FEDERAL GOVERNMENT OF SOMALIA

Ministry of Finance (MoF)

PROJECT: Somalia Crisis Recovery Project (SCRP)
PROJECT ID- P173315

Environmental and Social Management Plan (ESMP)

RE-CONSTRUCTION OF MALKARIYEY MOTHER AND CHILD HEALTH CARE FACILITY
Belet Hawa DISTRICT, JUBALAND STATE

14 October 2022
Project Implementation Unit (PIU)

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LIST OF ACRONYMS AND ABBREVIATIONS

CBO	Community Based Organization
CERC	Contingency Emergency Response Component
CESMP	Contractor-ESMP
CoC	Code of Conduct
CRW	Crisis Response Window
CRW ERA	Crisis Response Window Early Response Allocation
CSO	Civil Society Organization
DEWC	District Environment and Environment Watch Council
E&S	Environmental & Social
EHSG	Environmental, Health and Safety Guidelines
EIA	Environmental Impact Assessments
EPI	Expanded Programme for Immunization
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FAO	Food and Agricultural Organization
FGM/C	Female Genital Mutilation/Cutting
FGS	Federal Government of Somalia
FMS	Federal Member State
GBV	Gender-Based Violence
GHG	Green House Gas
GIIP	Good International Industry Practices
GRM	Grievance Redress Mechanisms
GRS	Grievance Redress Service

IDP	Internally Displaced Person
IP	Implementing Partner
LMP	Labor Management Procedures
MCH	Maternal and Child Health
MNR	Ministry for Natural Resources
NGO	Non-Governmental Organization
OHS	Occupational Health and Safety Standards
PAPs	Project Affected Populations
PDO	Project Development Objective
PIU	Project Implementation Unit
PSC	Project Steering Committee
POM	Project Operations Manual
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
RAP	Resettlement Action Plan
REWC	Regional Watch Councils
RPF	Resettlement Policy Framework
SCRP	Somalia Crisis Recovery Project
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMP	Security Management Plan
SPT	State Project Team
SWALIM	Somalia Water and Land Information Management
SWS	South West State
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations' Children Fund
UNFPA	United Nations Population Fund
WB	The World Bank
WMP	Waste Management Plan

Executive Summary

The Malkariyey Mother and Child Health Care Facility (MCH) is located in Belet Hawa District in Jubaland State. The proposed project includes the reconstruction of the Malkariyey MCH into a modern facility with supporting infrastructure and amenities. In consultation with the local health authorities, UNOPS has designed this facility, including basic amenities such as electricity, water, sanitation, and a waste management facility. The proposed main building will be a single-storey building measuring 207.2 m^2. Outside and separate from the main building, support facilities will include a separate support building (with staff changing rooms, kitchen, laundry area and utility areas) measuring 42m^2, public toilet block measuring 15m^2 and a 5m^2 guard house. Support facilities total an area of 60.7m^2 hence a total built up area of 267.9m.^{2} The current main MCH building will be demolished after relocation to the newly built facility.

There are significant positive impacts that are expected from the project. The primary beneficiaries are populations in rural areas, including farmers, agro-pastoralists, and pastoralists. The MCH will improve accessibility to health services in town for the rural populations. Negative risks and impacts are mainly associated with construction works and include risks related to occupational health and safety of workers both during the construction and operational phases, increased level of dust, noise and vibration from moving of construction vehicles and machinery, community health and safety risk, risks associated with labor rights and management, e.g. child labor or forced labor, labor influx and associated risks such as GBV and others.

The project team has undertaken an E&S screening of the sub-project, as per process described in the SCRP ESMF[1]. The screening resulted in placing the sub-project into 'Category C: Moderate Risk', as per the levels defined in the ESMF. It was decided that an ESMP would best guide the risk management for the sub-project.

This Environmental and Social Management Plan (ESMP) specifies the means through which the adverse environmental and social risks and impacts of the Project associated with demolition, reconstruction and operational 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 exactly what must be done, by whom, when, and to what standard; and also shows who will monitor its implementation and

[1] Ministry of Finance, Somalia Crisis Recovery Project, Environmental and Social Management Framework (ESMF), disclosed at: https://www.cabri-sbo.org/uploads/files/Covid19BudgetDocuments/Somalia_2020_Planning_External_NationalPlan_MinPlanning_CEN-SADIGAD_English.pdf

when and what the budget implications for both, 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 Federal Government of Somalia (FGS) appealed for emergency assistance and investment in longer-term solutions to avert a future crisis in October 2019, with the government-led response directed by a high-level inter-ministerial Flood Response Committee. This was followed by an appeal by the FGS to the World Bank to support a government-led Post Disaster Needs Assessment and Floods Recovery and Resilience Framework for the flood-affected areas in early December 2019, followed by a further request in January 2020 to the World Bank for funding from the International Development Association (IDA) Crisis Response Window (CRW) to support flood recovery and resilience-building.

The Somalia Crisis Response Project (SCRP) contains the following components:

Component 1 Immediate basic services and livelihood support for early recovery to the flood-affected states of Hirshabelle, South West, and Jubaland and locust-affected areas nationally.

Component 2: Medium-term flood recovery to rehabilitate critical public and community infrastructure in line with build-back-better and climate-resilient standards.

Component 3: Longer-term disaster risk management and preparedness. This component will strengthen the institutional capacity and preparedness of governmental ministries agencies and departments to respond to flood and drought related emergencies.

Component 4: Project Management. This component will strengthen the institutional capacity Project Implementation Unit (PIU), based in the Ministry of Finance in Mogadishu, and State Project Teams for the implementation of the Project.

Component 5: Contingency Emergency Response Component. This Contingency Emergency Response Component (CERC) is included in the Project in accordance with Investment Project Financing (IPF) Policy.

Component 6: Anticipatory and Recovery Support for Addressing Food Insecurity. The proposed scope of this new component supported with subsequent additional financing to address food insecurity has two subcomponents consistent with the original objective of the SCRP. They are (a) Anticipatory Action and Early Response Support to Food Insecure Communities, and (b) Medium-term Sustainable Recovery and Resilience of Food Insecure Communities.

The proposed sub-project for the reconstruction of the Malkariyey MCH will be implemented under Component 2: Medium-term flood recovery to rehabilitate critical public and community infrastructure in line with build-back-better and climate-resilient standards.

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 construction of the MCH shall begin to ease the burden the health sector is already experiencing in the city. There will be improved access to medical health care services by the local community.

The project team has undertaken an E&S screening of the sub-project, as per process described in the SCRP ESMF[2]. The screening resulted in placing the sub-project into 'Category C: Moderate Risk', as per the levels defined in the ESMF. 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 reconstruction of Malkariyey MCH and demolition of some of the old structures. The purpose of the management plan is to provide a consolidated summary of all the Environmental and Social (E&S) commitments relevant for the construction, commissioning and operational phases of the project, including Occupational Health & Safety (OHS) and waste management. The measures focus on environmental aspects such as air emissions, environmental contamination and social aspects such as communication with local stakeholders and safety of workers and communities. The ESMP lists the 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 therefore to provide management actions to mitigate negative risks and impacts, in consistence with national framework (and/or regional references) and relevant WB ESS & WBG Environmental, Health and Safety Guidelines (EHSGs) for both General and Healthcare Facilities and should be consistent with GIIP, such as WHO technical guidance.

[2] Ministry of Finance, Somalia Crisis Recovery Project, Environmental and Social Management Framework (ESMF), disclosed at: https://www.cabri-sbo.org/uploads/files/Covid19BudgetDocuments/Somalia_2020_Planning_External_NationalPlan_MinPlanning_CEN-SADIGAD_English.pdf

2 Policy and Legal Framework

2.1 National Regulatory and Policy Framework

Somali policy and legislation with respect to the environment is nascent or outdated. A number of international agreements exist, and although binding on Somalia, there has been little progress in the implementation of those. These international environment agreements include topics such as biodiversity, desertification, endangered species, and ozone layer protection.

In recent years the Federal Republic of Somalia and its Federal Member States (FMS) have effected constitutional changes that define natural resources, common environmental goods and ecosystem services as protectable public assets, and ascertain the right to a clean and healthy environment. However, there are no specific environmental or regulations in place. Protection and use of Somali water resources is the responsibility of the Ministry of Water Resources that has put a policy, act and regulatory framework in place. The Ministry for Natural Resources (MNR), shall establish the Regional Watch Councils (REWC). The MNR, in consultation with the Local Government Councils/ District Governor, local CSO/CBOs and the community shall establish the District Environment and Environment Watch Council (DEWC).

As a stop gap measure, in the absence of a national regulatory framework for sustainable environment, Somalia has a **Provisional Constitution** (2012) that contains a number of parameters relevant for various operational activities for the planned sub-project of the SCRP: Article 12 addresses public assets and natural resources; Art. 11 provides that all citizens have equal rights regardless of sex, and that the State must not discriminate against any person on the basis of gender; Article 14 stipulates that a person may not be subjected to slavery, servitude, trafficking, or forced labor for any purpose; Art 24. Prohibits sexual abuse in the workplace; Article 24.5 stipulated that all workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the workplace. Every labor law and practice shall comply with gender equality in the workplace; Article 25 states that every Somali has the right to an environment that is not harmful to them, and to be protected from pollution and harmful materials. Every Somali has a right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of natural resources.

Article 45 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 safeguard 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.

The Labour Code of 1972[3] **(Art. 31-42)** stipulates that all contract of employment must include a) the nature and duration of the contract; b) the hours and place of work; c) the remuneration payable to the worker; and c) the procedure for suspension or termination of contract. Furthermore, all contracts must be submitted to the competent labor inspector for pre-approval.

In regard to Occupational Health and Safety standards (OHS) (Art. 101), the employer is obligated to provide adequate measures for health & safety protecting staff against related risks, including the provisions of a safe and clean work environment and of well-equipped, constructed and managed workplaces that provide sanitary facilities, water and other basic tools and appliances ensuring workers' health and safety.

The Labour Code (Art. 134-140) further stipulates that workers have the right to submit complaints and the employer must give the complaints due consideration. Remuneration must be adequate in view of the quality and quantity of the work delivered, and must be non-discriminatory in regards to age, gender and other aspects. Maximum number of working hours per week are 8 hours per day and 6 days per week.

Some work is considered dangerous and unhealthy and forbidden for women and youth (defined as 15-18 years of age). This includes the carrying of heavy weight or work at night. The Labor Code further forbids work for children below the age of 12, but allows employment of children between the age of 12-15, yet employment has to be compatible with proper protection, health and the moral of children. The Code also recognizes freedom of association. Employers are prohibited from engaging in any kind of discrimination or restriction of the right of freedom of association. Workers are allowed to join trade union.

The Labor Code stipulates right to equal pay for the same work as men, paid maternity leave. Women are entitled to 14 weeks of maternity leave at half pay.

The Somali Penal Code of 1962 criminalizes rape and other forms of sexual violence as well as forced prostitution. Articles 398-9 provide that 'carnal intercourse' and 'acts of lust omitted with violence' are punishable with 5-15 years and 1-5 years of imprisonment. Abduction for the purpose of lust or marriage is prohibited under Art 401.

[3] The Code has recently been revised, but the revisions have not yet been passed and signed into law.

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

The National Environmental Policy (2015) promotes the use of appropriate environmental assessment instruments.

In regards to the institutional capacity for environmental management, a Directorate of Environment is integrated in the Office of the Prime Minister. It is mandated to draft relevant policies and legislation, including establishing of the Environmental Quality Standards, and Sectoral Environmental Assessments, Environmental Impact Assessments (EIA). Laws on environmental governance in Jubaland State are at infancy stages and environmental impact assessment capacity is nascent. Environmental decision-making arrangements includes the FGS signing international conventions, and parliament approving Environmental Acts and Laws. However, necessary laws have not been formulated yet.

2.2 International Conventions Signed and Ratified by Somalia

The 1992 United Nations Framework Convention on Climate Change (1992). The primary purpose of the Convention is to establish methods to minimize global warming and in particular the emission of Greenhouse G ases (GHGs). The Convention was adopted in 1992 and came into force in 1994. Somalia acceded the Convention in 2009. Somalia ratified the Kyoto agreement in 2010 and the Paris agreement in 2016.

United Nations Convention on Biological Diversity (1992). The Convention has three main goals which are, the conservation of biological diversity (or biodiversity); the sustainable use of its components; and the fair and equitable sharing of benefits arising from genetic resources. Somalia acceded to the Convention in September 2009.

ILO Convention 182 on Worst Forms of Child Labor. Ratification of this Convention makes a country commit itself to taking immediate action to prohibit and eliminate the worst forms of child labor. Some predefined worst forms of child labor include sale of a child, trafficking of children, forced or compulsory labor, commercial exploitation of children, prostitution or the production of pornography, and work by its nature that is likely to harm the health, safety and morals of children. The Convention was ratified by Somalia in 2014.

Forced Labour Convention (1930/no. 29). The key objective of the Convention is to suppress the use of forced labor in all its forms. It defines forced labor as 'all work or service which is exacted

from any person under the menace of any penalty and for which the said person has not offered himself voluntarily'. The Convention has been in force in Somalia since 1960.

Rotterdam Convention: This is a multilateral treaty that came into effectiveness in 2004. The purpose is to promote shared responsibilities in relation to importation of hazardous chemicals. The convention promotes open exchange of information and calls on exporters of hazardous chemicals to use proper labelling, include directions on safe handling, and inform purchasers of any known restrictions or bans. Signatory nations can decide whether to allow or ban the importation of chemicals listed in the treaty, and exporting countries are obliged to make sure that producers within their jurisdiction comply.

2.3 World Bank Environmental and Social Standards (ESS)

The Environmental and Social Framework (ESF)[4] sets out the World Bank's commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards. Below is a short summary of the relevant Environmental and Social Standards (ESSs) for this sub-project[5]:

ESS 1: Assessment and Management of Environmental and Social Risks and Impacts. ESS1 sets out the Client's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the Environmental and Social Standards (ESSs). This ESS is relevant to this sub-project, and E&S risks and impacts are managed through this ESMP.

ESS 2 – Labor and Working Conditions. ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. ESS2 applies to project workers including fulltime, part-time, temporary, seasonal and migrant workers. In order to mitigate risks and impacts in relation to labor and working conditions, the SCRP has prepared Labor Management Procedures (LMP), which are annex to the ESMF.[6] This ESMP lists the relevant procedures.

ESS 3 – Recourse and Efficiency, Pollution Prevention and Management. ESS3 recognizes that economic activity and urbanization often generate pollution to air, water, and land, and

[4] World Bank, Environmental and Social Framework (ESF), 2018.

[5] ESS 7 and 9 do not apply to this project. There are no population groups that are included in the relevant criteria of ESS 7, and there is no cultural heritage findings expected.

[6] SCRP, Environmental and Social Management Framework, amended August 2021.

consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels. The current and projected atmospheric concentration of greenhouse gases threatens the welfare of current and future generations. At the same time, more efficient and effective resource use, pollution prevention and GHG emission avoidance, and mitigation technologies and practices have become more accessible and achievable. This ESS sets out the requirements to address resource efficiency and pollution prevention and management throughout the project life cycle consistent with Good International Industry Practice (GIIP).

ESS 4 – Community Health and Safety. ESS4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities. Key risks and impacts of the sub-project in regards to community health and safety relate to GBV/SEA-H, pollution and security. Consistent with this, ESS4 addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility to avoid or minimize such risks and impacts, with particular attention to people who, because of their particular circumstances, may be vulnerable. Risk mitigation measures are listed in this ESMP.

ESS 5 – Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement. ESS 5 recognizes that project-related land acquisition and restrictions on land use can have adverse impacts on communities and persons. Project-related land acquisition or restrictions on land use may cause physical displacement (relocation, loss of residential land or loss of shelter), economic displacement (loss of land, assets or access to assets, leading to loss of income sources or other means of livelihood), or both. The term “involuntary resettlement” refers to these impacts. Resettlement is considered involuntary when affected persons or communities do not have the right to refuse land acquisition or restrictions on land use that result in displacement. The selected Hudur road to be rehabilitated does not imply any land acquisition related risks, as the road already exists on public land and no further land needs to be acquired.

ESS 6 – Biodiversity Conservation and Sustainable Management of Living Natural Resources. ESS6 recognizes that protecting and conserving biodiversity and sustainably managing living natural resources are fundamental to sustainable development. Biodiversity is defined as the variability among living organisms from all sources including, inter alia, terrestrial, marine and other aquatic ecosystems and the ecological complexes of which they are a part; this includes diversity within species, between species, and of ecosystems. Biodiversity often underpins ecosystem services valued by humans. Impacts on biodiversity can therefore often adversely affect the delivery of ecosystem services.

ESS6 recognizes the importance of maintaining core ecological functions of habitats, including forests, and the biodiversity they support. Habitat is defined as a terrestrial, freshwater, or

marine geographical unit or airway that supports assemblages of living organisms and their interactions with the non-living environment. All habitats support complexities of living organisms and vary in terms of species diversity, abundance and importance. Where relevant to this sub-project, risk mitigation measures have been listed in this ESMP.

ESS 8 – Cultural Heritage. ESS8 recognizes that cultural heritage provides continuity in tangible and intangible forms between the past, present and future. People identify with cultural heritage as a reflection and expression of their constantly evolving values, beliefs, knowledge and traditions. Cultural heritage, in its many manifestations, is important as a source of valuable scientific and historical information, as an economic and social asset for development, and as an integral part of people's cultural identity and practice. ESS8 sets out measures designed to protect cultural heritage throughout the project life cycle.

The requirements of ESS8 apply to cultural heritage regardless of whether or not it has been legally protected or previously identified or disturbed. The requirements of ESS8 apply to intangible cultural heritage only if a physical component of a project will have a material impact on such cultural heritage or if a project intends to use such cultural heritage for commercial purposes.

ESS 10 – Stakeholder Engagement and Information Disclosure. This ESS recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation. Stakeholder engagement has been undertaken for this sub-project, as listed in the section on consultations. In consideration of Covid-19 restrictions, the project has followed World Bank guidelines on community consultation under COVID-19[7]. Effective stakeholder engagement also includes the provision of an effective grievance redress mechanism, in which aggrieved beneficiaries can file grievances and receive redress.

Furthermore, the ESMP is based on the WBG General EHS Guidelines from 2007. These guidelines contain the performance levels and measures that are acceptable to the WB. The following Good Practice Notes have also been consulted to ensure that mitigation measures developed are aligned with best industry practices: Addressing sexual exploitation and abuse and sexual harassment (SEA/SH) in investment projects financing involving in major civil works, 2020; Addressing Gender based violence in Investment Project Financing involving major civil works, 2018; Assessing and managing the risks and impacts of the use of security personnel,

[7] The World Bank, Citizen Engagement and Stakeholder Consultations during COVID-19, accessed at: https://www.worldbank.org/en/news/factsheet/2020/12/01/citizen-engagement-and-stakeholder-consultations-during-covid-19

2018; Managing the risks of adverse impacts on communities from temporary project induced labor influx, 2016; as well as WHO technical guidance.

2.4 Legal Gap Analysis

The following table presents a gap analysis between WB ESS and applicable local laws and regulations including corrective measures to overcome gaps and responsibilities. For the project implementation, this project will rely fully on World Bank ESS, or whichever set of regulations is more stringent.

Table 2-1: Gap Analysis World Bank ESS and National Legal Framework

ESF Objectives	National Laws and Requirements	**Gaps**	**Recommended Actions**
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts			
Objectives of ESS 1 are: To identify, evaluate and manage the environment and social risks and impacts of the project in a manner consistent with the ESSs. To adopt a mitigation hierarchy approach to: (a) Anticipate and avoid risks and impacts; (b) Where avoidance is not possible, minimize or reduce risks and impacts to acceptable levels; (c) Once risks and impacts have been minimized or reduced, mitigated; and (d) Where significant residual	Provisional Constitution of the Federal Republic of Somalia. Article 12 of the Constitution addresses public assets and natural resources. Article 43 provides guidelines on environmental and social safeguards that can be observed.	Laws have not been developed yet ESIAs not incorporated in federal law yet, and not strong in State-level legislation	An E&S Screening process has been followed for this sub-project in order to assess whether activities require environmental and social assessments, and this ESMP has been prepared.

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
impacts remain, compensate for or offset them, where technically and financially feasible. To adopt differentiated measures so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable, and they are not disadvantaged in sharing development benefits and opportunities resulting from the project. To utilize national environmental and social institutions, systems, laws, regulations and procedures in the assessment, development and implementation of projects, whenever appropriate. To promote improved environmental and social performance, in ways which recognize and enhance Borrower capacity.			
ESS 2: Labor and Working Conditions			

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
The Objectives of ESS 2 are: To promote safety and health at work. To promote the fair treatment, non-discrimination and equal opportunity of project workers. To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate. To prevent the use of all forms of forced labor and child labor. To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law.	Provisional Constitution of the Federal Republic of Somalia. Article 14 stipulates that a person may not be subjected to slavery, servitude, trafficking, or forced labor for any purpose.	The new labor code, amending the code from 1972, has not been passed yet Therefore, the implementation of the existing articles in practice may not be very strong	The Project does not allow any forced and child labor. It will hold all contractors liable to the implementation of the LMP The PIU will have overall responsibility to implement and monitor the LMP
	Article 24.5 stipulates that all workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the workplace. Every labor law and practice shall comply with gender equality in the workplace Human trafficking: A person may not be subjected to slavery, servitude, trafficking or force labour offences. Every labour law shall comply with gender equality. Dismissal for pregnancy. All women have a special right of protection from discrimination.		The GBV Action Plan provides referral pathways for cases of GB

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
To provide project workers with accessible means to raise workplace concerns.	Article 33 stipulates that all contracts of employment must include a) the nature and duration of the contract; b) the hours and place of work; c) the remuneration payable to the worker; and c) the procedure for suspension or termination of contract. Furthermore, all contracts must be submitted to the competent labor inspector for pre-approval.	n/a	The Project complies with WB ESS 2. This is set out in the LMP (see annex 6)
	Article 101. The employer is obligated to provide adequate measures for health & safety protecting staff against related risks, including the provisions of a safe and clean work environment and of well-equipped, constructed and managed workplaces that provide sanitary facilities, water and other basic tools and appliances	n/a	The Project will apply OHS management system that is consistent with the WBG General EHSGs on OHS
	Article 134-140. Workers have the right to submit complaints and the employer must give the complaints due consideration.	n/a	This ESMP sets out a workers' grievance redress mechanism

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
	Article 70. Remuneration must be adequate in view of the quality and quantity of the work delivered, and must be non-discriminatory in regards to age, gender and other aspects. Maximum number of working hours per week are 8 hours per day and 6 days per week.	Women are restricted from being employed in night work, and the specific types of work prohibited for women may be prescribed by decree. No provisions on the protection of the rights of domestic workers	The Project complies with the national law and WB ESS 2. This is set out in the LMP and this ESMP
	Article 90. Some work is considered dangerous and unhealthy and forbidden for women and youth (defined as 15-18 years of age). This includes the carrying of heavy weight or work at night.	n/a	The Project only allow deployment from the age of 18 (see LMP).
	Article 93. The Labor Code forbids work for children below the age of 12, but allows employment of children between the age of 12-15, yet employment has to be compatible with proper protection, health and the moral of children.	Laws do not identify hazardous occupations or activities prohibited for children, and child trafficking for labor and commercial sexual exploitation is not criminally prohibited.	The Project will only allow deployment – in all project worker categories – from the age of 18 (see LMP). Rigorous monitoring will ensure the application of the LMP.

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
	Article 15-23. The Code also recognizes freedom of association. Employers are prohibited from engaging in any kind of discrimination or restriction of the right of freedom of association. Workers are allowed to join trade union.	n/a	The project follows national law and ESS 2.
ESS 3: Resource Efficiency and Pollution Prevention and Management			
The Objectives of ESS 3 are: To promote the sustainable use of resources, including energy, water and raw materials. To avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing pollution from project activities. To avoid or minimize project-related emissions of short and long-lived	Provisional Constitution of the Federal Republic of Somalia. Somalia passed its Provisional Constitution in 2012. Article 12 of the Constitution addresses public assets and natural resources. The Environmental Policy (2016) is based on a 'polluter-pays' principle. It further defines the government's role in pollution prevention and waste management.	Laws in support of the Constitution are still not available. Implementation of the laws and Constitution may be hampered due to the weak justice system	The Project promotes the sustainable use of resources and avoid or minimize adverse impacts on human health according to the Constitution and the WB's ESS3. Detailed measures are laid out in this ESMP and the project ESMF. Contractors will prepare a WMP as well as measures to minimize and/or avoid pollution, and to manage natural resources to avoid impacts

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
climate pollutants. To avoid or minimize generation of hazardous and non-hazardous waste.	Provisional Constitution of the Federal Republic of Somalia. Article 25 of the Constitution states that every Somali has the right to an environment that is not harmful to them, and to be protected from pollution and harmful materials. Every Somali has a right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of natural resources.		on community-based resources.

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
	Provisional Constitution of the Federal Republic of Somalia. Article 45 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. 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.		

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
ESS 4: Community Health and Safety			

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
The Objectives of ESS 4 are: To anticipate and avoid adverse impacts on the health and safety of project-affected communities during the project life-cycle from both routine and non-routine circumstances. To avoid or minimize community exposure to project-related traffic and road safety risks, diseases and hazardous materials. To have in place effective measures to address emergency events. To ensure that the safeguarding of personnel and property is carried out in a manner that avoids or minimizes risks to the project-affected communities. To promote quality and safety, and considerations relating to climate change, in the design and construction of infrastructure, including dams	The Somali Penal Code of 1962. The Code criminalizes rape and other forms of sexual violence as well as forced prostitution. Articles 398-9 provide that 'carnal intercourse' and 'acts of lust omitted with violence' are punishable with 5-15 years and 1-5 years of imprisonment.	The Somali Penal Code of 1962 fails to protect survivors and prosecute perpetrators The crimes under Articles 398-9 are too narrowly defined to satisfy international law standards of protection from sexual and gender based violence Furthermore, in practice however it has been documented that women complaining about a rape may find themselves trapped by the Article 426 prohibition against adultery that makes no exception for the case of rape. In practice provisions under Art 39(i) offer little more than theoretical protection Domestic violence: Somalia does not have a law that specifically addresses domestic violence. Abortion for rape survivors: Art. 418-422 Abortion, with or without consent and for honor, including for women who have been raped is prohibited. Legislation does not capture issues of exposure to health issues, management and safety of hazardous materials, Emergency Preparedness & response, risks and impacts from security personnel	This ESMP includes risk mitigation measures to protect community health and safety, the ESMP largely relies on the ESS. Contractors will prepare and implement a Road Safety Management Plan and a Health and Safety Plan

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources			
The Objectives of ESS 6 are: To protect and conserve biodiversity and habitats. To apply the mitigation hierarchy and the precautionary approach in the design and implementation of projects that could have an impact on biodiversity. To promote the sustainable management of living natural	Provisional Constitution of the Federal Republic of Somalia. Article 25 of the Constitution states that every Somali has the right to an environment that is not harmful to them, and to be protected from pollution and harmful materials. Every Somali has a right to have a share of the natural resources of the country, whilst being protected from excessive and damaging exploitation of natural resources.	No detailed laws govern biodiversity conservation and sustainable management of living natural resources at this point.	The sub-project does not encroach into any modified, natural, critical habitat and/or protected areas, and therefore no mitigation measures are required.

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
resources. To support livelihoods of local communities, including Indigenous Peoples, and inclusive economic development, through the adoption of practices that integrate conservation needs and development priorities.	Provisional Constitution of the Federal Republic of Somalia. Article 45 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.		
ESS 10: Stakeholder Engagement and Information Disclosure			
The Objectives of ESS 10 are: To establish a systematic approach to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties.	Provisional Constitution of the Federal Republic of Somalia. Article 32 stipulated that every person has the right of access to information held by the State. The Federal Parliament shall enact a law to ensure the right of access to	The law on the right of access to information currently only exists as a draft	Stakeholder consultations have been implemented for the sub-project, based on the Project Stakeholder Engagement Plan (SEP)[8] The SCRP GRM is implemented in the sub-project area

[8] Government of Somalila, Somalia Crisis Recovery Project, Stakeholder Engagement Plan (SEP), accessed at: https://www.mof.gov.so/sites/default/files/2020-08/Stakeholder%20Engagement%20Plan%20%28SEP%29%20Somalia%20Crisis%20Recovery%20Project%20%28P173315%29.pdf

ESF Objectives	National Laws and Requirements	Gaps	Recommended Actions
To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance. To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life-cycle on issues that could potentially affect them. To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format. To provide project-affected parties with accessible and inclusive means to raise issues and grievances, and allow Borrowers to respond to and manage such grievances.	information		

3 Biophysical and Socio-Economic Environment

This section describes the overall baseline condition of Somalia, and Belet Hawa District in Jubaland State in specific, in terms of biophysical environment, as well as the socio-economic background. The biophysical environment of the district is in principle similar to that generally in Somalia, with minor variations.

3.1 Proposed Project Location

The proposed Project is located along the northwestern border of Somalia with Kenya and Ethiopia, in Belet Hawa District, Jubbaland State. Jubaland lies 40-60 km east of Jubba river, stretching from Gedo to the Indian ocean. While its western side flanks the north eastern province of Kenya. The district is approximately 3900km^2,and is located approximately 500km from the capital Mogadishu, it borders the Kenya town of Mandera.

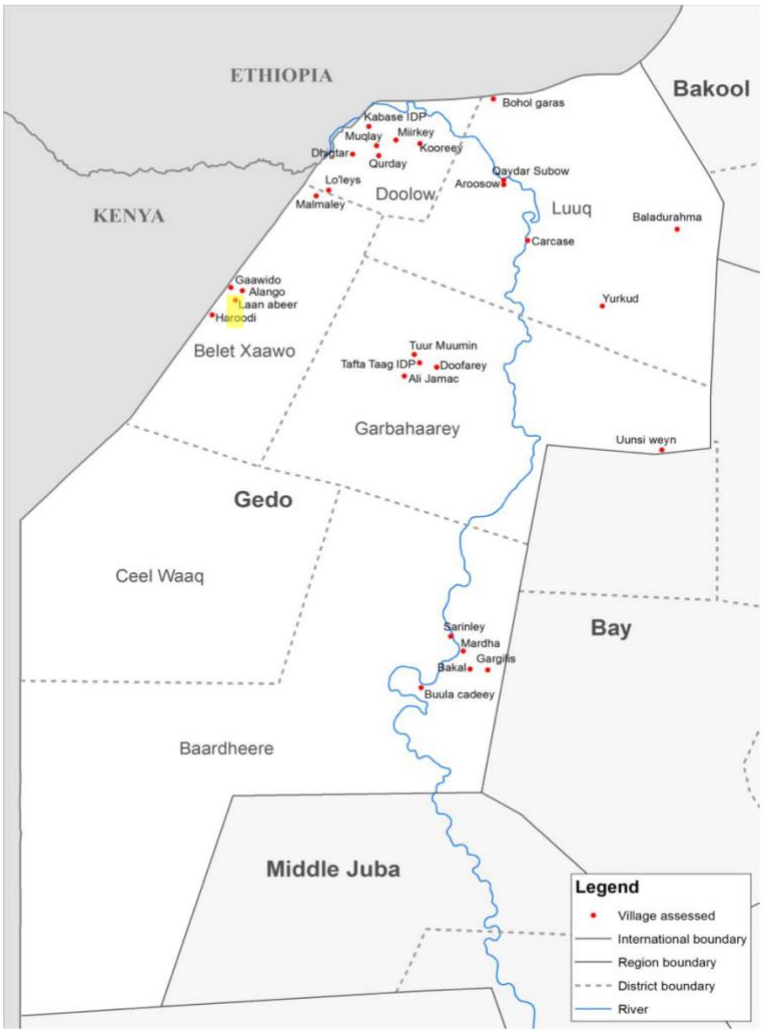

Figure 3-1: Belet Hawa (Belet Xaawo) in Jubaland State, Somalia

The re-construction of the MCH will be undertaken at the same location. The figure below shows the location of the current and proposed project site.

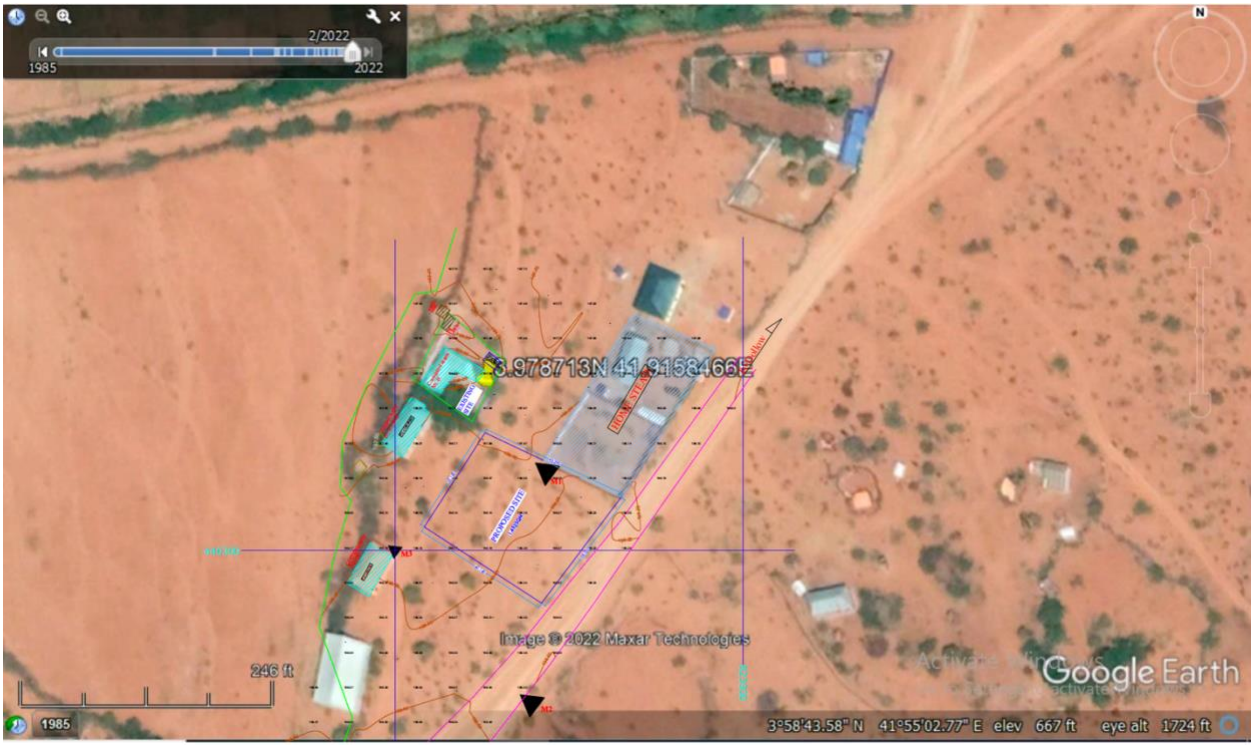

Figure 3-2: Malkariyey site location with MCH

3.2 Physical Environment

Topography: Belethawa Distirct sits on a flat plain banked with a hilly ground on the southwestern side. The insitu soils are gravel with sections with sandy silt soils. There are hilly sections on the southwest with sedimentary rock, and they are the main source of building materials (rock) for the town. The hilly ground forms the catchment from which flood waters flow into town causing flooding and damage to the infrastructure.

Geology: Quaternary unconsolidated sediments are mostly found in the southern coast and the riverine areas of Southern Somalia. The regional geology of the Belethawa area comprises the Luuq-Mandera sedimentary basin and the Garbaharey formation characterised by rock outcrops both formed in the Mesozoic era. The soils of the area overlying the rocks are mainly gravel, silty sands and silty clays. An extract of the geological map of the area is shown in figure 2 below.

Figure 3-3 : An extract of the geological map of south-western Somalia

Soils: T he soils in the sub-project area can be described as low plasticity clayey sands to high plasticity silty sands. Somali has various soil types depending on the parent rock. The proposed project area location has shallow sandy soils or stony and deep lime soils in some areas. In some parts and towards the far south the loamy soils are characterised with high calcium carbonated soils. The soils here have poor drainage and high salt contents.

Climate: In general, in Somalia as in Belet Hawa there are two rainy and two dry seasons. Precipitation data analysis for the period 1981 to 2020, the average monthly volume of rainfall was estimated at 20.89mm per month. The first rainy season begins in April and ends in May; the second rainy season begins in October and ends in November. The periods between December to March and June to September were noted as relatively dry periods. Belet Hawa received the highest amount of rainfall in 1981 when it recorded 198mm of rainfall.

The average maximum and minimum temperature in Belet Hawa between 1981 and 2020 were 37.35 ℃ and 21.90℃ respectively. On average, the highest temperatures were recorded in March and September, and the lowest temperature was recorded during the months of December and January. According to *Graph 4*, the hottest month was February 2012, where the average maximum temperature was 42.8℃, and the minimum temperature was 17.5℃.

Belet Hawa, like most of Somalia has an a rid and semi-arid climate with the annual rainfall of about 500 mm per year with a bimodal season typical of Eastern Africa. The long rainy season starts in March extending to June(GU) while the short rainy season Deyr is experienced between November and December. The region has been experiencing a decrease in rainfall usually associated with droughts. The mean surface temperature of Belet Hawa throughout the district is 30oC with The hottest months being March through April.

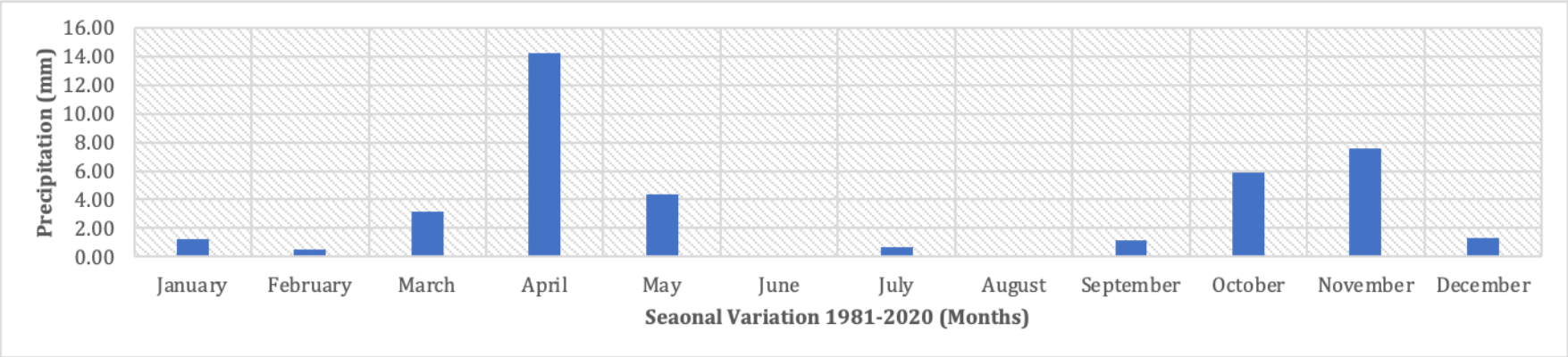

Figure 3-4: Seasonal Variation in precipitation between 1981 to 2020 in Belet Hawa District

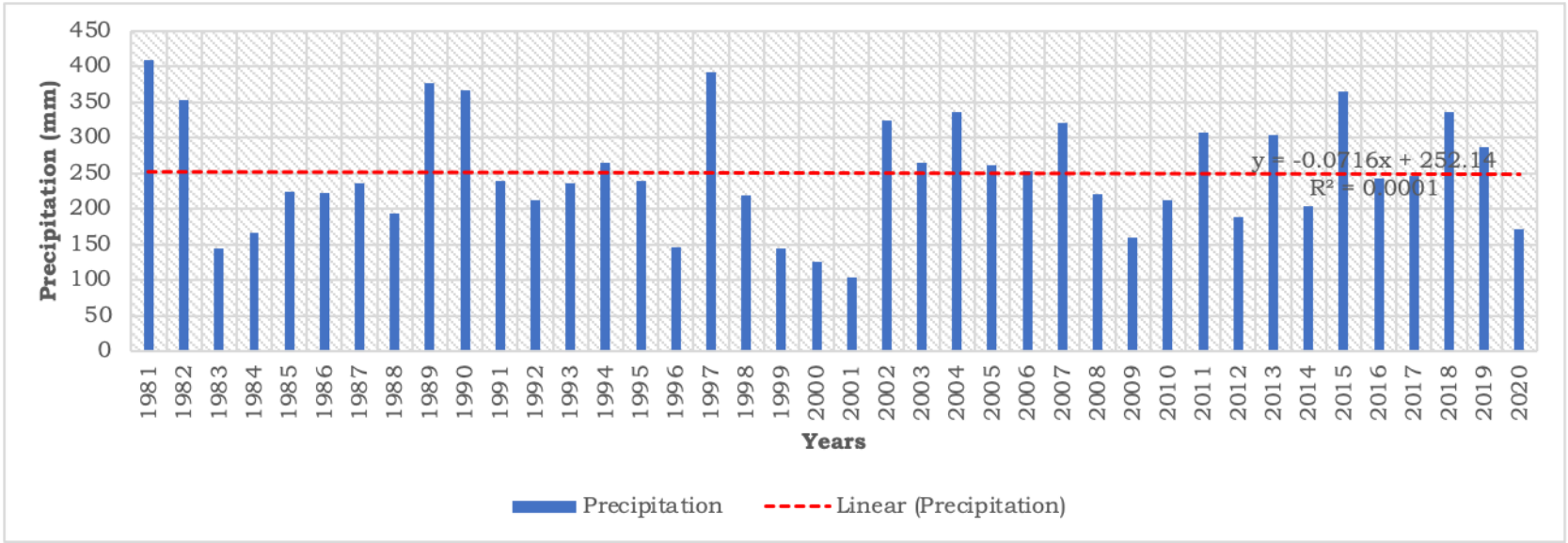

Figure 3-5: Annual total volume of precipitation between 1981 to 2020 in Belet Hawa District as per Belet Hawa station

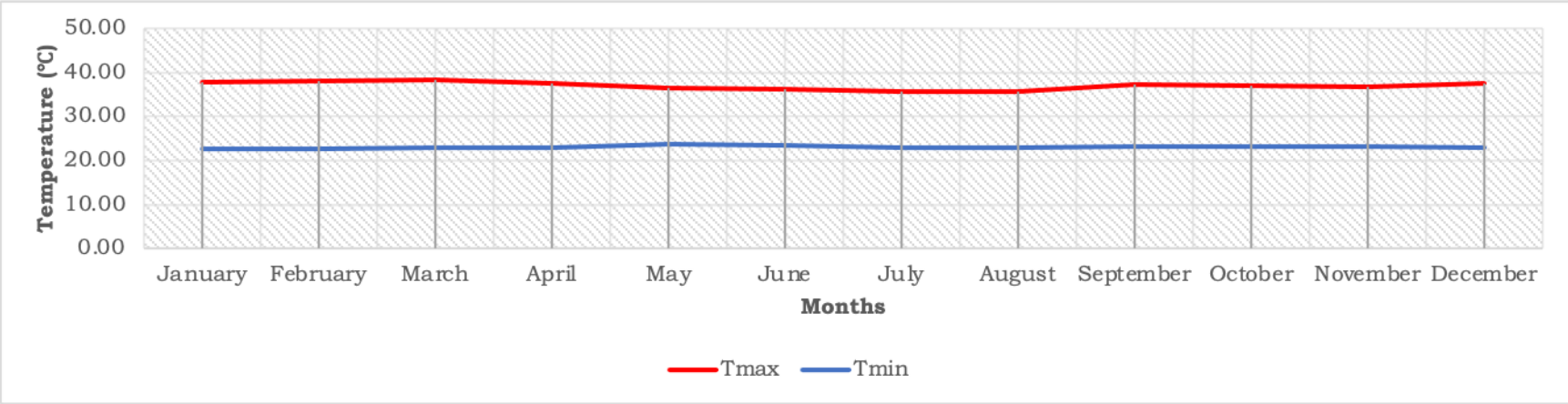

Figure 3-6: Seasonal Variation in temperature between 1981 to 2020 in Belet Hawa District

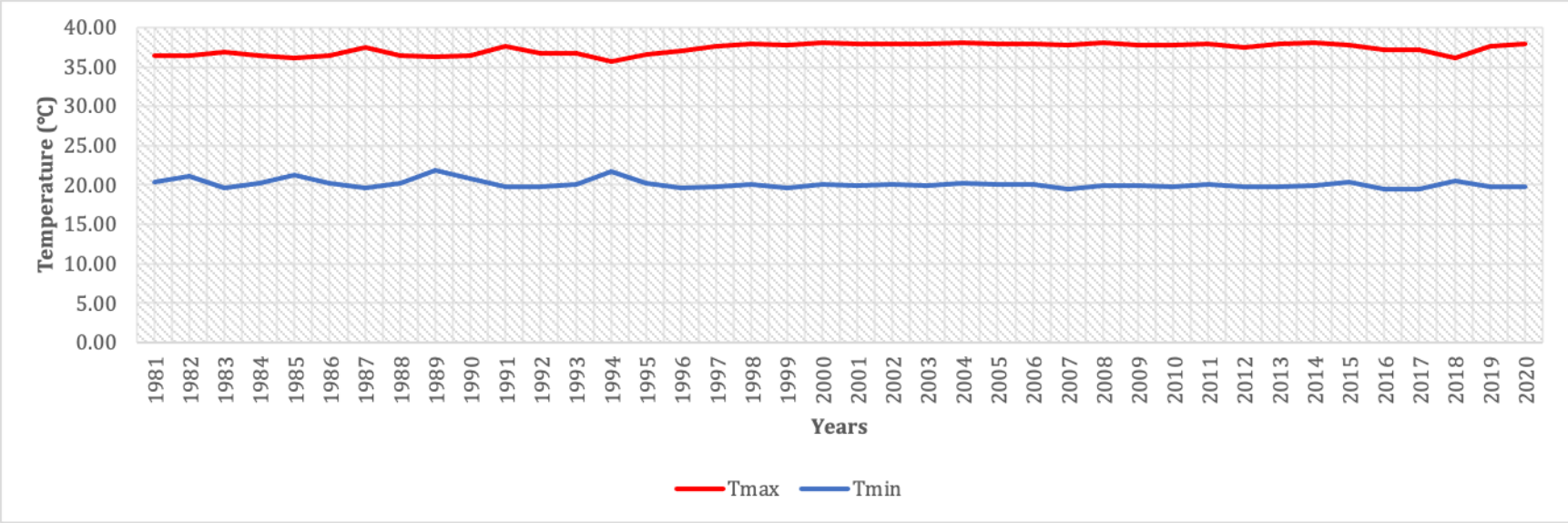

Figure 3-7: Annual average temperature between 1981 to 2020 in Belet Hawa District

Water Resources and Hydrology: There are no river floods in Belet Hawa but overland flush floods which originate from a catchment of the southwestern side of town and flow into the town via flood channels. The project area lies within the greater Jubba basin which covers an area of about 749,000 km^2. Drainageways within the project corridor primarily run south to the water pond located along the Hospital Road. The individual catchment areas are shown as in Figure 3 below.

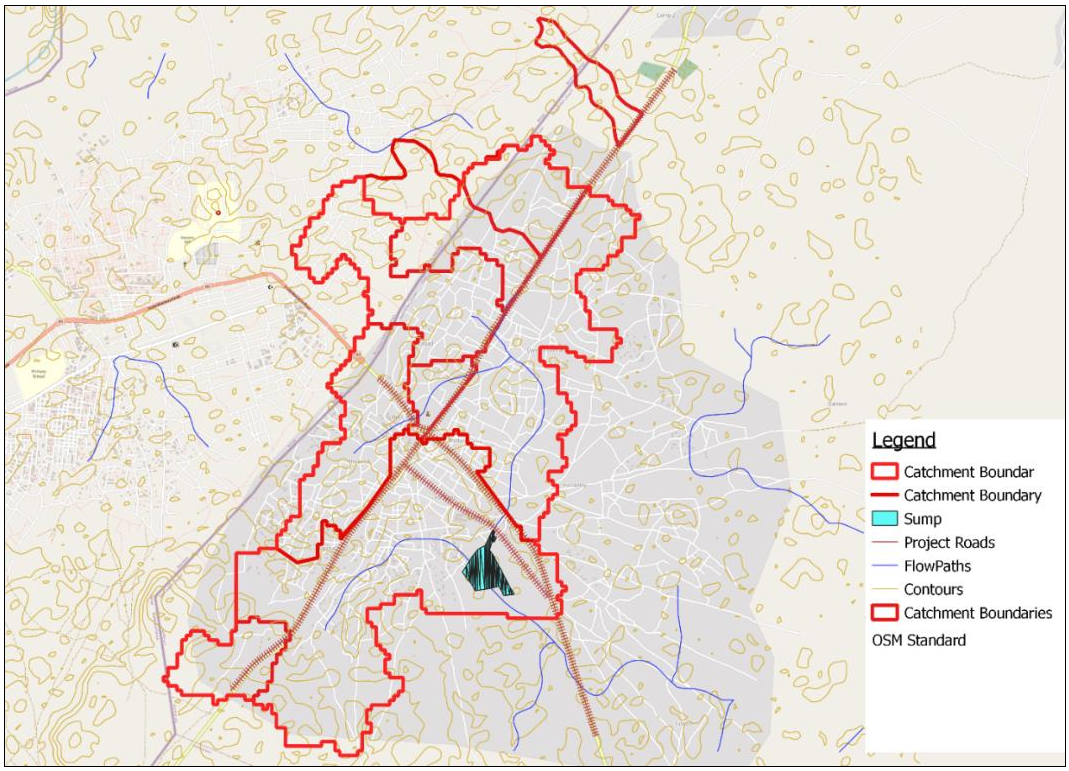

Figure 3-8: Drainage area map

The average slope percentage of the catchment area of the project area is 3.45%, which can be termed as moderate based on the classification presented below

- Moderate 1 - 4 %;
- Rolling 4 - 10 %;
- Hilly 10 - 20 %.

Biological Environment: The area is endowed with shrub-like vegetation, scattered woodlands, and sparsely distributed trees and thorny bushes. Some of the most dominant plant species found near the project area include: Acacia Tortilis (Qurac), Prosopis Juliflora, Acacia albida (Garbi) Cordeauxia edulis (Gud) and planted trees include Azadirachta indica (neem tree). Belet Hawa biodiversity has been badly damaged over the last few decades, due to the influx of people and a sudden increase in livestock, which added great pressure on the naturally rich but fragile ecosystems. Additionally, the ecology of most of the region is structurally fragile, due to the inherent nature of the soil and rainfall patterns.

Inhabitants are primarily pastoralists, and the area is home to several livestock species, including the Somali goat, Somali Sheep, and dromedary camels. The area has lost many of its wild mammals, such as elephants, to poaching. The main wild mammals found in Somalia include giraffes, zebra, and hyena. One of the most famous endemic mammals in the country is the long naked garanuug (*Litocranius walleri*). Other endemic mammals include the silver dik-dik (*Madoqua piacentinii*), one of the world's smallest antelopes, and the Somali golden mole (*Calcochloris tytonis*).

There are no environmentally sensitive areas within the project location. There are no sensitive ecosystems that will be affected by the construction of Malkariyey MCH in Belet Hawf district. There are no areas listed as protected areas or flora or Fauna listed under IUCN in the proximity of the suggested project area.

Figure 3.8 Arial photo of sub-project area

3.3 Socio-economic Environment

Population: According to the population census conducted by UNFPA in 2014, Belet Hawa District is estimated to have a total population of 83,116.

Table 3-1:Population profile of Belet Hawa district

Region	*District*	*Total population*	*Urban population*	*Rural Population*	*IDP Population*

Gedo	*Belet Hawa*	*83,116*	*26,920*	*43,636*	*12,560*

4 **Source: UNFPA 2014**

Around 15 percent of the population of Belet Hawa are urban, 80 percent are pastoral and agro-pastoral, and 5 percent are riverine. The most vulnerable societal groups are the pastoral and agro-pastoral ones, as they are depending on water and are usually significantly impacted by the frequent droughts.

The main source of livelihood is nomadic pastoralism with over 90% of the population dependent on livestock and livestock products as their primary source of living. The main livestock reared include goats, sheep, camels and cattle. The major livestock breeds in the project area are cattle (North Somali, zebu bull, Duara bull and Somali boran bull) and sheep (black head Persian), goats (Galla-short eared and long eared Somali goats), Camel (dromedary). The main livestock products are beef, milk, mutton and camel meat.

Other sources of income are self-employment in small businesses, selling animal products, artisans, labourers and agriculture. The agro-pastoralists practice farming along the Daawa river planting bananas, onions, vegetables, tomatoes, watermelon, maize and sorghum. Farming in the district, however, has been greatly affected by invasions of desert locusts, floods and persistent floods impacting agricultural productivity in the area[9]. The loss of farms to disasters compounded by insecurity in the region pushes farmers to harvest unripe cereals leaving most discouraged with farming altogether. In a report by Radio Ergo feedback in June 2022, farmers from Belet Hawa called in concerned by prolonged droughts and pest infestation in the area. Other farmers in the region decide to abandon their farms and move in the long run searching for water and pasture for their livestock.

Administration and Governance: Gedo region, in which Belet Hawa is located, has a 32-member assembly body. The members are directly elected from the seven districts of the region with proportionality according to district population. The Gedo assembly or (Gollaha Gobalka Gedo) works with the federal government based in Mogadishu. Regional level posts include: Governor; Vice Governor; Inter-Regional Affairs Director; Director of Security Services; Gedo Regional Police Commander; Director of Education Services; Director of Agricultural Agency; Director of Economic Affairs; Livestock and Forestry Dept. Director; and Director of Justice and Religious Affairs.

Education: Education in Belet Hawa is hampered by a lack of education infrastructure, human resources and books. Belet Hawa has a few schools, which are in the town vicinity, as the MCH, including Dawa, Oda and Al Qalam Primary Schools, and Cilmi Primary and Secondary School. It further has a Technical and Vocational Training Center.

Gender-Based Violence: A Rapid Assessment on GBV in Belet Hawa showed that there is a heightened GBV risk for displaced women and girls in Belet Hawa District, who currently live in shelters and without sufficient food, water and sanitation services. The main threat reported by respondents is sexual violence. Health services for GBV survivors are only available in Belet Hawa

[9] Radio Ergo_audience_feedback_16-22_June_2022.

town, while some of the IDP camps are located far from town. There are no safety facilities available in the districts, and safety and security services for women are lacking as well.[10]

Vulnerability: The most vulnerable populations in Belet Hawa are the Internally Displaced People (IDPs), which also use the HCF to be rehabilitated under this project. As of September 2021, 5 IDP sites were recorded in Belet Hawa District, hosting 3,112 households and 18,361 individuals. 56 percent of IDPs are women. 414 IDP are Persons with Disabilities.[11]

Health: For the provision of medical services, Belet Hawa has one Maternal & Child Health Center and the Belet Hawa Hospital. With numerous IDPs having arrived in Belet Hawa District throughout the recent drought, health services are not sufficient for the population. Common diseases in the district include cholera, respiratory diseases and measles.

IDPs and Minority groups:

Belet Hawa is a fast growing town in Gedo region. This is because of its strategic proximity to Kenya allowing exchange of trade between the two countries. Increased hostilities near the Somalia- Kenya border in 2020 between the Federal Government of Somalia and the Jubaland State representatives resulted in many casualties, injuries, damage to schools, hospitals and large displacements of people. In February 2020, an estimated 56,000 IDPS migrated from the Gedo region alone[12]. A total of 5320 civilians left Belet Hawa to the neighbouring Belet Amin seeking shelter, water, food and health assistance. The minority groups in Belet Hawa include the small farming "Beertu galey" communities along the Daawa river, the IDPs, widows and divorced women who are most disadvantaged by clashes. The clashes calmed in March 2020 but many groups of IDPs, women, children, disabled, old and minority communities remain vulnerable and are yet to recover from the clashes.

Poverty Indices:

Belet Hawa district is one of the most food insecure districts in Somalia with high levels of malnutrition among its citizens. Livelihoods in Balet Hawa have been affected by a number of socio-economic, political and environmental constraints including droughts, civil conflicts, poor food productivity, and political conflicts. Many people in Belet Hawa live below the poverty line with most earning an income below a dollar per day. Women in Belet Hawa, especially those in IDP camps can't afford basic necessities as water, food and health services. Women and girls have to walk long distances to fetch water from Daawa river, leading to miscarriages among the pregnant

[10] UNFPA, GBV Rapid Assessment Belet Hawa District, Gedo Region, Somalia, 2020.

[11] OCHA, Somalia: Verified IDP sites in Belet Xaawo as of September 2021, accessed at: https://reliefweb.int/report/somalia/somalia-verified-idp-sites-belet-xaawo-september-2021

[12] *Somalia - Fighting and new displacement in Gedo region, Jubaland State (DG ECHO, UN OCHA, media*

ones. Access to medical services is also expensive and most decide to stay at home even after experiencing a miscarriage.[13] Malnutrition is evident among children in Balet Hawa due to lack of accessibility to nutritious food. According to a report by FAO 2022[14], a total of 50 children have died in Balet Hawa and Bardhere alone due to drought-related malnutrition.

4 Project Description

The Malkariyey MCH targeted for reconstruction consists of a temporary corrugated iron sheets building, a pit latrine and an underground water tank that is damaged. The health facility has a reported average number of 45 out-patients per day and provides the following services:

- Outpatient services for under 5 years of age
- Outpatient services for over 5 years of age
- Ante-natal and postnatal consultation
- Nutrition OTP (Outreach Therapeutic Feeding Program
- Vaccination services under the Expanded Programme for Immunization (EPI)
- Pharmacy

[13] *Pregnant IDP women in Beled Hawo lose their babies lugging water from river*

[14] *FAO in Somalia*

Figure 3-9: Malkariyey MCH, the Main blue building (Corrugated Iron sheets building) with main waiting area on the right

Figure 3-10: Underground water tank with Pit latrine (in red corrugated iron sheets) at the far end. entrance in the background

Figure 3-11: Access to current Malkariyey MCH - Pedestrian access via the main community land. No defined access road.

Data was obtained from the Facility Operator on the population who are benefiting from the Malkariyey MCH as per the table below.

Table 3-2: People benefitting from the MCH

Region	District	Town/ Village	Type of service	Catchment population		# of targeted U5	
				Total Estimated Pop	Women Child Bearing Age	Under 5 yrs	U 6 months
Gedo	Belet Hawa	Malkariyey Village	Primary Healthcare (MCH & EPI Nutrition referral)	15,000	3,300	3,000	650

Source: Client data

Malkariyey MCH provides out-patient services, ante-natal & post-natal consultation, and supports nutrition & vaccination programs. The reported average daily outpatient numbers is 45. Cases requiring specialized medical attention are transferred to the nearby District Hospital in Belet Hawa Town. The existing flood-damaged main clinic and a few of the support functions are not feasible for rehabilitation, and new buildings were designed to applicable standards.

Some of the challenges outlined by the facility operator are as follows:

- The pooling of rainwater within the site slowly aids in the deterioration of the buildings.
- The site is at the lowest part of the community land prone to flooding due to inadequate storm water drainage
- The flow of functions in the existing MCH is not integrated
- A section of the perimeter fencing is made from CGI sheets. It is temporary and can easily be damaged by flooding hence exposing the facility.
- Damage to the underground water storage tank. Also the current capacity of water storage and distribution tanks is not adequate.

Following completion of the concept design layout, preliminary drawings were shared in an online meeting that was also held between the UNOPS Architect and the District Medical team and received an endorsement on this. The detailed design was then developed and presented to the State authorities (via the Project Implementation Unit - PIU and the State Project Team -SPT) to receive approval from the Ministry of Public Works after the Technical review. Malkariyey MCH is located at the following coordinates: 3.978713N 41.9158466E.

No land and resettlement impacts are anticipated because the proposed site is on a large piece of public land and has an existing health care facility on this land already. Community consultations have confirmed that all the land is available for the development of community public infrastructure.

The project will engage about 20 local personnel for brick work and other labor requirements. These local laborers 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, maximum 5, will be renting a house within or from another town nearby and will have to drive to site for supervision works. There will be a site office within the designated project area.

a. Proposed Facility

In consultation with the local Health Authorities, UNOPS has designed a new facility including power, water, sanitation etc. The single storey main building has a floor area of 207.2m^2. Support facilities total an area of 60.7m^2 hence a total built up area of 267.9m^2

The Figure below shows the floor plan for the proposed Malkariyey MCH developed according to the UNOPS design planning manual.

The main building and support facilities are proposed to have the following:

- 2 consultation rooms
- Delivery room
- Anta natal/post-natal
- Waiting area
- Store
- Pharmacy
- Reception
- Public washroom with separate male and female facilities
- Staff changing and washroom with separate male and female facilities
- Laundry area

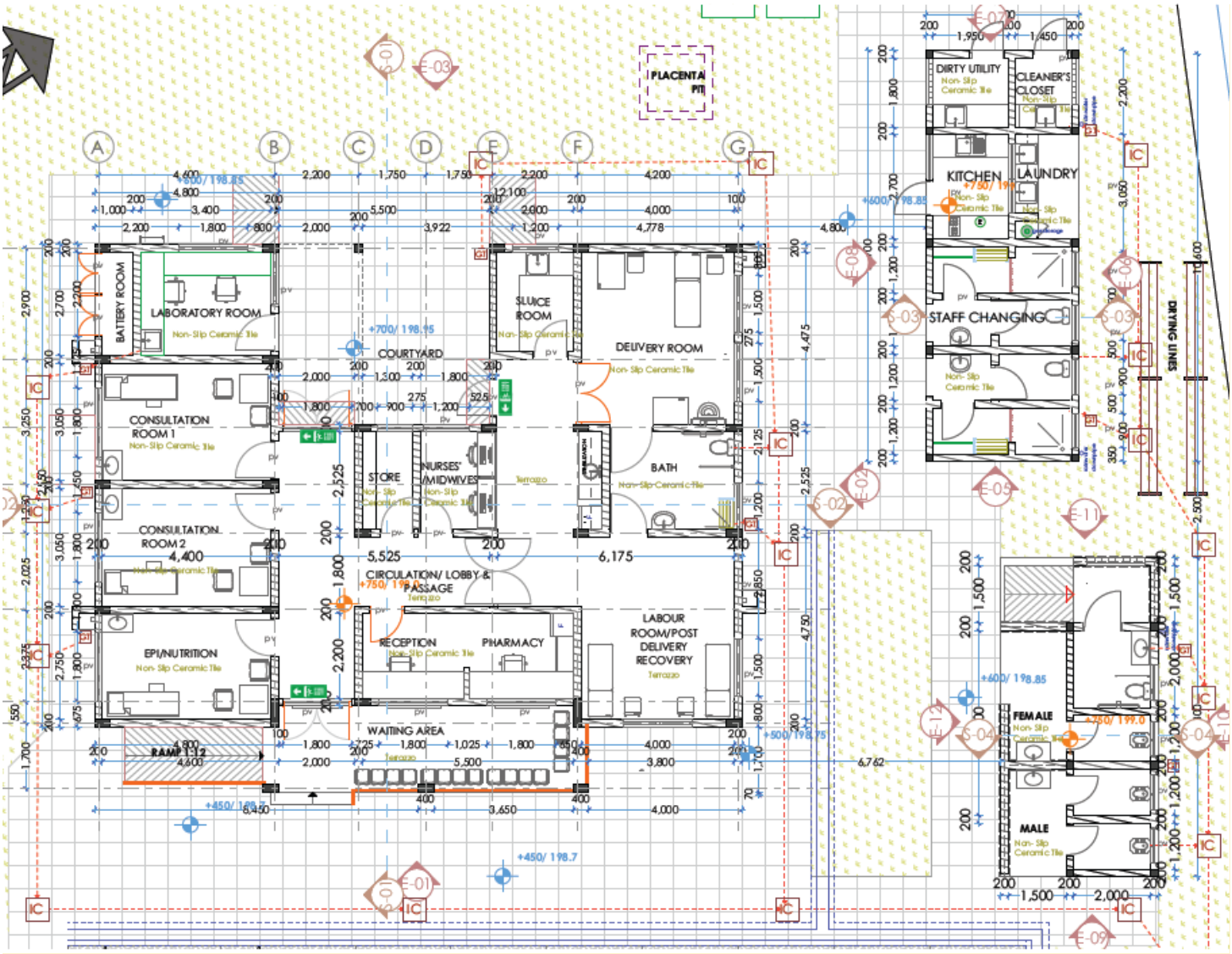

Figure 5-1: The proposed design for reconstruction of the MCH

Other amenities and services designed in the new proposed facility include:

- Water storage capacity of 28,000 litres (6,000 litres overhead tank and three 8000 litres ground level tank)
- Septic tank and soak pit for waste water management
- Solar panels for sustainable electricity supply
- Perimeter masonry wall to the front of the proposed health facility and chain link fencing with live fence on the other 3 boundaries.
- Placenta pit (1.5m diameter and 2m depth with concrete walls and 150mm concrete cover with a covered access manhole. Free draining hardcore at the bottom of the pit to allow biodegradation).

Below is the site plan showing the site layout and location of the various buildings on site.

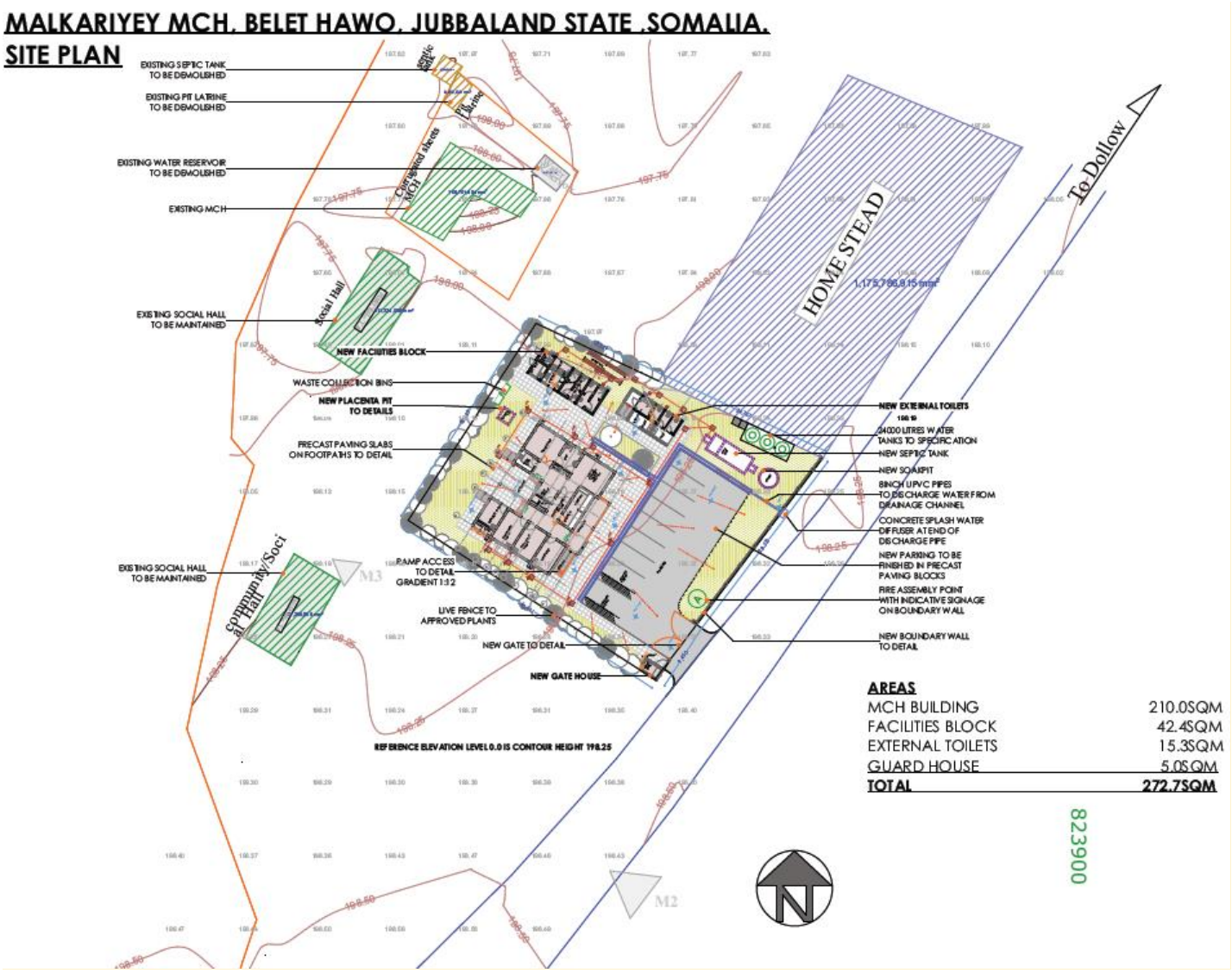

Figure 5-2: The proposed site plan for the reconstruction of MCH

Demolition of existing structures:
The construction will take place while the facility remains operational as the new construction site has been relocated to be still within the community land but bordering the main Belet Hawa to Dollow Road. The following will be demolished upon completion of the new MCH. No hazardous waste will result from the demolition.

- 1 Pit latrines
- A corrugated iron sheet building
- Underground water tank
- Corrugated iron sheet fencing

Construction waste:
BoQ preliminaries allow for demolition and disposal of any construction waste. The specification document which is part of the tender documents, also outlines the handling of construction waste both on site and in transit for disposal.

Operational waste:

- Waste water: The proposed waste water disposal will be to a septic tank and proposed soakpit. Septic tank sludge will be disposed at a location designated by the Belet Hawa municipal authorities.
- Medical waste: Maternity functions will be included in the MCH and a placenta pit has been provided in the design to cater for the medical waste disposal of the placenta in a culturally acceptable way. Other medical waste will be transported to the District Medical Health facility for incineration. A dirty utility room has been included in the external support facilities block for medical waste storage prior to transportation for incineration.
- Non-medical solid waste will be collected into waste bins and disposed off site at an approved location.

Safe solar battery replacement: The Electrical Specification provides for provision of O&M manuals and training on this.

Design for drainage and future flood prevention: Raised finished floor level of the main building is 750 mm from the current ground level to prevent damage in the event of a flood. The entire site has been designed for natural flow to stormwater drains, which have been adequately designed for within the site and along the main road to the site. Surface water for hard standings will be discharged on site and to road drainage as appropriate. The site will be graded and sloped towards the access road to aid in storm water drainage. Ground covers, shrubs and trees will be planted where necessary to improve the micro-climate.

Alongside the proposed designs are the environmental, social health and safety aspects considered which have been highlighted in the management plan. The management plan has moved further to identify possible impacts that may arise when the maternal and child health facility is now in operation.

The demolition of existing structure shall generate rubble, which shall have to be disposed at an appropriate and legally approved site by the contractor. It will be expected of the contractor to discuss with the relevant authority prior to disposal. Further, the contractor will be responsible for the safe transportation to disposal site. Comprehensive potential impacts arising from these works are elaborated in the management plan.

b. Design Standards

Due to the lack of national standards for health infrastructure design in Somalia, regional standards applicable to Kenya were used in conjunction with references to international standards on health facility spatial planning.

Standardization of common consulting spaces was carried out in order to make the spaces adaptable and interchangeable. The building has been designed to future proof it by using standardization to regional/international standards, and thus the spaces provided can be used in the future for high tech equipment without modifying the building envelope. The following is the detailed list of design standards that were used in the design of the MCH:

Architectural Design Standards

- The UNOPS Design Planning Manual for Buildings
- Health Building Notes UK Government published guidelines
- The Medical Practitioners and Dentists (Private Medical Institutions) Amendment) Rules, 2017 in conjunction with Health Infrastructure Norms and Standards, MoH, Government of Kenya, 2017
- Local Government (Adoptive By-Laws) (Building) Order 1968 (Building code)
- BS 952 part 1:1995, BS 6262:1982, BS 6206 as applicable for glazing
- BS 4873:1986 BS 5286:1978 as applicable for aluminium sections
- Provision of universal access

Structural Design Standards

- B.S 6399-1:1996: Loading for Buildings
- BS 8007: 1987: Design of Concrete Structures for retaining Aqueous liquids
- CP3 Chapter V Part 2 1972: Basic Data for the Design of Buildings
- B.S. 8110 Part 1, 2 and 3: Structural Use of Concrete.
- Reinforced Concrete Designer's Handbook: 10th Edition by Reynolds

- Steelwork Design Guide to B.S. 5950: Part 1:1990 Steel Designer's.

Electrical Design Standards

- EBC of Practice and Building Regulations
- IEEE wiring Regulations

Sanitary Design Standards

- Ethiopian Building Code Of Standards (EBCS EN 1990:2014)
- Ethiopian building proclamation. No. 624/2009 part four (water supply and sanitation)

c. Project Activities

Design Phase: The design phase included the following activities:

- Surveying
- Stakeholder Engagement
- Geotechnical Investigations
- Design of a layout plan
- Detailed Design (Architectural, Structural, Mechanical & Electrical) of the Main MCH and other support facilities buildings.

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

- Installation of temporary site offices, toilets and space for stores for the workers.
- Provision of water (from the Dawa river or shallow wells in the area) and electricity within the site for the duration of the contract.
- Clearing up of the site.
- Supply and installation of a sign post and hoarding.
- Demolition works

Construction of Health Facilities (Main building & Facilities Block)

- Excavation works for a new foundation.
- Backfilling.
- Foundation works for the stone strip foundation.
- Structural works, (suspended reinforced concrete slab, columns, ring beams, lintels and roof).
- External Walling: 200mm thick walls rough cast finished with tropical weather, mold and algae resistant paint.
- Terrazzo & ceramic tiling floor finish.
- External pavements.
- Doors, Windows and grills; complete with all accessories (locks, hinges and handles) and finished as specified in the drawings and B.o.Q.

- Rainwater goods (down pipes, etc) as per the B.O.Q.
- Reinforced concrete worktops for wash hand basins and for laundry sink
- Electrical and mechanical building services works
- Supply and installation of the wall mounted switchboard as per the drawings and B.O.Qs.
- Supply and installation of stand-alone solar Photovoltaics (PV) system as per the drawings and B.O.Qs.
- Cabling works.
- Raising of finished floor level of the main building is 750 mm from the current ground level to prevent damage in the event of a flood.
- Planting of shrubs and trees where necessary to improve the micro-climate.
- Testing and commissioning.

The basic materials requirements to undertake the re-construction of the MCH are building sand, stone aggregates, cement, concrete blocks, plumbing accessories etc. 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.

Operation Phase: The operational phase activities will include:

- Training of the health workers in the management of generated clinical waste and infection control.
- Establishment of Standard Operating Procedures for the hospital, including emergency response procedures.
- Ensuring adherence to occupational Health and Safety for the workers to avoid, among others, cross contamination from point of generation to actual incineration or final disposal.
- Operation of the MCH in full compliance with the Medical Waste Management Plan provided towards the end of this document (annex 5).
- Maintenance of the solar panel to ensure they are safe from vandalism.
- Maintenance of generator to ensure it operates efficiently as a power back up supply and is safe from vandalism.
- Worker OHS
- Community exposure to health problems arising from ineffective infection control and inadequate healthcare waste management.

5 Environmental and Social Risks and Impacts

This section lists the anticipated positive and adverse impacts associated with the reconstruction of the Malkariyey MCH.

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 the MCH shall provide increased access to health care for the community in the town and rural areas. There will be improved access to medical health care services by the local community, especially for women children, IDPs and other vulnerable groups.

Negative Risks and Impacts: The activities associated with the reconstruction of the MCH will likely generate adverse site-specific risks and impacts, such as:

Design Phase:

- Inadequate consultation
- Exclusion of social groups from consultations
- Lack of access to GRM
- Pre-Construction Phase

Construction Phase:

- Management and disposal of material generated from construction activities during the construction phase,
- Management of rubble (solid waste) from the existing facility,
- Sourcing of materials, an activity which may degrade 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
- Generation of construction waste,
- Security for project operations including the protection of project workers and beneficiaries,
- Risks associated with labor rights and management, e.g., child labor or forced labor,

- Occupational health and safety of workers both during the construction and operational phases,
- 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.
- Limitations in effective community engagements and participation,
- Security for project workers,

- Community health and safety risk: traffic safety, water and sanitation safety, life and fire safety, risk of communicable disease, and water-borne diseases., risks of SEA/SH and other forms of GBV.
- Potential impacts to patients and health care workers who will be using the existing facility

Operation Phase:

- Waste management, including hazardous waste and sanitation services (septic tank pumping),
- Medical wastes and air emissions leading to contamination of the environment and the workers
- Soil and water contamination,
- Pollution associated with improper disposal of malfunctioned or end of life solar panels,
- 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 MCH leading to discomfort and poor aesthetic values
- Community health and safety: carriage of healthcare waste through public streets can be a risk in case of an accident or mare spill of health care waste

More generally, the near complete lack of environmental legislation in Somalia, and the lack of capacity of the Government to monitor and implement environmental risk mitigation and protection pose significant risks.

6 Risks/Impacts and Mitigation Measures

The table below lays out the specific adverse risks and impacts anticipated for the project and the respective mitigation measures required to reduce or eliminate the projected project impacts. The adverse risks and impacts include the aspects that may arise as a result of the management of generated medical waste during the operation phase. This matrix forms the core of the ESMP, since it shows what must be done and by whom. A Medical Waste Management Plan is attached in Annex 5.

Table 7-1: Environmental & Social Management Plan: Re-construction of MCH

WB ESF	E&S Risks and Impacts	Mitigation Measures	Responsibility	Budget for mitigation (in USD)	Monitoring Indicator	Monitoring Frequency
ESS 2: Labour and Working Conditions						
ESS 2	**Construction Phase**					
	Implementation of the respective mitigation measures against the negative impacts identified in this ESMP	○ Provide H&S Training to the construction workforce (including sub-contractors, temporary workers and drivers) ○ Raise awareness to the workforce regarding the implementation of the ESMP tailored to the project scope, through toolbox talks and other platforms	Contractor	1,000 USD for logistics	# of H&S Training session # of awareness raising session	At the beginning of construction activity
	Risk of Insecurity of all project workers	○ Project Implementation Unit (PIU) to prepare District Security Risk Assessment ○ PIU to prepare local Security Management plan (SMP) ○ Contractor to prepare local Activity Security Plan ○ Implementation of SMP and local Activity Security Plan	PIU / Contractor	Costs for security risk implementation	# District Security Risk Assessments # of Local Security Management Plans # of Local Activity Security Plans	Prior to commencement of activity

	Risk of labor and working conditions of all the workers don't comply with WB and Somali legislation	○ Listing of all staff and titles, new hires and departure ○ Site visited and records reviewed, major findings, and actions taken by contractor, engineer, or others, including authorities—to include date, inspector or auditor name	Contractor	Incl in contractor staff costs	Availability of register Availability of log book showing site visited and actions taken	monthly

	OHS risks, including impacts of dust, noise, vibration, hot work, site traffic, ergonomics, extreme temperatures, communicable diseases	○ 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 ○ Control vibration through choice of equipment, installation of vibration dampening pads or devices, and limiting the duration of exposure ○ 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 ○ Training and licensing of industrial vehicle operators in the safe operation of specialized vehicles. ○ Ensure drivers undergo medical surveillance ○ Establish rights of way, site speed limits, vehicle inspection requirements, operating rules and procedures ○ Use of mechanical assists to eliminate or reduce exertions required to lift materials, hold tools and work objects ○ Incorporate rest and stretching breaks into work processes and conduct job rotation ○ Preparation of an Emergency Preparedness Plan and emergency alert systems ○ Implement quality control and maintenance programs that reduce unnecessary forces and exertions ○ Provision of adequate PPE ○ Regular training for workers on	Contractor	Incl in Contractor budget	% of workers that have been provided with hearing protection # of OHS incidents # of equipment with vibration-dampening pads or devices # of temporary shelters available # of trainings for industrial vehicle operators conducted % of heavy vehicle operators that have been subjected to medical surveillance # of site speed limit signs at construction site # of rest and stretching breaks per work	

	Risk of labor influx leads to increase of GBV cases	○ All workers to sign CoCs (see Annex 4). ○ Dedicated reporting channel for victims through Project GRM ○ Implement GBV/SEAH Action Plan ○ Provide GBV awareness training to workers	Contractor	Incl in contractor staff costs	% of signed COCs # of trainings provided	At start of project
	Risk of discrimination against women in employment	○ Contractor to develop recruitment and retention policies that enable fair working conditions and women's safe and equitable participation. ○ All workers to sign CoCs.	Contractor	Incl in staff costs	# of women employed % of workers that signed COCs	At start of project
	Risk of delayed payment or underpayment of workers, leading to complaints and conflict	○ Ensure provision of timely and adequate payment ○ Ensure provision of GRM ○ Ensure information on GRM is provided	Contractor	Incl in contractor staff costs	# of recruitment and retention policies available % of workers that signed COCs # of workers' complaints	Monthly

	Risks of child and forced labor resulting in employing of underage children and human trafficking	○ Set-up of a workers' GRM to ensure their voices / complaints are heard ○ Contractor to maintain staff records, ID copies ○ Minimum age to be set at 18\ ○ Regular monitoring inspections	Contractor	Incl in contractor staff costs	% of payments made on time # of workers' grievances filed # of GRM cases filed # of child and forced labor reported	Throughout project implementation
	Risk of spreading COVID 19 at workplace	○ Contractor to ensure workers have access to face masks and sanitizers. ○ Regular sensitization on COVID 19 to ensure workers observe the social distancing especially when in the community and public places	Contractor	Incl in contractor staff costs	# of workers with access to face masks and sanitizer available # of Sensitization session	Prior to activity commencement and throughout activity
	Operation Phase					
	Risk of medical wastes, wastewater and air emissions leading to contamination of the environment and the workers	○ See Medical Waste Management Plan (Annex 5)	MCH administration	Incl. budget of MoH	See Medical Waste Management Plan (Annex 5)	Quarterly

	Risks of physical hazards (for example, handling of sharps); Electrical and explosive hazards; Fire; Chemical use OHS hazards related to healthcare and non-healthcare daily operations Radioactive hazard	○ Ensure a local risk assessment (identification of risks at work) is conducted for each process step, that is, from sample collection to disease isolation to identify specific hazards and for each identified risk, appropriate risk control measures must be defined. ○ Provide safety training in the management of hazards identified other than those related to sample handling ○ Provide review of Infectious Preventive Control training for the health care facility staff, including Health Care Workers charged with the responsibility to handle and dispose of the medical waste ○ Ensure conducting regular fire drills	MoH	Incl. budget of MoH	# Local risks assessment conducted every year and specific hazards identified for each and way forward # of regular safety training provided # of reviews of training provided # of fire drills conducted # of OHS related incidents	Monthly

	Risk of infection among health professionals	○ Ensure appropriate training on Infection Prevention and Control for healthcare workers and other staff. ○ WHO prescribed protocols for personal protection of healthcare professionals is to be enforced at all times[15] (see medical waste management plan, annex 5) ○ Ensure training in Health care waste management systems, which enable health care waste to be managed responsibly, without harming the community or the environment	MoH	Incl. budget of MoH	# of trainings held and who has been trained # of protocols available at location # of trainings held	At start of the clinical operations
	Risk of GBV/SEAH among workers	○ All workers to sign CoCs (see Annex 4). ○ Dedicated reporting channel for victims through Project GRM ○ Provide GBV awareness training to workers	MoH	Incl. budget of MoH	% of signed COCs # of trainings provided	
ESS 3: Resource Efficiency and Pollution Prevention and Management						
ESS 3	**Construction Phase**					

[15] See: https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/medical-devices/ppe

	Impacts of generation of solid waste which is the construction and demolition waste and rubble that may be generated from demolition of existing structure	○ Ensure disposal of generated solid waste at designated and authorized disposal site in consistence with the local and international requirements (see WBG General EHS Guidelines)[16], such as: ○ Substitute raw materials or inputs with less hazardous or toxic materials ○ 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 minimize 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, cultivation fields, irrigation channels, natural drainage paths, wetlands and critical habitat, the existing waste management system in the area, local routes, and	Contractor	waste management costs 10,000 USD lump sum per site	# of grievances filed # of records of amount of solid waste disposed, where and when	monthly

[16] WBG EHS Guidelines, Waste Management, accessed at: https://www.ifc.org/wps/wcm/connect/456bbb17-b961-45b3-b0a7-c1bd1c7163e0/1-6%2BWaste%2BManagement.pdf?MOD=AJPERES&CVID=nPtgwEW

	Risk of poor sanitation facilities and sanitation conditions at work site	○ Provide proper water closet toilet facilities at all long term (> 1 month) work sites. ○ Do not allow water to run out at toilets. ○ Maintain all toilets in clean and sanitary condition. ○ Provide proper earth pit latrines at all work sites where work will be undertaken for periods of up to one month. ○ Fill the latrines in once they become full and when site work is complete. ○ 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	5,000 USD	# of water closet toilet facilities available % of toilets leaking Toilets are well maintained # of latrines provided Sanitary arrangements part of toolbox talk	monthly

	Risk of pollution from construction wastes and water use on groundwater	○ Through accurate estimation of the sizes and quantities of materials required, order materials in the sizes and quantities they will be needed, rather than cutting them to size, or having large quantities of residual materials. ○ 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 individual local s or home owners. ○ Dispose waste more responsibly by dumping at designated dumping sites or landfills only. ○ Waste collection bins to be provided at designated points on site	Contractor	Incl in contractor staff costs	# of waste bins available at construction sites	Throughout project implementation
	Near lack of environmental legislation in Somalia	○ Implement ESMF and ESMP	Contractor	Incl. in contractor costs		Throughout project implementation
	Lack of capacity of the Government to monitor and implement environmental risk mitigation	○ Implement this ESMP ○ Implement capacity building and training plan as outlined in the ESMF	PIU	Incl in PIU staff costs		Throughout project implementation

	Operation Phase (See Annex 5)					
	○ Risks of waste management, including hazardous waste and sanitation services (septic tank pumping) Soil and water contamination	○ Ensure septic tank is properly designed and installed to prevent hazards to public halth Ensure septic tank is well maintained to allow effective operation Ensure it is installed in areas with sufficient soil percolation for the design wastewater load rate ○ Ensure it is installed in areas of stable soils that are nearly level, well drained and permeable, with enough separation between the drain field and the groundwater table or other receiving waters.	MoH	MoH budget		Throughout operational phase
	Pollution associated with improper disposal of malfunctioned or end of life solar panels	○ Ensure solar panels are recycled	MoH	MoH budget		Throughout operational phase
ESS 4: Community Health and Safety						
ESS 4	**Construction Phase**					

	Risk of increased GBV/SEAH cases and risks of sexual exploitation and abuse or sexual harassment, such as requests for sexual favors by project workers	○ Implementation and monitoring of GBV / SEA Action Plan ○ GBV awareness sessions for community ○ GBV awareness sessions for workers ○ Engage a dedicated specialist to support oversight and management of these risks ○ Workers to sign COC	PIU	Incl in PIU staff and travel costs	Activities under GBV/SEA Action Plan implemented # of GBV awareness sessions # of GBV awareness sessions held # of specialists engagement % of workers that have signed CoC	monthly
	Risk of spread of communicable diseases (Sexually Transmitted Diseases SIIs , HIV/AIDS, COVID-19 etc..) between workers and the community	○ Community awareness sessions on communicable diseases ○ Provide hand washing stations for workers ○ Implement COVID-19 protection measures, including: ○ Contractor to ensure workers have access to face masks and sanitizers. ○ Regular sensitization on COVID 19 to ensure workers observe the social distancing especially when in the community and public places	PIU	Incl in PIU staff and travel costs	# of community sensitization % of workers that have signed CoC % or workers with access to face masks and sanitizer	monthly

	Risk of 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 on the activity of type project and inform them about construction risks and the restricted access to the site ○ Restrict access to construction site through signage ○ Remove hazardous conditions on construction sites 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	Inc in Contractor budget	# of sensitization measures for communities # of signage available around construction site % of small openings that have been covered % of larger openings that have an escape opening # of locked storage for hazardous materials # of incidents of unauthorized access / injury	Throughout activity

	Impacts of dust, air pollution and noise generation	○ High level maintenance of the vehicles to reduce the vibrations ○ Selecting equipment with lower sound power levels ○ Installing suitable mufflers on engine exhausts and compressor components ○ equipment casing ○ Planning activities in consultation with local communities so that activities with the greatest potential to generate noise are planned during periods of the day that will result in least disturbance.	Contractor	Inc in Contractor budget	% of vehicles well maintained % of engine exhausts with mufflers installed % of activities implemented during the days	Throughout activity
	Disruption in health services for current and future patients	○ Ensure alternative health centers are communicated	MoH			Throughout activity
	Operation Phase					

	Risk of poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values	○ Provide cleaning staff with adequate cleaning equipment, materials and disinfectant. Provide adequate facilities to disinfect the cleaning equipment and dispose of the used consumables in a safe manner; ○ Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. ○ Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials)	MCH administration	Incl. budget of MoH	# of cleaning equipment available % of cleaners trained	monthly
ESS 8: Cultural Heritage						
	Risk of Chance Finds	○ Implement Chance Find procedures	Contractor		Chance find procedures are implemented	monthly
ESS 10: Stakeholder Engagement and Information Disclosure						
ESS 10	**Preparation and Operational Phase**					
	Risks of poor access to beneficiaries lead to less meaningful community engagements and difficulty in monitoring for social harm	○ Implementation and monitoring of GRM ○ Implementation of Project SEP.	PIU	PIU GRM costs	% of complaints filed have been addressed # of site-specific incident logs	monthly
	Risks of lack of information on access to GRM leads to lack of accountability	○ Awareness raising on GRM	PIU	PIU budget for GRM	# of awareness sessions of GRM	quarterly

	Access to beneficiaries for meaningful stakeholder and community engagements as well as grievance redress and monitoring will be a challenge, as Project location is in a remote underserved areas with basic physical and community infrastructure devastated by drought and floods.	○ Implement SEP and create awareness of GRM	SPT / PIU	Included in PIU staff costs Travel costs: 2,000	# of GRM cases filed # of stakeholder engagements conducted	at the beginning of activity and throughout implementation
	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	PIU	PIU budget for stakeholder engagement	# of community engagement sessions held	quarterly

7 Implementation Arrangements

a. Government Institutional Responsibilities

The work implementation will be managed by the Project Implementation Unit (PIU) embedded within the SCRP institutional structures. The PIU will be contracting a construction company directly to implement construction works. The construction company will implement the project including all Environmental and Social (E&S) mitigation measures defined in this ESMP.

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

Table 8-1: Institutional partners responsibilities

Project Implementation Unit - PIU	The application of mitigation measures required under this ESMP is the sole responsibility of the PIU. During the preparation phase the PIU prepares the ESMP and the project design. However, since actual construction works will be carried out by the private entity, the PIU will ensure that implementation of the ESMP is incorporated in the Request for Proposals (RfPs) and the costs are integrated in the Bill of Quantities (BoQs), and subsequently in the legal agreement between the construction company and the PIU. The PIU is responsible to instruct, observe and monitor its contractors against the ESMP provisions as well as the LMP. The PIU should make sure that corrective actions are applied by the contractors, when necessary. The GBV Specialist, the Security Specialist, the Stakeholder Consultation Specialist and the GRM Specialist will contribute to the monitoring of their respective fields. The Security Specialist , in particular, will be responsible for the implementation of the SMP; and the GBV Specialist for the implementation of the GBV/SEA/SH Action Plan. The PIU's E&S team will be responsible for the monitoring of the implementation of the ESMP and implementing the GBV/SEA Action Plan. The PIU will request for any violations to be corrected by the Constructor and monitor the actions and undertakings in correcting violations.
State Project Team - SPT	The SPT's Environmental & Social Safeguards Specialist will monitor the implementation of risk mitigation measures by the construction company. The monitoring will be supported by the PIU / SPT Engineers and the Community Consultation Specialist. Environmental and social monitoring reports will be prepared by the SPT and submitted to the PIU every month throughout the project duration.

Ministry of Public Works (MoPW)	MoPW - the responsible State Ministry on all infrastructure development and maintenance has been engaged in the design development consultation and the certification process. The MoPW's technical staff will be engaged in the supervision of the work implementation by the contractor.
District Commissioner	The District Commissioner will be engaged in the day-to-day coordination of the work implementation by the contractor. The District Commissioner will be specifically involved in facilitating stakeholder engagements, assisting the contractor in the recruitment of local workers and ensuring the security to the contract staff and the supervision teams. The District Commissioner will be the first point of contact for the local communities for raising construction activities related inquiries.
District Medical Officer (DMO) / MoH and MCH Administration	The DMO will be engaged in ensuring the facility meets the necessary technical standards as specified in the design. The MoH and MCH Administration are responsible for all operational measures, including the implementation of the MWMP.
UNOPS	UNOPS Engineers and E&S safeguard team will be available to provide advisory level support to the PIU during the works implementation on technical and safeguard compliance related matters.

b. Contractor

The contractor is responsible for complying with requirements for all field activities covered by this ESMP. 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. Subcontractors 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 environmental and social standards laid out in this ESMP.
- Ensure that the control measures provided for in the ESMP are both understood and implemented by site personnel.
- Comply with accident and incident reporting. All severe incidents must be reported to the PIU 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.
- Ensure compliance with all mitigation measures in this ESMP.
- 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 the SPT/PIU Environmental and Social Safeguards Specialists on the need for corrective action in the event of unexpected environmental or social problems emerging during the course of operations.
- Communicate with all of the contractor's staff regarding environmental and social 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 environmental and social 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 local Security Activity Plan

The contractor is obliged to comply with 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 PIU/SPT
- 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 SPT/PIU Teams on training workers on GBV issues, as well as community awareness on GBV
- Maintain workers' lists indicating age and gender

- Liaise closely with the SPT/PIU Teams on the implementation of Project GRM
- Maintain records of GRM

8 Reporting on ESMP Compliance

The PIU will prepare periodic monitoring reports, including inputs from the contractor and the SPT, on the status of implementation of ESMP. The reports will be submitted to World Bank for their review and feedback as part of the PIU's general Quarterly report to the Bank. Details of these reports and their content are given in the Table below. A template for an Environmental and Social Monitoring report is included in Annex 3.

Table 9-1: ESMP Monitoring and Compliance Reports

#	Title of the Report	Contents of the Report	Frequency of Report Preparation	Report to be prepared by
1	ESHS Monitoring Report to PIU	○ Compliance status of the Project with the environmental and social mitigation and monitoring measures. The report should cover: ○ Environmental incidents; ○ Health and safety incidents, ○ Health and safety supervision: ○ Usage of PPEs by workers ○ Highlights of inspection ○ Training conducted and workers participated ○ Workers grievances ○ Community grievances ○ Chance find (if any), in accordance with Project Chance Find Procedures (Annex 5)	Monthly	Contractor/SPT
2	ESMP Monitoring Report to WB	Compliance status of overall Project with ESMP requirements	Quarterly	PIU
3	Incident Reports	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	PIU (contractor/SPT to PIU)

9 Capacity Building and Training

The implementation of the ESMP is highly dependent on the available existing capacity and awareness of the PIU, the SPT and the contractors' staff, the surrounding community and the concerned stakeholders.

Training workshops are required to increase the environmental awareness of all individuals concerned with the Project and to train and follow up with the workers who are specifically involved in the site operation.

On-site workers should receive appropriate training to undertake the duties of implementing the necessary mitigation measures. The training workshops should be undertaken prior to commencement of construction activities. The recipients of the training are all construction workers. The trainings are to be included in the budget of the contractor. The only trainings to be provided by the PIU include GBV/SEA/SH prevention and HIV/AIDS 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
- HIV/AIDS prevention
- Proper handling and storage of hazardous material and wastes.
- Spill contingency plans
- Accidents and emergency plans
- Roll-out of GRM among workers and communities
- Appropriate segregation, transportation, final disposal of solid waste and fire safety.
- Training for healthcare workers and other key parties during the operational phase

This will be achieved by small workshops conducted in the induction phase for the workers. The induction training will include familiarization with the workers' GRM, Project GRM, CoC, GBV/SEA/SH, HIV/AIDS prevention, COVID-19 measures, and other toolbox talks as mentioned above in the ESMP. During the construction phase, refresher trainings will be held. While some training will be provided by the contractor, the PIU has assessed that training on GBV/SEA/SH and GRM should be conducted by the PIU directly, given a potential lack of capacity among contractors.

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):
    - Communicable diseases/HIV-AIDS/STI/GBV awareness and prevention
    - Community grievance redress mechanism

In addition, continuous E&S training has been provided to the PIU team as well as to the SPTs, in all E&S aspects of the Project.

10 Stakeholder Consultations

The preparation of the ESMP and of the project selection and design was highly dependent on stakeholder consultations, conducted as per the SCRP Stakeholder Engagement Plan (SEP)[17] and in accordance with Citizen Engagement and Stakeholder Consultations during COVID-19[18].

On the 24th of February, 2021, the team composed of two engineers from UNOPS and the stakeholder engagement officer from PIU met with the local administration officials of Belet Hawa in the administration compound. The meeting was attended by the District Commissioner Abdirashid Abdi, Humanitarian/Projects coordinator Mohamed Farah Abdi, Secretary of Social Affairs Nor Adawe, Mayor of Belet Hawa Ali Geedi Barre, Auditor General Abdihakim Omar Barre, Commissioner of Youth & Sports Abdiwahid Hussein Osman and one member of the youth and sports group Abdifatah Abdullahi Omar.

According to the District Commissioner, Belet Hawa has an extremely poor drainage system, which is an addition to the flooding problem. After heavy rains, the floods from south mountains of Belet Hawo pour down to the center of the city and cause heavy flooding and this causes devastating impacts on infrastructure and also contributes to negative effects of a lack of roads, stresses transportation needs in the city and causes outbreaks of diseases.

The Mayor of the City gave his gratitude and thanked the team for coming to Belet Hawa in order to address problems and assist in development. He then suggested that drainage systems be created as soon as possible as the rainwater that pours down from the hills eventually trails to the center of the city and causes flooding, which has devastating impacts on the population including the overflowing of rivers, which floods farms and crops while damaging equipment, including motors that are costly. The project team announced that the project would help rehabilitate public infrastructure with a view on a solid drainage system.

Community Consultations

On the 25th of February, the District Administration organized a community consultation for the consultation team to meet with 60 stakeholders in the community (see Annex 1).

The Elders in the district informed the team that floods and droughts have been devastating the district for some time. Furthermore, the hills to the south of Belet Hawa have caused severe floods in the city as well, as water flows down straight into the center of the city. They stressed that there is no drainage system within the city so there is no means for the water to leave, this means that the flooded water stays until it eventually dries up. This has caused outbreaks of

[17] SCRP Stakeholder Engagement Plan, 2020, accessed at: https://www.mof.gov.so/sites/default/files/2020-08/Stakeholder%20Engagement%20Plan%20%28SEP%29%20Somalia%20Crisis%20Recovery%20Project%20%28P173315%29.pdf

[18] https://www.worldbank.org/en/news/factsheet/2020/12/01/citizen-engagement-and-stakeholder-consultations-during-covid-19

diseases in Belet Hawa. The Elders also stated that there are no government- owned/public wells and that the few wells are privately owned, and that a public well is urgently needed. The project team announced that the project would help rehabilitate public infrastructure with a view on a solid drainage system.

The women association in the district stated that Belet Hawa is surrounded by hills, which unfortunately means that whenever it rains, water pours down from the hills and affects the city with floods. The women group also highlighted that this district only has 1 public hospital (Khaliil Hospital) and 2 MCH that are run by local NGOs. There is an urgent need for MCH, but the resources are inadequate. It was recommended that the old TB Hospital, which was government-owned has been left abandoned for over 30 years, and should be refurnished into a government-run MCH. The women group also stated that the wells are a far distance from the communities, which is difficult for mothers to gain access to and from the wells due to flood damaged passages/roads through rainfall. Furthermore, they stressed the need for a public well as private wells are expensive and not all households can afford them. They stressed the need for an Airport in Belet Hawa, this city is prone to border conflict, so if soldiers are wounded or other citizens are in need of medical care in the capital Mogadishu, they have to be driven 40KM to the airport in Dolow district, which has caused deaths previously. The Project team responded that an MCH can be rehabilitated under the project.

The youth in the district informed the team that the biggest problem related to flooding in the district occurs from over-flowing of rivers and water pouring down from the hills, they then requested that a dam be built, which will benefit the communities as the water can then be utilized productively and floodings will not occur and sanitation of the city will not be affected negatively.

The disability group in Belet Hawa informed the team that there are no passages for them to commute from A to B when flooding occurs through rainfall and water flowing from the hills surrounding Belet Hawa, so they requested that drainage systems be installed. Additionally, the disability groups stated that there are no disability ramps or disability-friendly infrastructure in medical centers, so they requested if rehabilitations take place that ramps be installed. The Project team responded that infrastructure will be rehabilitated in a disability-friendly way and that also the rehabilitation of roads is considered under the project.

Finally, the IDP community in Belet Hawa informed the team of their living conditions in Belet Hawa. They stated that there is only 1 public hospital and 2 MCHs in the district, which is a long distance away from the IDP camp they reside in, so they requested a local clinic/MCH to meet the medical needs of the locals. The IDP community also stated that whenever flooding or heavy rain occurs, they have to leave their settlements due to sewer damages caused by the flooding, so they requested an urgent solution to their housing crisis. They also stated that there are no educational facilities/opportunities for the IDPs. The Project team responded that the project can rehabilitate a MCH.

Once the rehabilitation of the MCH was decided on, follow-on site visits and stakeholder engagements were undertaken. Below is a summary of the stakeholder consultations carried out during the design development and approval process.

Table 11-1: Details of the stakeholder consultation

Date	Type of Consultation	Stakeholders Consulted	Issues discussed
28 February 2021	Stakeholder consultation and initial Assessment (field visit)	District Administration, youth and women's representatives, community elders, business people, religious leaders, and IDPs	Flood risk to the community Prioritization of infrastructure for rehabilitation works Beneficiaries community - potential impact of reconstruction of the health facility Please refer to PIU - UNOPS joint Assessment Mission Reports
May 2021	Design Questionnaire Input (Via email & Phone)	District Medical Office (DMO). Health Facility Operator (International Medical Corps)	Collected data and information on patient numbers, facility operations, current support infrastructure, services provided etc as input to design development.
20 April 2022	Email consultations on the running of facility	Ministry of Health, Jubbaland State	Confirmation that running the facility is under Ministry of Health Jubbaland in terms of running the facility as per the Package for Health Services Standard. Please refer to the Letter from MoH, Jubbaland State.
26 May 2022	DMO/ Operator Consultations (virtual)	District Medical Office (DMO). Health Facility Operator MoH, Jubbaland State	Consultations on design requirements and confirmation on use of buildings within the community land.
21 July 2022	DMO/ Operator Consultations (virtual)	District Medical Office (DMO). Health Facility Operator MoH, Jubbaland State	Preliminary Layout discussions
30 July 2022	DMO/ Operator review of site plan and floor plan layout	District Medical Office (DMO). Health Facility Operator MoH, Jubbaland State	Approval of site plan and floor plan layout
28 July 2022	World Bank Review (via email)	World Bank Health Technical Lead (Dr. Bernard Olayo)	Review of Facility scheme architectural design for Health requirements.
TBC	Technical Review of the Detailed Design Review (via email)	Jubbaland State (Ministry of Public Works) Engineers	Detailed design review i.e. Review of detailed design drawings, specifications document, Design reports

11 Grievance Redress Mechanisms

Under the new World Bank ESSs, Bank-supported projects are required to facilitate mechanisms that address concerns and grievances that arise in connection with a project.[19] 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'.[20] 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 SCRP provides mechanisms to receive and facilitate resolutions to such concerns. This section lays out the grievance redressal mechanisms (GRM) for the SCRP.

As per World Bank standards, the GRM operates in addition to a GBV/SEAH and Child Protection Prevention and Response Plan, which includes reporting and referral guidelines (see GBV/SEAH and Child Protection Prevention and Response Plan in the ESMF[21]).

The GRM aims to address concerns in a timely and transparent manner and effectively. It is readily accessible for all project-affected parties. It does not prevent access to judicial and administrative remedies. It is designed in a culturally appropriate way and is able to respond to all needs and concerns of project-affected parties.

The GRM Value Chain is presented in Annex 2.

[19] Under ESS 2 (Labour and Working Conditions), a grievance mechanism for all direct or contracted workers is prescribed. The World Bank's Good Practice Note on 'Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works' spells out requirements for a GBV grievance redress mechanisms, which will be defined in a separate GBV/SEA and Child Protection Risks Action Plan.

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

[21] Somali Crisis Recovery Project (SCRP), Environmental and Social Management Framework, amended August 2021

12 Implementation Budget

Table 13-1: Implementation Budget

	Required Resources	Costs in USD
PIU – Monitoring of ESMP		
1.	Human Resources: 1 Environmental, 1 Social Safeguards Specialist	PIU staff costs
2.	1 GBV Specialist (GBV training and GRM)	PIU staff costs
3.	1 Security Specialist	PIU staff costs
4.	1 Stakeholder Consultation Specialist	PIU staff costs
5.	1 GRM Specialist (GRM awareness)	PIU staff costs
6.	Logistics / Travel	PIU travel budget
Grievance Redress Mechanism hotline		
7.	Hotline and other mechanisms	PIU GRM budget
8.	GBV/SEAH reporting mechanisms	PIU staff costs
Implementation of Risk Mitigation Measures Contractor		
9.	Human Resources 1 EHS Specialist x 4 months	Tbd by contractor
10.	Cost of PPE	Tbd by contractor
11.	Cost of [22]all OHS measures and other Training	Tbd by contractor
13.	Construction Waste Disposal	Tbd by contractor
14.	Safety Signages	10 Tbd by contractor 00
15.	Community engagement	Included in staff costs
16.	Latrines	Tbd by contractor

[22] As listed in the ESMP table above

13 Conclusions

The proposed construction of the Malkariyey MCH is conducted under Component 2 of the Somalia Crisis Recovery Project (SCRP). The project aims to build a modern MCH as part of reconstruction of flood damaged infrastructure. The proposed MCH will be equipped to adequately serve the most vulnerable in society, which includes the IDPs that have set up camp right outside the proposed facility location. The proposed MCH will also provide a temporary holding for patients who require more urgent attention before being transferred to the main hospital.

This ESMP was prepared to help mitigate potential environmental and social risks and impacts. The risks and impacts for the proposed construction of the MCH were classified as moderate, mostly consisting of typical civil works related risks and impacts. The proposed project is being constructed on public land where the existing MCH is located, and there are no land nor resettlement issues triggered by the sub-project. Additionally, it is not expected that the sub-project will disturb private business owners within the local community. However, at sourcing construction materials, it will be the responsibility of the contractor in consultation with the engineer, to ensure relevant permits are obtained to access such materials from authorized locations. in relation to the proposed site.

The ESMP is prepared to help guide the PIU, SPT and the construction company on environmental and social risk mitigation measures to be implemented throughout the works to ensure compliance with all SCRP E&S instruments, World Bank Environmental and Social Standards (ESSs) and local legislation.

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Annex 1: Community Consultations: Stakeholders Consulted

Jamhuuriyadda Fe`deraalka Soomaaliya
Wasaaradda Maaliyadda
Mashruuca ka soo kabashada Xasaradaha Ee Soomaaliya

جمهوريه الصومال الفيدراليه
وزارة المالية
مروع إنعاش الأزمات في الصومال

The Federal Government of Somali
Ministry of Finance
Somalia Crises Recovery Project (SCRP)

Date: 25/02/2021

Subject: Attendance Sheet Field Mission Belet Hawa

No	Name	Title	Telephone
1	Mohamed Faarah Abdi	Humanitarian Coordinator	0615020284
2	Abdirashid ~~Hussein~~ Abdi	Guddoomiyaha degmada	0614876554
3	Nor Cadaawe Bedow	Ragaha ARiMA Bulesha	0614221150
4	Mahifaarah Abdulahi omar	ururka dhalinyarada	0616222246
5	daaji muhumed goole	ururka dhaliyada	0615388680
6	cismon coli	MOMUCO	061587693
7	cali korad	Momulka	061585219
8	C/xakim omar Barre	Hanti-dhawraha D-G	0612188223
9	C/muqaxid xuusen cisman	Gudamiyaha Ehaliyar	0615568878
10	Iftiin Gure osman	Director MCH	0617848061
11	Cumali C/lahi Gaas	Supervisor	0615259508
12	Iftiin Cade nunow	Guddiga Tuulada	061983894
13	Omar Dahir	Gudomiyaha	0615548722
14	Xasan Cabdi Cali omar	Gudomiye K/xigeen.	0615895332
15	faarax adan nuur dali	Village elder.	0616367716
16	Maxamed xasan Adan	Agaasimaha Xafiiska gudomiyaha	0613426789
17	Jabir Maxamed Cheik	Saxafi	0616863199
18	C/laahi Maxamed Nuux	Xog-hayaha Xafiiska Gud.	0618748638

20	Idris Aden Nuur	oday-dhagameed	0615557667
21	Maxamed Cali Xasan	Guddoomiye tuulo	0617848248
22	Caboli yuusuf qase	Tuulada Durac-Bilaash	0616498894
23	Cabdi Cali Almi	Tuulada Durac-Bilaash	-0616861047
24	Yuusuf samaan Xasan	Tuulada Durac-Bilaash	-0615646909
25	Aden Ibrahim Maxamed	Bulshada Rayidka	-0617531608
26	Xasan Maxamed Aye	Xaafada Qansax-oraane	0615246263
27	Iftiin Caboli Maxamed	Tulada Durac-Bilash	-0615487055
29	Mahamed yuusuf Xuseen	Tuulada Ibiclay	0616533376
30	Xasan Ibrahim Dhagane	Xaafada golan-hayd	0618928479
31	Dirye Salad Xuseen	Tuulada-Wariiryaale	0618825072
32	Cimaan Ilaahi Xasan	Xaafada todobaad	0616367932
33	Maxamud Caboli Hadiye	Bulshada Rayidka	0617137393
34	Axmed Bashe Muxumed	Tuulada Duraa-Bilash	0615895465
35	Maxamuud Cilaali Muhumed	Xaafada Qadhaw	0618530951
36	Ciwaali Xuseen Aden	Qanacsale	0615810713
37	Ciqadir Shire Maxamed	Xaafada Qadhaw	0618389555
38	Xiish Qaliif Waysax	Xaafada qadhaw	0615610693
39	Axmed Aden Muse	Xaafada Qadhaw	0615159052
40	Xuseen Maxamud Muxumed	Xaafada Qansax	0615558351
41	Cafiyax Maxamed Dirye	Xaafada qadhaw	0618412990
42	Bashane Sh. Maxamud	odaygaasha degmada	0616158823

43.	Cnuur Almi Cali	oday-dhagameed	tell = 0615123155
44	Ibrahim Farax Cilaahi	oday-dhagameed	tell: 0615735852
45.	Nuur Faarax Cali	oday-dhagameed	tell 0615603549
46.	Dhoofow Cadow Nuur	oday-dhagameed	tell: 0615219970
47.	Caboli Aden Xasan	oday-dhagameed	tell: 0615554850
48.	Maxamed Burale Caboli	oday-dhagameed	tell: 0615569731
49.	Ciidaman Madey Maxamud	oday-dhagameed	tell. 0615569521
50.	Cilaahi Xuseen Maxamed	dhalinyaro	tell: 0615360965
51.	Ciwaxiid Xuseen Osman	Guddoomiyaha Dhalinyarada B-Xaawo	tell: 0615568878
52.	Amina Xasan Caqadi	dhalinyaro	tell: 0616217810
53.	Shugri Axmed Sanuur	dhalinyaro	tell: 0616834422
54.	Amina Farax Bile	Xubin uruuka Hawiyaalka Dag B. Xaawo	tell: 0615823524
55.	Xaybo Ismaciil Cabdile	-Afhayeenka uruuka Hawiyaalka →	tell: 0658 10132
56.	Xaawa Maxamed Sanatar	Xubin uruuka Hawiyaalka	tell: 0615388594
57.	Faiis Caboli Diirshe	Xubin uruuka Hawiyaalka	tell: 06 15810 240
58.	Sagajo Cali Bare	Xubin uruuka Hawiyaalka	tell: 0618211728
59.	Xaawo Aden Salad	Xubin uruuka Hawiyaalka	tell: 0618894196
60.	Xaybo Cilaahi Maxamed	Xubin uruuka Hawiyaalka	tell: 0615810746

Figure 14-1 Belet Hawa Community Consultations February 2021

Annex 2: Grievance Redress Mechanisms

This annex describes the Project GRM's objectives and the steps of the GRM Value Chain in more detail.

GRM Objectives

The key objective of the Project GRM is to establish a prompt, easy to understand, consistent and respectful mechanism to support the receiving, investigating and responding to complaints or grievances from project stakeholders. It is designed to offer project stakeholders an opportunity to seek and receive grievance redress; to strengthen the project's team ability to identify, track, resolve and refer eligible grievances; and to enhance the Project's development results and outcomes. The GRM is expected to contribute to continuous improvement in performance of the SCRP through an analysis of trends and lessons learned. The GRM does not prevent access to judicial and administrative remedies. It is designed in a culturally appropriate way and is able to respond to all needs and concerns of project-affected parties. The GRM is available for anyone who wishes to file a complaint, including project workers, community workers, persons in disagreement with the resettlement process etc… In addition, implementing partners and contractors are encouraged to provide a specific GRM, however, lessons to date have shown that there is a significant lack of capacity and that the Project GRM needs to be fit to receive also workers concerns.

The SCRP has contracted a GRM Focal Point, Halima Farah. It further has put in place a hotline with the number '337'.

Types of Complaints expected

Categories of Grievances
1. Basic information
– Access to information
– Correction and deletion of untrue or misleading information that affects the person
2. Ethics and conduct
– Government entities and staff
– Implementing Partner staff
4. Violation and breach of codes of ethics
– Violation of codes of ethics;
– Breach of the code of ethics by government officers:
– Breach of Code of Conduct and Ethics by staff of Implementing Partners
5. Violation of human rights and fundamental freedoms

– - Gender equality and general equality matters.
– Equality and freedom from discrimination (Equality -every person; Equality of men and women to opportunities in political, economic, cultural and social)
– Economic and Social Rights (health, sanitation, freedom from hunger, adequate and quality food, clean safe and adequate water, social security, education, emergency medical treatment)
– Non-discrimination of special needs groups
6. Corruption and Economic crimes
– Unethical conduct
7. Labor and working conditions
– Termination/Summary Dismissal,
– Breach of Employment Contract Terms
– Conflicts with Trade Unions
– Work Injury
– Discrimination
– Sexual Harassment
– Remuneration
– Wrongful termination
– Suspension
– Waiver of Claims
8. Environmental compliance violations
– Violation of environmental standards laid out in the ESIAs, ESMPs, and ESMF , including complaints about noise, dust, pollution, waste accumulation, debris, wastewater, damages to the eco system etc…
9. Occupational Health and Safety (OHS)
– Violation of occupational health and safety measures and standards laid out in the ESMF, ESMPs – Issues of Community Health and Safety
11. Gender-Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) / Sexual Harassment (SH)
– Gender based violence committed by project personnel or any worker on the Project, or GBV committed in relation to the Project
– Sexual Exploitation and Abuse committed by Project staff or any worker of an IP associated to the Project
– Sexual Harassment committed by Project staff or any worker of an IP associated to the Project

Available Channels

A phone number for a hotline operator: The phone number of a grievance hotline operator must be widely disseminated among project stakeholders. The Hotline Operator is available

from 8.00 am to 5.00 pm every day through a toll-free number. The hotline operator is set up and managed by the Project Implementation Unit (PIU). Any concerned party can call the hotline number and file a grievance with the Project. Hotline Operators will respond in Somali or English.

A help desk must be set up by the respective IP during the implementation of sub-project activities in an area.[23] They should be manned by the IP staff, especially its community project facilitators, in close coordination with local authorities. At the help desk, PAPs can inquire about information in regards to project activities, or they can file a grievance directly with the person manning the desk. Grievances can be filed in writing or verbally at the Help Desk.

Relevant assigned personnel available in each project site will be required to accept formal grievances and ensure that avenues for lodging grievances are accessible to the public and all PAPs. The first point of contact for all potential grievances from community members may be the contractor, IP or the local government official. Such personnel will be required to accept formal grievances; or they can point out the Hotline Operator's number, the Help Desk or Suggestion Box.

A suggestion box must be installed at the nearest local administration office of the sub-project site. Suggestion boxes provide a more anonymous way of filing a grievance or for providing feedback. Grievances or feedback submitted to the Suggestion Box must be expressed in writing. Boxes are clearly marked as SCRP-related feedback and grievance mechanism.

Processing Steps

Step 1: Grievance Uptake
Multiple channels must be available for aggrieved parties to file their complaint, grievance, or feedback. The aggrieved party must be able to select the most efficient institution, the most accessible means of filing a grievance, and must be able to circumvent partial stakeholders in the Project, which may be implicated in the complaint. He or she must further be able to bypass some grievance channels that are perceived as potentially not responsive or biased.

GBV/SEA/SH-related Grievance: Given the sensitive nature of GBV complaints, the GRM provides different ways to submit grievances. All grievance uptake channels can be used to report on GBV/SEA/SH-related grievances. No grievance uptake mechanism cannot reject such grievances, and all personnel directly receiving grievances will be trained in the handling and processing of GBV/SEA/SH-related grievances. Information on relevant legislation will be delivered to survivors prior to any disclosure of case details, for example through initial

[23] The help desk must be budgeted by the IP, the manning of the help desk will depend on the nature of the activity

awareness raising sessions on the GRM. This will allow protect the survivor-centered approach from mandatory reporting.

Step 2: Sort and Process

All registered grievances will be transferred to the GRM Focal Point at the respective IP at state or national level – either by the Hotline Operator, local personnel, or the Help Desk Officer. The GRM focal point will categorize the complaint according to the table above (section on 'Categorization of Grievance'). Where grievances are of sexual nature and can be categorized as GBV/SEAH or child protection risk, the IP has to handle the case appropriately, and refer the case to the GBV reporting protocols and referral system, defined in the GBV/SEAH and Child Protection Prevention and Response Plan. Dedicated training on how to respond to and manage complaints related to GBV/SEAH will be required for all GRM operators and relevant project staff (see below).

For grievances handled under the general Project GRM, the GRM Focal Point will determine the most competent and effective level for redress and the most effective grievance redress approach. The focal point will further assign timelines for follow-up steps based on the priority of the grievance, and make a judgment and reassign the grievance to the appropriate staff or institution. The person will exclude grievances that are handled elsewhere (e.g. at the court). The focal point should offer the complainant option/s for resolution of their grievance.

GBV/SEA/SH: All reporting will limit information in accordance with the survivor's wishes regarding confidentiality and in case the survivor agrees on further reporting, information will be shared only on a need-to-know-base, avoiding all information which may lead to the identification of the survivor and any potential risk of retribution.

Data on GBV cases recorded will only include the nature of the complaint (what the complainant says in her/his own words), whether the complainant believes the perpetrator was related to the 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 even if the complaint is not related to the project, that referrals will be made, the preference of the survivor will be recorded and the case will be considered closed.

Step 3: Acknowledgement and Follow-Up

The respective IP will decide whether a grievance can be solved locally, with local authorities, implementers, NGOs, CSOs or contractors, and whether an investigation is required. The first ports of call will have in-depth knowledge of communal socio- political structures and will therefore be able to recommend to the GRM Focal Point the appropriate individuals that could be addressed with the case, if the case can be solved at the local level.

Step 4: Verify, Investigate and Act

The IP, the GRM Focal Point, will then undertake activity-related steps in a timely manner. The activities will include: verifying, investigating, redress action and plan.

Steps for grievance redress

Grievance Category	Required Action
Queries, comments and suggestions	Acknowledgement / Clarification
Complaints and concerns which do not require formal investigation	Grievances should be handled and resolved by the immediate manager within the GRM structure, e.g. the GRM Focal Point or a dedicated staff. The IP should appoint a grievance redress committee, which includes relevant staff in the IP organization and can include a selected local authority (ideally the committee consists of an equal number of men and women), which can hear both parties and ideally solve the matter within the organization.
Complaints and concerns that involve allegations that require investigation or interventions of a different kind	As appropriate, conduct verification, negotiation, mediation or arbitration, coordination with respective authorities, decision-making, escalation to judicial or administrative institutions, proposed solutions, implementation of agreed actions, etc… The IP should appoint a grievance redress committee, which includes relevant staff in the IP organization and can include a selected local authority (ideally the committee consists of an equal number of men and women), which can hear both parties and ideally solve the matter within the organization.

Step 5: Monitor, Evaluate and Provide Feedback

The IP/GRM Focal Point will provide feedback to GRM users and the public at large about:

- results of investigations;
- actions taken;
- why GRM is important;
- enhance the visibility of the GRM among beneficiaries; and
- increase in users' trust in the GRM

Response Times

Response Times

Type of Case	Actions Required	Response Required

Type of Case	Actions Required	Response Required
Straight-forward cases with little anticipated complications	minimal checks and consultations	• Acknowledge reception of the grievance, detail follow-up steps and set timelines (number of days) for follow-up activities: verify, investigate, if need be, and communicate outcomes and next steps based on outcomes • 1-3 days
Cases that require some minimal processes	delete misleading information, collect information, analyze existing information, prepare communication materials to disclose delayed information, clarify existing information, and correct misleading information	• Acknowledge reception of the grievance, detail the steps to follow, and provide the appropriate practical timelines • 7 -14 days
Cases that require investigation	access and review of relevant documentation (reports, policy documentation), field-based fact findings missions (visits and interviews), analysis and preparation of reports, consultative sessions to rectify or adjust the implementation approaches	• Acknowledge reception of the grievance, provide follow-up steps and set timelines for a comprehensive response • 14 to 21 days
Cases that require escalation to higher SCRP implementation level	Transfer case to relevant higher level (e.g. state-level or national HQ of IP; PIU)	• Acknowledge reception of the grievance, provide the need for escalation of the grievance to the next project implementation level, and set timelines for a comprehensive response • 7-14 days
Cases that require referral to other institutions	Transfer case to relevant institution (National Police Service, World Bank)	• Acknowledge reception of the grievance, provide the need for referral of the grievance to an appropriate institution, and set timelines for a comprehensive response on referral progress

Type of Case	Actions Required	Response Required
		• 7 - 21days

Other Redressal options

Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service.

Annex 3: Environmental and Social Monitoring Template

This annex presents a template that should be used for the E&S monitoring process by the SPT/PIU monitoring 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 in 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.

Environmental and Social Monitoring Template

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

Annex 4: Code of Conduct for Workers

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

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

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

I agree that while working on the Project I will:

1. If undertaking work related travel within South Sudan outside of Juba, complete a Travel Safety Plan.
2. Attend and actively participate in any induction or training required for OHS or sexual exploitation and abuse (SEA) or sexual harassment (SH), as requested by my employer.
3. Not drink alcohol or use narcotics or other substances which can impair faculties and potentially cause incidents, before or during work activities.
4. Treat women, children (persons under the age of 18), and men with respect regardless of race, colour, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
5. Not use language or behaviour towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
6. Not engage in sexual harassment—for instance, making unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct, of a sexual nature, including subtle acts of such behaviour (e.g., looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; giving personal gifts; making comments about somebody's sex life; etc.).
7. Not engage in sexual favours—for instance, making promises or favourable treatment dependent on sexual acts—or other forms of humiliating, degrading or exploitative behaviour.
8. Not participate in sexual contact or activity with children—including grooming, or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
9. Unless there is the full consent by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non- monetary) to community members in exchange for sex—such sexual activity is considered "non-consensual" within the scope of this CoC.
10. Report to my manager any suspected or actual GBV or VAC (Violence against Children) by a fellow worker, whether employed by my company or not, or any breaches of this CoC.

With regard to children under the age of 18:

11. Wherever possible, ensure that another adult is present when working in the proximity of children.
12. Not invite unaccompanied children unrelated to my family into my home, or the works site unless
13. they are at immediate risk of injury or in physical danger.

14. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit
15. or harass children or to access child pornography.
16. Refrain from physical punishment or discipline of children.
17. Refrain from hiring children for domestic or other labour below the minimum age of 18
18. Comply with all relevant local legislation, including labour laws in relation to child labour and World
19. Bank's Environmental and Social Framework on child labour and minimum age.

Sanctions

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

a) Informal warning.
b) Formal warning.
c) Additional Training.
d) Loss of up to one week's salary.
e) Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.
f) Termination of employment.
g) Report to the Police if warranted.

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

Signature:

Date:

Location:

Annex 5: Medical Waste Management Plan

Table 9 Medical Waste Management Plan - Operational Phase

E&S Risks and Impacts	Mitigation Measures	Monitoring Indicator	Responsibility/ Frequency of Monitoring	Date of Inspection/Review DD/MM/YYYY		Budget in USD
				Findings/ Observations	*Corrective Action*	
Risk of medical wastes, wastewater and air emissions leading to contamination of the environment and the workers	General & Health Care Waste ● Ensure waste is segregated at point of generation to the extent possible for easy handling ● Ensure the segregated waste is appropriately packaged in colored containers using standard clinical waste color codes for respective waste type, and stored for final disposal consistent with the WHO standards and WBG/IFC EHSGs for HCFs [24] Wastewater ● As much as possible, ensure	% of waste segregated % of waste segregated in color coded containers # of records of PVC removed from medical waste stream # of labelled secure bags for generated medical waste # of wastewater and air emissions analytical results available	MoH Daily / monthly			MoH staff costs

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

	minimal generation of wastewater. However, where this is generated for disposal, ensure it is treated before disposal Air emissions ● Rigorously segregate waste so that no PVC (IVs, etc.) waste is incinerated and instead directed to the appropriate waste bag for appropriate disposal					
Lack of staff capacity in handling of medical waste	● Provide review of Infectious Preventive Control training for the health care facility staff, including Health Care Workers charged with the responsibility to handle and dispose of the medical waste	# of reviews of training provided	Health Care Facility Monthly			MoH budget
Risks emanating from physical hazards (for example, handling of sharps); Electrical and explosive hazards; Fire; Chemical use;	● Ensure a local risk assessment (identification of risks at work) is conducted for each process step, that is, from sample collection to disease isolation to identify specific hazards and for each identified risk, appropriate risk control measures must be defined. ● Provide safety training in the management of hazards identified other than those	# of risk assessment produced and record of safety training/sensitization. # of safety training sessions recorded	Health Care Facility Environmental Health Officer Daily			MoH budget

Ergonomic hazard; Radioactive hazard	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					
Workers denied the opportunity to complain they do not have adequate PPE to protect themselves against infections	● Regular review and provision of PPE to the project sites ● Grievance Mechanism in place ● Grievances collected and resolved according to the standards describes in the GRM	# of cases filed through the GRM	MoH Monthly			MoH Budgegt
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,	# of staff with adequate cleaning equipment # of trainings for staff % of cleaners that have been provided with PPE % of cleaners that have been trained	MoH Daily			MoH budget

	during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials)					
Risk of infection among health professionals	• Ensure appropriate training on Infection Prevention and Control for healthcare workers and other staff. • WHO prescribed protocols for personal protection of healthcare professionals is to be enforced at all times • Ensure training in Health care waste management systems, which enable health care waste to be managed responsibly, without harming the community or the environment. • Staff engaged in medical waste management should wear PPE. • Staff engaged in auxiliary activities, such as food supply, medical waste management should wear PPE. • Medical waste should be treated as infectious clinical waste Category B (UN3291) [30] and handled in accordance with healthcare facility policies and local regulations	# of trainings held and who has been trained # of protocols available at location # of trainings held % of staff that wears PPE # of records of medical waste treatment	MoH Monthly			MoH budget
Risk of	• Segregate medical/health care	% of medical waste segregated	HCF Environmental			MoH budget

infection to the handlers	waste at generation point	at source	Health Officer Weekly			
Risk of infection to the handlers due to secondary handling	● Place the different types of medical/health care waste in secured bags color-coded and labelled ● Ensure enough signage, PPE, instructions and awareness to handlers	% of medical waste in secured bags which are colour coded and labelled	HCF Environmental Health Officer Daily			MoH budget
Risk of contaminating the surrounding environment, the workers and the community members	● Ensure the medical/health care waste storage is properly secured from non-staff members	% of health care waste that is under lock and key	HCF Environmental Health Officer Daily			MoH budget
Risk of indiscriminate disposal of medical waste	● Ensure incineration of relevant medical waste and a record of the amount incinerated kept	# of record of dates and quantities incinerated	MoH Weekly			MoH budget
Risks of carriage of healthcare waste through public streets can be a risk in case of an accident or mare spill of	● Transportation of medical waste will be done according to the WHO specifications which guides that during transportation, a defined route is used always and the vehicle is well labelled to indicate its transporting hazardous materials. ● Ensure the quantities of medical	# of times the defined route for transportation of medical waste and the vehicle properly labelled # of public complaints # of times records are made available	MoH Weekly			MoH budget

health care waste	waste transported is recorded before leaving the HCF and also recorded at incineration point to account for every medical waste that is moved from the HCF.					

Annex 6: Chance Find Procedures

This procedure was developed in accordance with the World Bank's ESS 8 (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 SCRP 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/archaeologist, 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.