FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

MINISTRY OF HEALTH

Final Security Risk Management Plan
for

Ethiopia Hybrid PforR (P175167)

IPF Program for Strengthening Primary Health Care Services in the Conflict-Affected Parts of Ethiopia

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Addis Ababa, Ethiopia

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Abbreviation and Acronyms

CIARP	Conflict Impact Assessment and Recovery and Rehabilitation Planning
CoC	Codes of Conduct
CRVS	Civil Registration and Vital Statistics
EHS	Essential Health Services
EmONC	Emergency Obstetric and Newborn Care
EPSA	Ethiopian Pharmaceutical Supply Agency
ERW	Explosive Remnants of War
ESF	Environment and Social Frameworks
ESSA	Environmental and Social System Assessment
ESSs	Environment and Social Standards
FCV	Fragility, Conflict, and Violence
GBV	Gender-Based Violence
GRM	Grievance Redress Mechanism
HSTP II	Health Sector Transformation Plan II
ICoCA	International Code of Conduct for Private Security Service Providers' Association
IDP	Internally Displaced People
INVEA	Immigration, Nationality and Vital Events Agency
IPF	Investment Project Financing
KPI	Key Performance Indicator
MOH	Ministry of Health
NAPGE	National Plan of Action for Gender Equality
NSPP	National Social Protection Policy
OHS	Occupational, Health and Safety

PAD	Program Appraisal Document
PDO	Program Development Objective
PforR	Program for Results
PHC	Primary Health Care
PID	Program Information Document
PPE	Personal protective equipment
RMNCAH+N	Reproductive, Maternal, Neonatal, Child, and Adolescent Health Plus Nutrition
SEA	Sexual Exploitation and Abuse
SEA/SH	Sexual exploitation and abuse and sexual harassment
SPHCS	Strengthening Primary Health Care Services
SRMP	Security Risk Management Plan
TA	Technical Assistance
UXO	Unexploded Ordnance

1. Executive Summary

The Ethiopia Program for Results (PforR) (Hybrid) for Strengthening Primary Health Care (PHC) Services is dedicated to improving essential and equitable healthcare services, especially for women and children. It is aligned with the World Bank Group Strategy for Fragility, Conflict, and Violence (FCV) 2020-2025, recognizing that inclusive and effective social sector service delivery is central to improving state legitimacy and trust in institutions. The Investment Project Financing (IPF) instrument is proposed as a subcomponent to support the government emergency health and recovery plan for conflict-affected areas, requiring huge investments. This subcomponent will support the provision of health and nutrition services and medicines, medical consumables, equipment, and human resources as per Ministry of Health (MOH)'s conflict-related health emergency response plans.

The Security Risk Management Plan (SRMP) offers a framework for identifying potential security threats generally and measures to mitigate them with the goal of reducing the adverse impact of insecurity on health facilities personnel, communities, and equipment.

Objective of SRMP

The SRMP intends a plan to protect employees, equipment, supplies and information from internal and external security threats. The actions proposed in the Plan are aimed at reducing economic, social and/or legal liability to the project/health care facilities by taking reasonable measures to safeguard the workplace, workers and clients from threats.

Method of Assessment

Both primary and secondary data were used for the preparation of this SRMP. Secondary data such as review of the existing national legislations, policies, guidelines World Bank Environment and Social standards (ESSs). Primary data was gathered from field visits through interviews, consultations and professional observation from three sample regions: Afar, Amhara and Oromia have been used for the preparation of the Security Risk Assessment and SRMP.

Program Description

The IPF will support the government emergency health and recovery plan for conflict-affected areas, requiring huge investments. It will provide health and nutrition services as well as medicines, medical consumables, equipment, and human resources as per MOH's conflict-related health emergency response plans. The Program Development Objective (PDO) is to improve access to and equitable provision of high-quality PHC services, with a focus on Reproductive, Maternal, Neonatal, Child, and Adolescent Health Plus Nutrition (RMNCAH+N), while strengthening health systems. The IPF Program has four sub-components namely:

- Sub-component I: Provision of Essential Health Services (EHS) Focusing on RMNCAH+N to Conflict-Affected population and internally displaced people (IDPs);
- Sub-component II: Civil Registration and Vital Statistics (CRVS);
- Sub-component III: Technical Assistance and Capacity Building; and
- Sub-component IV: Contingent Emergency Response.

Review of National Policies and Legal Frameworks

Major National and International Policies, Laws and Frameworks that will be triggered by the IPF Program for Strengthening Primary Health Care Services (SPHCS) in conflict affected parts of Ethiopia project implementation are National Social Protection Policy (NSPP, 2012), Ethiopian National Policy on Women, Labour Proclamation (Proclamation No. 1156/2019) and The World Bank Environmental and Social Framework.

Security Context

The conflicts in the Northern part of the country have impacted Tigray region and some part of Amhara and Afar region. In addition, there have been conflicts in some parts of Oromia and Benishangul Gumuz.

The northern Ethiopia war and conflicts in Oromia and Benishanul-Gumuz Regions have a devastating impact on health facilities and services. The conflicts have brought devastation to human life, both from direct physical harm and indirect effects due to the collapse of the health system. The conflict has caused an influx of IDPs, strained the health system, worsened maternal, child health and nutrition outcomes, and crippled delivery of basic and emergency health services in the conflict affected areas.

Security Risk Assessment

A security risk assessment in the areas to be covered by the project was conducted to identify and evaluate the workplace's vulnerability and exposure to insecurity and to suggest mitigation measures. The potential security risk vulnerabilities within the IPF program for SPHCS project rests on lack of security personnel, ethnic conflict, damage due to conflict, inadequate workplace security policies and procedures, inadequate security response arrangements, and gaps in monitoring of the workplace environment, staff, and health facilities users.

Different levels of IPF program for SPHCS project implementation staff are exposed to security risks in conflict-affected areas. Project implementing staff, Federal and Regional MoH staff, Contractor and Contractor Workers, Project equipment and Communities are exposed to different security risks in areas covered by the program.

Security Risks and Proposed Mitigation Measures

Hence, based on the assessment conducted, some of the potential security risks and the proposed mitigation measures to the SPHCS(P175167) Project include but not limited to the following:

I. *Armed **conflict between government forces** and **insurgents***

Different health facilities have been looted, burned, blocked, and bombed due to the Norther Ethiopian war in Tigray, Afar and Amhara. Similarly, the recurrent armed conflict occurring in Oromia, Amhara and Benishangul Gomuz Regions also presses huge impact on health care service in the regions. Since the Northern Ethiopian war came to an end, the two regions (Afar and Tigray) are now considered stable and less vulnerable to risks from armed conflict. Thus, Project operation in these regions may result in non-deliberate collateral harm to project personnel or damage to health facilities or project.

Mitigation

Security trainings for health facility security personnel, develop enduring connections with neighboring Woredas, Zones and Regions and coordinate and share relevant information, strengthen security protocols, cooperation and seek support from local authorities, Ethiopian Defense Forces and Regional Police, and security offices in the area, etc..

II. Inter-communal Violence

Intercommunal violence significantly impacts healthcare services in Ethiopia by disrupting health infrastructure, compromising access and quality of healthcare, particularly for vulnerable populations in conflict affected regions.

Mitigation

Providing trainings for health facility and project workers, strengthen security protocols, cooperation and seek support from local authorities, Ethiopian Defense Forces and Regional Police, and security offices in the area and prepare contingency plan and report security incidences to all necessary managers, monitor and analyze security incidences

III. Terrorism

Terrorism disrupts the provision of healthcare services by creating an atmosphere of fear and insecurity. Healthcare professionals will become hesitant to work in areas prone to terrorist attacks, leading shortage of skilled personnel. Moreover, terrorist attacks often target hospitals and medical facilities, causing damage and destruction.

Mitigation

Intelligence, cooperation with and seek support from local law enforcement authorities, Ethiopian Defense Forces and Regional Police, and security offices in the area, providing trainings for health facility and project workers and Strengthen security protocols.

IV. Unexploded Ordnance (UXO)/Explosive Remnants of War (ERW) contamination

Landmines and explosive hazards, such as UXO, abandoned military vehicles and equipment, may provide a threat to those who live and work in places that have experienced armed conflict.

Mitigation

Mapping, use local knowledge of people in areas affected by UXO and ERW have about the location and nature of UXO and ERW, work closely with the National and local security agencies and avoidance of UXO and ERW.

Raising awareness about the dangers of UXO and ERW,

*V. Robbery/Theft of **Equipment** and **Material***

In conflict affected areas, there is a substantial risk of theft of medical supplies and equipment and robbery, Illegal entry of a building with intent to commit a crime, especially theft. It involves breaking and entering the health facilities premises

Mitigations

Putting in place an access control system, ensuring proper security lighting, install a CCTV surveillance system wherever feasible and hire and keep trained security personnel.

As per observations made on sites and discussions with MOH and health facility management, the health facilities have insufficient physical security measures in place, which have worsened as a result of the conflicts. The MoH is urged to place proper emphasis on the importance of maintaining the physical security of the facilities

VI. *Banditry/Roadside attacks on workers during transit*

While transporting equipment and materials to the targeted regions or to project workers when travelling for field activities, health workers in conflict affected areas face significant threats from banditry and roadside attacks, which can hinder their ability to provide critical care and access to healthcare.

Mitigations

Getting insight on susceptible routes and avoiding travel during risk times, move supplies and personnel during the daytime and work closely with the National Information Network Security Agency and local security agencie

VII. Community unrest and Demonstration around project areas

Labor influx, land and water use, improper site selection and locating project infrastructures and associated facilities, improper waste disposal, noise and dust pollution, etc might result in community unrest, which could in turn affect health facility staff and service delivery of health facilities.

Mitigations

Install and strengthen security measures around their perimeter, such as fences, walls, and locking gates.

Designate safe havens and lock down procedures should be communicated to all staff members.

VIII. Sexual exploitation and abuse and sexual harassment (SEA/SH)

This becomes a security issue when SEA/SH is perpetrated by project workers or is inflicted to or by a worker. Examples include committing a SEA/SH risk act by security personnel within conflict affected work environment

Mitigations

Create a safe, respectful, open, inclusive working environment, provide separate facilities for men and women and ensure proper lighting at the workplace, raise awareness on SEA/SH risk for the Project staff and health facility staff, engagement of women at leadership level and recruit security personnel

IX. Road safety and transport safety risks

Roads and transportation networks may be unsafe due to armed groups or criminal groups causing violence, kidnapping, and other crime. Road damage and destruction can hinder safe travel, while inadequate traffic control systems can cause congestion and accidents, as they can make it difficult to transport patients, staff, and supplies to and from healthcare facilities**.**

Mitigations

Conducting regular patrols along transportation routes, establishing checkpoints to deter criminal activities and ensuring that vehicles are properly maintained and providing better lighting for Vehicles

X. Risks emanating from the use of security personnel

Use of security personnel may exacerbate tensions. Security personnel can be private or public. The project contractor can engage security personnel. Their presence can pose risks to, and have unintended impacts on, both project workers and local communities.

Mitigations

Use personnel from private security companies (i.e., members of ICoCA) together with adequate vetting and training, all private security personnel should be abided by ICoCA , recruit security personnel as per the CoC and ensure contracted security personnel sign the CoC.

XI. Risks of Occupational Health and Safety

Healthcare workers in conflict areas face numerous risks, including violence from armed groups, criminals, and displaced persons. Poorly maintained facilities and inadequate infrastructure, such as water, electricity, and sanitation, can create health hazards like disease spread.

Mitigations

Implement OHS requirements, improving the quality of infrastructure in healthcare facilities, by installing water and sanitation systems, providing better lighting, and repairing damaged buildings, training healthcare workers, etc…

Security Management Arrangements

Community involvement and outreach to locals about security issues are essential for a successful security program. Workers should be made aware of the security measures taken by PCU and Contractors, and communities should be made aware of the state of local security and informed that they can voice any concerns without fear of intimidation or retaliation. Security personnel are required to treat all persons humanely and with respect for their dignity and privacy, and to use force in a manner consistent with applicable law. They are also prohibited from engaging in sexual exploitation and gender-based violence or crimes.

Physical Security

Physical security Physical security measures include installing fences, gates, locks, guard posts and surveillance/electronic security systems (where possible) are needed to protect patients and staff at healthcare facilities in conflict-affected areas of Ethiopia.

Security Operating Procedures

The PCU, supported health facilities and contractors will use reporting protocols as guided by security laws, policies and guidelines. In the event of a security incident, the PCU coordinator and project staff will report to the Police and Woreda Health Office, who will analyze and decide on remedial measures.

2. Introduction

2.1.Background

The state of global fragility has worsened recently, having a negative impact on both low- and middle-income countries. Health facilities all over the world are significantly impacted by global fragility, conflict, and violence, which results in facility destruction, staff harm, trauma and injuries and restricted access to necessary medicines and supplies. In conflict and violent places, healthcare facilities frequently get purposely targeted or used as human shields in attacks, endangering both patients and healthcare professionals. Conflict-related displacement can also result in overcrowding in medical facilities and a higher risk of disease outbreaks. It is crucial that efforts be made to protect medical personnel and infrastructure from harm so that they can continue providing essential care even in challenging circumstances.

To achieve the World Bank Group's dual objectives of eradicating extreme poverty and fostering shared prosperity, it is essential to address the problems of fragility, conflict, and violence.

Ethiopia has been plagued by conflict and violence for decades, resulting in significant impacts on its health facilities. Hospitals and clinics have been targeted by armed groups, resulting in the loss of critical infrastructure and equipment. Additionally, ongoing conflict and violence have disrupted supply chains, making it difficult to access essential medicines and medical supplies. This has resulted in shortages that have further compromised the quality of care provided by health facilities, with many people being unable to access basic medical care due to the destruction and disruption caused by conflict. More than 19 million people impacted in the conflict-affected areas with 4.17 million IDP, and 50% of IDPs being female and 720,000 children. Maternal, child, and nutrition health outcomes have deteriorated, and delivery of basic and emergency health services are crippled. Gender-Based Violence (GBV) is a defining feature of conflict, and the macroeconomic impact of the disaster could affect government resource allocation for health.

The World Bank Group (WBG) is increasing its financial support for FCV in both low- and middle-income countries, as well as reinforcing its capacity to address pandemic risks and health crises in FCV settings. The Ethiopia PforR (Hybrid) for Strengthening PHC Services is dedicated to improving essential and equitable healthcare services, especially for women and children. It is

aligned with the World Bank Group Strategy for FCV 2020-2025, recognizing that inclusive and effective social sector service delivery is central to improving state legitimacy and trust in institutions. The IPF instrument is proposed as a subcomponent to support the government emergency health and recovery plan for conflict-affected areas, requiring huge investments. This subcomponent will support the provision of health and nutrition services and medicines, medical consumables, equipment, and human resources as per MOH's conflict-related health emergency response plans. The project is aligned with six key modalities linked to the FCV Strategy: systemization of partnerships of actors, incorporating security situations, enhancing monitoring and evaluation frameworks, engaging with civil society, enhancing operational flexibilities, and systematizing use of digital solutions.

Repeated outbreaks of conflicts and war in the country underscored the need for preparation of SRMP to prevent, detect, and respond. The SRMP offers a framework for identifying potential security threats generally and measures to mitigate them with the goal of reducing the adverse impact of insecurity on health facilities personnel, communities, and equipment.

Relevant stakeholders were consulted on possible security risks and measures. The grievance redress mechanism (GRM) developed for the project, will be utilized by workers, communities and other stakeholders to raise any security concerns affecting the various subproject sites. Safeguards will be put in place to protect any of the complainants on security matters from potential retaliation by public security forces. The SRMP should be updated or reviewed whenever there are new security events or threats, but at least periodically on an annual basis.

2.1. Objective of the SRMP

2.1.1. General Objective

The SRMP intends a plan to protect employees, equipment, supplies and information from internal and external security threats. The actions proposed in the Plan are aimed at reducing economic, social and/or legal liability to the project/health care facilities by taking reasonable measures to safeguard the workplace, workers and clients from threats.

2.1.2. Specific Objectives

Some of the specific objectives of this SRMP are:

- To identify security risks in the targeted regions and the extent of their impacts the on the community, implementing personnel and the World Bank team and determine the potential exposure to the foreseen risk and their impacts;
- To provide comprehensive understanding of the likelihood and potential impact of each identified security risk on smooth implementation of the IPF program for SPHCP;
- To propose appropriate security arrangements to mitigate identified risks and minimize the impact of security incidents;
- To identify the role and responsibilities of different parties; and
- To establish monitoring and control mechanisms to ensure the effectiveness of the mitigation strategies.

2.2.Program Description

2.2.1. Program Development Objective

The PDO is to improve access to and equitable provision of high-quality PHC services, with a focus on RMNCAH+N, while strengthening health systems. The PDO is designed to be met through a chain of interventions, outputs, and outcomes, using resources from the PforR instrument focusing on RMNCAH+N and the health system exclusively in non-conflict areas, and from the IPF instrument focusing on emergency health and nutrition response in conflict-affected areas. Capacity building, technical assistance (TA), and information systems will be developed to improve the provision of quality health services, infrastructure, medicine, workforce, leadership, and governance, as well as financial protection.

2.2.2. IPF Program Scope

The IPF will support the government emergency health and recovery plan for conflict-affected areas, requiring huge investments. It will allow MOH to continually adjust to the changing situation and apply innovative approaches to address barriers identified as affecting health service delivery. It will provide health and nutrition services as well as medicines, medical consumables, equipment, and human resources as per MOH's conflict-related health emergency response plans. The IPF Program has four subcomponents:

IPF Sub-component I: Provision of EHS Focusing on RMNCAH+N to Conflict-Affected population and IDPs (US$89 million IDA equivalent)

The key activities to be financed under this sub-component include**:**

(i) Procurement and distribution of medical supplies and equipment for conflict-damaged and -affected health facilities (US$47 million);

(ii) Restoration of health service infrastructure, ambulance services, and mentorship program (US$19.7 million);

(iii) Deployment of mobile health teams and establishment of district emergency management team to continue delivery of IDP essential health and nutrition services and provide training to health workers on survivor-centered care (US$14 million);

(iv) Provision of psychosocial support (US$2.3 million);

(v) Strengthening facility disaster preparedness, response, and regional emergency coordination cells (US$2.9 million);

(vi) Strengthening physical rehabilitation services (US$1.6 million); and

(vii) Project monitoring and evaluation (US$1.5 million).

IPF Sub-component II: CRVS (US$30 million IDA equivalent)

This sub-component is a continuation of support provided for strengthening the CRVS system in the IPF sub-component of the Ethiopia Health SDGs PforR that closed on June 30, 2022. The activities that were financed through this sub-component included providing technical support and institutional capacity building for Immigration, Nationality and Vital Events Agency (INVEA), including procurement of motorcycles and field vehicles to facilitate supervision and monitoring of registration activities as well as transfer of registration document between kebeles, woredas, zones, and regional and federal offices; procurement of storage at the points of registration to ensure that the documents are kept in a secure environment; and training and advocacy on the importance of civil registration and coordination with stakeholders.

IPF Sub-component III: Technical Assistance and Capacity Building (US$5 million IDA equivalent)

This sub-component aims to strengthen the implementation capacity of MOH, Regional Health Bureaus (RHBs), and other implementing agencies in the health sector including Ethiopian Pharmaceutical Supply Agency (EPSA). The support will include areas of financial management and

procurement capacity at EPSA and MOH; data and management information systems including MOH vital events notification function, M&E, health care financing, and strengthening public-private partnerships. Additionally, this component will support technical assistance for the planned scale-up of EmONC, the expansion of comprehensive services in PHC facilities, and the rollout of a new self-care package envisioned in Health Sector Transformation Plan II (HSTP II) as well as monitoring the implementation of the fraud and anticorruption system. The provision of a technical assistance sub-component will also support assessments of fraud and anticorruption and other emerging issues on RMNCAH+N and related health systems.

IPF Sub-component IV: Contingent Emergency Response (US$0)

There is a high probability that Ethiopia may experience an epidemic or other health emergency with the potential to cause major adverse social and economic impacts. This sub-component will improve the country response capacity in the event of an eligible emergency, following the procedures described in World Bank Policy on IPF, (Rapid Response to Crisis and Emergencies). This CERC will enable the country to request and access rapid World Bank support for mitigation, response, and recovery in the affected areas. The CERC will serve as a first-line financing option for emergency response.

Table 1 Distribution of Financing for the SPHCS Program

SOURCE	AMOUNT (US$)
TOTAL GOVERNMENT PROGRAM FINANCING/SDGPF (INCLUDES IDA/GFF FUNDING THROUGH PFORR + OTHER DONOR AND GOVERNMENT CONTRIBUTION TO THE SDGPF).	642,050,000.00
PFORR PROGRAM	321,000,000.00
IPF SUB-COMPONENTS	124,000,000.00
SUB-COMPONENT I: PROVISION OF EHS FOCUSING ON RMNCAH+N TO CONFLICT-AFFECTED	89,000,000.00
POPULATION AND IDPS:	30,000,000.00
SUB-COMPONENT II: CRVS SYSTEM	5,000,000.00
SUB-COMPONENT III: TECHNICAL ASSISTANCE AND CAPACITY BUILDING	0.00
SUB-COMPONENT IV: CONTINGENT EMERGENCY RESPONSE	

2.2.3. Program Beneficiaries

Population in the conflict-affected areas (Tigray, Afar, Amhara, Oromia, and Benishangul-Gumuz region) are expected to benefit from the IPF Program for SPHCS in conflict affected areas of Ethiopia. Primarily women, new-born, children, youth and IDPs in the conflict affected areas of Ethiopia are expected to be the direct beneficiaries of this program. In addition, the program will also help health workers ensure that they have the resources and capacity they need to provide quality health care to the community.

2.2.4. Institutional and Implementation arrangement

Federal Level

- **The MoH:** It is the main agency responsible for the implementation of the EHS to conflict-affected areas (IPF sub-component I) and Contingent Emergency Response (IPF Sub-component IV). MoH has seven functional Directorates established based on their functions. These functional Directorates are responsible for: the overall fiduciary arrangement of the IPF Program and reporting funds under the IPF operation; guiding, implementing, monitoring and evaluating the environmental and social performance of the IPF program; supporting regions in systems development and developing health sector programs aligned with national plans and goals; and mobilize additional resources to improve service delivery and creates platforms for mutual accountability, information flow, and efficient use of resources.
- **Immigration and Citizenship Service (ICS):** implementation of CRVS activities (IPF sub-component II) is the responsibility of ICS. The ICS will provide overall strategic guidance for the implementation of the IPF Sub-component II, develop a budgeted annual work plan for the activities of the IPF Sub-component II to be submitted to the World Bank for its no objection and it will produce a quarterly financial reports and annual audit reports.
- **MoH and ICS**: The MoH and ICS are jointly in charge of implementing IPF Sub-component III. The MoH and ICS need to collaborate on their respective civil registration activities in an integrated and harmonized way to institutionalize the CRVS system.

Regional Level

- **Regional Health Bureaus:** The Regional Health Bureaus are responsible for establishing regional program coordination unit (RPCU). The RPCU will facilitate the effective and smooth implementation of the IPF program in their respective regions.

- **Regional ICSs**: regional ICS Agencies will be responsible for monitoring and evaluation of the implementation of the CRVS in their respective IPF project target regions and provide technical advice on activities of the project.

Woreda Level

- **Woreda Health Office**: the woreda Health Offices are responsible for establishing Woreda program coordination unit (WPCU). The WPCU is responsibilities include planning program activities, coordinating and monitoring the day-to-day program implementation at the grassroots, respective woreda, health facilities, and IDP camps.
- **Woreda Health Facilities and IDP camps:** have the sole responsibility of planning, implementing, and monitoring of the IPF program at grass root level.
- **Woreda CRVS:** through there are no woreda level ICS, key responsible agency for IPF sub-component II, observed during the assessment, it is recommended to deploy woreda level CRVS focal person which coordinate day-to-day CRVS activities at the grassroots level (woreda or kebele) and communicate monitoring report with the regional ICS.

2.2.5. key program stakeholders

Program stakeholders are individuals, groups, or local communities directly or indirectly affected by a project. Primary stakeholders are those directly affected, including disadvantaged or vulnerable individuals, while secondary stakeholders are broader stakeholders with knowledge or political influence. Key stakeholders of the IPF program for SPHCS, including but not limited to are:

- Community leaders/Kebele leaders
- Communities living in the developing regional state of the country.
- IDPs
- MoH
- INVEA
- Ministry of Women and Social Affair
- Federal Polis
- Ethiopian Defense Minister
- Ethiopian Pharmaceutical supply Service
- Ethiopian Health Insurance Service

- Ethiopian Public Health Institute
- Regional Health Bureaus
- Regional Peace and Security Bureaus
- Vital events registration at Woreda and Kebele levels
- RMNCH technical working group
- Joint Core Coordination Committee (JCCC) members
- UN organizations
- Local and International NGOs
- Public Health Facilities
- Private Health Facilities
- Media

2.3. Data Collection Method

Both primary and secondary data were used for the preparation of this SRMP. Secondary data such as review of the existing national legislations, policies, guidelines World Bank ESSs, particularly ESS4 and institutional arrangements. Moreover, various documents such as Program Appraisal Document (PAD) and Environmental and Social System Assessment (ESSA), Program Information Document (PID), World Bank Group Strategy for Fragility, Conflict, and Violence (2020–2025) and World Bank Good Practice documents were reviewed.

Primary data was gathered from field visits through interviews, consultations and professional observation from three sample regions: Afar, Amhara and Oromia have been used for the preparation of the SRMP.

To make sure risks related to the project are identified and mitigation measures are discussed during interviews and consultations, interview guides and checklists have been developed.

2.3.1. Sampling Procedure

First, as to the coverage of the IPF target areas, all the conflict-affected regions (Tigray, Amhara, Afar, Benishangul-Gumuz and Oromia) were included. The sample regions are three, namely: Afar, Amhara {and Oromia regions; one Zonal Administration (South Wolo Zone); and two Woredas namely (Chifra Woreda – Afar Region, and Tehuledere Woreda– Amhara Region) which are alleged to be relatively representative and were found to be accessible and secure for the field

assessment. Convenient to security and safety matters, the team was obliged to conduct field assessment and consultations only in Afar and Amhara Regions. The assessment in the Oromia region was restricted to regional bureaus based in Addis Ababa.

The Tigray and Benishangul-Gumuz regions were not physically assessed due to the prevailing security concerns in the regions. For the Tigray region, information was obtained through an interview with the PHC program head and expertise of UNICEF, a third-party implementing agency in the region, and for Benishangul-Gumuz region, information was obtained from virtual meeting with representatives of the regional health bureau and secondary sources.

i) Document Review

Review of relevant existing documents have been done to understand international standards and good practices notes for assessing and managing the risks. Accordingly, review of national and regional legislation and regulations pertinent to the assignment such as WB Good Practice Note on Assessing and Managing the Risks and Impacts of the use of Security Personnel, United Nations Security Management System`s Security Policy Manual, World Bank Group Strategy for Fragility, Conflict, and Violence, Environment and Social Frameworks (ESF), ESSs, and national policies, laws and regulations have been made. To produce a more comprehensive and effective security risk management plan, report findings and other SRMPs prepared for other WB-financed projects in Ethiopia, such as Security Risk Assessment (SRA) for Response – Recovery – Resilience for Conflict Affected Communities in Ethiopia (3R-4- CACE) and Security Risk Assessment and Management Plan for UPSNJP Additional Financing were reviewed.

II) Observation

Observations of target woredas have been carried out. This includes visual observation of offices, incident recording and reporting system of ongoing, guard force appearances, physical security system etc.

III) Interviews

Interviews were made with different stakeholders from federal, Regional, Zone and Woreda government Bureaus and Offices and community representatives. Information on potential security risk or impacts, the likelihood of the risks to occur, potential security responses, the severity of the risks and impacts, on security incidents and potential responses, potential mitigation measures etc. were collected through interviews.

Interviews in person with stakeholders in several IPF project target regions were not practicable given the advice from the World Bank Country Security office and the apparent security threats. As an alternative, interviews over the phone, virtual consultations, and email and telegram interactions were utilized. Specifically, information regarding Tigray Region was obtained through interviews with the management and expertise of the UNICEF Ethiopia Country Office.

IV) Consultations

Consultations have also been conducted with community representatives on the potential risks and impacts of security, relationships of security personnel with the community, the likelihood and severity of the security risks and impacts on the community, security issues in the communities, etc.

Participants of the community consultation comprises community representatives, religious leaders, clan leaders, health facility users and members of vulnerable groups including PLW, returnee IDPs, and the elderly with special needs. The selection of participants of the consultations was done with the support of the Head of respective Woreda Health Offices and the CEOs of Chifra Primary Hospital and Hayq Health Center.

Total of three community consultations were conducted, one at Afar Region Chifra Woreda, one at Amhara Region Tehuledere Woreda and one at Amhara Region Jari IDP center.

- The first community consultation was held in Chifra woreda, Chifra primary hospital on February 23/2023 and about 15 participants took part in. The participants were selected from five different kebeles (Chifra town, Ander Kello, Weama, Teabay, and semsem).
- The second community consultation was conducted in Tehuledere woreda on February 28/2023 at Hayq health center. 20 people from six different kebeles (Jari, Wahelo, Gobeya 012, Kete, Godguadit 05, and Amumo kebeles) participated in the community consultation.
- On February 29/ 2023, 18 IDPs participated in the third community consultation held at the Jari IDP Center. Due to the intercommunal conflict in the area, the people in the Jari IDP Center are people who migrated from Oromia Region East Wolega Zone.

Details of the participants of stakeholder and community consultation participants are presented below:

Table 2 List of participants of Federal Level Stakeholders Consultations

Federal Level Stakeholders Consultation			
Organization	**Responsibility**	**No of Participants**	**Consultation Date**
Ministry of Health	Project Management and Strategic Head	4	January 31/2023
	Environmental Safeguard Specialist		
	GBV Specialist		
	CE and PHC		
Ministry of Women and Social Affairs	Planning and Strategic Director	3	February 9/2023
	Gender Experts		
National Disaster Risk Management Commission	Senior professionals	2	February 20/2023
UNICEF Country Office	PHC Program Head	2	February 14/2023
	PHC Program Assistant		

Table 3 List of participants of Regional Level Stakeholders Consultations

Regional Level Stakeholders Consultation			
Organization	**Responsibility**	**Number of Participants**	**Consultation Date**
Oromia Region			
Regional Health Bureau	Deputy Head Public Health Emergency Assessment Team	3	February 03/2023
Amhara Region			
Amhara Regional Health Bureau	Senior Professional	1	February 15/2023
Afar Region			
Regional Health Bureau	Deputy head of the Bureau Health and Environmental Hygiene Director Environmental Protection Director GBV Director Planning Director	5	February 21/2023
Peace and Security Bureau	Bureau Head Senior professionals	3	February 22/2023
land Use, Administration and Environmental Protection Authority	Deputy Head Environmental Protection Director Pastoral Land Administration Director	4	February 22/2023
Women and Social Affairs Bureau	Planning and Monitoring Director	1	February 23/2023
Disaster Risk Management Commission	Commissioner	1	February 23/ 2023

Table 4 List of participants of Woreda Level Stakeholders Consultations

Woreda Level Stakeholders Consultation			
Organization	**Responsibility**	**Number of Participants**	**Consultation Date**
Afar Region			
Chifra Woreda Health Office	Head of Woreda Health Office	5	February 23/2023
	Chifra Primary Hospital CEO		
	Head of Woreda Education Office Head		
	Head of Woreda Women and Children Office		
	Public Health Directorate Director		
Peace and Security Office	Woreda Peace and Security Coordinator	1	February 23/ 2023
Amhara Region			
South Wollo Zone Tehuledere Woreda	Woreda Health Office Head	4	February 27/ 2023
	Hayik Health Center CEO		
	Senior Nurse		
	Psychosocial Expert, UNICEF Mobile Team based on Hayik Health Center		

Table 5 Participants of Community Level Consultation

Community Level Consultation			
Consultation place	**Participants**	**Number of Participants**	**Consultation Date**
Chifra Primary Hospital	Health Facility users, community elders, religious leaders, clan leaders, and members of vulnerable groups including women, PLW, and returnee IDPs	15	February 23/ 2023
Hayik Health Center	Health facility users, community elders, religious leaders and members of vulnerable groups including women and persons with disabilities	20	February 28/2023
Jari IDPs Camp	Representatives of IDPs at Jari IDP camp, Pregnant women, lactating women, girls and host community members	27	February 29/2023

2.4.Summary of Consultation Findings

The findings are based on an in-depth consultations with relevant stakeholders, including government officials, local communities and non-governmental organizations in the IPF program for SPHCS project target regions. The report highlights several key challenges that need to be addressed to effectively manage security risks related to the IPF program for SPHCS project. The consultation revealed that the IPF Program by itself does not pose security risk to the community, rather it would help the target communities through improving their access to healthcare services.

The participants of the consultation emphasized that, though the magnitude and scope varies, violence and armed conflicts are significant security concerns in the regions proposed for the IPF program implementation. They highlighted the prevalence of community disputes, gang activities, and inter communal conflicts as potential triggers for violence. These conflicts often escalate into armed confrontations, posing a direct threat to the safety and well-being of both the local population and health care workers.

Terrorism was also identified as a significant security risk in the project areas. The participants acknowledged that certain extremist groups operate in and neighboring regions, posing a constant threat of attacks or infiltration into their communities.

The participants raised a tragic incidence occurred near Chifra Woreda in Afar region in which an explosion resulting from an unexploded ordnance tragically killed five children, four of them being siblings from one family to highlight the devastating consequences of landmines and unexploded ordnance on their communities, particularly children who are often more vulnerable.

GBV and SEA emerged as another critical security risk identified during the consultations. The stakeholders and communities expressed deep concerns about the high incidence of GBV and SEA in the project target regions, especially in areas where the northern Ethiopia conflict took place (Tigray, Amhara and Afar regions), including physical violence, sexual assault, rape and psychological violences. They stressed that these acts not only inflict physical and psychological harm on individuals but also perpetuate fear and insecurity within communities.

The prevalence of mental health issues, higher anxiety, post-traumatic stress disorder (PTSD), psychosocial problems, and physical injuries among victims of violence associated with conflicts

were all witnessed by participants of stakeholder and community consultations. And These were frequently cited as reasons for limited availability of health workers to help restructure services.

According to the consultations, mostly the security men stationed at the health facilities are militia members and local police officers from the local kebele or Woreda where the health facilities are located and informed that there have been no reported incidences involving security personnel (militia or police officers).

As a recommendation for the discussed problems, the participants emphasized the need for increased security measures, such as enhanced physical barriers, such as fences, gates, security personnel, etc., that restrict access to health facilities and working closely and staying in touch with security actors were also emphasized by the consultation's participants. Further, involving key stakeholders, particularly project workers, the affected community, and program participants in all project activities would help to prevent or mitigate security issues that could arise in connection with the project activities.

Furthermore, the participants stressed the importance of timely and reliable information exchange. Clear understanding of the security situation in the area, encompassing aspects like the conflict's nature, involved actors, and potential risks, is essential for both the community and healthcare workers to adequately prepare for potential harm and establish preventive measures. During conflicts healthcare facilities and services performed better where there was community support. Religious and community leaders' engagement aided in opening a humanitarian corridor, defending health facilities and enabling them to be sustained and providing warning of potential threats, such as Dagu in Afar.

In addition, it was recommended that prioritizing job possibilities generated by program subprojects will assist build positive relationships with the community by preventing or eliminating any security challenges that may arise due to a labor inflow.

Another important issue emphasized by the stakeholders was the requirement for strong coordination among all those participating in the project including the government, donors, implementing partners, and local communities.

3. Review of National Policies and Legal Frameworks

The Following major National and International Policies, Laws, Frameworks, and guidelines will be triggered by the IPF Program for SPHCS in conflict affected parts of Ethiopia project implementation.

3.1. The Ethiopian Constitution

The Ethiopian Constitution, which was adopted in 1995, is the supreme law of the country. The Ethiopian federal system of governance was established by the Constitution. The Constitution guarantees a wide range of human rights, including the right to life, liberty, and security of person; the right to freedom of speech, assembly, and association; the right to equal protection under the law; and the right to education and healthcare. The relevant articles to security risks and impacts provisions among others are identified below:

- **Rights to life, the Security of Person and Liberty (Article 14):** This article states that every person has the inviolable and inalienable right to life, the security of person and liberty.
- **Right to Life (Article 16):** Every person has the right to life. No person may be deprived of his life except as a punishment for a serious criminal offence determined by law.
- **The Right of the Security of Person (Article 16):** Everyone has the right to protection against bodily harm.
- **Right to Liberty (Article 17):** No person can be deprived of liberty without legal grounds and procedures, and no person may be subjected to arbitrary arrest and detention without charge or conviction.
- **Prohibition against Inhuman Treatment (Article 18 (1)):** states that everyone has the right to protection against cruel, inhuman, or degrading treatment or punishment.
- **Right to Equality (Article 25):** All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall guarantee to all persons equal and effective protection without discrimination on grounds of race, nation, nationality, or other social origin, color, sex, language, religion, political or other opinion, property, birth or other status.
- **Right to Privacy (Article 26 (1)):** state that everyone has the right to privacy. This right shall include the right not to be subjected to searches of his home, person or property, or the seizure of any property under/his personal possession.

- **Crimes against Humanity (Article 28 (1)):** states that criminal liability of persons who commit crimes against humanity, so defined by international agreements ratified by Ethiopia and by other laws of Ethiopia, such as genocide, summary executions, forcible disappearances or torture shall not be barred by statute of limitation.
- **Freedom of Movement (**Article 32(1)) states that any Ethiopian or foreign national lawfully in Ethiopia has, within the national territory, the right to liberty of movement and freedom to choose his residence, as well as the freedom to leave the country at any time he wishes to;
- **Rights of Access to Justice (Article 37):** everyone has the right to bring a justifiable matter to, and to obtain a decision or judgment by, a court of law or any other competent body with judicial power,
- **Rights of Labor (Article 42(2))**: stipulates that 'workers have the right to a healthy and safe work environment', obliging an employer (be it government or private) to take all necessary measures to ensure that workplace is safe, healthy and free of any danger to the wellbeing of workers,
- **Environmental Rights (Article 44(1)):** stipulates all persons have the right to live in clean and healthy environment,
- **Principles for National Defense (Article 87(3):** states that the armed forces shall protect the sovereignty of the country and carry out any responsibilities as may be assigned to them under any state of emergency declared in accordance with the Constitution;
- **Social Objectives (Article 90):** states that to the extent the country's resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security; and
- **Environmental Objectives (Article 92):** Government shall endeavor to ensure that all Ethiopians live in a clean and healthy environment.

3.2.National Social Protection Policy (NSPP, 2012)

The expansion of economic and social development programs helps to reduce the shortage of supply side and increase the benefit to the entire population. However, several constraints impede the poor and vulnerable segments of the society to access services expanded. To reduce the demand side constraints and to benefit segments of the society that require special attention, it is necessary to take social protection measures. Social Protection is part of Ethiopian social policy framework that focuses on reducing poverty, social and economic risk of citizens, vulnerability and exclusion by taking measures through formal and informal mechanisms to ascertain accessible and equitable growth to all. The policy consists of five focal areas: promoting productive safety net, promoting and improving employment and livelihood, promoting social insurance, increasing equitable

access to basic social services, and providing legal protection and support to those vulnerable to abuse and violence.

The main objectives of the National Social Protection Policy of Ethiopia are the following:

- Protect the poor and vulnerable individuals, households, and communities from different natural and manmade adverse effects of shocks;
- Establish social insurance system and increase its scope;
- Increase access to equitable and quality health, education and social welfare services to build human capital;
- Expand and guarantee employment for the vulnerable;
- Enhance employment guarantee for the segments of society under social problems through promoting employment opportunities;
- Ensure that the society at all levels play roles for the implementation of the policy.

3.3.Ethiopian National Policy on Women

The National Policy on women was issued in March 1993 emphasizing that all economic and social programs and activities should ensure equal access for both men and women to the country's resources and in the decision-making process so that women can benefit equally from all activities carried out by the Federal and Regional Institutions. Among the main policy objectives is that laws, regulations, systems, policies and development plans that are issued by the government should ensure the equality of men and women and that special emphasis should be given to the participation of rural women.

In addition, the National Policy on Empowerment of Women adopted in 2001 states that "All forms of violence against women, physical and mental, whether at domestic or societal levels, including those arising from customs, traditions or accepted practices shall be dealt with effectively with a view to eliminate its incidence. Institutions and mechanisms/schemes for assistance will be created and strengthened for prevention of such violence, including sexual harassment at workplace and customs like dowry; for the rehabilitation of the victims of violence

and for taking effective action against the perpetrators of such violence. A special emphasis will also be laid on programs and measures to deal with trafficking in women and girls."

Continuing the improvement of policy provisions, in 2005, the Women ‘s Affairs Ministry was established to coordinate women’s activities and translate the policy objectives. And, in 2006, the Ministry of Women’s Affairs issued the National Plan of Action for Gender Equality (NAPGE) for the period 2006 – 2010. Its goal is “to contribute to the attainment of equality between men and women in social, political and economic development”.

3.4.Labour Proclamation (Proclamation No. 1156/2019)

The Labor Proclamation (which was updated in 2019) lays forth the fundamental rules that regulate working conditions while also being compliant with international conventions and treaties to which Ethiopia is a party. It also considers the political, economic, and social policies of the government. The occupational safety, health, and working environment, as well as prevention strategies and employer obligations, are covered in this proclamation's Part Seven- Chapter One- Article 92. As a result, the Proclamation requires the employer to take the appropriate steps to adequately protect the workers' health and safety.

Part Seven: Occupational Safety and Health and Working Environment

Chapter One: Preventive Measures

Article 92- Obligations of an Employer

Employers must take steps to ensure the health and safety of workers, such as complying with occupational health and safety requirements, assigning safety officers, establishing an occupational health and safety committee, providing protective equipment, registering employment accidents and occupational diseases, arranging for medical examinations, ensuring the work place and premises do not pose threats, taking appropriate precautions to ensure physical, chemical, biological, ergonomic and psychological hazards, and implementing instructions given by the Competent Authority. Workers must also co-operate in the formulation of work rules to safeguard their health and safety, inform the employer of any defect related to the appliances used, report any situation which could present a hazard, make proper use of all safety devices and other appliances, observe all health and safety instructions issued by the employer or by the Competent Authority, and interfere with, remove, displace, damage or destroy any safety devices or other appliances furnished for their protection. Employers must take steps to ensure the health and safety of workers, such as complying with occupational health and safety requirements, assigning safety

officers, establishing an occupational health and safety committee, providing protective equipment, registering employment accidents and occupational diseases, arranging for medical examinations, ensuring the work place and premises do not pose threats, taking appropriate precautions to ensure physical, chemical, biological, ergonomic and psychological hazards, and implementing instructions given by the Competent Authority. Workers must also co-operate in the formulation of work rules to safeguard their health and safety, inform the employer of any defect related to the appliances used, report any situation which could present a hazard, make proper use of all safety devices and other appliances, observe all health and safety instructions issued by the employer or by the Competent Authority, and interfere with, remove, displace, damage or destroy any safety devices or other appliances furnished for their protection.

Moreover, the Proclamation defines the occupational safety and health, and working environment focusing on (i) preventive measures, (ii) occupational injuries, (iii) defining degree of disablement, (iv)benefits to employment injuries, (v) medical services. The provisions associated to OHS are delineated on part seven of the Labor Proclamation 1156/2019, from Article 92-112.

3.5.The World Bank Environmental and Social Framework

The Environmental and Social Framework recognize the need to assess and mitigate security risks and impacts. The need to address the assessment and mitigation of security related risks and impacts on project-affected communities and project workers is set out in Environmental and Social Standards (ESS) such as ESS1, ESS2, and ESS4, World Bank Group (WBG) Environment Health and Safety Guidelines as well as the Good Practice Note on Assessing and Managing the Risks and Impacts of the Use of Security Personnel and ISO 31000(Risk Management Guidelines). Whenever, there are discrepancies between the national legislation and the relevant WB ESSs, WB ESS prevails. The applicable ESSs are discussed below:

ESS1: Assessment and Management of Environmental and Social Risks and Impacts: ESS1: Assessment and Management of Environmental and Social Risks and Impacts (ESS1) is one of the Environmental and Social Standards (ESSs) of the World Bank. It requires borrowers to assess, manage, and monitor the environmental and social risks and impacts of projects supported by the Bank. Security is one of the environmental and social risks that borrowers must consider when assessing the risks and impacts of a project.

The standard aims to identify, evaluate and manage the environment and social risks and impacts adopt a mitigation hierarchy approach Including avoidance , minimize or reduce risks and impacts to acceptable levels, utilize national environmental and social institutions, systems, laws, regulations and procedures in the assessment, development and implementation of projects, whenever appropriate and promote improved environmental and social performance, in ways which recognize and enhance Borrower capacity.

ESS2: Labor and Working Conditions:

ESS 2 focuses on the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Security is one of the environmental and social risks that borrowers must consider when assessing the risks and impacts of a project. It requires the Borrower to 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.

ESS4: Community Health and Safety:

ESS4 recognizes that project activities, equipment design and safety, infrastructure, and safety services can increase community exposure to risks and impacts. It provides an important framework for borrowers to consider security risks to communities. It requires borrowers to avoid or minimize community exposure to project-related risks and impacts on health, safety, and security. In conditions where the PCU engage direct or contracted workers to provide security to protect project workers and assets, ESS4 require to assess the risk posed by the security arrangements within and outside the project site. Besides, the standard states the PCU are expected to ensure that government security personnel deployed to give security services act guided by the principles of proportionality and GIIP.

3.6.World Bank Good Practice Note

The Good Practice Note provides a comprehensive set of guidelines for assessing and managing the risks of the use of security personnel. By following these guidelines, projects can help to ensure that the use of security personnel is conducted in a safe and responsible manner.

The key provisions of the GPN on Assessing and Managing Risks of the Use of Security Personnel:

- Risk assessment: The first step is to conduct a risk assessment to identify the potential risks to human security posed by the use of security personnel. This should include an assessment of the security environment, the nature of the project, and the potential for harm to project-affected communities and project workers.
- Managing private security: If the risk assessment identifies that the use of private security is necessary, then the project should develop a plan for managing private security. This plan should include clear policies and procedures for the use of force, the recruitment and training of security personnel, and the monitoring of security personnel's activities.
- Managing the relationship with public security: The project should also develop a plan for managing the relationship with public security. This plan should include clear channels of communication between the project and public security forces, as well as a mechanism for resolving any disputes that may arise.
- Allegations or incidents related to security personnel: If there are any allegations or incidents related to security personnel, these should be documented and assessed. The project should take appropriate action to address any compliance issues or to prevent future incidents.

The GPN also includes several other provisions, such as the requirement for a binding agreement with security personnel, the need to report unlawful or abusive acts, and the importance of monitoring the status of any ongoing criminal investigations.

3.7.Other Relevant International Standards

There are additional international standards that could be used in the development, monitoring, and implementation of the SRMP.

- International Code of Conduct for Private Security Service Providers: https://icoca.ch/wp-content/uploads/2022/01/INTERNATIONAL-CODE-OF-CONDUCT_Amended_2021.pdf
- International Finance Corporation (IFC) Handbook on the Use of Security Forces: Assessing and Managing Risks and Impacts, 2017.

- UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials: www.ohchr.org/EN/ProfessionalInterest/Pages/UseOfForceAndFirearms.aspx
- UN Code of Conduct for Law Enforcement Officials: www.ohchr.org/EN/ProfessionalInterest/Pages/LawEnforcementOfficials.aspx
- United Nations Security Management System Security Policy Manual: https://www.un.org/en/pdfs/undss-unsms_policy_ebook.pdf
- Voluntary Principles (VPs) on Security and Human Rights: http://www.voluntaryprinciples.org/what-are-the-voluntary-principles

- World Bank Group Strategy for Fragility, Conflict, and Violence 2020–2025: https://www.worldbank.org/en/topic/fragilityconflictviolence/publication/world-bank-group-strategy-for-fragility-conflict-and-violence-2020-2025

4. Security Context

4.1.National Security Context

Ethiopia has been affected by wave of conflicts, manifesting in different dimensions, which have caused the loss of lives, assets, displacement of people, and humanitarian crises. Over the past few years, the country has faced a host of security challenges ranging from political instability, ethnic tensions, terrorism, and cross-border conflict. In early November 2020, the regional party of Tigray allegedly attacked the Northern Command of Ethiopia's National Defense Force in Mekelle, Tigray region, prompting a military offensive from the federal government of Ethiopia. After a change of administration in Tigray region at the end of June 2021, the conflict moved further south into Afar and Amhara regions but began to subside around January 2022. In August 2022, the conflict resumed for a period though remained largely contained in Tigray region. On 02 November 2022, the regional state of Tigray and the federal government of Ethiopia signed an agreement on a permanent cessation of hostilities. Though the security context of Northern Ethiopia improved significantly, the conflict has impacted Tigray region and some part of Amhara and Afar regions.

Oromia faces security challenges such as ethnic violence, political unrest, and armed conflict. Ethnic violence, primarily involving the Oromo people, has led to conflicts with other ethnic groups, such as the Amhara and the Somali, Political unrest and armed conflict fueled by the Oromo Liberation Front (OLF), has resulted in attacks on government targets and civilians.

In recent years, there have been several outbreaks of violence in Benishangul-Gumuz region, including the killing of hundreds of people. The Ethiopian government has been with armed groups in Benishangul-Gumuz, including the Gumuz Liberation Front (GLF) and the Benishangul-Gumuz People's Liberation Movement (BG-PLM).

These conflicts in Tigray, Afar and Amhara, Oromia and Benishanul-Gumuz regions have led to the deaths and displacement of thousands of people, damages and destructions of properties, internal displacement of millions of people, incidents of gender-based violence, and many more undesirable socio-economic and political consequences.

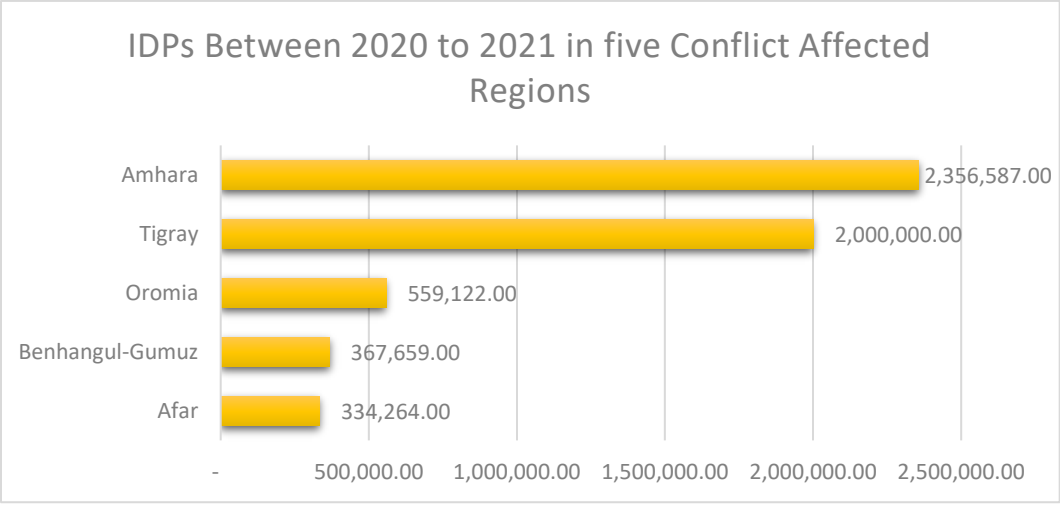
The conflicts have a devastating impact on health facilities and services. Currently, health facilities in these conflict affected areas have limited capacity to continue providing services. The conflicts have caused an influx of IDPs, strained the health system, worsened maternal, child health and nutrition outcomes, and crippled delivery of basic and emergency health services in the conflict affected areas.

IDPs

Due to the war in the north and conflicts in Oromia and Benishangul, too many people have displaced. The regional governments are struggling to provide services both for the IDPs and the resident population. Some international NGOs and UN agencies were able to support PHC services for IDPs with MNCH supplies. This external support relieved stress on local health structures. Internally displaced persons face barriers that prevent their return home. These include others living in their house, disputed land ownership and lacking resources for house repairs owing to the head of household having been killed or being in prison.

As of September 2021, the government reports indicate that 5,617,632 people have been forcibly displaced from their home or area of residence from five regions (Tigray, Afar, Amhara, Oromia, and Benishangul-Gumuz). The following figure shows number of IDPs in the host regions, which the IPF project covers.

Figure 1 Estimated number of IDPs between 2020 and 2021 in IDP host regions.



Source: - Ethiopia Conflict Impact Assessment and Recovery and Rehabilitation Planning (CIARP) (MOH, 2022).

Currently, according to OCHA Ethiopia - Situation Report, 27 Jul 2023:

- There are roughly an estimated 837,100 returnees in Afar after the conflict in northern Ethiopia, including over 12,600 (from Semera-Logiya). There are 23,100 IDPs in Zone 2 of Afar Region
- In Tigray, there are over 1 million people that remain displaced. An estimated 700,000 previously returned home and since the Cessation of Hostilities Agreement signed last November, at least 95,000 people returned.
- As of June 2023, the number of IDPs in Amhara compounds to 580,0000 people across 15 woredas. More than 360,000 people were returned to North Gondar, North Wello, Wag Hemra and Oromo Special zones.
- People in Horo Guduru, East, West, and Kellem Wellega zones in Oromia remain without humanitarian assistance due to limited access, resources, and active partners operating in the area due to lack of resources. Reportedly, over 13,800 people displaced in 2021 and 2022 (after returns) due to insecurity in Gobu Sayo and Wayu Tuka woredas in East Wellega Zone of Oromia, are currently sheltered among host communities.

IDP Host Communities

In the Afar, Amhara, Tigray, Oromia, and Benishangul-Gumuz regions of Ethiopia, the presence of internally displaced persons (IDPs) has become a prominent issue. These regions have experienced significant influxes of IDPs, resulting from various factors such as conflicts, displacement due to development projects, and environmental challenges. Understanding the perspectives of the host communities in these regions is crucial for effective management and support.

The presence of IDP settlements has put a strain on the socio-economic fabric of the host communities. Here are some of the key challenges they face:

- The sudden influx of IDPs has resulted in increased pressure on resources, such as water, food and housing.
- Intensified the struggle for limited job opportunities in these regions.
- Due to the sudden increase of students, schools face overcrowding, shortage of teachers, and lack of resources.

- Healthcare facilities experience increased demands, leading to longer waiting times and compromised quality of care. These challenges hinder the overall development and well-being of the host communities.

Damage on Health Infrastructures

The MOH report on CIARP 2022, indicate that the primary healthcare system was significantly damaged in most of conflict affected districts/woredas. A total of **76** hospitals, **709** health centers and **3,217** health posts have been damaged or looted as a result of several conflicts throughout the country. In addition to the damage/looting to health facilities, blood banks, Woreda Health offices as well as ambulances in the conflict affected areas were also damaged or looted.

Table 6 Percentage of physically damaged health facilities out of the total available, by region

REGION	Health Facility Type	Partially Damaged	Complete Damage	Total	Percentage
AFAR	Hospital	2	---	2/7	**28.6**
	Health Center	20	1	21/97	**21.6**
	Health Post	56	3	59/343	**17.2**
AMHARA	Hospital	38	2	40/88	**45.5**
	Health Center	429	23	452/877	**51.5**
	Health Post	1642	86	1728/3565	**48.5**
BENISHANGUL-GUMUZ	Hospital	---	---	---	**---**
	Health Center	4	12	16/60	**26.7**
	Health Post	17	155	172/424	**40.6**
OROMIA	Hospital	---	---	---	**---**
	Health Center	105	2	107/1411	**7.5**
	Health Post	549	136	685/7099	**9.6**
TIGRAY	Hospital	32	2	34/41	**82.9**
	Health Center	107	6	113/226	**50.0**
	Health Post	537	28	565/743	76.0

Source: - CIARP, MOH (2022).

The cost of infrastructure damage based on the type of health facilities and the magnitude of damage is depicted in Table 4 In summary, the total cost of infrastructure damage was estimated to be 1,420.02 million USD, consisting of 680.63 million USD for partially damaged and 739.38 million USD for completely damaged (destroyed) infrastructure. Besides the physical infrastructure, these costs include medical equipment costs, drug and supply cost for making the facilities operational for one year, and other program specific costs.

Table 7 Infrastructure damage beyond health facilities

FACILITY TYPE	AMHARA	AFAR	BENISHANGUL GUMUZ	TIGRAY	OROMIA	TOTAL
BLOOD BANK	5	---	---	---	---	**5**
EPSA STORES	1	1	---	---	---	**2**
WOREDA/ZONAL HEALTH OFFICE	64	--	4	---	---	**68**
AMBULANCES	**124**	**20**	**51**	**---**	**53**	**248**

Source: - CIARP, MOH (2022).

The largest share of the estimated cost is for health centers (501.19 million USD) followed by general & specialized hospitals (342.54 million USD), and primary hospital (277.98 million USD) while the costs for health posts and other health systems 175 and 120 million USD respectively.

Table 8 Cost of damaged to the infrastructure (USD, multiple of million)

TYPE OF FACILITY	PARTIAL DAMAGE	COMPLETE DAMAGE	TOTAL
HEALTH POST	109.07	66.85	**175.92**
HEALTH CENTER	260.62	240.57	**501.19**
PRIMARY HOSPITAL	123.11	156.69	**279.80**
GENERAL & SPECIALIZED HOSPITAL	150.72	191.82	**342.54**
OTHER HEALTH SYSTEM (AMBULANCE, EPSA STORE, ETC)	37.11	83.45	**120.56**
GRAND TOTAL	**680.63**	**739.38**	**1,420.02**

Source: - CIARP, MOH (2022).

Psychosocial Impacts

Mental health problems (particularly, depression, anxiety, and post-traumatic stress disorders) associated with the suffering caused by conflicts, psychological stress, and substance use are highly prevalent phenomenon among conflict-affected and internally displaced people (IDP). Beyond the immediate and long-term economic costs of the large scale civil and armed conflicts in recent years in Ethiopia, the casualties, physical and mental health impacts on the displaced and left behind people are immeasurable and may take years to rehabilitate and bring back the victims to the pre-conflict state (MOH, 2022).

Impact on Health workforce

The conflict-related crisis also disrupted the local and national health system due to the displacement of the health workforce. Available reports showed that **10,160** health workers have left the conflict areas in Oromia, Amhara and Benishangul Gumuz, of which, **9,888** were from Amhara region. Therefore, it is not only community members but also health professionals serving the community who have been displaced due to conflicts (MOH, 2022). A report by the Afar regional health bureau shows that 3 health workers were killed in connection with the Northern Ethiopia conflict. Report by Doctors of the World in June 2021, illustrated that only 30 percent of healthcare workers in Tigray Region were working in the healthcare system due to security and access restrictions. These all happened even though health workers are badly needed in conflict affected areas to treat wounded soldiers and civilians without discrimination on either side of the fighters or supporters.

The above evidence shows the need of devoting attention to the situation and acting at the project level to protect health facility workers, equipment's and community members from being exposed to security risks. This can be accomplished by thoroughly documenting potential security threats and strengthening regional capacities to recognize and reduce such risks. At areas were conflict and armed groups is still prevailing and it is unsafe to undertake and deliver health care service, movement of healthcare staffs, equipment and executing project activities.

GBV

In times of crisis, women and girls become vulnerable to various forms of violence, including sexual assault, rape, and domestic violence. Moreover, the breakdown of social structures and institutions during conflicts exacerbates the problem, as it weakens the mechanisms that could protect survivors and prevent further incidents of GBV.

According to Insecurity Insight (2022), since the beginning of the war in Tigray in November 2020, over 1,300 incidents of rape have been reported, though observers argue many went unreported due to societal stigma and limited-service provision. The GBV extreme and catastrophic situation hotspots locations are the border of the three regions (Tigray, Amhara and Afar) where intensive armed conflict has happened. These are North Wollo, South Wollo, Waghimra zone of the Amhara region, Awsi and Kilbrti zone of the Afar region and almost all zones of the Tigray region. During

emergencies, IDPs frequently report GBV, specially in sites where shelter conditions were below standard and availability and access of services were challenging and scarce for people at risk. The damage and looting of health care facilities in Tigray, Amhara and Afar regions impeded the provision of comprehensive after care and aggravated conditions for survivors.

4.2.Security Context in Regions Covered by The IPF Program for SPHCS In Conflict Affected Areas of Ethiopia

4.2.1. Tigray Region

Tigray Regional State is northernmost of all regions in Ethiopia, with its capital in Mekelle. Tigray is the homeland of the Tigrayan, Irob and Kunama people (UNHCR, 2019). The region covers 53,638 km² and has a population estimate 5,738,996 of which 2,834,000 are male and 2,904,996 females (as projected by CSA for 2022). The region shares a longer border with Amhara region in the south, west and north-west, with Afar region in the east and north-east, with Eritrea in the north and with Sudan in the west. Administratively, Tigray region is divided into six zones.

In early November 2020, the regional party of Tigray allegedly attacked the Northern Command of Ethiopia's National Defense Force in Mekelle, Tigray region, prompting a military offensive from the federal government of Ethiopia. Following this, conflict broke out in the North of Ethiopia resulting in significant displacement. After a change of administration in Tigray region at the end of June 2021, the conflict moved further south into Afar and Amhara regions but began to subside around January 2022. In August 2022, the conflict resumed for a period though remained largely contained in Tigray region. On 2 November 2022, the regional government of Tigray and the federal government of Ethiopia signed an agreement on a permanent cessation of hostilities.

The conflict in Tigray has had a devastating impact on the security of the region. There have been reports of widespread human rights abuses, including killings, sexual violence, and looting. 4.5 million people have been directly or indirectly affected by the conflict, of these, more than 2 million people were displaced from their home or areas of residence.

In Tigray region, the health service is believed to be significantly hampered as health facilities in the region experienced damage due to the conflict. Based on available data about 83% hospitals in the region are damaged though majority of this is a partial damage. On the other hand, around half of the health centers and 565 health posts (76 percent) in the region are also reported to be damaged due to the conflict.

Until recently (the Pretoria Peace deal between Ethiopian Government and the Tigray Regional State), health facilities reworking to functioning did not fare much better, largely cut off from

support and medical supplies from the MoH. UNICEF, WHO and few other International Agencies were suppling medicines and health services.

4.2.2. Afar Region

Afar regional state is situated in the northeastern part of Ethiopia with an area of around 150,000 km^2 that stretches into the lowlands covering the Awash Valley and the Danakil Depression. The region is situated longitudinally between 39°34' and 42°28' East and Latitudinally between 8°49' and 14°30' North, and the lowest point in Africa at 155m below sea level. The region is bordered to the northwest by Tigray region, to the southwest by Amhara region, to the south by Oromia region and to the southeast by the Somali region of Ethiopia. It is also bordered to the east by Djibouti and to the northeast by Eritrea.

Temperatures in Afar can be extreme. The Awash River is substantial but often stops flowing in harsh dry seasons. Afar Regional State's capital as of 2007, Samara, was constructed on the Awash-Assab / Djibouti highway (UNHCR, 2019). Based on the CSA Population Projection in 2022, the total population for Afar region is 2,033,002 out of which 1,105,000 are male and 928,002 females.

On July 16, 2021, the TPLF attacked Afar Pastoral Communities in Yallo Woreda, of Fanti Rasu of Afar Region. And then, conflict broke out and spread into all Fanti- Rasu woredas of Golina, Awra, Ewa and Kilbaltu Rasu Berahale woreda of the of the Region. The conflict caused food insecurity, displacement, and disruptions in telecommunications, banking, electricity, school, and health facilities. In September 2021, Afar special forces liberated all Fanti Rasu woredas, allowing communities to return to their homes despite attacks on public utilities.

In addition to the conflict in Northern Ethiopia, there are various ethnic based intercommunal conflicts in the Afar region, occurring in border areas with Oromia and Somali regions. Recent escalations of April 2021 conflict involve the Afar and Somali Regional Special Forces, with high fatalities. Serious conflict often occurs in contested areas inhabited by ethnic Somalis from the Issa Clan, who oppose joining the neighboring Somali Regional State of Ethiopia.

An estimated 1.4 million people have been affected by the Northern Ethiopia conflict, there by requiring emergency nutrition response and, more than 300,000 people have been displaced from their homes. The damage/looting affected 2 hospitals, 21 health centers and 59 health posts. In addition to the physical infrastructure, drugs, medical supplies, equipment, ambulances,

motorbikes and patient and health facility records that were available in those facilities during the conflict have been damaged or looted (MOH, 2022).

4.2.3. Amhara Region

The Amhara Region is located in the Northwestern part of Ethiopia. The region covers a total area of approximately 154,708.96 km2. It borders Tigray Region in the North, Afar Region in the East, Oromia Region in the South, Benishangul-Gumuz Region in the Southwest and the country of Sudan in the West. According to the CSA Population Projection of Ethiopia for All Regions at Wereda Level in 2022, Amhara region has a total population of 22,876,991 of which 11,462,994 are male and 11,413,997 females. Amhara region is divided into 11 Administrative Zones and one Special Woreda with a total of 139 woredas.

Since the northern Ethiopia conflict begun, the Amhara region has experienced significant military involvement since the conflict began in November 2020. As tensions escalated, the Ethiopian federal government called upon forces from Amhara to assist them in retaking Tigray from the ruling party, the Tigray People's Liberation Front (TPLF). The Amhara Regional Special Forces and militias joined hands with Ethiopian Defense Forces to launch attacks into Tigray, aiming to restore central government control and regain territories disputed between Amhara and Tigray. While the conflict in Tigray region spread to the adjacent areas of Amhara and escalated into seven administrative zones and the impacts covered 89 woredas out of the total 139 Woredas in the region.

According to the RHB report, an estimated 8.9 million people have been affected by the conflict and more than 2.3 million people were displaced. The conflict affected 40 hospitals, 452 health centers and 1,728 health posts. Furthermore, 5 blood banks, 8 Zonal health Departments, and 56 Woreda Health offices were damaged. In three regions (Amhara, Oromia, and Afar), 248 ambulances were damaged or looted. Of which, 124 (50%) were damaged or looted from Amhara region.

4.2.4. Oromia Region

The Oromia Region is the largest region in Ethiopia with a total coverage of 284,537.84km2, extending from west to east and to the southern borders of the country. Accordingly, Oromia is bordered by most of the regional states of the country: to the east, it borders on the Somali and Afar regional states; to the north, it borders on the Amhara and Benishangul-Gumuz regions; to

the west, it borders on the Gambella region. Oromia region has also international boundaries, Sudan on the west; Kenya on the south; and Somalis on the south-east. Oromia region is the largest in Ethiopia not only in terms of geographic area but also in terms of population size. According to the CSA Population Projection of Ethiopia for All Regions at Wereda Level in 2022, the total population in Oromia is 39,980,992 of which 20,032,994 are male and 19,947,998 females. Oromo is the major ethnic group in Oromia Region. Administratively, Oromia region is divided into 20 Zones, 287 rural and 46 town Woredas.

Security situation in some part of the Oromia region has been worsened since 2019. Oromo Liberation Front (OLF) are operating in Oromia, targeting civilians, local government representatives, and federal troops. OLF-Shane militants, also known as the Oromo Liberation Army (OLA), have been accused of using violence tactics, including massacres, targeted killings, and intimidation. Although OLF-Shane operatives have been reported throughout many parts of Oromia, the insurgent group has most successfully challenged government rule in West and Kellem Wollega zones through the killing of civilians.

Oromia regional state's reports indicated that 8.6 million people have been affected by conflicts and 559,122 people displaced due to repetitive conflicts in the region. The delivery of basic health care services, particularly by health posts and health centers, was severely affected due to the physical damage to infrastructure and the lack of medical supplies. The Oromia regional report shows (as of December 2021) that 107 health centers and 685 health posts were unable to deliver basic health services. In addition to damage to the health facilities, 108 health workers were forced to leave their duty station with pending reports on the number of injured and dead. Furthermore, 14 motor bikes and 53 ambulances were damaged, looted or burned (MOH,2022).

The conflict in Oromia has had a devastating impact on the healthcare system in the region. It is estimated that millions of people in Oromia have been affected by the conflict, and the number of people who need healthcare is likely to increase in the coming years.

4.2.5. Benshangul- Gumuz Region

The Benishangul-Gumuz regional state is located in the western part of Ethiopia. The region has a total surface of 50.699 km2. It shares common borders with the Amhara Regional state in the north and northeast, with Oromia Regional State in the northeast and south, with the Republic of Sudan and South Sudan in the west. The region is organized into 3 administrative zones (Metekel

Zone, Assosa Zone, and Kemashi Zone) and 19 Woredas and 1 special Woreda. According to the CSA Population Projection of Ethiopia for All Regions at Wereda Level in 2022 the total population of the region is 1,218,000 of which 617,999 are male and 600,001 are female (BoFED, 2017).

The Benishangul-Gumuz Region in Ethiopia has experienced a protracted conflict situation marked by ethnic tensions, power struggles, and competition over resources. The conflict in Benishangul-Gumuz, involving Gumuz militias, Benishangul People's Liberation Army (BPLA), Oromo Liberation Army (OLA), regional and federal forces, and Amhara militias, has stabilized in the second half of 2022. In the first half of 2022, fighting escalated between local armed groups and regional and federal forces, targeting civilian populations and indigenous populations. The root causes of the conflict in the region, which has affected all three of its zones (Metekel, Assosa and Kamashi), relates to the threat that indigenous communities – principally Gumuz and Berta.

This conflict has resulted in numerous violent incidents and displacement of people within the region. Benishangul-Gumuz region reported to have 367,659 IDPs in 13 IDP sites. In the region, 16 health centers were affected, out of which 12 were fully damaged and 4 were partially damaged. A total of 172 health posts were affected out of which 155 were fully and 17 were partially damaged. Four health centers were burned, and drugs and medical devices were looted (MOH, 2022).

5. Security Risk Assessment

5.1.Security Risk Vulnerability and Exposure

Depending on the security circumstances and the quantity of security management measures implemented in workplaces present varying levels of risk. A security risk assessment in the areas to be covered by the project was conducted to identify and evaluate the workplace's vulnerability and exposure to insecurity and to suggest mitigation measures. The potential security risk vulnerabilities within the IPF program for SPHCS project include:

- Lack or insufficient fencing or securing the facilities increases the risk of theft
- Lack of adequate security personnel to guard the facilities, to protect workers and equipment;
- Healthcare facilities' vulnerabilities resulting from their location in communities prone to ethnic conflict coupled with poor transport and communication infrastructure;
- Health facilities vulnerabilities to damage due to conflict,
- Inadequate workplace security policies and awareness about the workplace security solutions and procedures;
- Inadequate security response arrangements; and
- Gaps in appropriate monitoring of the workplace environment, staff and health facilities users, etc.

By attempting to mitigate against underlying security concerns, these vulnerabilities highlight the need for attention and procedures at the project level to guarantee that project staffs are not exposed to insecurity. This can be accomplished by thoroughly documenting potential security threats and strengthening regional capacities to recognize and reduce such risks. Measures to address these risks would include avoiding or delaying visits to insecure sites until the situation is considered stable and safe by GoE for the people and equipment/materials. Additionally, permission from concerned government officials and security personnel engagement will be granted so that they accompany the MoH teams, implementation staff, consultants and contractors who must visit or work in some of the areas are considered as insecure, as per the risk assessment conducted for this SRMP and monitoring reports.

There are parts of the IPF program for SPHCS project that could experience security incidents, which could directly affect the safety of project workers. Safety of goods and equipment in workplaces, while in transit, in the facilities where they are installed and stored, and even to communities due to conflicts that may result from project interventions are other important areas.

Different levels of IPF program for SPHCS project implementation staff are exposed to security risks in conflict-affected areas. The following discourse discusses how people working on the project and beneficiaries of the project might be affected by security risks:

- **Project implementing staff, Federal and Regional MoH staff:** Project implementing staff, Relevant MoH and RHB officials will be involved in a range of activities, such as field inspections to assess project progress, due diligence on safety measures, distributing supplies, and actions to build capacity. Additionally, potential security incidents could arise while traveling for field assignments to project-affected regions that have experienced recent insecurity incidents.
- **Healthcare Workers:** due to their exposure to violence and unsafe working conditions, either in health facilities in the community or IDP centers, health care workers in conflict affected areas are vulnerable to a range of security risks, including, physical attacks, kidnaping and GBV by armed groups, criminals and security personnel and psychological trauma.
- **Contractor and Contractor Workers:** Contractors will be engaged in the civil works in relation to component I of the program, which is restoration and rehabilitation of health infrastructure. These workers may be particularly exposed to various security risks, including political conflicts, social disputes brought on by local dissatisfaction, such as noise pollution, unfair contractor employment practices and other community conflicts. Contractors and subcontractors should be aware of the ESF standards and follow them when it comes to GBV provisions and community health.
- **Project Beneficiaries:** Beneficiaries of health facilities may have trouble getting the medical care they require because of damage to health care facilities, unaffordability, and the lack of access to healthcare services they need in conflict-affected areas.

  Additionally, they may be vulnerable to acts of violence as they may be required to

travel to dangerous areas to receive medical care.

- **Communities:** While accessing the services provided by the healthcare facilities, community members and project beneficiaries may become the targets of violence, security personnel may abuse their power and use excessive force against people and community and communities may be prone to GBV, SEA and SH due to the presence of security personnel in health facilities and armed groups in the area.

  Communities that have experienced violent conflicts frequently experience trauma, anxiety, and depression; these psychological burdens can have a permanent impact on their general health and well-being.

- **IDPs:** IDPs are often at a higher risk of health problems than the general population, as they may have limited access to healthcare, food, and water. Moreover, Healthcare facilities in IDP sites are often poorly maintained and lack basic infrastructure, such as running water, electricity, and sanitation. This creates several health hazards, such as the spread of disease.

- **Project equipment:** Physical infrastructures, ambulances, medical supplies and equipment acquired through the project might be affected during insecurities.

5.2.Risks Assessment

Security issues can prevent a project from reaching its goals if not handled. Internal threats include theft, disruption, and destruction of equipment, labor unrest, OHS risks and environmental and social risks. External threats include criminal activity, disruption of the project, and other indirect threats, I.e., collateral damage from armed conflict that have a negative impact on the effective, efficient, and safe operation of the project.

To prevent, manage, and mitigate any potential hazards related to the IPF Program for SPHCS in Conflict-Affected Parts of Ethiopia (P175167) project`s potential security threats and risks are thoroughly identified and in line with the national and World Bank provisions as contained in the World Bank's Good Practice Note, security management measures and controls are presented in this SRMP. Each security concern will be continuously evaluated while the project is implemented, and a security management strategy with mitigation strategies will be put in place. Hence, based on

the assessment conducted, some of the potential security risks to the SPHCS(P175167) Project include but not limited to the following:

I. Armed conflict between government forces and insurgents

Different health facilities have been looted, burned, blocked, and bombed due to the Norther Ethiopian war in Tigray, Afar and Amhara. Similarly, the recurrent armed conflict occurring in Oromia, Amhara and Benishangul Gomuz Regions also presses huge impact on health care service in the regions. Since the Northern Ethiopian war came to an end, the two regions (Afar and Tigray) are now considered stable and less vulnerable to risks from armed conflict. Thus, Project operation in these regions may result in non-deliberate collateral harm to project personnel or damage to health facilities or project.

II. Inter-communal Violence

Inter-communal violence in Ethiopia is influenced by various contextual variables, including ethnic tensions, political instability, and ethno-nationalist discourses. These factors contribute to extremism narratives and intensified processes of othering, with religious and ethnic identities often intertwined. In recent years, there has been a rise in intercommunal violence in all over the country.

Intercommunal violence significantly impacts healthcare services in Ethiopia by disrupting health infrastructure, compromising access and quality of healthcare, particularly for vulnerable populations in conflict affected regions. It also displaces healthcare professionals, leading to a shortage of qualified medical personnel. This displacement reduces healthcare seeking behavior and increases the burden on the already strained healthcare system. Additionally, intercommunal violence disrupts the supply chain of essential medical equipment and pharmaceuticals affecting chronic disease management, maternal and child health, and emergency healthcare services.

III. Terrorism

Terrorism in most of the regions to be covered by the IPF program can be considered as low, however recently the Oromia region has been reputedly targeted by terrorist groups, most notably the Oromo Liberation Front (OLF). This group have carried out attacks on Government officials, civilians, and institutions.

Terrorism disrupts the provision of healthcare services by creating an atmosphere of fear and insecurity. Healthcare professionals will become hesitant to work in areas prone to terrorist attacks, leading shortage of skilled personnel. Moreover, terrorist attacks often target hospitals and medical facilities, causing damage and destruction.

IV. Unexploded Ordnance (UXO)/Explosive Remnants of War (ERW) contamination

Landmines and explosive hazards, such as UXO, abandoned military vehicles and equipment, may provide a threat to those who live and work in places that have experienced armed conflict. Ordnance contains an explosive charge as well as a fragmentation component intended to harm or kill persons who are far away from the explosion. The area of danger can vary from a few meters to several hundred meters, depending on the type of ordnance used. In the areas to be covered by the IPF program for SPHCS project, there is a chance of coming into contact with UXO/ERW as a result of both current and past conflicts, which could result in serious injury, loss of life, or loss of asset.

V. Robbery/Theft of Equipment and Material

In conflict affected areas, there is a substantial risk of theft of medical supplies and equipment and robbery, Illegal entry of a building with intent to commit a crime, especially theft. It involves breaking and entering the health facilities premises. These risks are brought on by the chaotic environment, weakened law enforcement presence, and the extremely difficult circumstances that many people are experience. Due to a lack of basic necessities, people frequently turn to crime, including stealing medical equipment and supplies. Such actions endanger not only the delivery of essential healthcare services but also the lives of patients who depend on these resources for their wellbeing.

VI. *Banditry/Roadside attacks on workers during transit*

While transporting equipment and materials to the targeted regions or to project workers when travelling for field activities, health workers in conflict affected areas face significant threats from banditry and roadside attacks, which can hinder their ability to provide critical care and access to healthcare. These workers face constant danger as they navigate dangerous routes and often find themselves caught in the crossfire between warring factions. Additionally, their humanitarian mission may make them targets as bandits seek valuable medication or equipment.

VII. Community unrest and Demonstration around project areas

Labor influx, land and water use, improper site selection and locating project infrastructures and associated facilities, improper waste disposal, noise and dust pollution, etc might result in community unrest, which could in turn affect health facility staff and service delivery of health facilities.

VIII. Sexual exploitation and abuse and sexual harassment (SEA/SH)

This becomes a security issue when SEA/SH is perpetrated by project workers or is inflicted to or by a worker. Examples include committing a SEA/SH risk act by security personnel within conflict affected work environment. It can also occur during community unrest and ethnic conflicts within the work environment. Further, co-workers and intruders can pose a SEA/SH risk to the workers.

IX. Road safety and transport safety risks

Roads and transportation networks may be unsafe due to armed groups or criminal groups causing violence, kidnapping, and other crime. Road damage and destruction can hinder safe travel, while inadequate traffic control systems can cause congestion and accidents, as they can make it difficult to transport patients, staff, and supplies to and from healthcare facilities**.**

X. Risks emanating from the use of security personnel

Use of security personnel may exacerbate tensions. Security personnel can be private or public. The project contractor can engage security personnel. Their presence can pose risks to, and have unintended impacts on, both project workers and local communities.

XI. Risks of Occupational Health and Safety

Healthcare workers in conflict areas face numerous risks, including violence from armed groups, criminals, and displaced persons. Poorly maintained facilities and inadequate infrastructure, such as water, electricity, and sanitation, can create health hazards like disease spread. Additionally, workers work in unsafe conditions, such as damaged or overcrowded buildings, increasing the risk of accidents, injuries, and exposure to hazardous materials.

The constant threat of violence and difficult working conditions can negatively impact the mental health of healthcare workers, leading to stress, anxiety, depression, and post-traumatic stress disorder.

5.3.Security Risk Analysis and Evaluation

Based on current situation and historical context, the likelihood of occurrence of the above-mentioned security risks will be assessed below. Accordingly, for the purpose of this document the Likelihood of occurrence of risk is measured on scale ranging from 1(very unlikely) to 5 (very likely).

Table 9 Likelihood of risk occurrence

Likelihood	Description
Very likely (5)	Will undoubtedly happen/recur, possibly frequently
Likely (4)	Will probably happen/recur, but is not a persisting issue/circumstances
Moderately likely (3)	Might happen or recur occasionally
Unlikely (2)	Not expected to happen/recur but it is possible it may do so
Very Unlikely (1)	This will probably never happen/recur

Impact rating

The subsequent impact of the risks is measured from Negligible, Minor, Moderate, Major and Critical scale.

Table 10 Value of Possible Risk Impact

Negligible (1)	Little disruption to activities, no injuries to personnel, and no damage to assets
Minor (2)	Possible damage or loss of assets or injuries/ possible stress to personnel (no medical attention required) or delays to activities
Moderate (3)	Non-life-threatening injuries/ high stress OR some loss of damage to assets, delays to activities
Major (4)	Major injuries to personnel requiring emergency medical attention or significant loss of assets or significant disruption to activities
Sever (5)	Death/ severe injuries to project personnel or major/ total loss of assets or Cancellation of activities

Likelihood x Impact = Risk Level

Risk level is obtained by multiplying the value of the likelihood to the value of Impact. Following is a presentation of the likelihood and impact levels, as well as the numerical values and representations of the risk level.

Figure 2 Risk Prioritization

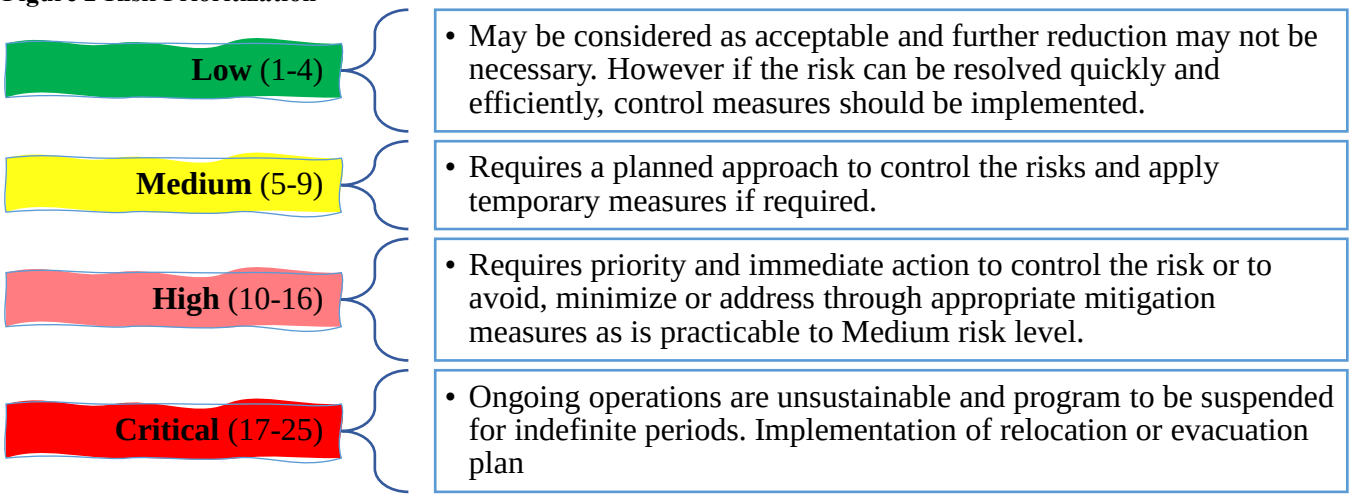


Table 11 Risk matrix

Impact of Risk / Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Very Unlikely (1)	1 (Low)	2 (Low)	3 (Low)	4 (Low)	5 (Medium)
Unlikely (2)	2 (Low)	4 (Low)	6 (Medium)	8 (Medium)	10 (High)
Moderately likely (3)	3 (Low)	6 (Medium)	9 (Medium)	12 (High)	15 (High)
Likely (4)	4 (Low)	8 (Medium)	12 (High)	16 (High)	20 (Critical)
Very likely (5)	5 (Medium)	10 (Medium)	15 (High)	20 (Critical)	25 (Critical)

Table 12Security Risk Prioritization by Regions

Security Risks			Regions																						
			Tigray					Afar					Amhara					Oromia					Benishangul-Gumuz				
			Severity					Severity					Severity					Severity					Severity				
			1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Armed conflict between government forces and insurgents	Likelihood	1																									
		2				8					8																
		3																									
		4																									20
		5															25					25					
Inter-communal Violence	Likelihood	1																									
		2								6																	
		3				12																					
		4														16						20				16	
		5																									
Terrorism	Likelihood	1																									
		2				8					8																
		3														12										12	
		4																			16						
		5																									
Risks from UXO/ERW	Likelihood	1				4															4					4	
		2									8					8											
		3																									
		4																									
		5																									
Robbery/Theft of equipment and material	Likeliho	1																									
		2																									
		3																									

Security Risks			Regions																								
			Tigray					Afar					Amhara					Oromia					Benishangul-Gumuz				
			Severity					Severity					Severity					Severity					Severity				
			1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		4			9					9						12					12				9		
		5																									
Banditry/Roadside attacks on workers during transit	Likelihood	1																									
		2																							6		
		3			9					9					9					9								
		4																									
		5																									
Community unrest and demonstration around Project area	Likelihood	1																									
		2			6				4											6					6		
		3													9												
		4																									
		5																									
SEA/SH Risk	Likelihood	1																									
		2					10					10															10
		3																									
		4															20					20					
		5																									
Road safety and transport safety risks	Likelihood	1																									
		2			6					6															6		
		3													9					9							
		4																									

Security Risks			Regions																								
			Tigray					Afar					Amhara					Oromia					Benishangul-Gumuz				
			Severity					Severity					Severity					Severity					Severity				
			1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		5																									
Risks emanating from use of security personnel	Likelihood	1																									
		2																									
		3			9					9					9					9					9		
		4																									
		5																									
OHS	Likelihood																										
					9					9					9					9					9		

Table 13 Risk level descriptions and rating in the five regions

No	Security Risks	Regions				
		Tigray	Afar	Amhara	Oromia	Benishangul-Gumuz
1	Armed conflict between government forces and insurgents	Medium (8)	Medium (8)	Critical (25)	Critical (25)	Critical (25)
2	Inter-communal Violence	High (12)	Medium (6)	High (16)	Critical (20)	High (16)
3	Terrorism	Medium (8)	Medium (8)	High (16)	High (12)	High (16)
4	Risks from UXO/ERW	Low (4)	Medium (8)	Medium (8)	Low (4)	Low (4)
5	Robbery/Theft of equipment and material	Medium (9)	Medium (9)	High (12)	High (12)	Medium (9)
6	Banditry/Roadside attacks on workers during transit	Medium (9)	Medium (9)	Medium (9)	Medium (9)	Medium (6)
7	Community unrest and demonstration around Project area	Medium (6)	Low (4)	Medium (9)	Medium (6)	Medium (6)
8	SEA/SH Risk	High (10)	High (10)	Critical (20)	Critical (20)	High (10)
9	Road safety and transport safety risks	Medium (6)	Medium (9)	Medium (9)	Medium (6)	Medium (6)
10	Risks emanating from use of security personnel	Medium (9)	Medium (9)	Medium (9)	Medium (9)	Medium (9)
11	OHS	Medium (9)	Medium (9)	Medium (9)	Medium (9)	Medium (9)

6. Security Management Plan

6.1.Scope of the Security Management Plan

The scope of the security management plan encompasses the comprehensive framework outlining the strategies, policies, procedures, and technologies required to assess and mitigate risks associated with for all the sub-projects under IPF Program for SPHCS project. It encompasses various dimensions such as physical security measures like access controls, surveillance systems, and emergency response plans. The preparation of the Security management plan is delimited to the five regions in Ethiopia proposed as program areas, namely: Tigray, Afar, Amhara, Oromia and Benishangul-Gumuz.

6.2.Purpose of the Security Management Plan

The Security Management Plan provides direction, organization, integration, and continuity while safeguarding and mitigating project security risks, assuring employee safety, community safety, and implementation progress.

The following are specific objectives of the Security Management Plan:

- Identification and assessment of security risks include an analysis of contextual factors that could cause or exacerbate human security risks in the project area.
- Establish the procedures for identifying various security requirements.
- Describe the decision-making procedures and the requirements that must be met for the project to be implemented.
- Describe the roles and duties of the various stakeholders.
- Specify the operational policies, criteria, and institutional frameworks necessary to implement the SRMP.
- Calculate the possible impact's cost and the implications for the operation's future;
- Create the security operating procedure, Crisis Response Protocol, and security concept documents based on urgent requirements; and
- Hold security, risk, and safeguard trainings with the appropriate staff.

6.3.Project Security Management Arrangements

6.3.1. Physical Security

Physical security is a protective security that focuses on establishing and upholding a safe and secure environment for the protection of patients, staff and assets at healthcare facilities. Physical security measures include fences, gates, locks, guard posts and surveillance/electronic security systems.

The physical security condition of health facilities in conflict affected areas of Ethiopia is generally poor. Most perimeter barriers at healthcare facilities are fences and gates. However, most of these fences and gates were damaged during the conflicts.

6.3.2. Security Barriers

Regarding the current overall security management systems, including security barriers (fences, gates, locks, guard posts, and surveillance), healthcare facilities in the territories covered by the IPF program for the SPHCS Project are at varying levels of preparedness. At lower-level facilities, the physical security measures are less stringent and vary from facility to facility within the same level. Different facilities have different types of fencing: some have perimeter walls with properly fitting gates, while the majority have wire-link fences and iron sheet fences. Most of the health centers and health posts seen during the field assessments had poorly built, broken, or nonexistent fences and gates.

Figure 3 Yealu Health Post without fence and gate Afar Region, Chifra Woreda

Figure 4 Tehuldere Woreda Health Office and Health Center with wire link fencing and damaged iron sheet gates in Amhara Region South Wolo Zone

To safeguard the subprojects physical security barriers such as fences, gates, locks shall be used. The health facilities should have a physical security arrangement which in most cases encompass a mix of public and private security providers, surveillance CCTV cameras, clear check in and check out for staff (e.g., parking stickers, visitors and staff cards) and perimeter walls, gates etc. Security officers should regularly monitor the perimeters of the facilities to make sure they are not vulnerable to security-related incidents.

6.3.3. Access Control

Key entrance points should have adequate access control systems in place to monitor who enters and exits the health facilities and to warn of prospective incursions. Most healthcare facilities used guard control for controlling physical access to the health facilities, but security guards do not strictly check who inters and who exits.

Most facilities only have one gate for access and exit, whereas just a few have separate entry and exit gates. There are different alertness levels at gates, with some hesitation when searching people and vehicles, especially those with few instances of insecurity.

Facilities receiving IPF program for SPHCS Project support will need to make sure that procedures for checking in and out are clear and, where feasible, provide separate entry and exit gates. To ensure adequate security inspections at access points, security personnel should be on duty for 24-hours.

6.3.4. Conventional/customary community-based security arrangement

Community engagement is a key part of a good security program, and dialogue with communities about security issues can help to identify potential risks and local concerns.

Community members should be aware of their ability to make complaints without fear of intimidation or retaliation, and guards should be informed about their role in community relations and the grievance mechanism. A strong security program places a significant value on community involvement, and communicating to locals about security concerns can assist detect potential threats and local difficulties. Workers and communities should be informed about PCU's and Contractors' security preparations, and residents should be aware that they can file concerns without worrying about intimidation or retaliation. The project will collaborate with all pertinent parties concerning the health facilities as a whole.

6.3.5. Oversight

Oversight is the process of ensuring that the plan is being implemented and enforced effectively. This includes reviewing the plan regularly, monitoring the security controls, and investigating any security incidents.

Oversight of the SRMP helps: to ensure that the plan is being implemented correctly, identify any gaps or weaknesses in the plan, to ensure that the plan is being enforced effectively and to hold people accountable for security breaches.

To ensure the effectiveness of the SRMP oversight shall be conducted on a regular basis. Oversight includes:

- Review of the SRMP on a regular basis by a dedicated team of people or a committee of stakeholders.
- Monitor security controls on a regular basis to ensure that they are functioning properly.
- Investigation of any security incidents promptly and thoroughly.
- Updating the SRMP as needed to reflect changes in the organization's security risks.
- Evaluate the security awareness and training programs regularly.

6.3.6. Vetting and hiring procedures

The requirement in the IPF project set out that "Who" provides security service is as relevant as how security is provided. Thus, the provisions in the program expect FPCU or any Project Contractor to "make reasonable inquiries to ensure that those hired to provide security are not implicated in past abuses."

In view of this provision, FPCU or Project Contractor should not knowingly employ or use any individuals or private security companies that have history of abuse or human right violations. Reasonable efforts should also be made to review employment records and other available records, including any criminal records. Moreover, expectations regarding conduct and use of force should be communicated as terms of employment and reiterated through regular training and signing COC.

Code of Conduct

It is very important that all private security providers and their personnel should abide by ICoCA Code; https://icoca.ch/the-code/. ICoCA The ICoCA is a multi-stakeholder initiative formed in 2013 to ensure that providers of private security services respect human rights and humanitarian law. It serves as the governance and oversight mechanism of the International Code of Conduct for Private Security Service Providers (the Code), which includes a commitment to good governance, respect for human rights and international humanitarian law and a high standard of professional conduct. ICoCA's mission is to raise private security industry standards and practices and to engage with key stakeholders to achieve widespread adherence to the Code globally.

Contract conditions

The contract conditions in the case of security hired by the project contractors include the agreed CoC, terms of employment, and implications for breach of contract. Security personnel working in project sites should sign contracts with the respective Governments offices and will be sensitized on the project CoC.

Signing a MoU

Project contractor's relationship with private security for its need should be managed through a formal process. For security personnel who are program contractor's staff, this should be through an employment contract and internal contractor organization's policies and procedures. For external FPCU as with any contractor—should make its performance expectations explicit in the

form of a detailed contract agreement with any program contractor in need of the private security services.

It is recommended that the contract agreement include standards of performance for security tasks and expectations of conduct as well as provisions to terminate a provider's services if the standards are not met.

6.3.7. Active Supervision of Contractor Performance

To ensure optimum performance, the project will conduct audits, assist with training, investigate any reasonable allegations of abuse or misconduct, and regularly monitor site performance. Active Supervision of Contractor Performance: To ensure proper performance, the project will conduct audits, assist with training, investigate any reasonable allegations of abuse or misconduct, and regularly monitor site performance.

Background checks on possible security staff will be conducted by the project's security provider or mandated by law to investigate any claims of past abuses, inappropriate use of force, or other criminal activity and misconduct. No person will work on the project for whom these checks have produced credible negative information. These checks will be documented and maintained in individual personnel records, which are subject to review by the project and during project supervision.

Equipment for Security Personnel

Since private security personnel are frequently prohibited from using firearms, ammunition, or other lethal weapons in Ethiopia, contractors or security organizations that facilitate the provision of equipment must abide by the laws controlling the provision and use of weapons by private security. Radio calls and other non-lethal security tools that private security has approved for usage could be included in the equipment to be delivered.

Use of Force by Security Personnel: Security personnel can use a variety of methods of force, including physical force (such as the use of batons, hands, and legs), but the threat of brute force is diminished because it is illegal for them to use weapons or other forms of force. Contracted security personnel will be sensitized on the project requirements regarding the use force according to the national security laws.

Security Personnel Training

The contractor and/or the security provider/firm (as determined by the Security Firm and the Contractor) are responsible for the training of the security personnel. The instruction will adhere to the private security guard training manual. Sensitizing the private security to the project CoC will be the project's responsibility.

6.4. Checklists for managing project security

In this regard, the security personnel have clear rule of engagement set out in the code of conduct for security personnel. Accordingly, they are required to treat all persons humanely and with respect for their dignity and privacy and will be accountable to any breach of Code of conduct for security personnel on the SRMP. Regarding rules for the use of force, the security personnel are engaged in a manner consistent with applicable law and the minimum requirements contained in the section on Use of Force in this Code and agree those rules with the Client.

Furthermore, security personnel are strictly prohibited to engage in or benefit from, sexual exploitation (including, for these purposes, prostitution) and abuse or GBV or crimes, either within the PCU or externally, including rape, sexual harassment, or any other form of sexual abuse or violence, forced labour, child labour, discrimination etc.

6.5. Managing Government Security Engagement

Communication and engagement with public security

MOH/FPCU is advised to communicate their principles of conduct to public security forces and express their desire that the security provided be consistent with those standards. The degree and formality of this communication may vary according to the security risks and the nature (and appropriateness) of the security arrangements involving public security personnel. FPCU should keep a record of any communication or communication attempts with public security personnel. It shall also develop or establish a functional activity/incidence reporting mechanism for other relevant stakeholders.

Low-risk contexts: If the number, type, and nature of the deployment appears appropriate and proportional to the assessed risks, FPCU may wish, at a minimum, to simply maintain contact and communication through check-ins with public security forces to help the program be confident that police will respond quickly and professionally if an incident occurs, or that suspects (including community members) caught trespassing or stealing will be treated fairly in police custody.

High-risk contexts: In high-risk contexts, having a more formalized and established relationship can be central to ensuring that any potentially tense and dynamic situations do not escalate to become even more volatile due to police or military involvement. The situation can be exacerbated if the risk of excessive force by public security personnel seems high.

Proper handover: When public security is needed to protect program workers and property, there should be a proper handover of control from contracted/privately employed security guards to public security and a way to manage handing the control back when the situation is stabilized. This can be a good topic to start a discussion, because it focuses on public security's legitimate role and on assuring the greatest effectiveness and safety.

7. Security Supervision and Control

7.1. Institutional Arrangements and Responsibilities for Implementing the Security Risk Management Plan

1) PCU

The PCU will oversee managing security, although depending on the circumstances, day-to-day oversight and execution may be delegated. On behalf of the PCU, the security focal person will oversee coordinating all aspects of the SRMP's implementation, including ensuring that the necessary security precautions are taken. To guarantee proper management of project security risks, the MoH will collaborate closely with the regional Governments, the healthcare facilities supported by the project, pertinent Departments, and other relevant stakeholders.

The PCU will be in charge of overseeing the overall execution of this SRMP, among other things:

- Carry out security risk assessments as part of sub-project screening and suggest mitigating actions;
- Ensure that sub-project ESMPs have security mitigating mechanisms;
- Together with project beneficiaries, keep an eye out for potential security risks at subproject sites;
- Providing training in conjunction with social specialists to reduce equipment and project worker social risks, including security threats;
- Make that the GRM for the project workers is created, put into place, and that the project workers are aware of it;
- For hired security staff, keep an eye on how the workers' CoC is being implemented; and
- Report to the World Bank regarding the SRMP's implementation.

2) Regional Health Bureau, Zonal and Woreda Health Office

- Undertake Security Risk Assessments and where necessary, put in place mechanisms to prevent and mitigate the risks;
- Request for security reinforcement of public security, as necessary; and

- GRM Focal Persons at the regional & woreda level (will support the project in monitoring and reporting on security risks
- Report incidences of insecurity in the subproject sites to the PMU

3) Federal and Regional Peace and Security Offices

Where appropriate:

- Facilitate provision of security to project workers, equipment and affected communities;
- Provide security for project facilities;
- Support project and affected parties in maintaining law and order;
- Provide security to project workers, equipment and commodities on transit; and
- Oversee security cases escalated to them.

4) Health Facilities Security Management

The health facility, which the IPF program for SPHCS project will be implemented, is responsible for the project's overall security management. The management of the healthcare facility:

- Oversees daily operations, including keeping a rotating schedule of duty hours to guarantee that security officers are on duty day and night;
- Keeps a record of security personnel deployment and contract information on-site; and
- Receive reports from the security officers.

5) Security Guards

Both private and public security personnels are responsible for:

- Providing security services in accordance with the terms of reference and respective CoCs;
- Patrolling the premises, checking identification, and preventing unauthorized access to the facility. When accessible, they may also be responsible for monitoring CCTV cameras and responding to alarms;
- Enforcing access control policies and procedures, include checking visitor identification, issuing badges, and controlling access to sensitive areas; and
- Responding to security incidents, such as theft, vandalism, or violence.

6) Project Contractors

Project contractors

- Must comply with all security policies and procedures that are in place;
- Report any security incidents that they witness or become aware of to the appropriate authorities;
- Train their employees on security policies and procedures;
- Ensuring safety of workers and equipment;
- Contract security personnel to ensure security of the works, equipment and materials;
- Ensure security personnel contracted under the project sign the project CoC; and
- Raise awareness to stakeholders and communities about the scope of project support.

7) Communities from surroundingsub-project sites

- Provide valuable information or raise alarm to the project about potential security risks;
- Report any suspicious activity to the appropriate authorities;
- Participating in security awareness trainings; and
- Support the project's security measures by following the project's security policies and procedures; and
- Raise complaints or report security incidences related to the project.

All Project Workers

- Comply with all security policies and procedures that are in place at the healthcare service project;
- Securing equipment and materials that are used in the project, including things like locking up tools, securing chemicals, and disposing of waste properly;
- Report any security incidents that they witness or become aware of to the appropriate authorities. This may include things like theft, vandalism, or violence;
- Implement appropriate security measures;

7.2.Security Operating Procedures

7.2.1. Incident Management

The PCU, supported health facilities and contractors will use reporting protocols as guided in the relevant national and regions-based security laws, policies and guidelines. In the case of security

incidences, either the health facility staff or security personnel shall notify the security incident to PCU coordinator immediately; then the PCU coordinator and the project staff based on different protocols and parameters such as:- what type of impact does the incident have, who and what will be affected by the incident and the severity and urgency of the impact, should classify the incident; then if the case is a serious insecurity occurrence, the PCU shall report to Police and Woreda Health Office; the police and Woreda Health Office shall analyze and decide on the necessary remedial measures to resolve it; the PCU and other responsible bodies shall resolve the incident by applying the remedial measures and document the whole process and then follows monitoring and follow up of the implementation. The following figure shows the proposed incidence management process for the IPF Program for SPHCS in Conflict-Affected Parts of Ethiopia (P175167) project.

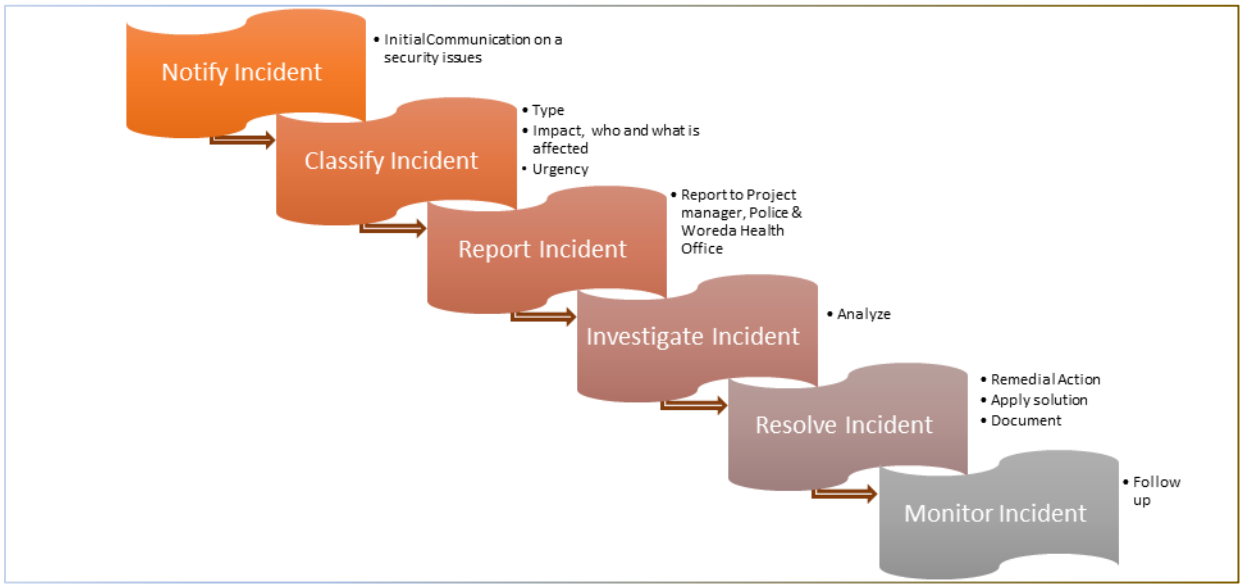


Figure 5 Proposed Security Management and Reporting Procedure for IPF Program for SPHCS in Conflict Affected Areas of Ethiopia

7.2.2. Security Patrols

The facility's security staff will continue to conduct security patrols. When subprojects are examined and determined to be in regions with a high likelihood of insecurity, security will need to be stepped up, with the possibility of using public police services. The PCU security focal person will make sure that the provisions are carried out.

7.2.3. Travel Security

Travel security will be important when workers, equipment, and supplies are passing through fragile areas. This will be crucial in circumstances where employee, goods, or equipment transfer cannot be delayed. In this situation, the MoH will correspond with the Ministry of Defense and/or Federal Police to request assistance in arranging for security officers to work within the project's administrative borders. The MoH will oversee the planning for travel security.

The following are recommended measures for travel security:

- Staff travelling to such areas receive Hostile Environment Awareness Training (HEAT).
- There should be a protocol on what to do in the event of a security incident (i.e., where to go, who to call, etc).
- Also, the PCU coordinator should decide on whether the travel is critical and authorized, based on a dynamic risk assessment of the area.
- Make sure that pre-departure security inspections are performed prior to all journeys.
- The staff travelling to such areas should receive a brief on the current situation and ensure that they know what to do in the event of a security incident.

7.2.4. Information and Communication

Sensitive information must be secured by all SPHCS project participants. Unless it has been authorized to be made public by the appropriate authorities. Therefore, all project personnel should ensure the security and privacy of project information. Project staff should abide by this by locking up their laptops and computers and making sure that any public material about the project has the approval of the MoH and, where applicable, the World Bank.

7.3.Procedures to be Followed in Critical Security Incidents

There may be instances where large-scale events (e.g., criminal activity, demonstrations, civil disorder, war etc.) require interventions by public security which is not specifically associated with the project but affects the safety and operations of the project. In such instances, the project, at all levels (national, regional or facility) will use the existing security incidence reporting protocols. At either level, national or health facility levels, the internal security will notify the Administration who will then report the case to the nearest Police Station for further action.

The PCU coordinator should be notified at the onset of such circumstances and should report to the World Bank for further guidance as soon as possible.

7.4.Private Security

Private security's duties include providing preventive and defensive services, safeguarding patrons, staff members, buildings, tools, and activities wherever they may be. Private security guards are not authorized to enforce the law and will not assume the obligations, rights, or powers reserved for public security forces. The suggestions listed below direct the actions of private security firms.

PCU and contractors/sub-contractors must abide by national law, ESS4, Environment and Social Framework Good Practice Note on Security Personnel, and International Code of Conduct for Private Security Service Providers. Contracts should include clear commitments regarding a Code of Conduct, training of proposed private security personnel, vetting of their record, security procedures in case of alleged contract or Code of Conduct violations, and a summary of sanctions applicable.

Depending on the security strategic points and the degree of the health institution, for example, the number of security employees varies from one facility to another. E.g., The number of security personnel for hospital differs from that of primary hospital or health center.

7.5. Public Security

The main role of public security workers is to augment the efforts of hired security professionals, particularly in areas with a high vulnerability to insecurity incidents. Government agencies that offer public security are subject to minimal oversight. The public security administration is responsible in supervision of security personnel.

In response to a reported/witnessed security danger or incident, public polices will be mobilized from the local police station. The Health Facility Management shall call the nearest police station (Officer Commanding Station) to respond to and handle an insecurity scenario. The Police service is also responsible for prosecuting such cases in the court of law if cases are escalated to the court.

***Security Personnel Background Screening*:** Currently, it is a requirement among both public and private security to obtain a certificate of Good Conduct before employment. The project will continuously monitor the conduct of public security personnel at the subproject sites and liaise with the local police commander where necessary.

***Security Personnel Equipment*:** Provision of security equipment will continue to be doneby the Public Security Management. This may include uniforms; vehicles; radios; nonlethal weapons; and any firearms and ammunition. Where appropriate, the managementof subproject sites may facilitate support of non-lethal equipment, e.g., vehicles during incidence response.

***Security Use of Force*:** Public security personnel providing security to the project will be sensitized on the project's principles regarding use of force and will continue to be guidedby the national security laws regarding the use of force.

Security Personnel Training: The responsibility for technical training will rest with Ethiopian Federal Police. Moreover, it will be the responsibility of the Project to sensitize the security personnel regarding the project CoC, health and safety requirements that relateto the project, and the public and worker GRM. Training records will be kept that indicatethe names and the type of training provided to the security personnel.

GBV/SEA incidents: GBV/SEA is possible in contexts of conflict or insecurity. To promote support seeking behavior and avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism will have a different and sensitive approach to GBV/SEA-related cases and ensure that such cases are dealt with according to the complainant's informed consent. Where such a case is reported:

- The complainant should be provided with information about the available services including confidential appropriate medical and psychological support; emergency accommodation; and any other necessary services as appropriate including legal assistance.
- Staff should immediately inform the survivor/complainant to go to a health facility which specializes in post-rape health support. It is important to create awareness in communities that survivors of GBV/SEA should seek support in a health facility within 72 hours of the incident.
- All staff in the project, including security personnel, will be informed of the procedures to take in case a GBV/SEA case is reported to them or if they are survivors of the same. They should seek healthcare services within 72 hours and immediately report to the GRM Focal Person at the facility, in the region or at the national level.
- The case should be treated with confidentiality and the name of the survivor should not be recorded in the GRM register.

- If a project worker is involved, the incident should be immediately reported to the Program Manager who will provide further guidance after consulting with the World Bank.

Confidentiality and anonymity will be extended to any complainants where issues arising from the use of public security are involved, to protect the victim(s) from potential retaliation. Information on the management of complaints will be shared with all the workers, facility users and the community members served with the facility.

Table 14 SRMP for IPF program for SPHCS in Conflict Affected Areas of Ethiopia

S.N	Risk Description	Risk Rating	Proposed Prevention and Mitigation Measures	Responsible Body	Implimentation Period
1	Risk from Armed conflict between government forces and insurgents	Critical	• Undertake security trainings for health facility security personnel. • Develop enduring connections with neighboring Woredas, Zones and Regions and coordinate and share relevant information. • Strengthen security protocols. • Cooperation and seek support from local authorities, Ethiopian Defense Forces and Regional Police, and security offices in the area. • Appoint a dedicated security focal person to coordinate and execute incident management and mitigation strategies. • Risk transfer: collaborating with other parties that are already active in the area in accordance with their ability to manage or reduce the risks of conflict and violence-related loss or damage. • Risk avoidance: is advised if there is a high likelihood of risk. Reducing the danger by moving the project to a place where such risks are less likely to occur.	• Federal, regional, woreda PCU • Contractors • Regional and Woreda Administration • Security players in the devolving government structures.	Throughout the project implementation

			• Prepare contingency plan and report security incidences to all necessary managers, monitor and analyze security incidences		
2	Inter-communal Violence	High	• Providing trainings for health facility and project workers • Strengthen security protocols. • Cooperation and seek support from local authorities, Ethiopian Defense Forces and Regional Police, and security offices in the area. • Prepare contingency plan and report security incidences to all necessary managers, monitor and analyze security incidences	• Federal, regional, woreda PCU • Contractors • Regional and Woreda Administration • Security players in the devolving government structures.	Throughout the project implementation
3	Terrorism	High	• Intelligence gathering and identify potential threats and disrupt terrorist activities before they occur • Close cooperation with and seek support from local law enforcement authorities, Ethiopian Defense Forces and Regional Police, and security offices in the area. • Providing trainings for health facility and project workers • Strengthen security protocols.	• Federal, regional, woreda PCU • Contractors • Regional and Woreda Administration • Security players in the devolving government structures.	Throughout the project implementation
4	Risks from UXO/ERW	High	• Mapping: identifying and locating areas of UXO and ERW to prevent people from using those areas.	• Federal, regional, woreda PCU • Contractors	Throughout the project implementation

			• Use local knowledge of people in areas affected by UXO and ERW have about the location and nature of UXO and ERW • Work closely with the National and local security agencies. • Avoidance: staying away from areas that are known to be contaminated with UXO and ERW. • Raising awareness about the dangers of UXO and ERW,	• Regional and Woreda Administration • Security players in the devolving government structures.	
5	Robbery or theft of equipment and material	Medium	• Putting in place an access control system that secures and monitors the office's entrances and exits, has an appropriate badge system and visiting card system, etc. • Keeping guests in the health facilities under supervision • Have a functioning inventory system. • Ensuring proper security lighting • Install a CCTV surveillance system wherever feasible. • Whenever necessary, hire and keep trained security personnel. • Train and aware project workers on security plan and context of the area	• Federal, regional, woreda PCU • Contractors • Regional and Woreda Administration • Security players in the devolving government structures.	Throughout the project implementation
6	Banditry/Roadside attacks on workers during transit	Medium	• Getting insight on susceptible routes and avoiding travel during risk times	• Federal, regional, woreda PCU • Contractors	Throughout the project implementation

			• Move supplies and personnel during the daytime. • Work closely with the National Information Network Security Agency and local security agencies for security escort service where threats are seen as likely and manageable.	• Regional and Woreda Administration • Security players in the devolving government structures	
7	Community unrest and demonstration around Project area	Low	• Install and strengthen security measures around their perimeter, such as fences, walls, and locking gates. • Designate safe havens in the event of an attack (secure locations where people can go to protect themselves from harm) located in areas that are difficult to access by intruders, such as basements or interior rooms in the health facilities. • Lock down procedures should be communicated to all staff members. • All staff members should be able to identify and report suspicious activity, and they should know what to do to respond effectively in the event of an emergency. • Train staff members on security procedures covering all aspects of security, including physical security, safe havens, and lockdown procedures.	• Federal, regional, woreda PCU • Contractors • Regional and Woreda Administration • Security players in the devolving government structures	Throughout the project implementation

			• Engage stakeholders and hold community discussions to learn about the opinions and issues that communities have. • Make sure the GRM is in operation so that communities may voice their unhappiness and that their concerns are promptly handled.		
8	SEA/SH risk	High	• Create a safe, respectful, open, inclusive working environment. • Provide separate facilities for men and women and ensure proper lighting at the workplace. • Raise awareness on SEA/SH risk for the Project staff and health facility staff. • Engagement of women at leadership level • Recruit security personnel as per the CoC and ensure contracted security personnel sign the CoC. • Strengthen treatment and referral pathways for SEA/SH survivors. • Protect victims against retaliation and offer confidential psychosocial support, advice, guidance and accompaniment	• Federal, regional, woreda PCU • Contractors • Regional and Woreda Administration • Security players in the devolving government structures.	Throughout the project implementation
9	Road safety and transport safety risks	Medium	• Conducting regular patrols along transportation routes • Establishing checkpoints to deter criminal activities • Ensuring that vehicles are properly maintained and providing better lighting for Vehicles	• Federal, regional, woreda PCU • Regional and Woreda Administration	Throughout the project implementation

			• Ensure that drivers are trained in safe driving practices with skills on defensive driving techniques, emergency first aid response, and handling potentially hazardous situations.	• Security players in the devolving government structures.	
10	Risks emanating from use of security personnel	Medium	• Use personnel from private security companies (i.e., members of ICoCA) together with adequate vetting and training. • All private security personnel should be abided by ICoCA The International Code of Conduct for Private Security Service Providers' • Recruit security personnel as per the CoC and ensure contracted security personnel sign the CoC. • Keep an eye out for any threats brought on by security personnel operating in sub-project sites. • Ensure that contracted security staff are adequately trained in the use of force and appropriate behavior towards workers and impacted communities. • Make reasonable investigations to confirm that the direct or contracted workers providing security are not implicated in previous abuses. • Examine claims of improper or abusive behavior by security staff	• Federal, regional, woreda PCU • Contractors • Regional and Woreda Administration • Security players in the devolving government structures.	Throughout the project implementation

11	OHS	Medium	• Implement occupational health and safety requirements. • Improving the quality of infrastructure in healthcare facilities, by installing water and sanitation systems, providing better lighting, and repairing damaged buildings • Training healthcare workers on safe working practices, such as how to handle hazardous materials and how to evacuate in the event of an emergency. • Providing healthcare workers with access to mental health support, such as counseling and therapy. • Promote incident reporting and root cause analysis, conduct routine inspections,	• Federal, regional, woreda PCU • Contractors • Regional and Woreda Administration • Security players in the devolving government structures. •	Throughout the project implementation

8. Grievance Management (GM)

Grievance Management is an essential component of security risk management in conflict affected areas. The IPF program for SPHS in all implementing Woredas should include clear channels of communication for reporting grievances, prompt investigation, resolution of complaints and maintaining confidentiality throughout the process. Regular feedback and communication mechanisms should also be established to keep all parties informed about the progress made in addressing grievances.

The project grievance management and worker grievance management are separate mechanisms. As stated in the SEP the compliant and feedback of project related issues will be collected at all level of project implementation sites namely at the national level of MOH, and respective line agencies and INVEA as well as at sub-national level at RHBs, Woreda health offices and health facilities. On the other hand, civil service work related grievance will be handled by the civil service office at woreda, region and national level. Whereas service provision related grievances by the service beneficiaries will be handled at health facilities.

The FPCU need to have a clear and written policy on how to handle security related grievances, defining what comprises a security related grievance and should outline the steps that will be taken to investigate and resolve such grievances. This includes the following grievance mechanism and reporting and investigative procedures:

- Devise a grievance mechanism to handle complaints or concerns about security: This mechanism should consist of established channels or procedures that allow people to voice their complaints or grievances in a private, confidential setting.
- Clarify reporting requirements and structure: Identifying who should be notified, what kind of allegations and occurrences involving security, and when. managing complaints Procedures should specify who oversees receiving and handling complaints or occurrences as well as the chain of command for reporting them to management. This is establishing well-defined reporting procedures to streamline the process of registering grievances and ensure appropriate documentation of incidents.

- Investigative procedures/ inquiry protocols: Inquiry protocols are crucial for investigating serious incidents or allegations related to security personnel conduct. These protocols outline steps and procedures, ensuring impartial investigations and fair treatment of all parties. Conducting these protocols by skilled professionals with conflict resolution, mediation, or investigative techniques ensures thorough and unbiased assessments.

8.1.Project level GRM:

A well-functioning grievance redress mechanism is essential for ensuring beneficiaries of the IPF program and workers can convey security related allegations or incidents.

The FPCU is advised to establish a GRM system to receive, investigate, respond and report to allegations or incidents. Grievances at project level will be handled by GRM at PCU. Establishing project level grievance management system is required. The health facilities security managers/personnel as applicable, shall be responsible for engaging relevant project personnel in managing security related grievances, ensuring security personnel grievances are included in the Project GRM and Stakeholder Engagement Plan, and work with public security leaders to integrate the project GRM with internal procedures.

The security related GRM process of IPF program for SPHCS in conflict affected parts of Ethiopia consist of the following five major steps:

Step-1 Identification and reporting: All security related incidents and allegations lodged by complainant shall be recorded. This involves incident reported through written, verbal, text message, telephone and anonymous reporting system or designated security personnel, to provide a safe and confidential space for employees to express their grievances.

Aggravated employees should be given the opportunity to escalate their problems or voice their concerns in an anonymous manner or to someone other than their hiring unit or immediate supervisor.

Concerns or complaints concerning the conduct of security personnel must be submitted through the project-level grievance system.

Step 2: Grievance Investigation: this step requires gathering information about the incident or allegation, such as searching for evidences or witness. This helps to examine the allegations` genuineness and determine an appropriate course of action.

Step 3: Report any unlawful act: Potentially criminal wrong doings or unlawful acts of any security personnel (whether employees, contractors, or public security forces) should be reported to the appropriate authorities. FPCU and PCUs are advised to cooperate with criminal investigations and ensure that internal processes and inquiries do not interfere with government-led proceedings.

Step 4: Take Remedial Action: Appropriate actions must be taken to address the issue, depending on the severity and nature of the security grievance. This can involve adjusting access controls, reviewing security procedures, training more staff members, or taking disciplinary action in charge of the security violation. The primary goal is to fully handle the security concern and prevent any recurrence while making sure that innocent people are not negatively impacted.

Step 5: Resolution and Follow-up: It is important to confirm that the problem has been addressed effectively and that staff members and affected parties believe their concerns have been considered after the corrective actions have been put in place.

Considering the need to respect the confidentiality of victims and complainants, the responses adopted in reply to complaints shall be monitored and the results be disclosed to the appropriate parties. The PCUs should also assess if they have successfully reduced the security risk by monitoring the effectiveness of the applied remedial measures.

Additional overseeing may be required for third-party investigations, such as those made by private security providers. FPCU and PCUs are encouraged to actively monitor the status of any ongoing criminal investigations, which may relate or affect the project, led by government authorities.

All complaints will be recorded in an accessible database, which will be maintained up to date at all grievance management levels. The summary of grievance cases will be reported to the MoH FPCU and World Bank as part of the regular reporting.

8.2. Channel for GBV/SEA Complaints

The use of security personnel in conflict zones might have a negative influence on healthcare services. Security personnel, for instance, may hinder the provision of healthcare services by entering hospitals and clinics or interfering with health care delivery, they could threaten medical staff, making it challenging for them to treat GBV victims and security officers may also appear engaged in GBV by abusing and exploiting women and girls by using their power. Thus, developing an effective channel for GBV/SEA complaints for health care service in conflict affected areas is utmost importance .

As stated in the SEP, grievances related to SEA/SH must be handled very carefully, with respect for the confidentiality of the complainants, survivors and their families and the survivor will be given the options to seek legal redress, health care or psycho-social support as per their preference.

Integrating GBV-related complaints into project GRM requires considering the sensitive nature of these complaints, how and by whom these will be managed, and actions taken. If GBV/SEA allegations are emerged on public or private program security personnel or do issues arise from public report or are alleged during project implementation or supervision, the WPCU and FPCU project social safeguard experts must be alerted immediately. The social safeguard experts are advised to consult the Bank's Good Practice Note on Recommendations for Addressing Gender-based Violence in IPF. Data collection on any type of GBV through a project GRM unless a referral to a GBV Services Providers can be made, and the GRM operators are trained on how to collect GBV cases confidentially and empathetically (with no judgement). Only record information on the following three aspects related to the incident if both requirements are met:

- The nature of the complaint (what the complainant says in her/his own words without direct questioning);
- The age of the survivor; and
- If, to the best of their knowledge, the perpetrator was associated with the project.

Any GBV complaint should be referred upon receipt to the GBV Services Provider. All GBV complaints should be referred, regardless of whether they are project-related or not.

9. Monitoring and Reporting

The SPHCS project Woreda focal person, regional PCU, and Federal PCU should perform routine follow-up and monitoring. The results of the monitoring and follow-up will be recorded, examined, evaluated, and reported. Along with the SPHCS, the PCU will collaborate with all significant regional and national government security actors. Additionally, project workers, contractors, consultants, etc. must be alerted to information from the security institutions.

The PCU will closely monitor on security-related problems and incidents and act quickly to address them. Particularly in high-risk locations, security assessments will be carried out, and the results will be used to decide how to deploy project employees and resources. The SRMP's implementation will be overseen in every aspect by the PCU. The SRMP will be reviewed and updated whenever necessary to make sure that the data and processes continue to be appropriate for the project context and functional. The SRMP will be a private document that is not to be shared.

i) Site Visits

Site visits can be an important part of monitoring and reporting the implementation of the SRMP. The PCU social safeguards focal person or security focal person shall plan and implement site visits to monitor and supervise the project security risks and arrangements. Security personnel can get a firsthand look at the security controls in place and identify any potential security weaknesses by:

- Site observation: visiting the health facility premises;
- Meeting with staff and discuss security awareness and best practices;
- Organizing meetings with external stakeholders, such as public security representatives, local public authorities, municipal authorities, and community members.
- Reiterate the commitment to the Code of Conduct and grievance mechanisms.

It is advised to avoid security personnel presence during meetings with community members or civil society. Although the frequency of the site visits may be decided as appropriate, a site visit should be made at least twice a year.

Collecting on-site information for monitoring security management involves asking questions from various stakeholders to gather new information and confirm insights. These questions should assess the security arrangement of the project, including codes of conduct, training content, protocol of security responses, reporting procedures and past incidents and issues in implementing the security management plan.

ii) Supervision

The FPCU and RPCU are responsible for supervision of SRMP implementation at woredas. This includes reviewing of security plan, monitoring the performance of the security personnels, conduct regular security audit, communicating Woreda and Regional management, supporting trainings and monitoring any allegations and unlawful or abusive acts by security personnel.

The World Bank staff examines incident reports sent to the Bank as well as logs of the grievance procedure addressing complaints or claims involving project-related security personnel as part of program oversight.

If GBV or SE or SA or sexual exploitation and abuse issues arise or are alleged during project implementation or supervision, Bank Management must be alerted immediately. Bank staffs are advised to consult the Bank's Good Practice Note on Recommendations for Addressing GBV and shall also discuss the issue with PCU social development Specialist. Grievances that deal with gender-related allegations must be handled very carefully, with respect for the confidentiality of the complainants, survivors and their families.

iii) Reporting

The Project will track the implementation of the SRMP activities. The PCU will organize and submit the report to the PCU monthly. The detail implementation of the SRMP, incorporating monthly internal report summaries, public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions on security provisions shall be organized PCU and referred to the WPCU, RPCU and FPCU. The quarterly summaries will provide a mechanism for assessing both the number and the nature of security risks and complaints, along with the project's ability to address them in a timely and effective manner.

The FPCU shall compile the quarterly reports of all the five regions including supervision reports and report to the World bank every quarter.

The following are few of the monitoring indicators need to be considered during SRMP implementation monitoring:

- The number of security incidents that have occurred in relation to the IPF project, including incidents such as armed attacks, violence, crime, terrorism, and natural disasters;
- Number of people injured or killed, the amount of damage to property, and the impact on the delivery of health care services;
- Time taken to respond to security incidents;
- The number of people who have access to health care services at the health care facility or project services;
- Satisfaction of patients and staff with security measures in place at the project site;
- Number of trainings delivered by the project on security management; and
- access control, which involves monitoring and controlling the entry and exit points of the facility to prevent unauthorized access.

iv) Independent Security Audit

An independent security audit is to assess the effectiveness of the organization's security program and to identify any gaps or weaknesses. It includes a review of SRMP and the existing security controls and procedures by a third-party auditor.

The Security management plan should be reviewed during supervision missions by the Bank. Depending on the supervision assessment, an independent security audit may be proposed for basic corrective measures. Besides, significant changes in the program's security situation should be reported immediately to the Bank. Depending on the nature and severity of security impacts, an independent security audit may be undertaken which will allow for the necessary changes to the SRMP.

It is advised that independent security audits occur once a year. Depending on the security situation, the timeline for an independent security audit might be changed as necessary.

10.Annex 1: Code of Conduct for Contracted Security Personnel

Employees in government security will continue to follow the CoC in their specific workplaces as well as the pertinent government policies and legislation. To raise awareness of the SRMP and the requirements of World Bank policy regarding the management of security risks in Bank-financed projects, all security employees involved in the IPF program for SPHCS in Conflict Affected Areas of Ethiopia project will be made aware of these issues. The following principles will be used by the recruiting entities with the assistance of the project safeguards officers to develop the CoC, which will be required of contracted security personnel to sign in accordance with the SRMP.

Workers' Obligations

This will encompass a list of obligations regarding:

- Complying with applicable laws, rules, and regulations of guiding employment in Ethiopia
- Comply with applicable health and safety requirements including wearing prescribed personal protective equipment, preventing avoidable accidents and a duty to report conditions or practices that pose a safety hazard or threaten the environment;
- Not use illegal substances (such as alcohol and narcotics) during working hours;
- Not discriminate anyone on the basis of family status, ethnicity, race, gender, religion, language, marital status, birth, age, disability, or political conviction, among others;
- Treat all community members with dignity and convey an attitude of respect and non-discrimination;
- Not sexually harass anyone and is prohibited from the use of language or behavior, towards women or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate;
- Not use exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior;
- Protect children from any form of abuse including prohibitions against abuse, defilement, or otherwise unacceptable behavior with children, limiting interactions with children, and ensuring their safety in project areas;
- Not engage in any activities that expose him/her or the employer to conflict of interest (such that benefits, contracts, or employment, or any sort of preferential treatment or favors, are

not provided to any person with whom there is a financial, family, or personal connection);

- Respect reasonable work instructions including environmental and social norms;
- Protect and properly use property – the employee shall not steal, waste or use property carelessly;
- Be obligated to report on violations to the CoC;
- There shall be no retaliation against any worker that reports violations of the CoC, if that report is made in good faith; and
- Not use force while addressing security concerns unless appropriate as guided by the law.

Disciplinary actions: such actions may be taken against those who repeatedly or intentionally fail to follow the CoC. The disciplinary actions will vary depending on the violation and as guided by the labor laws and public service regulations. Possible consequences include demotion; reprimand; suspension or termination for more serious offenses; and detraction of benefits for a definite or indefinite time.

Legal action: The MOH or Regional Health Bureas will take legal action in cases of corruption, theft, embezzlement or other unlawful behavior.

Employers' Obligation

The MOH is obligated to:

- Provide relevant structures to minimize contact between patients and other persons in the facility - healthcare professionals should be the only persons having contact with patients and this should be restricted to essential personnel only;
- Train cleaning staff on most effective process for cleaning the facility - use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.;
- Establish procedures for managing, monitoring, and training visitors;
- Require all visitors to follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed;
- Provide workers' remuneration in accordance with the terms of services;
- Provide mechanisms for handling workers' grievances in a timely and objective manner without any risks of retribution;

- Uphold confidentiality of workers' information including where a worker has raised a complaint; and
- Resource security related measures and activities.

11. Annex 2: Data Collection Checklists

IPF Program for Strengthening Primary Health Care Services in Conflict Affected Areas of Ethiopia

KEY INFORMANT INTERVIEW

Regional and Woreda Stakeholders

1) Does/do the Program implementing agency/agencies have the legal and/or regulatory authority to commit resources and implement actions necessary for effective security risk management?
2) Are institutional/organizational responsibilities supported by adequate human and financial resources to implement security risk management procedures or plans?
3) Are Program entities responsible for security aspects adequately staffed in terms of skills, qualifications, and number of personnel to ensure effective administration, planning, design, implementation, and monitoring functions?
4) What are the security arrangements of the health facilities in the region/ woreda?
5) What are the potential security threats/risks of the program in the region/ woreda?
6) What Security management activities are required of the MOH, World Bank, Regions, Zones, Woredas, Kebeles and other concerned stakeholders?
7) What are the potential security threats/risks of the of women and vulnerable groups?
    1) Were their incidents of GBV related security risks?
        - If yes, For the above question, how many security problems have recorded?
8) Does your institution have accessible GRMs with established procedures for submission of grievances regarding security management?
9) Do the established GRMs accept and process grievances relating to security management issues?
10) Are there established routines and standards for responding to grievances received? Are records available?

KEY INFORMANT INTERVIEW

Health Facility Management

1) What is the physical condition of healthcare facilities regarding existing overall security management systems including security barriers (fences, gates, locks, guard posts, surveillance)?
2) Who provides basic project site (Health facility) protection, such as the project private security force (in-house or contracted)?
3) What is the role of public security? And when and by whom are they requested to get involved?
4) Is the presence of security personnel proposed to be temporary or long-lasting?
5) What kind of vetting was undertaken prior to employment or contracting?
6) Are there any historical or legacy issues with these security providers that may still be relevant?
7) How have security incidents been handled, and by whom (for example, by project security personnel or by local police or others)?
8) Do you have any concerns about the reputation or behavior of private or public security personnel?
9) Have their previously been any incidents concerning security personnel in the project region?
10) Does the local community engage and assist the health facility in security issues?
    - If Yes, How?
11) Do the health facilities and contractors use reporting protocols as guided in the relevant national and regions-based security laws, policies and guidelines?
12) Were their incidents of security risk in the last one year??
    - If yes, For the above question, How many security problems have recorded in the last one year?
11) What are the potential security threats/risks of the of women and vulnerable groups?
12) Were their incidents of GBV related security risks?
    - If yes, For the above question, How many GBV related security problems have recorded?
13) Does the health facility have accessible GRMs with established procedures for submission of grievances regarding security management?
14) Do the established GRMs accept and process grievances relating to security management issues?
15) Are there established routines and standards for responding to grievances received? Are records available?

KEY INFORMANT INTERVIEW

Security Personnel:

1) How long have you been employed as a security personnel?
2) What are your specific duties as a security personnel?
3) Who do you report to or who is your supervisor?
4) Where would you escalate security incidents?
5) What is a typical work schedule? (e.g., how many shifts per day/week?
6) What are the different types of security measures that are currently in place at health care facilities in conflict affected areas?
7) How do you respond to security incidents?
8) How effective are these security measures in mitigating security risks?
9) What are the gaps in the current security measures?
10) What training have you received as a security personnel?
11) What type of interaction(s) do they typically have with community members, if any?
12) What are the most common types of GBV and SEA that you have seen or heard about in the area?
13) How can the security of health care facilities be improved to reduce the risk of GBV and SEA?
14) What training have security personnel received on GBV and SEA?

KEY INFORMANT INTERVIEW

Community Members

1) What are the different types of health care services that are available in your community?
2) What are the challenges that people face in accessing health care?
3) What are the strengths and weaknesses of the current security situation in your community?
4) What are the most common security threats in your community?
5) What are the specific security risks that you perceive to health care services?
6) How have these security risks affected your access to health care?
7) What are your suggestions for mitigating these security risks?
8) What are the cultural sensitivities that need to be considered when developing a security risk management plan?
9) What are the opportunities for improving the security of health care services?
10) What are the most common types of GBV and SEA that you have seen or heard about in the area?
11) What are the risks of GBV and SEA to women and girls in the community?
12) How can the security of women and girls in the community be improved to reduce the risk of GBV and SEA?
13) What training have community members received on GBV and SEA?
14) What are the cultural sensitivities that need to be considered when addressing GBV and SEA?

Site Visit Checklist

- Name of health care facility: ……
- Location of health care facility: ……
- Date of site visit: …….
- Time of site visit: …….

Access points and signage

1) Are there clear signs about protocols (including safety messages)?
2) Is there emergency contact information listed if someone needs to report an incident or emergency?
3) Are there procedures in place to ensure people are not bringing weapons or other prohibited materials (e.g., alcohol, drugs) or unauthorized persons on site?
4) What types of barriers (e.g., fencing, security guards, access control) are being used, if any?

Security provisions on site

5) Visible private security presence in and around the site
6) Visible public security presence in and around the site
7) If armed security is present, is their uniform different from other uniformed project personnel?

Professionalism of security guards,

- Proper uniforms, clean cut: ……..……;
- ID with prominent photo and name: ……;
- Basic stance, posture, demeanor: ……..…….……..

8) Are (private or public) security personnel carrying weapons? If they have firearms,
9) What communications equipment are on their person and otherwise available?
10) Any other information that is relevant to the security of health care services at this facility?

12.Annex 3: Sample Incident Report Summary

Incidence Report Summary		
Reporting period: Year_____ . Month_____.		Reference #
Incident Type		
Incident Date:	Incident Time	
Incident Location		
Incident Description:		
Individuals involved:		
Incident Outcome (describe injuries or damages, if applicable):		
Remedial Action Taken:		
Follow up Activities:		
Prepared by:		Reviewed By:
Date:_____. Sign:_____.		Date_____ Sign:_____.
Distribution:		

13.Annex 4: Complaints Register Format

Compliant Registration Form for IPF Program for SPHCS in Conflict Affected Parts of Ethiopia	
Name: _____ .	
Address: Region:_____ Zone:_____Woreda:_____ .	
Kebele:_____ Name of Health Facility:_____.	
Date of Compliant	_____
Complaints category/type (e.g service related,	_____.
Description of Compliant	
Compliant Logged by	Name: _____ Signiture:_____.
Compliant Reviewed by	Name: _____Title:_____ Signiture: _____.

Annex 3: Complaints Summary Reporting Format

Complaints category/type (e.g service related, GBV/SEA, OSH, etc.	No. of complaints received	Main mode complaint lodged	No. of complaints resolved	No. of complaints pending	Comments

Recommendations

_____.

_____.

_____.