

## ALIGHT Environmental and Social Management Plan (ESMP)

This document summarizes the E&S requirements of the project and how ALIGHT as the Implementing Partner will address these issues in the project.

ESF considerations	Details of how issue will be addressed	Staff required	Budget required	Comments by E&S specialist and ranking (1- excellent, 2 -good, 3- adequate, 4- poor, 5 –very poor)
<b>SEP</b>				
Which vulnerable and marginalized groups exist in your area of implementation and what challenges do they have with access and uptake of health services and how are you planning to promote their inclusion in consultations, service provision, and staffing?	<p>IDPs, PLWDs &amp; minorities make up the vulnerable and marginalized groups that Alight will give special focus to ensure they do not miss out on service access. These groups lack the voice to articulate their issues, face exclusion &amp; suffer discrimination.</p> <p><b>Proposed mitigation measures.</b></p> <ul style="list-style-type: none"> <li>• Alight will conduct barrier analysis to understand key access constraints with regards to uptake of EPHS including traditional belief and religious beliefs and exclusions of disadvantaged groups.</li> <li>• Alight will consider socio-cultural beliefs and behaviors as part of their community outreach strategy</li> <li>• MEAL teams &amp; project leadership will conduct spot checks/site visits/KIIs/FGDs</li> </ul>			

	<p>to develop corrective &amp; preventative actions.</p> <ul style="list-style-type: none"> <li>• During staff recruitment some positions will be reserved for individuals from vulnerable groups with the required skill set.</li> <li>• Protection mainstreaming assessment will be conducted twice a year to find out if vulnerable and minority groups that were otherwise deserving have been excluded.</li> <li>• HF committee membership will be recruited into the committee to give voice to the marginalized groups.</li> <li>• HF staff will identify Focal persons to work with the project who will be consulted on minority &amp; vulnerable group rights.</li> <li>• TBAs and religious leaders will be involved given their influence in society to encourage the participation and inclusion of disadvantaged and vulnerable individuals and groups.</li> <li>• Alight's health facilities will be Disability friendly</li> </ul>			
<p>How do you plan to engage and get feedback from different groups in the communities and how will these be fed into service planning?</p>	<ul style="list-style-type: none"> <li>• Once a year, a satisfaction survey will be administered to all health facilities in order to determine whether or not the level of satisfaction with the quality of services provided by the facilities matches their expectations and the sector's basic criteria.</li> <li>• An annual protection evaluation will be conducted to monitor access, safety, exclusion, and dignity, as well as</li> </ul>			

	<p>compliance with DO NO HARM humanitarian standards (humanity, impartiality, neutrality, independence, voluntary service, unity and universality).</p> <ul style="list-style-type: none"> <li>• Throughout the implementation, monthly data review meetings will be held at the various health and nutrition facilities. Through data review sessions, the project will identify areas for quality improvement (QI), identify opportunities to advance the learning agenda, and establish a foundation for continual outcome monitoring.</li> <li>• Alight has established a number of accessible and safe community-based feedback and response mechanisms (CBFRM) for participants to record their concerns and feedback. The channels include of toll-free numbers, sectoral committees, suggestion and complaint boxes at community centers, and field offices. Additionally, the MEAL team will conduct focus group discussions (FGDs), exit interviews/satisfaction surveys, community consultation, review meetings, and face-to-face sessions in which beneficiaries can log complaints and feedback directly to the community, facility, program, and program support staff.</li> <li>• Findings from the review meetings will inform work planning &amp; institute corrective and preventive actions while</li> </ul>			
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	CBFRM will be consolidated into reports and shared with project implementing teams to address key public concerns.			
How will complaints and grievances (including complaints relating to SEAH) be received at the health facility and how will they be logged and resolved?	<ul style="list-style-type: none"> <li>• Alight has a robust reporting and responding procedures for SEAH with establishment of SEAH Committees and focal points whose contacts will be displayed in the facilities. SEAH reporting &amp; responding procedures will be put in place to receive and respond appropriately and escalate the matter to national focal person, national SEAH Committee &amp; national director who will order investigations and implement recommendations from the findings while following applicable laws of the country.</li> <li>• Closure will be provided for the SEAH survivors once the reporting &amp; responding protocols have been exhausted.</li> </ul>			
How will awareness raising on grievance process and contact points and trust in grievance system be promoted including among disadvantaged and vulnerable groups.	<ul style="list-style-type: none"> <li>• Staff will conduct awareness raising at service delivery points during routine health education.</li> <li>• Alight will establish call center to receive grievances anonymously, record the grievance and provide feedback on any corrective action</li> <li>• Call center staff will segregate grievances into sensitive or general cases and report serious cases with the country director.</li> <li>• Display toll free short code numbers where the public can see &amp; report feedback</li> </ul>			

GBV/SEAH				
<p>What are the cultural sensitivities in the area around services (e.g. family planning, GBV response etc) and how will they be managed?</p>	<p>Communities have negative beliefs on F/P such as:</p> <ul style="list-style-type: none"> <li>• it promotes sexual promiscuity &amp; encourages unmarried couples to engage in sex before marriage which is a form of corruption in society</li> <li>• F/P Used to control fertility of Somali women &amp; reduce the birth rate &amp; Somali population</li> <li>• F/P has many harmful health effects on the woman</li> <li>• F/P Practice is considered unislamic since Islam forbids limiting the number of births for fear of inability to provide the children's needs</li> </ul> <p><b>GBV</b></p> <p>The recent controversy regarding the sexual offences bill which was rejected by the law makers in parliament has heightened concerns among citizens on GBV matters. Communities believe that GBV is:</p> <ul style="list-style-type: none"> <li>• NGOs sponsored the rejected offences bill and have an agenda to promote gay &amp; lesbian practice in the country.</li> <li>• GBV perpetrators target only women &amp; girls</li> <li>• Not a problem for Somalia &amp; NGOs are exaggerating the issue to promote a foreign agenda &amp; get funding</li> <li>• Intimate Partner Violence (IPV) does not exist in Somalia &amp; not applicable to the context since there is no rape in marriage</li> </ul>	<p>Social worker CHW GBV Nurse</p>		

	<p>according to Islamic religion which is mostly professed by the followers</p> <ul style="list-style-type: none"> <li>• NGOs are sponsoring women to claim rape even when none has taken place including the recent framing of a Quranic teacher who eventually acquitted for lack of evidence</li> </ul> <p><b>Proposed mitigation measures</b></p> <ul style="list-style-type: none"> <li>• <b>Healthcare staff will be made aware of the increased risk of sexual violence by minorities, IDPs and PWDs.</b></li> <li>• <b>Healthcare staff will be trained on safe identification and care of PWDs who have</b></li> <li>• <b>experienced sexual violence, respecting their confidentiality.</b></li> <li>• <b>The CoCs to be signed by all project staff will include provisions on GBV/SEAH.</b></li> <li>• <b>Awareness raisings on misconceptions about the family planning during the outreach activities</b></li> <li>• <b>conduct consultations, sensitization and awareness raising activities with communities on GBV/SEAH risks; and develop an effective GM with separate channels to manage GBV-related complaints in order to enable reporting of GBV/SEAH incidents in a safe, confidential and survivor centric manner.</b></li> <li>• <b>Disseminate policies/protocols to all staff.</b></li> </ul>			
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	<ul style="list-style-type: none"> <li>• <b>Train staff in GBV health care, counselling, referral mechanisms, and rights issues.</b></li> <li>• <b>Include GBV Action Plan in health and community service.</b></li> <li>• <b>contingency planning in case of humanitarian emergency.</b></li> <li>• <b>Integrate GBV medical management into existing Alight’s Health program</b></li> <li>• <b>Include GBV provisions in all CoCs to be signed by the contractors and workers.</b></li> </ul>			
How will recruitment of female workers and those from minority groups be promoted?	<ul style="list-style-type: none"> <li>• Alight handle female &amp; minority groups in the recruitment process where clauses will be inserted in the job advertisement to read ‘only qualified female or minority groups to apply’.</li> <li>• Preference will also be given to qualified females &amp; minority groups from the project location.</li> <li>• In rare cases headhunting &amp; involvement of local authority or local leadership will be used to source qualified female or minority group candidates</li> </ul>	-----		
How will GBV survivors’ confidentiality be maintained, including for SEAH services?	<ul style="list-style-type: none"> <li>• HF private &amp; safe rooms will be created to provide private &amp; confidential spaces for GBV/SEAH consultations</li> <li>• Consultation rooms will NOT be labelled as GBV/SEAH rooms</li> <li>• Registers &amp; files will be kept under lock and key so that only designated staff have access.</li> </ul>	SEAH focal person		

	<ul style="list-style-type: none"> <li>• Desktops &amp; laptops where GBV/SEAH information is stored will be password protected</li> <li>• Staff will be trained on GBV/SEAH case handling &amp; data protection</li> <li>• GBV/SEAH consultations will be integrated into maternal &amp; reproductive health services.</li> </ul>			
What provision will be made for women (separate toilets, areas for breast feeding and prayer, private area for GBV services?)	<ul style="list-style-type: none"> <li>• Gender disaggregated toilet facilities will be provided to women</li> <li>• breast feeding corner will provided to protect the privacy of women.</li> </ul>			
Does the organization have a focal point dedicated to SEA-H with the following tasks: prevention of SEA-H, - responding to survivor's needs, internal reporting function?	<p>Describe position, location, and experience:</p> <p>Position  Aight has SEAH national focal person who will work closely with project SEAH focal persons stationed at region or state level to coordinate SEAH activities. Telephone contact &amp; email contacts of SEAH Focal persons will be displayed in the facilities to respond &amp; report SEAH cases.</p> <p>Qualifications: Degree in social work with 2-3 years' experience in SEAH &amp; GBV</p>			
Does the organization have a SEA-H Policy and procedures in place	Attach- Yes			
The organization has a mandatory SEA-H training in place?	Yes			



<p>How will disability access be promoted and people living with mental and physical disabilities be encouraged to attend the centre?</p>	<ul style="list-style-type: none"> <li>• Staff &amp; management will be trained on disability inclusion.</li> <li>• Recruit staffs without discrimination to include persons with disability</li> <li>• HF Committees membership will include persons with disability.</li> <li>• HF infrastructure will be redesigned to cater for access for persons with disability.</li> <li>• Monitoring access trends for persons with disability</li> </ul>		<p>Redesign HFs to permit access for People Living With Disability (PLWD)</p>	
<p>How will liaison with traditional healers/birth attendants be maintained?</p>	<ul style="list-style-type: none"> <li>• HF staff will conduct mapping of significant traditional healers and TBAs to work with them to promote positive health seeking behavior and identification and referral services for families, individuals, and communities.</li> <li>• TBAs &amp; traditional healers will be trained on common diseases signs and symptoms, identification, and referral.</li> <li>• TBAs will be provided with incentives to do case identification and referral for pregnant &amp; lactating women.</li> </ul>	<p>CHW Supervisor</p>	<p>TBA incentives</p>	
<p><b>Medical waste management</b></p>				
<p>Use of integrated methods of MWM approach, availability of sub-contracting MWM. The plan for the community health safety approaches</p>	<ul style="list-style-type: none"> <li>• HF Medical waste handling will follow Infection prevention &amp; control (IPC) guidelines – waste generated will be segregated at the source using standard waste segregation colour coded bins, sharps will be disposed in safety boxes and transported to waste disposal government designated sites.</li> </ul>	<p>PHO</p>	<p>Hygiene supplies Waste bins 3 buckets Incinerator construction Placenta pit construction</p>	

<p>towards the disposal of expired drugs. Use of modern MWM equipment/materials. Community awareness raising on disposal of MW and expired drugs</p>	<p>Combustible waste will be burned in incinerators.</p> <ul style="list-style-type: none"> <li>• Staffs working in IPC will be provided with hygiene supplies &amp; personal protective equipment (PPE)</li> <li>• Staffs will be trained on IPC</li> <li>• HF IPC Focal persons will be appointed to coordinate the services with support from Public Health Officer (PHO)</li> <li>• Each HF will have a PHO to provide technical guidance for IPC implementation</li> <li>• HF IPC Committees will be established to support the IPC focal person &amp; PHO in implementation</li> <li>• HF Placenta pits will be constructed for disposal of placenta or where community insists on collecting &amp; burying placenta in their compounds</li> <li>• HF Incinerators will be constructed for disposal and burning of medical waste including sharps.</li> <li>• The IPC Committee will conduct periodic or quarterly IPC assessments and implement recommendations from the findings.</li> <li>• Alight will utilize the electronic records where possible, and physical records to track the expiry sates of the drugs and will manage the stock with the aim to optimize durability and prevent expiration of unused drugs wherever possible.</li> </ul>			
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	<ul style="list-style-type: none"> <li>Per policy, Alight will dispose expired drugs to designated final disposal facilities or processing facilities under the government/ Ministry of Health guidance. Those supplies that can be repurposed such as the cardboard boxes or plastic packaging will be handed over for reuse/ repurposing to the community, per 3R approach (Reduce/Reuse/ Recycle), thus reducing the quantity of the waste to be managed.</li> </ul>			
<b>Cold chain equipment</b>				
Maintenance of cold chain fridges, cold chain wastes and control vaccine temperatures	<ul style="list-style-type: none"> <li>HF staff will manage cold chain following EPI &amp; Cold chain policy.</li> <li>Vaccines will be arranged following the correct vaccine temperature arrangement (2-8<sup>0</sup>C).</li> <li>Staffs will be trained on vaccine handling &amp; cold chain management &amp; stock recording and reporting</li> <li>Morning &amp; evening temperatures will be recorded twice daily on temperature recording charts</li> <li>Regular defrosting &amp; cleaning of the fridges will be done</li> <li>Alight will ensure reliable energy supply to ensure continuity of cold storage. The solution of choice are the solar PV systems with auxiliary diesel generators where needed.</li> </ul>	EPI Nurse	Solar panels Electricity supply	
<b>GHG emissions</b>				

<p>Control CLFC, CO2 gases and other necessary GHGS</p>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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</li> <li>• In the project context, Alight will utilize the following GHG emission reduction approaches: <ul style="list-style-type: none"> <li>• 1. Alight will utilize the Reduce/ Reuse/ Recycle approach in responsible healthcare waste management. The packages from bulk shipments will be offered for reuse and repurposing by the community instead of burning or disposing in the environment.</li> <li>• 2. Prioritizing the solar power as the primary source of energy in operation of the clinics is among the most productive capital investments in reduction of the GHG emissions. Alight has been</li> </ul> </li> </ul>			
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	<p>committed to this objective over the past decade, since 2013 when the solar technologies became more affordable and more effective. We have performed solar electrification of the numerous clinics, water systems, neighborhoods and economic facilities that we have developed with the support of USAID, Somalia Stability Fund, UN agencies and other donors and investors. Alight will prioritize solar electrification of HFs and related upgrades to the extent possible under this program.</p> <ul style="list-style-type: none"> <li>• 3. Smart operational plans or movement of staff and medical commodities will help reduce GHG emissions from vehicle fuel. Optimizing the transport needs, powering warehouses by solar instead of diesel generators, optimizing . pooling staff movement are among the strategies that Alight will utilize to reduce GHG emissions form our activities.</li> </ul>			
<b>Security</b>				
How will security be maintained at the health centre for both patients and workers?	<ul style="list-style-type: none"> <li>• HF security personnel will be recruited from the local community. The security personnel will assist in directing and supporting patient flow</li> </ul>	Security staff	Torches/ PPE	
How will engagement be maintained will local elders and leaders to ensure support	<ul style="list-style-type: none"> <li>• HF Committees will be established and trained to support HF management. The committee will support planning, supervision and resolving of issues and</li> </ul>	-----	snacks for meetings	

including security of the health facility and resolution of any challenges?	concerns raised by the community. The committee will hold regular meetings			
Will guards be employed? From local community or elsewhere?	<ul style="list-style-type: none"> <li>Security guards will be employed from the local community with the help of the local authority and HF Committees.</li> </ul>			
Will you have travel procedures and evacuation plans for all workers in the health centre?	<ul style="list-style-type: none"> <li>HF staff will be recruited from the local community and do not need to evacuate unless a specific threat to a particular individual is reported in which case Alight will evacuate concerned staff. Other technical staff supporting staffs will be evacuated if a security threat is identified.</li> </ul>	----	Air tickets accommodation	
Are contracts and MOU's in place for security providers including prevention of SEAH and excessive use of force	Yes – all staff will sign contracts, COC & SEAH	----		
<b>LMP requirements</b>	For all staff, and workers under the NGOs supervision including administrative staff, guards, contractors and repair and maintenance			
Do all workers sign a code of conducts for all workers including GBV prevention and security protocols?	COC- Yes			
What E&S issues are covered in the induction for new	Staffs will be oriented on COC, Child protection policy, SEAH, Anti -corruption & anti-fraud	---		

staff and who is it carried out by at health facility level and FMS level?				
Who is the focal point for workers grievances – at health facility and at FMS level?	The project will have a dedicated Human Resource Officer who will work with facility in charges to handle staff grievances. The HR Officer will work the senior HR officer based in Bay region who intern reports to National HR Officer.	HR Officer	Salary	
Will workers live on site? If so are there separate male and female facilities and how is security maintained?	Yes, the workers have access to change & rest rooms and the facility will be guarded by security guards at night			
<b>Reporting</b>				
Who are your focal points for environmental, social, SEAH and security?	Name, positions and contacts to be provided			
How often will you provide a report on E&S implementation including complaints received and resolved?	E&S reports will be shared quarterly			
What are the timelines and reporting chain for serious incident reporting?	Incidents occurring within HFs will be reported within 24 hours of the incident occurring			

## Environmental Health and Safety Management Plan

Potential negative E&S risks and impacts	Mitigation measures proposed	Mitigation Performance Monitoring Indicator	Means of Verification	Responsible party & frequency of reporting	Cost (\$)
<b>Construction Phase (TBD)</b>					
Impact of construction works on fragile eco-systems and residential areas	Storage and preparation of construction and other materials such as mixing of concrete, storage of rebar and any chemicals will NOT be done -Less than 30 meters away from a water body-stream/river - near forest or a wetland - a state/ community protected area Proposed construction/ storage/ operational sites will adhere to the above criteria	Selected site is not near a sensitive or critical ecosystem.	Location map Site photographs Site analysis report	Project Manager; <i>Timing:</i> Pre-construction stage	
Construction activities/ operations generate risk for additional disasters	Disaster Risk Reduction: Construction sites/ material storages will be situated away from potential soil erosion sites, rock fall areas, seasonal river beds and other natural hazards. Where necessary soil stability/ weight bearing capacity analysis will be conducted to ensure suitability of the site as well as to determine the type and calibration of the foundations and other	Site assessments and due diligence work done in regard to to the hazard risk reduction	Site assessment report and photos Soil analysis report where necessary	Project Engineer, Structural Designer <i>Timing</i> Pre-construction stage	



	<p>structural elements, if needed.</p> <p>Interventions will seek to upset a minimum surface possible, restoring any disrupted plants or drainage paths.</p>				
Airborne emissions	<ul style="list-style-type: none"> <li>-Motorized equipment to be maintained in good operating condition to reduce exhaust emissions;</li> <li>-Construction sites, transportation routes, diversions and materials handling sites to be water sprayed on dry and windy days to contain dust;</li> <li>-Haulage trucks to be covered or the aggregates sprayed with water before loading;</li> <li>-Health facilities and the associated project areas under refurbishment in the FMSs to be cordoned off to minimize dust migration to nearby facilities by wind;</li> <li>-Staff working in dust generating activities e.g. site</li> </ul>	<p># health facility records on respiratory diseases</p> <p>Visual observations of dust emissions</p> <p># Complaints from community about dust</p>	<p># Records from nearby health facilities</p> <p>#Complaint bookrecords</p>	<p>In Charge: Operations Manager or Site Manager</p> <p>Timing: Monthly</p>	

	<p>preparation, excavation, concrete mixing, stone dressing should be provided with personal protective equipment (PPE)  -The use of PPE shall be enforced; and  -Avoiding open burning of solid wastes</p>				
<p>Use of environmentally unsustainable construction materials such as bricks burnt with firewood, and of toxic materials such as asbestos and lead-based paint</p>	<p>Burnt bricks will not be used as a construction material in the Asili program with exception of the special purpose bricks for incinerators  Asbestos, lead based paints and other toxic materials will be used under no circumstances. Ecologically safe building materials will continue to be sourced</p>	<p>Burnt bricks not used in construction except in exceptional circumstances/ purposes  No toxic materials used in construction    Ecologically safe construction materials used in the project</p>	<p>Project Reports  Photos  BoQs of materials used for construction.</p>	<p>Project Engineer  Contractor  <b>Timing</b>  Monthly, before and during construction</p>	
<p>Responsible sourcing of construction materials</p>	<p>Contractors prohibited to use environmentally unsound material sourcing practices such as taking gravel from riverbeds or unregulated cutting of forest to source timber.</p>	<p>Contractors committed to use only responsibly sourced materials</p>	<p>Bidding invitation and contracts with contractors with this clause  Site visit reports and photos</p>	<p>Project Engineer  Contractors  <b>Timing</b>  Monthly, before and during Construction</p>	
<p>Ground/surface water contamination;  Contamination of soil</p>	<p>Biological material receptacles (such as placenta pits) and septic tanks not sited near a river, stream or a ground water source (not less than 50m) with possible exception in densely populated urban areas where additional</p>	<p># cases of ground water pollution  # Control measure applied and reported in special cases  Evidence that waste pits have not been sited near boreholes, berkad and other</p>	<p>Site reports  Design documentation  Photos and GPS evidence</p>	<p>In Charge:  Project manager  Project engineer  Water specialist  <b>Timing:</b>  Monthly, before and during construction</p>	

	<p>mitigation measures such as retainer walls or impermeable barriers would be applied if needed.</p> <p>Chemical waste disposals from laboratories designed according to the USAID standards</p> <p>Open stockpiles of onsite construction materials should be covered with tarpaulin or similar fabric during rainy season;</p> <p>Prevention of the washing away of construction materials, soil, silt or debris into any drainage system;</p> <p>All machinery and equipment be regularly maintained and serviced to avoid oil leaks;</p> <p>Maintenance and servicing of heavy vehicles, machinery and equipment must be carried out in a designated area (protected service bays);</p> <p>Oil products and materials should be stored in site stores</p>	<p>surface and ground water sources.</p>			
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	<p>or in the contractor's yard; Oil interceptors shall be installed along the drainage channels leading from such areas;</p> <p>All applicable national laws, regulations and standards for the safe use, handling, storage and disposal of hazardous waste to be followed.</p>				
Water loss due to wastage	All taps will remain closed when not in use.	Water use monitoring or use of water meters where available Minimum to zero water loss/wastage	Water use records or water meter records. Incident reports	In charge: Site supervisor <b>Timing</b> Monthly during construction	
Generation and management of solid waste during construction	The contractor will designate a waste storage area at the site. The Contractor will reuse waste generated from the site such as use of excavated materials for leveling of the ground and filling of trenches, etc	Evidence waste handling method Waste recycling practiced	Site waste management plan Photos	In charge: Site supervisor  <b>Timing</b> Monthly, during construction	
Personal Protective Equipment	ARC will ensure the contractor complies with the Environmental Guidelines for Construction <sup>11</sup> The contractor will provide PPEs including hardhats, footwear, dust	Evidence of PPE availability Evidence of training in PPE application Evidence of the PPE use Records incidences/accidents at the site	Inventory of PPE PPE training records for the staff working on site. PPE use check records and photos Incidence, accident, near misses report book	<b>Timing</b> Monthly, uring construction	

	mask , safety glasses and reflective vests Contractor will sensitize workers on the use of PPEs				
Hygiene and First Aid	The contractor will provide a first aid kit and train selected workers on the use of the kit on site prior to commencement of the work Contractor will provide drinking water, latrine and a handwashing station on site, gender segregated access required.	Evidence of First Aid Kit procurement and training Evidence of drinking water, latrine and handwashing station provided	Inventory of the first aid kits. Evidence of the first aid kit use training for designated staff on site, Photo evidence of latrines and water and handwashing facilities.	In charge: Contractor Alight site supervisor <i>Timing</i> Monthly, prior and during construction	
Occupational Safety	Contractor will mark the site boundaries and control access, put up safety signs Contractor will provide solid scaffolds which meet the criteria by USAID guidelines Contractor will provide safety training and the training on use of PPE to its employees, in accordance with ENCAP	Evidence that site boundaries marked, workers provided with an appropriate scaffold	Project report	<i>In charge:</i> Contractor Alight site supervisor  <i>Timing</i> Prior to construction	
Land degradation	Carry out landscaping upon completion of works	Landscaping was carried out	Photos Site analysis report	Project manager Engineer Contractor <i>Timing</i> Post-construction	

<p>Other construction risks associated with minor facility repairs and rehabilitation works and construction safety</p>	<p>Community health and safety advisory  Construction equipment handling training.  Adhering to ESS4 requirements related to Infrastructure and Equipment Design and Safety, and (ii) Safety of Services ;  The PIU to ensure coordination and efficient management of significant material suppliers  Traffic management at and near site ;  If worker camps are established, adequate EHS provisions should be put in place ;  Construction works under appropriate national Covid -19 guidance, or international best practice guidelines in the absence of national guidelines, with strict adherence and regular monitoring by the PIU and reporting</p>	<p># incidents involving safety of workers</p> <p>Adequate policies in place</p>	<p>Field reports  GRM incident  Logs  Evidence of policies</p>	<p>In Charge:  Contractor,  Alight Site Supervisor,  Project Manager  Timing: monthly</p>	
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Operational phase <sup>48</sup>						
Increased safety and health risks, including exposure of medical personnel and waste handlers to dangerous and infectious health care waste	<p>Medical staff should be medically screened, briefed and trained on risks;</p> <p>Regular supervision of health facilities to ensure that safety conditions are met while any deviation from safety regulations is immediately reclaimed following the best practices regarding safety at work;</p> <p>Develop evacuation procedures to handle emergency situations;</p> <p>Controlled entry and exit from the health premises;</p> <p>Post in prominent places informative signage and notices in Somali language to inform of safety hazards and controls;</p> <p>Provision of appropriate Personal Protective Equipment and enforcement of their use;</p>	# medical personnel exposed to infectious wastes	# PMT reports	Monthly	PMT	

	<p>Hire qualified personnel in all <i>Damal Caafimaad</i>-financed sub-projects; and</p> <p>Adhere to provisions of the World Bank's EHS guidelines</p>					
Poor indoor air quality and risks of contracting communicable diseases in restricted spaces	<p>Ensure that there is enough ventilation</p> <p>Prohibition of smoking of cigars and related sources of indoor air pollution, with adequate signage posted</p> <p>Use a dehumidifier and/or air conditioner to reduce moisture, funds allowing</p> <p>Follow protocols for spacing and the minimisation of spread of COVID-19 in the supported HCFs</p>	# cases of indoor air pollution reported	HCF records EHS audit findings	Yearly	PCIU and PMTs	
Healthcare wastes and general waste management	<p>Implement the Infection Control and Waste Management Plan (Annex 7)</p> <p>Practice waste minimization segregation and proper disposal according to internationally accepted guidelines and (where possible) municipal bylaws</p> <p>Contractors appointed under this project will be required to develop project Environmental</p>	<p>Quantities of wastes generated</p> <p>Quantities of waste disposed of</p> <p>GRM incidents reported on waste disposal</p>	Waste records Field reports	Monthly	PCIU and PMTs	





<p>and Social Assessment and Management Plans, which will include area specific ICWMPs, capturing waste volumes and categories expected from health centres;</p> <p>These ESAMPs will highlight the measures designed to ensure the safe and environmentally-sound management of healthcare wastes in order to prevent adverse health and environmental impacts from such wastes, including the unintended release of chemical or biological hazards, including drug-resistant microorganisms, into the environment;</p> <p>The contractors will be responsible for instituting and implementing a simple medical waste tracking system allows for the identification of current waste streams while determining how much waste is being generated from the health facility;</p> <p>The contractors will be responsible for keeping documentation showing details of interventions put in place for tracking, measuring and</p>					
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	<p>optimizing medical wastes and recycling processes as appropriate;</p> <p>A sample waste tracking system has been provided in Annex 7 of this EMF, with appropriate guidance notes;</p> <p>Contractors will be required to</p> <ul style="list-style-type: none"><li>(a) disaggregate wastes in terms of typologies (infectious waste, pathological waste, sharps, pharmaceutical waste, genotoxic waste, chemical waste, wastes with high content of heavy metals, pressurized containers, radioactive waste, general solid waste and micro-organisms),</li><li>(b) report on volumes of each typology of wastes generated,</li><li>(c) report on volumes of each typology of wastes collected, and</li><li>(d) report on available capacity for on-site handling, collection, transport and storage;</li></ul> <p>Pre- treatment of operation process water before flushing into the existing sewage system or soak pits or into the ecosystem (where there is no built receiving system);</p>				
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	<p>The treated effluent being discharged to the sewer line should conform to the international limits for effluent discharge into public systems;</p> <p>Minimize entry of solid waste into the wastewater stream by collecting separately urine, faeces, blood, and vomit from patients treated with genotoxic drugs to avoid their entry into the wastewater stream;</p> <p>Ensure that sewerage discharge pipes are not blocked or damaged; and</p> <p>Put in place mechanism for wastewater management and disposal, both for sanitary wastewater and wastewater that may contain medical wastes or hazardous wastes</p>					
Water management	<p>Supported health facilities to obtain water abstraction permits from the municipalities, where these laws exist;</p> <p>HCFs to ensure that adequate potable water is provided for operations;</p> <p>Implement, at the supported health facilities, water saving</p>	#Water permits obtained	#Field reports on water use efficiency and water consumption audits	Yearly	PCIU and PMT	

	<p>devices for domestic water use e.g. dual flush toilets, automatic shut-off taps, etc.;</p> <p>Cleaning methods utilised for the cleaning of vehicles, floors, containers, yards etc. must aim to minimise water use;</p> <p>Practice rainwater harvesting (RWH) by including RWH structures in sub-projects' design and construction;</p> <p>Conducting of regular audits of water systems to identify and rectify any possible water leakages;</p> <p>Implementing a system for the proper metering and measurement of water use to enable proper performance review and management;</p> <p>Regularly test the water through accredited laboratories to ensure the biological and chemical components are as per national water quality regulations</p>					
Increased surface or stormwater	No surface water shall be directed into the sewer system to avoid overloading the sewerage system;	# Flooding events within the health facilities	Field reports	Twice a year	PCIU and PMT	

runoff generation	Harvest rainwater from roof for non-portable uses e.g. cleaning and watering plants as well as cleaning the health facilities					
Community health and safety, including lapse of confidentiality and possible assault by medical staff worker; unrealistic expectations of level of healthcare or sub-par quality or inefficacy of medical goods procured (drugs, supplies, equipment); or expiration of medicines and unnecessary or improper disposal of medical goods	<p>Medical staff hired should be experienced, professional and trained</p> <p>MoH to prepare adequate procedures on staff hiring requirements, code of conduct and ensure training is made available to health staff</p> <p>Patients are told and aware of the services available and understand procedures offered as well as their consequences</p> <p>Complaints and grievances aired should be registered and processed</p> <p>All waste storage and disposal sites are adequately cordoned off from the public (see Annex 7)</p> <p>Practice cold chain, storage and transport management system for efficiency in the medical logistics chain for the entire project</p> <p>Computerized and manual inventory system as well as</p>	<p># Proportion of skilled healthcare staff</p> <p># of training opportunities provided on client management</p>	<p>Hiring reports</p> <p>Training reports</p> <p>GRM records</p>	Yearly	PCIU and PMT	

[\[1\]](#) ENCAP



	disposal SOPs for medical logistics					
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