate and proper maintenance. A number of units are only temporary structures. Major defects and damages were observed.

The proposed rehabilitation works include the following key functions: Emergency Unit, Inpatient wards for males and females, Operations Theater, Intensive Care Unit (ICU), Laboratory, Pharmacy, Service buildings including kitchen, medical laundry, power house, medical plant, morgue, waste management block, incinerator, and guard rooms. The building will be structurally designed to be qualified for vertical expansion up to two additional floors. In order to conduct the work, a first phase includes demolition of some of the existing structures and in a second phase the construction of new structures.

The proposed rehabilitation of the Jowhar Regional 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 reconstruction 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 rehabilitation 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, 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.

Environmental concerns during the demolition and construction works include dust and air pollution, as the dismantling of structures generates a significant amount of airborne particulate matter. 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 demolition 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.

Waste management during demolition and construction is another consideration, as especially the demolition phase will generate a substantial amount of solid waste. Without proper management, this waste could lead to environmental contamination. Where feasible, materials such as bricks and metals will be sorted for reuse or recycling, minimizing the overall waste footprint of the project.

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,[1] 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.

This ESMP specifies the means through which the adverse environmental and social risks and impacts of the Project associated with the rehabilitation 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

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

implementation and when and what the budget implications for mitigation measures and monitoring activities are. It further includes a description of the Project Grievance Redress Mechanism (GRM), which needs to be applied during the construction period, and reiterates 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.

One of the health facilities slated to benefit is the Jowhar Regional Hospital, which is located in Jowhar City. Currently, the Hospital is one of the largest medical facilities in the Middle Shabelle Region. The current services provided include: Emergency Department; Maternity and Child Healthcare; Basic health services; Laboratory; and a Pharmacy. UNOPS conducted a structural assessment of the structural components of the hospital. The IPD- MCH- Emergency, the OPD- Pharmacy- HR Unit, and the guard house are under danger of collapse owing to the level of deterioration observed, with the Cholera Treatment Centre in need of a permanent structure to house it; The other units, inclusive of the X-ray, Nutrition, Drug Store and Offices require minimal interventions given their relatively good condition, but the Laboratory, Meeting Hall and Staff Accommodation buildings are in need of minor maintenance. Almost all buildings did not have adequate and proper maintenance. A number of units are only temporary structures. Major defects and damages have ben observed.

The proposed rehabilitation works include the following key functions: Emergency Unit,

Inpatient wards for male and female, Operations Theater, Intensive Care Unit (ICU), Laboratory, Pharmacy, Service buildings including kitchen, medical laundry, power house, medical plant, morgue, waste management block, incinerator, guard rooms, The building will be structurally designed to be qualified for vertical expansion up to two additional floors. In order to conduct the work, a first phase includes demolition of some of the existing structures and in a second phase the construction of new structures.

The sub-project team has undertaken an E&S screening of the sub-project, as per process described in the Annex I-A (Environmental and Social Screening Template) of the previous Project Environmental and Social Management Framework (ESMF)[2]. 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 rehabilitation of some of the old structures at Jowhar Regional Hospital. The purpose of the ESMP is to provide a consolidated summary of all the Environmental and Social (E&S) commitments relevant for the rehabilitation works. The measures focus on environmental aspects such as emissions, 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 risk 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 framework and relevant WB Environmental and Social Standards (ESSs) and the IFC Environmental, Health and Safety Guidelines (EHSGs), for both general and healthcare facilities, as well as General International Industry Practices (GIIP), such as technical guidance by the World Health Organization (WHO).

2. Policy, Legal, Regulatory and Institutional Framework

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 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 Jowhar Hospital Rehabilitation 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[3] 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 the World Bank's Environmental and Social Framework (ESF) and in particular the five 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 Jowhar Regional Hospital demolition, 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.

[3] 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 Jowhar 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: ESS8 seeks to protect cultural heritage. This project may trigger chance finds during construction works.

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

3. Biophysical and Socio-Economic Environment

This section describes the overall baseline condition of Jowhar District in Hirshabelle State. It outlines the biophysical environment, as well as the socio-economic background of the sub-project area. The target location is the existing Jowhar airport road in Jowhar District of Middle Shabelle region. The biophysical environment of the district is in principle similar to that generally in Somalia, with minor variations.

3.1 Proposed Sub-Project Location

The proposed project is located in Jowhar district, Hirshabelle State, the GPS coordinates for the project is 2^0 46' 24.81" N, 45^0 29' 45.92" E. Jowhar is a district in the southeastern Middle Shabelle Region, approximately 90 Km north of Mogadishu. Jowhar borders Jalalaqsi and BuuloBarde Districts to the north, Cadale District to the west, Balacad to the south and Wanle Weyne District to the west. It is the capital city of Hirshabelle State and also the administrative city of the Middle Shabelle Region. Jowhar consists of 4 urban villages, namely Horseed, Bulosheikh, Kulmis, and Hantiwadag. The first two villages are located on the east side of the town, and the last two are on the west side[4].

Figure 1 Map of Hirshabelle State and Jowhar District

[4] *UN Habitat, IOM, Jowhar: Urban Profile, Woring Paper, 2013, accessed at : https://unhabitat.org/sites/default/files/2020/12/jowhar_urban_profile_1.pdf.*

The proposed project areas are as outlined in the maps below:

Figure 2 Location of Jowhar Regional Hospital

Jowhar Regional Hospital occupies app. 28,300 m2 of land, of which 7,100 m2 are allocated for the primary general hospital. The 7,100 m2 are located atthe back center of the site (north), with an irregular shape. The plot has almost no slope, and the southern part represents the lowest points. The hospital lies at the southern part of the west bank of the Wabi Shabelle River, app. 65 km from the sea.

The hospital is located within the city and is accessible all year around. It is surrounded by residential and commercial housing. The allocated location within the site has no direct access from the street and needs to be accessed through the existing hospital site.

Figure 3 Aerial View of Hospital

3.2 Physical Environment

Topography: Jowhar district in which the project area is located is generally flat. The altitude lies between 100-111m above sea level making the area suitable for agriculture. The landscape of the area is conditioned by the Webi Shabelle river. Mango crop fields exist along the river and cereal crop fields occur further away from the river. There is an extensive irrigation network for agriculture, which is developed at the east side of town while the flood prone areas of the west are reserved for rice plantations.

Figure 4 Aerial View of Jowhar

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.[5] The project area is characterised by Oligocene Makadhuuf Sandstones that unconformably overlie the Cretaceous succession and below basalts[6]. Most parts of the district consist of floodplain, alluvial plan with fertile clay loam and dark clay soil. These are the soil types along the project road. The land is affected by degradation, especially in the east, due to increased farming, reduced vegetation cover and tree cutting.

Climate: Jowhar has a subtropical steppe climate. The area receives an average annual rainfall of 483 mm and has 121.94 days of rainfall annually. The district has two rain seasons, the Gu rain which begins in April and lasts until July, and the Deyr season spanning September through December. The mean annual temperature in Jowhar is 27.3^0C, the hottest months being February to April, recording the highest temperature of 36.67^0C[7].

[5] 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

[6] *Ali Kassim M., L. Carmingani, P. Conti and P.L. Fantozzi, Geology of the Mesozoic-Tertiary sedimentary basins in southwest Somalia. In: Journal of African Science, 34, 2002, accesed at:* Geology of the Mesozoic-Tertiary sedimentary basins in southwestern Somalia

[7] *Climate and Average Weather Round Year in Jowhar, accessed at:* https://weatherspark.com/y/103663/Average-Weather-in-Jawhar-Somalia-Year-RoundNo.

JAWHAR Weather by Month Averages												
	January	February	March	April	May	June	July	August	September	October	November	December
Avg. Temperature °C	27.5 °C	27.9 °C	28.8 °C	28.7 °C	27.4 °C	26.6 °C	25.8 °C	26. °C	26.7 °C	27. °C	26.7 °C	27.3 °C
Min. Temperature °C	22.5 °C	22.8 °C	24.1 °C	24.7 °C	24.3 °C	23.4 °C	22.6 °C	22.5 °C	23. °C	23.5 °C	23.1 °C	23. °C
Max. Temperature °C	34.8 °C	35.7 °C	36.2 °C	34.6 °C	32.2 °C	31.4 °C	30.7 °C	31.3 °C	32.5 °C	32.5 °C	31.7 °C	33.5 °C
Precipitation / Rainfall mm	8.0	2.0	13.0	88.0	76.0	16.0	14.0	12.0	15.0	96.0	96.0	35.0
Humidity(%)	56 %	55 %	58 %	66 %	72 %	68 %	66 %	66 %	65 %	70 %	73 %	62 %
Rainy days (d)	1.0	0.0	2.0	10.0	11.0	3.0	2.0	2.0	3.0	10.0	11.0	4.0
avg. Sun hours (hours)	10.0	10.0	9.5	8.7	7.6	7.8	7.9	7.9	7.8	7.5	8.0	9.4

Table M1:Average temperatures (source en.climate-data.org)

Figure 5 Climate in Jowhar District

Water Resources and Hydrology: The project area is endowed with a good hydrological system. The Webi Shabelle river passes through the district for 50 Km and is close to the project area. Shabelle is the major drainage basin in Somalia. The area is prone to flash floods during the rainy season although it dries up during dry seasons of the year. Seasonal variations in river flow at Jowhar are less pronounced than upstream of the Shabelle River. There are no disaster prevention and river management systems in place to protect the area from floods. There are structures constructed by the government to divert excess water to the river during high flows, but they are not functional anymore. During dry seasons, the river water flow becomes very low due to upstream damming in Ethiopia[8]. Displacements caused by floods are very common during the rainy season. Access to clean water is also limited in the area and especially during dry seasons leading to conflicts.

Biological Environment (Flora and Fauna): Along the project road, vegetation is degraded and there are no critical habitats. Jowhar district is a floodplain with low, heavily grazed natural vegetation of herbaceous shrubs and tangled growth of small bushes. Along the Webi Shabelle river there are riparian vegetation forests. The other observable vegetation are the crops planted under rainfed and irrigated agriculture. The crops planted here include sorghum, millet, maize, groundnuts, cowpeas, mung beans, cassava and other minor crops. Fauna of the project area comprise many varieties of domesticated animals like cattle, sheep, Camel and goats. In Jowhar town, however, including the project area, the number and diversity of animals is limited. This is because of intensive rainfed and irrigated agriculture along Webi Shabelle river and increasing human settlement. The Webi Shabelle river has no fauna that is significant.

[8] *UN Habitat, IOM, Jowhar: Urban Profile, Woring Paper, 2013, accessed at : https://unhabitat.org/sites/default/files/2020/12/jowhar_urban_profile_1.pdf.*

3.3 Socio-economic Environment

Population and Settlement: Being a cosmopolitan town, many people living in Jowhar town are from different areas of Somalia who have come to do business, work and live in the area. Jowhar has a total area of 25km^2 and according to a survey done by UNDP in 2014, it has a population of 47,068. Since then Internally Displaced Persons (IDP) have settled in various areas in town. For Middle Shabelle the population count in 2014 was 114,348 urban population, with 49.1 percent male population and 50.9 percent female population.[9] People live in traditional structures called buuls. The area has a total of 6794 households living in 9 settlements. On average, there are 6.08 people per household and each household occupies 1.51 buuls[10].

Jowhar Regional Hospital is the one and only public health facility serving for more than *516,036* individuals as the catchment population from districts, such as Jowhar, Mahaday, Balcad, Warshaikh, Adale, Adanyabaal and Runirgod of Middle Shabele Region and across the whole of Hirshabele state. The next hospital is Beletwene Referral Regional Hospital.

Eventhough the hospital also receives referral patients from the villages in the Middle Shabele region, such as *Shaw, Jalalaqsi, Bulo-Burto, and Beledweyne*, which are all located in the north of Jowhar district and Hiiraan region of Hirshabelle State.

Furthermore, the hospital offers its services free of charge for neighboring regions of *Afgoi, Wanlaweyn, and Jambaluul* of the Lower Shabelle region of Southwest State. Most of the community in these locations consist of farmers and nomadic groups whose income depends on farming and keeping animals. They affected by consecutive floods and droughts every year.

Livelihoods and Employment: Jowhar thrives from its agriculture. Agricultural products include maize, beans, rice, sesame, onions and sorghum. It further has fruit, including mango, guava, lemon, banana and tomato. There is also livestock production, including cattle, goats, camels, sheep and poultry. A local market exists with ca. 1,000 stalls, and trading is regulated by the Chamber of Commerce. The main market is in Hantiwadag village (Suuq Wey nee Jowhar). Many livelihoods and a lot of the national food security depends on the Shabelle River in Hirshabelle.

Administration and Governance: Jowhar District does not have a district council yet. It has a district administration led by a District Administrator who was appointed by the FGS in consultation with the Federal Member State (FMS). The District Administrator has a Deputy District Administrator and two Secretaries for Security and Finance. The administration consists of multiple local sub-clans. Furthermore, a council of elders exists in Jowhar, which is influential in matters concerning clan conflict and local resource conflicts. It works with the local

[9] IOM and UNHabitat, Jowhar, Urban Profile, 2020, p.8.

[10] *UNHCR, CHF, Shelter Cluster Somalia, Jowhar, Mapping Exercise December 2014, accessed at: jowhar-mapping-exercise-December-2014*

government to help with local peace and security. The council consists of 40 members from various sub-clans[11].

Education: Jowhar has 7 schools, 5 of which are private, including Barsane, Adde, Hanafi, Imamu Shai'I and Horseed, and 2 of which are public - Buule Balle and Sheikh Oyaye. The private schools offer primary and secondary levels to around 5000 students, whereas the public schools only offer primary education to approximately 700 students. Furthermore, Jowhar has 2 universities with programs such as business administration, IT, public administration, medicine and agriculture. 33 percent of the district population has not accessed educational services due to the lack of schools[12.]

Conflict Dynamics: The conflicts in Jowhar district are mainly inter-clan conflicts between the agricultural minority groups and the nomadic clans. Like most of Somalia, the other source of insecurity is the presence and activities of Al Shabaab who still maintain control in rural areas.

IDP Population: According to displacements monitored by the Protection Cluster in Somalia, in September 2024, Jowhar District is home to 35,752 Internally Displaced People (IDP) across 14 IDP sites. The majority of the IDPs are from Somali Bantu groups. The main triggers for displacements are conflict and climate shocks.[13] The IDPs are one of the main vulnerable groups in Jowhar.

Gender-based Violence: Gender based violence is rampant in Jowhar district 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 Jowhar many gender-based violence cases go unreported, and perpetrators go unpunished.

Access to Water and Electricity: The main sources of water in Jowhar are the Webi Shabelle River, shallow wells, barkads and boreholes. The district has a functional municipal water supply that supplies water in Jowhar town. According to an infrastructure mapping report from in 2014, the district has a total of 28 water points, 86% of which are connected to the municipal water system. Despite these, water shortage is still a problem in the district as many of these water points were reported to be non-functional. Water prices are high with one jerrycan going for 778.91 Somali shillings (1.37 USD)[14]. Electricity in Jowhar town is supplied by Beco electricity

[11] *UN Habitat, IOM, Jowhar: Urban Profile, Woring Paper, 2013, accessed at : https://unhabitat.org/sites/default/files/2020/12/jowhar_urban_profile_1.pdf.*

[12] *UN Habitat, IOM, Jowhar: Urban Profile, Woring Paper, 2013, accessed at : https://unhabitat.org/sites/default/files/2020/12/jowhar_urban_profile_1.pdf.*

[13] Shelter Cluster Somalia, Somalia, Jowhar District, Protection Analysis Update, September 2024, accessed at: https://globalprotectioncluster.org/sites/default/files/2024-08/240830_jowhar_pau_somalia_fv_0.pdf

[14] *UNHCR, CHF, Shelter Cluster Somalia, Jowhar, Mapping Exercise December 2014, accessed at https://reliefweb.int/attachments/fae29077-638a-308a-a861-1a4f5fa86cd2/20150410_jowhar_mapping_exercise_report_-_december_2014.pdf.*

company at $0.6 kw/h. Off grid power also provides clean energy solutions to the people in the rural Jowhar[15]. The electrical supply system for the Jowhar Regional Hospital has three main components: private grip supply, solar system and a generator. The drainage system at the Hospital is a problem, many toilets are blocked or wash basins have no drainage.

Solid Waste Disposal: Solid waste disposal remains a challenge in Jowhar as in most of Somalia. The collection of solid waste is the responsibility of the town municipality however, there are no waste management facilities in the area and waste is often collected in the town and dumped in holes outside the town. IDP camps are most vulnerable in terms of poor sanitation and health conditions caused by poor waste management. The people here are at high risk of water borne diseases including Cholera[16]. The waste management at the Hospital is not adequate. Solid and some medical wastes are collected in open fields within the Hospital compound.

[15] *UN Habitat, IOM, Jowhar: Urban Profile, Woring Paper, 2013, accessed at* https://unhabitat.org/sites/default/files/2020/12/jowhar_urban_profile_1.pdf.

[16] *UNHABITAT and IOM, Jowhar Resilience Plan, 2021, accessed at:* https://unhabitat.org/sites/default/files/2021/08/jowhar_resilience_plan_.pdf.

4. Project Description

4.1 Jowhar Regional Hospital

Jowhar Regional hospital (*2° 46 '25.25"N, 45°29'46.35"E*) was built in 1980. The buildings of the hospital were originally designed and built to serve as local government offices. However, the service was changed, and the buildings have been used as Jowhar Regional Hospital since 1993, starting during the civil war in Somalia. It is one of the largest medical facilities in the Middle Shabelle Region. Jowhar Regional Hospital is the one and only public health facility serving for more than ***516,036*** individuals as catchment population and all these come from districts such as **Jowhar**, **Mahaday**, **Balcad**, **Warshaikh**, **Adale**, **Adanyabaal** and **Runirgod** of Middle Shabele Region and across the whole Hirshabele state except **Beletwene** Referral Regional Hospital. Eventhough, the hospital also receives referral patients from the villages far and long distance areas under Middle Shabelle region, such as "***Shaw***, ***Jalalaqsi***, ***Bulo-Burto***, *and* ***Beledweyne***, which are all located in the north of Jowhar district and at the same time in Hiiraan region "of Hirshabele state.

Furthermore, the beneficiaries to whom the hospital offers its services free of charge are from the neighboring regions of ***Afgoi, Wanlaweyn, and Jambaluul*** of the **Lower Shabele region** in the southwest of the state. Most of the community in these locations is made up of farmers and nomadic people whose income depends on farming and keeping animals, which are affected by consecutive floods and droughts every year. The hospital serves more than 200 patients per day according to the data received from the Hospital.

Table 1 Population and Districts Served by Jowhar Regional Hospital

District	Total population	Children under 5 years of age	(Women of Child Bearing Age) WCBA
Jawhar	218,465	43,693	50,247
Mahaday	94,790	18,958	21,802
Balcad	107,411	21,482	24,705
Warsheikh	66,702	13,340	15,341
Cadale	56,536	11,307	13,003
Adan Yabaal	57,816	11,563	13,298
Runirgod	14,454	2,891	3,324
	616,174	**123,235**	**141,720**

Jowhar Referral Hospital strives to provide the services of a referral hospital despite the various challenges, which include the building structures that were not designed for a hospital, lack of permanent structures, the ageing and deterioration of several of the service units, and lack of medical equipment.

Figure 6 Hospital Ground with Allocated Area for the Construction Marked in Red

Figure 7 Hospital Emergency Rooms

Figure 8 Old fence of hospital

The hospital can be easily accessed by road, accessible all year round.

The land is owned by the hospital and all the intervention under the COVID-19 Project will be confined to the existing hospital and its premises. Therefore, there will be no impact on land acquisition and involuntary resettlement. Community consultations have further shown that there are also no encroachments on the land.

The position of the hospital is at an elevated location and there is good drainage within the compound and there has not been any flooding experienced within the hospital. Some improvement on drainage is required near the northwestern section of the compound.

The range of medical services and building blocks currently within Jowhar Regional Hospital are as follows:

Table 2 Medical Services and Building Blocks Currently within Jowhar Regional Hospital

Sl. No	Name of the Services
1	MCH - Neonatal, delivery and pediatric care
2	MCH- Operation Theatre
3	Emergency

Sl. No	Name of the Services
4	Adult Inpatient
5	Laboratory
6	Cholera Ward - Temporary structure
7	OPD
8	Pharmacy
9	Stores
10	Generator Room
11	Solar Battery Room
12	Kitchen
13	Staff rooms
14	Admin building
15	Meeting hall

The hospital currently provides the following services:

- Emergency Department
- Maternity and Child Healthcare
- Basic health services
- Laboratory
- Pharmacy

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

Figure 9 Working shifts at the Hospital

UNOPS conducted a structural assessment of the structural components of the hospital. The IPD- MCH- Emergency, the OPD- Pharmacy- HR Unit, and the guard house are under danger of collapse owing to the level of deterioration observed, with the Cholera Treatment Centre in need of a permanent structure to house it; The other units, inclusive of the X-ray, Nutrition, Drug Store and Offices require minimal interventions given their relatively good condition, but the Laboratory, Meeting Hall and Staff Accommodation buildings are in need of minor maintenance. Almost all buildings did not have adequate and proper maintenance. A number of units are only temporary structures. Major defects and damages have ben observed.

4.2 Proposed Facilities

A standard design template will serve for the construction of a main building of the general hospital and service buildings. The template will be adapted to each site. The design includes the meeting of all needs of women, girls, and persons with disabilities, as per UNOPS Gender Equality and Social Inclusion (GESI) Guidelines.

To make room for the new construction, the demolition of several abandoned buildings on the site will be necessary. The new General Hospital will include the following key functions: Emergency Unit, Inpatient wards for male and female, Operations Theater, Intensive Care Unit (ICU), Laboratory, Pharmacy, Service buildings including kitchen, medical laundry, power house,

medical plant, morgue, waste management block, incinerator, guard rooms, The building will be structurally designed to be qualified for vertical expansion up to two additional floors.

The scope of works will therefore include the following:

- Emergency unit.
- Specialized clinical facilities: ICU, operating theatre , isolation wards, and medical wards for male and female inpatients.
- Clinical support facilities: Nurse stations, clean and dirty utilities, pharmacy, laboratory, X-ray room, Central Sterile Supply Department.
- Operational support facilities: Staff change, security, patients toilets and showers, janitor room, visitor's toilets, electrical and server room. e) Convenient facilities: Cafeteria and staff rest rooms.
- Future expansion features: Staircase, bed size elevator shaft, and regular elevator shaft.
- Auxiliary support buildings: Kitchen and medical laundry block, medical plant room and standby generator, water tank and pump room, maintenance workshop, waste disposal block, incinerator, guard rooms at entrances, and morgue.
- Auxiliary support structures: Elevated water tank, water desalination unit, distribution pipes, solar water heating, fire protection, ventilation, air conditioning and medical gases.

Figure 10 Proposed location of new hospital

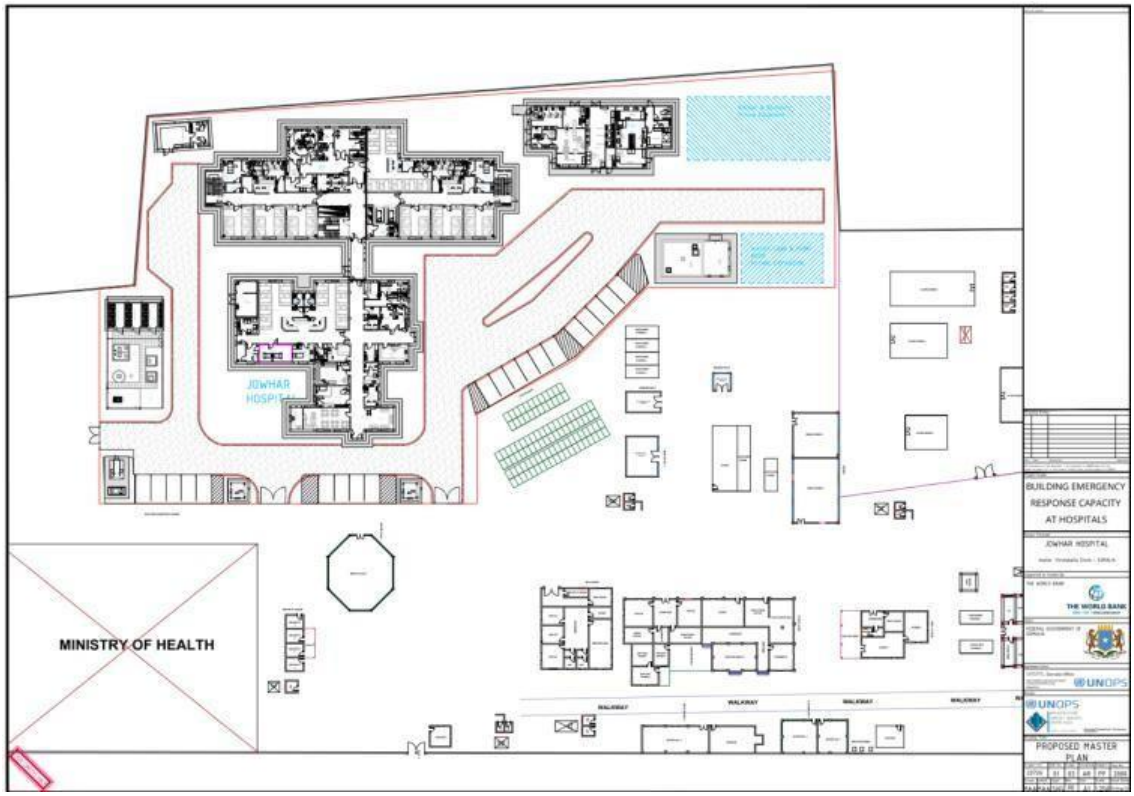

Figure 11 Proposed Hospital Master Plan

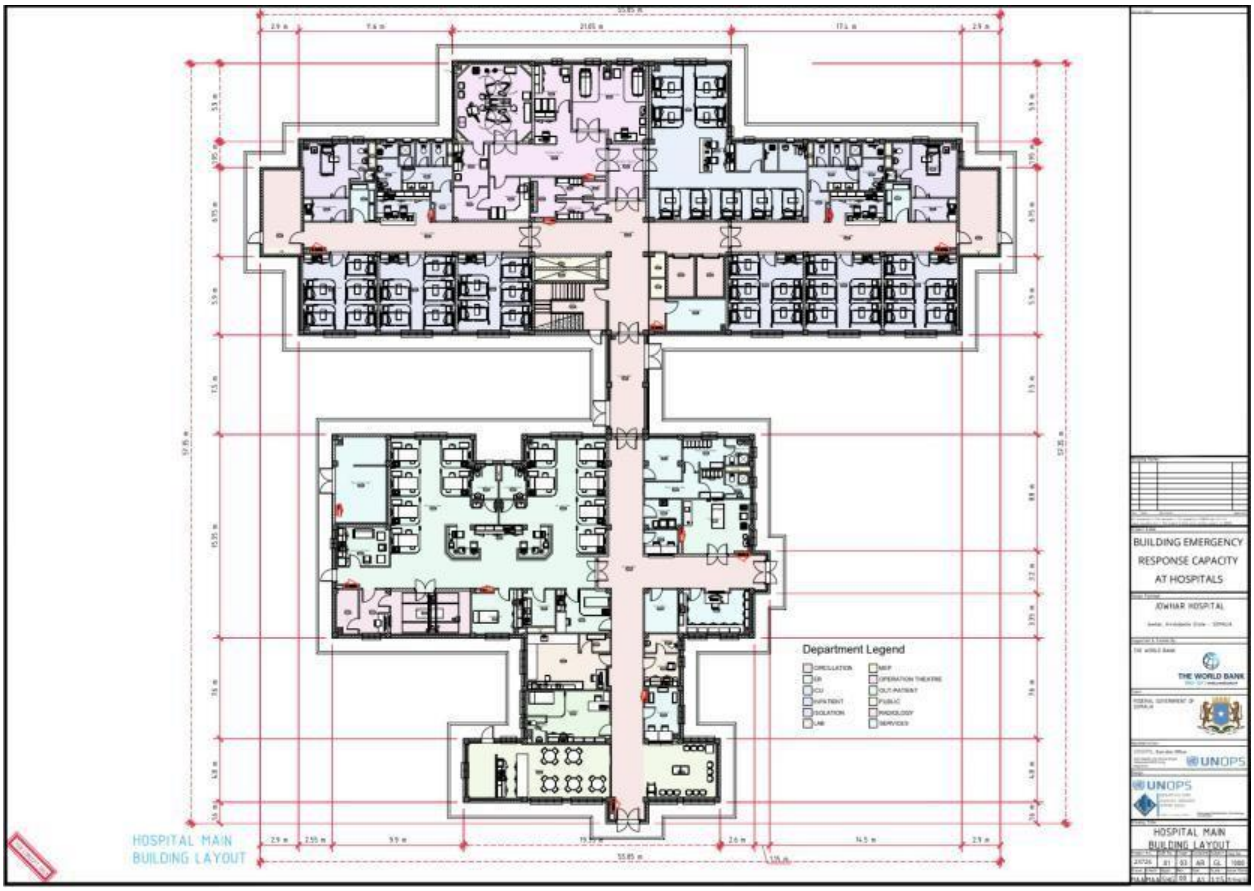

Figure 12 Hospital main building layout

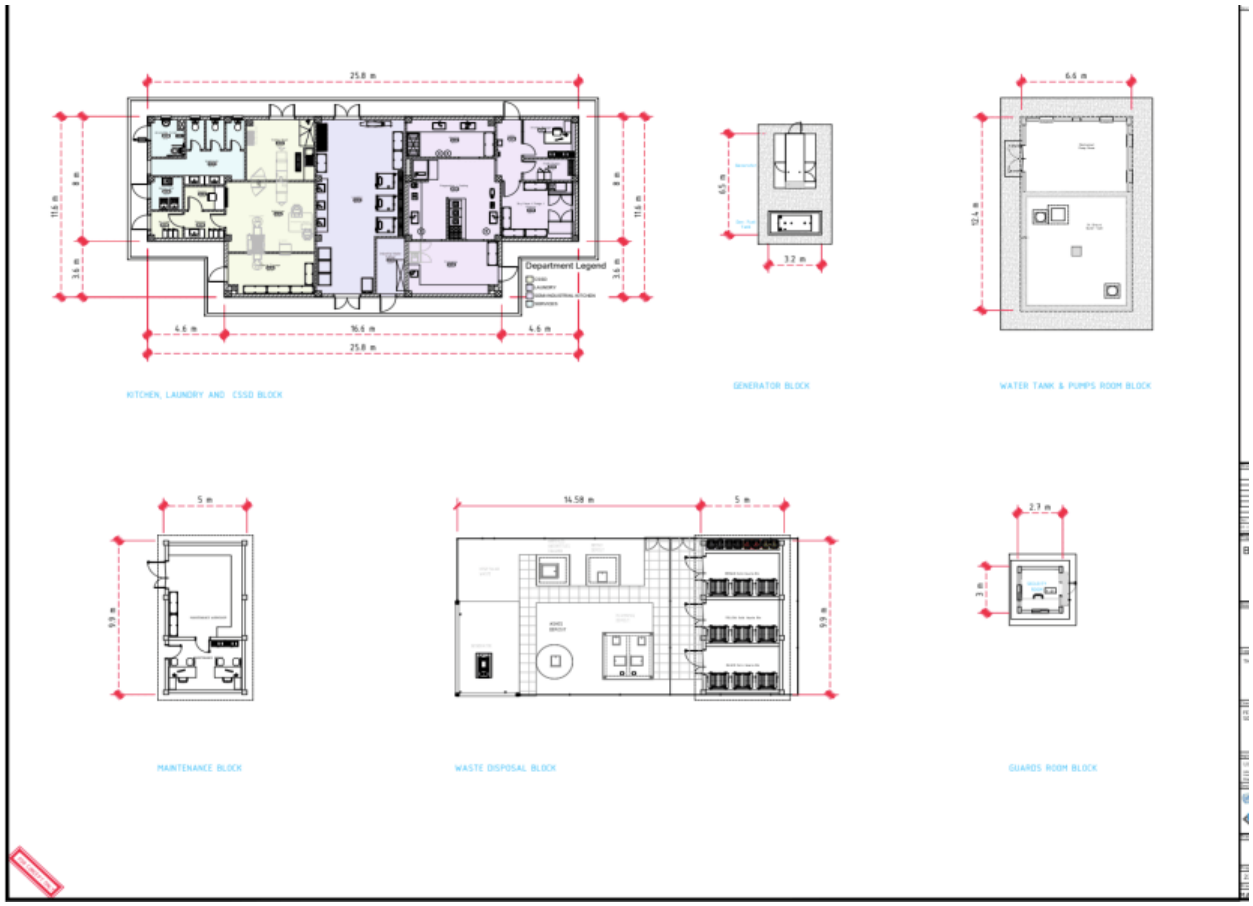

Figure 13 Planned auxiliary buildings

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 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 diagnostic imaging
- UK Health Building Note 10-02: Day surgery facilities
- UK Health Building Note13: Streile 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 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 expansions.

The facility will be provided with:

- A rainwater collection system to drain rainwater from the flat roof to free discharge on site;
- A complete system of soil, waste and vent pipe work which serve all sanitary facilities and all wet areas.
- A connection with the existing water source.
- A firefighting system to address requirements for the facility in accordance with the UNOPS design and planning manual for buildings.

- Mechanical ventilation for rooms with WCs which do not have natural ventilation; and .Air conditioning for some of the key functions.
- An electrical and low-current system, to be fed from the current private electricity company
- the required centralized medical gasses system.

4.4 Project Activities

Design Phase:

- Site Assessment
- Stakeholder Engagement
- Design of demolition package
- Design of main hospital and auxiliary buildings

Demolition Phase

- 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.
- Approval of method statement of the works.
- Clearing up of the site.
- Demolition of the existing buildings (old, dilapidated buildings) at the site.
- Disposal of the material from the demolition to the disposal site.
- Levelling the ground in preparation for the new construction.

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 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 Infection Control and Medical Waste Management Plan (ICMWMP) (see Project ESMF).
- Management of community exposure to health problems arising from ineffective infection control and inadequate healthcare waste management

5. Environmental and Social Risks and Impacts

Positive Impacts: The health sector needs have been vast and vulnerable 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 Jowhar 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 demolition and 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 social groups from consultations
- Lack of access to GRM

Demolition Phase:

- Management and disposal of material generated from demolition activities,
- Management of rubble (solid waste) from the existing buildings,
- Soil and Groundwater contamination during demolition
- 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 workers and beneficiaries,
- Labor influx and associated risks such as GBV/SEAH,
- Risks associated with labor and workers conditions, 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
- 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 demolition.

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

Operational Phase:

- Community health and safety risk: water and sanitation safety, life and fire safety, protection from infectious disease.
- Potential impacts to patients and health care workers who will be using the existing facility
- Waste management
- Medical wastes, wastewater and air emissions leading to contamination of the environment and the workers,
- Risk of infection among health professionals,
- Risk of infection to the handlers
- Physical hazards (for example, handling of sharps),

- Electrical and explosive hazards,
- Fire,
- Ergonomic hazard; 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 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
- Risks related to incinerator operation, increased air emissions.

6. Risks/Impacts and Mitigation Measures

The table below lays out the specific adverse risks and impacts anticipated for the Phase 1 (Rehabilitation) 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 3 Table with risk mitigation measures

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
ESS1: Assessment and Management of Environmental and Social Risks and Impacts						
	Risk of poor implementation of the respective mitigation measures against the negative impacts identified in this ESMP	Enhance capacity of all implementers on E&S risk assessment and mitigation measures through training sessions 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 H&S training to the to the construction workforce (including subcontractors, temporary workers, and drivers). Raise awareness of workers regarding the implementation of the ESMP tailored to the project scope, through toolbox talks and other platforms	Implementation: UNOPS/Contractor Monitoring: PCIU	500 USD	No. of awareness sessions provided to workers No. of training sessions provided to project team No. of incidents and accidents Monitoring reports by the PCIU	Monthly Contractor budget
Construction Phase						
ESS 2: Labour and Working Conditions						
	Lack of implementation of mitigation measures	Provide H&S training to the workforce Raise awareness of workers	Contractor Monitoring: UNOPS	500 USD for logistics	No. of H&S Training session No. of awareness	At the beginning of construction activity

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		regarding the implementation of the ESMP tailored to the project scope, through toolbox talks and other platforms			raising session or toolbox talks No. of incidents and accidents Monitoring reports	UNOPS budget
	Risk of insecurity affecting 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.	UNOPS / Contractor	Costs for security risk implementation as part of contractor budget	No. Security Risk Assessments updated Updated and functional SMPs No. of security incidents	Prior to commencement of activity and during construction activities
	Risk that labor and working conditions are not in compliance wih WB obligations and Somali legal requirements	Implement and monitor the LMP and ensure each employee has a contract or defined terms of engagement. Listing of all staff and titles, new hires and departure Site visited and review of records, major findings, and actions taken by contractor, engineer, or others, including authorities—to include date, inspector or auditor name	Implementation by Contractors Monitoring by PCIU and engineering firm	Incl. in contractor staff costs	Availability of register Availability of logbook showing site visited and actions taken No. of grievances related to Labor No. of registered court cases	Monthly Cost of monitoring is included in the project/ operational cost.
	OHS risks, including impacts of dust, noise, vibration, ergonomics, extreme	<u>Dust</u>: Watering the soil to dampen the surface to be used to reduce dust	UNOPS/Contractor PCIU E&S specialist to	Incl in Contractor budget	Frequency of watering and number of dust masks provided to	Monthly PCIU budget

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	temperatures, struck by objects, slips and trips, working at height, and working in confined spaces	Wear PPE (including safety glasses and gloves and dust masks). Use dust suppression techniques, such as water spraying on demolition sites and debris. Use dust barriers or screens around the site to contain airborne particles. Ensure all workers wear appropriate personal protective equipment (PPE), like masks and respirators <u>Noise</u>: Provide hearing protection where necessary (when sound level over 8 hours reaches 85 dB(A)) Use of acoustic insulating materials, isolation of noise source, and other engineering controls No noise from machine breakers if used during evening hours <u>Vibration</u>: Control vibration through choice of equipment, installation of vibration dampening pads or devices, and limiting the duration of exposure <u>Heat</u>:	monitor adherence to requirements		staff and being used % of workers that have been provided with hearing protection No. of equipment with potential to cause vibrations fitted with vibration-dampening pads or devices No. of temporary shelters available No. of training for industrial vehicle operators conducted No. of rest and stretching breaks per work day No. of OHS related incidents % of workers with appropriate PPE No. of health and safety work plans	

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Provide temporary shelters to protect against the elements during working activities or for use as rest areas. Monitor weather forecast for outdoor work Adjust work and rest periods according to temperature Use of mechanical assists to eliminate or reduce 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			No. of site speed limit signs at construction site Records of rest and stretching break Records of heath awareness and edcation sessions -Signage for designated and restricted waste drop zone No. of temporary fall protection measures -Records of safety harness with lanyards provided -Record of emergency preparedness and response plans -Records o PPE provided and reports on usage Training records Health and safety plan records Record of method statement provided to UNOPS	

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Workers/operatives to use appropriate PPE Ergonomics Incorporate rest and stretching breaks into work processes and conduct job rotation Struck by objects 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 Working at height Use of temporary fall protection measures Training and use of personal fall arrest systems Use of safety harness with land yards General: 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,				

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		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. Prioritize local community members in the recruitment of workers. Dedicated reporting channel for victims through Project GRM Provide GBV awareness training to workers	UNOPS/Contractor Monitoring PCIU	Incl in contractor staff costs / PCIU costs	% of workers that signed COCs No. of training sessions provided	At commencement of project activity
	Discrimination against women and vulnerable groups in employment	Contractor to develop recruitment and retention policies that enable fair working conditions and women's safe and equitable participation. Comply with LMP	UNOPS/Contractor Monitoring: PCIU	Incl. in staff costs	Record of contractor's recruitment and retention policy policy in place No. of women and members of vulnerable groups employed in comparison to the total number of people employed in the activity	At start of project UNOPS budget

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	Delayed payment or underpayment of workers, leading to complaints and conflict	Ensure provision of timely and equitable payment Ensure provision of workers' GRM Ensure information on workers' GRM is provided	UNOPS /Contractor Monitoring: PCIU	Incl. in contractor staff costs	Records of recruitment and retention policies available	Monthly UNOPS budget
	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, ID copies Minimum age for workers to be set at 18 Regular monitoring inspections	Contractor / UNOPS Monitoring: UNOPS/PCIU	Incl in contractor staff costs	No. of workers' grievances filed No. of GRM cases filed Record of all workers IDs and contract or consent to work. Number of workers' grievances filed and/orof GRM cases filed, resolved or pending Records of cases of child and forced labor reported	Throughout project implementation UNOPS budget
	Risk of SEA/SH among workers	All workers to sign CoC. Dedicated reporting channel for victims through Project GRM	UNOPS/Contractor Monitoring PCIU/PMT	Incl. budget of PCIU and contractor	% of workers that signed COCs No. of training sessions provided	Monthly PCIU budget

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Provide GBV awareness training to workers				
	Lack of proper information disclosure and workers grievance redress mechanism	Ensure information is disclosed as per the SEP and all adequately informed of all the relevant information. Ensure there is known GRM system in place and workers are notified about it.	UNOPS/Contractor Monitoring: PCIU	Incl. budget of PCIU and contractor	No. of information disclosed in the notification area. Presence of the workers GRM GRM channels sensitization	Quarterly PCIU budget
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[17] Rigorously segregate waste so that no PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal	Jowhar Regional Hospital administration Monitoring: MoH	Incl. budget of HCF	No. of labelled secure bags for generated medical waste No. of wastewater and air emissions analytical results available	Quarterly MoH budget
	Risks of physical hazards (for example, handling of sharps);	Ensure a local risk assessment (identification of risks at work) is conducted for each process step, that is, from sample collection to	MoH	Incl. budget of MoH	No. Local risks assessment conducted every year and specific hazards	Monthly

[17] https://www.who.int/publications-detail-redirect/9789241548564

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	Electrical and explosive hazards; Fire; Chemical use OHS hazards related to healthcare and non-healthcare daily operations	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. All fire and life safety measures follow applicable good practice standards such as those under ESS4, and the IFC EHSG for Fire Prevention and Life Safety (see Annex 6)			identified for each and way forward No. of regular safety training provided No. of reviews of training provided No. of fire drills conducted No. of OHS incident reports	

	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	MoH	Incl. budget of MoH	No. of training sessions held and workers who has been trained No. of protocols available at location	At start of the clinical operations

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		be managed responsibly, without harming the community or the environment.				
	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	Jowhar Regional Hospital administration	Incl. budget of MoH	% of signed COCs No. 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 of health and safety plan	Jowhar Regional Hospital administration	Incl. budget of MoH	No. of training sessions provided No. of health and safety plans available	Monthly
ESS 3: Resource Efficiency and Pollution Prevention and Management						
Demolition and Construction Phase						
	Lack of management and disposal of material generated from Rehabilitation activities, including rubble / waste management	Contractor to provide Waste Management Plan for site, including specification of waste disposal. Reuse and recycling of the waste generated should be prioritized Ensure disposal of generated solid waste at designated and authorized disposal site in consistence with the local and international requirements (see	Contractor Monitoring: UNOPS	Incl in contractor budget	Records of amount of solid waste re-used, recycled, disposed, where and when Records of waste tracing sheets from the premises to the disposal sites Grievances filed related to Waste management	Quarterly UNOPS budget

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		WBG General EHS Guidelines)[1], such as: Institute good housekeeping and operating practices - including inventory Control to reduce the amount of waste Institute procurement measures that recognize opportunities to return usable materials Implement stringent waste segregation to prevent mixing hazardous and non-hazardous wastes Identify potentially recyclable materials Disposal at permitted facilities specially designed to receive waste Provide on-site or off-site transportation of waste to prevent or minimise spills, releases and exposure to employees and public Ensure mechanisms exist for community to bring forth any complaints/feedback concerning the waste disposal by the contractor – Project GRM Carry out disposal of solid waste in a manner that does not negatively affect the drinking water sources, the existing waste			plans Report on implementation of the waste management	

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		management system in the area, local routes, and general aesthetic value of the area.				
	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 - Rainwater harvesting Conduct regular inspections to identify and fix leaks in pipes, hoses and tanks	UNOPS/Contractor	Incl. in contractor budget	Availability of water recycling Availability of inspection record	Throughout construction phase
	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	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	Throughout construction phase

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		areas, insulated from the ground Ensure trained personnel handle hazardous chemicals and wastes.			Training records on handling of hazardous chemicals	
	Poor sanitation facilities and sanitation conditions at work site	Provide proper water closet toilet facilities at work sites. 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	Contractor Monitoring: UNOPS	Budget of contractor	No. of water closet toilet facilities available % of toilets leaking No. of Toilets are well maintained No. of toolbox talks with Sanitary arrangements	Monthly UNOPS budget
	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. Develop and implement waste management plan, including specifying disposal site for solid waste.	Contractor Monitoring: UNOPS	Incl. in contractor staff costs	Volume of construction materials left over at the end Volume of waste at construction site is disposed of appropriately No. of waste bins available at construction sites No. of waste related	Throughout project implementation UNOPS budget

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		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.			complaints	
Operational Phase						

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	Stormwater	Build stormwater discharge system	Contractor Monitoring: UNOPS	Contractor budget	Availability of stormwater discharge system	During construction phase UNOPS budget
	Hot Climate	Build narrow windows to reduce solar radiation with double glazed aluminium profiles	Contractor Monitoring: UNOPS	Contractor budget	Availability of narrow windows	During construction phase UNOPS budget
	Risk of medical wastes, wastewater 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 medical waste management plan.	Quarterly
	Impacts of air emissions from incinerator	Conduct preventative periodic maintenance of incinerator Ensure compliance with national standards and the Stockholm Convention's Best Available techniques (BAT) and Best Environmental Practice (BEP) Do not use single-chamber, drum and brick incinerators Operate through qualified personnel only Ensure auditing and reporting systems	Jowhar Regional Hospital administration	HCF budget	No. of maintenance events No. of routine inspections	During operational phase

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Conduct routine inspections of the furnace and air pollution control systems Implement ICMWMP (See Project ESMF)				
ESS 4: Community Health and Safety						
Demolition and construction phase						
	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 GBV awareness sessions for workers Engage a dedicated service provider to support oversight and management of these risks Workers to sign COC Provide continuous awareness on GRM for SEA/SH channels to all workers Implement the SEA/H action plan.	PCIU	Incl. in PCIU staff and travel costs	Records of GBV awareness sessions to staff and the community members % of workers that have signed CoC No. of GBV-related incidents reported	monthly
	Spread of communicable diseases (Sexually Transmitted Diseases SIIs , HIV/AIDS, etc..) between workers and the community	Periodic community and workers awareness sessions on communicable diseases including HIV/AIDS Provide hand washing stations for workers	Contractors / PCIU / UNOPS Monitoring: UNOPS	Incl. in PCIU staff costs and contractor budget	No. of community sensitization % of workers that have signed CoC No. of related	Monthly UNOPS budget

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Provide mosquito nets for workers			complaints filed in GRM	
	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 Monitoring; UNOPS	Incl. in Contractor budget	No. of sensitization measures for communities No. of signage available around construction site % of small openings that have been covered % of larger openings that have an escape opening No. of locked storage for hazardous materials	Throughout activity UNOPS budget
	Increased level of dust, noise and vibration from moving of construction vehicles and machinery	High level maintenance of the project vehicles to reduce the vibrations Selecting equipment with lower sound power levels Installing suitable mufflers on engine exhausts and compressor	Contractor Monitoring: UNOPS	Incl. in Contractor budget	% of vehicles adhering to maintenance schedule % of engine exhausts with mufflers installed % of activities	Throughout activity UNOPS budget

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		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 Install no hooting sign and ensure it is enforced			implemented during the days Signage for no hooting	
	Disruption in health services for current and future patients	Ensure alternative and accessible health centers are communicated	Jowhar Regional Hospital administration Monitoring; PCIU	Incl. in MoH budget	No. of GRM cases filed in relation to site closure	Throughout activity PCIU staff time
	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	Contractor Monitoring: UNOPS	Incl. in contractor budget	No. of GRM cases filed	Throughout activity UNOPS budget
	Transport/road hazards and traffic risks during construction	Prepare implement a traffic management plan Training and licensing of industrial vehicle operators in the safe operation of specialized vehicles. Ensure drivers undergo medical surveillance	Contractor Monitoring: UNOPS	Incl. in contractor budget	% of industrial vehicle operators with license % of drivers and equipment operators who have signed the CoC % of vehicle operators who have undergone medical surveillance	Monthly UNOPS budget

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
		Establish rights of way, site speed limits, vehicle inspection requirements, operating rules and procedures CoC signing by drivers and operators Ensure drivers undergo medical surveillance Establish rights of way, site speed limits, vehicle inspection requirements, operating rules and procedures Ensure the vehicle are in good and serviceable conditions Avoid traffic in the night or when and where there are no sufficient lights Ensure there are visible traffic signs in and around the construction site.			Traffic signage installed Record of traffic management plans Grievances related to traffic and vehicle operations	
	Exclusion of women in the work force	Encourage contractor to recruit women for the works in view of creating gender parity Maintain lists of workers indicating their gender	Contractor Monitoring: UNOPS	Incl. in contractor budget	No. of women included in the workforce	Monthly UNOPS budget
Operational Phase						

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	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)	Jowhar Regional Hospital Administration	Incl. budget of MoH	No. of cleaning equipment available % of cleaners trained	monthly
	Communities' exposure to health problems arising from ineffective infection control and inadequate health care waste management	Implement MWMP	Jowhar Regional Hospital Administration	running costs of Jowhar Regional Hospital Administration	See MWMP	Monthly
ESS 8: Cultural Heritage						
	Risk of Chance Finds	Implement Chance Find procedures (see Annex 4)	Contractor Monitoring: UNOPS		Report on Chance find procedures implementation	Monthly UNOPS budget
ESS 10: Stakeholder Engagement and Information Disclosure						
	Challenges in access to beneficiaries for meaningful	Implementation and monitoring of GRM	PCIU / UNOPS	PCIU and UNOPS GRM costs	% of complaints filed have been addressed	monthly

WB ESS	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
	stakeholder and community engagements as well as grievance redress and monitoring	Implementation of Project SEP on stakeholders engagement especially those living around the hospital vicinity			No. of site-specific incident logs	
	Risks of lack of information on access to GRM leads to lack of accountability	Awareness raising on GRM and all the available channels	PCIU / UNOPS	PCIU and UNOPS budgets for GRM	No. 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 on information disclosure	PCIU	PCIU budget for stakeholder engagement	No. of community engagement sessions held	quarterly

6. Implementation Arrangements

6.1 Government and UNOPS Institutional Responsibilities

The overall responsibility for the works sits with the Federal 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 is contracting UNOPS as a sub-implementer for the rehabilitation and reconstruction of 6 hospitals, including Jowhar Regional Hospital. UNOPS has designed the works under the previous Project and is preparing the bidding documents for contractors 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 Jowhar construction works, one contractor will be hired.

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

Table 4 Institutional Partners Responsibilities

MoH	The MoH through the PCIU is responsible for the overall implementation of the Project. It will deploy supervision consultants to monitor the implementation of the Project. Specifically the PCIU Environmental and Social Team are responsible for the E&S risk mitigation of the project and are responsible for monitoring the implementation of this ESMP.
Hospital Administration	The Hospital Administration has agreed to the design of the Rehabilitation works and will support the Rehabilitation.
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.
Contractor	The contractor will implement the Rehabilitation works at Jowhar Regional Hospital based on the agreed design and this 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 subcontractors 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 ESS and 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 to UNOPS/PCIU 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 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 reports on all aspects of E&S compliance.
- Maintain lists of all workers, including their age and gender.
- 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.
- 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 the PCIU
- 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 on training workers on GBV issues, as well as community awareness on GBV
- Maintain workers' lists indicating age and gender
- Liaise closely with UNOPS on the implementation of Project GRM
- Maintain records of Workers' GRM

7. Reporting on ESMP Compliance

UNOPS will prepare periodic monitoring reports, including inputs from the contractor and 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 5 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 inspections; Training conducted, and workers participated; Workers grievances.	Monthly	Contractor
2	ESMP Monitoring Report to PCIU	Compliance status of overall Project with ESMP requirements	Monthly	UNOPS
3	Incident Reports to PCIU	Incident 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 investigation report for severe incidents within 24 hours. Detailed Investigation Report within ten days	UNOPS

No.	Title of the Report	Contents of the Report	Frequency of Report Preparation	Report to be prepared by
4.	Incidents reports from PCIU to WB	Incident 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 investigation report for severe incidents within 48 hours. Detailed Investigation Report within ten days	PCIU

8. Capacity Building and Training

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

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

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

- Occupational and public health and safety.
- Mitigation measures to be applied.
- 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

The E&S induction training for the contractors is currently scheduled for 18 December 2025.

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):
- GRM
- GBV prevention
- HIV and STI’s awareness
- Road traffic safety

The Project team will further sensitize the Hospital leadership on the requirements for a Hospital Workers’ Grievance Redress Mechanism (GRM) to be implemented during the operational phase.

9. Stakeholder Consultations

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

Once the rehabilitation of the Jowhar Regional Hospital was decided on, follow-on site visits and stakeholder engagements at the community level including with vulnerable groups, and with Hospital staff, leadership and authorities were undertake in January 2024.

District-level stakeholders, including the State Minister of Health indicated that the district cannot provide free health services to the community. When there is a cholera outbreak in the region, and the MoH does not have the capacity to provide healthcare services to all communities; Limited healthcare services contribute to high rates of malnutrition and related health complications, particularly among children under five years old**; there is a l**ack of quality healthcare services for the community and a lack of equipment, such as CT scans, MRI, and dialysis machines. The hospital still uses old x-ray machines from 1992 and it has no ambulance services. The district level stakeholders welcome any investments in adequate healthcare infrastructure, including hospital, and health centers. This involves expanding and upgrading existing facilities, ensuring availability of essential medical equipment and supplies, and addressing infrastructure gaps in underserved areas.

Environmental risks associated with the rehabilitation include **s**olid waste production during construction, such as debris from the demolition of construction parts**, m**edical waste in the operational phase and noise, dust, and other pollutants during construction. The State Minister of Health assured that there will be no impact of land ownership, as the Government owns the land the hospital is on.

Vulnerable stakeholders identified include people with mental illness, persons with disabilities (PWD), women, children, elderly individuals, low-income people.

During consultations with community members, elders, youth, and others, it was stated that the hospital has covered most of their health services. There are some gaps in the hospital services; they provide information on specific gaps and challenges that exist in Jowhar Regional Hospital:

- The hospital does not have ambulance services
- The hospital does not have a blood bank storage.
- The hospital does not have quality equipment.
- Some parts of the hospital are not working.
- Lack of clean environment in the hospital due to not managed wastes from the hospital

(there is a need for additional incinerators at the hospital)

- Cholera outbreak in the region, and Jowhar Hospital does not have capacity to handle the large patients, and there is a need for additional places to look after the outpatients.
- The hospital still uses an old x-ray since 1993, and its old version, there is a need for a modern x-ray in the hospital.

Community members states that they are very excited to welcome the rehabilitation of the hospital in their district. They anticipate risks of omproper waste management of both general and hospital medical waste was an environmental risk in the hospital compound. There is a need for additional incinerators. During the rehabilitation of the hospital, construction activities can generate noise, dust, and other pollutants. They further stated that the land the Hospital is built on belongs to the Government and is not contested.

Women articulated that there are risks of GBV during the construction work. Furthermore, they were worried about inequalities at the workshop, and unequal access to project benefits . During construction, women think that men will treat them in a bad manner and not reflect good conduct. The work environment at the construction site does typically have a higher concentration of men. Women hope that once the rehabilitation is completed, there will be employment opportunities for women at the hospital. During the construction work they hope that they can take on cooking for the construction workers.

Figure 14 Community consultation in Jowhar, January 2024

Figure 15 Stakeholder consultations, Jowhar, January 2024

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 of an emergency unit and the cold chain were made, as priorities set by the Hospital administration. During the meeting stakeholders agreed on the location of the emergency unit in the Hospital compound (see Annex 1 for more details). The location selected is at the south-eastern corner of the Hospital grounds, with two side main roads.

Figure 16 Meeting with the Mayor of Jowhar and Hospital Director

Following the decision meeting, another meeting was held on 17 July 2024 with the Director General of the Hirshabelle MoH, the Acting Hospital Director, the Advisor to the President, the UNOPS Team and community members. UNOPS introduced the design proposal for the Hospital rehabilitation. The Hospital authorities stated that their priority is an emergency unit and an operation theatre. It was agreed that available open space would be used for construction. An agreement was made on what the hospital unit should include, and it was indicated that budget may not be sufficient for the inclusion of procurement of equipment.

Figure 17 Meetign with Jowhar Hospital stakeholders

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'.[18] 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 conduct public awareness campaigns about the Project GRM 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. UNOPS will conduct it own awareness for its GRM in the vicinity of the site.

[18] World Bank, Environmental and Social Framework, 2018, p. 131.

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.

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

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

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

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

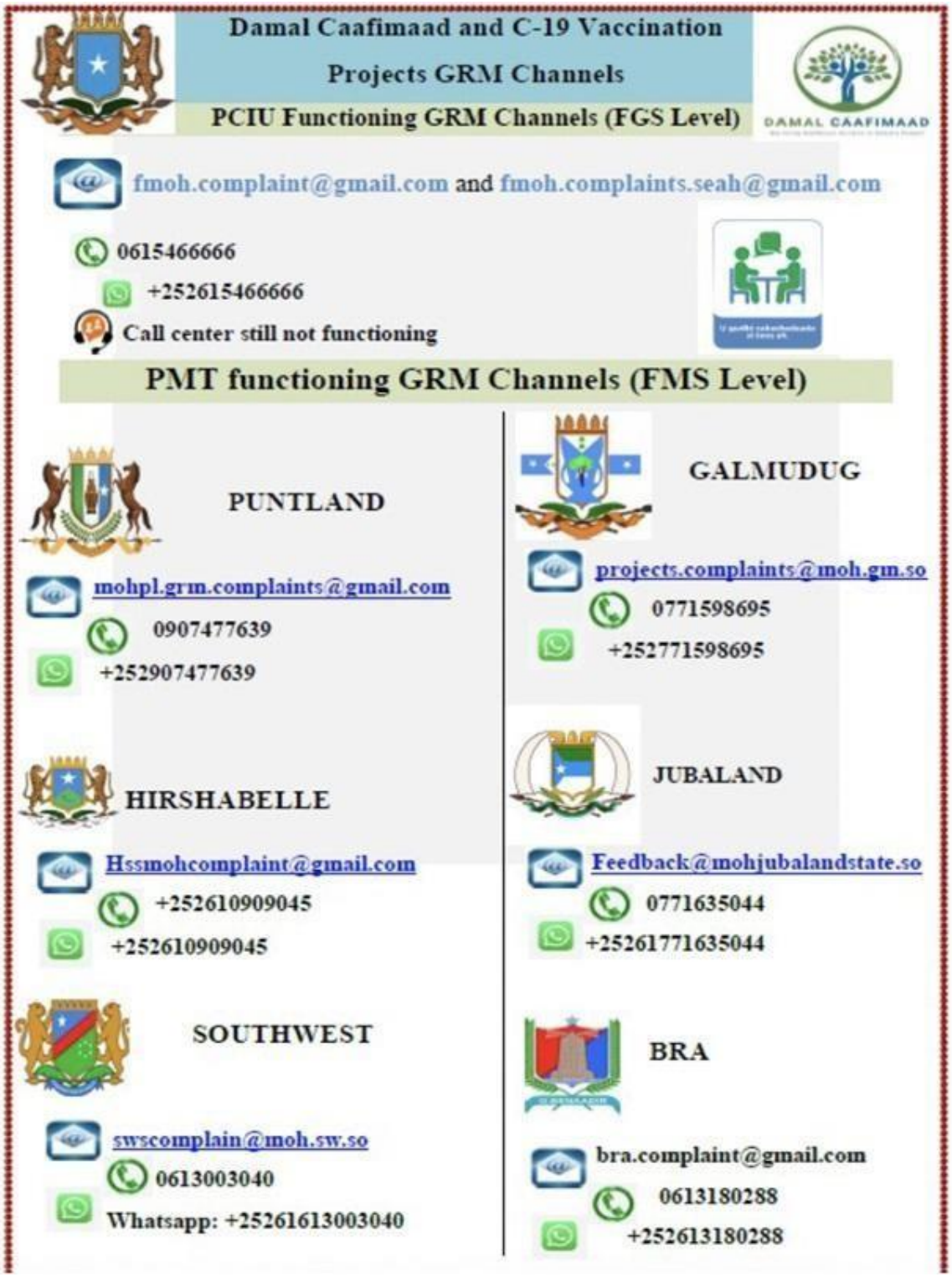

Figure 18 GRM contacts

11. Implementation Budget

Table 6 Implementation Budget

	Required Resources	Costs
UNOPS – Monitoring of ESMP		
1.	Human Resources: 1 ES/EHS Specialist (50 percent of time)	UNOPS staff costs
3.	1 Security Specialist (20 percent of time)	UNOPS staff costs
6.	Logistics / Travel	UNOPS travel budget
Implementation of Risk Mitigation Measures Contractor		
9.	Human Resources 1 EHS Specialist x 4 months	Bidder to assess and estimate
10.	Cost of PPE	Bidder to assess and estimate
11.	Cost of OHS and other mitigation measures and Training	Bidder to assess and estimate
13.	Construction Waste Disposal	Bidder to assess and estimate
14.	Safety Signages	Bidder to assess and estimate
15.	Community engagement	Bidder to assess and estimate
16.	Latrines	Bidder to assess and estimate

Annex 1: Stakeholder Consultations

Stakeholders meeting – Jowhar Regional Hospital

Date: 17 July 2024

Attendees:

1. Solomon Gebremedhin – UNOPS Senior Project Manager.
2. Ala Arman - UNOPS (ISSU) - Design Head
3. Dr. Abdirashid Mohamed Hussein - Director General, Hirshabelle MoH
4. Ahmed Mohamud Hussein, HSS Advisor
5. Abdulkadir Hussain Jim'ale, Hospital Community Member
6. Ushey Ahmed Arale, Acting Hospital Director
7. Dr. Isse Gudlawe Hissein, Health Advisor for the President

The following agenda was followed:

- Opening remarks
- Project Background
- Collect information for the design team including the design requirements;
- Agree on the locations for construction;
- Gain practical insights through the meeting, and get feedback of the stakeholders on the draft concept layout
- Update on outstanding key Items

Opening remarks,

The meeting was chaired by Dr. Abdirashid Mohamed Hussein and commenced by appreciating all in attendance for making time to attend the meeting to resolve the outstanding issues.

The Director General 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 operating theater.

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. Abdirashid confirmed the hospital will respond as soon as they receive requests.

The hospital site could not be visited as the UNDSS could not provide protection for the mission from the UN camp to the Hospital and the aerial photo was used for the discussions about the location..

The following were agreed after the discussions;:

1. The location of the new construction, the top priority of the hospital, was agreed as shown in the figure below

2. It was agreed that the open space will be utilized for the new construction.

3. Due to budget constraints for construction, further discussions were held with the Director General and the stakeholders in the meeting. It was agreed that the construction of an emergency unit and an Operating theatre are the top priorities for 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 limited to be fully considered in the project scope.

4. 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

The Jowhar meeting was concluded at 12:00 p.m. and the team returned to Mogadishu.

Photos 1 & 2. Mission team of UNOPS in Jowhar in a meeting with Jowar Hospital Stakeholders;

Photos 3&4: Mission team with Jowhar stakeholders at Jowhar UNSOS Camp

23726-001 - Building Emergency Capacity of Six Hospitals in Somalia

UNOPS

Federal Republic of Somalia
Ministry of Health & Human Services

THE WORLD BANK

MEETING MINUTES, 17 July 2024

Project Title	Building Emergency Capacity of Six Hospitals in Somalia	**Meeting Number**	
Meeting Purpose	Design team to meet the stakeholders and to agree on the requirements for Jowhar Hospital		
Meeting Location	Jowhar, UN Compound	**Meeting Date & Time**	17 July 2024 9hr00 – 11 hr 00
Present	1. Solomon Gebremedhin – UNOPS Senior Project Manager. 2. Ala Arman - UNOPS (ISSU) - Design Head 3. Dr. Abdirashid Mohamed Hussein - Director General, Hirshabelle MoH 4. Ahmed Mohamud Hussein, HSS Advisor 5. Abdulkadir Hussain Jim'ale, Hospital Community Member 6. Ushey Ahmed Arale, Acting Hospital Director 7. Dr. Isse Gudlawe Hissein, Health Advisor for the President		
Distribution	All participants		
Minutes prepared by **Minutes verified by**	Solomon Gebremedhin Solomon Gebremedhin	**Distribution Date**	17 July 2024

Stakeholder consultations were undertaken in January 2024, including with community members, women, and district level authorities. The outputs of the consultations are presented above.

Figure 19 Community consultations Jowhar, January 2024

Table 7 Participants of Stakeholder Meeting on January 2024

Jowhar region

list meeting participants including [illegible]
level.

Name	Role	C
Hassan Ali [illegible]	Medical Doctor	
SHUEB ALi NUR	Medical Doctor	
Dr. Issc Gudlawe Hussien	medical doctor	
Ahmed Hassan Gomy	Lab specialist	
Maryan Mahamud Mahamed	midwife	[illegible]
Dr Abdirahman Mohad [illegible]	Medical Doctor	[illegible]
[illegible]	[illegible]	
Xosa [illegible]	X Ray	
Shuceyb omar Moh	Anethesiste	[illegible]
Cali Xaji Maxed	NURSE	[illegible]
Abdulkadir mohomed	Phormacist	[illegible]
Ahmed Sh Ali Sabri	PMT Project Mange	
Muhudin Mokhtar M.	[illegible]	
Dr Mohamed Ali Hussein	Hospital Administrator	
Cismaan Maxed Muqtaar	G. Deg. Jowhar [illegible]	

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 8 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	Jowhar Hospital, HIRSHABELLE STATE
Subproject Location	Jowhar
Subproject Proponent	
Estimated Investment	US$1.87 million
Start/Completion Date	Feb 2025 - Oct 2025

Questions	Answer		ESS relevance	ue 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	ESS5	
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?	Yes		ESS5	ESIA/ESMP, SEP
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 Septic tank on site

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			SEP
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?		No		GRM, ESMP, SEP
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimens, 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?	Yes		ESS4	ESIA/ESMP, SEP, SMP

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?	Yes		ESS1	ESIA/ESMP, SEP
Does the subproject carry risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?	Yes		ESS1	ESIA/ESMP, SEP Low risk
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:

1. **Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). ESMP will be required)**

2. **Proposed E&S Management Plans/ Instruments - ESMP will be required**

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 JOwhar Regional 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.

Emergency Risk Assessment

This risk assessment identifies potential hazards based on Jowhar Regional 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

Emergency Preparedness Measures

Preparedness ensures that Jowhar Regional hospital is equipped to handle emergencies effectively

Overview of Emergency Preparedness Measures for Jowhar Regional 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

Emergency Response Protocols

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

Overview of Emergency Response Protocols for Jowhar Regional 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 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.

Recovery and Business Continuity

Post-emergency recovery ensures a smooth return to normal hospital operations.

Overview of Post-emergency Recovery Actions for Jowhar Regional 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 Jowhar Regional Administration framework, and is intended to ensure efficient emergency response, reduce response time, and enhance Jowhar Regional Hospital's preparedness to handle health crises effectively.

Coordination Schedule for Jowhar Regional Hospital with External Agencies

Agency	Role	Coordination Frequency	Formal Agreement
Regional Health Office	Supervision and outbreak response coordination.	Quarterly & during emergencies	MoU with Ministry of Health
Fire and Rescue Department	Fire safety, emergency evacuation, and fire drills.	Bi-annual training & drills	Emergency Response Protocol
Ambulance Service	Patient transfer and emergency medical support.	As needed & annual review	Service Agreement
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 Jowhar Regional Hospital

Introduction

The Emergency Evacuation Plan (EEP) for the 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 Region, including security challenges and limited emergency response capacity.

Objectives

Objectives of the Emergency Evacuation Plan (EEP) for the 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.

Evacuation Procedures

Overview of the 4-Step Evacuation Procedure for the 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.

Evacuation Routes & Exits

Overview of the Proposed Evacuation Routes & Exits for the 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.

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.

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.

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

Emergency Equipment & Communication

Overview of Emergency Equipment and Communication Infrastructure for the 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

Post-Evacuation Procedures

Overview of Post-Evacuation Procedures for the 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 Guidelines (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.