Federal Democratic Republic of Ethiopia

Ministry of Health

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF) FOR INNOVATIVE SYSTEMS TO PROMOTE INTEGRATED, RESILIENT AND ENHANCED RESPONSES TO WOMEN AND GIRLS' HEALTH (P504281)

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Abbreviations

CDC	Centre for Disease Control and Prevention
CoC	Code of Conduct
EFDA	Ethiopian Food and Drug Administration
EPHI	Ethiopia Public Health Institute
EPI	Expanded Program for Immunization
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESS	Environmental and Social Standard
ESIA	Environmental and Social Impact Assessment
ESHS	Environmental, Social, Health and Safety
EHS	Environment, Health and Safety
ERP	Emergency Response Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
FDRE	Federal Democratic Republic of Ethiopia
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
HCF	Health Care Facility
HCW	Health Care Waste
HCWMS	Healthcare Waste Management System
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma virus
HVAC	Heating, Ventilation and Air Conditioning
ICWMP	Infection Control and Waste Management Plan
IPC	Infection and Prevention Control
LMP	Labor Management Procedure
NGO	Non -Governmental Organization
OHS	Occupational Health and Safety
PDO	Project Development Objective
PIM	Project Implementation Manual
PIU	Project Implementation Unit
POE	Point of Entry
PPE	Personal Protective Equipment
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
TA	Technical Assistance
UNICEF	United Nations International Children's
WB	World Bank
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

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1. Introduction

The Innovative Systems to Promote Integrated, Resilient and Enhanced Responses (INSPIRER) to Women and Girls' Health Project represents a major step toward strengthening Ethiopia's health system by integrating digital innovations and climate-resilient approaches to improve service delivery for women and girls. As the project expands infrastructure, enhances data systems and introduces new technologies in health facilities, it also engages with communities and environments that are diverse in ecological and socio-economic conditions. To guide these efforts, this Environmental and Social Management Framework (ESMF) provides a structured approach for assessing, managing and mitigating potential environmental and social risks that may arise during project implementation. It ensures that all project activities are carried out responsibly, in line with Ethiopia's environmental and social regulations and the World Bank's Environmental and Social Standards (ESSs).

The ESMF supports the project's objectives by promoting sustainable practices that enhance resilience and equity in health service delivery. It emphasizes minimizing adverse environmental and social impacts while maximizing positive outcomes such as improved access to quality healthcare, gender equity and climate adaptation. The framework will serve as a key operational tool for the Ministry of Health (MoH), the Ethiopian Public Health Institute (EPHI) and participating health facilities, guiding environmental and social screening, stakeholder engagement, grievance redress and monitoring processes. Ultimately, the ESMF ensures that the project not only advances health outcomes for women and girls but also contributes to the sustainable and inclusive development of Ethiopia's health system.

1.1 Background

According to WHO (2025), Cervical cancer, predominantly caused by persistent infection with the human papillomavirus (HPV), is a major global health concern, ranking as the fourth most common cancer among women worldwide. In 2022, there were approximately 660,000 new cervical cancer cases and around 350,000 related deaths globally. In Ethiopia, cervical cancer is particularly alarming, being the second most common and deadly cancer, with an estimated 8,168 new cases and about 5,975 deaths each year. This staggering toll highlights the urgent need for effective prevention and treatment Measures.

Ethiopia's public health initiatives have taken a significant turn with the introduction of the HPV vaccine in 2018. Initially administered in a two-dose schedule, the vaccination program has recently undergone a transformative change. In March 2024, the country shifted to a single-

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dose regimen for its primary target group of 14-year-old girls. The recent HPV vaccination campaign marked a pivotal achievement as Ethiopia successfully administered the vaccine to over 13 million girls. This new initiative expanded the vaccination age range to include girls aged 9 to 14, significantly improving coverage and reflecting a comprehensive commitment to reducing cancer-related mortality (WHO, 2025).

Ethiopia is committed to achieving the 2030 targets set forth by the WHO for cervical cancer elimination, known as the "90-70-90" targets. These goals stipulate that by 2030, 90% of girls should be fully vaccinated with the HPV vaccine by age 15, 70% of women should be screened for cervical cancer with a high-performance test by ages 35 and 45 and 90% of women identified with cervical disease should receive appropriate treatment. Ethiopia's concerted efforts towards meeting these targets not only align with global health initiatives but also signify a proactive and strategic approach to reducing cervical cancer morbidity and mortality within the country (*Ibid*.)

To this end, the Ethiopia Innovative System for Promoting Integrated, Resilient and Enhanced Responses (INSPIRER) for Women and Girls Project has been developed. The Project seeks to modernize Ethiopia's health system by strengthening its capacity to adopt and scale digital and technological innovations. This transformation aims to overcome persistent barriers in service delivery while addressing cross-sectoral challenges such as limited access to water, sanitation, electricity and other basic enablers of quality health care. The project is designed to build resilience in health service delivery, especially in areas vulnerable to heat, drought and flooding and to enhance equity for women, girls and marginalized communities.

The project leverages innovation and partnerships to create a climate-smart, digitally connected health system that can sustain essential services despite environmental and resource constraints. It has attracted co-investment and collaboration from the Vodafone Foundation and the Bill and Melinda Gates Foundation, complementing support from the World Bank.

The Project Development Objective (PDO) is to improve women's and girls' health outcomes while strengthening Ethiopia's health systems in climate-stressed regions. The total project cost is US$130.8 million, comprising US$60 million in IDA funding, US$10.8 million from the Bill and Melinda Gates Foundation and an additional US$60 million to be mobilized through future financing. As further resources are secured, the project will expand its interventions and innovations to additional regions. By integrating technology, resilience and gender-responsive approaches, this initiative builds the foundation for a more adaptive, efficient and equitable health system for Ethiopia's women and girls.

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These interventions enhance cervical cancer screening, HPV vaccination, and digital triage for women, HEWs, and clinicians. However, they may generate environmental risks (waste, pollution, resource strain) and social impacts (community health and safety concerns, labor disputes, service disruptions, GBV risks). Comprehensive impact identification and strategic Environmental and Social risk management are therefore essential. In line with national and World Banks` environmental and social safeguard requirements, the project agreement mandates adoption of established Environmental and Social Management Framework (ESMF) prepared and applied under the COVID 19 Project. This approach builds upon functional safeguarding systems while maintaining full compliance with both National and World Bank standards. Utilizing an established framework allows the MoH to bypass redundant development phases and focus resources on immediate environmental and social mitigation measures.

While utilizing the baseline ESMF for COVID 19 project, the development of customized ESMF for INSPIRER Project is a mandatory requirement under the project agreement with the World Bank. This project-specific ESMF is essential to fulfill contractual obligations and address the unique environmental and social risks inherent in the INSPIRER Project. For this the Ministry of Health (MoH) has prepared ESMF to address the specific environmental and social risks likely to arise from the INSPIRER Project activities. The ESMF will guide project implementation units in conducting environmental and social screening and preparing site-specific management plans that comply with the World Bank Environmental and Social Standards (ESSs) and national regulatory requirements.

1.2.Project Description

The project aims to contribute to the improvement of the coverage and quality of women and girls' healthcare services. This goal will be achieved through the implementation of selected climate-resilient and innovative health systems strengthening initiatives focusing on low-performing and climate affected geographical areas in Ethiopia. The project will prioritize interventions addressing what to do about the people, providers, places and partners: (i) people: the project will target women of childbearing age, mothers with their infants and girls aged between 5 and 17 years living in climate sensitive areas; (ii) providers: the project will aim to improve the knowledge and skills of health services providers. The project strategically chose to concentrate on the HEWs, who are the main interface between the household and the health care system in Ethiopia, especially in rural areas; (iii) spaces: the project will aim at transforming spaces through rebuilding a climate resilient and technology-enhanced service

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delivery infrastructure to ensure the continuity of service provision and establish a health facility that is safe, functional and attractive for the client and patients and (iv) partnerships: the project will forge a collaborative, multi-sectoral approach by bringing together various stakeholders, including government agencies from multiple sectors, digital health developers, health sector development partners, the private sector and philanthropies. The co-financing from Bill and Melinda Gates Foundation co-finance the interventions in the entire project components.

1. The proposed operation has three areas of focus where system and point of care innovations can be adapted and scaled for better quality, efficiency and reach of the health system and health service delivery:

- **Strengthening organizational capacity:** this is to ensure that people are receiving the right care, from the right providers, at the right time. The investment will focus on rationalizing the platforms for service delivery by shifting the place of care for key services to more accessible points, ensuring adequate linkages between points of care and ensuring adequate utilization of provided services by women and girls. The investment will also address needed inputs and linkages for quality care. The inputs will include infrastructure strengthening, commodity procurement and the introduction of service provision equipment that will maximize health worker efficiency. It will also include capacity strengthening for health workers to improve care quality. The linkages agenda will ensure effective emergency referrals from the community to higher levels of care.
- **Integrating systems and services:** this will involve the integration of the community level into the broader health system structure, i.e., quality, connected care for women and girls in rural areas through harnessing key systems opportunities for strengthening the linkages between the lowest and higher levels of care. This will be done principally through the strengthening of existing and new digital data platforms for interoperability, ease of use, care continuity and data utilization.
- **Promoting sustainability:** A climate-smart approach will be employed by implementing interventions that ensure the continuous availability of key services in the face of climate-related system shocks like flooding. Additionally, system inputs that contribute to lower GHG emissions in the process of healthcare service delivery, e.g., solar based rather than diesel-generator electricity backup systems will be deployed as part of the operation.

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1.2.1. Project Development Objective (PDO)

The PDO Statement: The proposed Project Development Objective (PDO) is to improve women and girls' health outcomes and strengthen health systems in climate-stressed areas. The Innovative Systems to Promote Integrated, Resilient and Enhanced Responses to Women and Girls' Health project has four components. The detail activities under each component are provided in the Project Appraisal Document and Financing Agreement. Here is a high-level summary of the components along with cost allocation for the purpose of ease of reference. The overall cost of this project is US$130.8 million with available funding of US$60 million from IDA funding and US$10.8 million from the BMGF in trust funds and a gap of US$60 million to be covered by future funding from IDA. As more funding from other sources becomes available in the future, additional financing will be prepared.

Component 1: Expand access to quality interventions for women and girls, including through tech-enabled care. Under this component, the project will support the following activities:

a. Develop and implement a system-based cervical cancer prevention using a community-based and digitally supported service delivery platform. The project will support the institutionalization of single dose HPV vaccination through introduction of a digital HPV targeting and tracking module to help HEWs reach in-school and out-of-school girls (9-14 Yrs of age) and enhance screening of eligible women for pre-cancerous lesion and referral for better care.

b. Build HEWs capacity to provide quality care through establishing digital learning platforms for continuing education, performance management and certification of skill development and capacity building to deliver basic preventive and promotive health services for women and girls. This AI supported and interactive mobile application will be designed to enhance HEW's capacity to promote the uptake of sexual and reproductive health services including FGM and GBV care and help to address existing gender related barriers in mobile usage**.**

c. Enhance service delivery availability and efficiency through the purchase and introduction of portable AI-enabled ultrasound machines for 500 health centers. This will help avoid unnecessary referrals to higher levels of care. A key systems component

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of this intervention will be to ensure rational, population- and need-based distribution of these inputs in climate stressed and conflict affected areas and accompanying health worker capacity improvements to maximize their use.

d. Phased learning and scaled implementation of m-Mama emergency response system through improved remote triage, digitalized dispatch system, patient outcome tracking using both public ambulance and private 'taxis ambulance" using the M-Mama experience. These interventions will also support public awareness raising and institutional capacity building and the scaling of m-Mama experience will be co-financed (25%) by Vodafone Foundation.

Component 2: Improved service delivery through innovative interventions in climate stressed & conflict affected areas. Under this component the project will support the following activities:

a. Provide renewable solar energy for 500 health centers to provide adequate lighting in delivery rooms to enable safe night-time deliveries for continuous service provision and avoid unnecessary referrals. Retrofit renovated 500 health centers and five primary hospitals in climate stressed and conflict affected areas through putting in place climate sensitive and digital health infrastructure**.**
b. Implement waterless toilet technologies to improve WASH system of 240 high patient volume health facilities in climate stressed and water scarce areas. The waterless toilet technology is an eco-friendly human waste management system that leverages the biological processes and other technologies to reduce water consumption.
c. Implement innovative environmental technology (Ecosterly 250) for medical waste management in four selected hospitals to support medical waste treatment and recycling process.
d. Revise minimum design requirement for health facility construction and renovations standards to include alternative renewable energy sources; digital connectivity standards; and materials to ensure facility resilience in times of climate related shocks.

Component 3: Strengthen data systems and reinforce decision-making to ensure high quality care. Under this component, the project will support the following activities:

a. Provide institutional capacity-building to implement health sector innovations including integration of data generated through project supported innovations (M-Mama, HPV vaccination & HEW skill development).

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b. Develop health data governance standards and establish a certification process for web-based applications including mobile apps in the country to adhere to these data governance standards.
c. Improve decision making capacity in big data analytics, modeling and proactive surveillance using metrological, environment and public health data to predict the impact of climate change and design innovative solutions; and using AI to better understand behaviors around demand/decision making based on AI generated data pulls from DHIS2, household surveys and better assess demand and supply for key products especially in remote areas—precision forecasting.

Component 4: Project Implementation and monitoring. Under this component, the project will support the following activities:

a. Provide program management and implementation monitoring support including supportive supervision to RHBs and implementing entities.
b. Conduct mid-term and end line evaluation of the implementation of innovative interventions supported by the project including an impact evaluation of the m-Mama emergency response.
c. Uptake of key innovations and sector reforms to address lingering women and girls' health issues and accelerate progress towards SDGs**.**

Exclusions: the project will ensure that activities which have high social and environmental risks and impact are excluded. The following type of activities are ineligible for financing under the Project:

- Activities that have significant adverse environmental and social risks and impacts which cannot be easily managed or mitigated to acceptable level.
- Activities that involve land acquisition and involuntary resettlement.
- Activities that involve conversion of habitats.
- Activities that may cause loss of biodiversity including a decline or disappearance of biological diversity.
- Activities that may result in significant risk to women, vulnerable groups and individuals who meet the criteria of ESS7 including unequal access to project benefits.
- Activities that may cause damage to physical cultural resources.

1.2.2. Project Implementation Arrangements

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Ministry of Health

The Ministry of Health (MoH) will be the prime implementing agency for the project and oversee the implementation of the project. Supporting MoH in this endeavor is the Strategic Affairs Chief Executive Office, which is a department with in MoH which reports to the office of the Minister, which brings valuable experience from coordinating various donor-funded projects, including World Bank, in the health sector. This office will provide close support to all implementing institutions reporting to MoH, ensuring cohesive project management. MoH, through the grant management unit, is responsible of the overall planning, budgeting, reporting and M&E of the project activities and ensuring accountability of the funds released to implementing entities.

Ethiopia Public Health Institute (EPHI), Ethiopia Pharmaceutical Supply Services (EPSS) and Regional Health Bureaus (RHBs) will be involved in implementing project activities based on their functional capacities and institutional mandates. The functional role of the individual agencies is defined as per the proclamation that established the agencies.

Grant Management Unit/Project Implementation Unit

At the core of this collaborative effort is the Project Implementation Unit (PIU) within MoH's Strategic Affairs Chief Executive Office. This unit is responsible for i) overseeing day-to-day management and implementation of the project activities; ii) develop and seek WB endorsement of annual detail work plan for the project, iii) responsible to submit financial and performance reports to WB and internally coordinate and develop action plans to address comments/feedbacks provided by the WB; iv) ensure project activities are integrated to the annual plans of technical departments and implementing agencies of the project; v) coordinate activity implementation, vi) ensure recruitment and deployment of technical assistants to be hired by the project; vii) coordinate financial management, environmental and social safeguard management related activities and implementation of actions, viii) coordinate project procurement activities, ix) coordinate with EPHI, Technical offices and M&E team of MoH in collecting data on project indicators and develop project progress and performance reports based on the agreed indicators. The project uses existing PIU of the MoH which is currently implementing WB projects.

Project Steering Committee

The Ministry of Health (MoH) will establish a project Steering Committee (PSC) at the federal level and thereafter maintain such PSC at all times during the implementation of the Project.

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The PSC shall be comprised of the heads of the Ministry in charge of health (chair), Ministry in charge of finance and representative from the Ethiopian public health institute, Ethiopian pharmaceutical supply services and representative from the Regional Health Bureaus. SC shall be responsible for (a) providing overall strategic and policy guidance and oversight on the implementation of the Project; (b) reviewing progress made towards achieving the Project's objectives; (c) approving Project's budgets and annual work plan; and (d) facilitating coordination of Project activities and removal of any obstacle(s) to the implementation of the Project. The PSC will have a detailed TOR

Project Technical Committee

The Ministry of Health (MoH) will establish a Project Technical Committee, throughout the Project implementation period. The Technical Committee shall be responsible for providing technical advice in respect to the pertinent component. The PIU will ensure seamless coordination, by collaborating and working closely with technical departments and agencies within MoH.

1.2.3. Project Beneficiaries

Beneficiaries of the INSPIRER Project include Pregnant women, girls and women at risk of cervical cancer, frontline health workers, and underserved health facilities in climate stressed and conflict affected areas. The project beneficiaries include:

- Women and girls in rural and low-resource communities gain from AI- enabled Ultrasounds, cervical cancer screening (HPV-DNA tests, thermal ablation, LEEP), HPV vaccination outreach, and early detection services.
- Health Extension Workers (HEWs) and clinicians receive training, certification, tablets, desktops, and AI-enabled tools for triage, dispatch, and patient tracking.
- Health centers, primary hospitals, and Woredas benefit from renovations, solar systems, waterless toilets, waste recycling, and updated design standards.
- Ambulance services and referral systems improve via GPS, ICT equipment, and digital platforms, aiding emergency response in regions.
- Regional health authorities and institutions expand capacity through procurement of ultrasound machines, printers, and registries covering 30% of facilities.

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- Broader communities see gains from awareness campaigns, gender barrier reduction, and sustainable infrastructure like medical waste treatment in 4 hospitals.

1.3. Objectives

1.3.1. General objective

The general objective of this ESMF is to establish a systematic framework for the screening, assessment, and mitigation of environmental and social risks associated with the INSPIRER Project. This ensures that the project is implemented in a sustainable and socially responsible manner, enhancing community health and well-being while strictly adhering to both National regulations and World Bank compliance standards.

1.3.2. Specific objectives

- Guide the screening and assessment of environmental and social risks and impacts.
- Implement effective management and response mechanisms for environmental and social risks and impacts identified.
- Provide indicative environmental and social instruments and procedures.
- To establish institutional arrangements for the effective implementation of the environmental and social management system.
- To ensure compliance with applicable national environmental and social regulations, as well as World Bank standards.
- To establish a responsive grievance response mechanism (GRM) for primary healthcare service projects.

1.4. Rationale

The healthcare sector plays a vital role in safeguarding human health and well-being; however, its operations can also generate unintended environmental and social impacts through resource consumption, waste generation and pollution. To prevent such risks, healthcare programs must adhere to national and international environmental and social standards that aim to minimize environmental degradation, social harm and other adverse effects while promoting a safe, healthy and sustainable environment. Within the framework of the INSPIRER, both positive and negative environmental and social impacts are anticipated. These must be effectively managed in line with applicable laws, regulations and best international practices.

To this end, the MoH has prepared this ESMF to provide a structured approach for identifying, assessing and managing potential environmental and social risks associated with primary health

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care project activities. The guideline serves as a practical tool for establishing and implementing an environmental and social management system that enhances operational efficiency, ensures compliance and protects communities, health workers, patients and the environment.

1.5. Scope of the Framework

The ESMF sets out how the Ministry of Health (MoH) will screen, mitigate, monitor, and report on environmental and social risks for all subprojects, with site-specific instruments prepared before works begin. The ESMF is nationwide in applicability but prioritizes climate-stressed and some conflict-affected areas, mirroring the project's focus on "low-performing and climate-affected geographical areas" and women/girls in climate-sensitive locations.

- Provides procedures to identify, assess, mitigate, and monitor E&S risks for INSPIRER activities across Ethiopia, with emphasis on low-performing, climate-stressed and some conflict-affected areas.
- Apply to all relevant physical and non-physical activities financed by the project, including minor rehabilitation within existing public health facilities, clean energy/solar installations, waterless sanitation, medical waste solutions, and digital/tech-enabled service delivery and training.

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2. National Policies, Proclamation and Guidelines Related to ESRM

According to the Ethiopian legal framework and World Bank standards, all projects and programs should be designed and implemented in a manner that maximizes potential environmental and social benefits while avoiding, minimizing, or otherwise mitigating environmental or social harms.

The existing policies, laws and regulations relevant to primary healthcare service strengthening projects and program implementation at the federal and regional level will be reviewed to ensure that environmental and social systems are managed and performances will be analyzed against Ethiopian government laws and World Bank Environmental and Social Standards.

2.1. Policies and strategies forming the national environmental and social management system

2.1.1. The Constitution of Federal Democratic Republic of Ethiopia

The constitution of the Federal Democratic Republic of Ethiopia was issued in August 1995 with several provisions that provide basic and comprehensive principles and guidelines for environmental protection and management in the country. The concept of sustainable development and environmental rights is presented in Articles 43, 44 and 92 of the Constitution.

- ***Article 43- The Right to Development***

The People of Ethiopia as a whole and each Nation, Nationality and People in Ethiopia in particular, have the right to improved living standards and sustainable development.

Nationals have the right to participate in national development and to be consulted with respect to policies and projects affecting their community.

- ***Article 44- Environmental Rights***

All people have the right to a clean and healthy environment.

All persons who have been displaced or whose livelihoods have been adversely affected because of State programs have the right to commensurate monetary or alternative means of compensation, including relocation with adequate State assistance.

- ***Article 92- Environmental Objectives***

Government shall endeavor to ensure that all Ethiopians live in a clean and healthy environment.

The design and implementation of programs and projects of development should not damage or destroy the environment.

People have the right to full consultation and to the expression of views in the planning and implementations of environmental policies and projects that affect them directly. Government and citizens shall have the duty to protect the environment.

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- ***Article 40: Land and Natural Resource***

In relation to land and natural resources, Article 40 proclaims that land and natural resources are commonly owned by the people of Ethiopia and shall not be subject to sale or other means of exchange. It stipulates the rights of Ethiopian farmers and pastoralists to obtain land for cultivation and for free grazing without payment and the protection against eviction from their possession.

- ***Article 42: Rights of Labor:***

Article 42(2) stipulates that 'workers have the right to a healthy and safe work environment, obliging employers (be it government or private) to take all necessary measures to ensure that the workplace is safe, healthy and free of any danger to the well-being of workers.

- ***Article 41: Economic, Social and Cultural Rights***

Article 41 of the Constitution states that every Ethiopian has the right to access publicly funded social services. Sub Article 5 stipulates, the state, within available means, should allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged and to children who are left without parents or guardians.

2.2. Policies and Strategies

Concerned communities shall be allowed to express their opinions in the formulation and implementation of policies about the environment.

2.2.1. Environment Policy of Ethiopia, 1997

The overall policy goal is to improve and enhance the health and quality of life of all Ethiopians and to promote sustainable social and economic development through the sound management and use of natural, human-made and cultural resources and the environment to meet the needs of the present generation without compromising the ability of future generations to meet their own needs.

The Environmental Policy provides several guiding principles that require adherence to the general principles of sustainable development to ensure the consideration of impacts on human health and the environment, public consultation, mitigation measures and auditing during ESIA and project design and implementation.

2.2.2. National Health Policy, 2023

This revised Ethiopian health policy replaced the 1993 health policy by incorporating the health service access, quality and equity dimensions, considering the global changes and national contexts. The policy's major focus areas are improving health service quality, equity and access, strengthening community participation and ownership, addressing public health emergency preparedness, response and resilience, improving personal and environmental health, food safety and nutrition, building the implementation capacity of the sector, strengthening health research, pharmaceutical and medical

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supply and health care financing and enhancing multi-sectoral collaboration among stakeholders.

2.2.3. Water Resource Policy, 1998

The Water Resource Management Policy is to improve integrated water resources management towards efficient, equitable and optimal utilization of the available water resources for socio-economic development on sustainable basis and include development of the water resources for economic and social benefits, manage drought and other disasters and conserve water resources and the overall aquatic environment on sustainable bases through efficient allocation, redistribution, transfer, storage and efficient use of water resources;

2.2.4. National Biodiversity Policy, 1998

The policy aims to integrate biodiversity conservation and development in federal and regional sectoral development initiatives and mobilization of international cooperation and assistance. The policy guides effective conservation, rational development and sustainable utilization of the country's biodiversity and contains comprehensive policy provisions for the conservation and sustainable utilization of biodiversity. The policy considered wetlands among the most productive types of ecosystems in the world, providing benefits far more than those obtained from alternative uses to which they are subjected.

2.2.5. Occupational Safety and Health Policy and Strategy, 2014

The OSH policy and strategy were prepared to implement the rights of labor and to implement the requirements of the International Conventions. The objective of the OSH Policy and strategy is to avoid, prevent, or minimize occupational and health hazards by providing effective OSH services in all working places and thereby contributing to the socioeconomic development of the Country. The policy and strategy set occupational safety and health services as a basic right of workers, necessary in all working places, the preventable nature of occupational accidents and health hazards and cooperation of tripartite and bipartite as key instruments for the national OSH policy and strategy implementation.

2.2.6. The National Policy on Ethiopian Women, 1993

It underlines the need to establish equitable and gender sensitive public policies that empower women, especially in education, property rights and engaging them in decision-making. Improving healthy working conditions, ensuring access to basic services, protecting women from harmful traditional practices are among the emphasized key issues.

2.2.7. Gender Mainstreaming Strategy and Guideline, 2010

This strategy was adopted at the policy, program and project levels by the government and

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development partners to ensure the outcomes of development are shared equally between men and women.

The ratification of the family law and amendments made to the criminal code significantly support fighting abuses committed against women and children.

2.2.8. Climate Resilient Green Economy Strategy, 2011

This document is Ethiopia's overarching framework and a national strategy towards a green economy. The Green Economy Strategy is believed to provide an opportunity to promote sustainable development in Ethiopia. Currently, it builds on an investment plan of over 60 initiatives that are, or can be, turned into financed projects. The CRGE has three complementary objectives: i) fostering economic development and growth, ii) ensuring abatement and avoidance of future GHG emissions; and iii) improving resilience to climate change. To achieve these objectives, CRGE sets out to tap into international climate finance, seize opportunities for innovation and new technologies and create competitive advantages via sustainable resource use and improved productivity.

2.3. Proclamations

2.3.1. Environnemental Protection Orangs Establishment Proclamation, No. 295/2002

This proclamation defines coordinated but differentiated responsibilities of environmental protection agencies at the federal and regional levels and sector environmental units. Thus, the proclamation aims to lay down a system that fosters sustainable use of environmental resources, thereby avoiding possible conflicts of interest and duplication of efforts.

ii. Proclamation No.1097/2018 defines powers and duties of the Executive Organs of the Federal government and redefines the mandates of several government agencies, including the environment.

2.3.2. Environmental and Social Impact Assessment (ESIA) Proclamation No. 1371/2025

Effective April 11, 2025, the proclamation establishes a comprehensive legal framework for integrating environmental and social considerations into development planning and project implementation. This new proclamation broadens the focus from solely environmental impacts to encompass social, economic and cultural dimensions, aligning with international standards and reflecting national priorities. Project proponents bear extensive responsibilities, including conducting the ESIA, identifying potential adverse impacts, proposing and implementing mitigation measures and submitting comprehensive study reports. They are also financially responsible for the assessment process. A cornerstone of the Proclamation is robust public participation, requiring proponents to consult with affected communities and integrate their feedback into the ESIA report and subsequent evaluation. The Authority ensures public access to these reports and actively solicits comments.

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The Proclamation details a stringent review process for ESIA reports, allowing for approval (with or without conditions) or outright refusal if negative impacts are deemed unavoidable. Approved projects require annual reviews and triennial updates of their environmental management plans. Continuous monitoring by the Authority or Regional Agency ensures compliance with powers to order rectification or suspend authorizations. Non-compliance incurs significant penalties, including substantial fines for unauthorized implementation, false reporting, or failure to meet conditions. Courts can also mandate restoration or compensation for damages. Existing projects not yet assessed must submit an environmental and social management plan within one year of the Proclamation's enactment.

The Proclamation significantly strengthens environmental and social management for PforR projects by providing a single, modern legal framework with clearer ESIA/ESMP standards. It offers a broader social scope and improves transparency through new requirements for stakeholder engagement and consultation. It also better integrates with World Bank safeguards requirements and allows for the institutionalization of critical health-specific elements in the ESMS, such as medical waste management and infection prevention and control.

On the other hand, the expanded ESIA scope and stringent documentation requirements will significantly increase budget needs and create longer planning and approval delays, especially risking time-sensitive projects. Furthermore, implementation faces challenges due to capacity gaps at the Regional and Woreda levels, while stronger enforcement increases the risk of non-compliance, requiring robust ESMS monitoring and contingency planning.

2.3.3. Water Resources Management Proclamation, 197/2000

The purpose of the Proclamation is to ensure that the water resources are protected and utilized for the highest social and economic benefits of the people of Ethiopia, to follow up and supervise that they are duly conserved, ensure that harmful effects of water are prevented; and the management of water resources is carried out properly.

2.3.4. Environmental Pollution Control Proclamation, 300/2002

This proclamation is aimed at eliminating or, if not possible, mitigating pollution as an undesirable consequence of social and economic development activities. It has also an objective of protecting the environment and safeguarding human health, as well as maintaining the biota and the aesthetic value of the environment. The proclamation, among others, has considered control of pollution; management of hazardous waste, chemical and radioactive substances; management of municipal wastes; the importance and need to respect environmental standards; and punitive and incentive measures.

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2.3.5. Solid waste proclamation, 513/2007

Solid Waste Management aims to promote community participation to prevent adverse impacts and enhance benefits resulting from solid waste management. It provides for the preparation of solid waste management action plans by urban local governments.

2.3.6. Hazardous waste management and disposal control proclamation, 1090/2018

This proclamation stated the importance of prevention and control of these types of wastes and emphasized the need for the creation of a system to control the generation, storage, treatment, recycling and reuse, as well as transportation and disposal of hazardous wastes to prevent harm to humans and the environment. The proclamation defined "hazard" as the inherent characteristics of a substance/agent, or situation having the potential to cause adverse effects to human or animal health, environment, biodiversity and property and it has determined the categories and characteristics of hazardous waste.

2.3.7. Labor Proclamation, 1156/2019

The proclamation sets clear rules for employment contracts, covering their elements, duration, worker obligations and modifications. It emphasizes protections for women and young workers safeguarding pregnant women from heavy work and long hours, prohibiting discrimination in pay and employment and raising the minimum working age to 15. It also introduces measures against workplace sexual harassment and assault to prevent gender-based violence. Additionally, the law outlines probation regulations, defines key labor terms and provides general provisions to ensure compliance with labor standards while protecting employee rights in Ethiopia.

Occupational Health and Safety: The proclamation requires an employer to take the necessary measures to adequately safeguard the health and safety of the workers. This proclamation is enacted with a view to securing durable industrial peace, sustainable productivity and competitiveness that will contribute to the overall development of the country.

2.3.8. Proclamations on Persons with Disability and Vulnerable Groups, 568/2008

This proclamation makes it null and avoids any law, practice, custom, attitude and other discriminatory situations that limit equal opportunities for people with disabilities. It also requires employers to provide an appropriate environment for work, training and to take affirmative measures, particularly when employing women with disabilities.

2.3.9. Expropriation of landholding and resettlement proclamation, 1161/2019

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This Proclamation applies throughout the country in rural and urban centers in matters relating to land expropriation, payment of compensation and resettlement of landholders whose land is expropriated for public purposes.

The proclamation is made on the following principles: that the expropriation of land for public purposes shall be made only based on approved land use plan, urban structural plan, or development master plan; compensation and resettlement assistance compensation for the expropriated land shall sustainably restore and improve the livelihood of displaced people; The amount of compensation to be paid at federal, or regional or Addis Ababa or Dire Dawa level for similar properties and economic losses in the same areas shall be similar; where land is expropriated for public purpose, the procedure shall be transparent, participatory, fair and accountable.

2.3.10. Proclamation to Amend Expropriation of Land Holdings for Public Purpose, Payments of Compensation and Resettlement, Proclamation No. 1336/2024

The proclamation is an amendment to the existing "Expropriation of Land Holdings for Public Purpose, Payments of Compensation and Resettlement Proclamation No. 1161/2019." It aims to revise key aspects of land expropriation, compensation and resettlement procedures in Ethiopia.

The main amendments introduced by Proclamation No. 1336/2024 are:

- Clarifying compensation and resettlement responsibility: for federal infrastructure and social service projects, the immediate responsibility for paying various compensations including for assets, displacement support, economic loss, social ties and moral damage shifts to the Region or City Administration where the project is located.
- The Proclamation specifies that City or Woreda Administration cannot demand land handover until compensation is fully paid to the landholder and it also defines coordination duties for projects that cross multiple administrative boundaries.
- The Proclamation also significantly amends Jurisdiction and Court Procedures (Article 20). Lawsuits filed against Federal institutions undertaking infrastructure or social service projects must now be heard by the Federal First Instance Court where the institution's headquarters is located.
- A key procedural safeguard is introduced: orders that could severely disrupt a federal project, such as the arrest of officials, suspension of development work, or freezing of bank accounts, can now only be issued by the President of the Federal First Instance Court.

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- For clarity regarding transitional arrangements, Article 27 specifies that any claims for compensation or settlement costs for projects that were already pending payment before the new Proclamation's effective date will be settled under the provisions of the previous Proclamation (No. 1161/2019).

2.3.11. Food and Medicine Proclamation, 1112/2019

The proclamation provides a national legal framework that enables the establishment of a coordinated food, medicine, medical device, cosmetics and tobacco products regulatory system and seeks to prevent and control the public's health from unsafe, ineffective and poor-quality medicine and unsafe and ineffective medical devices. The proclamation sets regulatory requirements about manufacturing, import, trade and distribution of medicine and medical equipment.

2.3.12. Medicinal Waste Management and Disposal Directive, 2011

The directive applies to (a) disposal of medicinal waste, but not to medical equipment or management of other healthcare waste generated by health institutions; and (b) all governmental, non-governmental and private organizations involved in medicinal waste handling and disposal.

The directive requires disposal firms to have secured an appropriate disposal site, depending on the Environmental Impact Assessment conducted with the support of the Federal Environmental Protection Authority. In addition, a disposal firm is required to have all the facilities and practice standards prescribed under this Directive.

2.3.13. The Powers, Duties and Organization of the Environmental Protection Authority Council of Ministers Regulation No. 545/2024

Regulation redefines the power of the environmental authority to propose recommendations to relevant institutions on environment-related policies, strategies, laws and upon approval, regulate their implementation; to set environmental standards and regulate compliance with those standards. Regulate the implementation of environmental laws; issue certificates of competence to any person seeking to engage in consultancy services in the areas of environment and social impact assessment, environmental audit and regulate their implementation.

2.4. Guidelines

Various national guidelines related to environmental and social management and applicable to the INSPIRER project are the following:

2.4.1. Environmental and Social Management Plan Guideline, 2022

This guideline provides guidance to assist in the preparation of the Environmental and social management plan for proposed and existing developmental and industrial projects. Each of the sub-

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sections contains issues that must be addressed in the ESMP preparation on the projects. It is also to support the Environmental and Social Impact assessment (ESIA) Practitioners in the identification of the grouping or types of development projects (various forms of industries, constructions, business etc.); project components or activities potentially causing significant environmental impacts; the identification of these potential impacts, characterization of mitigation measures, responsible organs for implementation of the mitigation plans and costs to ameliorate the impacts.

2.4.2. Environmental and Social Impact Assessment Guideline with Respect To IRM, 2020

The guidance is developed to address the specific issues and challenges that disaster risk, climate change and biodiversity bring to the ESIA process, of ensuring to ensure the integration of disaster risk management, climate change and biodiversity issues into the environmental and social impact assessment process of the project proposal. Moreover, it ensures that the environmental effects of proposed activities are adequately and appropriately considered before decisions are taken.

This should serve as a key aid in the decision-making process for relevant authorities by providing comprehensive information on the environmental consequences of development.

2.4.3. The Guideline for Waste Handling and Disposal in Health Facilities, 2006

The guideline was developed to enable health professionals to protect themselves against health hazards which might be encountered as a result of their occupation, create awareness among healthcare workers about the importance of safe disposal of waste generated at health facilities and prevent and control environmental pollution by waste carelessly disposed of from health facilities; Provide technical support to health professionals and environmental health workers engaged in day-to-day health inspection and control activities.

2.4.4. Guideline for Decommissioning and Disposal of Medical Devices, 2022

This guideline establishes a comprehensive control system to ensure the proper handling of medical devices designated for decommissioning.

It applies to all medical devices and encompasses all stakeholders in the medical device supply chain, including manufacturers, importers, wholesalers, retail outlets, public and private health institutions and entities responsible for the decommissioning or disposal of medical devices in Ethiopia.

The primary objective is to outline effective management procedures and requirements for decommissioning and disposal of medical devices, thereby preventing the use of unsafe, poor-quality, or ineffective devices and ensuring the protection of public health.

2.4.5. Guideline for Sludge Management, draft (ICS: 13.040.01)

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This standard provides a management system guideline for industrial and municipal sludge. It applies to any entity that operates a water or wastewater treatment plant, an effluent treatment plant, or a central effluent treatment plant producing sludge, regardless of the wastewater origin, whether municipal or industrial. Additionally, it applies to those producing sludge through industrial processes and to individuals involved in the classification, management, transport, handling, use, or disposal of sludge from the plants and processes.

2.4.6. Biosafety and Biosecurity Guidelines for Health Laboratories, 2022

This guidance adopts a risk and evidence-based approach to biosafety and biosecurity within laboratory settings. It aims to ensure that laboratory facilities, safety equipment and work practices are relevant, appropriate and sustainable.

The guidelines emphasize the importance of incorporating risk assessments, good microbiological practices, incident management and safe waste disposal into safety protocols. It is designed for individuals working with biological agents or in environments where exposure to potentially infectious substances poses a risk to human health. It is also intended to assist those involved in developing and implementing biosafety and biosecurity programs at both the facility and regional levels.

2.4.7. Cervical Cancer Prevention and Control Guideline, 2021

The cervical cancer control guideline addresses one of the country's most pressing women's health challenges, with ~6,200 new cases and ~5,000 deaths annually, largely due to late-stage detection. Unlike breast cancer, cervical cancer is highly preventable through HPV vaccination and effective screening, yet coverage remains inequitable—only 3.3% of women aged 30–49 are screened, with rural cytology coverage as low as 0.4%. Building on the 2018 HPV vaccination rollout that achieved 96% first-dose coverage, the plan integrates quadrivalent vaccines into the EPI system and complements them with behavioral interventions to overcome stigma and maximize protection against HPV 16/18.

Secondary prevention emphasizes scaling up "see-and-treat" approaches, using VIA as the primary tool for women aged 30–49 every five years (two years for HIV-positive women), supported by HPV DNA testing and cytology where feasible. Anchored in WHO's 90-70-90 targets and DHIS2 monitoring, Ethiopia's strategy evolves its 2015 pilot into a national elimination blueprint, aiming for 80% coverage across ~10 million women and demonstrating how pragmatic, community-driven adaptation can transform outcomes in resource-limited settings.

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2.5. National and Sectoral Plans

2.5.1. Roadmap for Optimizing Ethiopian Health Extension Program, (2020-2035)

The road map focused on addressing married women by setting a goal to leave no one behind and reach different categories of the population in different settings.

The road map contains six strategic objectives, among which four are related to ESM: ensuring equitable access to essential health services, improving the quality of health services, strengthening community engagement and multi-sectoral collaboration.

2.5.2. Health Sector Development and Investment Plan (HSDIP) (2023-2026)

This is a strategic three-year plan aimed at elevating the overall health status of our population by advancing progress towards universal health coverage, improving our response to health emergencies, transforming local healthcare systems and increasing the responsiveness of our health system. It includes reproductive, maternal, newborn, child, adolescent and youth health, with a continued emphasis on preventing and controlling major communicable and non-communicable diseases through expanding essential health services and ensuring accessibility for all.

2.5.3. Health National Adaptation Plan-HNAP, 2024

The objective of this plan is to reduce mortality and morbidity of climate-related health risks, improve health system adaptation to climate change and ensure universal health coverage. The plan has 8 key areas which include strengthening multi-sectoral collaboration, capacity building, risk monitoring and surveillance, evidence generation, climate resilient WASH & health infrastructure, community engagement and ensuring sustainable financial resources. The plan will be implemented at the community and health facility level.

2.5.4. Health-Care Waste Management Manual for Ethiopia, 2021

The objective of the manual is to reduce and control human health and environmental risks and hazards from improper health care waste management by providing technical guidance and defining the minimum standards for safe and efficient health-care waste management in Ethiopia.

It will provide detailed information on environmental and health risks of health-care waste, planning, implementation and monitoring, principles, occupational health and safety practices related to health-care waste management in health care facilities.

2.5.5. Health Response to Gender Based Violence/Sexual Violence, 2021-2026

This document identifies key strategic priorities, strengthens the health system response and sets the landscape for effective resource mobilization and stage monitoring & evaluation of performance to

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GBV/SV for investment in the next five years at all levels of the health structure. The strategy focuses on promoting a friendly environment for survivors of GBV/SV at the community level, creating an equitable health response to GBV/SV survivors and strengthening multi-sectoral collaborations and partnerships among stakeholders.

2.5.6. National Cancer Control and Prevention Plan (2025–2029)

The national plan outlines a national strategy to tackle the rising cancer burden through prevention, early detection, diagnosis, psychosocial support and palliative care. It prioritizes breast, cervical, childhood and other high-impact cancers, with clear implementation and monitoring frameworks under government leadership to strengthen health systems, expand access and ensure equity. Cervical cancer, the leading women's cancer, is addressed through HPV vaccination for girls aged 9–14, aiming for full coverage by age 14, alongside efforts to overcome integration, supply and hesitancy challenges. Secondary prevention scales up screening via HPV testing and visual inspection, with treatment strategies focused on timely, affordable care. Embedded in Ethiopia's broader cancer agenda, the plan emphasizes multisectoral collaboration and community engagement.

2.6. *World Bank Environmental and Social Standards*

The World Bank designed the ESS to help Clients to manage the risks and impacts of a project and improve their environmental and social performance, through a risk and outcomes-based approach. Clients are required to manage environmental and social risks and impacts of the project throughout the project life cycle in a systematic manner, proportionate to the nature and scale of the project and the potential risks and impacts.

ESS 1: Assessment and Management of Environmental and Social Risks and Impacts

The INSPIRER project will support installation of solar energy system and waterless toilets and renovation of health centers and primary hospitals. The project also supports AI-enabled Ultrasound procurement, community-based HPV vaccination outreach, digital learning platforms, capacity building for HEWs and clinicians, procurement and distribution of portable AI-enabled ultrasound machines, public awareness and institutional capacity building, installation of solar energy systems in health centers and installation of waterless toilet technologies in health facilities.

These types of subproject activities can pose potential environmental and social risks during the construction, installation, campaign and operations, triggering ESS 1. ESS1 is therefore relevant for activities under the INSPIRER project. The ESMF is designed to identify these potential risks and direct the project implementing team to practical ways of avoiding or mitigating them.

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ESS 2: Labor and Working Conditions

The INSPIRER project will engage public workers, workers hired by the project (direct workers such as consultants, technical experts in PIU and other workers) and workers hired by contractors under the project. Most activities supported by the project are going to be conducted by health workers, i.e. civil servants employed by the Government of Ethiopia. Activities to be carried out encompass HPV campaign, Ambulance service and AI enabled ultrasound service by HEWs.

The key risks include contamination with contagious illnesses, the project may outsource construction works such as installation of digital materials, installation of solar energy system and installation of waterless toilet technologies in health facilities. The envisaged works will be of minor scale and thus pose limited labor and working condition related risks. Also, no large-scale labor influx is expected due to the same circumstance. The potential risks identified include occupational health and safety (OHS) risks specifically to hazards from exposure to infections, security risks, SEA/SH/GBV, child labor during construction as well as workplace accidents/injuries; communicable disease which may arise from the interaction of project workers with local communities, between project workers; GBV in relation to contacts between project workers and members of the local communities.

Thus, ESS2 remains relevant and is triggered by the INSPIRER Project. The project will ensure compliance with labor and working condition related legislations and ensure a responsive grievance mechanism to allow workers to quickly inform management of labor issues.

ESS 3: Resource Efficiency and Pollution Prevention and Management

In terms of resource efficiency, the project activities will introduce several demands including higher electricity consumption resulting from the operation of new digital equipment and greater consumption of internet/data infrastructure, particularly in remote locations, installation of new technologies demand for higher resource for raw materials used in solar panels, batteries and installation tools necessary for the construction works of waterless toilet technologies.

Pollution due to generation of electronic waste (old computers, routers, diagnostic devices), Solid waste from packaging materials, improper handling of panel replacements or broken components, risk of improper disposal of consumables used during screening (gloves, wipes, test kits), odor or hygiene issues if the system is not maintained properly, solid waste from consumables used in the toilet technology, medical facilities/ labs could include liquid contaminated waste, sharps, chemicals and other hazardous materials which can pollute the environment if improperly managed. These are among the major concerns that seek due attention during project implementation to ensure efficiency in resource use. As a result, ESS 3 will be relevant to the subproject activities and remain relevant to the INSPIRER Project.

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ESS 4: Community Health and Safety

The project activities pose significant community health risks, primarily due to the potential for misdiagnosis and clinical errors arising from AI malfunction, misinterpretation of results, or incomplete staff training across screening, ultrasound and digital platforms. Vaccination outreach introduces risks like adverse reactions and the spread of misinformation and rumors, which can lead to community distrust and violence toward health workers. Data security and privacy breaches are a major concern across all digital activities, risking the exposure of sensitive health information and creating community anxiety about new technologies. Infrastructure activities like installing solar systems and waterless toilets present risks of contamination if systems fail or are poorly maintained, road accidents from increased personnel movement, disease transmission from large gatherings, exclusion of marginalized groups, which can exacerbate health inequities and SEA/SH and GVB risks could affect both the health workers and community health and safety.

Thus, ESS4 is relevant and is triggered by the INSPIRER project.

ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The INSPIRER project will not cover civil works requiring land acquisition, restrictions on land use and involuntary resettlement. All construction work will be conducted within existing facilities. The INSPIRER project excludes financing of any project activity requiring land acquisition, restrictions on land use and involuntary resettlement. Therefore, ESS5 will not be triggered by INSPIRER project.

ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low. However, if medical and chemical wastes are not properly disposed of, they can have impacts on natural resources. Site specific waste management plans (ICWMPs) and ESMPs will be prepared following the requirements of the ESMF. Hence, ESS 6 is relevant for this project.

ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

Due to the country-wide rollout of activities, it is likely that it will also affect people meeting the criteria of ESS7, notably in the emerging regions and potentially pastoralists at its borders. Historically underserved communities (HUCs) will be targeted, respective engagement on the demand side (i.e. potential cultural concerns around vaccines) will need to be ensured by the project. The project activities are not expected to impact intangible cultural heritage of HUCs. Hence, ESS7 is relevant for this project.

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ESS 8: Cultural Heritage

All construction or rehabilitation activities will be conducted within existing facilities. Hence, likely impact of the project on cultural heritage is low. Thus, ESS 8 is relevant for this project.

ESS 9: Financial Intermediaries

Financial Intermediaries (FIs) are not involved in this project. Hence, ESS9 is not relevant for this project.

ESS 10: Stakeholder Engagement and Information Disclosure

The INSPIRER project will need to engage with stakeholders based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with the project activities. The Stakeholder Engagement Plan (SEP) for the project was prepared and disclosed.

The SEP for the INSPIRER project emphasizes inclusiveness, transparency and responsiveness to the needs and concerns of all stakeholders involved. The stakeholder engagement will be done in a variety of approaches to ensure effective communication and participation throughout the project lifecycle, including focus group discussions, community consultations, formal meetings and virtual discussions. The stakeholder's engagement activities should ensure that information is meaningful, timely and accessible to all affected stakeholders, including usage of different languages, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. Stakeholder engagement should take place in on-going manner, at different levels, with different partners and in a culturally appropriate manner.

Thus ESS 10 remains applicable to the INSPIRER project. Application of the ESS 10 will be closely monitored and reported on through the project life-cycle.

2.7 The WB Environmental, Health and Safety (EHS) Guidelines

EHS guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP). When one or more members of the World Bank Group are involved in a project, these EHS Guidelines are applied as required by their respective policies and standards and designed to be used together with the relevant Industry Sector EHS Guidelines, which guide users on EHS issues in specific industry sectors. The EHS Guidelines contain the performance levels and measures that are generally considered to be achievable in new facilities by existing technology at reasonable costs. Application of the EHS Guidelines to existing facilities may involve the establishment of site-specific targets, with an appropriate timetable for achieving them. The applicability of the EHS Guidelines should be tailored to the hazards and risks established for each project based on the results of an environmental assessment in the host country context.

When host country regulations differ from EHS Guidelines, projects are expected to achieve

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whichever is more stringent. If less stringent levels than those of the EHS Guidelines are appropriate, because of specific project circumstances, a full and detailed justification for any proposed alternatives is needed.

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3. Environmental and Social Baseline Conditions

The INSPIRER is going to be implemented nationwide across Ethiopia. This chapter provides general information on relevant baseline conditions characterizing the context in which the project is going to be implemented.

3.1.Health Services in Ethiopia

Health service provision in Ethiopia includes a wide range of providers in both the public and private sectors, such as public facilities managed by federal, regional state, zonal and woreda administration and private for-profit providers, NGOs, community-based and faith-based organizations and traditional care givers (WHO 2002). Currently there are 290 hospitals, 3962 health centers and 16547 health posts under the regional and federal government which provides health care services. Ethiopian health care delivery system has three-tiers, to deliver essential health services and ensure referral linkages.

The first tier is primary health care unit in woreda health system comprises health posts, health centers and primary hospitals. Secondary health service includes general hospitals. Tertiary facilities form the highest level of healthcare in the country and include Specialist Hospitals, Teaching Hospitals and Federal Referral Hospitals.

3.2.Ethiopia's primary health care (PHC) System

According to Tarekegn et al., 2025, Ethiopia's PHC system has made progress but faces challenges in governance, financing, infrastructure, workforce and service quality. Regional disparities are significant and the system is constrained in achieving universal health coverage. The details of PHC capacity of Ethiopia is summarized as follows:

1. **Governance**:
    - PHC-oriented policies and strategies exist but face implementation challenges due to limited institutional capacity and leadership gaps.
    - Community engagement is strong, but broader stakeholder involvement (CSOs, private sector) is poorly coordinated and lacks clear guidelines.
    - Woreda-based health sector planning (WBHSP) is conducted annually but faces challenges such as poor resource mapping, low stakeholder engagement and inadequate budget allocation.
2. **Financing**:
    - PHC accounts for 78% of total health expenditure, with per capita PHC

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spending at $28.3, which is below the global average for low-income countries ($26).

- 40% of PHC funding comes from out-of-pocket payments, creating financial barriers for the population.

3. **Inputs**:
    - Physical infrastructure is limited, with an average score of 55%. Basic amenities like water, electricity and communication equipment are insufficient, especially in rural areas.
    - Health workforce density is 1.23 per 1,000 population, far below the WHO-recommended 4.45 per 1,000 for Universal Health Coverage (UHC). There are shortages and uneven distribution of health professionals.
    - Availability of essential medicines, basic lab diagnostics and equipment is low, with national scores of 39%, 48% and 56%, respectively.
    - Health information systems are underperforming, with an average score of 38%.

PHC Performance

1. **Service Availability and Readiness**:
    - Service availability score is 64%, with disparities across regions. Essential services like child immunization, growth monitoring and antenatal care (ANC) are available in 73% of facilities, but readiness for ANC and family planning services is low.
    - Only 22% of facilities have trained staff for ANC and essential items for family planning services are lacking.
2. **Service Quality**:
    - Diagnostic accuracy of healthcare providers is 70%, but adherence to clinical standards is below 50%, affecting service quality.
    - Client satisfaction averages 61%, with significant regional disparities.
3. **Service Utilization**:
    - Outpatient department (OPD) visits per capita are 1.23, below the WHO standard of 2-3 visits per year. Regional disparities exist, with Somali and Afar having the lowest attendance.
4. **Service Coverage**:
    - Coverage of reproductive, maternal, newborn and child health (RMNCH)

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services has improved over the years but remains low overall. ANC4 coverage is 43%, postnatal care (PNC) is 44.7% and pentavalent vaccine coverage is 55.2%.

- Significant regional disparities exist, with coverage of family planning ranging from 19.4% in Afar to 79.5% in Addis Ababa.

3.3.Digital Health Systems in Ethiopia

Digital health systems offer significant potential to enhance healthcare access, quality and efficiency while advancing universal health coverage. Ethiopia's Ministry of Health has prioritized information revolution as a key transformation agenda, implementing various digital health solutions over the past two decades.

Digital health technologies address critical healthcare challenges, including: disease burden management in resource-constrained environments, healthcare workforce optimization amid skilled staff shortages, enhanced communication and data management capabilities and primary care support and preventive healthcare promotion. The Ministry of Health (2021) Digital Health Blueprint outlines:

Current Digital Health Landscape

Ethiopia has deployed several priority systems nationwide:

- District Health Information System (DHIS2)
- Electronic Community Health Information System (eCHIS)
- Electronic Medical Records (EMR)
- Human Resource Information Systems
- Supply Chain Management Systems

Emerging Technologies in Healthcare:

- AI-powered mobile health applications
- Robot-assisted surgical procedures
- Predictive analytics for disease prevention
- AI-based diagnostics and care planning

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- 3D printing for personalized medical devices
- Blockchain-secured patient data systems

Implementation Challenges

Despite proven benefits, Ethiopia faces significant barriers:

- Poor power and internet connectivity
- Inadequate funding and hardware availability
- Shortage of digitally-skilled healthcare workers
- Fragmented initiatives and poor integration
- Low-quality equipment and connectivity limitations

Current Infrastructure Status

According to Daka. *et al 2025* on eCHIS Implementation Data, the current digital health infrastructure status is:

- National level: Adequate hosting infrastructure available
- Subnational level: Less than 50% have necessary hardware
- Tablet availability: Only 32% of required devices supplied
- Internet connectivity: 28% LAN coverage in health facilities
- Health posts: Universal SIM card availability but limited functionality

Strategic Outlook

The Digital Health Blueprint represents Ethiopia's commitment to overcoming implementation challenges through coordinated leadership, sustainable financing and infrastructure development. Success requires addressing fragmentation, enhancing workforce capacity and ensuring reliable connectivity to achieve SDGs and Universal Health Coverage targets.

3.4.Healthcare Waste Management Practices in Ethiopia

Major constraints with HCWM practices in Ethiopia range from inadequate funding to unavailability of resources and inadequate infrastructure. There is also a low level of manpower training that currently exists for HCWM at all levels all across Ethiopia. A recent

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study done in Ethiopia in 1327 health facilities to assess the waste handling and disposal system showed that medical waste in 32.6% of the studied health facilities was stored in covered containers and in about 27% of them it was stored in another protected environment. About 40% of health facilities stored their medical waste in unprotected areas. The proportion of using safe medical waste disposal method was high in referral hospitals (87.9%). This shows the utilization of safe medical waste disposal methods is in decreasing order from higher to lower levels of organization in health facilities (Derso et al 2018, cited in HCWMP Ethiopia, 2018).

Another study conducted in selected hospitals at Addis Ababa Ethiopia showed that an average waste generation rate varied between 0.4 and 0.7 kg/patient/d and was comprised of 58.7% non-hazardous and 41.3% hazardous wastes (Debere et al., 2011, cited in HCWMP Ethiopia, 2018). This difference was also observed in health centers in rural and urban settings. Similar study conducted in Addis Ababa revealed that the average healthcare waste generation rate was 9.6 kg/d, of which 62% (5.97 kg/d) was hazardous (Tadesse et al., 2014, cited in HCWMP Ethiopia, 2018). On the other hand, rural health centers contributed about 48.0% (0.9 kg/d) hazardous waste (Azage et al., 2010, cited in HCWMP Ethiopia, 2018).

Out of the many medical waste treatment technologies, incineration is the most preferable and common treatment method for medical waste in Ethiopia. Incineration ranks third in the waste management hierarchy, accompanied by source reduction, reuse, recycling and final disposal/landfilling. Next to incineration, landfills for medical waste are ranked second as a final waste management technology in the Ethiopian healthcare system.

3.5.Waste Treatment Methods in Ethiopia by Waste Class

The Ethiopia Healthcare Waste Management National Guideline 2008 categorizes HCW in Ethiopia into nine classes. These are:

Non Hazardous Waste (Class 1): These should be separated from other HCW and Non-risk health care waste should be disposed of similarly to domestic garbage and food waste (burning, municipal waste collection, land fill, etc.).

Clinical Waste (Class 2): These wastes should be burnt and buried in protected pits and the waste containers should never be placed in public areas.

Sharps (Class 3): This waste should first be incinerated before being landfilled. In the alternative, they can be encapsulated and then landfilled.

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Anatomical Wastes and placentas (Class 4): Anatomical wastes such as placentas can be buried at depths of over 1 metre inside the HCF.

Hazardous pharmaceutical and cytotoxic waste (Class 5): These should be burnt in temperature around and exceeding 1200^{O}C. If the HCF can afford to build a Cement Kilns, then they can be treated at the HCF, if not, these should be transported to a central treatment center. These should never be disposed of in sewers or landfilled without appropriate treatment.

Highly Infectious Wastes (Class 6): These wastes should be autoclaved at a temperature of 121°C for at least 20 minutes at source. Or it should be treated in a concentrated solution of Sodium Hypochlorite (NaClO) before being disposed with other wastes.

Radioactive Wastes (Class 7): These wastes can be stored in designated rooms cordoned off from access and allowed to decay to background level. Once at background level, the non- infectious radioactive wastes can then be treated the same way as Class 1 HCW while the infectious radioactive waste should be treated the same way as Class 2 HCW.

Waste with high contents of heavy metals (Class 8): This should be treated as a specialised kind of waste and should be collected and stored in a tin container at room temperature and transported to where it will be treated in an environmentally sound manner.

Effluents (Class 9): All effluents in HCFs shall be drained to a septic tank or cesspool for both storage and treatment in the compound of the HCF.

The treatment options are based on the prevailing health systems in Ethiopia as revealed in the Healthcare Waste Management National Guideline (HCWMNG). In Ethiopia, burning in low-cost incinerators, burying or chemical disinfectant HCW is for the present moment probably the most affordable and acceptable options for smaller health care facilities. As per the 2020 national CCI data, at 20,798 health facilities, there are 5439 functional incinerators. This will be equivalent with the assumption to having one incinerator per five health facilities. Basic assumptions: one incinerator per 5HFs will be available, 2 waste managers will be deployed in each incineration site, 5-liter fuel per site, heavy duty gloves and apron protection will be ready for waste disposal managers, per diem also considered for waste managers. Waste managers will be trained on how to handle health care waste and all the necessary supplies (hard gloves, kerosene, etc.).

The waste disposal will be conducted using incinerators as all health centers have incinerators. Some health facilities like health posts without incinerators will transport waste to incineration points at nearby health facilities.

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4. Potential Environment and Social Impacts and Proposed Mitigation Measures

4.1. INSPIRER Project Beneficial Impacts

The INSPIRER project is designed to transform health systems by bridging critical gaps in access, equity and resilience. Through the digitization of healthcare services, communities will benefit from modernized patient management, improved data-driven decision-making and enhanced continuity of care. Advocacy efforts on HPV prevention and cervical cancer screening will empower women and girls with lifesaving knowledge and early detection opportunities, reducing preventable morbidity and mortality.

Renovation of health facilities in climate stressed and conflict-affected areas will strengthen healthcare delivery, while digitizing and expanding ambulance accessibility ensures timely emergency response for vulnerable populations. Complemented by the procurement of modern medical equipment, these interventions collectively fortify the health infrastructure and contribute to the establishment of a sustainable health care system nationwide. The project`s key beneficial impacts are outlined below.

A. Community Health Advocacy and Behavioral Transformation

The implementation of comprehensive HPV advocacy campaigns represents a paradigm shift in community health engagement, creating ripple effects that extend far beyond immediate vaccination targets. These campaigns serve as catalysts for broader health literacy transformation, bridging cultural barriers and misconceptions that have prevented women from accessing life-saving cervical cancer screening and vaccination services. Through culturally sensitive messaging and community-based education initiatives, these campaigns foster an environment where health-seeking behavior becomes normalized and encouraged.

This grassroots approach to health promotion generates measurable increases in screening participation rates, vaccination acceptance and early detection of cervical abnormalities, ultimately contributing to significant reductions in preventable cervical cancer mortality while building community resilience against future health challenges.

B. Innovative Diagnostic and Treatment Technologies

The procurement and deployment of advanced medical equipment, including LEEP machines with accessories, HPV-DNA test kits and AI-enabled ultrasound systems, signifies a major leap in diagnostic and therapeutic capabilities that bring advanced health care to primary healthcare.

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The LEEP machines enable immediate treatment of cervical precancerous lesions, eliminating the traditional barriers of patient referral, transportation costs and treatment delays that often result in disease progression and poor outcomes.

The HPV-DNA testing technology provides unprecedented accuracy in cervical cancer screening, offering molecular-level detection capabilities that surpass traditional cytology methods while providing rapid results.

The AI-enabled ultrasound systems democratize advanced diagnostic imaging by augmenting healthcare provider skills with artificial intelligence algorithms that assist in image interpretation, measurement accuracy and diagnostic decision-making. This is particularly transformative in settings where specialist radiologists are unavailable, enabling primary care providers to perform complex diagnostic procedures with confidence and accuracy.

The calibrated drape supplies ensure sterile procedure environments that meet international standards, while the comprehensive ICT equipment package creates digital health ecosystems that support telemedicine consultations, electronic health records and data-driven quality improvement initiatives.

C. Advanced Ambulance Management Emergency Response

The M-Mama ambulance service is an introduction of new technology to increase ambulance service accessibility to rural areas and localities. To improve emergency response times, the government seeks to incorporate private vehicle owners into the existing ambulance infrastructure. This initiative targets gaps in service availability and introduces a digital payment framework for all transactions.

Combined with GPS installation for priority available ambulances, is a transformative leap in emergency medical response capabilities. This comprehensive approach to emergency medical services addresses the critical gap between urban and rural healthcare access by deploying advanced communication technologies and real-time tracking capabilities that ensure rapid response times regardless of geographic location.

The M-Mama and GPS-enabled ambulance management system creates an integrated emergency response network where dispatch centers can identify the nearest available ambulance, optimize routing and provide real-time updates to receiving facilities about patient condition and estimated arrival times. The platform enables seamless coordination between health extension workers, ambulance crews, private ambulance service providers and health facility staff.

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D. Infrastructure Restoration and Healthcare Equity in Climate Stressed and Conflict-Affected Regions

The renovation of health centers and primary hospitals in climate-stressed and conflict-affected areas represents more than just physical reconstruction. These infrastructure investments represent a commitment to health care equity, providing clean, accessible and modernized health services to communities affected by both climate change and conflict.

The renovation of health facilities also creates employment opportunities for local contractors, skilled and unskilled workers, injecting economic benefits directly into local communities while simultaneously building local capacity for ongoing maintenance and future development. The siting and design of these facilities deliberately reflect local climate stresses and conflict dynamics. It strengthens health infrastructure that can deliver reliable routine services while responding to climate-related shocks and conflict-driven emergencies.

E. Sustainable Energy Solutions and Healthcare Continuity

Installing solar energy systems in health facilities supports long-term service reliability by overcoming one of the biggest barriers to quality care in rural areas. These renewable energy solutions eliminate the unpredictability of power supply, ensuring that critical healthcare services including emergency obstetric care, vaccine cold chain and life-support systems operate continuously regardless of external power infrastructure limitations.

The environmental sustainability of solar installations aligns with global climate commitments while providing immediate economic benefits through reduced operational costs and elimination of expensive diesel generator dependence. These systems enable the full utilization of modern medical equipment, support digital health initiatives of the INSPIRER project.

F. Advanced Sanitation Technology and Infection Prevention

The implementation of waterless toilet technologies denotes a sophisticated approach to healthcare facility sanitation that addresses multiple challenges simultaneously while setting new standards for environmental health. The waterless toilets installation will eliminate the traditional dependence on water infrastructure, making it particularly valuable in climate stressed arid regions or areas with compromised water systems. It will significantly reduce healthcare associated infection risks by maintaining consistently high hygiene standards. The waterless approach conserves water resources while providing clean sanitation facilities that enhance patient experience and staff working conditions. The implementation of the waterless toilet technology provides practical solutions that improve health outcomes through enhanced

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infection control measures.

G. Integrated Impact and Sustainable Health System Transformation

The synergistic combination of these interventions creates a multiplier effect that transcends the sum of individual components, establishing a comprehensive health system capable of addressing complex health challenges through integrated, technology-enabled health care delivery. The project's holistic approach ensures that infrastructure improvements support advanced medical technologies, while sustainable energy systems enable continuous operation of sophisticated diagnostic equipment. The M-Mama and GPS-enabled ambulance management system connects rural populations to the enhanced diagnostic and treatment capabilities available at renovated facilities, creating a true continuum of care that spans from community-based prevention through specialized treatment.

This integrated approach builds local capacity by training healthcare workers on advanced technologies while ensuring that infrastructure improvements create durable foundations for future health system development. The emphasis on sustainability through solar energy, waterless sanitation and durable medical equipment ensures that improvements will continue to benefit communities for decades while reducing ongoing operational costs and environmental impact.

The INSPIRER project establishes a replicable strategy for health system strengthening that demonstrates how strategic technology integration, infrastructure investment and community engagement can create transformative health outcomes even in the most challenging environments.

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4.2. Adverse Environmental and Social Impacts

The project activities under Components 1 and 2 are anticipated to generate certain environmental and social risks that require careful management. These risks stem from project activities that, while highly beneficial, may also introduce unintended impacts if not mitigated effectively. Specifically, the activities associated with potential environmental and social impacts include:

- Community advocacy and awareness campaigns on HPV prevention and cervical cancer screening, which may inadvertently trigger social sensitivities, stigma, or resistance if not conducted in a culturally responsive manner.
- Digitization of healthcare systems and ambulance services, which could raise concerns around data privacy, equitable access and the exclusion of vulnerable groups if digital literacy gaps are not addressed.
- Procurement and installation of medical equipment, which may lead to challenges in safe disposal of outdated or hazardous materials, as well as occupational health risks during handling and use.
- Renovation of health facilities in conflict-affected and climate-stressed areas, which may involve construction-related disturbances such as waste generation, noise, dust, community health and safety risks, SEA/SH and GBV risks and OHS risks.
- Installation of solar energy systems and installation of waterless toilet technologies in health facilities, which, while promoting sustainability, may pose risks related to battery disposal, electrical safety, concerns around user acceptance, maintenance requirements and safe management of waste by-products if not properly designed and monitored.

4.2.1. E&S Risks During Community Advocacy and Awareness Campaigns on HPV Prevention and Cervical Cancer Screening

Public health benefits from HPV vaccination advocacy and screening can be undermined by social barriers that exacerbate inequities and undermine trust. In addition, HPV vaccination advocacy and cervical cancer screening initiatives, given their focus on adolescent girls and the sensitive nature of procedures involved present elevated risks of SEA/SH and GBV. Major impacts associated with HPV advocacy and screening are:

- Parents and communities may oppose vaccination due to persistent myths linking it to sexuality or infertility.

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- Out-of-school adolescents could be overlooked if project activities rely solely on school-based delivery.
- Conflicts around parental consent can arise when HPV vaccination procedures are not communicated clearly or handled transparently.
- Vaccinated or unvaccinated students may face peer pressure, discrimination, or social isolation.
- Female health extension workers and outreach teams are vulnerable to verbal abuse or harassment while promoting HPV vaccination.
- Women and adolescent girls may encounter unprofessional behavior during pelvic exams, including inadequate privacy or unjustified physical contact framed as "clinical."

Mitigation Measures

- Involve parents, teachers and local leaders from the outset to build trust and acceptance.
- Use community forums to explain the purpose of HPV vaccination and screening.
- Engage men and boys, especially fathers and partners to foster understanding and support.
- Frame vaccination around cancer prevention, using language that respects local values and beliefs.
- Extend outreach to out-of-schoolgirls to ensure accessibility of services.
- Provide caregivers/parents with a transparent consent procedure. All caregivers/parents must receive and review the full consent form necessarily in advance, with their formal signature serving as the definitive confirmation required prior to HPV vaccination is given to their Children.
- Ensure screening rooms are private, well-lit and staffed by female providers for sensitive procedures.
- Align vaccination schedules with academic calendars to minimize disruption.
- Report adverse events promptly and clearly, with referral pathways for follow-up care.
- Train health workers on communication, GBV prevention and enforce strict codes of conduct.
- Establish safe complaint channels and link survivors to GBV support services.

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- Provide safe transport, guidance and mechanisms for staff to report harassment.
- Use official communication channels only and train staff on ethical handling of personal data.
- Monitor community perceptions continuously and address concerns quickly to sustain trust.

4.2.2. E&S Risks During Procurement and Installation of Medical Equipment

The potential environmental and social risks of procurement activities are usually prevented by careful planning and precise detailing of the required specifications that avoids or minimizes harm to health and the environment. The major procurement activities to be carried by the INSPIRER project involve procurement of medical equipment such as loop electrosurgical excision procedure (LEEP) machines with accessories, HPV- DNA test kits deployment for early screening of cervical cancer for health facilities, AI-enabled ultrasound, calibrated drape supplies, ICT equipment and GPS for Ambulance management. Short and long-term E&S risks are inherent in the procurement, operation, and eventual disposal of all equipment (LEEP machines, Ultrasound, ICT/GPS. The E&S risks of procurement and installation of equipment are outlined as follows.

- Equipment becomes a significant risk if it is faulty or improperly maintained, potentially leading to inaccurate diagnostic results or patient harm during treatment.
- Electrical and fire hazards can emerge if the initial installation and subsequent calibration of medical equipment are not executed by qualified professionals.
- Breakdown in the cold chain integrity will quickly render temperature-sensitive test kits, such as those for HPV-DNA.
- High-tech electronic equipment, including ultrasound machines and ICT infrastructure, are significant e-waste contributors at the end of their lifecycle. These devices contain highly toxic heavy metals, such as lead and cadmium, which pose environmental risks if improperly disposed.
- The use of disposable drapes combined with pathological waste increases the overall volume of both infectious and general clinical waste generated by procedures.
- Improper handling or disposal of infectious waste, such as tissue samples and specialized sharps (LEEP electrodes), poses a biological hazard. Furthermore, HPV-DNA test kits contain various chemical reagents, and accidental spillage or improper

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disposal of these chemicals can create a chemical hazard to staff and contaminate water sources.

- The use of GPS and digital systems to track and record patient health data automatically introduces privacy and surveillance risks. This sensitive information could be vulnerable to unauthorized access or misuse if access and storage protocols are not managed and secured.

Mitigation Measures:

- Procure high-quality, durable equipment to minimize replacement frequency and waste generation.
- Implement a mandatory Healthcare Waste Management Plan (HCWMP) with strict, colour-coded segregation (e.g., sharps, infectious waste).
- Store chemical reagents safely in ventilated areas, maintain Spill Kits, and use a licensed contractor for the safe disposal of all expired kits and reagents to prevent contamination.
- Establish efficient e-waste collection systems and implement safe treatment processes.
- Create an inventory of electronic assets and a clear plan for refurbishment, reuse, or environmentally sound disposal.
- Prioritize reducing radioactive waste and promote product design that minimizes waste, encourages reuse, and facilitates recycling.
- Implement safe and effective e-waste treatment processes, including dismantling, shredding, and separating materials for recycling or disposal.
- Conduct regular maintenance for all medical equipment and perform electrical safety inspections (grounding/surge protection).
- Conduct continuous temperature monitoring with alarms and ensure backup power is available. Implement a Cold Chain Failure Contingency Plan for immediate quarantine and documented disposal of compromised kits.
- Implement strong access control protocols for all digital systems (GPS, AI-enabled ultrasound records) and encrypt all patient data.
- Conduct staff training on data privacy and confidentiality protocols and establish an incident response plan for data breaches.

➢ ***AI Enabled Ultrasound Procurement***

The transition to digital referral systems can pose significant risks to sensitive patient data,

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especially if robust data protection measures are not put in place. The potential for data breaches and unauthorized access can undermine patient trust and compromise their privacy For AI enabled Ultrasound Procurement a Governance tool is under preparation. This governance tool includes the mitigation measure in this ESMF, including

- **Governance and AI Integration**
    - Establish clear benchmarks for acceptable performance, including defined percentage accuracy thresholds for AI-generated diagnostic results.
- **Professional Support Mechanisms**
    - Healthcare professionals should receive structured support for communication with senior colleagues through telecommunication and referral system.
- **Diagnostic Results Accuracy**
    - AI systems must be certified by recognized international and national regulatory agencies (e.g., EMA, EFDA) to ensure compliance with standards of safety, efficacy, and ethical use.
    - Regulatory clearance or endorsement is required prior to deployment in clinical settings.
    - Continuous evaluation of AI performance and impact in real-world environments, with mechanisms for revision or withdrawal of tools that fail to meet standards.
- **Data Privacy and Security**
    - Conduct regular training sessions to educate staff on ethical implications of handling digital information.
    - Ensure awareness of data privacy principles and protocols for protection.
    - Implement strict access controls to limit exposure of personal data:
    - Access restricted to authorized personnel only.
    - Robust confidentiality protocols to prevent unauthorized disclosures.
- **Accountability and Ethical Use**
    - AI serves as decision support, not a replacement for clinical judgment.
- **Grievance redress mechanism**
    - Integrate AI-related concerns into existing health-sector grievance redress mechanisms.
- Ensure that informed consent procedures explicitly disclose and address the role of AI

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in both diagnostic processes and clinical decision-making

4.3.Environmental and Social Impacts and Proposed Mitigation Measures for Renovation of HCFs, Solar Energy System and Waterless Toilets Installation for HCFs.

Renovation of HCFs, installation of solar energy systems, and adoption of waterless toilets present both opportunities and risks. Renovation works may face challenges such as incomplete needs assessments, stakeholder apathy, and compliance gaps, while solar installations can encounter high upfront costs, supply chain delays, and poor site suitability. Waterless toilets may raise user resistance, misconceptions, and equity concerns if not properly planned.

To mitigate these impacts, the ESMF emphasizes thorough assessments, inclusive stakeholder engagement, compliance with health and safety standards, flexible and sustainable design, and integration of infection-control features. For solar systems, site potential assessments, infrastructure integration, and maintenance planning are key. For waterless toilets, user-friendly design, compliant waste management, and clear educational campaigns ensure acceptance and sustainability. The following sub sections entail environmental and social impacts and recommend mitigation measures across its planning and design, construction, and operational phases of the INSPIRER Project activities.

4.3.1. E&S risks and Mitigation Measures During Planning and Design Phase

A. Renovation Works

Inadequate planning and stakeholder engagement during renovation works can lead to incomplete or ineffective improvements, unaddressed community concerns, reduced ownership, and unforeseen costs or delays that undermine overall project objectives.

Mitigation Measures:

- Conduct a thorough assessment to identify the specific renovation needs of the facility. This includes evaluating current space utilization, patient flow, and infrastructure deficiencies.
- Involve healthcare staff, patients, and community representatives in the planning process to gather insights on necessary improvements and desired outcomes.
- Ensure that all renovation plans comply with local health regulations, building codes, and environmental standards. This includes considerations for accessibility and safety.
- Create flexible spatial designs that allow for easy modification in the future,

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accommodating changing health care demands or emergencies.

- Choose eco-friendly building materials that offer durability and low environmental impact. Consider options that enhance energy efficiency, such as insulation or reflective roofing.
- Incorporate design features that promote cleanliness and reduce infection risks, such as easy-to-clean surfaces and adequate ventilation.

Installation of Solar Energy Systems

During the planning of solar energy installations, high upfront costs for eco-friendly technologies, limited local availability of sustainable materials, and inadequate site assessments can create financial pressures, procurement delays, and reduced system efficiency, ultimately undermining long-term sustainability

Mitigation Measures:

- Evaluate the facility location for solar potential. Consider factors like roof orientation, shading from nearby structures, and local climate to optimize solar energy capture.
- Plan for the integration of solar systems with existing electrical infrastructure, ensuring compatibility and reliability.
- Design the solar energy system based on current and projected energy needs. Determine the appropriate size and type of solar panels, inverters, and battery storage solutions.
- Ensure that the solar installation aligns aesthetically with the existing structure, maintaining the facility's visual appeal.
- Design systems to allow easy access for maintenance and monitoring, enhancing longevity and efficiency.

Installation of Waterless Toilets

During the planning of waterless toilet installations, inadequate stakeholder engagement and weak communication strategies can foster misconceptions, reduce social acceptance, and trigger resistance among communities unfamiliar with the technology. Without inclusive planning, vulnerable groups may be disproportionately affected, leading to lower usage rates, diminished participation in health initiatives, and overall risks to project success.

Mitigation Measures:

- Assess the suitability of waterless toilet systems for the specific healthcare context, considering factors like patient volume, hygiene needs, and local climatic conditions.
- Involve potential users in the planning process to identify concerns and preferences

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regarding toilet facilities, fostering buy-in and acceptance.

- Ensure that waterless toilets are designed for ease of use, incorporating features such as user-friendly interfaces and accessibility for persons with disabilities.
- Design complementary waste management systems that efficiently handle the waste generated by waterless toilets, ensuring compliance with health and environmental standards.
- Include educational materials as part of the design process to inform users about the operation and benefits of waterless toilet.

4.3.2. Environmental Impacts and Mitigation Measures During Construction Phase

The INSPIRER project's environmental impacts include generation of construction waste from demolition and renovation, dust and noise emissions and potential soil or water contamination from poorly managed debris and hazardous materials. Additional impacts arise from the procurement and installation of ICT and medical equipment, which can generate significant waste, packaging waste and higher energy consumption. Occupational health and safety hazards are also prominent, ranging from accidents during construction to electrical risks during ICT installation and equipment handling.

This section details the environmental risks and impacts associated to the project activities and the proposed mitigation measures to prevent the expected risks and ensure compliance with national regulations and World Bank Environmental and Social Standards.

A. Waste Generation and Pollution Risks

Renovation projects, particularly those involving significant demolition, generate substantial quantities of solid waste. Solid waste generated during demolition and construction not only poses challenges for disposal but also has the potential to pollute the environment if not managed properly. Pollution risks mainly are linked to the generation and management of solid, medical, electronic, and hazardous waste across multiple activities. Waste generation and pollution risks associated with the INSPIRER project are:

- Construction activities often produce hazardous and non hazardous waste that can pose risks to human health and the environment if not properly managed.
  - Hazardous waste includes oils, lubricants, paints, solvents, adhesives, sealants, asbestos-containing materials, and chemical residues.

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- Non-hazardous waste includes concrete, bricks, tiles, wood, plastics, packaging materials, metals, scrap, and excavated soil.

- Improper accumulation of demolition derbies such as concrete, metal scraps, wood, glass and other construction materials that are removed during the alteration of buildings, floors and ceilings will form stagnant water, blockage of drainage, creation of bad smell and reduce the aesthetic value of the environment.
- Construction materials also generate packaging waste, including cardboard, plastics and foam materials, which can be accumulated at project sites.
- Generation of electronic waste (e-waste), including obsolete computers, printers, monitors, cables and batteries. If improperly managed, e-waste can pose significant hazards due to toxic substances it may contain.

Mitigation Measures:

- Implement site-specific methodologies for safe handling of hazardous waste (oils, lubricants, asbestos, lead paint).
- Apply waste minimization practices through segregation, reduction, recycling, and reuse.
- Establish clearly marked facilities for solid waste collection and ensure hazardous waste is managed separately in line with regulations.
- Dispose of all construction waste only at designated, approved sites and in compliance with legal standards.
- Post warning notices and enforce safe handling protocols across construction areas.
- Cover vehicles transporting soil or debris to prevent dust emissions and spillage.
- Continuously monitor waste management practices to ensure compliance and identify improvements.

B. Air Pollution and Dust Emissions

Construction activities, particularly excavation and demolition, can produce significant levels of dust and airborne particulate matter. Release of dust can create temporary or permanent health problems like respiratory or skin diseases. Nuisance and disturbances to the surrounding community, health workers, and patients in nearby HCFs. Following are the main air pollution and dust emission risks of the project:

- Dust produced during demolition, construction activities and transportation of construction waste potentially leading to airborne particulate matter pollution.

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- Suspended and settled dust particles can adversely affect the health of site workers, office personnel in adjacent buildings and residents.
- The operation of various machinery and equipment, as well as motor vehicles used for waste hauling during the demolition process, can contribute to exhaust emissions, further degrading air quality.

Mitigation Measures:

- Implement effective dust suppression methods, such as regular water spraying at construction sites to reduce airborne particles.
- Store construction materials in covered areas to prevent dust generation from exposed materials.
- Regularly monitor dust levels to assess air quality and adjust suppression controls as necessary, maintaining a proactive stance on air quality management.
- Enclose the demolition site with fencing and cover it appropriately to mitigate dust emissions and improve site security.
- Enforce strict speed controls for vehicles on site and limit unnecessary traffic within the project area to minimize dust generation during waste hauling and other operations.

C. Noise and Vibration Pollution

The noise generated by machinery and construction activities, as well as the vibrations from chiseling, drilling and heavy machinery operation, can lead to disturbances to patients' and health workers' comfort and activity within the project site and the surrounding areas. High vibration levels can cause structural damage to nearby buildings and potentially affect sensitive equipment in healthcare facilities and other institutions.

Mitigation Measures:

- Limit noisy construction activities to daylight hours to minimize disturbances during the night when residents are more likely to be resting.
- Install proper sound barriers and containment on the construction machinery.
- Regularly monitor noise and vibration levels to ensure compliance with established thresholds and promptly address violations.

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- Sensitize construction truck drivers to minimize noise pollution by:
    - Switching off vehicle engines during loading and unloading.
    - Avoiding unnecessary honking, particularly in sensitive areas like hospitals, schools and residential neighborhoods.
- Ensure that all machinery is kept in good condition; regular greasing and maintenance can significantly reduce friction-related noise generation.
- Inform and consult with residents about the noise and vibration impacts of the project.

D. Water Pollution and Temporary Disruption of Utility Services

The construction activities can have negative impacts on water quality and availability, primarily through increased demand for water and the potential runoff from construction sites that can pollute nearby water sources. Additional risks include:

- Construction activities can lead to temporary disruptions in essential utility services like water and electricity.
- The improper management of fuels, paints and chemicals may lead to leaks that contaminate water sources.
- Interruptions in access to water and electricity can affect both construction workflows and the local community.

Mitigation Measures:

- Design safe runoff channels and drainage systems to direct water away from sensitive areas and minimize pollution of nearby water bodies.
- Prevent pollution by hazardous substances such as oil, fuel, cement sludge, chemicals, paints and detergents through proper storage and handling of these substances.
- Promote efficient water usage practices on the construction site and look for opportunities for water recycling to reduce overall demand.
- Regularly monitor water quality around the construction sites to detect and address any pollution issues promptly.

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E. Impact on Resource Efficiency

The INSPIRER project's resource efficiency impacts include increased demand for energy, water, and raw materials, which may lead to emissions, depletion, and waste generation. Inefficient practices can also affect land, soil, and air quality, highlighting the need for sustainable sourcing, conservation, and proper waste management to minimize environmental risks. Following are description of the project`s resource efficiency related risks:

- Expanded use of digital and AI-enabled systems increases electricity needs for devices, servers, and charging, particularly in settings with limited power reliability, while also accelerating equipment turnover.
- Procurement and use of medical equipment and diagnostics require ongoing inputs of consumables and packaging, adding to material intensity over time.
- Infrastructure investments, including solar systems and waterless toilets, carry embodied resource footprints linked to construction materials, batteries, and components, as well as water and maintenance inputs.

Mitigation Measures:

- Implement water-efficient technologies and promote water conservation practices, including self-supply and the use of alternative sources.
- Source construction materials responsibly by prioritizing local suppliers to reduce transportation and support local economies.
- Promote efficient practices in energy and water use throughout the construction process.
- Use of green building materials, energy-efficient designs, and renewable energy sources to improve resource efficiency.
- Prioritize energy-efficient devices and servers and specify minimum energy performance standards during procurement.

F. Occupational Health and Safety Hazards

During construction and renovation, there are various OHS hazards present that can lead to risks such as falls, injuries, electrical shocks and accidents. Ensuring the well-being of the project's workers and health care staff requires consideration of the OHS aspects of the

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construction activities, as well as workplace conditions. The potential OHS risks of INSPIRER project include:

a) Physical Hazards:

- Accidents and Injuries: Falls from heights, being struck by falling objects, and injuries from machinery and tools are common.
- Noise and Vibration: Prolonged exposure to high noise levels and vibrations from heavy machinery can lead to hearing loss and musculoskeletal disorders.
- Ergonomic Risks: Repetitive tasks, heavy lifting, or awkward postures can result in musculoskeletal injuries.

Mitigation Measures:

- Designate a dedicated site supervisor responsible for monitoring OHS compliance and addressing safety concerns.
- Conduct training on preventing and managing incidents, proper handling of electricity, water, machinery, and escape modes.
- Provide new workers with introductory training in site health and safety features.
- Provide adequate personal protective equipment (PPE) to workers, including hearing protection, safety glasses or face shields, gloves suitable for the task, safety shoes, and hard helmets.
- Provide essential safety measures, including fire extinguishers, first aid kits, restricted access zones, warning signs and overhead protection (nets, covers, or barriers) to guard against falling debris.
- Install clear signage and physical barriers around construction zones to protect workers and the public from hazards.
- Daily inspect PPE and safety equipment before use, follow posted safety signs and respect restricted zones and keep pathways clear and emergency exits unobstructed.
- Conduct frequent health and safety compliance monitoring to identify issues and ensure all personnel adhere to safety measures.
- Ensure adherence to national safety regulations and best practices regarding worker safety to protect all personnel on site.
- Develop evacuation procedures for emergencies.

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- Any serious injury or incident that occurs must be reported immediately to the project manager and the RHB/MoH detailing the time, location, nature of the incident/accident and persons involved.
- The RHB/MoH is responsible for reviewing the incident report and ensuring that appropriate corrective and preventive measures are initiated. This includes coordinating medical assistance, securing the site if necessary, and maintaining accurate records of the event.
- The MoH must formally notify the World Bank of any serious injury or incident within 24 hours of occurrence. The report should include a description of the incident, immediate actions taken, and planned follow-up measures to prevent recurrence.

b) Electrical Hazards:

The presence of unattended cables and wires can create significant electrical risks. Improper handling of electrical systems during installation or maintenance can lead to shocks, burns, or fatalities.

Mitigation Measures:

- Employ technicians who oversee and provide maintenance for any malfunctioning electric devices.
- Regularly inspect and test all electrical installations and equipment.
- Disconnect equipment attached to high-voltage or high-amperage power sources.
- Provide and train personnel in using Personal Protective Equipment (PPE).
- Mark works site hazards and trains in hazard symbol recognition.
- Provide a full first aid kit at the construction yard.
- Fence the construction site to restrict unauthorized entry and curb electrical accidents.

c) Chemical Hazard

The use of paints, solvents, and adhesives exposes workers to harmful chemicals, which can ignite under certain conditions.

Mitigation Measures:

- Implement a strict schedule for waste removal, including metal cut-offs and packaging debris, to reduce fire risks.
- Establish designated disposal areas and train workers on their proper use.
- Store paints, solvents, and adhesives in well-ventilated areas away from ignition sources.
- Clearly label all flammable material containers and use appropriate hazard signage.

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d) Fire and Explosion Hazards:

Unattended waste materials, such as metal cut-offs and packaging debris, can increase the risk of fires if not managed properly. The improper storage or handling of flammable materials, including those left unattended, can result in explosions.

Mitigation Measures:

- Provide comprehensive training on fire hazards and handling flammable materials, along with emergency response procedures.
- Avoid using spark-generating devices near flammable or volatile gases or liquids and place gasoline away from fire.
- Ensure fire extinguishers and firefighting equipment are easily accessible throughout the site.
- Install smoke detectors and fire alarms in key areas for early fire detection.
- Regularly inspect the site for potential fire hazards and take corrective action as needed.
- Develop a comprehensive emergency response plan detailing fire incident procedures, evacuation routes, and personnel responsibilities.
- Establish clear communication channels for prompt reporting of fires or emergencies.

e) SEA/SH and GBV Risks within Workplace

The project presents risks of SEA/SH and GBV, particularly for vulnerable groups such as women employed at construction sites. These risks originate from the existence of disparities in power dynamics and limited oversight of construction workforces. Young female workers may face additional vulnerabilities linked to risky employment conditions, lack of awareness of rights, and economic pressures, which can expose them to misconduct or coercion.

Mitigation Measures:

- Provide confidential hotlines and reporting mechanisms for workers to report incidents of SEA/SH and GBV.
- Mandate and strictly enforce Code of Conduct (CoC). All personnel must sign the CoC, which clearly outlines expected behaviors and specifies consequences for all violations, particularly SEA/SH and GBV.
- Incorporate messages addressing GBV and available referral services into project communications to raise awareness and provide critical information to workers and community members.

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- Establish and maintain a confidential Grievance Mechanism at the project site specifically for SEA/SH and GBV cases and clear referral pathway for service provision.

f) Occupational Risks in Conflict Areas

Project staff working in conflict-affected regions encounter complex challenges that go beyond routine project management. Movement restrictions often limit their ability to access communities, while security threats expose them to personal danger. These risks not only jeopardize worker safety but also hinder timely project execution, disrupt supply chains, and reduce community engagement.

Mitigation Measures:

- Ensure adherence to security protocols to protect personnel operating in potentially volatile circumstances.
- Use secure transport arrangements and coordinate movements with local authorities or security actors.
- Provide security training for staff, including conflict sensitivity and personal safety awareness.
- Design contingency plans with flexible timelines and alternative delivery routes.
- Decentralize operations by empowering local staff and community volunteers to continue activities when access is restricted.
- Build trust through transparent communication and participatory approaches to reduce hostility.
- Implement real-time monitoring systems to detect risks early and adapt interventions.
- Leverage local capacity for resilience-building and continuity of services.

4.3.3. Social Impacts and Mitigation Measures During Construction Phase

The INSPIRER project may disrupt health services during renovations, create community safety concerns around construction sites and trigger labor disputes or grievances if worker conditions are inadequate. The influx of contractors and technicians can heighten risks of SEA/SH and GBV, particularly in conflict-affected areas, while vulnerable groups and host/urban communities may face disproportionate barriers to access. To mitigate these risks, the ESMF proposes measures such as e-waste management and energy-efficient equipment use, strict dust and noise control, safe disposal of construction waste, phased scheduling to

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minimize service disruption and strong occupational safety protocols. It also emphasizes community engagement, transparent communication, grievance mechanisms and continuous monitoring and feedback to safeguard both workers and affected populations.

This section details the social risks and impacts associated to the project activities and the proposed mitigation measures to prevent the expected risks and ensure compliance with national regulations and World Bank Environmental and Social Standards

A. Community Health and Safety Risks

a) Risks of Increased Traffic Accidents

The potential risk of traffic accidents associated with INSPIRER projects arises from the use of motorized transportation. The project involves the movement of heavy construction vehicles, field vehicles, and motorcycles for purposes such as civil works, procurement, and monitoring. These operations can lead to traffic accidents, posing risks to project workers, residents, and road users. The danger is particularly heightened in areas with limited road networks or those frequented by pedestrians. Children, the elderly, people with disabilities, and pregnant women, are especially vulnerable to these accidents.

Mitigation Measures:

- Schedule construction activities carefully to minimize disruptions to health care operations, thereby ensuring that patient care remains a priority throughout the renovation and installation process.
- Implement safe transport of construction materials and equipment to ensure that community health and the environment are not affected by the accidental release of hazardous drugs and medicinal substances to the environment.
- Ensure that only experienced and trained drivers operate project vehicles, increasing safety standards on site.
- Avoiding dangerous routes and times of day to reduce the risk of accidents.
- Use of speed control devices on trucks and remote monitoring of driver actions
- Regular maintenance of vehicles to ensure they meet safety standards.
- Minimize construction activity during peak traffic hours to reduce congestion and the risk of accidents.

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- Collaborate with local communities and responsible authorities to improve signage, visibility, and overall safety of roads, pedestrian safety, particularly along stretches located near schools or other locations where children may be present.

b) Risks of Communicable Diseases

INSPIRER project activities will increase medical and hazardous waste, such as syringes, HPV test kits, biomedical samples and construction waste. Improper disposal of this waste can pose significant risks to public health, including the spread of infectious diseases. Communities near health facilities may be particularly affected by unsafe waste disposal practices, with children being at a higher risk due to their unintentional exposure to hazardous materials.

While creating significant employment, the project risks introducing and spreading communicable diseases due to labor influx and high-density construction activity. Furthermore, increased interaction between workers and local residents may heighten the risk of SEA/SH and GBV.

Mitigation Measures:

- Implement sustainable waste management systems and enforce strict hygiene protocols to ensure environmental safety and prevent disease outbreaks.
- Mandate routine health screenings and vaccinations for all project staff to monitor and mitigate public health risks.
- Prioritize local hiring and provide targeted skill-training programs to maximize community employment and minimize the need for external labor influx.
- Where external labor is necessary, maintain secure, self-contained worker accommodations to minimize social and environmental disruptions to local residents.
- Conduct mandatory SEA/SH/GBV training, establish confidential reporting channels, and partner with local organizations for victim support services.
- Execute comprehensive worker training and community education initiatives to align project operations with local expectations.

B. Risks related to Labor and Working Conditions

Risks related to labor and working conditions are expected from projects. Labor-related risks during the construction and installation works, such as child employment, wage disputes, labor influx, inadequate worker accommodation and unsafe working conditions, can lead to grievances among construction workers. These issues can not only halt project progress but also foster a negative working environment. The key labor-related risks include:

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a) Terms of Agreement and Management of Workers' Related Risks

Projects could present risks related to working conditions and management of workers;

- Non-Compliance with national employment, labor and occupational health and safety laws, which can lead to legal consequences and undermine worker rights.
- Long and irregular working hours can lead to burnout and fatigue among project workers and healthcare workers.

Mitigation Measures:

- Project workers shall be given clear, understandable information about their terms and conditions of employment, including their rights under national labor law, hours of work, wages, overtime, compensation, and benefits, both at the start of the working relationship and when changes occur.
- Provide clear and legally binding contracts to all workers to outline their rights and responsibilities.
- Ensure fair treatment and equal opportunity for all project workers to prevent discrimination.
- Provide counseling services and stress management programs to support the emotional well-being of workers.
- Worker's grievance management procedure must be available for all direct and contractual workers of the health care projects, to voice workplace complaints whenever relevant.
- Employees shall be notified of the grievance system and the safeguards in place to protect them from retaliation for using it throughout the recruitment process.

b) Child Labor

INSPIRER projects have civil work for the construction of HCFs and installation of solar energy and waterless toilets. As the project employes contractors for these civil works to a third party, the contractor may employ children. Although the risk of child labor within this project scope is considered minimal, vigilance is required to ensure appropriate precautionary measures are established to address these risks and ensure that all supply chain practices align with ethical labor standards.

Mitigation Measures:

- The minimum age for employment or engagement in connection with the project is the age specified in national law (the age of 14), whichever is higher.

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- Verification of age before employment of the project workers by requesting the applicant to provide a legal confirmation, such as a birth certificate, Kebele ID Card, school certificate, or other official documents demonstrating age.
- Document the personal records of the project workers for official inspection.
- Sudden inspection by the respective project implementing institution E&S specialists/ focal persons or local implementing partner (Woreda/city Women and Children Affairs).
- If a child below the minimum legal working age is found employed on the project, immediate action must be taken to terminate the child's employment. Additionally, appropriate measures should be enforced against the contractor responsible for the violation, which may include penalties or the termination of their contract. It is essential to ensure that all contractors adhere strictly to labor laws and child protection policies to safeguard the welfare of children and uphold the project's ethical standards.

c) Labor Influx

The introduction of non-local workers for construction activities can generate social tension, increase the risk of GBV/SEA/SH and place additional pressure on local services and infrastructure.

Mitigation Measures:

- Enforce strict codes of conduct for all workers and require mandatory training on SEA/SH prevention to ensure a respectful and safe environment for the community.
- Provide established grievance mechanisms for both workers and residents, allowing for feedback and prompt resolution of issues as they arise.
- Encourage the hiring of local workers wherever possible to foster community support, create job opportunities and mitigate tensions between local populations and newcomers.
- Uphold non-discriminatory practices during recruitment to ensure all community members have equal access to employment opportunities.

C. Disruption of Health Services

Renovation and installation activities within healthcare facilities can disrupt patient flow, emergency services and overall working conditions for staff. Such disruptions can pose risks not only to the operational efficiency of the healthcare facility but also to the health and safety

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of patients who depend on uninterrupted access to services.

Mitigation Measures:

- Implement a phased construction and installation schedule to to maintain essential services while project activities are undertaken.
- Establish transparent and ongoing communication regarding timelines and any temporary changes to service delivery including, notifying patients, staff and the community about which services may be affected and when, thereby setting realistic expectations.
- Provide temporary service points can ensure that essential health services remain accessible to patients during renovations and installations.
- Work in close collaboration with hospital management, to safeguard emergency access during construction.
- Identify and communicate clear pathways for emergency vehicles and critical healthcare deliveries to ensure that urgent care needs are met without delay.

D. Land Acquisition and Involuntary Resettlement Risks

As the INSPIRER excludes financing of projects with land acquisition or resettlement risks, no project activity is expected to cause any land acquisition and involuntary resettlement risks.

E. Anticipated risks to Historically Underserved Communities (HUCs)

Disproportionate risks of and impacts on HUCs may arise due to unequal opportunities of access to the services and development benefits intended in the project's interventions. Construction activities of INSPIRER projects pose risks to HUCs if local labor is overlooked or if the influx of workers strains limited community resources. Such conflicts can disrupt projects' progress and jeopardize overall community support for the project.

The differential risks and impacts of the project may take the form of undesired contact and conflict of cultural norms of HUCs, which can lead to adverse socio-cultural impacts on them, including undermining the local language, cultural practices, and religious or spiritual beliefs, which the people in voluntary isolation view as essential to their identity or well-being.

Mitigation Measures:

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- Actively involve HUCs in all stages of project planning, consultation, and implementation, ensuring their unique needs and priorities are thoroughly addressed.
- Establish appropriate protocols to avoid undesired contracts, and disciplinary measures for workers violating the Code of Conduct.
- Provide training for project workers on distinct socio-cultural norms, lifestyles, and traditional institutions of the project-affected communities, particularly remote pastoral communities or people of voluntary isolation.

F. Damage or Disruption to Tangible and Intangible Cultural Heritage

Civil works may include excavations, demolitions, or physical alterations, potentially creating dangers to cultural heritage. Though it is not likely that the INSPIRER projects will threaten known cultural heritages protected under Article 2 of Proclamation No. 839/2014, previously unknown cultural heritage may be discovered during excavation, or tangible cultural heritage may be located under the surface. Chance finds may include single artifacts, buried archaeological sites, human remains, fossilized plant or animal remains, or natural objects or soil features indicating archaeological material. A chance finding procedure will be prepared and integrated in Annex V if previously unknown cultural heritage is encountered during civil works.

Mitigation Measures:

- Stop the construction activities in the area to prevent further disturbance or damage to the site discovered.
- Mark the boundaries of the site to identify its extent and prevent accidental encroachment or disturbance by construction workers or equipment.
- Secure the site to prevent any damage or loss of removable objects, including fencing, signage, or deploying security personnel.
- Notify the respective project E&S experts and project supervisory engineers, who shall, in turn will notify the local authorities responsible for the Culture and Tourism Office, within 24 hours or less.

G. GBV-SEA/SH Risks

The INSPIRER project's interventions can attract a large, mostly male workforce, creating social and power imbalances that heighten SEA/SH and GBV risks. The presence of temporary workers can lead to harassment, sexual exploitation, or transactional sex involving women and girls in nearby communities. Female workers may also face unequal treatment, intimidation, or lack of protection at

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worksites.

Mitigation Measures:

- Emphasize prevention: Adopt risk-based approaches to identify project-related risks of SEA/SH and implement measures to prevent or minimize harm.
- Integrate GBV risk prevention and response mechanisms into each project ESMP.
- Create awareness on SEA/SH mitigation and response mechanisms within the implementing agencies and contractors.
- Conduct stakeholder consultations and Collaboration with local GBV support services to protect vulnerable groups.
- Publicly disseminate clear prohibitions of SEA/SH in all project implementation sites.
- Enable continuous monitoring and learning: Integrate mechanisms for regular monitoring and feedback to track effectiveness.
- Consider other ongoing efforts to prevent and respond to GBV more broadly.
- Sign the Codes of Conduct (CoC)
- Include sessions on SEA/SH awareness training in response team training.
- Establish GBV-sensitive channels for reporting in the Grievance Redress Mechanism (GRM).
- Ensure separate toilet and hygiene facilities for men and women working on the site.
- Coordinate with the school community, organize activities/disseminate information on SEA targeting adolescent girls.

4.3.4. Environmental Impacts and Mitigation Measures During Operation Phase

A. Impacts of Health Care and Medicinal Waste

The adverse environmental risks related to provision of essential health services will involve not only operations carried in the existing and functional HCFs, may lead to infection and contamination of the environment due to improper handling, storage and disposal of health care facility waste and occurrence of expired medicines and other medical supplies at certain time downstream, which need to be addressed for its safe and sound disposal.

Hazardous and infectious medical wastes may consist of infectious wastes, sharps and needles, carcasses, pathological and laboratory wastes, including chemicals. The main risks from improperly managed medical waste are:

- Health care-associated infections may happen due to improper management of health care facility wastes, including blood transfusion wastes, patient diagnosis sample

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wastes.

- Increased volume of medical waste often surpasses the capacity of disposal systems, elevating infection risks from pathogens' (e.g., HIV, HBV, HCV) for both staff and the community.
- Inadequate disposal can cause pollution of surface and groundwater if the waste enters water bodies. Operationally, high waste volumes combined with inadequate handling lead to frequent spillages during collection.
- Failure in timely and effective waste collection leads to waste accumulation, creating ideal breeding grounds for disease vectors such as flies, and mosquitoes.
- Increased clinical use of sharps correlates with a higher incidence of needle-stick injuries and cuts among waste handlers.
- HCF waste can cause pollution of local air by creating a foul odor if disposed of in open dumps, then affecting health workers and the public through infection and contamination.
- Substandard or overloaded incineration practices release noxious fumes and particulate matter, exposing workers and nearby communities to toxic respiratory hazards.

Mitigation Measures:

- Establish, operate, and maintain a healthcare waste management system scaled to the facility's activities and hazards.
- Plan and implement specific Infection Control and Waste Management Plans for each healthcare facility (HCF).
- Apply inactivation methods such as incineration, autoclaving, or chemical disinfection to neutralize pathogens.
- Transport and dispose of waste strictly according to regulations, often via specialized facilities.
- Educate healthcare workers and waste handlers on proper waste management procedures (which inherently includes safe segregation and handling).
- Implement strategies to reduce waste generation, focusing on minimizing disposables and promoting reusable alternatives.
- Establish monitoring and enforcement mechanisms to ensure adherence to regulations, promoting sustainable approaches like recycling and energy recovery from waste.
- Maintain and monitor incinerators regularly, adopt cleaner waste treatment

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technologies, and ensure proper temperature and combustion efficiency.

B. Impacts of Radioactive and Electronic Waste

Both radioactive and electronic waste pose significant environmental and health risks but can be mitigated through careful management and disposal strategies. Radioactive waste, particularly high-level waste, requires long-term storage and eventually deep geological disposal to prevent radiation exposure and contamination. Use of IT equipment such as PCs, laptops, tablets, servers, printers etc. is anticipated to increase the release of e-waste in the medium term since these electronic gadgets will end up in the e-waste stream at the end of their life cycle.

- Radiation exposure can lead to health problems, including cancer and genetic mutations,
- Contamination of soil, water, and air can disrupt the environment and pose risks to human health.
- Long-term storage of these wastes can raise concerns about the safety and security of disposal sites.
- Involve local communities in planning and decision-making processes for radioactive waste facilities.
- Take care of toxic substances like lead, mercury, and cadmium, as they can leach into the environment.
- Burning e-waste releases harmful pollutants into the atmosphere, contributing to air pollution and respiratory problems.
- Informal e-waste recycling can expose workers and communities to dangerous substances.

Mitigation Measures:

- Prioritize reducing the amount of radioactive waste generated by using less hazardous materials, reusing and recycling materials, and developing alternative processes.
- Promote product design to minimize waste generation, encourages reuse and repair, and recycling.
- Establish efficient e-waste collection systems, including drop-off centers and collection programs.
- Implement safe and effective e-waste treatment processes, including dismantling, shredding, and separating materials for recycling or disposal.
- Develop and enforce regulations to protect health and the environment from the risks of e-waste.

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- Educate the public about the risks of e-waste and the importance of safe disposal and recycling.

C. Solid Waste Generation

General waste from the daily operations of the healthcare facility may contribute to environmental degradation if not adequately addressed. Health service delivery, screening, vaccination, and ultrasound use generate medical and plastic waste from single-use consumables that may contaminate the environment if not properly segregated and disposed of.

Training, awareness campaigns, and institutional events contribute to paper, plastic, and packaging waste that can accumulate after short-term use. Without integrated waste management and safe handling practices, these pollution risks could collectively burden local waste systems and surrounding communities.

Mitigation Measures:

- Implement a comprehensive waste management plan that includes segregation, storage, treatment and disposal of medical and non-medical waste.
- Train healthcare staff on effective waste segregation practices and relevant legislation to ensure compliance with safety standards.
- Conduct periodic audits of waste management practices to identify areas for improvement and ensure adherence to established protocols.

D. Impact on water quality

Water pollution can be caused by improper management of solid and liquid waste from the health care facilities, buildings, as well as community activities. Water contamination from poor management of sewer and wastewater from the institutional buildings and production infrastructures, and construction activities may lead to runoff, thus further contaminating surface water resources.

Mitigation Measures:

- Treat effluents (all medical liquid wastes) and sewage before disposal into the environment.
- Ensure that water exists through the sink drains will be diverted to a retention tank where it will be disinfected before being sent to the sewer system.
- Conduct water quality monitoring and testing at the distribution and detect contamination.
- Employ proper management of solid waste to prevent any contact between the waste and stormwater.

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- Regularly monitor the waste treatment plant as per the technical requirements.
- Inspect & clean the storm water system before heavy rain every year.
- Adopt best management practices to prevent water wastage and minimize water loss.

E. Impacts of Noise Pollution

Noise pollution during healthcare project operations can cause physical and psychological stress, interfere with communication and cognitive tasks, and negatively impact the healthcare workers, patients, and the surrounding community.

Mitigation Measures:

- Use continuous insulation in building enclosures from the sources, exterior walls, and roofing system designs to decrease the impact of noise pollution from the surrounding traffic areas.
- Isolate noise sources such as boilers, generators, and the provision of ear protectors to employees working in areas where noise levels exceed noise limits.
- Conduct all noisy activities during the day when permissible levels are higher.
- Provide PPEs and monitor their utilization by employees working in noisy areas.
- Use equipment with low noise ratings or noise reduction technologies and regularly maintain the machines and equipment as per the manual.

F. Impacts on soil

The soil and land can be impacted environmentally through activities of construction materials, waste disposal, and potential spills.

Mitigation Measures:

- Treat the effluents and sewage and ensure proper disposal.
- Ensure that water exiting through the sink drains would be diverted to a retention tank where it would be disinfected before being sent to the sewer system.
- Proper management of solid and liquid waste as recommended in the document.
- Chemical and biomedical waste generated should be managed as per the national guidelines.

G. Impacts on Utility

Implementation of the projects can increase consumption and pose pressure on utilities, including water, health care use, and other basic services. Effective management requires a holistic approach that considers the needs of both the project and the surrounding community. It is important to ensure that the projects implementations do not inadvertently hinder the community's progress, ultimately aiming for a healthier society with reliable access to utilities.

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Mitigation Measures:

- Employ water conservation and only use the required amounts of water to prevent waste.
- Use of a deep borehole as an alternative source of water,
- Apply power-saving techniques such as switching off equipment when not in use and using natural light whenever possible,
- Install and use solar power for minor operations,
- Use only the required amounts of water during normal operations,
- Place signs of conservation of water and electricity.
- Create awareness about water and power-saving techniques for the workers.

H. Resource Overuse and Unsustainable Practices

The operational phase may lead to unsustainable resource use, particularly regarding:

- High energy demands from facility operations can stress local energy supplies.
- Unsustainable sourcing of materials can lead to environmental degradation and resource depletion.
- Poor maintenance of waterless toilets may also lead to hygiene and odor-related environmental nuisances.

Mitigation Measures:

- Implement energy-saving measures, such as using energy-efficient lighting and appliances, to reduce overall energy consumption.
- Source materials from local suppliers who adhere to sustainable practices, reducing environmental footprints and supporting local economies.
- Extending equipment life through proper maintenance, protective storage, shared use of devices, and timely software updates rather than early replacement.
- Adopt rational use protocols to avoid over-consumption of test kits and single use supplies, and forecast needs accurately to reduce wastage and expiry.
- Ensure segregation of medical and non-medical waste at facility level to enable safer handling and reduce overall disposal volumes.
- For waterless toilets, ensure proper siting, user training, and routine maintenance plans to avoid system failure and unnecessary replacement, and manage construction and replacement waste through approved disposal or reuse pathways.

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I. Occupational Health and Safety Risks

Healthcare facilities can produce infectious waste, posing risks, especially when staff handle it without proper protective gear or use inadequate storage. Risks can arise from both new and existing sources and worsen with increased healthcare demand. Key risks include biological hazards, inadequate lighting, poor ventilation, and misuse of medical equipment.

High-impact risks require control measures such as implementing national infection control guidelines, updating response plans, and ensuring thorough training and provision of personal protective equipment (PPE).

Mitigation Measures:

- Follow national, WHO, and CDC infection control standards.
- Update and enforce facility OHS plans and emergency response protocols.
- Conduct risk assessments and implement preventive measures.
- Train healthcare workers on potential OHS risks.
- Provide and enforce the use of adequate PPE for workers.
- Create facility-specific waste management plans.

Risk of SEA/SH and GBV in the Workplace

Workplaces can foster environments where women and vulnerable groups face heightened risks of SEA/SH and GBV. Factors such as poorly maintained facilities, lack of staff training, and inadequate reporting mechanisms can contribute to unsafe conditions. Proactively addressing these risks is essential to ensure that INSPIRER projects promote safety, respect, and dignity for all.

Mitigation Measures:

- Provide sufficient, gender-segregated facilities and ensure regular maintenance to promote safety and comfort.
- Require all staff to undergo training on gender sensitivity and GBV prevention, with an emphasis on identifying and mitigating risks of sexual exploitation and harassment.
- Establish a confidential GRM to enable survivors to report GBV incidents without fear, paired with clear support and referral pathways.

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4.3.5. Social Impacts and Mitigation Measures During Operation Phase

A. Community Health and Safety Risks

a) Traffic and Road Safety Risks

Traffic and road safety concerns are crucial for INSPIRER projects involving motorized transport, including construction vehicles during service delivery and vehicles for professional transportation. The risks become pronounced in areas with heavy pedestrian activity and limited road networks, especially affecting vulnerable groups like children, the elderly, disabled individuals, and pregnant women. The operation of such vehicles poses significant dangers to project workers, local communities, and other road users.

Mitigation Measures:

- Where appropriate, develop a specific Traffic and Road Safety risk management plan.
- Implement a stringent vehicle maintenance schedule to ensure all vehicles are in a safe condition.
- Improve vehicle visibility with high-quality, regularly maintained lighting systems.
- Comprehensive safe driving training for all drivers, including defensive driving, emergency response, and handling hazardous situations.
- Regular assessments of driver competency to maintain high safety standards.
- Secure HCFs with appropriate barriers, signage and restricted access to prevent unauthorized entry and protect community members from accidental harm.
- Maintain clear and safe access routes for ambulances and patients to ensure uninterrupted access to essential health services.
- **During transportation of hazardous materials:**
    - Ensure proper labeling of containers with details about contents, hazards, and contact information.
    - Provide accurate shipping documents describing the load and its hazards.
    - Maintain the integrity of packaging and ensure it's suitable for the type and quantity of materials transported.
    - Train employees in proper shipping and emergency procedures.

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b) Risks of Communicable Diseases

The operation of INSPIRER projects within communities, while essential for improving public health, can also inadvertently contribute to the spread of communicable diseases if proper precautions are not taken. To mitigate these risks, the projects must implement stringent preventive measures that uphold hygiene standards and reinforce community awareness. The risks of communicable diseases related to INSPIRER projects operation include:

- Poor sanitation, inadequate facility maintenance, and insufficient hygiene education can create environments conducive to disease transmission, affecting both healthcare workers and the communities they serve.
- Improper management of hazardous and healthcare waste can contribute to the spread of HIV/AIDS and other communicable diseases, particularly if protocols for health and safety are not strictly enforced.

Mitigation Measures:

- Ensure all project-related facilities are regularly cleaned, maintained, and kept in optimal condition to prevent disease vectors.
- Maintain a strict no-tolerance policy for unsanitary conditions and proactively address waste accumulation and stagnant water.
- Design and implement accessible health awareness campaigns that educate communities on sanitation, hygiene, and proper facility use.
- Conduct frequent assessments of health facilities to monitor cleanliness, maintenance, equipment functionality, and overall effectiveness.

B. SEA/SH and GBV Risks

Health care service delivery can unintentionally expose vulnerable groups to safety risks and exacerbate SEA/SH/GBV if preventive measures are not implemented. Poorly designed communal facilities, inadequate safety measures, and a lack of inclusive planning can create unsafe environments, particularly for women and children. Proactively addressing these risks is crucial to ensuring that INSPIRER projects promote safety and dignity for all members of the community.

Mitigation Measures:

- Engage with women's groups, vulnerable populations, and people with disabilities to ensure communal facilities, particularly toilets, are safe and accessible. Integrate their feedback into facility management plans.

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- Ensure all communal facilities have functional door locks and implement proper nighttime lighting around these spaces to improve safety and security.

C. Disproportionate Risks on Historically Underserved Communities (HUCs)

The INSPIRER project's implementation across the country combined with external socio-economic factors such as geographically remoteness and limited infrastructure is expected to affect individuals who fall under the criteria of Environmental and Social Standard 7 (ESS7). There is a risk that HUCs may be overlooked or excluded from benefiting from the project, exacerbating existing inequalities and prevent these communities from accessing health services.

Mitigation Measures:

- Engage community leaders and representatives in the ongoing management and feedback processes of the health facility, including engaging community representatives in GRM, holding regular consultation meetings, and incorporating local input into service delivery decisions.
- Engage in targeted outreach efforts to reach pastoral communities and areas with restricted access to basic health facilities, ensuring equitable access to project benefits.
- Develop clear health messages and community engagement strategies that resonate with various socio-cultural groups.

D. Risks of Conflict and Security Issues

The implementation of the INSPIRER program across diverse regions of the country exposes it to security risks. Although the project activities themselves do not pose any security risks, existing political instability or social tensions in specific areas can directly or indirectly impact subproject implementations.

Such insecurities pose threat to the safety and well-being of healthcare staff, and patients. Consequently, violence or instability can deter healthcare professionals and health facility workers in affected regions and simultaneously discourage community members from seeking essential care, severely undermining service delivery and program goals.

Mitigation Measures:

- Provide extensive security training on emergency protocols, safe havens, lockdown procedures, and emergency evacuations.

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- Ensure proper perimeter lighting, fences, walls, and locking gates to strengthen physical security.
- Clearly designate secure, well-equipped locations within facilities to safeguard individuals during threats.
- Establish a functional GRM to handle and resolve claims of improper behavior by security personnel.
- Ensure confidential counseling services to support workers dealing with trauma and stress.
- Build strong working relationships with national and local security agencies for effective communication.

- Develop robust reporting mechanisms and conduct root cause analyses to enhance security measures.

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5. Procedures to Manage Environmental and Social Issues

The INSPIRER Project being a project which consists of a series of sub-project activities to be identified and implemented in several HCFs across the country, the risks and impacts cannot be determined until the subproject locations have been identified.

The INSPIRER Project is generally categorized as "Moderate Risk" project and hence MoH and its partner institutions will be required to undertake the appropriate environmental and social assessment of subprojects in accordance with the National legislations and World Bank ESS requirements, that deemed relevant to the sub-projects. Accordingly, the most important National guideline that defines the categorization of subprojects into various schedules is the Environmental and Social Impact Assessment Guideline 2020 issued by the Federal Environmental Protection Authority. The ESIA Guideline Categorizes all development projects into three Schedules of activities or projects. The full list of Schedule I, II and III subprojects of the EIA procedural guideline (2020). It should also be noted that the relevant ESSs that are likely to be relevant to the INSPIRER Project are broadly assessed and outlined in section 2.6 of this ESMF and will need to be customized and applied for each sub-project.

5.1. Sub-project Screening and Approval Process

STEP 1: SUB-PROJECT IDENTIFICATION

Sub project refers to the set of activities derived from the INSPIRER project Component and sub-component, activities including construction and installation works, technical assistances and consultancies for which support through project financing is sought by the client. Identification of subprojects is carried through consultative process by the lead implementing agency MoH, the partner institutions such as Ethiopian Pharmaceutical Supply Service (EPSS), Regional States Health Bureas and in collaboration with other beneficiary institutions. The identified subprojects will be reviewed and compiled into an annual action plan by the relevant technical working group (TWG) and will be forwarded to PIU and MoH (Office of the State Minister) for endorsement and approval. Subjects included in the approved annual action plan of the INSPIRER project will be eligible for Environmental and Social Screening.

STEP 2: CHECKING ELIGIBILITY OF SUBPROJECTS

The ESCP stipulates exclusion of potential project activities as ineligible for the INSPIRER project activities which have high social and environmental impact. The following type of activities are ineligible for financing under the Project:

- Sub-projects/ Activities that have significant adverse Environmental and Social risk and impacts which cannot be easily managed or mitigated to acceptable level.

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- Sub-projects/ Activities that may cause damage to physical and cultural resources.
- Activities that involve construction of reservoir dams that are above 15 meters height.
- Involve removal or conversion of forests and other designated natural resources and wildlife reserved areas.
- Activities that may cause degradation of biodiversity and living natural resources as well as on habitats of significant value for biodiversity such as critical and natural habitats.
- Involve land use changes such as drainage of wetlands and cultivation.
- Activities that may cause significant loss of biodiversity.
- Activities that may have any potential adverse direct impact on village centers (because they are located inside a village or close enough to a village);
- Activities which are likely to have significant adverse environmental and social impacts that are sensitive, diverse, irreversible or unprecedented use.
- Activities that may potentially affect the quality or quantity of water or a waterway shared with other nations.

The sub-project will be subjected to screening process by the MoH PIU E & S staff and the focal persons deployed by partner and beneficiary institutions against environmental and social screening checklist indicated to check their eligibility for the project financing. In checking the eligibility of the sub projects the questions in Annex I would be answered as "Yes" or "No". If the answer to any one of the questions in the environmental and social screening is 'Yes', then the subproject will be redesigned to be acceptable or stopped if redesigning is not possible. If, on the contrary, the answer is 'No' for all the questions, then one must proceed to the next step.

STEP 3: ENVIRONMENTAL AND SOCIAL SCREENING

The environmental and social screening process categorizes subprojects in alignment with National ESIA Guideline and World Bank Environmental and Social Standards (ESS). This mandatory process determines the necessary depth of E&S studies for all physical investments, including renovations, installations of solar energy system and waterless toilets for HCFs, as well as relevant technical assistance activities.

The Project Implementation Unit (PIU) E&S staff, in coordination with partner focal points, will execute screening in two distinct stages:

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- Sub-projects should first be screened using the Annex I Form to determine if they are Substantial, Moderate, or Low risk. High-Risk subprojects are strictly excluded from INSPIRER project support.
- Once the subprojects are scoped/screened and confirmed to fall on or below Moderate risk category, then further categorization will be carried by applying the national screening system to identify the schedule of activities into which the subproject will fall (Schedule I, II &III). Based on the nature and scale of the subprojects it is expected that most will fall under schedules II or III which may require Preliminary ESIA or no ESIAs. Therefore, the INSPIRER sub-projects are not expected to fall under Schedule I.

The E&S screening must be conducted by field investigations and conducted by trained assessors who possess:

- Comprehensive baseline data of the project area.
- A detailed understanding of the proposed subproject activities.
- Formal training in E&S screening protocols.

The PIU E&S management team may consult technical experts to ensure the accuracy of the classification before finalizing the subproject's required follow-up actions. The completed screening reports must follow a tiered approval process:

- First submitting to the MoH or the Regional PIUs coordinators for internal quality control and endorsement.
- Submit the E&S screening reports with an official application to the relevant EPA (Regional, Zonal, Woreda, or City level). For subprojects in Addis Ababa and Dire Dawa, screening reports must be submitted directly to their respective City Environment Protection Authorities.

The reviewing authority will issue one of three decisions regarding the Screening Report:

- Conditional Approval – accept the document with specific implementation requirements.
- Approval with Amendments – accept the document pending required or recommended modifications.
- Rejection – return the document with detailed comments outlining the necessary revisions for a compliant resubmission.

The next step in the ESMF process is to proceed to the next actions to fulfill the requirements based on the screening categorization, which is outlined in step 4 below.

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STEP 4: SCHEDULE II SUBPROJECTS (PRELIMINARY ESIA PREPARATION)

If the environmental and social screening categorizes a subproject as Schedule II, the following actions are mandatory:

- Conduct a limited Environmental and Social Impact Assessment (ESIA), where possible, using registered and licensed consultants.
- The depth of the Preliminary ESIA is determined in consultation with the relevant Environmental Protection Authority (EPA) at the Regional, Zonal, or Woreda level. It is narrower in scope than a Schedule I assessment but must analyze both positive and negative impacts.
- An Environmental and Social Management Plan (ESMP) including a specific Infection Control and Waste Management Plan (ICWMP) must be developed to prevent, minimize, or mitigate adverse effects.
- The Preliminary ESIA shall be submitted to the World Bank for review and approval."
- Following World Bank clearance, the PIU or E&S specialists should submit the document to the competent EPA for final official approval.

If a sub-project is categorized as Schedule III, no formal Environmental Assessment is required. However:

- If necessary, a standalone ESMP and ICWMP, derived from the generic templates in this ESMF will be prepared to address minor impacts.
- These plans should be attached to the E&S screening report to guide implementation and monitoring.

STEP 5A: REVIEW AND DECISION

The relevant Regional, Zonal, Woreda or City level EPA will review the Preliminary ESIAs submitted to it by the PIU and/or environment focal persons in partner/beneficiary institutions. The purpose of review is to examine and determine whether the Preliminary ESIA is an adequate assessment of the environmental effects of the INSPIRER subproject under consideration and of sufficient relevance and quality for decision-making. The outcome of the review of the Preliminary ESIA by the Regional, Zonal, Woreda or City level EPA will result in either one of the following:

a) Accept the document - with conditions relating to implementation.

b) Accept the documents with required and/or recommended amendments; or

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c) Reject the document with comments as to what is required to submit an acceptable ESIA and ESMP.

STEP 5B: DISCLOSURE

While in the review and approval process, as required by the World Bank guidelines and the National ESIA proclamation, the Preliminary ESIA documents must be disclosed for public review at a place accessible to local people (e.g. at a local government office i.e. kebele council, City/town and regional bureaus, at the Regional/Federal EPA, MoH website, e.t.c) and made available in a form, manner and language they can understand. Disclosure of the Preliminary ESIA in the World Bank's website is also a requirement for the subprojects.

STEP 6: IMPLEMENTATION AND SUPERVISION

Following the approval of the Preliminary ESIA, the PIU E&S staff and regional focal persons are responsible for enforcing all mitigation measures detailed in the ESMP. This mandate extends to all participating institutions, contractors, and stakeholders to ensure full compliance during subproject execution.

Internal Monitoring and Reporting shall be conducted to ensure that all site activities strictly align with the approved ESMP. This process is carried out jointly by PIU E&S staff, partner/beneficiary focal persons, and the on-site Supervisory Engineer, who perform regular site visits to verify compliance and mandate immediate corrective actions for any identified lapses. To document these efforts, the PIU E&S staff shall prepare Quarterly Internal Monitoring Reports, which will be submitted to the PIU and subsequently to the Office of the state minister as a formal component of the Project M&E cycle. The detailed environmental and social monitoring process is presented in the following section 6.

5.2.Sub Projects Involving Cultural Heritage Management

Since the INSPIRER project will support only refurbishing of the existing health care infrastructure, the project does not pose any risk to historical buildings and cultural heritage site.

In case of chance find of heritage encountered during subproject implementation activities, the procedures that should be followed are stipulated under article (41) "Fortuitous Discovery of Cultural Heritage" of the Proclamation No 209/2000 which includes:

i. Any person who discovers any Cultural Heritage in the course of an excavation connected to mining explorations, building works, road construction or other similar activities or in the course

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of any other fortuitous event, shall forthwith report same to the Authority and shall protect and keep same intact, until the Authority takes delivery thereof.

ii. 'The Authority' shall, upon receipt of a report submitted pursuant to Sub-Article (I) hereof, take all appropriate measures to examine, take delivery of and register the Cultural Heritage so discovered.

iii. Where the Authority fails to take appropriate measures within six months in accordance with Sub- Article (2) of this Article, the 'person who has discovered the Cultural Heritage may be released from his responsibility by submitting a written, notification with a full description of the situation to the regional government official.

iv. The Authority shall ensure that the appropriate reward is granted to the person who has handed over a Cultural Heritage discovered fortuitously in accordance with sub-Articles (I) and (2) of this Article. And such person shall be entitled to reimbursement of expenses, if any, incurred in the course of discharging his duties under this Article.

A complete chance find procedure incorporating the above procedure of the proclamation enriched with other necessary good practice procedures is presented in Annex V.

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6. Environmental and Social Monitoring

The PIU, in collaboration with partner and beneficiary institution focal persons, is responsible for preparing comprehensive quarterly, biannual, and annual environmental and social (E&S) risk management monitoring reports. These reports must consolidate site monitoring data, incident logs, and a summary of the Grievance Redress Mechanism (GRM) records. Once finalized, they will be integrated to the INSPIRER project Monitoring and evaluation report and be submitted to the respective EPAs, and the World Bank for review and follow up.

The primary objectives of these reports are to:

- Measure the overall success rate of project safeguards and compliance protocols.
- Verify the accuracy of the initial environmental and social impact predictions against real-world outcomes.
- Determine the efficacy of measures implemented to minimize or compensate for adverse environmental and social effects.
- Evaluate whether past interventions successfully addressed negative impacts and determine if additional measures or extended monitoring periods are required in specific areas.

Table 1Environmental and Social Monitoring Responsibility Matrix

Monitoring Type	Responsible Parties	Frequency	Primary Objective
Internal	PIU E&S Staff, Regional Focal Persons, Supervisory Engineer	Continuous / Regular Visits	Day-to-day ESMP compliance and corrective action.
Reporting	PIU E&S Staff	Quarterly	Formal documentation for MoH and Project M&E.
External	Regional/Local EPAs	Per EPA Schedule	Regulatory audit and independent compliance verification.

Indicators for ESMF Performance Monitoring can include, but not limited to, the following:

a) Number of safeguard staff maintained (PIU, focal persons, contractors, consultants),
b) Number of subprojects identified/prepared,
c) Number of subprojects screened,

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d) Number of subproject field appraisals completed,
e) Number of screening reports reviewed and approved by regulatory bodies,
f) Number of E&S instruments (ESIAs/ESMPs/others) prepared based on the screening report's recommendations,
g) Number of trainings conducted and number of trainees,
h) Number of community/public consultations conducted,
i) Number of project workers with employment contracts, signed CoC, and minimum age verified,
j) Number of grievances received and resolved,
k) Number of E&S violations notified by the regulatory bodies,
l) Number of E&S accidents/incidents/near misses,
m) Number of GBV/SEA incidents,
n) Number of traffic accidents,
o) Number of security incidents,
p) Number of cases of occupational and community diseases,
q) Chance finds procedures initiated, and
r) E&S costs expended, etc.

5.3.1. External Compliance and Inspections

Independent oversight shall be provided by the relevant EPAs at the Regional, Zonal, Woreda, or City levels to ensure objective compliance verification. To facilitate these external inspections, the PIU and partner focal persons must coordinate closely with the respective regulatory agencies. While EPAs may initiate inspections independently, the PIU and partner institutions remain proactively responsible for scheduling these external audits if they are not otherwise prompted, ensuring the project adheres to its monitoring and evaluation requirements.

To ensure robust oversight, an independent, externally commissioned annual audit will be conducted to evaluate the environmental and social risk management and performance of all subprojects. This audit will be integrated into the project's broader annual performance review, with the independent team reporting directly to the Ministry of Health (MoH) and the World Bank.

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Scope of the inspection

The E&S performance inspection will provide a comprehensive evaluation, including:

- An overview of the project's E&S performance based on a representative sample of subprojects.
- A detailed presentation of progress and compliance regarding the implementation of Environmental and Social Management Plans (ESMPs).
- A review of the Gender/GBV Action Plan, alongside an assessment of the robustness of the Grievance Redress Mechanism (GRM) and the effectiveness of stakeholder engagement.
- A synthesis of E&S performance data derived from individual project monitoring measures as defined in the ESMPs.

The primary purpose of this inspection is to verify and improve the project's E&S safeguarding framework by determining:

- The extent to which E&S considerations are successfully incorporated into the planning process.
- Whether mitigation measures are being effectively executed by partners, beneficiaries, and stakeholder institutions.
- Whether subprojects are being correctly screened according to established protocols.
- Identifying necessary amendments to the Environmental and Social Management Framework (ESMF) to enhance its overall effectiveness.

Table 2Environmental and Social Management Framework (ESMF) Monitoring and Evaluation Matrix

ESMF Area	Indicator Type	Proposed E&S Indicator	Frequency	Responsible Entity
Stakeholder Engagement & GRM	Process/Outcome	Number and % of community consultation and % of vulnerable groups (by type) participating in consultation events.	Quarterly/Biannually	Project Environmental & Social Safeguards Specialists
	Outcome	Grievance Redressal Rate: % of non-GBV grievances recorded, resolved, and closed within the stipulated timeframe (30 days).	Quarterly	PIU/GRM Focal Point

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	Outcome	GBV/SEA Case Handling: Number of GBV/SEA/SH complaints received, referred to specialized services, and actions taken (ensuring confidentiality).	Quarterly (Reported only to designated GBV specialist)	Dedicated GBV Specialist/Service Provider
Environmental Management	Output/Outcome	Medical Waste: % of hospitals with the Ecosterly 250 technology adhering to safe disposal/recycling protocols (segregation, treatment logs).	Quarterly	Environmental Specialist & Hospital Management
	Output	WASH/Climate Resilience: % of health facilities with waterless toilets and solar energy systems confirmed as *fully operational* 3 months post-installation.	Biannually	Health Infrastructure Lead Executive Office
Social Risk Management	Output	Training: Number and % of HEWs, health facility staff, and contractors trained on the Code of Conduct (including SEA/SH) and security protocols.	Quarterly	Environmental Specialist & Regional Health Bureau
	Outcome	Data Privacy: % of service users (women/girls) confirming they were informed about data privacy and provided free, prior, and informed consent for digital service use.	Biannually (via sample surveys)	Environmental Specialist & Regional Health Bureau
	Outcomes	Number of consultation and awareness creations are held for in school and out of school girls.	Quarterly	Environmental Specialist & Regional Health Bureau
	Outcomes	Number of parent consent form signed and documented	Quarterly	Environmental Specialist & Regional Health Bureau

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7. Stakeholder Engagement

The project's Stakeholder Engagement process is designed to be continuous, iterative, and inclusive, ensuring meaningful participation throughout all stages. Anchored in the principles of ESS10, it is guided by a comprehensive Stakeholder Engagement Plan (SEP) that has been disclosed in March 2024 and will be periodically updated to reflect evolving needs and feedback.

7.1. Stakeholder Identification and Analysis

Stakeholders for the INSPIRER Project are systematically categorized according to their proximity to project activities and the degree to which they may be impacted (Affected Parties), as well as their level of interest and influence (Interested Parties). Within this framework, particular emphasis is placed on addressing the distinct barriers encountered by women, girls, and communities living in climate-stressed and conflict-affected areas, ensuring their perspectives and needs are meaningfully integrated into the engagement process.

Table 3 Stakeholder Analysis and Engagement Priorities Matrix

Stakeholder Category	Specific Group/Entity	Interests & Influence	Priority Issues for Engagement
Affected Parties (High Priority)	Women & Girls (9-14 yrs & eligible for screening)	Direct beneficiaries of services (HPV, cervical cancer screening). **Interests:** Accessibility, privacy, safety, quality of digital tools (e.g., HPV tracking, AI-enabled ultrasound).	Digital literacy/accessibility, data privacy concerns, parental consent, GBV/SEA risks, physical security at remote clinics.
	Health Extension Workers (HEWs) & Clinical Staff	Users of M-Mama, digital learning platforms, AI-enabled ultrasound. **Interests:** Training, workload, efficacy of digital tools, renewable energy availability.	Quality of digital training, technical support for AI tools, solar energy reliability, physical safety in conflict areas, fair work conditions.
	Local Communities & Community Leaders	Decision-makers on health-seeking behavior, proximity to facilities and waste/WASH systems. **Interests:** Cultural acceptance of interventions (FGM care), community security, environmental impacts.	Addressing socio-cultural barriers to vaccination, security risks, community awareness of facilities/systems, noise/traffic from renovations.

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Interested Parties	Donors	Co-financier and partner for M-Mama and other digital initiatives. **Interest:** Project success, visibility, technological integration.	Operational performance, data sharing/integration standards, scale-up strategy.
	Regional Environmental Protection Authorities (REPA)	Responsible for regulating environmental aspects (medical waste, WASH). **Interest:** Compliance with national standards and safe operation of new technologies (Ecosterly 250, waterless toilets).	Environmental due diligence, training needs for inspectors.
	Tech/Data Governance Agencies	Overseeing digital health standards, data governance, and certification. **Interest:** Adherence to new data governance framework (Component 3).	Input on data governance framework, interoperability, and certification processes for mobile apps.

7.2. Summary of Stakeholders' Consultation on Project: Views, Concerns, and Responses Given

During the project preparation phase, extensive consultations were undertaken with the MoH relevant directorates, regional health bureaus, the World Bank, and development partners. The stakeholders convened to deliberate on the project's design and preparatory requirements. In parallel, discussions were also held with the Bank and other development partners to ensure alignment and coordination.

Furthermore, consultations related to the Environmental and Social System Assessment (ESSA) were carried out, complemented by stakeholder workshops that facilitated broad participation and feedback. Additional details on the consultations conducted during the project design period are provided below.

a) Meeting with MoH LEO/EO and World Bank Team

There were high level discussions on the preparation of the project, based on their relevance to the project and the proposed subproject activities, discussions were held with representative/key personnel of the relevant stakeholders involved in project design and implementation at MOH hall. These personnel were twenty-three (23) in number (the MOH of Senior Advisor to the Minister,

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Representative of strategic affair lead executive office, Grant Team Leader, Representative of Health Infrastructure lead executive office, Gender and Social Safeguard Specialists, Environmental Safeguard specialist, Representative of the Community Engagement and primary health care lead executive office, Project Team Leader) and the World Bank team.. The discussions were on the design and scope of the program, proposed implementation arrangement, proposed DLIs and Program actions.

b) Meeting with MOH LEO/EO, Regional Health Bureaus and delegates on Environmental and Social System Assessment findings.

Consultations were conducted with different MOH executive offices and regional representatives as part of the preparation of the Environment and Social System Assessment (ESSA). Furthermore, discussions were held with MoH executive offices and their delegates on environmental and social assessment findings. Inputs and comments were collected from the participants for project preparation.

A comprehensive Stakeholder Engagement Plan was prepared for the INSPIRER project in March, 2024 and was disclosed. The SEP will apply for the Project and will continue to be used along with the present ESMF, and other E&S risk management instruments prepared for this project.

In addition to the stakeholder consultations carried out during the project design and preparation process described above, another round of stakeholder consultations were conducted recently as part of the preparation process of the ESMF. The stakeholder consultations were conducted at Federal level with the MoH and its relevant Agencies and executive offices. At the regional level the consultations were carried out in a sample of Oromia, Amahra, Tigray, Benishangul gumuz and Afar regions from November 3-6/2025. The objectives of the stakeholder consultation were to:

- disclose project information to allow stakeholders to understand the risks and impacts of the project, and potential opportunities, and make available project-related information as early as possible in the project cycle and in a manner, format, and language appropriate for each stakeholder group.
- undertake a process of meaningful consultation in a manner that provides stakeholders with opportunities to express their views on potential project risks and impacts and allows MoH to consider and respond to them through designing appropriate mitigation measures.

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- accommodate the views and circumstances of different stakeholders, paying special attention to the concerns and special needs of the disadvantaged or vulnerable individuals or groups. It takes into account the different access and communication needs of various groups and individuals, especially those more disadvantaged or vulnerable, including consideration of both communication and physical accessibility challenges.
- provide the inputs for the preparation of the ESMF and GBV Risk Assessment, Prevention and Response Action Plan.

As required in ESS10, meaningful stakeholder engagement depends on timely, accurate, accessible, and comprehensible information. Therefore, making available project-related information as early as possible in the project cycle and in a manner, format, and language appropriate for each stakeholder group is important. As part of this early project information disclosure, before directly jumping to consultation, stakeholders were provided with relevant project-related information: (a) the purpose, scale, and duration of the project; (b) Sub-components and the nature of the proposed activities under each Sub-component; (c) potential project benefits and opportunities; (d) potential risks and impacts of the project on local communities, and the proposals for mitigating these; (f) the proposed stakeholder engagement process highlighting the ways in which stakeholders can participate; and (g) the process and means by which grievances can be raised and will be addressed.

For the purpose project consultations, the selection of relevant stakeholders' consultations were done as per the requirements of ESSs 1, 4, 5, 7 and 10. With this keynote, summary views and concerns raised by the participants and responses given are presented below.

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Table 4Summary of Stakeholder Consultation Conducted.

S.N	Agenda	Key issues raised by Stakeholders	Responses
1	Relevance of the initiative: benefits of project and its alignment with current development priorities of the sector	• What the project would benefit • What are alignment of the proposed project with current developmental priorities in general	The project will contribute to the improvement of the coverage and quality of women and girls' healthcare services through climate-resilient and innovative health systems strengthening initiatives focusing on low performing and climate affected geographical areas in Ethiopia. Which is aligned with the Health Sector Transformation Plan to advancing Universal Health Coverage and promoting gender-sensitive healthcare interventions
2	Grievance redress, including for SEA/SH and GBV: legal provisions, what and how, mechanisms and procedures/processes	• Does the project have a GRM system in place, to which all workers have access, designed to respond quickly and effectively? • Does the project area present considerable SEA/SH and GBV risk?	Currently, the MOH has functional GRM system for other World Bank financed projects from federal to regional health systems. The World Bank and national legal procedures are used to manage stakeholders and GBV related grievances. .
3	Project Environmental and Social risk management	• What adverse effects would result from the project (risks, concern); • Why are the poor implementations of safeguard instruments and how it can be improved • Are there any past experience of MOH and the implementing agencies ES issues would present significant challenges or concerns given the nature of the Project's potential risks and impacts.	Potential environmental and social risks will be expected during the project's implementation. Based on the experiences in previous World Bank supported projects, inadequate attention given to the monitoring and evaluation of safeguard instruments was a serious drawback. In these respects, the level of awareness, knowledge and commitment required to monitor and evaluate the proper implementation of safeguard instruments is much lower than expected. MoH will prepare required safeguard instruments for any sub-projects activity that results in ES risks/impacts.

4	Land acquisition and entitlements: the rights of people over land territories and access to land and resources as encompassed in national laws;	Does the project require involuntary resettlement or land acquisition?	In relation to land acquisition and restriction of access to land, the consultation participants reiterated that the project is to finance the Build-Back-Better (BBB) of 112 primary hospitals in conflict affected areas. Most of the activities are expected to be carried out on the public land in existing medical facilities owned by Government. It was mentioned that any expansion plan which may trigger land acquisition needs to follow due diligence protocols stated in WB Land acquisition standards. The project will apply the mitigation hierarchy: avoid, minimize, and compensate the resettlement risks and impacts.
5	Security risk management: current risks and threats of security at project implementing areas.	• What is the extent of the current security risks and threats to the health workers from the conflict to implement the project? • What are the on-going efforts or intended measures to mitigate security risks and threats to health workers due to the current conflict?	As reported by the media, there have been recent incidents of insecurity in regions supported by the Project. Security measures has been designed to shield people and property from prospective hazards, including crime, sabotage, agitation and attacks. Different systems will be designed to protect different types of targets.

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Interviewed officials and expertise participants alike expressed their feeling of appreciation and thankful about the proposed project interventions focusing on the special needs of women and girls. Given the critical health problems owing to huge damage to health facilities due to climate stress and conflict, all the participants in the consultation invariably felt anxious even the delay of the proposed project interventions. However, both the officials and expertise in the consultation raised their concerns on how the project should be promptly and effectively implemented. Responses were given to these concerns that the Ministry of Health is highly committed in providing technical assistance in conducting the environmental and social assessment and preparation of the required E&S management plans for speedily project disbursement. Besides, the proposed institutional and implementation arrangements for the effective execution of the E&S safeguard instruments were discussed with the participants. Particularly, the health management members and workers consulted at the regional health bureau, Regional Environmental Protection Authority raised additional concerns on how to overcome the constraining factors of institutional gaps for the successful execution of the proposed project interventions. Responding to this concern, the innovative approaches to reach out to the inaccessible conflict-affected areas/communities and technical assistance and capacity building activities proposed in the project to strengthen the institutional capacity were shared with the participants. At the end, mutual understanding was made on the point and the officials and expertise agreed to play their roles and responsibilities for strengthening the project grassroots implementing arrangements.

7.3.Stakeholder Engagement Plan

A stakeholder engagement intends to build and maintain constructive relationships with the project-affected and other interested parties. Because the project circumstances and stakeholder concerns can change or new ones may emerge, stakeholder engagement is conducted throughout the project cycle. Accordingly, the SEP may need to be updated during project implementation. This allows improvement to the project implementation based on stakeholder feedback, and proactive management of concerns.

7.3.1. Strategies for effective and inclusive engagement

Iterative Process

The INSPIRER Project Stakeholder engagement will follow an iterative, two-way consultation process. This ensures continuous dialogue between implementing agencies and stakeholders, allowing:

- Exchange of information and local context insights,

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- Identification of issues, concerns, and question,
- Stakeholder input to shape project design and implementation, and
- Responsive actions by project teams based on feedback.

Meaningful Consultation

Consultations will be tailored to the needs of vulnerable and disadvantaged groups to ensure equity and inclusion. Key principles include:

- Assessing whether project impacts disproportionately affect vulnerable groups and addressing these risks,
- Building on existing community institutions and decision-making structures, and
- Recognizing gender and cultural dynamics, especially in HUCs, and ensuring women's voices and needs are explicitly considered.

Inclusive Consultation Strategies

Barriers such as language, mobility, socio-political exclusion, or limited access to information may hinder participation. To overcome these, the project will apply differentiated strategies:

- Identify vulnerable groups and their specific limitations in accessing or understanding project information,
- Address barriers such as language differences, transport challenges, inaccessible venues, or time constraints,
- Adapt communication to existing channels used by disadvantaged groups for information sharing, and
- Ensure accessibility by scheduling consultations at appropriate times and locations, and providing inclusive formats.

The project will employ an **iterative and meaningful consultation** process with specific strategies to address potential barriers:

- **Digital Literacy and Data Privacy Focus:**
    - Consultations will explicitly cover the ethical use and privacy implications of digital data collection (HPV tracking, M-Mama, AI-enabled ultrasound) with users and community leaders.
    - Information disclosure will detail the Data Governance Standards and clarify how individual patient data will be protected and anonymized for decision-making.

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- Training for HEWs and clinic staff will include modules on communicating data privacy and parental consent when the service is provided in the school set up in a culturally sensitive and accessible manner.

- **Targeted Outreach to Vulnerable Groups:** The strategy recognizes that vulnerable groups, including in-school and out-of-school adolescent girls, women in conflict or climate-stressed areas, and people with disabilities face limitations that may hinder their participation. To ensure equitable inclusion of all project beneficiaries:
  - Female facilitators will be engaged, and consultation venues/times will be sensitive to women's schedules (e.g., separate sessions for men and women, meetings co-located with existing women's groups).
  - Support for transportation and childcare will be provided where necessary to enable participation.
  - Outreach measures will deliberately include adolescent girls, both in and out of school, acknowledging their age and gender as factors that may render them disadvantaged or vulnerable under the World Bank's Environmental and Social Framework (ESF).

7.3.2. Methods of engagement

Various methods of engagement will be used as part of the project's continuous interaction with the stakeholders, to ensure that different stakeholder groups are successfully reached and are involved in the process of consultation, decision-making and the development of impact management solutions. In addition to traditional public meetings and written materials, the project will utilize diversified methods to reach stakeholders, especially in remote areas:

Table 5 Methods of Stakeholders Engagement

Method	Target Stakeholder Group	Purpose	Frequency
Focus Group Discussions (FGDs)	Out-of-school girls, Women in water-scarce areas, HEWs	Detailed, qualitative feedback on the design and utilization of digital services (AI ultrasound, M-Mama), HPV uptake barriers, and new facility designs (WASH/Solar).	Quarterly/Ad-Hoc
Visual and Oral Media	Low-literacy communities	Dissemination of key project information, health promotion including HPV vaccination, and screening , and E&S risk mitigation measures (e.g., medical waste procedures, facility access) using infographics, audio spots, and short videos in local languages.	Continuous

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Community Radio/Mobile Outreach	Conflict/Climate-Affected Remote Areas	Disclose information on M-Mama emergency services, facility upgrades, Vaccination programs and screening services and the GRM, overcoming physical access barriers.	Biannually

The stakeholder engagement process will be conducted in an inclusive and equitable manner, with differentiated methods designed to accommodate the needs of vulnerable and disadvantaged groups. Logistical support such as transport, accessibility measures, and financial assistance will be provided where necessary to enable participation. For individuals unable or reluctant to attend large meetings, tailored approaches including home visits and small group discussions facilitated by health extension workers and women's development armies will ensure their voices are represented. Engagement will also occur at the grassroots level through community conversations and pregnant women's conferences, organized in close coordination with health centers and posts. To guarantee accessibility, project information will be made available in formats suitable for persons with disabilities, such as Braille or sign language interpretation, and adapted communication methods including oral presentations, sketches, physical models, and video demonstrations will be used in low-literacy areas. These measures collectively ensure that all stakeholders, regardless of circumstance, can access, understand, and contribute meaningfully to the consultation process.

7.4.Information Disclosure Methods

Project materials including proposals, educational resources (Vaccine, AI-enabled Ultrasound, m-MAMA), ESMF, ESMP, SEP, and SEA/SH & GBV Action Plans will be disclosed to the public. Registers of comments and suggestions will be maintained at health posts, centers, and hospitals, reviewed regularly by facility quality improvement committees, and escalated to higher management when necessary. Additional E&S appraisal documents will follow the same disclosure process.

The ESMF and ESMPs will be published electronically on the MOH and RHB websites to ensure broad public access. Stakeholder input will be encouraged through media announcements and notifications shared with NGOs and other relevant parties to promote active participation in consultations. Total estimated budget for information dissemination is 1,621,750 birr.

Table 6Stakeholder Engagement and Disclosure Methods

Stakeholder Group	Project Information Shared	Means of communication/ disclosure	Budget (ETB)
Community group	ESMF, ESMPs, and stakeholder engagement plan;	Through health extension workers, women development army and	328,750

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	Public Grievance Procedure; Regular updates on Project development.	meetings and other community gathering events	
Governmental sectors	ESMF, ESMP, Executive Summary, and Stakeholder Engagement Plan; Regular updates on Project development; Additional types of project's information if required for the purposes of regulation and permitting.	Dissemination of hard copies of the ESMF, ESMP, GBV Risk Prevention and Response Action Plan, and SEP at all sectoral offices and Project status reports if necessary as well as meetings and round tables.	243,000
Implementing partners	ESMF, ESMP, GBV Risk Prevention and Response Action Plan, and Stakeholder Engagement Plan; Public Grievance Procedure; Regular updates on Project development	Public notices. Electronic publications and press releases on the MOH website; Dissemination of hard copies at designated public locations; Press releases in the local media.	300,000
Health institutions and Health care workers	ESMF, ESMP and Stakeholder Engagement Plan; Regular updates on Project development; Additional types of Project's information if required for the purposes of regulation and permitting.	Dissemination of hard copies of the ESMF, ESMP, GBV Risk Prevention and Response Action Plan, and SEP at all sectoral offices and Project status reports if necessary as well as meetings and round tables.	500,000
Employees under the project	Employee/Workers Grievance Redresses Procedure; Updates on Project development.	Staff handbook. Email updates covering the Project staff and personnel; Regular meetings with the staff. Posts on information boards in the offices and on site. Reports, leaflets.	250,000
Total Budget for information disclosure			1,621,750

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8. Implementation Arrangement for Environmental and Social Management

The MoH, through its PIU, is the implementing agency for the INSPIRER Project, with the Office of the Minister providing oversight. The PIU will be staffed with environmental and social specialists to lead the ESMF process throughout the project cycle. MoH will deploy qualified staff and resources to manage E&S risks, while the PIU safeguards team ensures implementation and reporting.

Environmental and social management for the INSPIRER Project is anchored in the MoH's Grants Management Unit, guided by the ESCP and ESSs, overseen by the Project Steering Committee and Technical Committee, and supported by EPHI, EPSS, and Regional Health Bureaus. Contractors must comply with the ESCP and codes of conduct.

The PIU will oversee E&S risks across all subprojects, working closely with procurement, EPHI, EFDA, and partner institutions. MoH will submit regular monitoring reports to the World Bank on environmental, social, health, and safety performance, including stakeholder engagement, grievances, and incident reporting, in line with ESIRT requirements.

8.1. Roles and responsibilities during implementation of the ESMF

The roles and responsibilities of the primary implementing institutions and partner agencies in executing the ESMF are outlined below. This framework does not extend to the specific duties related to subsequent ESMPs or stand-alone management plans, which will be defined separately for each subproject through its respective management plan, as required under the ESMF.

1. Ministry of Health (MoH)

The Ethiopian Ministry of Health (MOH), together with its regional counterparts, is the lead implementing entity for the INSPIRER Project. The MoH leads and coordinates all environmental and social management functions ensuring safeguards are integrated, risks mitigated, compliance maintained, and accountability upheld across all project components.

Its core responsibilities include:

- Ensure preparation, disclosure, and adoption of environmental and social screening reports, ESIA, and management plans; integrate mitigation measures during implementation.

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- Guarantee adherence to World Bank ESSs, national regulations, and international standards, including management of adverse impacts.
- Oversee procurement, planning, coordination, monitoring, evaluation, and reporting; maintain documentation and evidence of resource use.
- Provide direction on ESMF implementation, recruit and contract safeguard experts, and monitor adherence to WB standards.
- Verify compliance with ESSs, ensure stakeholder engagement, grievance mechanisms, and compliance reviews are functional.
- Align E&S management with national health priorities, facilitate inter-ministerial coordination, and ensure timely enforcement of the ESCP.

2. Grants Management Unit (GMU) within MoH

The GMU serves as the operational hub for environmental and social management. It leads day-to-day safeguards implementation, including screening, mitigation, monitoring, and reporting, while coordinating stakeholder engagement with local authorities, health workers, and other partners. Key responsibilities include:

- Supervising and managing ESMF measures.
- Assigning staff to monitor and conduct community consultations.
- Maintaining records on E&S risks, ESMPs, impact assessments, and grievances.
- Reporting to the Office of the state minister on ESMF implementation.
- Ensuring service providers comply with safeguard requirements.
- Recruiting an Environmental and Social Safeguards Officer within one month of effectiveness.
- Integrating safeguards into procurement, budgeting, and work planning.
- Preparing semi-annual reports and incident notifications per ESCP protocols.
- Operating grievance redress mechanisms and ensuring inclusive community feedback.

3. Project Steering Committee (PSC)

The main role of the project steering committee is strategic oversight and policy alignment. Key responsibilities include:

- Provides overall governance and direction, ensuring the project remains aligned with national priorities and World Bank safeguard requirements.
- Reviews and approves annual work plans and budgets, guaranteeing that environmental

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and social risks are adequately resourced and integrated into implementation.

- Monitors compliance with the ESCP and ESSs across all implementing entities.
- Addresses and resolves systemic or high-level challenges that may hinder safeguard implementation, particularly in climate-stressed and conflict-affected regions.
- Embeds principles of gender equity, social inclusion, and climate resilience into strategic decisions, reinforcing accountability and sustainability.
- Facilitates coordination among ministries, agencies, and regional bureaus to ensure coherent policy guidance and smooth execution of project activities.

4. Project Technical Committee

The main responsibility of the project technical committee is technical assurance. The key responsibilities include:

- Provides expert guidance on safeguard-sensitive innovations, including AI-enabled ultrasound and advanced medical waste management technologies.
- Ensures all infrastructure designs and health interventions adhere to climate-resilient, environmentally sound, and socially responsible standards.
- Promote continuous improvement by integrating lessons learned and feedback from field-level implementation into project design and decision-making.
- Builds technical capacity across implementing institutions to ensure consistent application of environmental and social safeguards.
- Acts as a bridge between Project Steering Committee and operational management ensuring technical rigor complements policy direction.

5. Supporting Institutions

- EPHI: Leads integration of environmental and public health data for predictive modeling and surveillance. Supports ESMP design for health facilities.
- EPSS: Ensures pharmaceutical supply chains comply with environmental standards (e.g., packaging, disposal). Supports safe handling and storage protocols.

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- RHBs: Localize safeguard implementation, ensuring community engagement, grievance redress, and culturally appropriate mitigation. Monitor contractor compliance and report incidents.

6. Contractors & Service Providers

Contractors and health care service providers are frontline executors of safeguard-sensitive activities. Key Responsibilities include:

- Must comply with ESCP and relevant ESSs, especially ESS2 (Labor), ESS3 (Pollution), ESS4 (Community Health), and ESS10 (Stakeholder Engagement).
- Required to adopt and enforce codes of conduct addressing SEA/SH, child protection, and occupational safety.
- Must integrate environmental and social clauses into bidding documents and contracts.
- Accountable for reporting incidents and implementing corrective actions under supervision of GMU and RHBs.

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9. Capacity Building and Training Requirements

For the effective implementation of the ESMF, the MoH must oversee a tiered capacity-building program. This ensures that every actor from high-level federal coordinators to frontline healthcare workers understands their specific E&S responsibilities.

A total of 6.5 million Birr is estimated for capacity building activities. Below is a detailed breakdown of the three primary training requirements for the effective implementation of the ESMF.

A. Management & Strategic Training (High-Level)

Target Group: Grant Management Unit (GMU), MoH senior leadership, Project Steering Committee

Purpose: Strengthen governance, oversight, and accountability for environmental and social risk management across the project portfolio.

B. Technical Implementation Training (Mid-Level)

Target Group: Regional Health Bureaus (RHBs), HCF focal persons, EFDA, EPSA, MoH E&S specialists, technical working groups.

Purpose: Equip technical staff with practical skills to implement the ESMF and ensure compliance with national and World Bank standards.

C. Awareness & Community Sensitization (Broad Level)

Target Group: Local beneficiary communities, frontline health workers, subproject contractors

Purpose: Build transparency, safety, and trust at the site level by ensuring communities and workers understand their rights and responsibilities.

Table 7 Environmental and Social Management Capacity Building Plan

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Training Level	Target Group	Purpose	Key Focus Areas	Expected Outcomes	Budget in Birr
Management & Strategic Training (High-Level)	Grant Management Unit (GMU), MoH senior leadership, Project Steering Committee	Strengthen governance, oversight, and accountability for environmental and social risk management across the project portfolio.	• National Legal & Regulatory Frameworks and World Bank ESF Overview • Major Environmental and Social Risks and Impacts of the Project • E&S Risk Governance and Strategic Decision-Making and Portfolio Oversight • Grievance Redress Mechanism (GRM) • Stakeholder Engagement	• Senior leadership able to interpret E&S risks at portfolio level • Clear accountability structures for compliance and reporting • Strengthened governance culture around environmental and social safeguards	2,500,000
Technical Implementation Training (Mid-Level)	Regional Health Bureaus (RHBs), HCF focal persons, EFDA, EPSA, MoH E&S specialists, technical working groups	Equip technical staff with practical skills to implement the ESMF and ensure compliance with national and World Bank standards.	• Use of E&S screening checklists for risk categorization and project scoping • Environmental and social impact assessment and management plan development • Use of GIS and Remote Sensing tools in ESIAs • Implementation of GBV/SEA Action Plans, referral pathways, and Codes of Conduct • Procedures for registering, processing, and resolving complaints effectively • Monitoring & Reporting	• Technical staff proficient in applying ESMF procedures • Improved compliance with Ethiopian and World Bank E&S requirements • Strengthened institutional capacity for risk management and sustainable delivery	2,000,000
Awareness & Community Sensitization (Broad Level)	Local beneficiary communities, frontline health workers, subproject contractors	Build transparency, safety, and trust at the site level by ensuring communities and workers understand their rights and responsibilities.	• Potential Environmental and Social Impacts of the Project • Major protocols for dust, noise, waste, OHS, community health and safety, and GBV prevention • Proper use of PPE, emergency	• Communities aware of safety measures and grievance channels • Contractors and frontline workers compliant with OHS and SEA/SH standards	2,000,000

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			response procedures, and safe work practices • Access to GRM, expected contractor behavior, and SEA/SH prevention measures • Inclusive Engagement	• Enhanced trust and transparency between project teams and local stakeholders	
Total					6,500,000

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10. Grievance Redress Mechanism

10.1. Project-Specific GRM

A grievance mechanism for the INSPIRER project is designed based on an understanding of the issues that are likely to be the subject of concerns and grievances. Grievance about the project may arise for different reasons. The project information may not be disclosed in relevant local languages and in a manner that is accessible and culturally appropriate, considering any specific needs of groups that may be differentially or disproportionately affected by the project or groups of the population with specific information needs. The process may not encourage stakeholders' feedback, particularly those vulnerable individuals and groups as a way of informing project design and implementation. The project-affected communities and vulnerable groups may raise concerns about equitable access and quality PHC services. More importantly, grievances and disputes may arise during the implementation of health facilities renovation.

How the project responds (or is perceived to be responding) when such grievances surface is important and can have significant implications for the overall implementation of the project. Thus, proposed Grievance Redress Mechanism (GRM) for the project was explained during stakeholder consultations. All project implementers were informed that the project will put in place a grievance mechanism with accessible and inclusive system, process, or procedure that receives and acts upon complaints and suggestions for improvement in a timely fashion and facilitates resolution of concerns and grievances arising in connection with the INSPIRER project, in particular about the project's environmental and social performance. Also, the affected communities were informed that the grievance mechanism will be proportionate to the potential risks and impacts of the project. ***Table 8*** outlines key consideration for the IPF project-specific grievance redress mechanism that will be established/strengthened to allow PAPs to complain about any decision or activities regarding the project.

Table 8 Key Considerations for Project GRM Procedure

No.	Key considerations	Detail about the GRM procedure
1	**Disclosure of the GRM**	The existence and condition of access to register (how, where, and when) shall be widely disseminated within the project implementation areas. To make INSPIRER project grievance mechanisms accessible to all stakeholders, it is helpful to advertise them publicly and broadly via newspapers, radio broadcasts, or other accessible and appropriate channels.
2	**Expectation When**	Affected or concerned people expect to be heard and taken seriously.

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	Grievances Arise	Thus, the MoH (Social Safeguard and GBV Specialists) and other respective regional, *Woreda*, and Kebele grievance Committee levels implementing agencies and stakeholders need to provide adequate information to people that they can voice grievances and work to resolve without fear of retaliation.
3	**Grievance Submission Method**	It is helpful to make the procedures to submit project-related grievances simple and easy to understand. Thus, project-related complaints can be submitted formally and informally through telephone (hotline), e-mail, MoH websites, program staff, text message (SMS), suggestion/complaint boxes, grievance form or in person. However, once the complaint is received, it will have to be documented in writing using a standard format containing detailed timeline for resolving conflict/complaint. Grievance mechanisms consider the cultural attributes of communities and their traditional mechanisms for raising and resolving issues.
4	**Registration of Grievances**	Complaints will be recorded in a log using standard format, examined, investigated and remedial actions will be taken.
5	**Management of Reported Grievances**	The procedure for managing grievances is expected to be as follows: • The affected or concerned person files his/her grievance relating to any issue associated with the project in writing or phone to the grievance Committee. Where it is written, the grievance note should be signed and dated by the aggrieved person. In addition, where it is phone, the receiver should document every detail. • Where the person affected or concerned is unable to write, the Committee will write the note on the aggrieved person's behalf. • Assigned/focal staffs at Regional and Woredas level will collaborate with kebele grievance Committee by giving them awareness training on how to document and report grievance.
7	***Gender-sensitive***	The project will ensure that the Grievance Mechanism is gender-sensitive during committee formation and implementation. It will ensure that women are represented in the GRM committee and the GRM equally address grievances received from men and women as well as vulnerable groups.
8	***Response time and transparency matter***	It is good practice for the project GRM to publicly commit to a certain time frame in which all recorded complaints will be responded to and to ensure this response time is enforced. This helps allay frustration by letting people know when they can expect to be contacted by the project area focal personnel and/or receive a response to their complaint. Combining this with a transparent process by which stakeholders can understand how decisions are reached inspires confidence in the project's GRM system

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9	**Grievances Reporting Mechanism**	e grievance reporting mechanism is as follows: • The lower grievance Committee (project sites) report the complaints registered, addressed and review unresolved grievance and forward them to the Woreda grievance Committee (WGC) every two weeks. • The WGC forward the list of grievances, their resolution and any unresolved cases to the Regional Appeal Committee (RAC) every month. • The RAC will be responsible for compiling submitted and processed complaints/grievances on regular basis and report to the environmental and social safeguard specialists in the MoH every two months. • The environmental and social safeguard specialists in the MoH compile grievance reports from the respective project target regions and submit to the World Bank on a quarterly basis.
10	***Don't impede access to legal remedies***	If the project is unable to resolve a complaint, it may be appropriate to enable complainants to have recourse to external experts. These may include public defenders, legal advisors, legal NGOs, or university staff. The Environmental and Social Safeguard specialists in the MoH are required to work in collaboration with these third parties and affected communities to find successful resolution of the issues. However, this is not always possible, and situations may arise where complainants will choose to pursue further legal system. In such a case, MoH will inform the person with complaints his right to resort to the formal Court System.

10.2. The World Bank Group Grievance Service

According to World Bank Grievance Redress, communities and individuals who believe they are adversely affected by a Bank-supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns and impacts. Project affected communities and individuals may submit their complaint to the Bank's Independent Inspection Panel, which determines whether harm occurred, or could occur, because of the Bank's noncompliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the Bank's attention and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate GRS, see http://www.worldbank.org/GRS, and Bank's Inspection Panel, see www.inspectionpanel.org. The Bank's GRS will be shared with the project affected community as part of project information disclosure. Considering the very low literacy level of the project affected communities to access the Bank's GRS through website, the GRM provide alternative means including but not limited to posting the phone number of the Bank's GRS and Inspection Panel at the Country Office on community notice board.

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Annex I: ES Screening form

I. Screening Template for Potential Environmental and Social Issues

This form is to be used by the ES risk management specialists of the Project Implementation Unit (PIU) and ES focal persons at partner and beneficiary institutions to screen for the potential environmental and social risks and impacts of a proposed subproject. Sub project refers to the set of activities derived from the INSPIRER project Component and sub-component activities including civil works, technical assistance and consultancies for which support through investment project financing is sought by the client. Subproject ES measures therefore apply to HCF where investments have been made. It will help the PIU, partner and beneficiary institutions ES specialists/focal persons in identifying the relevant Environmental and Social Standards (ESS), establishing an appropriate ES risk rating for these subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans. Use of this form will allow the PIU to form an initial view of the potential risks and impacts of a subproject***. It is not a substitute for project-specific ES assessments or specific mitigation plans.***

A note on *Considerations and Tools for ES Screening and Risk Rating* is included in this Annex to assist with the process.

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

Subproject eligibility check:

Subproject eligibility/ exclusion criteria question	**Yes**	**No**
1. Will the subproject involve activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) impacts?		
2. Will the subproject involve activities that have high probability of causing serious adverse effects to human health and/or the environment?		

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Subproject eligibility/ exclusion criteria question	Yes	No
3. Will the subproject involve activities that may have significant adverse social impacts and may give rise to significant social conflict?		
4. Will the subproject involve activities that may affect lands or rights of historically marginalized people or other vulnerable minorities?		
5. Will the subproject activities likely to involve permanent resettlement or land acquisition or impacts on cultural heritage?		
If any of the above questions are answered as "Yes", the proposed subproject is not eligible for financing under the INSPIRER Project.		

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities? Could climate change or extreme weather adversely impact the project?			ESS1	ESIA/ESMP, ICWMP, SEP
Does the subproject involve restrictions on land use?			ESS5 and ESS10	RAP and SEP
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESIA/ESMP, ICWMP, SEP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESIA/ESMP, ICWMP, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?			ESS1 and ESS 3	WMP, E&S specialist and budget
Does the subproject involve recruitment of workers including direct, contracted, primary supply and/or community workers?			ESS2	LMP, SEP C-ESMP
Does the subproject have appropriate OHS procedures in place and an adequate supply of PPE (where necessary)?			ESS 2	LMP, C-ESMP
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?			ESS2	LMP and C_ESMP

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Does the subproject involve trans boundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP, ICWMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESIA/ESMP, SMP,SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?			~~ESS7~~	Indigenous Peoples Plan/Plan/another plan reflecting agreed terminology
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1, ESS 4	ESIA/ESMP, SEP , SEA/SH and Action plan, Code of Conduct
Does the subproject carry risk that disadvantaged and vulnerable groups may have inequitable access to project benefits?			ESS1	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			*OP7.60 Projects in Disputed Areas*	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways[6]?			*OP7.50 Projects on International Waterways*	Notification (or exceptions)

Conclusions:

1. **Proposed project is eligible for financing under the project criteria**

   ……..

2. **Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low)** based on the World Bank Environmental and Social Directive for Investment Project Financing of Jan 28, 2020. Available at: https://ppfdocuments.azureedge.net/698faa01-d052-4eb3-a195-055e06f7f3fd.pdf.
   Provide Justifications

   ……..

3. **Proposed ES Management Plans/ Instruments:** EESIA/ ESMP/LMP
   ……..

[6] International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

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ANNEX II: Environmental and Social Management Plan (ESMP) Template

Introduction

The Environmental and Social Management Plan (ESMP) provides a framework for managing environmental and social risks across the project lifecycle: planning, design, construction, operation, and decommissioning. The ESMP table identifies key risks and proposes mitigation measures, drawing on the identified E&S risks of the INSPIRER project. The generic ESMP table must be tailored during each sub-project's Environmental and Social Impact Assessment to reflect specific conditions.

Regional E&S focal persons, in collaboration with the PIU, will prepare ESMPs for all Schedule II subprojects, adapting and updating relevant sections of the ESMF as necessary. In addition to risk matrices, each ESMP should include institutional arrangements, capacity building and training plans, and relevant background information.

Development of the ESMP should be guided by National E&S legislations, WBG EHS Guidelines, WHO technical documents, and other GIIPs, ensuring alignment with international good practice. Stakeholder engagement is critical, particularly involving medical and healthcare waste management professionals. The ESMP should also integrate specialized instruments such as the ICWMP, SEP, LMP, and Medical Waste Management Plan.

The ESMP has the following contents:

A. Sub-Project description including log frame and project activities, location, and geographic extent of the project.

B. Brief reference to the legal framework in the host country relevant for environmental and social management, and how the projects ensure compliance.

C. Complete list of identified negative effects, risks, and impacts that specific project activities may cause and their significance.

D. The ESMP identifies measures and actions by the mitigation hierarchy that reduce potentially adverse environmental and social impacts to acceptable levels. The plan will include compensatory measures, if applicable. Specifically, the ESMP:

I. Identifies and summarizes all anticipated adverse environmental and social impacts (Including those involving indigenous people or involuntary resettlement);

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II. Describes—with technical details—each mitigation measure, including the type of impact to which it relates and the conditions under which it is required (e.g., continuously or in the event of contingencies), together with designs, equipment descriptions, and operating procedures, as appropriate.

III. Estimates of any potential environmental and social impacts of these measures; and

IV. Considers, and is consistent with, other mitigation plans required for the project (e.g., for involuntary resettlement, Indigenous Peoples, or cultural heritage).

E. The ESMP identifies monitoring objectives and specifies the type of monitoring, with linkages to the impacts assessed in the environmental and social assessment and the mitigation measures described in the ESMP. Specifically, the monitoring section of the ESMP provides

(a) a specific description, and technical details, of monitoring measures, including the parameters to be measured, methods to be used, sampling locations, frequency of measurements, detection limits (where appropriate), and definition of thresholds that will signal the need for corrective actions; and

(b) monitoring and reporting procedures to (i) ensure early detection of conditions that necessitate mitigation measures, and (ii) furnish information on the progress and results of mitigation.

F. Capacity development and training plan

To support the timely and effective implementation of environmental and social project components and mitigation measures, the ESMP draws on the environmental and social assessment of the existence, role, and capability of responsible parties on site or at the agency and ministry level.

G. Specifically, the ESMP provides a specific description of institutional arrangements, identifying which party is responsible for carrying out the mitigation and monitoring measures (e.g., for operation, supervision, enforcement, monitoring of implementation, remedial action, financing, reporting, and staff training).

To strengthen environmental and social management capability in the agencies responsible for implementation, the ESMP recommends the establishment or expansion of the parties responsible, the training of staff, and any additional measures that may be necessary to support the implementation of mitigation measures and any other recommendations of the environmental and social assessment.

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H. Implementation schedule and cost estimates

For all three aspects (mitigation, monitoring, and capacity development), the ESMP provides an implementation schedule for measures that must be carried out as part of the project, showing phasing and coordination with overall project implementation plans; and the capital and recurrent cost estimates and sources of funds for implementing the ESMP. These figures are also integrated into the total project cost tables.

I. Integration of ESMP with the project

Each of the measures and actions to be implemented will be specified, including the individual mitigation and monitoring measures and actions, and the institutional responsibilities relating to each, and the costs of so doing will be integrated into the project, overall planning, design, budget, and implementation.

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Table 9Generic Environmental and Social Management Plan for INSPIRER Project

S.N	Potential Environmental & Social Impacts	Mitigation Measures	Indicator	Responsible	Time frame
A. Environmental and Social Risks During Planning and Design Phase					
1.	**Renovation Works** Inadequate planning and weak stakeholder engagement can cause ineffective improvements, unaddressed concerns, and costly delays.	• Assess facility needs, including space use, patient flow, and infrastructure gaps. • Engage staff, patients, and community in planning to ensure relevant improvements. • Ensure compliance with health regulations, codes, accessibility, and safety standards. • Design flexible spaces adaptable to future healthcare demands or emergencies. • Use durable, eco-friendly, and energy-efficient building materials. • Incorporate infection-control features such as easy-to-clean surfaces and proper ventilation.	• % of renovated HCFs with eco-friendly, energy-efficient materials, and infection-control features such as adequate ventilation and easy-to-clean surfaces. •	MoH/ HILLEO, RHBs	During Planning and design preparatio n
2.	**Solar Energy Systems** High upfront costs limited local materials, and poor site assessments risk delays and reduced sustainability.	• Assess site solar potential (roof orientation, shading, climate). • Integrate with existing electrical infrastructure for reliability. • Size systems to meet current and future energy needs. • Align installation with facility aesthetics. • Ensure easy access for maintenance and monitoring.	• % of HCFs with site potential assessments (roof orientation, shading, climate) and fully integrated with existing electrical infrastructure to ensure reliability.	MoH/ HILLEO, RHBs	During Planning and design preparatio n
3.	**Waterless Toilets** Weak communication and non-inclusive planning may trigger resistance,	• Assess system suitability for healthcare context (patient load, hygiene, climate). • Engage users early to address concerns and build acceptance.	% of HCFs with waterless toilet systems: • Conducted suitability assessments (patient load, hygiene, climate),	MoH/ HILLEO, RHBs	During Planning and design preparatio

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	misconceptions, and inequitable impacts on vulnerable groups.	• Ensure user-friendly, accessible design for all, including persons with disabilities. • Integrate compliant waste management systems for safe disposal. • Provide clear educational materials on use and benefits	• Integrated compliant waste management systems, • Distributed educational materials on use and benefits.		n
B. Environmental Impacts and Mitigation Measures During Construction Phase					
4.	Waste Generation and Pollution Risks	• Implement site-specific methodologies for safe handling of hazardous waste (oils, lubricants, asbestos, lead paint). • Apply waste minimization practices through segregation, reduction, recycling, and reuse. • Establish clearly marked facilities for solid waste collection and ensure hazardous waste is managed separately in line with regulations. • Dispose of all construction waste only at designated, approved sites and in compliance with legal standards. • Post warning notices and enforce safe handling protocols across construction areas. • Cover vehicles transporting soil or debris to prevent dust emissions and spillage. • Continuously monitor waste management practices to ensure compliance and identify improvements.	• # of sites with construction waste management plan • # of sites practicing safe disposal of construction waste • # of sites with a dedicated waste bin for hazardous waste • # of sites with safe handling and disposal of used oils • % of provision of adequate secondary containment for fuel storage tanks	MOH, RHB, contractor	Throughout construction
5.	Air Pollution and Dust Emissions	• Implement effective dust suppression methods, such as regular water spraying at construction sites to reduce airborne particles. • Store construction materials in covered areas to prevent dust generation from exposed materials.	• Frequency of dust suppression at the site, • # of vehicles and machinery in good condition • % of workers using PPEs	MOH, RHB, contractor	Throughout construction

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		• Regularly monitor dust levels to assess air quality and adjust suppression controls as necessary, maintaining a proactive stance on air quality management. • Enclose the demolition site with fencing and cover it appropriately to mitigate dust emissions and improve site security. • Enforce strict speed controls for vehicles on site and limit unnecessary traffic within the project area to minimize dust generation during waste hauling and other operations.	• % of working areas well-ventilated to prevent inhaling • % of fully covered vehicles transporting sand and other dust-generating material • % of vehicular routes with speed limit and mapping out of vehicular routes		
6.	Noise and Vibration Pollution	• Limit noisy construction activities to daylight hours to minimize disturbances during the night when residents are more likely to be resting. • Install proper sound barriers and containment on the construction machinery. • Regularly monitor noise and vibration levels to ensure compliance with established thresholds and promptly address violations. • Sensitize construction truck drivers to minimize noise pollution by: ○ Switching off vehicle engines during loading and unloading. ○ Avoiding unnecessary honking, particularly in sensitive areas like hospitals, schools and residential neighborhoods.	• Frequency of scheduled noisy activities during less sensitive hours (e.g., daytime, weekdays). • Rate of avoiding nighttime construction activities. • % of sites applying noise barriers • # of sites implementing proper operation and maintenance of vehicles and machinery. • # of community complaints and resolution rate. • % of workers using PPE.	MOH, RHB, contractor	Throughout construction & installation works.

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		• Ensure that all machinery is kept in good condition; regular greasing and maintenance can significantly reduce friction-related noise generation. • Inform and consult with residents about the noise and vibration impacts of the project.			
7.	Water Pollution and Temporary Disruption of Utility Services	• Design safe runoff channels and drainage systems to direct water away from sensitive areas and minimize pollution of nearby water bodies. • Prevent pollution by hazardous substances such as oil, fuel, cement sludge, chemicals, paints and detergents through proper storage and handling of these substances. • Regularly monitor water quality around the construction sites to detect and address any pollution issues promptly.	• % of properly collected used oil and other chemicals, and safely disposed of • # of oil/chemical spill incidents into water bodies • # of drainage blockages or failures reported per month • # of corrective actions taken following pollution detection.	MOH, RHB, contractor	Throughout construction & installation works.
8.	Impact on Resource Efficiency	• Implement water-efficient technologies and promote water conservation practices, including self-supply and the use of alternative sources. • Source construction materials responsibly by prioritizing local suppliers to reduce transportation and support local economies. • Promote efficient practices in energy and water use throughout the construction process. • Use of green building materials, energy-efficient designs, and renewable energy sources to improve resource efficiency.	• # of water-saving practices implemented (e.g., reuse, low-flow equipment • # of renewable energy sources installed • # HCFs applying proper healthcare waste management • # of projects practicing energy conservation.	MOH, RHB, contractor	Throughout construction & installation works.

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		• Prioritize energy-efficient devices and servers and specify minimum energy performance standards during procurement.			
9.	Occupational Health and Safety Hazards **a)** Physical Hazards:	• Assign a site supervisor to monitor safety compliance and address concerns. • Provide training on incident prevention, safe handling of utilities/machinery, and emergency procedures. • Equip workers with adequate PPE and ensure daily inspection of safety gear. • Install fire extinguishers, first aid kits, warning signs, restricted zones, and overhead protection. • Use clear signage and barriers to safeguard workers and the public. • Conduct regular safety monitoring and enforce national regulations. • Establish evacuation procedures and ensure immediate reporting of serious incidents to RHB/MoH, with MoH notifying the World Bank within 24 hours.	• Compliance with availability and usage of workers' PPE by workers. • Availability of adequate sanitary facilities for workers at project sites and adequate safety signage • Frequency of ongoing monitoring and reporting of OHS performance.	MOH, RHB, contractor	Throughout construction & installation works.
	b) Electrical Hazards:	• Employ technicians who oversee and provide maintenance for any malfunctioning electric devices. • Regularly inspect and test all electrical installations and equipment. • Disconnect equipment attached to high-voltage or high-amperage power sources. • Provide and train personnel in using Personal Protective Equipment (PPE). • Mark works site hazards and trains in hazard symbol recognition.	• % of sites recruit technicians to maintain electric devices • % of construction sites with a fence • % of sites with a functional first aid kit • Availability and use of PPEs	MOH, RHB, contractor	Throughout construction & installation works.

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		• Provide a full first aid kit at the construction yard. • Fence the construction site to restrict unauthorized entry and curb electrical accidents.			
	c) Chemical Hazard	• Implement a strict schedule for waste removal. • Establish designated disposal areas and train workers on their proper use. • Store paints, solvents, and adhesives in well-ventilated areas away from ignition sources. • Clearly label all flammable material containers and use appropriate hazard signage.	• # of designated disposal areas established • % of workers trained on proper disposal practices • % of paints/solvents/adhesives stored in ventilated areas • # of storage areas inspected and compliant with safety standards • Presence of hazard signage in all storage areas (yes/no).	MOH, RHB, contractor	Throughout construction & installation works.
	d) Fire and Explosion Hazards:	• Train workers on fire hazards, flammable material handling, and emergency response. • Prohibit spark-generating devices near flammable substances; store fuels safely. • Provide accessible fire extinguishers, alarms, and smoke detectors in key areas. • Conduct regular fire hazard inspections and corrective actions. • Develop and implement an emergency response plan with clear evacuation routes and roles. • Maintain effective communication channels for immediate fire or emergency reporting.	• # of accidents, injuries, and fatalities managed on-site. • Compliance with PPE usage for workers, • % of sites with functional firefighting devices • % of sites with functional smoke detectors • % of sites with proper emergency management plan	MOH, RHB, contractor	Throughout construction & installation works.
	e) SEA/SH and GBV Risks within	• Enforce a signed Code of Conduct with clear consequences for violations. • Integrate GBV awareness and referral information into project communications.	• % of staff who signed Code of Conduct	MOH, RHB, contractor	Throughout construction &

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	Workplace	• Provide confidential hotlines and reporting mechanisms for incidents. • Maintain a confidential grievance mechanism with clear referral pathways for support services.	• % of project communications including GBV awareness messages • Existence of functional confidential hotline (yes/no) • # of violations addressed with documented consequences • # of referrals made to GBV support services • Existence of confidential grievance mechanism (yes/no • % of grievances resolved within defined timeframe		installation works.
	f) Occupational Risks in Conflict Areas	• Enforce security protocols to safeguard personnel in volatile areas. • Use secure transport and coordinate movements with authorities. • Train staff on conflict sensitivity and personal safety. • Develop contingency plans with flexible timelines and routes. • Empower local staff and volunteers to sustain operations during access restrictions. • Build trust through transparent, participatory communication. • Apply real-time monitoring to detect risks and adjust interventions.	• % of sites implementing security protocols • # of security incidents reported per quarter • % of staff movements coordinated with authorities • # of transport-related security breaches • % of staff trained on conflict sensitivity and personal safety	MOH, RHB, contractor	Throughout construction & installation works.

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		• Strengthen resilience by leveraging local capacity for service continuity.	• Existence of contingency plans with flexible routes/timelines (yes/no) • % of operations sustained by local staff/volunteers during access restrictions • Frequency of community engagement meetings.		
C. Social Impacts and Mitigation Measures During Construction Phase					
10.	Community Health and Safety Risks *a) Risks of Increased Traffic Accidents*	• Schedule works to minimize disruption to healthcare services. • Ensure safe transport of materials, preventing hazardous releases. • Use trained drivers, avoid risky routes/times, and apply speed control with remote monitoring. • Maintain vehicles regularly to meet safety standards. • Limit construction during peak traffic to reduce congestion and accidents. • Coordinate with communities and authorities to improve signage, visibility, and pedestrian safety, especially near schools.	• # of project-related traffic incidents reported • Functionality of traffic safety measures (signage, speed control, vehicle checks) • Compliance rate with driver training and safe driving protocols.	MOH, RHB, contractor	Throughout construction & installation works.
	b) Risks of Communicable Diseases	• Enforce sustainable waste management and hygiene protocols to protect health and environment. • Conduct routine staff health screenings and vaccinations.	• # of new disease cases linked to project activities • Availability and use of sanitation/waste facilities • Frequency of health screenings and awareness campaigns	MOH, RHB, contractor	Throughout construction & installation works.

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		• Prioritize local hiring with skill-training to reduce external labor influx. • Provide secure, self-contained accommodation for external workers. • Deliver mandatory SEA/SH/GBV training, ensure confidential reporting, and link victims to support services. • Implement worker training and community education to align operations with local expectations.	•		
11.	Risks related to Labor and Working Conditions d) Terms of Agreement and Management of Workers' Related Risks	• Provide workers with clear information on employment terms, rights, and benefits. • Issue legally binding contracts outlining roles and responsibilities. • Ensure fair treatment and equal opportunity, preventing discrimination. • Offer counseling and stress management support for worker well-being. • Establish accessible grievance mechanisms with safeguards against retaliation.	• % of workers with signed contracts and clear terms • # of counseling/stress management sessions conducted • Resolution rate of worker grievances	MOH, RHB, contractor	Throughout construction & installation works.
	e) Child Labor	• Enforce minimum employment age per national law (14 or higher). • Verify age with official documents before hiring. • Maintain worker records for inspection and allow sudden audits by authorities. • Immediately terminate employment if underage workers are found and sanction responsible contractors.	• % of worker age records verified • Compliance rate with child labor laws during audits • # of child labor-related grievances resolved	MOH, RHB, contractor	Throughout construction & installation works.

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		• Ensure strict adherence to labor laws and child protection policies to safeguard children's welfare.			
	f) Labor Influx	• Prioritize local hiring to foster support and reduce tensions. • Ensure non-discriminatory recruitment with equal access to opportunities. • Enforce Worker Code of Conduct with mandatory SEA/SH prevention training. • Provide grievance mechanisms for workers and residents with timely resolution.	• % of local workers hired • # of SEA/SH prevention training conducted • Functionality of grievance redress mechanism (GRM).	MOH, RHB, contractor	Throughout construction & installation works.
1.	Disruption of Health Services	• Use phased construction schedules to maintain essential services. • Communication timelines and service changes clearly to patients, staff, and communities. • Provide temporary service points to ensure uninterrupted healthcare access. • Collaborate with hospital management to safeguard emergency access. • Define and communicate clear routes for emergency vehicles and critical deliveries	• # of service disruptions reported during construction • Availability of temporary service points • Functionality of emergency access routes	MOH, RHB, contractor	Throughout construction & installation works.
2.	Anticipated risks to Historically Underserved Communities (HUCs)	• Involve HUCs in all stages of planning, consultation, and implementation. • Enforce protocols to prevent undesired contracts and discipline CoC violations. • Train workers on socio-cultural norms and traditions of affected communities, especially remote or isolated groups.	• # of community engagement sessions held • % of workers trained on socio-cultural norms • # of grievances resolved related to community interactions	MOH, RHB, contractor	Throughout construction & installation works.
3.	Damage or Disruption to Tangible and Intangible Cultural Heritage	• Immediately halt construction to prevent further disturbance.	• # of chance-find procedures implemented • % of findings documented and reported	MOH, RHB, contractor	Throughout construction &

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		• Mark and secure site boundaries to avoid encroachment. • Protect removable objects with fencing, signage, or security personnel. • Notify project E&S experts and supervisors, who must inform local Culture and Tourism authorities within 24 hours.	• Staff trained to recognize and report cultural heritage		installation works.
4.	GBV-SEA/SH Risks	• Apply risk-based approaches to prevent SEA/SH and integrate GBV measures into ESMPs. • Raise awareness among agencies and contractors; disseminate clear prohibitions at project sites. • Conduct stakeholder consultations and collaborate with local GBV support services. • Ensure continuous monitoring, feedback, and alignment with broader GBV prevention efforts. • Require all workers to sign Codes of Conduct and receive SEA/SH awareness training. • Establish GBV-sensitive grievance channels and provide separate hygiene facilities for men and women. • Engage schools and communities with targeted SEA awareness activities, especially for adolescent girls.	• % of staff trained on SEA/SH prevention • Availability of separate facilities for men and women • # of SEA/SH complaints investigated and survivors supported	MOH, RHB, contractor	Throughout construction & installation works.
D. **Environmental Impacts and Mitigation Measures During Operation Phase**					
5.	Impacts of Health Care and Medicinal Waste	• Establish and maintain waste systems scaled to facility risks. • Implement Infection Control and Waste Management Plans for each HCF.	• % of waste segregated at source • % of hazardous waste handled separately • Functionality of secured waste zones	RHB and HCFs	Throughout operation

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		• Neutralize pathogens via incineration, autoclaving, or chemical disinfection. • Transport and dispose of waste per regulations using specialized facilities. • Train staff on safe segregation and handling practices. • Minimize disposables, promote reuse, and reduce waste generation. • Monitor compliance, encourage recycling, and energy recovery. • Regularly maintain incinerators and adopt cleaner treatment technologies.			
6.	Impacts of Radioactive and Electronic Waste	• Promote product design that minimizes waste and supports reuse, repair, and recycling. • Reduce radioactive waste by using safer materials, reusing, recycling, and alternative processes. • Establish efficient e-waste collection systems with drop-off centers and programs. • Apply safe e-waste treatment methods: dismantling, shredding, and material separation. • Enforce regulations to protect health and environment from e-waste risks. • Educate the public on e-waste hazards and safe disposal practices.	• # of awareness sessions conducted • Functionality of e-waste collection system • Availability of recycling/minimization practices	RHB and HCFs	Throughout operation
7.	Solid Waste Generation	• Implement a comprehensive waste management plan that includes segregation, storage, treatment and disposal of medical and non-medical waste. • Train healthcare staff on effective waste segregation practices and relevant legislation to ensure compliance with safety standards.	• % of facilities implementing segregation and disposal protocols • # of waste audits conducted • Compliance rate with national waste standards	RHB and HCFs	Throughout operation

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		• Conduct periodic audits of waste management practices to identify areas for improvement and ensure adherence to established protocols.			
8.	Impact on water quality	• Treat effluents (all medical liquid wastes) and sewage before disposal into the environment. • Ensure that water exists through the sink drains will be diverted to a retention tank where it will be disinfected before being sent to the sewer system. • Conduct water quality monitoring and testing at the distribution and detect contamination. • Employ proper management of solid waste to prevent any contact between the waste and stormwater. • Regularly monitor the waste treatment plant as per the technical requirements. • Inspect & clean the storm water system before heavy rain every year. • Adopt best management practices to prevent water wastage and minimize water loss.	• Frequency of water quality testing and compliance with standards • # of pollution incidents prevented (oil/chemical spills) • % of proper waste and chemical handling practices	RHB and HCFs	Throughout operation
9.	Impacts of Noise Pollution	• Use continuous insulation in building enclosures from the sources, exterior walls, and roofing system designs to decrease the impact of noise pollution from the surrounding traffic areas. • Isolate noise sources such as boilers, generators, and the provision of ear protectors to employees working in areas where noise levels exceed noise limits. • Conduct all noisy activities during the day when permissible levels are higher. • Provide PPEs and monitor their utilization by employees working in noisy areas.	• # of community complaints resolved • % of workers using PPE in noisy areas • Frequency of scheduling noisy activities during permissible hours.	RHB and HCFs	Throughout operation

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		• Use equipment with low noise ratings or noise reduction technologies and regularly, maintain the machines and equipment as per the manual.			
10.	Impacts on soil	• Treat the effluents and sewage and ensure proper disposal. • Ensure that water exiting through the sink drains would be diverted to a retention tank where it would be disinfected before being sent to the sewer system. • Proper management of solid and liquid wastes as recommended in the document. • Chemical and biomedical waste generated should be managed as per the national guidelines.	• # of excavation sites limited to demarcated areas • Area of exposed surface under excavation • Frequency of erosion control measures applied	RHB and HCFs	Throughout operation
11.	Impacts on Utility	• Employ water conservation and only use the required amounts of water to prevent waste. • Use of a deep borehole as an alternative source of water, • Apply power-saving techniques such as switching off equipment when not in use and using natural light whenever possible, • Install and use solar power for minor operations, • Use only the required amounts of water during normal operations, • Place signs of conservation of water and electricity. • Create awareness about water and power-saving techniques for the workers.	• % of facilities using renewable/efficient energy sources • # of water-saving technologies applied • Rate of climate-resilient infrastructure adoption.	RHB and HCFs	Throughout operation
12.	Resource Overuse and Unsustainable Practices	• Reduce energy use with efficient lighting and appliances. • Source materials locally from sustainable suppliers.	• % reduction in energy/water consumption • # of facilities sourcing sustainable materials • Compliance with rational use protocols for supplies.	RHB and HCFs	Throughout operation

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		• Extend equipment life through maintenance, storage, shared use, and timely updates. • Apply rational use protocols to minimize wastage of kits and single-use supplies. • Segregate medical and non-medical waste for safer handling and reduced disposal volumes. • Ensure proper siting, training, and maintenance of waterless toilets; manage related waste via approved pathways.			
13.	Occupational Health and Safety Risks	• Follow national, WHO, and CDC infection control standards. • Update and enforce facility OHS plans and emergency response protocols. • Conduct risk assessments and implement preventive measures. • Train healthcare workers on potential OHS risks. • Provide and enforce the use of adequate PPE for workers. • Create facility-specific waste management plans.	• Compliance rate with PPE usage • # of OHS incidents (accidents, illnesses, fatalities) • Frequency of OHS drills and emergency response exercises.	RHB and HCFs	Throughout operation
	Risk of SEA/SH and GBV in the Workplace	• Provide sufficient, gender-segregated facilities and ensure regular maintenance to promote safety and comfort. • Require all staff to undergo training on gender sensitivity and GBV prevention, with an emphasis on identifying and mitigating risks of sexual exploitation and harassment. • Establish a confidential GRM to enable survivors to report GBV incidents without fear, paired with clear support and referral pathways.	• % of staff trained on GBV/SEA prevention • Availability of gender-segregated facilities • Functionality of confidential GRM for survivors	RHB and HCFs	Throughout operation
E. **Social Impacts and Mitigation Measures During Operation Phase**					

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14.	Community Health and Safety Risks a. Traffic and Road Safety Risks	• Develop traffic and road safety risk management plans where needed. • Enforce strict vehicle maintenance and ensure proper lighting for visibility. • Provide driver training on defensive driving, emergencies, and hazardous situations. • Conduct regular driver competency assessments. • Secure HCFs with barriers, signage, and restricted access. • Maintain clear ambulance and patient access routes. • For hazardous material transport: label containers, provide shipping documents, ensure safe packaging, and train staff in handling and emergency procedures.	• # of traffic incidents reported near project sites • Compliance with vehicle maintenance and driver training • Functionality of ambulance/patient access routes	RHB and HCFs	Throughout operation
	b. Risks of Communicable Diseases	• Keep all project facilities clean, maintained, and in optimal condition. • Enforce zero-tolerance for unsanitary conditions; address waste and stagnant water promptly. • Implement health awareness campaigns on sanitation, hygiene, and facility use. • Conduct regular assessments to monitor cleanliness, maintenance, and equipment functionality.	• Frequency of sanitation inspections • # of awareness campaigns conducted • # of outbreaks linked to facility sanitation	RHB and HCFs	Throughout operation
15.	SEA/SH and GBV Risks	• Engage women's groups, vulnerable populations, and persons with disabilities to	• % of workers trained in GBV/SEA prevention • Availability of separate	RHB and HCFs	Throughout operation

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		ensure safe, accessible communal facilities; integrate feedback into management plans. • Equip facilities with functional door locks and adequate nighttime lighting to enhance safety.	toilets/washing facilities • Functionality of GBV-sensitive GRM		
16.	Disproportionate Risks on Historically Underserved Communities (HUCs)	• Involve community leaders in facility management, GRM, consultations, and service delivery decisions. • Conduct targeted outreach to pastoral and hard-to-reach communities for equitable access. • Develop clear health messages and engagement strategies tailored to diverse socio-cultural groups.	• % of HUCs reporting access to PHC services • # of targeted outreach programs conducted • # of complaints resolved from HUCs	RHB and HCFs	Throughout operation
17.	Risks of Conflict and Security Issues	• Train staff on emergency protocols, lockdowns, safe havens, and evacuations. • Strengthen physical security with lighting, fences, walls, and locked gates. • Designate secure, equipped areas for protection during threats. • Operate a grievance mechanism for misconduct by security personnel. • Provide confidential counseling for trauma and stress support. • Coordinate closely with national and local security agencies. • Implement reporting systems and root cause analyses to improve security.	• % of staff trained on security protocols • Availability of functional perimeter security measures • # of incidents reported and addressed	RHB and HCFs	Throughout operation

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ANNEX III: Labor Management Procedure (LMP)

For subprojects with minimal labor-related risks, the Labor Management Plan (LMP) will be integrated into the Environmental and Social Management Plan (ESMP) to ensure worker safeguards are addressed alongside environmental and community measures, while for projects with significant labor risks, a standalone LMP will be prepared to provide detailed guidance by identifying worker categories, outlining potential risks, and specifying mitigation measures, serving as the overarching reference for labor issues across the project.

1. Project Labor Use

For the INSPIRER project, the use of government and private human resources (HR) is anticipated at all levels from Federal to *woreda*/*kebele*. The Government of Ethiopia recognizes that comprehensive management of the HRs is important in augmenting the positive outcomes of the project.

Different categories of workers are expected to work on the Project. Although precise figures cannot be provided at this point on planned number of workers as it might change depending on circumstances and phases of the Project. The majority of workers are expected to be existing government civil servants, especially those working in the heath sector. Existing civil servants will remain subject to the terms and conditions of their existing sector employment. Additional staff who may be directly engaged (Direct workers) to support the Project will need to be contracted in line with the requirements of ESS2 in relation to Labor and working conditions, non- discrimination and equal opportunities and occupational health and safety.

The Project will use Direct workers, Contracted workers and Community workers. However, it will not use primary supply workers and migrant workers.

b. ***Key labor Risks***

Most activities supported by the INSPIRER project are civil servants employed by the Government of Ethiopia. Activities encompass thereby treatment of patients as well as assessment of samples and provision of vaccines. Key risks related to the project continue to be public and occupational health risks deriving from engagement with people. The most significant of these risks are:

- *Occupational health and safety*: There are risks to infections for workers engaged in project activities, as well as mental issues or burnout as a result of the work burdone. There are also occupational health and safety risks associated with the small scale refurbishing of the existing

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health infrastructure such as repair, rehabilitation and construction of handwashing stations. Mitigation measures would include applying safe working practices, engaging trained workers and using enough and suitable personal protective equipment (PPE). Additionally, the project will have in place and implement a simple action plan to cope with emergencies (fire, earthquake, floods).

- *GBV, sexual exploitation and abuse and sexual harassment*: these concerns are expected on vulnerable worker women at the HCFs. On the other hand, young worker females may be at risk of being involved in misconduct behaviors, while engaged in the project. Mitigation measures would include: preparing awareness materials that would guide on how to deal with anxiety and stress and connect with possible support organizations; ensure mental health facilities are well- resourced and support NGOs in increasing their services, as well as dedicating hotlines and appropriate reporting mechanisms; apply ethics and professional code of conduct and provide gender-sensitive infrastructure; and strengthen workers' respect to local cultures through engaging them in community interaction trainings. The project will continue to include messages related to GBV and SH, as well as GBV referral services, which, including legal protection and hotlines, are being made available free of charge. The contractors will maintain labor relations with local communities through a code of conduct (CoC), which commits all persons engaged by the contractor to acceptable standards of behavior.
- *Labor disputes over terms and conditions of employment*: including limited employment opportunities, wages, delays of payment, overtime, rest time and health and safety concerns. Employers may also retaliate against workers for demanding legitimate working conditions or raising concerns regarding unsafe or unhealthy work situations, or any grievances raised, such situations could lead to labor unrest and work stoppage. The project will ensure that Ethiopian Labor laws are complied with and a worker's GRM will be setup as stipulated in Labor Management Plan (LMP) for the project. Furthermore, the employer is required to pay overtime in compliance with national laws as well as support his employees with necessary health care, among other measures.
- *Risks associated with medical waste management*. The MoH will put in place an appropriate Environmental Health and Safety (EHS) risk management system for proper collection, transportation and disposal of hazardous medical wastes and for minimization of occupational health and safety risks, which will be strictly adhered to by all project implementation units.
- *Reprisals and retaliation against healthcare workers and researchers*. In the past, there have been incidents of reprisals and retaliation against researchers and health workers, which were

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mainly due to false rumors. This risk will be mitigated through explicit in robust stakeholder identification and consultation processes.

- *Child Labor:* In Ethiopia, child labor, for any person under the age of 18, is forbidden due to the hazardous work situation. The project may outsource minor works to contractors. To mitigate the risk of child labor, the contractor shall: (a) avoid employing people under 18, which will be included in the Contractors Code of Conduct; (b) learners should not be engaged in any construction related activities; and conduct community sensitizations on child labor; and (c) implement the worker GRM.

c. ***Grievance Mechanism***

In line with ESS2 provisions, the project will establish a functioning worker Grievance Mechanism (*WGM*) (that is available for all project workers) proportionate to the nature and scale of potential risks and impacts, promptly addresses worker concerns using understandable and transparent process, operates independently and objectively, free of charge, builds on existing systems, allows anonymous complaints, non-discriminatory and have a different and sensitive approach to GBV/SEA/SH-related cases, as well as allows access to other judicial or administrative remedies.

d. ***Implementation Responsibilities***

The project will be governed by the national labor requirements and the WB's safeguards standards and the *PIU*, housed in the Ministry of Health (MoH), has the overall responsibility to oversee all aspects of the implementation of the LMP, *to ensure contractors' compliance.*

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Annex IV: Infection Control and Waste Management Plan (ICWMP) Template

1. Introduction

1.1 Describe the project context and components

1.2 Describe the targeted healthcare facility (HCF):

- Type: E.g. general hospital, Primary Hospital, Health Center or Health Post.
- Functions and requirement for the level infection control, e.g. biosafety levels;
- Location and associated facilities, including access, water supply, power supply;

1.3 Describe the design requirements of the HCF, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave and waste management facilities.

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of healthcare waste (HCW) generated in the HCF, including solid, liquid and air emissions (if significant)
- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following WBG EHS Guidelines for Healthcare Facilities and pertaining GIIP.
- Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport and disposal and treatment works.
- Provide a flow chart of waste streams in the HCF if available
- Describe applicable performance levels and/or standards
- Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management

2.2 Management Measures

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety

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considerations.

- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of hazardous medical goods.
- Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record and operator's capacity. In case any gaps are discovered, corrective measures should be recommended.
- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well- performed incinerators onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or the private sector are probably needed. These offsite waste management facilities may include incinerators and hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Wastewater treatment: HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted

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to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards and the municipal wastewater treatment plant (WWTP) can handle the type of effluent discharged. In cases where municipal sewage systems are not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases where HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

3. Emergency Preparedness and Response

Emergency incidents occurring in a HCF may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities and fire. These emergency events are likely to seriously affect medical workers, communities, the HCF's operation and the environment.

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels will be developed. The key elements of an ERP include, as appropriate: (a) engineering controls (such as containment, automatic alarms and shutoff systems) proportionate to the nature and scale of the hazard; (b) identification of and secure access to emergency equipment available on-site and nearby;
(c) notification procedures for designated emergency responders; (d) diverse media channels for notification of the affected community and other stakeholders; (e) a training program for emergency responders including drills at regular intervals; (f) public evacuation procedures; (g) designated coordinator for ERP implementation; (h) measures for restoration and cleanup of the environment following any major accident.

4. Institutional Arrangement and Capacity Building

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are identfied :

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- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of a HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a HCF and build an intra-departmental team to manage, coordinate and regularly review issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and
- Capacity building and training should involve medical workers, waste management workers and cleaners.

  Third-party waste management service providers should be provided with relevant training as well.

5. Monitoring and Reporting

Many HCFs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCF should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. The HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing systems should be in place.

Externally, reporting should be conducted per government and World Bank requirements.

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Table 10 ICWMP

Activities	Potential ES Issues and Risks [ADD RISKS AS NECESSARY]	Proposed Mitigation Measures [TO BE COMPLETED BASED ON SPECIFIC ARRANGEMENTS AS AGREED WITH THE MOH AND SPIU]	Responsibilities [TO BE FILLED OUT WITH SPECIFIC ARRANGEMENTS FROM HCF, Woreda, RHB, MOH, etc.]
General HCF operation Environment	General wastes	• Use of waste receptacles that encourage segregation to hold waste on site before its collection, • Use of durable, long-lasting materials that will not need to be replaced often, • Deploy contracted waste handler to dispose of hazardous waste and have waste destruction certificate and waste transfer notes. • Designate temporal waste / garbage holding areas at site.	
	Waste water	• All infectious effluents should be discharged into the public sewer system or soak pits only after being pre-treated according to WHO standards	
	Air emissions (dioxins, furans, arsenic, lead, cadmium, chromium, mercury, etc.	• Controlled procurement process to ensure quality and efficient incinerators, • Prohibit open burning of medical waste on site, • Siting of the incinerators should be away from the health facilities wards , residential areas and farms	
	Risks by direct exposure (inhalation) or in-direct exposure (deposited in soil, water, plants, etc.	• -Ensure the incinerators used in the health facilities are fitted with scrubbers to reduce on release of pollutants to be in compliance with National regulations. • Incinerator chimney installed should be of the recommended height as stipulated in the Waste Management regulations	

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		• Improved operation, process monitoring and emission controls will be necessary to meet standards for dioxins, furans and particulate matter release to the environment.	
General HCF operation OHS issues	• Physical hazards; • Chemical use	• All workers should be provided with appropriate PPE against exposure to hazards, • Training for all staff should be given on safe work practices /OHS and guidelines and ensure that they adhere to it, • The medical facilities and equipment should be regularly maintained to correct any electrical faults, • Strategic display on OHS Policy and regular review of the policy by the manager, • Proper maintenance of PPE, including cleaning when dirty and replacement when damaged or worn out, • Proper use of PPE should be part of the recurrent training programs for employees, • Emergency eye-wash and shower facilities should be equipped with audible and visible alarms to summon aid whenever the eye-wash or shower is activated by the worker and without intervention by the worker,	
	• Ergonomic hazard	• Ensure adequate provision of safety systems which should cover fire, electrical emergencies with First- aid areas or rooms suitably equipped and readily accessible should be available, • Provision of first aid kits and first aiders trained the relevant personnel on first aid and • Materials safety data sheet for all chemicals used especially at the lab should be hanged on notice boards.	

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	• Electrical and explosive hazards	• All electrical repair activities should be done by competent electrician, • Ensure the Biomedical department in the health facility has a qualified electrician to address the electrical faults, • Prepare and implement Emergency response plan- Emergency Contacts, • Periodic maintenance of electrical equipment and • Consider safe storage of supplies and undertake precaution with respect to explosives.	
	• Fire	• Prepare and implement Fire emergency response plan • Training of fire marshals in the facilities, • Early identification of risks (Job Risk Assessment) and instituting proactive measures to avoid. • Provide fire extinguishers to healthcare facilities during their renovation • Ensure servicing and inspection of the firefighting equipment • Fire emergency telephone numbers should be displaced in communal areas. • Undertake fire drills at healthcare facility, at a minimum once quarterly.	
	• Radioactive hazard.	• All radioactive materials should be handled safely to prevent harm to people and environment. • HCF operators should develop a comprehensive plan to control radiation exposure in consultation with the affected workforce, • Radioactive waste should be stored in containers that prevent dispersion behind lead shielding. Waste that is stored during radioactive decay should be labelled with the type of radionuclide, the date and details of the required storage conditions, • Radioactive hazard plan should be refined and revised as soon as practicable on the basis of assessments of actual radiation exposure conditions and radiation control measures should be designed and implemented accordingly and Places of work involving occupational exposure to ionizing radiation should be provided with requisite protection (PPE) in accordance with	

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		recognized international safety standards and guidelines[9].	
Waste minimization, reuse and recycling	Potential increased generation of waste	• -Procure medical supplies & equipment from accredited suppliers preferably in small quantities, • -Waste generated from care of patient should not be re-used	
HCF operation Infection control and waste management plan	Possible risks of infection	• Provide appropriate PPE against exposure to infectious pathogens, hazardous chemicals in accordance with recognized international safety standards and guidelines. • Orientation for all staff would be given on safe work practices and guidelines and ensure that they adhere to it. • Provide relevant vaccine program for all health workers and supportive staffs • Adopt or utilize WHO, CDC & NIH guidelines, standards, practice and procedures. • Initial processing of all specimens should take place in a validated biological safety cabinet (BSC) or primary containment device. • All technical procedures should be performed in a way that minimizes the generation of aerosols and droplets. • Use of appropriate disinfectants with proven activity against enveloped viruses should be used (for example, hypochlorite [bleach], alcohol, hydrogen peroxide, quaternary ammonium compounds and phenolic compounds).	
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies	Infection to lab attendants Expiry of medical supplies and pharmaceuticals		
Storage and handling of specimen, samples, reagents and infectious materials	Infection to lab attendants		

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Waste segregation, packaging, color coding and labeling	Increased generation of infectious waste due to poor segregation practices	• Segregation of wastes into different categories—for control of quantities and disposal methods • Waste containers should be of the same colour as the bags and fitted with lids.	
Onsite collection and transport	• Infection to the waste handlers • Non segregation of waste • Increased generation of infectious waste due to contamination	• Ensure proper waste management practices as • recommended by the WBG EHS guidelines, WHO Safe waste management guidelines for improvement waste management and Health care waste management plan 2016-2021. • The collection of waste would be made at least once in 24 hours and it would be done in such a way to minimize nuisance of smell and dust during collection and all the waste collected must be carried away from the storage site to an approved disposal point. • Provide appropriate waste bins for the different types of waste generated in the laboratory to allow segregation and collection at the point of generation.	
Waste storage	• Littering of waste • Contamination of surfaces	• Segregation of wastes into different categories for control of quantities and disposal methods. • Provision of color coded waste bins with lid, • Provision of appropriate PPEs for waste handlers and incinerator operators • Decontamination of surfaces	
Onsite waste treatment and disposal Incineration	• Pollution to environment discharges of contaminated waste water • Emissions from the incinerator	• Adopt the suggested design for the waste treatment facility, • Waste segregation at point of origin to reduce on waste generated, • Ensure operator of incineration unit is adequately trained to ensure efficient operation. • Provide the required PPE to operators and waste handlers • Periodic maintenance of the incinerator through cleaning of combustion chamber and de-clogging the air flows • Routine inspection of furnace and air pollution system by the regulatory authority	

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		• Have a well-established audit and reporting system on waste treatment operations	
Waste transportation to and disposal in offsite treatment and disposal facilities	• Littering of wastes • Disposal in non-permitted waste sites	• Offsite transportation of waste should comply with the national regulations. • Use of licensed Waste transporters, • Keeping record of waste transfer notes as well as waste destruction certificates at the point of disposal facility. • Use the appropriate vehicle type for transportation of HCW off site • Staff should be aware of emergency procedures for dealing with accidents and incidents of spillage during transportation on public roads • Due diligence should be undertaken for all the waste treated off site to ensure waste is transported through the required routes (non-busy route) and safely treated and disposed	
Emergency events	• Spillage, Fire & others	• Emergency response plan(s) for specific emergencies, • Regular drills would constantly follow on various possible incidences. This will test the response of the involved stakeholders. Such drills will keep them alert and they will become more responsive to in the case of incidences. • Train relevant staff on response in risk management and emergency procedures in-case of accidents and spillages.	
	• Failure of solid waste and wastewater treatment facilities	• All HCFs should prepare waste management procedures in accordance with the national requirements that outline waste segregation procedures, on site handling, collection, transport, treatment and disposal and training of the staff.	
	• Accidental releases of infectious or hazardous substances to the environment	• Train relevant staff on response in risk management and emergency procedures in-case of accidental releases of infectious or hazardous substances and • Provision of receptacles for timely response of accidental releases.	

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	• Occupational exposure to infectious and Exposure to radiation	• Ensure the provision of safe water, sanitation and hygienic conditions, which is essential to protecting human health during all infectious disease outbreaks, • Health facilities shall establish and apply good practices line with National guidelines for Infection Prevention and Control in the healthcare facilities.	
	• Medical equipment failure	• Provide requisite training during equipment installation. • Carry out regular supervision, ensure only trained authorized personnel operate equipment, • The manual containing information on how the medical facilities and equipment should be safely handled should be made available to the relevant staff and • Equipment's should be sanitized and disinfected before use to minimize risks of infections.	
Blood Collection Storage and delivery	• Unsuitable for transfusion	• Blood units found to be unsuitable for transfusion should be promptly removed from the blood stock, • Place the blood units in a steel container with a lid or in an autoclavable polythene bag as the bags may burst while being autoclaved and cause blood to spray out, • Autoclave the blood bags under a pressure 2 bar (200 kPa) at a temperature of 121°C for a minimum of 20 minutes, • Treated blood units can be disposed of by burying in a secured landfill	
	• Injuries from sharps • Risk of infectious waste • Exposure to harmful toxins like dioxin and furans	• Disinfect infectious liquid waste (e.g. blood samples used for testing, infectious effluent from test procedures) by chemical treatment using at least 1% sodium hypochlorite solution. • Only after 30 minutes or more of exposure to the disinfectant, may the inactivated liquid waste be discharged into drains/ sewers for safe dispersal.	

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Annex V: Sample Chance Find Procedures

Cultural, historical, natural or archaeological heritage may be damaged or lost during excavations and ensuing construction work activities. In addition, chance finds of heritages during excavations would be at risk of loss, unless due measures are taken to protect and save this heritage. Chance finds procedures will be an integral part of the project ESMP and civil works contracts. If the Contractor discovers archeological sites, historical sites, remains and objects, including graveyards and/or individual graves during excavation or construction, the Contractor shall:

Chance Find Procedures	
Step 1	Stop the construction activities in the area of the chance find;
Step 2	Delineate the discovered site or area;
Step 3	Secure the site to prevent any damage or loss of removable objects.
	In cases of removable antiquities or sensitive remains, a night guard shall be arranged until the responsible local authorities for Culture and Tourism or the Federal Authority for Research and Conservation of Cultural Heritages take over;
Step 4	Notify the Subproject beneficiary/implementing institution E&S Focal Persons and PIU E&S staff, Project Supervisory Engineer who in turn will notify the responsible local authorities for Culture and Tourism or the Federal Authority for Research and Conservation of Cultural Heritages (within 24 hours or less);
Step 5	The responsible local authorities for Culture and Tourism or the Federal Authority for Research and Conservation of Cultural Heritages would then be in charge of protecting and preserving the site before deciding on subsequent appropriate procedures. This would require a preliminary evaluation of the findings to be performed by the archaeologists of the local/regional or Federal Authorities. The significance and importance of the findings should be assessed according to the various criteria relevant to Proclamation No. 209/2000 on research and conservation of cultural heritage.
Step 6	Decisions on how to handle the finding shall be taken by local authorities for Culture and Tourism or the Federal Authority for Research and Conservation of Cultural Heritages This could include changes in the layout (such as when finding irremovable remains of cultural or archeological importance) conservation, preservation, restoration and salvage.
Step 7	Implementation for the authority decision concerning the management of the finding shall be communicated in writing by the relevant authorities.
Step 8	Construction work may resume only after permission is given by the relevant local/regional or Federal Authorities concerning safeguard of the heritage

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According to Article 41 of Proclamation No. 209/2000 on research and conservation of cultural heritage the measures that should be taken during chance finding of heritages (i.e. Fortuitous Discovery of Cultural Heritage) are the following:

i. Any person who discovers any Cultural Heritage in the course of an excavation connected to mining explorations, building works, road construction or other similar activities or in the course of any other fortuitous event, shall forthwith report same to the Authority and shall protect and keep same intact, until the Authority takes delivery thereof.
ii. 'The Authority' shall, upon receipt of a report submitted pursuant to Sub-Article (I) hereof, take all appropriate measures to examine, take delivery of and register the Cultural Heritage so discovered.
iii. Where the Authority fails to take appropriate measures within six month in accordance with Sub- Article (2) of this Article, the 'person who has discovered the Cultural Heritage may be released from his responsibility by submitting, a written, notification with a full description of the situation to the Regional government official.
iv. The Authority, shall ensure that the appropriate reward is granted to the person who has handed over a Cultural Heritage discovered fortuitously in accordance with sub-Articles (I) and (2) of this Article. And such person shall be entitled to reimbursement of expenses, if any, incurred in the course of discharging his duties under this Article.

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Annex VII. Code of Conduct for Contractors and workers hired under the INSPIRER Project

General Code of Conduct for INSPIRER Project to be inserted in the ESMP and/or Tender documents and Contract

The INSPIRER Project will comply with ESS2 and ESS4 and the Environmental, Social Health and Safety Guidelines of the WB (ESHS) and the Occupational Health and Safety (OHS) and Labor regulations of Ethiopia. The following is a general Code of conduct to be inserted in the contract of contractors for ERP minor civil works or other contracted activities.

1. Company Code of Conduct for Implementing ESHS and OHS Standards, Preventing Gender Based Violence and Violence against Children

---------- (company name) is committed to ensuring that the project is implemented in such a way which minimizes any negative impacts on the local environment, communities and its workers. This shall be done by respecting the environmental, social, health and safety (ESHS) standards and ensuring appropriate occupational health and safety (OHS) standards are met. The company is also committed to creating and maintaining an environment in which gender-based violence (GBV) and violence against children (VAC) have no place and where they shall not be tolerated by any employee, associate, or representative of the company.

Therefore, in order to ensure that all those engaged in the project are aware of this commitment, the company commits to the following core principles and minimum standards of behavior that shall apply to all company employees, associates and representatives including sub-contractors, without exception:

General

1. The company and therefore all employees, associates and representatives, commits to complying with all relevant national laws, rules and regulations and the World Bank Environmental and Social Standards which can read in the internet in this website:
    a. https://www.worldbank.org/en/projects-operations/environmental-and-social-framework
2. The contractor is responsible to comply with the requirements defined in ESMP which are integral part of the contract.
3. The company commits to full implementing its 'Contractors Environmental and Social Management Plan' (C-ESMP) which will be prepared based on the ESIA/ESMP prepared by the government for the works.
4. The company commits to treating women, children (persons under the age of 18) and men with respect regardless of race, colour, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. Acts of GBV and VAC are in violation of this commitment.
5. The company shall ensure that interactions with local community members are done with respect and non-discrimination.
6. Demeaning, threatening, harassing, abusive, culturally inappropriate, or sexually provocative language and behaviour are prohibited among all company employees, associates and its representatives.
7. Respect to reasonable work instructions (including regarding environmental and social norms)
8. Protect and ensure proper use of property (for example, to prohibit theft, carelessness or waste)
9. Prohibit illegal activities by their workers such as: polluting the soil, rivers, wetlands, hunting, poaching wildlife, setting up fires, spilling diesel, oils in the soil, cutting trees without permit.

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Health and Safety

10. The company shall ensure to hire professional in occupational health and safety to implement the ESMP.
11. The company shall ensure that the project's occupational health and safety (OHS) management plan is effectively implemented, including wearing prescribed personal protective equipment, preventing avoidable accidents and reporting accidents of all type within less of 24 hours or conditions or practices in the project sites that pose a safety hazard or threaten the environment and the people.
12. The company will:
    a. Prohibit the use of alcohol during work activities.
    b. The company shall prohibit the use of illegal substances, at all times.
13. The company shall ensure that adequate eating, changing and sanitation facilities are available on site and at any worker accommodations provided by the contractor.
14. The company will obey labour, contracting and health and safety regulation in case of accidents, death and incapacity of workers (skilled or no skilled) and pay the compensation required by law.

Gender Based Violence and Violence against Children

15. Acts of GBV or VAC constitute gross misconduct and are therefore grounds for sanctions, which may include penalties and/or termination of employment. All forms of GBV and VAC, including grooming are unacceptable, regardless of whether they take place on the work site, the work site surroundings, at worker's camps or at worker's homes.
16. In addition to company sanctions, legal prosecution of those who commit acts of GBV or VAC shall be pursued if appropriate.
17. Sexual contact or activity with children under 18—including through digital media—is prohibited. Mistaken belief regarding the age of a child is not a defence. Consent from the child is also not a defence or excuse.
18. Sexual Harassment—for instance, making unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct, of a sexual nature, including subtle acts of such behavior, is prohibited. For example: Looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; giving personal gifts; making comments about somebody's sex life; etc. is prohibited.
19. Sexual favours —for instance, making promises or favourable treatment dependent on sexual acts—or other forms of humiliating, degrading or exploitative behaviour are prohibited.
20. Unless there is full consent[10] by all parties involved in the sexual act, sexual interactions between the company's employees (at any level) and members of the communities surrounding the work-place are prohibited. This includes relationships involving the withholding/promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex—such sexual activity is considered "non-consensual" within the scope of this Code.
21. All employees, including volunteers and sub-contractors are highly encouraged to report suspected or actual acts of GBV and/or VAC by a fellow worker, whether in the same company or not. Reports must be made in accordance with GBV and VAC Allegation Procedures.

[10] **Consent** is defined as the informed choice underlying an individual's free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even in the event that national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

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22. Managers are required to report suspected or actual acts of GBV and/or VAC as they have a responsibility to uphold company commitments and hold their direct reports responsible.

Implementation

To ensure that the above principles are implemented effectively the company commits to ensuring that:

23. All managers sign the 'Manager's Code of Conduct' detailing their responsibilities for implementing the company's commitments and enforcing the responsibilities in the 'Individual Code of Conduct'.
24. All employees sign the project's 'Individual Code of Conduct' confirming their agreement to comply with ESHS and OHS standards and not to engage in activities resulting in GBV or VAC.
25. Displaying the Company and Individual Codes of Conduct prominently and in clear view at workers' camps, offices and in in public areas of the work-place. Examples of areas include waiting, rest and lobby areas of sites, canteen areas, health clinics.
26. Ensure that posted and distributed copies of the Company and Individual Codes of Conduct are translated into the appropriate language of use in the work site areas as well as for any international staff in their native language.
27. An appropriate person is nominated as the company's 'Focal Point' for addressing GBV and VAC issues, including representing the company on the GBV and VAC Compliance Team which is comprised of representatives from the client, contractor(s), the supervision consultant and local service provider(s).
28. Ensuring that an effective GBV and VAC Action Plan is developed in consultation with the Compliance Team which includes as a minimum:
    a. **GBV and VAC Allegation Procedure** to report GBV and VAC issues through the project Grievance Redress Mechanism (GRM);
    b. **Accountability Measures** to protect confidentiality of all involved; and,
    c. **Response Protocol** applicable to GBV and VAC survivors and perpetrators.
29. That the company effectively implements the GBV and VAC Action Plan, providing feedback to the Compliance Team for improvements and updates as appropriate.
30. All employees attend an induction training course prior to commencing work on site to ensure they are familiar with the company's commitments to ESHS and OHS standards and the project's GBV and VAC Codes of Conduct.
31. All employees attend a mandatory training course once a month for the duration of the contract starting from the first induction training prior to commencement of work to reinforce the understanding of the project's ESHS and OHS standards and the GBV and VAC Code of Conduct.

I do hereby acknowledge that I have read the foregoing Company Code of Conduct and on behalf of the company agree to comply with the standards contained therein. I understand my role and responsibilities to support the project's OHS and ESHS standards and to prevent and respond to GBV and VAC. I understand that any action inconsistent with this Company Code of Conduct or failure to take action mandated by this Company Code of Conduct may result in disciplinary action.

Company name: _____

Signature: _____

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2. **Manager's Code of Conduct**

Manager's Code of Conduct Implementing ESHS and OHS Standards and Preventing Gender Based Violence and Violence against Children

Managers at all levels have a responsibility to uphold the company's commitment to implementing the ESHS and OHS standards and preventing and addressing GBV and VAC. This means that managers have an acute responsibility to create and maintain an environment that respects these standards and prevents GBV and VAC. Managers need to support and promote the implementation of the Company Code of Conduct. To this end, managers must adhere this Manager's Code of Conduct and also sign the Individual Code of Conduct. This commits them to supporting the implementation of the C-ESMP and the OHS Management Plan and developing systems that facilitate the implementation of the GBV and VAC Action Plan. They need to maintain a safe workplace, as well as a GBV-free and VAC-free environment at the workplace and in the local community. These responsibilities include but are not limited to:

Implementation

1. To ensure maximum effectiveness of the Company and Individual Codes of Conduct:
    a. Prominently displaying the Company and Individual Codes of Conduct in clear view at workers' camps, offices and in in public areas of the work-place. Examples of areas include waiting, rest and lobby areas of sites, canteen areas, health clinics.
    b. Ensuring all posted and distributed copies of the Company and Individual Codes of Conduct are translated into the appropriate language of use in the work site areas as well as for any international staff in their native language.
2. Verbally and in writing explain the Company and Individual Codes of Conduct to all staff.
3. Ensure that:
    a. All direct reportees sign the 'Individual Code of Conduct', including acknowledgment that they have read and agree with the Code of Conduct.
    b. Staff lists and signed copies of the Individual Code of Conduct are provided to the OHS Manager, the Compliance Team and the client.
    c. Participate in training and ensure that staff also participate as outlined below.
    d. Put in place a mechanism for staff to:
        i. report concerns on ESHS or OHS compliance; and,
        ii. confidentially report GBV or VAC incidents to the Grievance Redress Mechanism (GRM)
    e. Staff are encouraged to report suspected or actual ESHS, OHS, GBV or VAC issues, emphasizing the staff's responsibility to the Company and the country hosting their employment and emphasizing the respect for confidentiality.
4. In compliance with applicable laws and to the best of your abilities, prevent perpetrators of sexual exploitation and abuse from being hired, re-hired or deployed. Use background and criminal reference checks for all employees.
5. Ensure that when engaging in partnership, sub-contractor or similar agreements, these agreements:
    a. Incorporate the ESHS, OHS, GBV and VAC Codes of Conduct as an attachment.
    b. Include the appropriate language requiring such contracting entities and individuals and their employees and volunteers, to comply with the Individual Codes of Conduct.
    c. expressly state that the failure of those entities or individuals, as appropriate, to ensure compliance with the ESHS and OHS standards, take preventive measures against GBV and VAC, to investigate allegations thereof, or to take corrective actions when GBV or VAC has occurred, shall constitute grounds for sanctions and penalties in accordance with the Individual Codes of Conduct.
6. Provide support and resources to the Compliance Team to create and disseminate internal sensitization initiatives through the awareness-raising strategy under the GBV and VAC

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Action Plan.

7. Ensure that any GBV or VAC issue warranting police action is reported to the client and the World Bank immediately.
8. Ensure that any major ESHS or OHS incidents are reported to the client and the supervision engineer immediately.

Training

9. The managers are responsible to:
    a. Ensure that the OHS Management Plan is implemented, with suitable training required for all staff, including sub-contractors and suppliers; and,
    b. Ensure that staff have a suitable understanding of the C-ESMP and are trained as appropriate to implement the C-ESMP requirements.
10. All managers are required to attend an induction manager training course prior to commencing work on site to ensure that they are familiar with their roles and responsibilities in upholding the GBV and VAC elements of these Codes of Conduct. This training shall be separate from the induction training course required of all employees and shall provide managers with the necessary understanding and technical support needed to begin to develop the GBV and VAC Action Plan for addressing GBV and VAC issues.
11. Managers are required to attend and assist with the project facilitated monthly training courses for all employees. Managers shall be required to introduce the trainings and announce the self-evaluations, including collecting satisfaction surveys to evaluate training experiences and provide advice on improving the effectiveness of training.
12. Ensure that time is provided during work hours and that staff prior to commencing work on site attend the mandatory project facilitated induction training on:
    a. OHS and ESHS; and,
    b. GBV and VAC required of all employees.
13. During civil works, ensure that staff attend ongoing OHS and ESHS training, as well as the monthly mandatory refresher training course required of all employees to combat increased risk of GBV and VAC.

Response

14. Managers shall be required to take appropriate actions to address any ESHS or OHS incidents.
15. With regard to GBV and VAC:
    a. Provide input to the GBV and VAC Allegation Procedures and Response Protocol developed by the Compliance Team as part of the final cleared GBV and VAC Action Plan.
    b. Once adopted by the Company, managers shall uphold the Accountability Measures set forth in the GBV and VAC Action Plan to maintain the confidentiality of all employees who report or (allegedly) perpetrate incidences of GBV and VAC (unless a breach of confidentiality is required to protect persons or property from serious harm or where required by law).
    c. If a manager develops concerns or suspicions regarding any form of GBV or VAC by one of his/her direct employees, or by an employee working for another contractor on the same work site, s/he is required to report the case using the GRM.
    d. Once a sanction has been determined, the relevant manager(s) is/are expected to be personally responsible for ensuring that the measure is effectively enforced, within a maximum timeframe of 14 days from the date on which the decision to sanction was made
    e. If a manager has a conflict of interest due to personal or familial relationships with the survivor and/or perpetrator, he/she must notify the respective company and the Compliance Team. The Company shall be required to appoint another manager without a conflict of interest to respond to complaints.
16. Managers failing to address ESHS or OHS incidents or failing to report or comply with the

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GBV and VAC provisions may be subject to disciplinary measures, to be determined and enacted by the company's CEO, Managing Director or equivalent highest-ranking manager. Those measures may include:

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

17. Ultimately, failure to effectively respond to ESHS, OHS GBV and VAC cases on the work site by the company's managers or CEO may provide grounds for legal actions by authorities.

I do hereby acknowledge that I have read the foregoing Manager's Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS GBV and VAC requirements. I understand that any action inconsistent with this Manager's Code of Conduct or failure to take action mandated by this Manager's Code of Conduct may result in disciplinary action.

Signature: _____

Printed Name: _____

Title: _____

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3. Code of Conduct to be signed by individual workers (skilled and unskilled, casual or non-casual) for Preventing Gender Based Violence (GBV) and Violence against Children (VAC)

I, _____, acknowledge that adhering to environmental, social health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements and preventing gender-based violence (GBV) and violence against children (VAC) is important. All forms of GBV or VAC are unacceptable, be it on the work site, the work site surroundings, at worker's camps, or the surrounding communities.

The company considers that failure to follow ESHS and OHS standards, or to partake in GBV or VAC activities, constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution of those who commit GBV or VAC may be pursued if appropriate.

I agree that while working on the project I will:

- Attend and actively partake in training courses related to ESHS, OHS, HIV/AIDS, GBV and VAC as requested by my employer.
- Shall wear my personal protective equipment (PPE), in the correct prescribed manner, at all times when at the work site or engaged in project related activities.
- Take all practical steps to implement the contractor's environmental and social management plan (CESMP).
- Implement the OHS Management Plan.
- Adhere to a zero-alcohol policy during work activities and refrain from the use of illegal substances at all times.
- Consent to a police background check.
- Treat women, children (persons under the age of 18) and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Not participate in sexual contact or activity with children—including grooming or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
- Not engage in sexual harassment—for instance, making unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct, of a sexual nature, including subtle acts of such behavior. Ex. Looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; giving personal gifts; making comments about somebody's sex life; etc.
- Not engage in sexual favors—for instance, making promises or favorable treatment dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
- Unless there is the full consent[11] by all parties involved, I shall not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to

[11] **Consent** is defined as the informed choice underlying an individual's free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even in the event that national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

community members in exchange for sex—such sexual activity is considered "non-consensual" within the scope of this Code.

- Consider reporting through the GRM (Grievance Redress Mechanism) or to my manager any suspected or actual GBV or VAC by a fellow worker, whether employed by my employer or not, or any breaches of this Code of Conduct.

With regard to children under the age of 18:

- Wherever possible, ensure that another adult is present when working in the proximity of children.
- Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
- Not sleep close to unsupervised children unless absolutely necessary, in which case I must obtain my supervisor's permission and ensure that another adult is present if possible.
- Use any computers, mobile phones, or video and digital cameras appropriately and never to exploit or harass children or to access child pornography through any medium (see also "Use of children's images for work related purposes" below).
- Refrain from physical punishment or discipline of children.
- Refrain from hiring children for domestic or other labor which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury.
- Comply with all relevant local legislation, including labor laws in relation to child labor.

Use of children's images for work related purposes

When photographing or filming a child for work related purposes, I must:

- Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
- Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film shall be used.
- Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
- Ensure images are honest representations of the context and the facts.
- Ensure file labels do not reveal identifying information about a child when sending images electronically.

Sanctions

I understand that if I breach this Individual Code of Conduct, my employer shall take disciplinary action which could include:

- Informal warning.
- Formal warning.
- Additional Training.
- Loss of up to one week's salary.
- Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.
- Termination of employment.
- Report to the police if wanted.

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I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I shall adhere to the occupational health and safety management plan. That I shall avoid actions or behaviors that could be construed as GBV or VAC. Any such actions shall be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, GBV and VAC issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to take action mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Contractor_____ Supervisor_____ Date _____

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