Concept Environmental and Social Review Summary
Concept Stage
(ESRS Concept Stage)

Date Prepared/Updated: 05/22/2020 | Report No: ESRSC01403
Basic Information

A. Basic Project Data

<table>
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<th>Country</th>
<th>Region</th>
<th>Project ID</th>
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<td>Somalia</td>
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Project Name: Improving Healthcare Services in Somalia (“Damal Caafimad” Project)

Practice Area (Lead): Health, Nutrition & Population

Financing Instrument: Investment Project Financing

Estimated Appraisal Date: 6/29/2020

Estimated Board Date: 8/27/2020

Borrower(s): Federal Ministry of Finance

Implementing Agency(ies): Federal Ministry of Health

Proposed Development Objective(s):
To improve coverage of essential health and nutrition services for underserved populations in project areas and to develop capacity of Ministry of Health to manage health and nutrition services

Financing (in USD Million)

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B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?
No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The proposed project, which is the first WB health operation in Somalia, will build on ongoing ASA work and activities under RCRF, which support the re-establishment of the Government’s Female Health Workers (FHW) program. The proposed project will be financed through an IDA grant of US$75 million, co-financed by the Global Financing Facility (GFF) Trust Fund with an additional US$25 million for five years. The project intends to improve quality, scope, and access to the Essential Package of Health (and nutrition) Services (EPHS). Currently, Somalia is using an EPHS developed in 2009. The selection of target geographical areas will incorporate experience from RCRF and findings from ongoing work, health service delivery needs, political considerations, available information on health outcomes...
and equity. In anticipation of Somalia gaining full access to IDA following the anticipated February 2020 HIPC decision point, the proposed project is planned to be delivered within the 1st quarter of FY21.

The project intends to improve quality, scope, and access to the Essential Package of Health (and nutrition) Services (EPHS). Utilizing resource mapping being conducted by the GFF, the WB task team will engage with key partners to support development of an EPHS for project areas that is costed and aligned with available resources as well as prioritized to Somalia’s health needs. Service provision modalities will be carefully selected to avoid duplication with other partners’ activities.

There are four proposed areas to be supported under the project: (1) Expanding the coverage of prioritized EPHS in selected areas, (2) Developing government stewardship capacities to enhance service delivery, (3) Project Management, and (4) CERC.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The specific locations of project-related activities is not known at this time, but it is expected that two to four regions in each of two to three states and Somaliland will be covered in the project, depending on the cost of the prioritized EPHS and the level of co-financing from other partners. Only primary health care centres will be supported by the project. Target areas include most locations within Somalia: Somalia’s four emerging states in Somalia’s former South-Central region (Galmadug, Hirshabelle, Jubbaland, Southwest States); areas of Somaliland and Puntland without current government service provision; and locations within existing government service delivery. Existing environmental and socio-economic conditions will, in many cases, provide a basis for predicting impacts of the project components and sub-components, and a review of lessons learnt and good practice for promoting uptake of services (including family planning) by women and other marginalized groups and GBV/SEA risks around the delivery of services, will be carried out during project appraisal.

Although no land acquisition or resettlement is anticipated, small-scale construction activities such as basic rehabilitation of health centers, installation of waste management equipment including context-appropriate medical waste incinerators, strengthening/expanding existing government health centers, attracting staff and possibly accommodating them, and possible upgrading/installing of sanitary facilities etc. may result in an expansion of the environmental footprint of the existing Health Centers. The absence of adequate biohazard and biological waste management procedures in health institutions may allow for uncontrolled outbreaks of contagious diseases and is a threat to public health. In particular, studies show that there is no or inadequate waste sorting, management, and disposal system in place in the majority of the health facilities in Somalia.

D. 2. Borrower’s Institutional Capacity

The country has implemented various Bank-financed projects, however, in general, the Borrower has limited capacity for managing social and environmental risks and impacts. Legislation and regulations and enforcement are weak in the country, although there are differences in capacity among the states. Somaliland has a National Health Policy, promulgated in 2011 which addresses disease control measures but is largely silent on medical waste management. Generally, there are no waste management and disposal systems in place. As a result, improper disposal of bio-
medical waste by health centres, hospitals, primary health centres, community health centres and diagnostic centres pose a health hazard to the general public.

The proposed project will be implemented by the FGS MoH and FMS MOHs. The FGS MOH will provide overall health sector stewardship including regulatory oversight and monitoring of state-level service delivery implementation. In addition, the FGS MOH will manage service delivery contracts for most states. In states where the FGS manages the service delivery contract, the FMS will monitor and supervise contract implementation, managing relevant safeguard instruments with oversight from the FGS MoH. In some states, based on assessed fiduciary and management capacity, states may manage service delivery contracts, thus implementing partners will need to be trained and monitored in implementation of E&S requirements.

At the federal level, a Project Coordination Unit (PCU) will be established at the FGS MoH which will include a project coordinator, supported by an M&E specialist and data analyst, a FM specialist, a procurement specialist, separate social and environmental safeguard specialists, a GBV/SEA expert and technical specialists as needed with medium- and short-term input, who will be selected according to the procurement guidelines and appointed by the Federal MoH. The proposed project will be the first project the Ministry of Health has designed and implemented as their own Government program. Hence, the FGS MoH will engage a suitably qualified and experienced international independent firm that will support the National PCU by providing quality enhancement and implementation support to the project. Somaliland will also benefit from the support by the firm, if it is included in the project scope.

Selected FMS/Somaliland will establish and maintain a PIU staffed by a project management specialist, contract management specialist, fiduciary, separate social and environmental safeguards specialists, and monitoring specialist, throughout implementation. PIUs are expected to be gender balanced as well as to have ethnic diversity and representation from other vulnerable and marginalized groups.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Environmental Risk Rating

Substantial

The main environmental impacts of health activities supported under this project may come from the possible heavy consumption of energy and water resources, possible greenhouse gas emissions, use and disposal of toxic chemicals, and production of waste and wastewater and their disposal. Additional environmental impacts are linked to construction activities, such as possible small-scale rehabilitation and/or refurbishment of health centres, as well as lifecycle infection control and the possible use of sharps crushers, designated waste pits and context-appropriate medical waste incinerators for medical waste disposal. Among other risks, mercury-containing items (thermometers) contaminate the environment; ash residue, if not properly disposed of, can contaminate groundwater at unlined waste pits; pathologic waste with high moisture content may requires energy to combust properly etc. Due diligence will be carried out to ensure that the siting and operation of waste management facilities do not exacerbate environmental risks and impacts, however it is anticipated that they will be within existing health facilities.

The use of commercial medical waste incinerators requires trained operators, monitoring of waste segregation, and appropriate waste transportation to site, and ash residue disposal. There are probably few trained operators in the
country, and there is a likelihood of limited experience generally with modern medical waste management systems, and possibilities of costly breakdowns. However, these will all be established with certainty during the environmental assessment process of the project, and context-appropriate medical waste incinerators identified and procured for use. The environmental assessment process will identify the risks associated with the use of the identified incinerator type, and appropriate mitigation measures will be put in place.

**Social Risk Rating**

The social risk is rated as Substantial taking into account the following key social risks and impacts: (i) potential exclusion of disadvantaged and vulnerable groups from project benefits and elite capture; and (ii) potential risks of increased social tension in the community (for example, on how services are delivered, or siting of services); (iii) conflict and security risks for project workers, patients and the community; (iv) labor risks including OHS risks, sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence (GBV) that may occur in recruitment or retention of skilled or unskilled female workers and the delivery of services; (v) contextual risks of operating in a conflict zone and complex social context where effective and inclusive community consultations, stakeholder engagement, and community participation and safety of staff is challenging, and and developing effective and trusted grievance redress mechanisms due to difficulty in accessing rural areas, and the collective nature of traditional complaints handling.

**B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

**B.1. General Assessment**

**ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

**Overview of the relevance of the Standard for the Project:**

Potential environmental impacts are expected to be relatively moderate, temporary, site-specific, and mostly reversible, and mitigation measures can readily be designed. The project envisages small-scale construction works, which may entail the refurbishment of existing health facilities, installation of equipment including x-ray facilities, as well as the development of sanitary facilities, and development and operation of medical waste management facilities, such as waste pits, which may adversely affect the health of ecosystems and people through air pollution, generation of leachate, and contamination of groundwater. During the construction phase, there may be significant quantities of construction waste generated, in addition to dust, noise and air pollution. During the operational phase of the project, there will likely be generation of moderate quantities of medical and other waste that is generally expected, for the most part, to be non-toxic and non-hazardous. The composition of waste produced may be in the form of sharp objects (including needles, syringes, disposable scalpels and blades), waste contaminated with blood and other bodily fluids (e.g. from discarded diagnostic samples), cultures and stocks of infectious agents from laboratory work or waste from patients with infections (e.g. swabs, bandages and disposable medical devices). Other wastes may include chemical wastes, such as solvents and reagents used for laboratory preparations, disinfectants, sterilants and heavy metals contained in medical devices (e.g. mercury in broken thermometers) and batteries, as well as pharmaceutical wastes (including expired, unused and contaminated drugs and vaccines), and old medical equipment such as X-ray machines and laboratory testing equipment.

Therefore, an Environmental Management Framework (EMF), including a Medical Waste Management Plan (MWMP) and Occupational Health and Safety Guidelines (OHSG) for medical workers at the health facilities, will be prepared.
The MWMP’s overall objective is to prevent and/or mitigate the negative EHS effects of medical waste. Medical waste must be managed in a safe manner to prevent the spread of infection and reduce the exposure of health workers, patients and the public to the risks from medical waste. In this regard, the project teams and appointed medical waste disposal firms will be trained on the use of medical waste e-manifest system for ease of traceability (“cradle-to-grave” documentation) and accountability. The MWMP will include advocacy for good practices in medical waste management and is to be used by health, sanitary and cleaning workers who manage medical waste. While the increase of biomedical waste is an indirect impact of the project activities, it is important to ensure that this risk of health waste is properly handled, collected, transported and eliminated to avoid the spread of infectious diseases. Improper management and disposal of medical waste poses a risk to the environment and human health. Thus, it is important to develop a management plan commensurate with the amounts and risks related to the medical wastes generated by the project. An environmental screening process will be proposed under this EMF to address the aforementioned potential adverse impacts. A CERC EMF will also be prepared.

Social risks and impacts are various and will depend on context and vary over time. These include: (i) The risk of project benefits not reaching the underserved populations including, nomads, other vulnerable and marginalized groups (internally displaced populations, minority groups, people living with disabilities, women who have experienced GBV), both in terms of siting of services and accessibility. Ensuring health services are acceptable and accessible to women particularly when delivered by men and the potential risks of sexual exploitation and abuse or sexual harassment in delivery of uptake of health services (including of midwives or female mobile health outreach workers). (ii) potential risks of increased social tension in the community (for example, on what services are delivered and how, or siting of services or use of community land) and impacts of conflict or insecurity to staff and patients. (iii) labor risks including OHS risks, sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence (GBV) that may occur in recruitment or retention of skilled or unskilled female workers (see also ESS2 and ESS4 Sections below). (iv) contextual risks of operating in a conflict zone where effective and inclusive community consultations, stakeholder engagement, and community participation and safety of staff is challenging, and developing effective grievance redress mechanisms due to difficulty in accessing rural areas, and the collective nature of traditional complaints handling and the difficulty of vulnerable and marginalised groups raising complaints.

Social risks will be mitigated through preparation of a Social Management Framework which will include procedures on how to mitigate barriers and promote social acceptability of project interventions among vulnerable and marginalised groups. A stakeholder engagement framework will outline procedures to identify key stakeholders including vulnerable and marginalised group representatives to ensure inclusive and transparent consultation processes for input and feedback on the project throughout the project cycle, and a functional grievance redress mechanism (GRM). Labor management procedures (LMP) will outline fair treatment, non discrimination and equal opportunity of project workers and define separate worker grievance procedures. A GBV action plan will identify actions to prevent GBV among staff and patients and ensure a separate, survivor-centric and confidential grievance redress mechanisms and procedures for dealing with cases and provision of services for survivors. Security management procedures will ensure that security measures are in place for staff and patients and that any armed personnel are sufficiently trained and monitored, to ensure they conduct themselves appropriately. A CERC-SMF will also be prepared to outline processes in case of emergency interventions and included in the SMF.

During project implementation, area specific social management and stakeholder engagement plans will be developed for implementing partners, contractors and other entities as appropriate.
The Environmental Management Framework and the Social Management Framework will constitute the Environmental and Social Management Framework which will inform the Environment and Social Commitment Plan (ESCP) will be prepared and disclosed before appraisal to summarize borrower commitments and obligations to adopt and implement these measures.

Additionally, the World Bank’s implementation support will include environmental and social safeguards specialists and GBV advisor who based on periodic progress reports will: (a) provide regular implementation support, (b) carry out reviews of safeguards implementation, and (c) monitor safeguards implementation.

**Areas where “Use of Borrower Framework” is being considered:**
The Borrower’s E&S Framework is not proposed to be relied on for the Project, in whole or in part.

**ESS10 Stakeholder Engagement and Information Disclosure**
A Stakeholder Engagement Framework (SEF) will be prepared prior to appraisal as part of the Social Management Framework, outlining how appropriate representation and participation of various groups of stakeholders will be carried out, including women, minority and vulnerable groups and potential groups — e.g. religious or clan elders — who may influence the perception and uptake of health services and Health Care personnel working in Health Centers as well as nomads or IDPs who face barriers to access public healthcare facilities, and possibly women seeking services for gender-based violence or other practices such as FGM/C. The SEF will include a description of a Project Grievance Mechanism which will link to mechanisms at the point of service provision and will have separate and confidential mechanisms for receiving complaints of sexual exploitation and abuse and sexual harassment, as well as other forms of GBV, established protocol to enable survivor-centered response. To the extent feasible, the project will explore strengthening of capacity of Health Centres and key medical staff to provide care for survivors should cases arise. The GRM will address complaints and suggestions coming from both project-beneficiaries and other interested parties. The GRM will also link to wider beneficiary feedback mechanisms that would also look at e.g. service standards, beneficiary satisfaction, and other citizen engagement tools.

Once project sites are known, specific and costed stakeholder engagement plans will be prepared by the different implementing agencies and, approved, implemented and monitored by the MoH throughout the different phases of the project cycle.

As part of the information disclosure arrangement, the environmental and social instruments will be disclosed publicly on the MoH website. Meaningful and inclusive consultations with relevant stakeholders will be conducted before the appraisal stage, and its results adequately recorded and disclosed.
B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

Potential risks related to labor and working conditions for government staff, consultants, contracted NGO workers and construction workers include (1) OHS risks; (2) child labor; (3) labor influx; (4) labor disputes over terms and conditions of employment; (5) discrimination and exclusion of vulnerable/disadvantaged groups; and (6) security risks (workers exposure to attacks); (7) and GBV risks for female health staff in remote areas.

Labor management procedures (LMP) will be developed prior to appraisal. The LMP will also look at safety concerns and OHS in terms of housing / accommodation provided for the staff posted to rural/remote areas, and will include provisions on OHS to inform individual subproject ESMPs. It will also reference sections of the GBV action plan including awareness raising or codes of conduct among workers and contractors as well as health staff. To prevent engagement of under-aged labor, all contracts will have contractual provisions to comply with the minimum age requirements including penalties for non-compliance. The contractor will be required to maintain a labor registry of all contracted workers with age verification.

Medical facilities are a potential source of infectious waste in gaseous, liquid or solid forms. These could pose unsafe conditions for healthcare staff. Of particular concern are janitors handling infectious waste (including sharps) without adequate protective gear, storage of sharps in containers that are not puncture-proof and management of radioactive waste at healthcare facilities where x-ray equipment will be installed. While some OHS risks will be related to new equipment or services introduced after renovation or upgrade of facilities, most other effects are existing (hence cumulative) and would only be exacerbated by increased service provision. To mitigate against this, the project will develop Occupational Health and Safety Guidelines (OHSG) for medical workers, including health workers and support staff (i.e. waste management personnel) at the health facilities. Community perceptions about medical waste, particularly waste from maternal and reproductive health services, should be understood and where necessary separate waste management plans developed.

The Project will be mainly implemented by staff from the Ministry of Health (government civil servants) and professional consultants (hired as contracted workers). Most roles envisaged will be highly technical in nature. A single service provider for a region will be contracted. In urban areas where the presence of private providers is ubiquitous, small-scale models to contract private sector networks will be tested, in conjunction with development of a private sector engagement framework. Currently many Health Centers are staffed by NGO workers. And it is envisaged that there be an increase of staff (civil servants or other) that will be posted to rural area and it is not clear at this stage whether there will be primary supply workers or community workers. It is anticipated that the project workers engaged or employed will include direct workers (health care workers); contracted workers (such as staff engaged by contractors), and unskilled community members engaged by the contractor, such as community members. Other stakeholders working in connection with the project include government civil servants (such as federal, state and district officers). The civil servants will remain subject to the terms and conditions of their existing public sector employment.
ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. There are environmental impacts of health systems supported under this project associated with the possible heavy consumption of energy and water resources in support of health centre operations. It is also envisaged that there is possible greenhouse gas emissions, use and disposal of toxic chemicals, and production of waste and wastewater and their disposal. The generation of some solid and liquid wastes in the health centres to be supported under this project will require well-prepared disposal facilities. The waste disposal options open to the project include waste pits located within health center footprints. It is also possible that health center waste may be routed to uncategorized landfills (some form of open dumping or lightly managed dumps). The EMF will cover management of both onsite waste pits as well as transportation to and management of medical waste into nearby uncategorized landfills.

The project will screen activities in order to ensure efficiency of resource use and minimize pollution, and build local capacity to manage resource use efficiency during implementation. Care will be taken to ensure that the medical and other waste disposal system selected will be context-appropriate, given the low capacity levels existing in Somalia. In addition, the World Bank’s EHS Guidelines including the General, Healthcare Facilities, Healthcare Facilities will be applicable and used for screening and ES assessment of these disposal facilities. The project team will be trained in life-cycle infection control, with a focus on segregation, packaging, disinfection of infectious or dangerous healthcare waste.

Waste pits sited within the health center footprint will be the first point for consideration in waste disposal for the project-supported health centres. The incineration of waste may also occur as a step prior to medical waste disposal. Incineration may involve the generation of climate-relevant emissions, which are mainly CO2 (carbon dioxide) as well as N2O (nitrous oxide), NOx (oxides of nitrogen), NH3 (ammonia) and organic C, measured as total carbon. CO2 constitutes the chief climate-relevant emission of waste incineration. However, the generation of greenhouse gas emissions is limited in the context of the proposed project: the incineration of 1 Mg of waste in incinerators is associated with the production and release of about 0.7 to 1.2 Mg of carbon dioxide (CO2 output). The climate-relevant CO2 emissions from waste incineration are determined by the proportion of waste whose carbon compounds are assumed to be of fossil origin: in the project context, again this is likely to be limited.

On the other hand, inadequate incineration or the incineration of unsuitable materials may result in the release of pollutants into the air and in the generation of ash residue. Incineration of heavy metals or materials with high metal content (in particular lead, mercury and cadmium) can lead to the spread of toxic metals in the environment. To mitigate this, the project will prepare a Medical Waste Management Plan to address addresses aspects such as regulatory framework, planning issues, waste minimization and recycling, handling, storage and transportation, treatment and disposal options, and training. In the preponderance of health centers, locally-sourced, non-commercial incinerators can provide sufficient heat to incinerate properly, with the caveat the medical waste has been sorted adequately prior to incineration. However, a final determination of the final incinerator type to be used will be made during the environmental assessment process of the project.

In addition, subject to the findings of the environmental assessment undertaken, the project will explore the use of alternatives to incineration such as autoclaving, microwaving, steam treatment integrated with internal mixing, which minimize the formation and release of chemicals or hazardous emissions. These should be given consideration in
localities where there are sufficient resources to operate and maintain such systems and dispose of the treated waste.

Somalia lacks appropriate medical waste management regulations. The WMMP, therefore, will include:

- Special Condition - Management of Medical Wastes During Refurbishment Works in Annex 1
- Sample Medical Waste Management Monitoring Questionnaire in Annex 2
- Treatment and Disposal Methods for Categories of Health Care Waste in Annex
- the KFW Health Care Waste Guidelines in annex 6 for preparation of a MWMP. The document is aimed at managers of hospitals and other health-care facilities, policy makers, public health professionals and managers involved in waste management, and will refer to: World Health Organization (WHO)’s comprehensive guidance document, “Safe management of wastes from health-care activities”, now in its second edition.

In collaboration with other partners, WHO also developed a series of training modules on good practices in healthcare waste management covering all aspects of waste management activities from identification and classification of wastes to considerations guiding their safe disposal using both non-incineration or incineration strategies.

ESS4 Community Health and Safety

This Standard is relevant. The disposal of untreated health care wastes in waste pits or uncategorized landfills can lead to the contamination of drinking, surface, and ground waters if not properly constructed, posing danger to human health and community well being. Communities are also likely to be exposed to health problems arising from ineffective infection control and inappropriate healthcare waste management, as well as inappropriate sanitation facilities. To mitigate this, the project will strive to achieve universal access, ensuring that the rehabilitation of healthcare facilities will provide unimpeded access for people of all ages and abilities in different situations and under various circumstances. An awareness raising campaign will be undertaken to sensitize local communities against the reuse of needles, medicine bottles, and other used or expired medical supplies. In addition, rehabilitation and/or refurbishment of health facilities may pose a danger to construction crews.

Where the project interventions include civil works, there are community health and safety challenges that can arise. Therefore, the project team will prioritise training of the contractors and their workers on structural safety issues. Due care will be taken to minimise exposure of the beneficiary communities arising from poor infection control through investing in emergency preparedness and response mechanisms: this will address incidents associated with infection control as well as environmental and health incidents arising from medical waste management facilities.

As armed security personnel may be required by implementing partners, contractors, third party monitors and MOH, staff, the security management procedures will outline provisions as per the World Bank directive on use of security personnel.

As most health service providers are male, women’s empowerment is low, and risks of and exposure to GBV is high, project activities may exacerbate risks of sexual exploitation and abuse, and also sexual harassment. This is
particularly important to prevent as it may further undermine women’s access to health services. To address such risks, key mitigation measures—such as the development of a GBV Action Plan, and identification of confidential and survivor-centric channels for reporting SEA/SH into grievance mechanisms and protocol for appropriate response—will be identified and integrated into relevant safeguard instruments. Inclusive and appropriate engagement of communities throughout the project is essential, particularly of sensitive services e.g. family planning, and awareness raising and engagement of men, elders, religious leaders, all ages of women and traditional health providers and birth attendants will be necessary to ensure support and included in the SEF.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Only rehabilitation of existing health facilities is included in the project, thus land acquisition and resettlement is not anticipated. If waste pits are required it is anticipated that these will be within existing health facility perimeters. If the health center is transporting medical waste to a nearby uncategorized landfill, the land ownership and management of this landfill will be ascertained. The SMF will outline whether there is any need for community agreement or formalization of land use by the Government where targeted health facilities are not on public land.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The project will be implemented in localities that are not categorized as biodiversity hot spots – which are in the north-western mountain ranges (Golis and Cal Madow), as well as in the coastal mosaic forests of the south. On the other hand, most of the existing health centres are located in urban settings, with few in rural areas. This Standard is not, therefore, relevant for this project.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

ESS7 is not relevant to the project, as the people in the project area are not considered as Indigenous Peoples as defined under ESS7.

ESS8 Cultural Heritage

Although the project does not include construction of new facilities, in the case of expansion of health facilities or landfills screening and chance-finds procedures will be included in the project’s E&S screening and any contractual documents with implementing partners and contractors and will be outlined in the ESF.

ESS9 Financial Intermediaries

This Standard is not relevant for this project.
C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways  
No

OP 7.60 Projects in Disputed Areas  
No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered?  
No

Financing Partners

The Global Financing Facility is managed by the World Bank and makes use of the Bank’s ESF. There will be, therefore, no need for a Common Approach.

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

The following key instruments will be prepared, cleared and approved for disclosure before board approval:

1. A Stakeholder Engagement Framework (SEF) to set out effective and transparent procedures of consultation and information disclosure processes including conflict mitigation; as well as a robust and practical Grievance Redress Mechanisms.

2. A Social Management Framework which will include a social assessment to identify social risks and mitigation measures including social and conflict analysis to assesses the degree to which the project may (a) exacerbate existing tensions and inequality within society (both within the communities affected by the project and between these communities and others); (b) have a negative effect on stability and human security; (c) be negatively affected by existing tensions, conflict and instability, the need to formalise land tenure or get community agreement on it’s use if health facilities are not on public land and an SMF for possible CERC activities.

3. Labour Management Procedures (LMP) addressing key issues in ESS4 including child labour, staff safety concerns and OHS in terms of housing / accommodation provided for the staff posted to rural/remote areas, and will include provisions on OHS to inform individual subproject ESMPs.

4. A GBV Action Plan (elaborating adoption of mitigation measures including an accountability and response framework, use of code of conducts, collaboration with local communities and GBV-related service providers).

5. A Security Management Plan highlighting measures to minimize security risks such as the protection of project workers.

2. An Environmental Management Framework (EMF) will include: An Environmental Management Framework (EMF) will include: due diligence, impact assessment of construction, rehabilitation or refurbishment of health facilities and associated waste management systems; as well as design, construction, operational and decommissioning phase mitigation measures for impacts identified during each stage. Special Condition - Management of Medical Wastes During Refurbishment Works, Sample Medical Waste Management Monitoring Questionnaire, Treatment and Disposal Methods for Categories of Health Care Waste, as well as Health Care Waste Guidelines for preparation of a MWMP and CERC.

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):
The client will comply with the provisions and timelines of the E&S documents, including:

1. Requirements specified in the Social Management Framework (SMF) such as how area specific social management plans and stakeholder management plans will be developed and implemented including by partners and contractors. The implementation and monitoring of the labour management procedures and security management plan and GBV action plan as well as the development of a CERC-SMP in case of emergencies addressed through the project.

2. Requirements in the Environmental Management Framework (EMF) including due diligence, impact assessment of construction, rehabilitation or refurbishment of health facilities and associated waste management systems, as well as design, construction, operational and decommissioning phase mitigation measures for impacts identified during each stage; Medical Waste Management Plans (MWMP) and Occupational Health and Safety Guidelines (OHSG), and a detailed EMP will be prepared for a range of selected medical waste incinerators, as well as for the range of waste pit types and uncategorized landfills, currently functioning in Somalia and neighboring countries.

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS: 30-Jun-2020

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Federal Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Federal Ministry of Health

V. FOR MORE INFORMATION CONTACT
VI. APPROVAL
Task Team Leader(s): Naoko Ohno, Bernard Olayo
Practice Manager (ENR/Social) Robin Mearns Recommended on 22-May-2020 at 09:37:49 EDT
Safeguards Advisor ESSA Nathalie S. Munzberg (SAESSA) Cleared on 22-May-2020 at 10:08:27 EDT