FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

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MINISTRY OF HEALTH-ETHIOPIA
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MINISTRY OF HEALTH

Final Environmental and Social Management System Guideline for PforR Strengthening Primary Health Care Services (SPHCS) (P175167)

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ADDIS ABABA

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I. Acronyms

- CHMP: Cultural Heritage Management Plan
- CRGE: Climate resilient green economy
- EPA: Environmental protection agency
- ESS Environmental and Social Safeguards Standards
- ESSF: Environmental and social safeguard framework
- ESIA: Environmental and social management system
- ESMS: Environmental and social management system
- ESMP: Environmental and social management plan
- ESMSG: Environmental and social management system guideline
- GBV: Gender based violence
- GRM: Grievance redress mechanism
- HCAIs: Health care associated infections
- HCFs: Health care facilities
- HSTP: Health Sector Transformation Plan
- HVAC: Heating, ventilation, and air conditioning
- HUCs: Historically underserved communities
- LMP: Labor management plan
- MOH: Ministry of heath
- OECD: Organization for economic cooperation and development
- OSH: Occupational health and safety
- PPE: Personal protective equipment
- RAP: Resettlement Action Plan
- RMNCAH+N : Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition
- SEA/SH: Sexual exploitation and assault/Sexual harassment
- SEP: Stakeholder engagement plan
- SDG: Sustainable Development Goals
- SPHCS: Strengthening Primary Health Care Service
- WB: Word Bank
- WHO: World health organization

II. Glossary

Contractor: Any firm, company, organization, or other institution that has been awarded a contract to conduct infrastructure development works for the project

Consultant: An individual or firm that acts independently to provide information for decision-making.

Environmental Impact and Social Assessment: A compulsory requirement and process, which is used to identify, predict, or assess the potential environmental impact of a proposed project on the environment and human beings.

Environmental and Social Management Plan: An action plan that addresses the how, when, who, where and what of the environmental mitigation measure aimed at optimizing benefits and avoiding or mitigating adverse potential impacts of proposed operation or activity. It encompasses mitigation, monitoring, rehabilitation and contingency plans.

Environmental Impact: A positive or negative condition that occurs to the environment because of the activity of a project, facility, or entity.

Environmental Protection Organs: Refers to the authority, the council, and the sectoral and regional environmental agencies.

Impact: The positive or negative effects on human wellbeing and on the environment.

Mitigation: Implementation of measures to reduce adverse impacts on environment.

Monitoring: The repetitive, continuing observations, measurements and evaluation of changes that relate to the proposed activity,

Proponent: Any individual, authority, industry, or association proposing an activity, project or program.

Risk: The likelihood that an event will occur combined with the severity of its consequences.

Risk Management is the process of identifying, prioritizing and responding to risks across projects.

Stakeholder: People or groups of people who have an interest, or stake, in an organization/project/activities/polices. In environmental and social issues even, the public at large is a major stakeholder.

Sustainable Development: A concept developed because of concern over the Earth's natural resources and is defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs.

1. Introduction

Good health and well-being are essential for society and a key part of sustainable development. Today, changing lifestyles due to urbanization and industrialization lead to pollution and climate change, resulting in more diseases and strain on health services. Ethiopia has made progress in health over the past 20 years, notably reducing child mortality and improving maternal health. However, it still struggles with neonatal and under-five mortality rates and high stunting prevalence. There are also evident health and nutrition gaps between different income groups and areas.

To address these issues, the Ministry of Health (MoH) has introduced the Health Sector Development Investment Plan (HSDIP), which aligns with the national development goals. The Ethiopian government is actively pursuing and securing international funding, particularly from the World Bank (financing over half of the projects), for diverse health initiatives (MoH, 2024). This significant investment demonstrates a strong national commitment to improving primary healthcare and overall health outcomes, including reproductive, maternal, newborn, child, adolescent, and youth health.

The MoH is implementing a range of initiatives through the Sustainable Development Goal (SDG) Pool Fund. Among these is the Strengthening Primary Healthcare Service Program for Results**,** one of the flagship projects under the health SDG framework. The program is financed through the SDG pool fund, which aims to address critical gaps in the priority areas of the Health Sector Transformation Plan II (HSTP II), with financial support from the World Bank.

The SDG pool fund is centrally managed by the Ministry of Health to ensure effective utilization of resources. Its governance and accountability are guided by a Joint Financing Agreement (JFA) established between the MoH, the Ministry of Finance (MoF), and 12 contributing development partners. The JFA provides a unified framework for planning, budgeting, financial reporting, monitoring, and accountability in the management and use of SDG pool fund resources. This coordinated approach strengthens alignment with national health priorities, minimizes duplication of efforts, and enhances transparency in resource allocation and expenditure tracking.

The program development objective of the Program for Result (PfoR) for Strengthening Primary Healthcare Service (SPHCS) Project is to improve access to and equitable provision of high-quality primary health care (PHC) services, with a focus on Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition RMNCAH+N, while strengthening health systems. The PDO is designed to be met through a chain of interventions, outputs, and outcomes, using resources from the PforR instrument focusing on RMNCAH+N and the health system. The implementation of PforR for

SPHCS can generate both positive and negative environmental and social impacts on communities and ecosystems. On the positive side, such initiatives can lead to improved public health outcomes, reduced health disparities across population groups, enhanced environmental sustainability, job creation, and lower healthcare costs.

However, these projects also carry potential environmental and social risks. Environmentally, they may contribute to resource depletion, waste generation, and challenges in managing hazardous waste and ensuring occupational health and safety. In addition, climate change impacts such as droughts and floods can place further strain on healthcare systems and intensify health issues, including malnutrition and vector-borne diseases.

Social risks may include, concerns related to community health and safety, labor and working condition related risks, disproportionate risks on Historically Underserved Communities (HUCs) and risks of gender-based violence (GBV)/Sexual Exploitation and Abuse/Sexual Harassment SEA/SH. For PforR for SPHCS subproject activities that require land acquisition and/or restrictions on land use that may lead to physical and/or economic displacement impacts, and subprojects with related legacy issues will be excluded.

To ensure that these projects are implemented in a sustainable and responsible manner, and in full compliance with World Bank standards as well as national legislative requirements, it is critical to establish a robust Environmental and Social Management System (ESMS). Such a system will provide a structured framework for identifying, assessing, and mitigating potential environmental and social risks, while also promoting good practices that safeguard communities, protect natural resources, and enhance long-term project outcomes.

Hence, the MoH prepared the Environmental and Social Management Guideline (ESMG) to establish a framework for managing environmental and social risks, fostering stakeholder engagement, and ensuring adherence to national and international standards throughout the PforR for SPHCS program life cycle.

1.1 Background

Ethiopia is in the northeastern region of Africa, and it shares borders with Sudan and South Sudan to the west, Eritrea to the north, Djibouti and Somalia to the east, and Kenya to the south. The country spans an area of approximately 1.1 million square kilometers and has a total population of 123 million as of 2023, making it the second most populous country in Africa. The country experiences a high annual population growth rate of 2.5% and has a predominantly youthful population structure.

The total fertility rate is 4.6 children per woman—2.3 in urban areas and 5.2 in rural areas—with a crude birth rate of 27 births per 1,000 population. Children under 15 years of age account for 37.6% of the population, while the working-age group (15 to 64 years) represents 59.2%. Women of reproductive age constitute about 23% of the total population. A significant proportion of the population, approximately 77%, resides in rural areas and relies primarily on agriculture for their livelihoods (CSA, July 2013).

Ethiopia's administrative structure comprises 12 regional states and two city administrations: Addis Ababa and Dire Dawa. These are further subdivided into zones, woredas (districts), and kebeles (the lowest administrative units).

Geographically, Ethiopia is characterized by diverse topography and climate conditions, which are divided into three primary climatic zones based on elevation: Kolla (hot lowlands), below 1,830 meters above sea level, Woinadega (temperate midlands), ranging from 1,830 and 2,440 meters, and Dega (cool highlands) with 2,440 meters above sea level.

The Danakil Depression, located in the northeastern part of the country, is the lowest point in Ethiopia with an elevation of 125 meters below sea level and is also one of the hottest areas in the world, with temperatures reaching up to 50°C. In contrast, Dega areas experience more temperate conditions, with average daily temperatures around 16°C and annual rainfall ranging from 1,270 to 1,280 millimeters.

Ethiopia is endowed with abundant renewable energy sources, particularly hydroelectric power, which accounts for most of the country's electricity generation. In addition, there is significant potential for solar, wind, and geothermal energy, although these remain underdeveloped.

The country also possesses vast water resources, including major rivers like the Blue Nile, which support irrigation, hydropower, and domestic use. However, access to clean and safe water remains uneven, especially in rural areas, accompanied by growing challenges related to water contamination and infrastructure related to developmental investments. Air quality in Ethiopia, particularly in urban centers, is increasingly affected by industrial activities and growing technology use, leading to growing health risks, especially respiratory problems.

Ethiopia's health system is a structured network of facilities and services, ranging from basic to specialized care. It includes health posts, health centers, general and specialized hospitals, laboratories, research institutions, and blood banks. Service delivery is organized into three tiers: primary care (health posts and health centers), secondary care (general hospitals), and tertiary care (specialized hospitals). As of 2024, the country had 18,200 health posts, 3,579 health centers, and 353 hospitals, supported by a workforce of 342,899 health professionals.

The PforR intervention focuses on strengthening primary healthcare services through expansion and renovation of health facilities, capacity building, training, equipment provision, and service delivery improvements. Large-scale construction or major civil works are not financed under this program. To ensure sustainable and equitable outcomes, environmental safeguards, resource-efficient practices, and GBV risk mitigation must be integrated throughout the planning, design, and implementation of PforR SPHCS initiatives. Recognizing the significance of proper management of potential negative impacts associated with strengthening primary healthcare service projects, the MoH has developed this Environmental and Social Management Guideline (ESMG) to support the proper implementation of projects in identifying, assessing, and managing environmental and social risks of Strengthening Primary Healthcare Service projects.

The primary objective of this guideline is to provide clear guidance, systematic steps, and practical tools for managing environmental and social risks associated with projects under the PforR for SPHCS. It supports in identifying potential adverse impacts and developing measures to avoid, minimize, or compensate for them, while enhancing positive outcomes.

The guideline covers key aspects of the PforR project activities, including waste management, pollution control, community health and safety, resource management, stakeholder engagement, and grievance management. It emphasizes integrating risk management throughout all project phases from planning

and design to implementation and operation. Monitoring mitigation measures and resolving issues during planning and implementation are also prioritized.

Developed in alignment with national and international environmental policies and laws, including the World Bank's Environmental and Social Core Principles, the guideline sets out key tools and procedures for environmental and social management and monitoring, stakeholder engagement processes, capacity building and grievance redress mechanisms.

The MoH, Regional Health Bureaus and Woreda Health Offices in collaboration with the Environmental Protection Authorities at all levels and other stakeholders will ensure the implementation of this ESMSG.

1.2. PforR for Strengthening Primary Health Care Service Program Description

The Ethiopia Program-for-Results (PforR) for Strengthening Primary Health Care Services program (SPHCS) (P175167) is a government-led initiative supported by the World Bank to improve access to equitable, high-quality primary health care, with a strong focus on RMNCAH+N. Attached within the HSTP II and financed through the SDG Pool Fund, the program combines results-based financing with targeted investment in conflict-affected areas. It emphasizes not only the delivery of essential health services and health system strengthening but also adherence to robust environmental and social safeguards, ensuring that interventions are sustainable, inclusive, and responsive to the needs of vulnerable populations.

The PforR component includes the following key result areas (RAs):

1. Improve Access, Quality, and Equity in RMNCAH+N Service Delivery:

- Enhance access to high-impact RMNCAH+N interventions at the PHC level.
- Increase skilled birth attendance, antenatal care (ANC), postnatal care (PNC), family planning, child immunization, and nutrition services.
- Improve health facilities' capacity to provide emergency obstetric care, kangaroo mother care services, youth-friendly services, and postpartum family planning.
- Ensure sustainable availability of power for vaccine cold chains and essential drugs.

2. Strengthen the Health System:

- Scale up community-based health insurance (CBHI) plans to reduce out-of-pocket spending and improve financial protection.
- Automate the pharmaceutical supply agency functions, including digitizing supply chain management systems.
- Improve procurement practices and performance measurements, especially in the pharmaceutical sector.

3. Enhance Climate Resilience and Adaptation in the Health System:

- Develop and implement national and regional climate adaptation plans.
- Strengthen climate-friendly cold chain capacity at PHC levels (e.g., solar direct drive refrigerators).
- Address climate-related vulnerabilities such as malnutrition and health system resilience to climate change impacts.

Program Boundary

The program boundary is the SDGPF, which finances high-impact, evidence-based RMNCAH+N services within HSTP II. The SDGPF operates under the MoH using national systems and aligns with the "one plan, one budget" principle. It complements broader HSTP II priorities but focuses specifically on PHC and maternal and child health, where gaps are most critical.

Eligible Activities

Eligible expenditures and activities under the program include:

- Delivery of essential PHC services, particularly RMNCAH+N.
- Procurement and distribution of medicines, vaccines, medical equipment, and supplies.
- Rehabilitation and limited construction/renovation of existing facilities to restore functionality in conflict-affected areas.
- Training and deployment of health workers, including mobile health teams.
- Implementation of environmental and social safeguards.
- Activities supporting climate resilience, such as solar-powered cold chain equipment and health service adaptation to climate change.

Ineligible Activities

Consistent with World Bank PforR Policy and agreement between the World Bank and MoH, activities are excluded if they:

- Would require land acquisition and/or restrictions on land use that may lead to physical and/or economic displacement impacts, and subprojects with related legacy.
- Have significant, sensitive, diverse, or unprecedented adverse environmental or social impacts.
- Involve works, goods, or services contracts exceeding the monetary threshold for high-value procurement, unless deemed essential and proportionate to the overall program
- Include activities outside the agreed PforR for SPHCS expenditure framework.
- Finance new large-scale construction, activities in disputed areas, or activities likely to exacerbate conflict.

1.3. Objectives

1.3.1. General objective

The general objective of this guideline is to systematically guide the screening, assessment and mitigation of environmental and social risks of PforR for SPHCS projects to ensure that the program is implemented in an environmentally friendly and socially acceptable manner and enhance community health and well-being.

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 PforR for SPHCS, 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 Environmental and Social Management System Guideline (ESMSG) to provide a structured approach for identifying, assessing, and managing potential environmental and social risks associated with primary health 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 guideline

The ESMG provides a framework to avoid, minimize, or mitigate adverse environmental and social risks while enabling informed decision-making for projects under the PforR for SPHCSs. It applies appropriate assessment tools to identify and analyze potential benefits and risks, propose mitigation measures, and ensure effective communication with affected communities and stakeholders.

The guideline addresses key environmental and social concerns, including pollution of water and soil, impacts on biodiversity, occupational health and safety risks, labor and working conditions, social exclusion, SEA/SH/GBV and security risks. It integrates risk management across all stages of PforR for SPHCS projects planning, design, implementation, and operation promoting sustainable and responsible healthcare delivery.

Furthermore, the ESMG emphasizes continuous monitoring of mitigation measures and timely resolution of emerging issues at all levels to safeguard people, the environment, and the integrity of the program.

2. National Policies, Proclamation, and Guidelines Related to ESM

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

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.

- ***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

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

- **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.

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

- **Climate Resilient Green Economy, 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.

- **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;

- **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.

- **FDRE National 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.

- **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.

- **Gender Mainstreaming Strategy and Guideline, 2010**

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

- **Proclamation, No.1156/2019**

The proclamation gives special attention to woman and young workers. The proclamation provides protection for woman in general and pregnant woman in particular from hard work and long hours.

The law clearly states that women should not be discriminated against as regards to employment and payment on bases of her sex.

- **Ethiopian Women Development Package, 2007**

It envisions building democratic society where women are equal participants and beneficiaries of economic, social and political life of the country. Widespread awareness of the creation of women to actively participate in the development process; organizing and associating women to address challenges they face; capacitate women to solve problems and fight demeaning perceptions & fight for their rights;

facilitate support among created associations and organizations; and enable women to benefit economically and socially.

2.3. Proclamations, Regulations, and Procedural Guidelines

National Proclamations

- **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.

- **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.

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.

- **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.

- **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.

- **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.

- **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.

- **Expropriation of landholding and resettlement proclamation, 1161/2019**

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.

The Proclamation also provides priority rights to develop land for landholders; compensation to be paid to landholders where land is expropriated for public purposes, and for compensation to cover the cost of replacing the property anew. The law also provides displacement compensation for communal landholding and substitute land for the permanently displaced.

- **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.
- 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).

- **Labor law proclamation, 1156/2019**

The proclamation added new articles on protecting child labor by increasing the minimum age for young workers to be 15 years old from the previous 14 years, and a new sub-article on prohibiting Sexual Harassment or Sexual Assault at the workplace to prevent GBV.

The proclamation provides clear guidelines on the types of employment contracts that can be used to ensure compliance with labor laws while protecting employee rights.

The proclamation also specifies the regulations governing the probation period for employees, includes definitions of key terms, and general provisions that govern labor relations in Ethiopia.

- **Occupational Health and Safety Directive, 2005**

The directive, developed as a follow-up to the Labor Proclamation, guides the establishment of occupational health and safety committees in public and private organizations.

- **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.

- **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.

- **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.

- **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 guidelines related to environmental and social management are stipulated and functional at a national and regional level, some of these are the following:

- **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-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.

- **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.

- **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.

- **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.

- **Guideline for Sludge Management, draft (ICS: 13.040.01)**

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.

- **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.

2.5. National and sectoral plans

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 6 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.

- **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.

- **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.

- **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.

- **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 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.

2.6. World Bank Environmental and Social Core Principles

To effectively manage Program-for-Results (PforR) risks and promote sustainable development, the World Bank has outlined six core principles that serve as a framework for guiding project implementation and ensuring positive outcomes. These principles are:

- **Core Principle 1-** ***General Principle of Environmental and Social Management*** : Environmental and social management procedures and processes are designed to (a) promote environmental and

social sustainability in Program design; (b) avoid, minimize or mitigate against adverse impacts; and (c) promote informed decision-making relating to a program's environmental and social effects. Program procedures will:

- Operate within an adequate legal and regulatory framework to guide environmental and social impact assessments at the program level.
- Incorporate recognized elements of environmental and social assessment good practice, including (a) early screening of potential effects; (b) consideration of strategic, technical, and site alternatives (including the "no action" alternative); (c) explicit assessment of potential induced, cumulative, and trans-boundary impacts; (d) identification of measures to mitigate adverse environmental or social impacts that cannot be otherwise avoided or minimized; (e) clear articulation of institutional responsibilities and resources to support implementation of plans; and (f) responsiveness and accountability through stakeholder consultation, timely dissemination of program information, and responsive grievance redress measures.

- **Core Principle 2**- ***Natural Habitats and Physical Cultural Resources***: Environmental and social management procedures and processes are designed to avoid, minimize and mitigate against adverse effects on natural habitats and physical cultural resources resulting from program.
- ***Core Principle 3- Public and Worker Safety:*** Environmental and social management procedures and processes are designed to protect public and worker safety against the potential risks associated with (a) construction and/or operations of facilities or other operational practices developed or promoted under the program; (b) exposure to toxic chemicals, hazardous wastes, and otherwise dangerous materials; and (c) reconstruction or rehabilitation of infrastructure located in areas prone to natural hazards.
- ***Core Principle 4- Land Acquisition:*** Land acquisition and loss of access to natural resources are managed in a way that avoids or minimizes displacement, and affected people are assisted in improving, or at least restoring, their livelihoods and living standards.
- ***Core Principle 5- Indigenous People and Vulnerable Communities:*** Due consideration is given to cultural appropriateness of, and equitable access to, program benefits giving special attention to rights and interests of tribal people and to the needs or concerns of vulnerable groups.

- Undertakes free, prior, and informed consultation of tribal people those who are potentially affected (positively or negatively) to determine whether there is broad community support for the program.
- Ensures that tribal people can participate in devising opportunities to benefit from exploitation of customary resources or tribal knowledge, the latter (tribal knowledge) to include the consent of the small ethnic and vulnerable community (tribal people).
- Gives attention to groups vulnerable to hardship or disadvantage, including as relevant the poor, the disabled, women and children, the elderly, or marginalized ethnic groups. If necessary, special measures are taken to promote equitable access to program benefits.

- ***Core Principle 6- Social Conflict:*** Program E&S systems avoid exacerbating social conflict, especially in fragile states, post-conflict areas, or areas subject to territorial disputes.

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 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.

3. Anticipated Environmental and Social Impacts of the PforR for SPHCS

The PforR for SPHCS can significantly enhance Ethiopia's socio-economic landscape by generating essential health services that stimulate local economies and create employment opportunities within the health sector. By improving health infrastructure, such as health facilities and community outreach programs, these projects increase access to health care services for underserved populations. Engaging local communities in health initiatives fosters empowerment and a sense of ownership, encouraging active participation in health-related decision-making and ultimately leading to better health outcomes. However, these projects can also pose environmental and social risks. Environmental degradation may occur due to the construction and renovation of health facilities, potentially leading to habitat disruption, waste generation, depletion of local resources and occupational health and safety risks. Additionally, the operational activities associated with these projects can generate waste, increasing air and water pollution, which adversely affects community health. Socially, exclusion of vulnerable populations, risk of SEA/SH and GBV, labor and working conditions related risks and community health and safety risks**.** These potential adverse impacts necessitate comprehensive assessments and mitigation strategies to ensure that the benefits of strengthening primary health care are maximized while minimizing associated risks.

3.1. Positive environmental and social impacts of strengthening primary healthcare services PforR

The PforR for strengthening primary healthcare service projects are expected to benefit the community, including vulnerable groups, by strengthening the system and improving access to health care services in the country and transforming societies for the better through expanding health facilities, improving infrastructure, empowering communities, and addressing inequalities. These activities have demonstrated economic, social, and developmental benefits, making them a top priority for government, organizations, communities, and individuals combined. The following are the major beneficial social impacts of the diverse projects:

- **Improved Access to healthcare**

Improved healthcare access directly translates into better health outcomes, as programs that focus on maternal and child health significantly reduce maternal and infant mortality rates by ensuring

timely prenatal care and safe delivery services. Furthermore, vaccination campaigns and health education initiatives are crucial in preventing the spread of infectious diseases.

By prioritizing disease prevention, healthcare systems can alleviate the strain on curative services and foster healthier populations. One of the most effective ways to improve healthcare access is by establishing new clinics and hospitals, particularly in underserved rural areas. Health care facilities not only bring medical services closer to marginalized populations but also reduce the burden on existing urban centers. Mobile health services play a critical role in remote communities, providing life-saving care and health education to populations that would otherwise remain unreached.

- **Achieve Better Health Outcomes**

Investments in health infrastructure are essential for delivering high-quality care, as advanced health facilities equipped with modern medical technology enable healthcare providers to diagnose and treat patients more effectively. Equally important is the capacity building of healthcare workers, as training initiatives enhance the skills and efficiency of medical professionals, ensuring that patients receive competent and compassionate care.

- **Economic Benefits**

Improved access to healthcare also brings significant economic benefits, as PforR for SPHCS projects create job opportunities not only for healthcare professionals but also for support staff and local workers involved in construction, logistics, and maintenance. Hence healthy populations contribute to increased productivity, leading to economic growth and overall prosperity.

- **Community Empowerment**

Health education programs raise awareness about disease prevention, nutrition, and hygiene, enabling individuals to take proactive steps toward healthier lifestyles. Involving communities in health planning fosters a sense of ownership and accountability, encouraging active participation in decision-making processes. Enhanced access to healthcare contributes to the development of more integrated and efficient public health systems, ensuring comprehensive and coordinated care. Addressing health inequities is a critical component of improving healthcare access, targeting vulnerable populations, and ensuring equitable access to care.

Increased community resilience is another benefit of improved healthcare access, as prepared initiatives build resilience against crises and programs addressing mental health contribute to overall community well-being.

- **Promote Gender Equality**

The PforR for SPHCS significantly boosts gender equity by expanding access to essential RMNCAH+N services for women and marginalized groups, tackling barriers like cost and distance. It empowers female health workers through better training and job conditions, enhancing their economic participation and leadership. Furthermore, community engagement supports positive shifts in attitudes towards gender roles and shared family decision-making, ensuring long-term social change.

3.2. Negative Environmental and Social Impacts of PforR for SPHCS

The project activities may cause potential environmental risks related to the rehabilitation of health facilities, depletion and pollution of surface and groundwater resources, and health care waste management. The anticipated social risks include exclusion of vulnerable populations (e.g. women, people with disabilities or HUCs) due to poor targeting, inadequate outreach, limited information, physical inaccessibility, and social stigma. Construction works and healthcare delivery within the PforR projects pose risks of SEA/SH and GBV. Labor influx can intensify the risk of sexual coercion, exploitation, and abuse of women and girls in nearby communities due to power imbalances and inadequate oversight. Workers may face labor and working condition related risks due to poor working environments, long hours, stress, and child labor. Civil works can expose communities to temporary health and safety risks (e.g., noise, dust, traffic related risks, exposure to communicable diseases or improper waste disposal). In addition, Weak grievance redress and feedback systems may also limit accountability and responsiveness.

The detailed E&S risks of each sub-project should be identified and managed by developing and implementing specific ESMPs/ESIAs, as required based on the environmental and social screening findings. These risks will be addressed through the implementation of the mitigation measures specified in the ESMP for the respective subprojects. The detailed environmental and social risks of the program activities are presented in the following section:

3.3. Negative environmental impacts during the construction phase

A. Impacts on soil structure and quality

- Construction materials and wastes can occupy space and affect the ground surface features due to extraction, borrow pits, and canals that involve site clearance and movement of construction materials.
- Land and soil compaction during excavation can affect the soil structure, fertility, and permeability of agricultural land.
- Soil contamination could occur due to oil spills and other hazardous substances.
- In addition, earthworks could cause loss of topsoil and impairment of natural soils.

Mitigation measures to minimize impacts on the soil

- ✓ Demarcate the area to be stripped clearly and avoid moving beyond the demarcated site.
- ✓ Stockpile the stripped soil to be used for the rehabilitation of quarry and borrow areas.
- ✓ Uniformly spread the topsoil onto other areas to be rehabilitated.
- ✓ Provide drainage/gradients for access and haul roads to limit erosion.
- ✓ Restrict driving vehicles on the soil when it is wet to avoid further soil compaction.

B. Impacts on land degradation and soil erosion

- Construction activities like excavations, site clearing, and utilization of heavy machinery increase soil erosion, particularly in areas with loose soils.
- Soil erosion around the project site can affect the project and community infrastructure, unless it is built according to the required specifications. This includes road, drainage, or water points and etc.
- Soil erosion may also increase as a result of projects, as a secondary impact of increased deforestation.
- Topographical and land-cover changes will occur, including clearing of pre-existing vegetation.
- The quarrying operations can expose the soil structure to erosion.
- Erosion might result in affecting slopes, streams, rivers, and dams by siltation.

Mitigation measures to minimize impacts on land degradation:

- ✓ Provide adequate drainage systems, as well as planting vegetation on unpaved surfaces.
- ✓ Control the water flow speeds, especially for side drains, by constructing erosion checks.

- ✓ Provide lined drainage channels at sensitive terrains to control speed and volumes of stormwater.
- ✓ Select construction material and excavation methods in consultation with relevant authorities.
- ✓ Remove topsoil and segregate for later use during site reinstatement.
- ✓ Reclaim smaller, short-lived extraction sites (e.g., borrow pits) immediately.
- ✓ Rehabilitate affected land to acceptable uses consistent with local land use plans.
- ✓ Seed and re-vegetate land that is not restored for a specific community use with native species.

C. Impact on water resources

- Water will be required for construction purposes, which places greater demand on both surface and groundwater resources. This even can lead to over-extraction of groundwater.
- Drainage systems can divert flood water to water courses and can lead to water pollution with solid waste debris, wastewater, and silt, and thereby a significant reduction in the human and ecological value of the water course.
- Release of used oils, solid waste and other pollutant can contaminate the soil and water bodies including sedimentation.

Mitigation measures to minimize impacts on water resources:

- ✓ Establish and implement a construction waste handling and disposal system at construction sites.
- ✓ Establish and implement procedures for the reuse, recycling, and safe disposal of waste to a landfill site licensed to take such wastes.
- ✓ Perform excavation works and earth-moving activities during the dry season and restrict the activity only to the designated area.
- ✓ Prevent pollution by hazardous substances such as oil, fuel, cement sludge, and detergents through proper storage and handling of these substances.
- ✓ Provide dedicated bins for hazardous waste, located on hard standing within the construction camp.
- ✓ Dispose of collected used oils and lubricants through recyclers or reuse as furnace oil.
- ✓ Prepare a construction waste management plan for the subproject site and ensure compliance.

D. Noise and vibration impacts

- Noise and vibration nuisance from heavy machines and vehicles, driver behavior, construction, and maintenance can create sleep disturbance to the surrounding community and institutions.
- Adversely affect the patients' and health workers' comfort and activity at the project site.
- Disturbance to wildlife habitats and behavior.

Mitigation measures to minimize the impacts of noise and vibration:

- Avoid the use of old or damaged machinery with high noise levels.
- Install proper sound barriers and containment.
- Inform and consult with residents about the noise and vibration impacts of the project.
- Avoid using heavy construction machinery at nighttime.
- Carry out regular maintenance on the construction machinery.
- Install noise barriers/silencers on the construction machinery.

E. Impact of dust generation during construction

- Air pollution from suspended particulate matter and emissions from vehicles, and dust from excavation works in the dry season, can lead to health problems and pollution of the surrounding environment.
- Dust re-suspension and gaseous emissions can cause damage to nearby buildings and vegetation;
- 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.

Mitigation measures for minimizing the impacts of dust generation:

- ✓ Preventing and controlling speed limits for construction vehicles will reduce dust into and out of the construction sites.
- ✓ Keep vehicles and machinery in good condition to reduce smoke from exhausts.
- ✓ Trucks transporting materials to the site must be covered to prevent dust emissions into the surrounding.
- ✓ Regularly spray water on exposed soils to wet the dust during construction.
- ✓ Provide personal protective clothing such as dust masks and ensure their use by workers.
- ✓ Use of well-ventilated work spaces for site activities to prevent inhaling toxic fumes.
- ✓ Fully cover vehicles transporting sand and other dust-generating materials.
- ✓ Minimize unnecessary idling of running diesel engines of machinery, vehicles, and equipment.
- ✓ Limit the speed and mapping out of vehicular routes to reduce dust in dwelling areas.

F. Impact of construction waste on the environment and human health

- Improper disposal of hazardous construction waste, like paints and chemicals, can contaminate soil and groundwater, impacting drinking water sources and local ecosystems.
- Dust and volatile organic compounds released during demolition and renovation activities can contribute to poor air quality, particularly in densely populated areas.
- Improper accumulation of waste, debris, and materials will reduce the aesthetic value of the environment.
- Formation of stagnant water, blockage of drainage, and creation of bad smell.

Mitigation measures for minimizing the impacts of construction waste:

- ✓ Available waste disposal bins used for storage and segregation.
- ✓ Arrange and post warning notices concerning proper waste handling and storage at strategic points throughout the campsite and construction sites.
- ✓ Develop and implement methodologies for handling hazardous waste such as oils, lubricants, and others at the site.
- ✓ Apply proper construction waste minimization and reduction methods, including waste segregation, reducing, recycling, and reusing.
- ✓ Identify hazardous wastes that must be appropriately managed as per the required national regulations or international standards.
- ✓ Implement proper collection and safe handling of waste at the construction site.
- ✓ Recycle and reuse construction waste at the site to reduce the size of waste.
- ✓ Dispose of construction waste only at designated sites approved by the responsible body.
- ✓ Consider reusing the spoiled soil for land restoration purposes.
- ✓ Cover vehicles hauling dirt and any open load with a tarpaulin or other secure covering to minimize dust emissions and droppings.

G. Impacts on terrestrial flora and fauna

- Converting the land area into a mostly built environment will minimize the natural process by removing or damaging existing vegetation during construction, and can result in a loss of flora and Fauna.
- Habitat disruption due to dust generation, waste disposal, and potential introduction of invasive species, which can disturb the wildlife and surrounding ecosystems.

- Loss of trees, vegetation, and indigenous flora during excavation and movement of heavy vehicles and equipment at the site.

Mitigation measures to reduce impacts on flora and fauna:

- ✓ Implement landscaping activity by replanting trees as well as managing vegetation at the site.
- ✓ Apply extensive tree planting, mainly with indigenous species.
- ✓ Plant appropriate indigenous tree and shrub species, which are friendly to the environment.
- ✓ Selecting tree species and locations for planting shall only be done in consultation with the concerned environmental protection offices.
- ✓ Plant appropriate trees at the boundaries of the site to improve the aesthetic value of the areas, to absorb pollutants, and to serve as a windbreak, as well as to increase the biodiversity of the area.

H. Impacts on resource efficiency and climate change

- Pollution of the environment by improper healthcare waste management.
- Environmental degradation by the extraction and processing of construction materials.
- Greenhouse gas emissions due to the use of unsafe energy sources and fuels.
- Scarcity of water resources due to overutilization of available community water resources
- Impacts of flooding on health care facilities and the surrounding community due to the removal of vegetation .

Mitigation measures for resource efficiency and climate change:

- ✓ Use of green building materials, energy-efficient designs, and renewable energy sources to improve resource efficiency.
- ✓ Apply a proper health care waste disposal system, including waste management plans, recycling, and proper disposal.
- ✓ Implement water-efficient technologies and promote water conservation practices, including self-supply and the use of alternative sources.
- ✓ Construct and maintain healthcare infrastructure and its environment to reduce environmental degradation that can withstand extreme weather events, including flooding and heating.
- ✓ Integrate climate considerations into healthcare planning and operations, including disease surveillance, emergency preparedness, and workforce development.

I. Occupational Health and Safety Risks

Project operations during construction might expose project workers, health-care providers, and visitors to a variety of typical dangers. Occupational Health and Safety (OHS) risks during the construction phase of projects are significant, given the nature of these activities and the specific requirements of healthcare facilities. Ensuring the well-being of the project's workers and health care staff requires consideration of the OHS aspects of the construction activities, as well as workplace conditions. The general category of potential OHS risks includes:

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.

Recommended Mitigation Measures:

- ✓ 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.
- ✓ Use signage to warn staff and visitors of dangerous places.
- ✓ Mark work site hazards and train drivers on safety.
- ✓ Regularly supervise work to ensure safety conditions are met.
- ✓ Develop evacuation procedures for emergencies.
- ✓ Provide adequate OHS protective gear to workers, including hearing protection, safety glasses/face shield, gloves, body overalls, hazard-resistant boots, and hard helmets.

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.

Recommended 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.

Recommended 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.

d) Fire and Explosion Hazards:

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

Recommended 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.

3.3. Environmental impacts and mitigation measures during Operation

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, occupational hazard for health workers, 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 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 to minimize the risks of healthcare and medicinal waste:

- ✓ 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 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 for radioactive and electronic waste

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

C. 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 to reduce the impact on water resources

- ✓ Treat effluents (all medical liquid wastes) and sewage before disposal into the environment,
- ✓ Ensure that water exiting 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.

D. Impacts of Noise Pollution

Noise pollution during healthcare project operation 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 to reduce noise

- ✓ 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.

E. Impacts on soil

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

Mitigation measures to reduce impacts on the 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

F. 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.

Mitigation measures to reduce the impact on utilities

- ✓ 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.

G. Occupational Health Risks during the operation phase

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).

Recommended 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 sexual exploitation, abuse, and gender-based violence (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 PforR for SPHCS projects promote safety, respect, and dignity for all.

Recommended 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.

3.4. Social Impacts and Proposed Mitigation Measures During the Construction Phase

A) Risks related to Labor and Working Conditions

Risks related to labor and working conditions are expected from projects. The undertaking of the activities of these PforR for SPHCS projects require hiring of direct and contracted workers, involving the following risks:

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

Projects could present risks related to working conditions and management of workers; long and irregular hours can lead to burnout and fatigue among project workers and healthcare workers.

Recommended 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 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

PforR for SPHCS projects have civil work for the construction and maintenance of health infrastructures. As the project owner's health institution outsources these civil works to a third party, the contracted organization may employ children.

Recommended 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.

- ✓ 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.

B. Community Health and Safety Related Risks

a) Risks of Increased Traffic Accidents

The potential social risk associated with PforR for SPHCS projects arises from the use of motorized transportation. Such projects often require 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 acute in areas with limited road networks or those frequented by pedestrians.

Certain groups within the community, such as children, the elderly, people with disabilities, and pregnant women, are especially vulnerable to these accidents. Moreover, construction sites often see an increased volume of vehicle activity, further heightening the risk of traffic collisions.

Recommended Mitigation Measures:

- ✓ Implement safe transport of medical supplies 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.
- ✓ Training drivers on and requiring drivers licensing.
- ✓ 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 and use of manufacturer-approved parts to minimize potentially serious accidents caused by equipment malfunction or premature failure.
- ✓ Collaboration 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) Health Risks and the Spread of Infectious Diseases

PforR for SPHCS projects often generate medical and hazardous waste, such as syringes, biomedical samples, and expired pharmaceuticals. 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.

Projects can lead to an influx of workers and professionals into local communities, increasing the risk of disease transmission. Workers, especially those from outside the locality, may inadvertently introduce new infections to the local population. Additionally, the gathering of large groups of people for health-related activities can facilitate the spread of communicable diseases.

Recommended Mitigation Measures:

- ✓ Plan and implement safe and environmentally sustainable waste management systems.
- ✓ Proper training of project workers along with community education initiatives.
- ✓ Routine health checks for project workers.
- ✓ Adherence to hygiene protocols to reduce the likelihood of disease outbreaks.

c) Labor Influx Related Risks

The projects are anticipated to generate significant employment opportunities, which may lead to an influx of labor in the project areas. This labor influx could pose major risks that must be managed effectively. Interactions between project workers and local communities could facilitate the spread of communicable diseases and issues related to SEA/SH and GBV.

Recommended Mitigation Measures:

- ✓ Prioritizing local labor based on skill and experience will help mitigate the risks associated with labor influx, ensuring that the project maximizes employment opportunities for residents
- ✓ Implement training programs to enhance the skills of local workers, enabling them to take on specialized roles that may otherwise require external labor.

- ✓ Where required, design and maintain dedicated labor camps for external workers, ensuring they are secure, well-managed, and equipped with facilities to minimize disruptions to local communities.
- ✓ Enforce strict health and safety protocols to prevent the spread of communicable diseases, including regular health screenings and vaccinations for all workers.
- ✓ Training on SEA and SH for all project workers, establish confidential reporting mechanisms for incidents of GBV, and collaborate with local organizations to provide support services for affected individuals.

C. Social and Cultural Disruption

SPHCS projects face risks of social and cultural disruption, primarily driven by temporary construction activities and perceived benefit inequity. The temporary influx of external workers poses several risks to host communities, such as: the interaction between project workers and local communities risks cultural disruption and heightened social tensions as the introduction of new norms and cultures may interrupt established traditional beliefs, unequal distribution or the prioritization of external labor for construction jobs over local workers can undermine community solidarity and create conflict driven by perceived unfairness, increased demand from external workers places strain on limited resources like housing and water and the presence of outside workers, often with different economic standing, can introduce or exacerbate power imbalances that challenge local community structures and dynamics.

Furthermore, if the benefits of the enhanced health services are not distributed equitably, ongoing tension and conflict may persist between different community groups.

Recommended Mitigation Measures:

- ✓ Engage with communities early in the planning process, ensuring that their concerns and perspectives are considered.
- ✓ Provide training for project workers on local customs, traditions, and social norms to foster respectful interactions with the community.
- ✓ Implement channels for community members to voice concerns and provide feedback on project activities, ensuring their perspectives are considered in decision-making.

D. Land Acquisition and Involuntary Resettlement Risks

As the PforR for SPHCS excludes financing of projects with land acquisition or resettlement risks, no SPHCS PforR project 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 PforR for SPHCS 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.

Recommended Mitigation Measures:

- ✓ 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 PforR for SPHCS 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 1 if previously unknown cultural heritage is encountered during civil works.

Recommended 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 PforR for SPHCS 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 worksites.

Recommended 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.

3.5. Social Impacts and Proposed Mitigation Measures During Operations

A. Community Health and Safety Risks

a) Traffic and Road Safety Risks

Traffic and road safety concerns are crucial for SPHCS 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.

Recommended 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.

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.

b) Risks of Communicable Diseases

The operation of PforR for SPHCS 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. 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. To mitigate these risks, PforR for SPHCS projects must implement stringent preventive measures that uphold hygiene standards and reinforce community awareness.

Recommended 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 PforR for SPHCS projects promote safety and dignity for all members of the community.

Recommended 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.

- ✓ 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

Historically underserved populations often face significant barriers to accessing essential healthcare. These challenges, including geographic isolation, limited infrastructure, and socio-economic disparities, can lead to poorer health outcomes and increased vulnerability to disease. During PforR for SPHCS projects operations, external socio-economic factors may prevent HUCs from accessing the health facilities, thus perpetuating poor health outcomes among these groups.

Recommended 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.
- ✓ Deploy proactive mobile health programs to reach pastoral communities and areas with restricted access to basic health facilities, ensuring inclusive and accessible healthcare services.

D. Risks of Conflict and Security Issues

The implementation of the PforR for SPHCS 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.

Recommended Mitigation Measures:

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

Table 1-Generic Environmental and Social Management Plan for PforR for SPHCS

S.N	Potential Environmental & Social Impacts	Mitigation Measures	Indicator	Responsible	Time frame	Estimated cost (ETB)
• Environmental impacts during construction phase						
1.	Impacts on soil structure and quality	• Demarcate the area to be stripped clearly and avoid moving beyond the demarcated site. • Stockpile the stripped soil to be used for the rehabilitation of quarry and borrow areas. • Uniformly spread the topsoil onto other areas to be rehabilitated • Provide drainage/gradients for access and haul roads to limit erosion • Restrict driving vehicles on the soil when it is wet to avoid further soil compaction	• # of sites using the stockpile for rehabilitation of excavated areas • # of sites with the excavation works limited to demarcated areas only • # of sites with restricted vehicle driving on wet soil	MOH, RHB, contractor	Through out construction	3,540,000

2.	Resource efficiency and climate change	• Use of green building materials, energy-efficient designs, and renewable energy sources • Apply a proper health care waste disposal system, including recycling, and proper disposal • Implement water-efficient technologies and promote water conservation, including the use of alternative sources • Construct and maintain healthcare infrastructure and its environment that can withstand extreme weather events, • Integrate climate resilience into healthcare plan and operations, disease surveillance, and emergency response.	• # of renewable energy sources installed • # HCFs applying proper healthcare waste management • # of projects practicing water conservation • # of projects practicing energy conservation	MOH, RHB, contractor	Through out construction	5,550,000
3.	Impacts on land degradation and soil erosion	• Provide adequate drainage systems, as well as planting vegetation; • Control the water flow speeds by constructing erosion checks; • Select construction material and excavation methods in consultation with relevant authorities • Remove topsoil and segregate for later use during site reinstatement. • Reclaim smaller, short-lived extraction sites immediately. • Rehabilitate affected land to acceptable uses consistent with local land use plans. • Seed and re-vegetate land that is not restored for a specific community use with native species	• # of sites with adequate drainage system • # of sites applying water speed controlling • # of sites revegetating or rehabilitating the cleared areas	MOH, RHB, contractor	Through out construction	2,330,000
4.	Impact on water resources	• Establish and implement a construction waste handling and disposal system at the sites	• Turbidity level of water bodies (mg/L),	MOH, RHB, contractor	Through out	4,400,000

		• Perform excavation works during the dry season and restrict the activity only to the designated area; • Prevent pollution by hazardous substances through proper management; • Provide dedicated bins for hazardous waste, located on hard standing within the construction camp; • Dispose of collected used oils and lubricants through recyclers or reuse as furnace oil • Prepare a construction waste management plan for the subproject site and ensure compliance with it	• # of oil/chemical spill incidents into water bodies • % of washing of vehicles and machinery done in the workshop and not done in rivers and open • % of properly collected used oil and other chemicals, and safely disposed of • % of proper use of sanitation facilities at the site		construct ion	
5.	Noise and vibration impacts	• Avoid the use of old or damaged machinery with high noise levels • Install proper sound barriers and containment • Inform and consult with residents about the noise and vibration impacts of the project. • Avoid using heavy construction machinery at nighttime • Carry out regular maintenance on the construction machinery • Install noise barriers/silencers on the construction machinery	• # of community complaints and resolution rate, • % of workers using PPE, • # of health screenings done, • 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	MOH, RHB, contractor	Through out construct ion	1,750,000
6.	Impact of dust generation	• Prevent and control speed for construction vehicles; • Keep vehicles and machinery in good condition to reduce smoke from exhausts;	• frequency of dust suppression at the site, • % use of dust barriers, • # of vehicles and machinery in good condition	MOH, RHB, contractor	Through out construct ion	1,470,000

		• Trucks transporting materials to the site (sand, cement etc.) must be covered to prevent dust emissions into surrounding areas; • Regularly spray water on exposed soils and wet the dust during construction; • Provide personal protective clothing such as dust masks and ensure their use by workers; • Use of well-ventilated workspaces for site activities to prevent inhaling toxic fumes; • Fully cover vehicles transporting sand and other dust-generating materials; • Minimize unnecessary idling of running diesel engines of machinery, vehicles, and equipment; • Limit the speed and mapping out of vehicular routes to reduce dust in dwelling areas;	• % of workers using PPEs • % of working areas well-ventilated to prevent inhaling • % of fully covered vehicles transporting sand and other dust-generating materials • % of vehicular routes with speed limit and mapping out of vehicular routes			
7.	Impact of construction waste	• Avail waste disposal bins used for storage and segregation, • Arrange and post warning notices concerning proper waste handling and storage at strategic points • Develop and implement hazardous waste handling, such as oils, lubricants, and others, at the site; • Apply proper construction waste minimization and reduction • Identify hazardous wastes that must be appropriately managed as per the required standards • Implement proper collection and safe handling of waste at the construction site • Recycle and reuse construction waste at the site to reduce the size of waste; • Dispose of construction waste only at designated sites approved by the responsible body	• # 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 • Tons of hazardous waste disposed via certified methods, • % of provision of adequate secondary containment for fuel storage tanks •	MOH, RHB, contractor	Through out construction	2,600,000

		• Consider reusing the spoiled soil for land restoration purposes; • Cover vehicles hauling dirt and any open load with a tarpaulin or other secure covering				
8.	Impacts on terrestrial flora and fauna	• Implement landscaping activity by replanting trees as well as managing vegetation at the site; • Apply extensive tree planting, mainly with indigenous species; • Plant appropriate indigenous trees and shrub species, which are friendly to the environment; • Selecting tree species and locations for planting shall only be done in consultation with the concerned offices; • Plant appropriate trees at the boundaries of the site to improve the aesthetic value of the areas.	• % of areas of vegetation cleared limited to the demarcated area, • % of protected areas with trees fenced	MOH, RHB, contractor	Through out construct ion	2,700,000
9.	Occupational Health and Safety Risks					
9.1.	Physical hazards	• Train construction workers on safe practices, incident management, and handling utilities and machinery. • Provide introductory safety training for new workers. • Use signage and mark hazards to ensure safety awareness. • Supervise worksites to maintain compliance and safety standards. • Develop emergency evacuation procedures. • Supply workers with essential PPE like helmets, gloves, boots, and face shields.	• 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 Occupational Health and Safety (OHS) performance.	MOH, RHB, contractor	Through out construct ion	2,450,000

9.2.	Electrical and Explosive Hazards	• Employ technicians to maintain faulty electrical devices. • Regularly inspect and test electrical installations. • Avoid spark-generating devices near flammable substances. • Disconnect equipment linked to high-voltage power sources. • Store gasoline away from fire. • Provide PPE and train personnel in its use. • Mark hazards and train in recognizing hazard symbols. • Train staff in fire prevention and protection. • Equip the construction yard with a complete first aid kit. • Fence construction sites to prevent unauthorized access and reduce electrical risks.	• % 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	Through out construction	4,200,000
9.3.	Fire and Explosion Hazards	• Set up designated disposal areas and train worker for the proper use of these areas. • Store flammable materials in ventilated areas, away from ignition sources. • Clearly label containers and use hazard signage for flammable substances. • Train staff on fire hazards, handling procedures, and emergency responses. • Conduct fire drills to familiarize workers with evacuation protocols. • Keep firefighting equipment accessible and operational.	• The number 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	Through out construction	4,530,000

		• Install smoke detectors and fire alarms for early detection. • Inspect sites for fire hazards regularly and addre issues promptly. • Develop an emergency response plan with evacuation routes and assigned responsibilities. • Establish communication channels for reporting fires or emergencies swiftly.				
	II. Social impacts during construction phase					
1.	Impacts related to Labor and working conditions					
1.1.	Terms of Agreement and Management of Workers' Related Risks	• Provide workers with clear, accessible information on their employment terms, including rights under labor law, wages, hours, and benefits at the start and upon changes. • Offer counseling services and stress management programs to support workers' emotional well-being. • Ensure a grievance mechanism is available for all workers to voice complaints safely, with safeguards against retaliation, communicated during recruitment.	• Frequency of providing information for workers • # of counseling sessions conducted on stress management • % of complaints addressed	MOH, RHB, contractor	Through out construct ion	3,550,000

1.2.	Impacts of child Labor	• Enforce the minimum age for employment as per national law or World Bank requirement (14 years, whichever is higher), with age verification through official documents. • Maintain proper records of workers and conduct sudden inspections by E&S specialists or local partners to ensure compliance. • Terminate employment of underage workers and cease engagement with contractors who violate this rule	• % of worker age records verified with age requirements. • Compliance with labor laws and regulations: working hours, wages, and child labor prevention • GRM and the number of labor-related grievances,	MOH, RHB, contractor	Through out construct ion	2,260,000
2.	Community Health and Safety Related Risks					
2.1.	Risks of Increased Traffi Accidents	• Ensure safe transport of medical supplies to prevent hazardous spills. • Train and license drivers for compliance and safety. • Avoid high-risk routes and times to reduce accidents. • Use speed control devices and remotely monitor driver actions, where possible. • Conduct regular vehicle maintenance with manufacturer-approved parts. • Collaborate with communities and authorities to enhance road safety, especially near schools and pedestrian areas.	• # of traffic incidents involving the project, • Availability of adequate procedures for investigating traffic accidents related to the project.	MOH, RHB, contractor	Through out construct ion	3,250,000
2.2.	Risks of the spread of infectious diseases	• Plan and implement safe and environmentally sustainable waste management systems. • Proper training of project workers along with community education initiatives.	• # of new incidences of communicable disease linked to project activities water-borne, vector-borne diseases).	MOH, RHB, contractor	Through out construct ion	3,200,000

		• Routine health checks for project workers. • Adherence to hygiene protocols to reduce the likelihood of disease outbreaks	• # and nature of complaints regarding health and safety from local community members. • Availability of adequate sanitation and waste management facilities. • Emergency response procedures are in place, and drills are conducted for potential incidents affecting the community.			
2.3.	Labor Influx related Risks	• Prioritize skilled local labor to reduce risks from labor influx and boost employment for residents. • Provide training to equip local workers with specialized skills. • Maintain secure, well-managed labor camps for external workers to minimize community disruption. • Enforce health protocols, including screenings and vaccinations, to prevent disease spread. • Train workers on SEA and SH, establish confidential GBV reporting, and collaborate with local organizations for support services.	• # training sessions gin for local workers • Implementation of health protocol • % of local residents among the project workers • Availability of functional GRM reporting and management system •	MOH, RHB, contractor	Through out construction	1,200,000
3.	Social and Cultural Disruption	• Engage with communities early in the planning process, ensuring that their concerns and perspectives are considered. • Provide training for project workers on local customs, traditions, and social norms to foster respectful interactions with the community. • Implement channels for community members to voice concerns and provide feedback on project	• Number of community engagement sessions conducted • # of training sessions given for project workers on local customs and culture • Availability of GRM mechanism for local/affected communities	MOH, RHB, contractor	Through out construction	2,250.000

		activities, ensuring their perspectives are considered in decision-making.				
4.	Anticipated risks to Historically Underserved Communities (HUCs)	• Actively involve Historically Underserved Communities (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 contact, and disciplinary measures to 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,	• # of community engagement sessions held • % of project workers trained on socio-cultural norms of affected communities. • # of disciplinary measures taken against workers violating the Code of Conduct related to community interactions.	MOH, RHB, contractor	Through out construction	1,250,000
5.	Damage or Disruption to Tangible and Intangible Cultural Heritage	• Stop construction activities in the area to prevent further disturbance or damage to the discovered site. • 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 respective project E&S experts and project supervisory engineers, who shall in turn notify the local authorities for the Culture and Tourism Office, within 24- hours or less.	• # of chances find procedures implemented when unpredictable cultural heritage is identified. • 100% of identified cultural heritage findings are documented and procedures followed. • Procedures are in place and staff are trained to recognize and report findings	MOH, RHB, contractor	Through out construction	2,180,000

6.	GBV-SEA/SH Risks	• 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 mechanism into each project ESMP. • Create awareness on SEA/SH mitigation and response mechanisms within the implementing agencies and contractors. • Conduct stakeholder consultations every six months to inform GBV risks mitigation. • 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. • Sign Codes of Conduct: 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. • Health facilities, in collaboration with school communities, shall coordinate and implement awareness activities and structured information sharing sessions on Sexual Exploitation and Abuse (SEA), with particular emphasis on	• Number of assessments conducted for a safe, respectful, and inclusive workplace environment. • Availability of separate facilities for men and women, with adequate lighting (assessed through inspections). • Percentage of project and health facility staff trained on Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks. • Availability and functionality of treatment and referral pathways for SEA/SH survivors. • Number of complaints regarding improper or abusive behavior by security staff that were investigated. • Percentage of reported victims who receive necessary support	MOH, RHB, contractor	Through out construction	2,450,000

		prevention and protection measures for adolescent girls				
III	**Environmental impacts during operation phase**					
1.	Impacts of health care and medical waste	• Establish a HCWM system adequate for the scale and type of activities and identify hazards. • Apply inactivated pathogens through methods like incineration, autoclaving, or disinfection. • Coordinate with local health authority responsible for the transportation of waste for final disposal areas to ensure regularity of collection as per the standards. • Transport and dispose of waste according to regulations, often through specialized facilities. • Implement strategies to reduce waste generation, such as minimizing the use of disposable materials. • Educate healthcare workers and waste handlers on proper waste management procedures. • Establish monitoring and enforcement mechanisms	• % of waste segregated at the point of generation. • % of hazardous and non-hazardous waste collected and handled separately • % of use of a color-coded bin system for infectious waste • % of waste bags or containers labeled with basic information at HCF • % of waste zone secured with locked fence with restricted access to unauthorized personnel;	MOH, RHB, contractor	Through out operation	3,300,000
2.	Impacts of radioactive and electronic wastes	• Promote product design that minimizes waste, encourages reuse and repair, and recycling.	• Availability of waste minimization and recycling design • # of awareness creation sessions for workers and community • Implementation of e-waste collection	MOH, RHB, contractor	Through out operation	2,250,000

		• Implement safe and effective e-waste treatment processes, including dismantling and shredding, • Develop and enforce regulations that protect human health and the environment • Educate the public about the risks and importanc of responsible disposal and recycling.	system			
3.	Impact on water quality	• Treat effluents (all medical liquid wastes) and sewage prior disposal into the environment, • Apply diversion of effluents to a retention tank where it would be disinfected before being sent t the sewer system. • Conduct water quality monitoring and testing to detect contamination and any leakage, • Employ proper management of waste to prevent any contact between waste and storm water, • Regularly monitor the waste treatment plant as p the technical requirement, • Inspect & clean storm water system should be before heavy rain every year, • Adopt best management practices to prevent wat wastage and minimize water loss.	• Turbidity level of water bodies (mg/L), • # of oil/chemical spill incidents into water bodies • Prevent pollution by hazardous substances such as oil, fuel, cement sludge, and detergents through roper storage and handling of these substances. • % of washing of vehicles and machinery in the workshop area and never done in rivers and open soils. • % of Properly collect used oil and other chemicals and safely disposed through accredited oil disposal agency • % of proper use of sanitation facilities at the site	MOH, RHB, contractor	Through out operation	3,450,000
4.	Impacts of Noise pollution	• Use continuous insulation in building enclosures to decrease the noise from the surrounding areas. • Isolate noise sources such as boilers, generator and provide protection 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 th machines and equipment as per the manual.	• # of community complaint and resolution rate, • % of workers using PPE, • # of health screenings done, • Frequency of scheduling noisy activities during less sensitive hours (e.g., daytime, weekdays). • Rate of avoiding nighttime construction activities whenever possible. • % of applying noise barriers to shield nearby residential areas from excessive noise	MOH, RHB, contractor	Through out operation	1,250,000

5.	Impacts on soil	• Treat the effluents and sewage and dispose properly, • Ensure that water exiting through the sink drains would be diverted to a retention tank • Implement proper waste management as recommended in the document, • Chemical and biomedical waste generated should be managed as per the guidelines of the Ethiopian government.	• # of sites with clearing and excavation works conducted only during the dry season, • # of sites with the excavation works limited to demarcated areas only to reduce soil erosion. • Area of exposed surface to excavation and erosion	MOH, RHB, contractor	Through out operation	3,300,000
6.	Impacts on utility	• Employ water conservation and only use the required amounts of water to prevent waste. • Use a deep borehole as an alternative source of water, • Apply power saving techniques such as switching off equipment when not in use, using natural light whenever possible, • Install and use solar power for minor operations, • Place signs of conservation of water and electricity. • Create awareness about water and power-saving techniques for the workers.	• % of sites/facilities using energy-efficient designs, and renewable energy sources • # of water-efficient technologies used • # of sites/facilities implementing climate resilient infrastructure and extreme weather events, • % of HCFs integrating climate resilience into healthcare plans and operations, disease surveillance, and emergency response.	MOH, RHB, contractor	Through out operation	2,270,000
7.	Occupational Health Risks during operation phase					
7.1.	Physical Hazards	• Equip workers with high-quality PPE and enforce compliance. • Use multilingual signage to communicate risks. • Conduct mandatory and refresher safety training. • Monitor and report on OHS performance to ensu improvement.	• Compliance with the 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 Occupational Health and Safety (OHS) performance.	MOH, RHB, contractor	Through out operation	1,450,000

7.2.	Biological Hazards	• Provide proper PPE and train staff on safe handling and disposal. • Follow strict protocols for biological material management, including labeling and temperature monitoring. • Review decontamination procedures regularly to ensure compliance.	• Compliance of all project sites with spill kits and conducting regular drills for biological hazard incidents. • Number of illnesses linked to biological agents, such as those caused by exposure to pathogens, pests, or mold.	MOH, RHB, contractor	Through out operation	2,200,000
7.3.	Chemical Hazards	• Use safety-compliant chemicals with multilingual Safety Data Sheets. • Maintain a chemical inventory and train workers on safe handling. • Ensure proper labeling, segregation, and disposal of chemicals. • Regularly inspect storage facilities for safety	• The number of accidents, injuries, and fatalities on-site. • Compliance with PPE usage for workers, such as gloves, masks, and safety boots. And all materials used meet safety standards and quality requirements. • Compliance with storage areas, accurate records maintained, including quantities, locations, and expiration dates.	MOH, RHB, contractor	Through out operation	1,450,000
IV	Social impacts during operation					
1.	**Community Health and Safety Risks**					
1.1.	Traffic and Road Safety Risks	• Develop a TRS risk management plan based on assessments. • Maintain vehicles regularly to ensure safety. • Enhance vehicle visibility with high-quality lighting systems. • Provide drivers with comprehensive safe driving training. • Conduct regular competency assessments for drivers. • Label hazardous material containers clearly and provide shipping documents with hazard details. • Ensure packaging integrity and suitability for materials transported.	• Number of traffic incidents involving the project, particularly around the construction or operational sites, to assess the risk of accidents to the public • Availability of adequate procedures for investigating traffic or pedestrian accidents related to the project	MOH, RHB, contractor	Through out operation	1,550,000

		• Train employees on shipping protocols and emergency procedures.				
1.2.	Risks of Communicable Diseases	• 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.	• Compliance with maintenance standards of health facilities. • Frequency and findings of sanitation facility inspections. • Number of reported disease outbreaks linked to facility sanitation • Number of awareness creation activities conducted.	MOH, RHB, contractor	Through out operation	1,400,000
2.	Community Safety and GBV Risks	• 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. • Ensure all communal facilities have functional door locks and implement proper nighttime lighting around these spaces to improve safety and security.	• All workers trained in GBV/SEAH prevention and sensitivity. • Availability of separate toilets and washing facilities for men and women. • Functionality of a GBV-sensitive grievance redress mechanism (GRM).	MOH, RHB, contractor	Through out operation	2,250,000
3.	Disproportionate Risks and Impacts on Historically Underserved Communities	• Deploy proactive mobile health programs to reach pastoral communities and areas with restricted access to basic health facilities, ensuring inclusive and accessible healthcare services.	• Percentage of HUCs reporting access to primary healthcare (PHC) services compared to the overall average access rate in the project area. • Number of targeted outreach programs or initiatives specifically designed to improve access to PHC services for HUCs, monitored annually for effectiveness.	MOH, RHB, contractor	Through out operation	-

			• Number of complaints or feedback received from HUCs regarding access to PHC services.			
4.	Risks of SEA/SH/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.	• The number of workers, contractors, and consultants trained on gender sensitivity, GBV/SEAH prevention, SEA risks, and CoC. • Existence and effectiveness of a GBV-sensitive GRM accessible to project workers and the community.	MOH, RHB, contractor	Through out operation	3,600,000
5.	Risks of Conflict and Security Issues	• Provide extensive security training on emergency protocols, safe havens, lockdown procedures and emergency evacuations. • 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 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.	• Percentage of staff trained on security procedures, including physical security and emergency protocols. • Availability of security lighting and perimeter security installations (fences, walls, locking gates) assessed as functional. • Availability and utilization rate of mental health support services for healthcare workers. • Number of regular collaboration meetings and activities conducted with national and local security agencies. • Number of incidents reported and percentage of those addressed per procedure.	MOH, RHB, contractor	Through out operation	1,500,000
	Total					**89, 482,250**

4. Procedural Steps to Manage Environmental and Social Risks

Managing environmental and social risks related to PforR for SPHCS projects and activities implemented by the MoH and respective agencies involves a multi-step process, starting with identifying and assessing risks and opportunities. It will also need to develop a management plan, implement it, monitor, and evaluate performance. Applying these environmental and social management procedures ensures that projects and activities minimize negative impacts and maximize positive outcomes for both the environment and society.

4.1. Steps to follow for Environmental and Social Risk Management

The national environmental impact assessment proclamation, World Bank standards, and the national environmental and social impact assessment guideline (2020) are adopted to formulate the following procedural steps to be followed to manage environmental and social issues during the implementation of projects.

Step 1: Project/ Sub-project Identification

Identification of projects/ sub-projects shall be carried out through a consultative process by the lead implementing health institution, such as MoH, RHBs, EPHI and EPSA.

The identified projects/ sub-projects shall be reviewed and compiled into an annual action plan, endorsed and approved by the implementing health institution. Projects included in the approved annual action plan of the health institution will be eligible for E & S screening. This step includes pre-screening consultation and design control.

Step 1A: Pre-screening consultation: Consultation of the project implementing health institution and the respective environmental authority or sectoral agencies to establish contact and hold a discussion on how best to proceed with the E&S management. The consultation could be as a formal meeting, a telephone conversation, or correspondence by means of electronic mail. Consultation at this stage ought to minimize delays and ensure shared understanding of the requirements for both the proponent and the Environmental Protection Authority.

Step 1B: Design Control: A proactive approach to be taken to avoid or minimize potential adverse impacts by incorporating certain design measures into the planned projects. These design controls include both physical aspects, like the location of structures and activities, and operational aspects, like the timing of activities.

Step 2: Screening

The screening aims at categorizing the sub-projects into one of the environmental and social categories consistent with the National ESIA Guideline and WB ES core principles.

It is a key environmental and social management process aimed at determining appropriate studies and follow ups-up that might be required for project activities. Screening will be carried out for each project/ sub-project once they have been identified during planning.

Environment and social screening are required for all projects/ sub-projects with civil works, procurement of health care services and medical supplies, and relevant technical assistance activities.

Based on the nature and scale of the projects, the environmental and social screening will follow the national ESIA Guideline (2020) screening system to identify the schedule of activities into which the projects/sub-projects will fall (Schedule I, II & III).

The project implementing health institutions` environment and social professionals shall initiate the screening process by completing the form contained in Annex 3. Environmental and Social Screening Form. The purpose of the environmental and social screening form is to assist in identifying potential environmental and social impacts based on field investigations and consultations undertaken at the proposed project site.

The project's E&S screening shall describe the following issues:

- Characteristics of the location (sensitivity of the area),
- Size of the proposed project (small, medium, and large scale),
- Degree of public interest,
- Proposed project potential impacts

The completed screening report will be submitted first to the implement health institution`s management for internal checking and approval. It will then be submitted as appropriate to the respective Regional, Zonal, Woreda or City level EPA with an official application letter for review and approval.

The outcome of screening could be one of the following:

- Accept the screening report, with conditions relating to implementation.
- Accept the screening report with required and/or recommended amendments; or
- Reject the screening report with comments as to what is required to submit an acceptable screening report.

Following the approval of the project's E&S screening report by the respective EPA, the project will be routed into one of the following processes based on its approved Categorization.

A. *Schedule 1: projects are fed into the standard ESIA process.*
B. *Schedule II: projects will require a partial or preliminary ESIA or ESMP and will necessitate the inclusion of environmental and social mitigation and enhancement measures in the design and implementation of projects.*
C. *Schedule III: projects are not subject to environmental assessment as no potential impacts are anticipated. Thus, no further action is required. However, the environmental guidelines for construction contractors will be applicable.*

Step 3: ESIA and ESMP Steps

ESIA/ESMP is essential to identify, describe, and evaluate the potential environmental and social impacts of the projects/sub-projects and formulate measures to mitigate and manage these impacts.

Step 3A: ESIA Steps

If the outcome of the E&S screening finally results in categorizing the projects/sub-projects as **Schedule I,** the following actions need to be pursued. Schedule I projects will be subject to a full Environmental and Social Impact Assessment that shall be carried out with the help of a registered and licensed environmental and social consultant firm.

I. Scoping

Scoping is a critical phase that sets the stage for the entire assessment process. It helps to determine the significant environmental and social issues that may arise from a proposed project and involves stakeholders, including local communities, government agencies, and other interested parties, to gather input on concerns and expectations.

The scoping shall include:

- Description of the proposed project.
- Identify potential positive and negative impacts of the project on the environment and local community.
- Describe boundaries of the ESIA, including geographical, temporal, and thematic aspects of the ESIA.
- Engage with stakeholders through meetings, workshops, and public consultations to discuss potential impacts and gather their perspectives; and

- Propose methodologies for ESIA or establish terms of reference for ESIA.

The outcome of scoping is a scoping report for undertaking full-scale ESA. Both require passing through the reviewing process before a detailed environmental and social impact assessment.

II. Impact Analysis

An impact refers to any change in an environmental parameter resulting from a specific activity, measured as the difference between conditions with and without the project over a defined area and time frame. The environmental and social impact analysis aims to gather comprehensive information about significant impacts to prepare the ESIA report. Prediction of impacts should be informed by baseline data reflecting the current or future state of the environment, and must utilize a range of physical, biological, socioeconomic, and cultural information to assess likely impacts. This impact analysis serves as a decision-making tool for identifying potential environmental impacts of proposed projects, evaluating alternative options, and designing effective prevention, mitigation, management, and monitoring strategies.

The environmental and social impact analysis:

- Identification of potential E&S impacts.
- Prediction of the size and characteristics of identified impacts using relevant data.
- Consideration of Alternatives.
- Development of an environmental and social management plan with mitigation and monitoring strategies; and
- Outlining grievance management procedures.

III. ESIA Reporting

As presented in the ESIA Guideline (2020), the ESIA report should provide a concise summary of the findings and recommendations of the technical studies that have been completed as part of the impact assessment. Each of the technical studies should be presented as a separate chapter in the ESIA report. It is recommended that the length, language, and structure of each chapter be presented consistently to provide a coherent description of the anticipated changes to the environment (positive and negative) and how these will be addressed.

The ESIA report should include, as a minimum, the following items:

- Description of the project and project Alternatives.
- Description of the legal and institutional framework, covering local regulations, international standards, and sector-specific guidelines.

- Existing environmental and social conditions in the project area and surrounding influences.
- Environmental and social impact analysis.
- Public and stakeholders Consultation Summaries.
- Recommended strategies to prevent, mitigate, or compensate for identified impacts; and
- Environmental and social management and monitoring plan, including responsibilities, schedules, and budget considerations.

Where more detailed technical reports have been prepared to describe the analyses that have informed the impact assessment, it is recommended that these be presented as an appendix to the ESIA report.

Step 3B: ESMP

If the outcome of the E&S screening resulted in categorizing the projects/sub-projects as schedule-II, it will be required to undertake a Preliminary ESIA and/or ESMP. The depth of information requirement (i.e., content) to be included in the preliminary ESIA is defined in consultation with the relevant Federal or Regional, EPA.

The ESMP examines the project's potential negative and positive environmental impacts and recommends any measures needed to prevent, minimize, mitigate, or compensate for adverse impacts and improve environmental performance, which will be summarized in the ESMP**.**

The project implementing health institutions would ensure that all the necessary mitigation measures are incorporated in the ESMP, including the Infection Control and Waste Management Plan (ICWMP).

Note: If, on the other hand, the outcome of the E&S screening finally results in categorizing the project/ sub-project as schedule-III activities, no further actions to carry on the Environmental and Social Assessment will be needed. Based on the nature of the schedule-III project, if it deemed necessary, a distinct ESMP (which will be based on the generic E&S management and monitoring plan included in this ESMF) including Infection Control and Waste Management Plan (ICWMP) will be prepared to address and mitigate the potential few and minor environmental and social impacts of the project and attach it with the E&S screening report for further implementation.

Following the ESIA or ESMP, it will be sent to the respective Environmental Protection Authority and World Bank Country office for review and clearance /no-objection. Finally, the ESIA or ESMP shall be submitted by the project implementing health institution with an official letter of application for review and approval.

Step 4: Review and Decision

To evaluate and ascertain whether the ESIA or ESMP provides a comprehensive and adequate analysis of the environmental and social impacts associated with the proposed project and ensure that the ESIA/ESMP meets the necessary standards and requirements, the relevant Federal, Regional, Zonal, Woreda or City level EPA will review the Full or Preliminary ESIA or ESMP submitted to it by the project proponent. The outcome of the review of the ESIA/ESMP 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
C. Reject the document with comments as to what is required to submit an acceptable ESIA/ESMP.

Step 5: Disclosure

The ESIA/ ESMP 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.

Step 6: Implementation & Supervision

After approval of the ESIA/ESMP, implementation of mitigation measures and systemic follow-up is required. The project implementing health institution is required to enforce the implementation of proposed mitigation measures as proposed in the ESIA/ESMP by all responsible institutions and stakeholders. Environmental and social clauses will need to be added in contractual agreements to be signed with contractors for them to implement the ESMP during construction phases. Contractors should be required to prepare the contractor's ESMP along with signing of Code of Conduct.

Step 7: Environmental and Social Monitoring and Reporting

Monitoring to ensure the compliance of project implementation activities against the mitigation measures set out in its ESMP will be carried out by the environment and social management staff of the project implementing health institution, as well as the supervisory engineer at the project's construction sites. The environmental and social management staff will have the primary responsibility for carrying

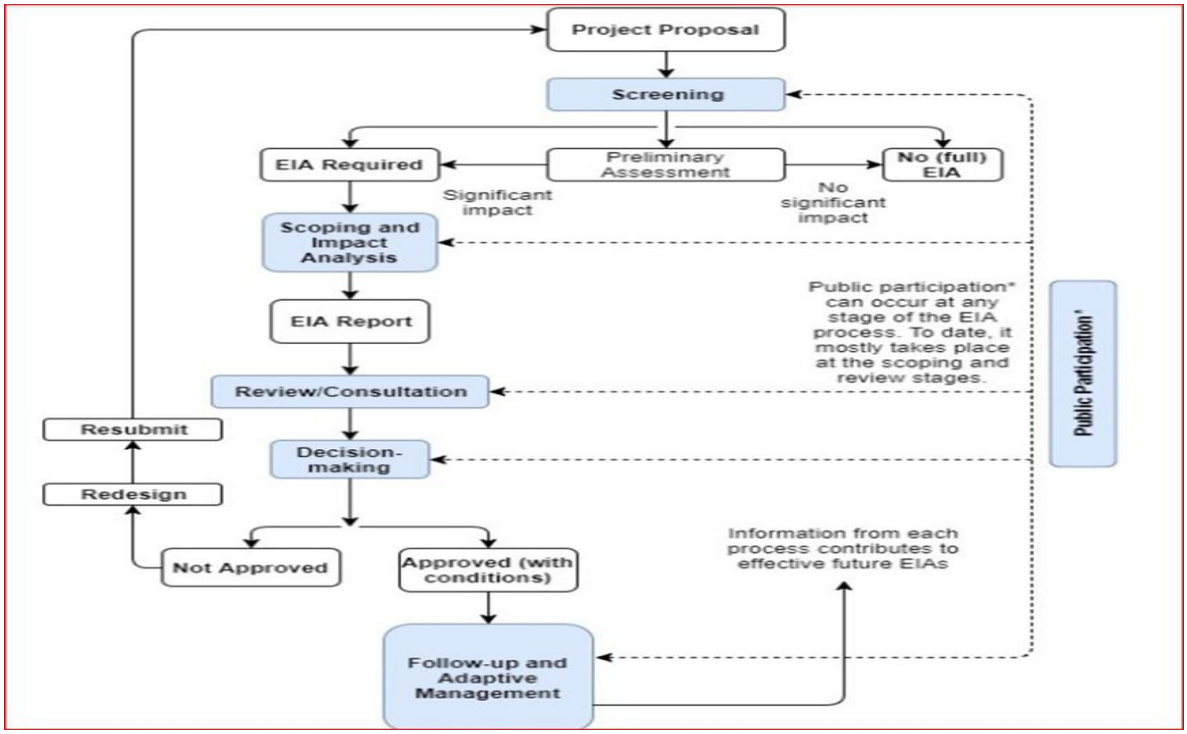
out monitoring by regularly visiting the projects and pursuing the corrective measures as required. Periodic reports on internal monitoring should be prepared quarterly, biannually, and annually by the environment and social management staff and submitted to the project management and the respective EPA.

The purpose of the environmental and social monitoring report is to provide:

- Measure the success rate of the project.
- Verify the accuracy of the environmental and social impact predictions.
- Determine the effectiveness of measures to mitigate adverse E&S effects of projects on the environment; and
- Determine whether interventions have resulted in dealing with negative impacts; determine whether further interventions are needed, or monitoring is to be extended in some areas.

The implementation of the ESIAs/ ESMPs will also be monitored by the Regional, Zonal, Woreda or City level EPA offices. The project proponent E&S staff and partner institutions shall collaborate for external compliance monitoring and inspections that will be conducted by the relevant Regional, zonal, woreda, or city-level EPA offices.

Figure 1 ESIA Process



Source: Environmental and Social Impact Assessment (ESIA) Guideline with Respect to Integrated Risk Management (IRM), 2020.Sub

4.2. Projects Involving Cultural Heritage Management

For all the PforR for SPHCS projects/ subprojects, which have excavation, construction, rehabilitation, and or renovation activities, it is likely that the projects can pose an impact on historical buildings and cultural heritage sites. PforR activities should consider avoiding impacts on cultural heritage. When avoidance of impacts is not possible, it should identify and implement measures to address the impacts in accordance with the mitigation hierarchy. The mitigation measures will need to be integrated into the ESIA/ ESMP to avoid damage to cultural properties.

It is crucial for the environmental and social assessment to comprehensively evaluate the direct, indirect, and cumulative risks and impacts specific to cultural heritage associated with the project. Through a thorough environmental and social impact assessment, we will identify and analyze the potential risks and effects that the proposed activities may pose to cultural heritage, ensuring that these vital aspects are adequately addressed. Based on nature (i.e., whether affecting National or World heritage sites) and scale of impacts, where appropriate, it will also develop a Cultural Heritage Management Plan (CHMP).

The mitigation plan in the ESMP should be consistent with Proclamation No 209/2000 on Research and Conservation of Cultural Heritage, the World Bank core Principle 02, and should consider institutional capabilities relating to the management and preservation of physical cultural resources.

Mitigation measures include, for example,

- Consultations with the appropriate authorities and local inhabitants to identify known or possible sites during project planning.
- Relocating projects to avoid identified sites.
- Relocating or modifying the physical footprint of the project.
- Conservation and rehabilitation in situ.
- Relocation of cultural heritage.
- Establishment of a monitoring system to track the progress and efficacy of these activities.

- Establishment of an implementation schedule and required budget for the identified mitigation measures; and cataloguing of finds.

In case of chance find of heritage encountered during project 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: "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 there".

- '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 discovered.
- 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 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.
- 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 while discharging his duties under this Article. A complete chance finding procedure incorporating the above procedure of the proclamation, enriched with other necessary good practice procedures, is presented in Annex 1.

4.3. Projects involving land acquisition or restriction on access to land use

Any proposed project activities that require land to be expropriated or transferred to the project shall not be financed, as such activities are excluded under the project's exclusion list.

4.3.1. Procedure for Excluding Subprojects Involving Adverse Social Impacts Related to Land Acquisition

Step- 1: Project Site Identification

To ensure the exclusion of land acquisition risks, project planning must prioritize avoiding land acquisition and resettlement entirely. This involves assessing site alternatives and consulting with stakeholders during the project

planning and site identification. Sites must be chosen in collaboration with local community members to minimize social impacts and eliminate the need to displace residents or businesses

Step- 2: Screening

Early project screening is essential to identify and exclude subprojects with risks of land acquisition, resettlement, or related legacy issues. This process involves gathering detailed information on land ownership, current use, and existing structures in proposed projects sites.

The findings from the preliminary evaluation must be compiled accurately in an Environmental and Social Screening Report. This report is crucial for guiding subsequent decisions and must definitively confirm the exclusion of any land acquisition risks for the proposed subprojects.

Any projects identified during the screening phase as having a potential risk of land acquisition must be escalated and presented immediately to the Project Implementation Unit (PIU) for a final decision on redesign or exclusion.

Step- 3: Decision

Based on the Environmental and Social Screening Report and its findings regarding land acquisition related risks, the Project Implementation Unit (PIU) shall take the following decisive actions:

- Immediately exclude and decline any subprojects identified as having any risks related to land acquisition or involuntary resettlement, ensuring complete avoidance of these impacts.
- Require that project teams consider and propose alternative project sites and/or designs that completely avoid the necessity of land acquisition or the displacement of people or assets.

4.4. Emergency Preparedness and Response in Environmental and Social Management

In the implementation of SPHCS PforR, unplanned events such as natural disasters, disease outbreaks, chemical spills, or social unrest can pose significant environmental and social risks. Emergency preparedness and response planning are, therefore, a critical component of environmental and social risk management to ensure the safety of project staff, patients, communities, and the environment.

For emergencies related to occupational hazards, the first intervention is to avoid negative impacts from each hazard, by eliminating or substituting the equipment, material, or work activity that is causing the hazard. If it is not possible to eliminate the hazard, you should seek to minimize the impacts of hazards by instituting engineering controls (e.g. by installing machine guards or active ventilation) and administrative controls (e.g. job rotation, clear work instructions, warning signage).

There should be availability and provision of appropriate personal protective equipment (PPE) and training for the project workers on the use and maintenance of supplied PPEs. Usually, a combination of all controls is used and integrated under OHS programs, such as a confined spaces program, as OHS emergencies have occurred mostly because of gaps in a company's management system. Thus, even though accidents may seem to be very different, (e.g. slips and falls due to spilled liquids versus radiation exposure) they are often the result of the same root cause ineffective implementation of the ESMS – such as an incomplete risk assessment, the lack of safety procedures, and insufficient worker training. In addition to emergencies that may result from workplace hazards, there are also external emergencies ones including natural and manmade.

The major potential emergencies include the following:

- Natural hazards (e.g., floods, droughts, earthquakes)
- Disease outbreaks and pandemics
- Accidents and hazardous material spills (e.g., medical waste, chemicals)
- Fires or structural failures
- Security incidents or social conflicts

Key actions for effective emergency preparedness and response

1. Risk Identification and Assessment

Any PforR for SPHCS projects should identify potential emergency scenarios that may arise during implementation. The identified risks should be incorporated into the Environmental and Social Impact Assessment and Environmental and Social Management Plan. Environmental and social risk assessment should be integrated within the emergency response plans. The health component of the operational response plan adheres to WHO technical standards in case of acute emergencies; the incident manager and team are responsible for managing and implementing the response.

The information generated using the ESM checklists will help determine the environmental and social risks, as well as the nature and scale of the response actions.

2. Development of Emergency Response Plans (ERP)

An ERP should be developed as part of the project's ESMS and include:

- Clear roles and responsibilities for emergency response teams
- Emergency contact lists and communication protocols
- Evacuation plans and safe assembly points
- Procedures for reporting and managing incidents
- Measures to protect vulnerable populations (e.g., people with disabilities, elderly, children)
- Coordination with local authorities and emergency services (e.g., fire department, hospitals, police).

3. Capacity Building and Training

All relevant project staff, contractors, and service providers should receive:

- Regular training on emergency response procedures
- Drills and simulations to test the effectiveness of the ERP
- First aid and basic safety training, where applicable

4. Community Awareness and Engagement

Communities within or near the project area should be informed about:

- Potential emergency risks
- How to respond in case of an incident and who to contact for help, this fosters trust and minimize misinformation during crises.

5. Resource Allocation

Projects must ensure the availability of:

- Emergency supplies (e.g., fire extinguishers, first aid kits, PPE)
- Safe water and sanitation facilities
- Transport for evacuation and medical emergencies

6. Monitoring and Continuous Improvement

Post-incident reviews and lessons learned should feed into updates of the ERP. This includes:

- Root cause analysis
- Evaluation of response effectiveness
- Updating procedures and retraining as necessary.

5. Grievance Redress Mechanism

A Grievance Redress Mechanism (GRM) serves as a crucial framework for fostering community engagement and enhancing information in the healthcare system and activities. GRM plays a pivotal role in addressing grievances effectively, thereby strengthening trust and collaboration between communities and health service providers.

The Ministry of Health recognizes that community engagement and GRM are essential tools for improving the responsiveness of healthcare projects and activities.

Thus, the Ministry has decided to develop a comprehensive grievance redress management guide for the health sector projects. The GRM guide aims to address grievances related to the health sector projects through guiding health sector project managers and the environmental and social safeguard team in managing complaints, and to meet the World Bank's PforR E&S core principles and national requirements. Therefore, this section is a summarized copy of the Draft GRM Guide for the Health Sector projects.

Currently, the GRM guide is at its final stage of endorsement; therefore, referencing it to propose procedures, principles, and recommended frameworks for managing grievances in health sector projects will be essential. The GRM Guide is developed to address the complaints related to health sector projects, starting from the project site to the national level. But the complaints and grievances related to health service delivery at the health care facilities will be addressed by the already existing community score card guideline. The Ministry of Health has been developing and implementing the community score card guideline (CSC) since 2023, to respond to the needs of the community through direct participation in the health service delivery at health care facilities. Implementation of the CSC has improved community engagement and linkage with the health facilities. But the CSC did not address issues or complaints related to health sector projects.

To address this, the MOH, in collaboration with the World Bank, has developed this grievance redress management guide (GRMG) to address concerns and complaints of project-affected communities and stakeholders during project design and implementation at various levels and locations.

5.1. Scope

The GRM guide is intended to address grievances and concerns arising from health sector projects. The guideline is developed to address grievances from any person or project-affected group, including local communities, vulnerable groups, and people. The complaints can be raised during the project design, implementation, and operation phases.

The grievance redress procedure applies to the following grievances and complaints:

- Water, air, and lnoise pollution.
- Exclusion of vulnerable groups from participating or benefiting from the project.
- Disagreement on the risk assessment and identification process.
- Lack of transparency on project benefit or service recipient targeting.
- Violation of occupational health and safety, child and forced labor, and human rights issues.
- GBV-sexual exploitation, abuse, and sexual harassment.
- Labor disputes over terms and conditions of employment.
- Inappropriate collection, transportation, and disposal of waste.
- Displacement of persons, damage to property, road, or loss of livelihoods for Health Sector
- Issues related to noise, vibrations, and air pollution from construction machinery and vehicles.
- Misconduct of project contractors.
- Environmental degradation.

5.2. Project Level Grievance Redress Framework

As indicated in the GRM Guide, a project-level grievance committee/resolution structure will be established/adopted, starting from the project site to the national level, to receive and resolve grievances related to Ethiopian health sector projects. Existing legal procedures supplement the World Bank's requirements, allowing complainants to pursue legal remedies independently of the outcomes determined by the available grievance framework in the health sector.

Within health sector projects, grievances may stem from issues such as exclusion, favoritism, or lack of transparency in accessing project benefits. Additionally, concerns may be raised by volunteers, community leaders, and project workers involved in project activities. Potential complaints might also encompass matters related to contractors, workforce behavior, Occupational Health and Safety (OHS) violations, Gender-Based Violence (GBV) or harassment, employment discrimination, labor disputes, or inadequate management of waste.

To address the grievances efficiently, MoH needs to strengthen the existing GRM and establish a multi-tiered grievance mechanism under the oversight of the Institutional Reform executive office in collaboration with the gender and social inclusion executive office and the safeguard team in the MOH. The health sector project-level GRC structure arrangement is proposed in the following manner.

5.3. Institutional Arrangements for grievance redress in the health sector

5.3.1. Grievance redressal implementation and institutions in the health sector

For the health sector projects, the Grievance Redressing Committee (GRC) will be established, starting from the project site to the national level at the Ministry of Health. The GRC at different levels will play a pivotal role in resolving complaints and grievances related to project activities.

A Grievance Redress Committee is a formal body responsible for addressing, investigating, and resolving complaints or concerns raised by communities or project staff about project activities or other related issues. These committees are crucial for ensuring transparency, improving accountability, and fostering trust by providing a clear process for voicing problems and seeking solutions within the health sector. The GRC will be established at all levels based on the size and type of projects.

5.3.2. Project-level grievance redress in the health sector

Project-level GRM offers the health sector and affected communities an advantage of a locally based, simplified, and mutually beneficial way to settle issues within the framework of the project–community relationship, while recognizing the right of complainants to take their grievances to a formal dispute body or other external dispute-resolution mechanism.

A project-level grievance committee/resolution structure will be established/adopted to receive and resolve grievances related to health sector projects.

The health sector project-level GRC structure arrangement is proposed in the following manner.

- Level I: Project site GRC
- Level II: Woreda health office level GRC
- Level III: Zonal health office level GRC
- Level IV: Regional health bureau level GRC
- Level V: National-level GRC

Level I: Project site level GRC: Considering the local situations, communication, and logistical issues, a project-level grievance committee will be established at the project site and used as the first point of contact for the public with health care projects.

The aim is to resolve the complaints at the project site early. It is proposed that a grievance officer be assigned at the project site to receive and investigate complaints.

As soon as a complaint gets lodged, the assigned focal/officer shall attempt to resolve it as quickly as possible by instituting an immediate investigation that involves oral and first-line response.

If the complaint cannot be resolved on the spot, it will be referred to the project coordinator at the site, who will investigate and initiate the redress.

The project-level grievance committee is established, composed of the project coordinator, the assigned grievance officer, the health facility manager, the Kebele administration, and a community representative. The GRC at the project level is chaired by the project coordinator.

The project-level GRC is expected to respond within 7 days. If the response is accepted by the complainant, the matter is closed. If not, the complaint will be directed to the next Woreda health office level grievance redress level.

Any person or affected community can also complain directly at the Woreda health office level GRC if he/she believe that the complaint may not receive appropriate action at the project level, given the nature of the complaint.

Level **II: Woreda health office Level Grievance Committee**, when a decision made over complaints submitted at the project site level grievance committee is disputed by the aggrieved, they can submit to a grievance committee established at the Woreda health office level.

The Woreda health office level grievance committee will be established from the Woreda health GRM officer, Woreda health office project focal, Woreda women's affairs office, and a community representative. The GRC at the Woreda health office level will be chaired by the assigned grievance officer at the Woreda health office.

The Woreda health office level GRC is expected to review the complaints and respond within 7 days, and if the response is accepted by the complainant, the matter is closed. In the event of no response or dissatisfaction with how the complaint was managed, the complainant is entitled to take the matter to the zonal health level GRC, which is chaired by the zonal health office grievance officer. But the case can be further pursued through formal legal procedures in the court. To enhance ease of access, the complainant may submit complaints in written form to the zonal-level GRC.

The Woreda health office level GRC should communicate the outcome of the case assessment to the complainant and other relevant bodies in a timely fashion, and if the appeal is presented to the Woreda health office head, it should be assessed and resolved/ within 10 consecutive days.

Level III: Zonal Health Office Level Grievance Committee

The Zonal health office level GRC will be established from the Zonal health office grievance officer, Zonal health office project officer, Zonal administration women's affairs office, and a community representative.

The GRC is chaired by the Zonal Health Office grievance officer. The complaints submitted to the Zonal level GRC should be reviewed and receive a response within 10 days. If the response is accepted by the complainant, the matter is closed, but in the event of no response or dissatisfaction with how the complaint was made, the complainant is entitled to take the matter to the zonal health office head to review and solve the matter. The decision by the zonal health office is final at the zonal level.

However, where the complainant is not satisfied with the decision of the Zonal level, the complaints could be referred to the regional level GRC established at the regional health bureau level to review and make decisions. The case can be further pursued through formal legal procedures through the court in the respective Zone.

Level IV: Regional Level Grievance Committee, the regional GRC will be established by the regional health bureau project coordinator, a representative from the regional health bureau institutional reform department, the health bureau women's affairs, and a representative of the community. The GRC is chaired by the regional health bureau institutional reform department representative. The complaints submitted to the regional grievance committee should get a response within 15 days. If the response is accepted by the complainant, the matter is closed, but in the event of no response or dissatisfaction with how the complaint was made, the complainant is entitled to take the issue to the regional health bureau head.

The decision of the regional health bureau head will be final at the regional level. However, where the complainant is not satisfied with the decision of the regional health bureau, the complaints could be referred to the national grievance committee (NGRC) established at the MoH level to review and make decisions. The case can be further pursued through formal legal procedures through the court at the respective region. To enhance ease of access, the complainant may submit complaints in written form to the court.

Level IV: National Grievance Redress Committee, the National Grievance Committee (NGRC) will be established with representatives from the reform and institutional executive office, health infrastructure executive office, grant management unit, women and executive office, community representative, and representatives from respective agencies, including EPHI, AHRI, EFDA, and EPSA. The composition of the committee can be tailored to the nature of the project. The NGRC will receive and follow up on grievances from complainants not satisfied at the regional level. The complainants can submit the complaint through a multi-channel grievance uptake, including through telephone, SMS, 952 toll-free hotline, e-mails, and social media, as well as in person or in written form. The NGRC committee

will provide reporting in ways that will ensure the confidentiality and anonymity of complainants. The NGRC is the final level of the process, as its mandate is to resolve cases after deadlocks encountered in the first four levels.

This will largely create an enabling environment for grievances to be raised by project-affected people without fear of retribution and reprisal. The NGRC should review the issue and respond within 15 days. The GRC at the national level will be chaired by the MoH, the institutional reform executive office representative.

The case will be closed if the decision is accepted by the complainants. But if not satisfied by the decision, the case can be referred to the MoH minister's office for further review and decision. The social/environmental safeguard specialist at MoH should work closely with the GRCs at various levels to redress grievances. It involves utilizing the national courts to resolve grievances if all levels of the GRM structure fail.

At this level, the court in which the matter is heard is dependent on the nature of the matter. If it is a labor dispute, the matter is heard in the labor courts, from which judgment is final. The time frame of resolving disputes at this level is exogenous to the project and its proponent. The grievance mechanism established for the program should also be culturally appropriate and accessible to the affected and underserved communities and consider the availability of judicial resource and customary dispute settlement mechanisms among such local communities.

Note: - The details of the roles and responsibilities in the implementation of GRM are provided in the health sector projects GRM guide.

5.4. Access to GRM

The grievance mechanism ensures that complaints can be lodged, documented, processed, and resolved effectively. It will be publicized at project sites, health facility gates, Kebele administration offices, and on the websites of the MoH and RHBs. All grievance-related information and registers will be maintained in both English and suitable local languages.

The MoH, RHBs, and woreda health offices will create public awareness through forums, training, and capacity-building for the contractors, project workers, security personnel, and safety officers. Complaints can be filed through multiple channels, including suggestion boxes, in-person submissions, toll-free 952 hotline, email, online system, website, Facebook, telegram, and WhatsApp. Contact details will be prominently displayed at the concerned project offices, and the next-level health sector structure, including at the MoH.

5.5. Procedures of GRM Management

Grievance procedures are required to ensure that individuals or PAPs can present complaints or concerns, without cost, and with the assurance of a timely and satisfactory resolution of the issue.

The compliant and feedback of project and program-related issues will be collected at all levels of the sector, namely at the national level, regional, zonal, woreda health offices, and project site level.

Grievances can be of various types; civil service-related grievances will be handled by the civil service office at the woreda, region, and national level based on the Ethiopian regulations for civil servants.

i. **Step 1: Submitting a Complaint**

Complaints can be submitted via multiple channels, in written (in person, post, email, or mailbox) or verbal (meetings at the project site). GRC officer/focal points record and confirm the complaint details.

ii. **Step 2: Receiving Complaints**

The MOH and its respective structure should arrange a mechanism to publicly commit to a certain time frame in which all recorded complaints will be responded to by letting people know when they can expect to be contacted by GRC at different levels and/or receive a response to their complaint. The National/ Regional/ Zonal/Woreda or project-level grievance committee shall receive and acknowledge receipt of the complaints.

iii. **Step 3: Reviewing and Investigating**

A grievance log will be kept, ensuring that all grievances are adequately investigated and closed out. The GRC at different levels will take full responsibility for investigating the details through its grievance mechanism, following the principle of "no cost to complainants or affected communities."

In cases of sensitive grievances, outside organizations may be engaged in joint investigation or local authorities' participation.

iv. **Step 4: Resolution Options**

Resolutions may include harmful activities, apologies, compensation, or renegotiating policies. Responses must be provided within 7 days, with an option for an additional 7 days if necessary. Unresolved grievances can be escalated to higher levels or formal courts.

v. **Step 5: Monitoring**

Monthly reports on grievances shall be prepared by the Woreda health office GRC level and submitted to the zonal health office GRC, which in turn submits to the regional health bureau. The regional health bureau level GRC will prepare a quarterly report and submit it to the national GRC at the MoH level. Contacts for grievance filing would be widely shared, and informal grievances are documented.

5.6. GBV/SEA/SH Related GRM

Grievance channels for GBV/SEA/SH cases enable survivors to report incidents confidentially and through diverse mechanisms, including suggestion boxes, kebele/project GRCs, and direct communication with trusted individuals. Ensuring informed consent, complaints are prioritized with special attention to confidentiality, legal redress, healthcare, and psycho-social support. Hospital-level one-stop centers, managed by key ministries, provide structured responses, with plans to scale up services. GRM implements a survivor-centered approach, emphasizing dignity, safety, child-specific protocols, and anonymous reporting channels. Information on reporting processes is disseminated while protecting survivor identities. GRMs promptly refer survivors to specialized service providers, facilitating access to support without prejudicing legal recourse.

5.6.1. Steps and procedures to address GBV-SEA/SH

Special attention is given to gender-based violence (GBV) issues, emphasizing a survivor-centered approach in the grievance mechanism (GRM). Key steps include:

Step 1: Intake of the case

Grievance operators ensure a safe and confidential environment, register complaints, assess immediate needs, and refer cases onward. Survivors dissatisfied with the case can escalate complaints to higher levels.

Step 2: Sort and Process

Complaints are handled according to GBV/SEAH protocols, with confidentiality respected. Only essential data shall be recorded with informed consent, and survivors shall be offered services even if complaints aren't formally pursued.

Step 3: Acknowledgement and Follow-Up

Survivors receive contacts for health, legal, and psychosocial services. Consent governs how case information is shared, ensuring survivors retain control over their data.

Step 4: Verify, Investigate, and Act

GBV experts investigate cases, ensure survivor safety, and address incidents involving project workers, including reporting to government agencies and enforcing accountability measures. Survivors opting for legal recourse are fully supported.

Step 5: Monitor and Evaluation

All entities reporting on GBV/SEA/SH-related cases will ensure that reports do not contain any information with the potential of identifying survivors (including names of survivors and families.

Furthermore, the grievance recipient needs to provide ongoing feedback to the survivor throughout the process. After the conclusion of any investigation, the survivor must be informed first to determine whether the perpetrator can be informed and proposed sanctions against the perpetrator can be taken.

5.7. Communication and GRM Publicity

Grievance procedures for projects should be written, publicized, and explained to relevant stakeholders. They should be easily understandable and not require legal counsel. Gender-based violence (GBV) cases should be handled securely and confidentially. Communication methods for GRM procedures depend on the project scope, stakeholders, geographical location, beneficiary characteristics, and feedback. Common channels include public disclosure at project sites, health facilities, and kebele offices, as well as organizing events, newsletters, training sessions, and digital communication. A GRM communication plan should consider actions and issues, with sufficient information in publicity materials or verbal communication.

Information components should include project-level mechanisms, benefits for complaints, who can raise complaints, filing procedures, and the responsibility for receiving and responding to complaints. Complainants should also be informed about the sector's response timing and other rights and protections.

5.8. Capacity Building

The implementation of the GRM system will require system capacitating, including orientation for contractors, workers, health workers, security personnel, and committee members. Training and experience sharing shall be provided to GRM committee members and external consultancy firms to strengthen organizational capacity. MOH and RHBs' environmental and social safeguard specialists will support this training from national to Woreda levels. The trainings shall raise awareness of GRM's importance in health sector service delivery and development projects, build capacity for grievance management, resolution, feedback, reporting, and analysis, and assess existing project GRMs to identify corrective measures.

5.9. GRM Monitoring and Reporting

I. Monitoring

Monitoring is crucial for continuous improvement in the Grievance handling mechanism in the health sector. It helps identify gaps, assimilate the project community's culture, and achieve optimal outcomes. Accurate and updated records must be maintained and available to project management, complainants, and stakeholders. Monitoring results can inform management decisions and plan amendments.

Based on the monitoring results, a decision shall be made at the project's highest levels to take necessary action to correct, re-align, or improve the social and environmental performance of the project and ensure the GRM is appropriate and responsive to the needs of the community. The GRM from Kebele to the national level shall monitor grievances and responses given routinely as part of its activity.

II. Reporting

A reporting format should be developed and included in monthly health sector reporting at the Woreda and zonal level and sent to the regional health bureau level GRC. The regional health bureau level GRC will be expected to compile and send the consolidated report to the GRC to the national GRC level at MOH. The format should include the number of grievances logged, complainants' feedback, escalated grievances, resolved grievances, responses from grievance Committee, type of grievances brought to the GRM, unresolved and resolved grievances, measures taken to incorporate solutions into project design and implementation, reported grievances disaggregated by gender, community, and age, and cases where feedback to the complainant exceeded the planned timeframe.

6. Stakeholder Engagement

Stakeholder engagement is a critical component of environmental and social management. Effective stakeholder engagement can improve health outcomes including improved community participation in disease prevention programs, increased acceptance of new health facilities or services, and better management of health emergencies through community involvement.

Properly designed and implemented projects can support the development of strong, constructive and responsive relationships that are important for successful management of a project's environmental and social risks. The main purposes of stakeholder engagement are to foster inclusive participation in decision-making processes, enhance transparency and accountability, identify and address potential environmental and social risks proactively, strengthen partnerships with affected communities, government agencies, and development partners. Stakeholders refer to individuals or groups, communities, or governments who are affected or likely to be affected by the activities and may have an interest in the activities. The stakeholders of an activity will vary depending on the details of the activity and may include local communities, national and local authorities, including those from neighboring governments, neighboring projects, and nongovernmental organizations (World Bank, 2016).

6.1. Mapping stakeholders

The first step in building a relationship with stakeholders is to identify with them the areas of potential negative impacts and identify who would be directly or indirectly impacted by the projects.

Once the stakeholders are identified, there will be prioritization of the different groups based on the nature and severity of the impacts, and the ability of these groups to influence environmental and social mitigation.

Stakeholders include:

- Primary stakeholders: Patients, health workforce, local communities, and project beneficiaries.
- Secondary stakeholders: Government agencies, regulatory bodies, non-governmental organizations (NGOs), and international donors.
- Vulnerable groups: Indigenous communities, persons with disabilities, elderly populations, and socio-economically disadvantaged groups.[1]

MoH is committed to engaging with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations on project design. MoH is also expected to ensure meaningful, effective, and informed participation of stakeholders in the formulation and implementation of projects. It will provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination, and intimidation.

6.2. Stakeholder Engagement Process during project preparation

The stakeholder engagement processes involve the following:

i. Identification and analysis.
ii. Plan the engagement activity.
iii. Information disclosure.
iv. Consultation.
v. Addressing and responding to grievances.
vi. Reporting to stakeholders.

[1] Disadvantaged or vulnerable groups refers to those individuals or groups who, because of their age, gender, ethnicity, religion, disability, economic situation (e.g. smallholders) may be more likely to be adversely affected by project impacts and/or more limited than others to benefit from its rewards.

6.2.1. Stakeholder identification and analysis

MoH will identify different stakeholders including project-affected and other interested parties including individuals or groups that are affected or likely to be affected by the project and others those who may have an interest in the project will be identified as 'other interested parties.

The MoH will identify those project-affected parties, or others who, because of their circumstances, may be disadvantaged or vulnerable. Based on this identification, MoH/RHBs will further identify individuals or groups who may have different concerns and priorities about project impacts, mitigation mechanisms and benefits, and who may require different, or separate, forms of engagement. An adequate level of detail will be included in the stakeholder identification and analysis to determine the level of communication that is appropriate for the project.

6.2.2. Stakeholder Engagement and Information disclosure

Identified stakeholders shall be engaged at every stage of the projects and issues and concerns of the stakeholders shall be incorporated in project planning and implementation.

The MoH will disclose project information to allow stakeholders to understand the risks and impacts of the project, and potential opportunities. It will provide stakeholders with access to the following information, as early as possible before proceeding with project appraisal, and in a timeframe that enables meaningful consultations with stakeholders on project design:

a. The purpose, nature and scale of the project.
b. The duration of proposed project activities.
c. Potential risks and impacts of the project on local communities, and the proposals for mitigating these, highlighting potential risks and impacts that might disproportionately affect vulnerable and disadvantaged groups and describing the differentiated measures taken to avoid and minimize these.
d. The proposed stakeholder engagement process highlights the ways in which stakeholders can participate.
e. The time and venue of any proposed public consultation meetings, and the process by which meetings will be notified, summarized, and reported; and
f. The process and means by which grievances can be raised and will be addressed.

The information will 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 (such as disability, literacy, gender, mobility, differences in language or accessibility).

6.3. Meaningful consultation

MoH will undertake a process of meaningful consultation in a manner that provides stakeholders with opportunities to express their views on project risks, impacts, and mitigation measures, and allows the Borrower to consider and respond to them.

Meaningful consultation will be carried out on an ongoing basis as the nature of issues, impacts and opportunities evolves.

- **Stages of Stakeholder Consultation**

Early Project Planning

- **When**: At the initial stages of project planning.
- **What**: Gather initial views on the project proposal.
- **How**: Conduct workshops, focus groups, and surveys to inform project design.

Ongoing Consultation

- **When**: Throughout the project lifecycle, especially as new risks and impacts emerge.
- **What**: Continuous engagement to gather stakeholder feedback.
- **How**: Regular meetings, updates, and feedback sessions to refine project strategies.

- **Key considerations during meaningful consultation**

Begin early in the project planning process to gather initial views on the project proposal and inform project design.

Encourages stakeholder feedback, particularly as a way of informing project design and engagement by stakeholders in the identification and mitigation of environmental and social risks and impacts.

a. Continues an ongoing basis, as risks and impacts arise.

b. Based on the prior disclosure and dissemination of relevant, transparent, objective, meaningful and easily accessible information in a timeframe that enables meaningful consultations in a culturally appropriate format, in relevant local language(s), and is understandable to stakeholders.
c. Considers and responds to feedback.
d. Supports active and inclusive engagement with project-affected parties.
e. Free of external manipulation, interference, coercion, discrimination, and intimidation.
f. Documented and disclosed by the Borrower.

6.4. Engagement during project implementation and external reporting

The MoH will continue to conduct stakeholder engagement and will build upon the channels of communication and engagement with stakeholders. It will seek feedback from stakeholders on the environmental and social performance of the PforR projects. When PforR projects create risks and impacts on the community or project-affected parties, the project will provide information about these risks and impacts and consult with those parties on how to mitigate them

6.4.1. Communication Strategies

Effective communication is vital and includes the following:

- Using local languages and culturally appropriate methods to reach diverse audiences.
- Leveraging digital platforms such as social media and mobile applications for broader outreach.
- Providing regular updates through MoH and respective Agency`s website, review meetings, and workshops.

6.5. Monitoring and Reporting

Stakeholder engagement should be monitored through key performance indicators, such as:

- Number and diversity of stakeholders engaged.
- Frequency and quality of consultations.
- Stakeholder feedback and satisfaction levels.
- Implementation of stakeholder recommendations in project planning and execution.

6.6. Incident and Accident Reporting

Transparency, accountability, and collaborative solutions to problems can be ensured in incident and accident reporting for PforR for SPHCS projects through effective stakeholder participation.

- Create a multi-channel reporting system that provides frequent updates on occurrences and reactions through hotlines, digital tools, and community gatherings.
- Hold public awareness campaigns, practical instruction, and workshops on incident recognition and reporting procedures.
- Establish multidisciplinary groups and gather feedback from stakeholders for inquiries and to make enhancements.
- Create solutions based on evidence, include stakeholders in their implementation, and track results.
- Ensure transparency and trust by disseminating reports of incidents and remedial measures via easily accessible platforms.

6.7. Capacity building and training requirements

Capacity building and training are fundamental to ensuring effective environmental and social management of projects. Strengthening institutional and human resource capacities enhances compliance with environmental and social risk management, improves risk management, and fosters sustainable project outcomes (World Bank, 2020).

Objective

The capacity building trainings aim to develop and sustain technical, institutional, and human resource capacities at federal, regional, and Woreda levels. This ensures consistent, effective, and accountable implementation of environmental and social safeguards under the PforR for SPHCS.

Key Stakeholders

- Federal Ministry of Health (MoH)
- Regional Health Bureaus (RHBs)
- Woreda Health Offices
- Agencies

Target Audience

- Federal project implementers
- Regional and Woreda Environmental and Social (ES) focal persons.
- Other stakeholders

Frequency

During the project design and implementation phases, through training and continuous support.

Responsibilities

Federal Environmental and Social Specialists are responsible for:

- Coordinate training activities across federal, regional, and agency levels.
- Provide technical support to ensure the integration of environmental and social safeguards.
- Ensure that safeguards are incorporated into all phases of program implementation.

Training Topics

- Principles and practices of environmental and social risk management.
- Preparation, monitoring, and reporting of ESIA/ESMP and related instruments.
- Stakeholder engagement and public consultation methods.
- Health, safety, and environmental management practices.
- Development of E&S instruments (screening reports, TORs, ESIA, EMP, CRMP, RAP).
- Mainstreaming E&S management into program planning, budgeting, and service delivery.

Delivery Methods

- Workshops, and seminars.
- On-the-job training and peer learning.
- Training modules, manuals, and e-learning.
- Support through technical assistance.
- Partnerships with universities and international organizations.

Monitoring & Evaluation

- Track number of staff trained, and capacity gaps filled.
- Assess improvements in compliance and risk management.
- Collect stakeholder feedback on training effectiveness and skills application.

7. Implementation Arrangement of the ESMSG

Ethiopia's decentralized governance structure, which includes federal and regional governments, is foundational to its Environmental and Social Management framework. The Ministry of Health (MoH) and its regional bureaus are central to this framework, ensuring that health sector projects and operations consider environmental and social factors. They are responsible for the implementation of the Environmental and Social Management System Guideline (ESMSG). The MoH and its agencies must ensure that adequate personnel and organizational structures are in place, maintain compliance with project standards, and facilitate effective stakeholder participation. Continuous updates to regulations, enhanced inter-agency collaboration, and increased resource allocation are crucial to improving the effectiveness of these efforts, particularly for addressing the health needs of vulnerable populations

7.1. The Ministry of Health

The Federal Ministry of Health (MoH) plays a central role in Environmental and Social Management through its directorates, which oversee various aspects of health service delivery. This structure is essential for integrating environmental and social safeguards into all project administration activities. The primary goal is to ensure projects comply with national regulations and international standards, mitigate negative impacts, and promote sustainable development. The MoH holds the ultimate responsibility for ensuring projects comply with national and international environmental and social regulations. It establishes key policies, guidelines, and provides strategic direction. For PforR projects, the MoH's role is particularly crucial as it focuses on achieving specific outcomes rather than just implementing activities. The MoH and its different executive offices are responsible for:

- Managing daily project operations
- Assigning E&S specialists to oversee the implementation of environmental and social management plans
- Ensuring that the E&S results outlined in the Program Action Plan (PAP) are achieved.
- Strengthening the capacity of regional health bureaus and facilities to manage E&S risks and implement safeguards effectively.
- Compiling E&S data from various directorates and reporting progress to stakeholders, ensuring a cohesive and accountable approach.

7.1.1. Strategic Affair Lead Executive Office (Project Coordinating Unit)

The Executive Office is responsible for integrating and managing environmental and social safeguards within Program-for-Results PforR for SPHCS.

The key responsibilities include:

- Ensure environmental and social safeguards are built into all project design and execution plans. Coordinate the development of key instruments like Environmental and Social Impact Assessments (ESIAs) and Environmental and Social Management Plans (ESMPs), then oversee the implementation of their mitigation measures.
- Continuously monitor compliance with environmental and social requirements, proactively updating instruments to reflect changes in project design, regulations, and new data.
- Lead the recruitment of skilled environmental, social, gender, health, and safety (EHS) staff and engage external experts as necessary. Ensure all projects are adequately staffed with qualified technical and support personnel.
- Facilitate the creation of essential guidelines, policies, and plans to ensure smooth operations. Coordinate and deliver comprehensive training and capacity-building programs to enhance staff knowledge and skills.
- Systematically monitor adherence to all safeguard requirements and provide timely reports to stakeholders.

7.1.2. Health Infrastructure Lead Executive Office

The Health Infrastructure LEO is responsible for the comprehensive management of health facility projects, from initial design to final construction. This includes conducting feasibility studies, overseeing design and construction, and ensuring quality control. The directorate is tasked with integrating environmental and social (E&S) considerations into every project phase, including site selection, and mandating that public and worker safety guidelines are included in all construction contracts.

This lead executive office's core responsibilities are to:

- Develop and implement project plans that fully incorporate E&S considerations, aligning with national regulations and World Bank core principles on safeguards.
- Manage construction contracts to ensure that E&S requirements are clearly defined and enforceable.
- Oversee E&S compliance through regular site supervision, inspections, and audits.
- Ensure that facility designs include measures for managing infectious and hazardous healthcare waste.
- Collaborate with engineering consultants to integrate mitigation measures into design specifications and technical reports.
- Develop comprehensive EHS standards for contractors, including clear requirements for waste management, pollution control, and worker safety.
- Verify that contractors have prepared a Construction-Environmental and Social Management Plan (C-ESMP) and received adequate EHS training before beginning work.
- Provide advisory support to all parties involved in a project, and ensure contractors have robust emergency preparedness and response plans for events like spills or accidents.

7.1.3. Community Engagement and Primary Health Care Lead Executive Office

The community engagement and primary health care lead executive office is responsible for a range of key environmental and social management activities. The Lead Executive offices's core duties, in relation to the implementation of this ESMSG include:

- Coordinating and planning the implementation of healthcare waste management and climate change activities.
- Assessing and identifying implementation gaps, then providing recommendations to address them.
- Supporting regional health bureaus and health facilities in implementing ESM-related issues within their health service systems.

- Ensuring that all project-related incidents or accidents are reported to the strategic affairs LEO within the MoH and the World Bank.
- Facilitating and coordinating community engagement activities.
- Organizing and delivering training and capacity-building programs on ESM for all implementers.
- Supporting and implementing ESM issues as they relate to the PforR for SPHCS projects.

7.1.4. Institutional Change Executive Office

The Institutional Change Executive Office is responsible for the overall management and oversight of all project-related grievances. Its core duties include:

- Establishing and operationalizing effective Grievance Redress Mechanisms (GRMs).
- Developing and providing clear operational guidelines and Standard Operating Procedures (SOPs) for grievance management.
- Maintaining databases to track the status of grievance handling.
- Monitoring and coordinating the functions of all GRMs and their overall reporting processes.
- Providing training and capacity-building on GRM and community engagement.
- Facilitating the implementation of community scorecards and the analysis of their results.

7.1.5. Women and Social Issues Inclusive Implementation Executive Office

The Women and Social Issues Inclusive Implementation Executive Office focuses on gender and social safeguards. Its responsibilities are to:

- Provide training on SEA/SH and GBV prevention and response.
- Coordinate the referral and response for all project-related GBV/SEA/SH cases.
- Ensure that GBV-sensitive GRMs are established in collaboration with the Institutional Change Executive Office.

7.1.6. MOH respective agencies (EPHI, EFDA, EPSS, AHRI, Federal Hospitals)

The MoH's agencies, including the Ethiopian Public Health Institute (EPHI), Armauer Hansen Research Institute (AHRI), and Ethiopian Food and Drug Authority (EFDA), are instrumental in managing and implementing health initiatives. These agencies are responsible for:

- Preparing screening reports and environmental and social safeguard instruments for projects where they are key stakeholders or project implementation units (PIU).
- Monitoring the implementation of ESIAs/ESMPs during the operational phase of projects.
- Conducting regular stakeholder consultations during project operations.
- Cooperating during site visits for environmental and social management (ESM) monitoring.
- Facilitating training for PIU staff within their respective organizations.
- Preparing EHS guidelines and other supportive documents for project implementation.
- Assigning environmental and social safeguard focal points for projects.

7.1.7. Regional Health Bureaus

Regional Health Bureaus (RHBs) and city administrations are essential for planning and implementing health programs tailored to their populations. They are responsible for delivering health services, managing healthcare facilities, issuing licenses, and ensuring a consistent supply of safe and affordable medicines.

RHBs act as the highest authority at the regional level, overseeing project implementation and delegating tasks to city and woreda health bureaus. Their responsibilities include:

- Assigning Environmental and Social Focal Persons to manage environmental and social aspects of projects.
- Ensuring environmental and social factors are incorporated into program design and execution.
- Involving local authorities and community leaders in consultative processes for project planning and feedback.
- Monitoring adherence to environmental and social regulations for Projects for Results (PforR) and implementing corrective actions as needed.
- Conducting environmental and social impacts of PforR projects, identifying risks, and minimizing adverse effects.
- Continuously assessing PforR activities, collecting data on health outcomes and compliance, and preparing reports on environmental and social status.

- Training local health workers and project staffs in effective environmental and social management practices.
- Ensuring information accessible to stakeholders as required.
- Coordinating environmental and social audits of projects.

7.1.8. Woreda Health Offices

Woreda Health Offices, overseen by Woreda Councils, are responsible for managing and coordinating primary healthcare units, including health centers and health posts. Their key responsibilities in implementing the Environmental and Social Management System (ESMSG) include:

- Assigning E&S Focal Persons to manage, monitor, and report on the environmental and social status of PforR for SPHCS.
- Conduct regular assessments of environmental and social impacts of PforR for SPHCS projects.
- Collect and analyze data on environmental and social indicators, preparing detailed reports.
- Facilitate community involvement in healthcare discussions to ensure local needs are addressed.
- Establish feedback mechanisms for community members to voice concerns related to project impacts.
- Collaborate with regional and federal directorates to align efforts in environmental and social management.
- Mobilize resources for E&S activities through partnerships and community involvement.
- Ensure compliance with national health and environmental regulations in project planning and execution.

7.1.9. Environmental Protection Authority

The EPA is the lead national authority responsible for environmental governance serving as the federal agency responsible for environmental protection and sustainable development. Its responsibilities in implementing this ESMSG include:

- Ensure that ESMSG requirements are consistently applied across all projects.
- Review band approve environmental and social safeguard instruments.
- Conduct inspections and ensure compliance with mitigation measures.
- Ensure project owners establish effective and accessible grievance redress mechanisms (GRM).
- Integrate environmental considerations into development activities to minimize risks and enhance sustainability.
- Work closely with regional environmental agencies to harmonize the application of Environmental and Social Safeguards.

7.1.8. Consultants and Contractors

Consultants and contractors are central to translating ESMSG requirements into action. They are responsible for:

- Secure and maintain all necessary environmental and social permits before project implementation.
- Prepare and implement ESMP, ensuring subcontractors also comply.
- Continuously monitor project activities, implement mitigation measures, and keep detailed compliance records.
- Employ qualified EHS staff; conduct audits, maintain incident registers, and report accidents.
- Provide training for workers and subcontractors on ESMP requirements, OHS, and social safeguards.
- Establish clear procedures for reporting and addressing incidents and grievances.
- Maintain transparent communication with communities and respond promptly to concerns.
- Promote waste reduction, pollution control, and use of environmentally friendly materials.

7.1.9. Community and Stakeholder Groups

Local communities and stakeholders contribute significantly to environmental and social governance. Their responsibilities in implementing this ESMSG include:

- Actively participate in planning processes through public consultations.
- Provide input on potential risks and impacts of projects.
- Engaging in community-based monitoring of project implementation.
- Utilizing GRM mechanisms to raise concerns and ensure fair resolution of disputes.

7.1.10. The World Bank

The World Bank is essential in advancing and strengthening the Environmental and Social Management System (ESMSG) for PforR projects by:

- Establishing comprehensive frameworks, aligning with best practices, and incorporating standards into legal agreements.
- Mandating the inclusion of environmental and social considerations.
- Regularly monitoring compliance, reviewing reports, enforcing corrective actions for non-compliance and conducting due diligence.
- Providing technical assistance and training to enhance risk management and support national management systems.
- Ensuring meaningful community involvement and promoting transparency.
- Requiring effective mechanisms for addressing grievances and monitoring timely resolutions.

8. Monitoring and auditing of ESMSG Implementation

To ensure the effective implementation of the ESMSG, a robust monitoring and auditing framework must be established. This framework should prioritize continuous improvement, compliance verification, and adaptive management to address emerging risks and stakeholder concerns.

8.1. Monitoring Framework

A comprehensive monitoring system should be established to track key performance indicators (KPIs) related to environmental and social impacts. Key components include:

- Continuous Data Collection: Utilize digital tools and standardized protocols for continuous data collection and analysis, enabling timely reporting and informed decision-making.
- Stakeholder Participation: Incorporate community-based monitoring to ensure local perspectives are captured and addressed.
- Centralized Data Management: Establish a secure, transparent data repository with standardized reporting protocols, ensuring accessibility for all relevant stakeholders.
- Adaptive Feedback Loops: Demonstrate how monitoring data informs ESMS adjustments and corrective actions.

8.2. Environmental and Social Monitoring Indicators

The table 1: Generic Environmental and Social Management Plan for Strengthening Primary Health Care Services PforR specifies key monitoring indicators that will be tracked throughout the PforR SPHCS projects. These indicators, summarized below, are designed to measure the effectiveness of the project's mitigation measures:

- No land acquisition or resettlement issues.
- Excavation limited to designated areas with rehabilitation efforts.
- Minimal vegetation clearance; tree protection measures in place; adoption of renewable energy and water-efficient technologies.
- Effective drainage and water speed control; ongoing turbidity monitoring; preparedness for oil/chemical spills; vehicle washing restricted to workshops; safe hazardous substance disposal; dust suppression measures implemented.

- Construction waste management plans established; segregation of hazardous/non-hazardous waste; restricted access to waste zones; recycling emphasized; e-waste management protocols introduced.
- High PPE compliance; sanitary facilities and emergency equipment available; regular monitoring of incidents; ongoing training and drills.
- Noisy activities limited to daytime; noise barriers installed; air quality managed through suppression and maintenance; community health impacts monitored.
- Compliance with labor laws; worker age verification; effective GRM and accident records maintained.
- Regular community sessions; worker training on conduct; mechanisms for local grievance resolution; cultural heritage documentation.
- GBV/SEA/SH prevention training; separate sanitation facilities; accessible GBV-sensitive GRMs; support for SEA/SH survivors.
- Waste management in healthcare facilities; climate resilience integrated into operations; monitoring access to primary healthcare; outreach for healthcare equity.
- Trained security staff; ongoing monitoring of security infrastructure; emergency drills conducted; documentation of security incidents.

8.3. Auditing Framework

A rigorous annual audit system will be implemented to assess compliance, performance, and risk management in all infrastructure interventions under the primary health strengthening program. The audit will focus on adherence to environmental and social standards, regulatory requirements, and program objectives, while evaluating the effectiveness, sustainability, and risk mitigation measures of each project of the PforR for SPHCS.

Ineligible activities under the program include subprojects with adverse social impacts related to land acquisition including physical and/or economic displacement, subprojects with high environmental or social risks, and activities unrelated to primary health system strengthening.

To ensure accountability, transparency, and continuous improvement in environmental and social risk management, while aligning with national regulations and international best practices,

Environmental and Social Compliance Audit will be conducted on a representative sample of interventions across all regions. Depending on context, it may be undertaken by the relevant Federal or Regional Environmental Protection Authority or by an independent qualified firm, based on institutional capacity, objectivity, and projects complexity.

Key Audit Components:

1. **Audit Process:**
    - Planning: Define scope, objectives, and methodology.
    - Execution: Conduct site visits, document reviews, and stakeholder interviews.
    - Reporting: Provide detailed findings, including trend analysis, GRM effectiveness, and quantifiable data.
    - Follow-Up: Track corrective actions and ensure accountability.
2. **Critical Audit Focus Areas:**
    - Legal and regulatory compliance
    - Community engagement effectiveness
    - Labor conditions and worker welfare
    - Gender-based violence (GBV) and safeguarding measures
    - Land acquisition and resettlement impacts
    - Cultural heritage protection
    - Climate change resilience and adaptation
    - Generic and Medical waste management
3. **Grievance Redress Mechanism (GRM)**

A transparent, accessible, and culturally appropriate GRM must be established at all projects implementation areas to address stakeholder concerns promptly. The mechanism should:

- Be well-publicized and easy to use.
- Ensure confidentiality and non-retaliation.
- Provide timely resolution with documented outcomes.

4. **Capacity Building**

Training and awareness programs should be implemented to equip all stakeholders, including staff, contractors, and community representatives, with the necessary skills for effective ESMS implementation.

9. Lessons Learned and Feedback Mechanism

The Ministry of Health (MOH) has made progress in integrating environmental and social (E&S) management into health programs, particularly in gender, GBV prevention, waste management, and vulnerable group support. However, challenges remain in coordination, capacity, resource allocation, and service continuity. Addressing these gaps is critical to ensure sustainable, inclusive, and resilient health service delivery.

Key Lessons and Recommendations:

- There's no dedicated environmental and social specialists at Regional Health Bureaus and Woreda Health Offices, leading to poor coordination and reporting across directorates.
- Weak links to regulatory bodies like EPA and MoWSA decrease accountability.
- High staff turnover erodes the benefits of training, causing knowledge loss.
- Training is plentiful, but implementation is weak due to budget and monitoring issues.
- Underserved regions lack staff and resources, hindering project oversight.
- Basic waste infrastructure exists but is often misused, leading to open-air burning and pollution.
- Older facilities are not designed to meet current waste management standards.
- While there's progress in gender equality and representation, GBV prevalence remains high due to weak community awareness and a minimal role for health extension workers.
- Physical accessibility for persons with disabilities is inadequate, and there's a shortage of skilled staff in remote areas.
- Ongoing conflicts have disrupted services and strained resources.
- While Grievance Redress Mechanisms (GRMs) exist and are mostly functional, their effectiveness varies. GRMs for GBV and harassment are under-implemented.
- Community consultations are often rushed or skipped, leading to less inclusive participation that sometimes excludes vulnerable groups.

The Way Forward

- Establish a dedicated E&S unit and create a coordination framework with oversight bodies.
- Institutionalize continuous training platforms and strengthen staff retention, especially in underserved regions.
- Conduct assessments to understand improper waste disposal and allocate funds to retrofit older facilities.
- Scale up community-level GBV awareness programs and improve physical accessibility for people with disabilities.
- Develop contingency plans and strengthen partnerships to ensure service continuity during conflicts.
- Standardize GRM procedures and ensure inclusive consultation processes with all community groups.

Feedback Mechanisms

Establishing a strong feedback mechanism is important to support better performance of environmental and social management in the Strengthening Primary Healthcare Services projects. The feedback mechanism involves multiple channels for receiving and addressing concerns, ensuring transparency and accountability during the planning, implementation, and operation activities. The feedback mechanism needs to establish clear procedures for identifying and mitigating environmental and social risks, addressing grievances, promoting community participation in decision-making, and implementing regular monitoring and evaluation to track progress and identify areas for improvement.

Key Components of a Feedback Mechanism:

- **Grievance Redress Mechanism**

Addressing grievances related to SPHCS requires the provision of multiple avenues for submitting grievances, such as suggestion boxes, toll-free hotlines, designated email addresses, and in-person meetings with designated personnel.

The grievance redress mechanism should use clear and simple procedures for submitting, processing, and resolving grievances, with timelines for response and resolution.

Grievance redressing should guarantee the confidentiality of complainants and their concerns, particularly in sensitive cases, through arranging an impartial investigation and resolution system of grievance redress, potentially involving an independent body or committee.

- **Information disclosure**

  Information related to environmental and social risks identification and management in projects implementation should be accessible to the public promptly and in languages and formats that are easy to understand and accessible to all affected communities, including those with limited literacy or access to technology.

- **Community participation and stakeholders**

  Community participation and stakeholder engagement are critical ways of receiving and addressing feedback in projects implementation to reduce environmental and social risks and maximize the benefits. These can be conducted by involving affected communities, health workers, local leaders, and NGOs in the planning, implementation, and monitoring of environmental and social management activities. plans. The feedback can be collected through organizing regular meetings or workshops with the community members and stakeholders at the project or district level.

- **Monitoring and reporting**

  The feedback mechanism should be monitored regularly by analyzing the feedback received and identifying areas for improvement and tracking the project's overall environmental and social performance.

  There should be a system for regular reporting on the implementation of environmental and social management of project activities, including progress made, challenges encountered, and lessons learned by developing specific, measurable, achievable, relevant, and time-bound (SMART) indicators to track the effectiveness of environmental and social management measures.

- **Documenting and sharing lessons learned in ESM**

  Documenting and sharing lessons learned in environmental and social management for SPHCS requires the establishment of a structured process for capturing, analyzing, and disseminating the lessons and best practices. This includes conducting post-project reviews, utilizing tools like lessons learned logs and shared digital workspaces, and creating knowledge products to communicate key findings.

  Properly documenting and sharing lessons learned on environmental and social management will lead to improved design, implementation, and the sustainability of future projects.

This includes documenting environmental and social impact assessments, management plans, monitoring results, and challenges encountered, as well as developing strategies for knowledge sharing and capacity building.

- **Comprehensive Documentation:**

The documentation mechanism should contain environmental and social impact assessments, environmental and social impacts including positive and negative impacts of the project.

The documentation also includes the development and implementation of environmental and social management plans that outline mitigation measures, monitoring plans, and institutional arrangements for addressing identified impacts of projects. The mechanism should also include the regular tracking of the ESMP implementation with performance indicators, deviations, and corrective actions taken.

Stakeholder Engagement Records: Document consultations with affected communities, local authorities, and other relevant stakeholders, including concerns raised and how they were addressed.

Incident Reports: Record any environmental or social incidents, accidents, or emergencies that occur during project implementation, including root causes and corrective actions.

Lessons Learned Reports: Synthesize the experiences from the project, including successes, challenges, and recommendations for future projects.

Knowledge Sharing Platforms:

Project Websites: Create a dedicated website to share project documents, reports, and updates with stakeholders.

Workshops and Training: Organize workshops and training sessions to disseminate lessons learned and best practices to project staff, local communities, and other relevant stakeholders.

Knowledge Repositories: Establish online or offline repositories to store and organize project documents, making them easily accessible for future reference.

Peer-to-Peer Learning: Facilitate opportunities for project teams to learn from each other through site visits, knowledge exchange visits, and mentorship programs.

Capacity Building:

Training Programs: Develop and implement training programs for project staff, local communities, and other stakeholders on ESM principles, tools, and techniques.

Mentorship Programs: Pair experienced ESM professionals with less experienced staff to provide guidance and support on ESM implementation.

Strengthening Institutional Capacity: Support the development of institutional capacity for ESM, including developing guidelines, procedures, and monitoring systems.

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Annex 1: Projects Chance Find Procedure

1. Introduction

Proclamation No. 839/2014 Classification of Cultural Heritages into National and Regional Cultural Heritages provides a legal framework for the classification and protection of cultural heritage in Ethiopia, categorizing it into archaeological sites, historical buildings, traditional practices, and other forms of tangible and intangible heritage. Though it is expected to be rare, SPHCS projects, such as excavations, demolitions, or other physical interventions could result in discovery of previously unknown cultural heritage sites within project areas.

Chance finds may include the discovery of a single artifact, an artifact indicating the presence of a buried archaeological site, human remains, fossilized plant or animal remains or animal tracks, or a natural object or soil feature that appears to indicate the presence of archaeological material. Therefore, according to the requirements of Proclamation No. 839/2014 and World Bank's core principle-2, the project-specific procedure is prepared that outlines actions required if previously unknown heritage resources are encountered during project construction or operation.

2. Objective

The objective is to ensure the integration of cultural heritage preservation into SPHCS projects planning and implementation, recognizing its significance as a link between the past, present, and future, a reflection of evolving community values and traditions, a source of scientific and historical knowledge, an asset for economic and social development, and a vital component of cultural identity and practice

- To promote meaningful consultation with relevant stakeholders, including project-affected communities in identifying risks to cultural heritage resulting from the SPHCS projects activities.
- To design mitigation measures to protect cultural heritage from the adverse impacts of the projects activities and support its preservation.
- To address cultural heritage as an integral aspect of sustainable development.

3. Chance Finds Procedure for the PforR for SPHCS

It is important to consider the risks and impacts to cultural heritage at all stages of the project cycle as part of the environmental and social assessment. Early attention to cultural heritage is particularly important as its presence may need to be considered in the design of, and during, the implementation of the PforR for SPHCS.

A project-specific chance finds procedure covers the identification, notification, documentation, and management of chance finds in accordance with national laws and, where applicable, internationally accepted practice and local customs.

3.1 ***Identification***

Cultural heritage may have different values for different individuals or groups, regardless of whether it has been legally protected or previously identified or disturbed. For example, a local shrine may be important for traditional religious worship but may be unknown or not considered significant by national cultural heritage authorities. In some cases, archaeological evidence, both on and beneath the surface, may be of limited interest to the local community, but significant to specialists for an understanding of past human habitation. Thus, the first procedure to be followed to avoid damage to cultural heritage during the project implementation is stakeholder consultation. Stakeholders will include, as relevant: (I) project affected parties, including individuals and communities within the country who use or have used the cultural heritage within living memory; and (b) other interested parties, which may include national or local regulatory authorities that are entrusted with the protection of cultural heritage and none governmental organizations and cultural heritage experts, including national and international cultural heritage organizations.

Meaningful consultations with stakeholders to identify cultural heritage that may be affected by the project; consider the significance of the cultural heritage affected by the project. Relevant stakeholders are identified and consulted early in project preparation, as this can help to identify cultural heritage, document its presence and significance, assess potential project impacts, and determine appropriate mitigation measures in a timely manner. The variety in types of cultural heritage may call for consultation with different stakeholders, including local and indigenous tradition bearers where appropriate, who may have different interests in, or attach different significance to, the cultural heritage. Documentation of consultations on cultural heritage usually includes the following: (a) how stakeholders recognize and understand the cultural heritage and the values they attribute to it; (b) any issues relating to the need for confidentiality regarding the cultural heritage, for example, location or details of traditional use of the cultural heritage and individuals involved, as appropriate; (c) any existing or potential conflicts arising from different views regarding the cultural heritage; and (d) any views of affected communities and other interested parties regarding ways to address project-related risks to, and impacts on, the cultural heritage, including on proposed mitigation measures.

3.2 *Notification*

When artifacts or sites of cultural heritage are encountered by chance while undertaking excavation for the civil works, the following steps will be applied:

A. Stop all the activities of the project civil works in the chance finds construction site.
B. The identifier must immediately inform his/her site supervisor of the discovery.
C. The site supervisor needs to cordon off the site in the chance finds and does not allow anybody access to the area.
D. The site supervisor will report to the case to the relevant authorities, particularly the Woreda Culture and Tourism Office in the chance finds; and
E. If appropriate, Woreda Culture and Tourism Office will report to the Regional Culture and Tourism Bureau for further analysis.

3.3 *Documentation*

Methods for documenting cultural heritage typically include field surveys to identify cultural heritage likely to be affected by the project. Over small areas, manual survey techniques may be appropriate, while for larger areas, various cultural heritage survey techniques and technologies (for example photogrammetry, remote sensing for cross-referencing, and comparing survey data) may be more appropriate. For intangible cultural heritage, identification typically involves consultations with tradition bearers and practitioners of certain cultural practices and documented by recording the intangible forms and collecting documents that relate to it. The application of such methods is proportionate to the risks and impacts of the project on cultural heritage.

3.4 *Assessment of risks and impacts*

- Assessment of risks and impacts to a chance finder will carry out a meaningful consultation with the relevant stakeholders, as appropriate. The assessment will consider direct, indirect, and cumulative project-specific risks and impacts on cultural heritage.
    - The assessment of direct risks and impacts, such as those caused by the project construction activities of the project. These impacts generally result from excavation, dredging, demolition, or the vibration caused by construction machinery used in the project civil works. Indirect and cumulative impacts assess risks to cultural heritage that may occur during project implementation resulting from changing conditions of the physical environment such as pollution (air, land, soil, water) and inappropriate waste generation from the health facilities.

- Where necessary due to the potential risks and impacts of the project, the assessment will involve the participation of cultural heritage experts. If the social assessment determines that the project may, at any time during the project life cycle, have significant potential risks and impacts on cultural heritage, the MoH or respective Health Bureau will engage cultural heritage experts to assist in the identification, valuation assessment, and protection of cultural heritage.
- Impacts on cultural heritage that are recognized by local communities as important need to be considered even if the cultural heritage is not legally recognized or protected. This consideration is important because the cultural heritage may be designated, protected, or managed by religious, clan leaders, or other community authorities, and therefore recognized in accordance with tradition and customs. In some communities, the character, location, and use of heritage sites and objects may be kept secret or known only to authorized persons.
- The assessment of risks and impacts also takes into consideration the significance of intangible cultural heritage that may be materially affected or put at risk because of the project. For example, project activities may require cutting trees or the movement of boulders that are used for cultural or religious practices and are considered sacred.

3.5 *Design appropriate mitigation measures*

- The implementation of the health project will avoid impacts on cultural heritage exploring for design alternative of the project civil works. When avoidance of impacts is not possible, the MoH or respective Health Bureau will identify and implement measures to address impacts on cultural heritage in accordance with the mitigation hierarchy.
- Overall, mitigation measures may include relocating or modifying the physical footprint of the project; documentation; strengthening the capacity of national and sub-national institutions responsible for managing cultural heritage affected by the project; establishment of a monitoring system to track the progress and efficacy of these activities; establishment of an implementation schedule and required budget for the identified mitigation measures; and cataloging of finds.
- Based on the nature and scale of environmental and social risks to, and impacts on, cultural heritage, a Cultural Heritage Plan (CHMP) may be prepared as a stand-alone document or as part of the project ESMP.

4. *Indicative outlines of Cultural Heritage Management Plan*

If the findings of the social assessment classified the project risks to cultural heritage as substantial or high necessitating preparation of stand-alone management plan, an indicative outline of the elements of the Cultural Heritage Management Plan (CHMP) include the following:

a. A review of the legal and institutional framework applicable to cultural heritage.
b. Roles and responsibilities of the different project and other interesting parties,
c. The steps to identify and manage cultural heritage throughout the project life cycle.
d. Proposed mitigation measures to be undertaken.
e. Steps for incorporating relevant requirements relating to cultural heritage into project procurement documents, including chance find procedures; and
f. Implementation of schedule and budget; and Monitoring and reporting requirements.

Annex 2: 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, clinics, inpatient/outpatient facility, medical laboratory, quarantine or isolation centers.

- Functions and requirements for the level infection control, e.g. biosafety levels.
- Location and associated facilities, including access, water supply, power supply.
- Capacity: beds

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.
- Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.
- 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 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 labeled 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. Existing reports suggest that during outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- 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. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerators can be found in pertaining EHS Guidelines and GIIP.
- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well performed incinerator 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 is probably needed. These offsite waste management facilities may include incinerators, 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 to minimize entry of solid waste into the waste water stream. In case waste water is discharged into municipal sewer sewerage system, the HCF should ensure that waste water effluent comply with all applicable permits and standards, and the municipal waste water treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate on site primary and secondary waste water treatment works, including disinfection.
- Residuals of the onsite waste water treatment works, such as sludge, should be properly disposed of as well. There're also cases where HCF waste water is transported by trucks to a municipal waste water treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted. Hampered

Annex 3: ES Screening Checklist for PforR for SPHCS

I. Screening for Potential Environmental and Social Issues

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 impacts (e.g. loss of major natural habitat)?		√
2. Will the subproject involve construction in environmentally sensitive areas such as National Parks, fragile ecosystems, and wildlife reserves?		√
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 conduct activities that have a high probability of causing serious adverse effects on human health and/or the environment?		√
5. Will the subproject activities cause or lead to child abuse, child labor exploitation, forced labor or human trafficking?		√
6. Will the subproject activities lead to significant risks and/or adverse impacts on sensitive cultural receptors, tangible or intangible, or that could damage non-replicable cultural property?		√
7. Will the subproject activities impact land have owned or claimed by Historically Underserved Communities (HUCs) without complete and documented Free, Prior, and Informed Consent (FPIC) of such communities?		√
If any of the above questions are answered as "Yes", the proposed subproject is not eligible for financing under this ERP.		

The next part of the screening form is to be used if the subproject is eligible. Its objective is to define the ES risk categorization of the subproject.

Questions	**Answer**		**Relevant E&S Core Principles**	**Due diligence / Actions**
	Yes	No		
Does the subproject involve civil work including new construction, expansion, upgrading or rehabilitation/restoration of healthcare facilities and/or waste management facilities?			CP01	ESIA/ESMP

Questions	Answer		Relevant E&S Core Principles	Due diligence / Actions
	Yes	No		
Could climate change or extreme weather adversely impact the project?			CP01	
Does the subproject involve land acquisition and/or restrictions on land use?			CP 04	If yes, exclude the Project
Does the project involve any physical or economic displacement?			CP 04	If yes, exclude the Project
Does the subproject involve acquisition of land for establishing temporary/satellite medical treatment purposes?			CP 04	If yes, exclude the Project
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			CP01	ESIA/ESMP
Are there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			CP01	ESIA/ESMP ICWMP
Does the subproject have an adequate system in place (capacity, processes, and management) to store and transport medical supplies and equipment, to address medicine waste and safely handle radiological equipment for disposal?			CP01	ICWMP
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			CP 03	OHS Plan
Does the subproject have appropriated OHS procedures in place, and an adequate supply of PPE (where necessary)?			CP 03	OHS Plan
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?			CP 03	
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?			CP 03	ESIA/ESMP
Does the subproject involve the use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			CP 06	ESIA/ESMP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			CP 02	ESIA/ESMP
Are there any indigenous groups) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?			CP 05	ESIA/ESMP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			CP 02	ESIA/ESMP, Chance find procedure

Questions	Answer		Relevant E&S Core Principles	Due diligence / Actions
	Yes	No		
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			CP 01	ESIA/ESMP
Does the subproject carry risk that disadvantaged and vulnerable groups may have inequitable access to project benefits?			CP 01	ESIA/ESMP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			CP 06	ESIA/ESMP

b. National EIA Procedural Guideline (2003) Categorization

	Schedule 1	Subproject likely to fall under "Schedule-I" Category. If subproject falls under "Schedule-I" the subproject is to be fed into the standard ESIA process determined by the Federal or Regional EPAs
	Schedule 2	Subject will require a partial/preliminary ESIA and will necessitate the preparation of preliminary ESIA / ESMP.
	Schedule 3	Subproject is not subject to environmental assessment as no potential impacts are anticipated.

***Place tick in applicable box**

Reviewer:

Name:

Signature:

Annex 4: Indicative Environmental and Social Management Plan

The ESMP has the following contents:

A. 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);

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.

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.

Annex 5: Possible Agenda for a 2-day Workshop Introducing the ESMSG

THIS TRAINING WILL BE GIVEN TO REGIONAL FOCAL PERSONS AND CASCADED TO PROJECT AND HEALTH FACILITY STAFF CONTINUOUSLY
DAY 1
Introduction to Environmental and Social Management Plans. This section will introduce participants to the theory and application of ESMSG as a decision-making tool. It will outline the principles of ESMS and provide clear definitions on EMP practice terminology (e.g. screening and scoping, impacts [negative, positive, cumulative, strategic] natural resources (water, soil, land, biodiversity, air, etc., mitigation and monitoring) and social baseline (employment, social, health, literacy etc.). It will also provide guidance on the criteria required for the development of an effective ESMS in practice.
Ethiopian Environmental Legislation. This section will discuss the application of Ethiopian legislation in terms of the relevant environmental and social laws and policies which apply to activities under the program.
Screening of construction projects, A list of potential activities to be financed under the projects will be discussed. Application of the screening checklist will be explained using case studies.
Day 2
Impact Identification. Potential impacts related to various types of activities will be discussed, in terms of their significance (adverse or minimal, positive or negative), magnitude (long term versus short term), and impact category (localized or cumulative).
Mitigation and Monitoring Mitigation measures as they apply to various types of local construction activities will be discussed, in terms of their application, cost and feasibility. Monitoring measures will also be recommended to measure the effectiveness of mitigation plans and to monitor performance.
Responsibilities for Planning and Reporting For each target audience, responsibilities for environmental and social management will be discussed as they relate to local government implementation. This will include responsibilities for planning, management, identification and mitigation/monitoring, partnerships with NGOs and technical service providers, partnerships among community members, and reporting. **Occupational and Community, Health and safety risks** are many types of risks - chemical, ergonomic, physical, and psychosocial, to name a few - which can cause harm or adverse effects in the workplace of local governments and surrounding community. Get resources on specific hazards and their control, including identification, risk assessment and inspections, to keep the workplace and surrounding community healthy and safe

Annex 6: Codes of Conduct for Contractors and the SEA/SH Prevention and Response Action Plan

To build a system for SEA/SH risk prevention and mitigation, the projects must:

- Have all employees of contractors (including sub-contractors), supervising Engineers and other consultants with a footprint on the ground in the project area sign codes of conduct.
- Have an effective SEA/SH Action Plan so that workers understand behavior expectations and policies, as well as an effective Grievance Mechanism (GM). This Action Plan should include training and communication. It should also include plans to make the project-affected community aware of the CoC the project staff have just signed; and
- As part of the SEA/SH Action Plan, define accountability and response protocols, which set out the procedures followed for holding individuals accountable and penalizing staff that have violated SEA/SH policies.

Codes of Conduct from the Standard Procurement Document

***ote to the Employer**:*

***The following minimum requirements shall not be modified**. The Employer may add additional requirements to address identified issues, informed by relevant environmental and social assessment.*

The types of issues identified could include risks associated with: labor influx, spread of communicable diseases, Sexual Exploitation and Sexual Abuse (SEA) *etc.*

Code of Conduct for Contractor's Personnel (ES) Form

Note to the Bidder:

The minimum content of the Code of Conduct form as set out by the Employer shall not be substantially modified. However, the Bidder may add requirements as appropriate, including to take into account Contract-specific issues/risks.

The Bidder shall initial and submit the Code of Conduct form as part of its bid.

Code of Conduct for Contractor's Personnel

We are the Contractor, [enter name of Contractor]. We have signed a contract with [enter name of Employer] for [enter description of the Works]. These Works will be carried out at [enter the Site and other locations where the works will be carried out].

Our contract requires us to implement measures to address environmental and social risks related to the Works, including the risks of sexual exploitation, sexual abuse and sexual harassment.

This Code of Conduct is part of our measures to deal with environmental and social risks related to the Works. It applies to all our staff, laborers and other employees at the Works Site or other places where the Works are being carried out. It also applies to the personnel of each subcontractor and any other personnel assisting us in the execution of the Works. All such persons are referred to as "Contractor's Personnel" and are subject to this Code of Conduct.

This Code of Conduct identifies the behavior that we require from all Contractor's Personnel. Our workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all people should feel comfortable raising issues or concerns without fear of retaliation

REQUIRED CONDUCT

Contractor's Personnel shall:

1. carry out his/her duties competently and diligently.
2. comply with this Code of Conduct and all applicable laws, regulations and other requirements, including requirements to protect the health, safety and well-being of other Contractor's Personnel and any other person.
3. maintain a safe working environment including by:
   a. ensuring that workplaces, machinery, equipment and processes under each person's control are safe and without risk to health.
   b. wearing required personal protective equipment.
   c. using appropriate measures relating to chemical, physical and biological substances and agents; and
   d. following applicable emergency operating procedures.
4. report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent danger to his/her life or health.
5. treat other people with respect, and not discriminate against specific groups such as women, people with disabilities, migrant workers or children.
6. not engage in Sexual Harassment, which means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature with other Contractor's or Employer's Personnel.

7. not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
8. not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
9. not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage.
10. complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH).
11. report violations of this Code of Conduct; and
12. not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer, or who makes use of the grievance mechanism for Contractor's Personnel or the project's Grievance Redress Mechanism.

RAISING CONCERNS

If any person observes behavior that he/she believes may represent a violation of this Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly. This can be done in either of the following ways:

1. Contact [enter name of the Contractor's Social Expert with relevant experience in handling sexual exploitation, sexual abuse and sexual harassment cases, or if such person is not required under the Contract, another individual designated by the Contractor to handle these matters] in writing at this address [ ] or by telephone at [ ] or in person at [ ]; or 2.
2. Call [] to reach the Contractor's hotline (if any) and leave a message.

The person's identity will be kept confidential, unless reporting of allegations is mandated by the country law. Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration. We take seriously all reports of possible misconduct and will investigate and take appropriate action. We will provide warm referrals to service providers that may help support the person who experienced the alleged incident, as appropriate.

There will be no retaliation against any person who raises a concern in good faith about any behavior prohibited by this Code of Conduct. Such a retaliation would be a violation of this Code of Conduct.

CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT

Any violation of this Code of Conduct by the Contractor's Personnel may result in serious consequences, up to and including termination and possible referral to legal authorities.

FOR CONTRACTOR'S PERSONNEL:

I have received a copy of this Code of Conduct written in a language that I comprehend. I understand that if I have any questions about this Code of Conduct, I can contact [enter name of Contractor's contact person(s) with relevant experience] requesting an explanation.

Name of Contractor's Personnel: _____

Signature: _____

Date: (day month year): _____

Countersignature of authorized representative of the Contractor:

Signature: _____

Date: (day month year): _____

Annex 7: Sample Attendances and Photos of consultations

Attendance sheet **for Environmental and Social Management Assessment**

Date: ------------------ **Region**---Dire Dawa---

Name of Safeguard specialist/Focal person--

S.No	Full Name	Organization	Position	Email	Phone #	Signature
1	Marregha Yimer	DDEFCCA	Head Repter	Masreshadire	0915755760	
2	Dereje Abiti	DDEFCCA	Team Leader	dereje.abiti@gmail.com	0911831022	
3	Yonas Bedinadu	"	Expert		0924983673	
4	Tesfaye Teka	DDRHB	Climate focal	tesfayekelbessa6@gmail.com	0912147799	
5	Ajebe Kebie	DDRHB	WASH coordi	ajebekebie@gmail	0511979226	
6						
7						
8						
9						
10						

CamScanner