

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
Ministry of Health



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA

የዜጎች ጤና ለሃገር ብልጽግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Health Emergency Preparedness, Response and Resilience (HEPRR)
Project

Environmental and Social Management Framework (ESMF)

Addis Ababa,

July 2023

Table of Content

ACRONYMS.....III

EXECUTIVE SUMMARY IV

1 INTRODUCTION.....1

1.1 PURPOSE AND OBJECTIVES OF THE ESMF2

1.2 JUSTIFICATION FOR THE ESMF3

1.3 METHODOLOGY4

2 DESCRIPTION OF THE PROJECT6

2.1 SCOPE OF THE PROJECT6

2.2 PROJECT TARGET BENEFICIARIES6

2.3 SUMMARY DESCRIPTION OF PROGRAM LEVEL MPA COMPONENTS7

2.4 HEP RR PROJECT COMPONENTS8

2.5 HEP RR SUBPROJECTS TYPOLOGY16

2.6 PROJECT EXCLUSION CRITERIA18

3 ENVIRONMENTAL AND SOCIAL BASELINE CONDITIONS.....19

3.1 OVERVIEW OF BIOPHYSICAL BASELINE19

3.2 NATURAL RESOURCES21

3.3 ENERGY25

3.4 CLIMATE CHANGE.....26

3.5 OVERVIEW OF SOCIAL BASELINE27

4 RELEVANT POLICY, LEGAL AND INSTITUTIONAL FRAMEWORK OF ENVIRONMENTAL AND SOCIAL MANAGEMENT41

4.1 APPLICABLE POLICIES AND STRATEGIES FORMING THE NATIONAL ENVIRONMENTAL AND SOCIAL MANAGEMENT SYSTEM41

4.2 APPLICABLE PROCLAMATIONS, REGULATIONS AND PROCEDURAL GUIDELINES FORMING THE NATIONAL ENVIRONMENTAL MANAGEMENT SYSTEM.....51

4.3 WORLD BANK ENVIRONMENTAL AND SOCIAL STANDARDS67

4.4 RELEVANT EHS GUIDELINES (WORLD BANK GROUP) FOR HEP RR PROJECT72

4.5 WORLD HEALTH ORGANIZATION (WHO) GUIDELINES ON PHARMACEUTICAL MANUFACTURING AND PRODUCTS.....81

4.6 INSTITUTIONAL ROLES AND RESPONSIBILITIES FOR MEDICINE/DRUG ADMINISTRATION85

4.7 INSTITUTIONAL ROLES AND RESPONSIBILITIES FOR ENVIRONMENTAL AND SOCIAL IMPACT ASSESSMENT AND MANAGEMENT.....87

5 PROCEDURES TO ADDRESS ENVIRONMENTAL AND SOCIAL ISSUES96

5.1 OVERVIEW OF SUBPROJECT CATEGORIZATION AND THE ESS REQUIREMENTS96

5.2 SUB-PROJECT SCREENING AND APPROVAL PROCESS99

6 POTENTIAL ENVIRONMENT AND SOCIAL RISKS AND MITIGATION MEASURES109

6.1 PROJECT ADVERSE ENVIRONMENTAL IMPACTS AND PROPOSED MITIGATION MEASURES.....110

6.2 PROJECT SOCIAL BENEFITS, ADVERSE IMPACTS AND MITIGATION MEASURES.....131

6.3 ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN156

7 GRIEVANCE REDRESS MECHANISM.....188

7.1 WORLD BANK (WB) GRIEVANCE REDRESS SERVICE.....188

7.2 PROJECT WIDE GRIEVANCE REDRESS MECHANISM (GRM)189

7.3	LOCAL LEVEL GRIEVANCE MECHANISM.....	192
7.4	GRIEVANCE REDRESSING MECHANISM FOR GBV- SEA/SH.....	195
7.5	COMMUNICATING AND GRM PUBLICITY	202
8	STAKEHOLDER ENGAGEMENT	205
9	INSTITUTIONAL AND IMPLEMENTATION ARRANGEMENT, CAPACITY BUILDING AND TRAINING REQUIREMENTS.....	206
9.1	INSTITUTIONAL AND IMPLEMENTATION ARRANGEMENTS	206
9.2	INSTITUTIONAL CAPACITY ASSESSMENT	207
	ANNEXES	213
	ANNEX I: ES SCREENING FORM.....	213
	ANNEX II: INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP) TEMPLATE	217
	ANNEX III: GBV-SEA/SH PREVENTION AND RESPONSE ACTION PLAN.....	221
	ANNEX IV: PROPOSED GRIEVANCE REDRESS MECHANISM.....	252
	ANNEX V: PROCEDURES FOR CHANCE FINDS OF PHYSICAL CULTURAL RESOURCES	255
	ANNEX VI: GUIDANCE FOR SUBPROJECT RISK CATEGORIZATION	257
	ANNEX VII: NATIONAL EIA PROCEDURAL GUIDELINE FOR SCHEDULE OF ACTIVITIES	261
	ANNEX VIII: OUTLINE / TABLE OF CONTENT FOR FULL ESIA REPORT.....	271
	ANNEX IX: INDICATIVE OUTLINE OF ENVIRONMENTAL AND SOCIAL AUDIT	273
	ANNEX X: ENVIRONMENTAL AND SOCIAL MONITORING PLAN.....	275

LIST OF TABLES

TABLE 1: SHOWING HEPRR SUBPROJECT TYPES	16
TABLE 2: SUMMARY OF THE ECO-CLIMATIC ZONES AND ASSOCIATED ENVIRONMENTAL SENSITIVITIES	21
TABLE 3: LIST OF NATIONAL PARKS IN ETHIOPIA	24
TABLE 4: WORLD BANK APPLICABLE ENVIRONMENTAL AND SOCIAL STANDARDS	68
TABLE 5: COMPARISON OF WORLD BANK ESF (ESS-10) WITH ETHIOPIAN LEGAL AND POLICY FRAMEWORK.....	74
TABLE 6 SUMMARY OF EXISTING INSTITUTIONS AND CRITICAL LEGISLATIONS FOR ENVIRONMENTAL AND SOCIAL MANAGEMENT AT REGIONAL LEVEL.....	90
TABLE 7: ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN	158
TABLE 8: GRIEVANCE MECHANISM - STEPS AND TIME FRAME	192
TABLE 9: BUDGET FOR TRAINING	212

LIST OF FIGURES

FIGURE 1: MAP OF ETHIOPIA (SOURCE: WIKIPEDIA, LIST OF ZONES OF ETHIOPIA, DECEMBER, 2020)	19
FIGURE 2: MAP SHOWING MAJOR WATER BODIES, NATIONAL PARKS & WORLD HERITAGE SITES OF ETHIOPIA.....	23

Acronyms

AU-CDC	Africa Centre for Disease Control
EEP	Ethiopia Electric Power
EOC	Emergency Operation Centre
EPHI	Ethiopian Public Health Institute
EPI	Ethiopia Program for Immunization
EPSSA	Ethiopian Pharmaceutical Supply Service Agency
ESMF	Environmental and Social Management Framework ()
ESF	Environmental and Social Framework
ESS	Environmental and Social Standards
GMU	Grant Management Unit
HEPA	High Efficiency Particulate Air (filters)
HEPRR	Health Emergency Preparedness, Response and Resilience
HVAC	Heating Ventilating and Air Conditioning
ICS	Interconnected Power System
IDP	Internally Displaced Peoples
IGAD	Inter Governmental Authority on Development
IPDC	Industrial Parks Development Corporation
JEE	Joint External Evaluation
MDG	Millennium Development Goals
MOH	Ministry of Health
PCD	Partnership and Cooperation Directorate
PDO	Program Development Objective
PHE	Public Health Emergencies
PHEM	Public Health Emergency Management
PHEOC	Public Health Emergency Operation Centers
SPAR	State party annual reporting tool
SPGMD	Strategic Partnership and Grant Management Directorate
TA	Technical Assistance
VOC	Volatile Organic Compounds

Executive Summary

I. Introduction

Ethiopia is Africa's second-most populous country with a population of more than 115 million in 2021. The COVID-19 pandemic, civil conflict and climate shocks including drought have severely impacted the wellbeing of Ethiopia's people. The shocks have exposed the continuous weaknesses of the health system to adjust itself in responding to the shock while continuing the delivery of essential health services. This project will support impact full interventions at national and sub-national levels that could strongly leads to enhanced coordination among sectors at different level of government for improved HEPRR capacity and supports cross border collaboration with neighboring countries such as Sudan, South Sudan, Djibouti, Kenya, and Eritrea. The HEPRR Project is allocated with a total budget of 195 million USD which will be financed by the IDA. This Environmental and Social Management Framework (ESMF) is designed to address the environmental and social risks management aspects of the HEPRR project.

Methodology: The methodology applied for preparing the ESMF includes conventional methods involving review of relevant legislations, policies and other documents, secondary data collection and analysis as well as conducting consultation with project implementers and stakeholders

II. Description of the HEPRR project

Project Development Objectives (PDO): The PDO of the HEPRR Project is to strengthen health system resilience and multispectral preparedness and response to health emergencies in Ethiopia.

The proposed project will have four components.

Component 1: Strengthening the Preparedness and Resilience of the Health System to manage PHEs: This component, aligned with component 1 of the proposed MPA, would support institutional capacity building and strengthen the relevant building blocks of health systems to enable Ethiopia to cope with public health emergencies, while ensuring the continuity of essential health service delivery during PHEs.

Subcomponent 1.1 will support multisectoral and cross-border planning, financing, and governance for improved resilience to HEs. This subcomponent supports: (i) establish a national one health council to serve as a mechanism for collaboration among the relevant ministries and create accountability and political commitment; (ii) in close collaboration with IGAD, strengthen framework of agreement between neighboring countries to enhance cross boarder collaboration and coordination mechanism including human and animal health; (iii) update the national multisectoral strategic action plan for IHR, HE preparedness, or health security (NAPHS) and include attention to gender gaps; (iv) develop a national multisectoral Sexual Exploitation, Abuse and Harassment action plan that includes activities to support GBV prevention, access to services and referral process, (v) establish a public health emergency response contingency and equity fund with matching funds from government, private sector, and other partners. (vi) develop a framework for climate resilience and environmental sustainability in health systems; (vii) support strengthen IPC initiatives that ensure appropriate guidance and measures at health facilities which will be fundamental for better addressing the AMR burden.

Subcomponent 1.2 will support health workforce skill development. This subcomponent supports, specifically: (i) strengthen the undergraduate and post-graduate health workforce training curriculums through mainstreaming concepts of PHE such as climate change, health system resilience and re-emerging, and endemic causes of public health emergencies; (ii) support training of additional field epidemiologists, genomics, data scientists, and health informatics, and laboratory professionals, paying attention to gender equity in training as feasible, (iii) establish multidisciplinary surge teams at

national, regional, district level and cross border areas with a clear training curriculum, SOPs, reporting and accountability framework and equipped with necessary tools, backup rosters, a clear activation procedure and accredited to be deployed at national and regional level and (iv) introduce national electronic health human resource information management system to improve evidence-based decision making and enhance learning experiences in the country.

Subcomponent 1.3 will support the access to quality health commodities, including building capacity for local vaccine and pharmaceutical manufacturing. This subcomponent supports (i) establish a new government institution, bio-pharma group, to lead the development of the necessary institutions and human resource capacity in Ethiopia; (ii) Strengthen the regulatory capacity of Ethiopia Food and Drug Authority (EFDA) to achieve a regulatory capacity of Maturity Level 3 (ML-3) through provision of technical assistance to the EFDA; (iii) Support to strengthen the national human resource capacity and learning through exchange programs between international pharmaceutical manufacturing entities in hand-on training and experience sharing; and (iv) provision of technical assistance to government to improve the enabling environment for local vaccine and pharmaceutical production specifically through hiring of consultants to review and support the improvement of enabling environments.

Subcomponent 1.4 will support information systems for HEs and the digitalization of the health sector: This subcomponent supports: (i) establishment of integrated and interoperable health information systems to monitor health risks, public health events animal, environment, and their impacts on health systems and services disaggregated by gender and other measures of vulnerability; (ii) develop climate-informed health early warning systems vulnerability capacity and adaptation for projected climate shocks and associated hazards at community level; (iii) integrated to DHIS-2 platform, establish cost-effective technologies for risk registering and profiling at district level for the catchment populations; (vi) establishment digitalized facility service availability and readiness real-time monitoring systems to monitor the disruptions to essential health services through upgrading the existing master facility registry (MFR) system; (v) improve the quality, reliability of data and geographic coverage of existing digital health information platforms such as electronic medical recording systems (EMR) at service delivery points and provide support for Ethiopia health data analytics platform (EHDAP) for improved evidence based decision making.

Component 2: Improving early detection of and response to health emergencies through multisectoral approach at national and sub-national level: This component, aligned to subcomponents 2.1, 2.2, and 2.3 of the proposed MPA, will support the national detection and response pillars which aims to strengthen collaborative multisectoral surveillance and laboratory diagnostics, emergency management, coordination, and essential service continuity and support risk communication and community engagement (RCCE) with a focus on equitable reach to all populations, especially across gender dimensions.

Subcomponent 2.1 will support collaborative surveillance and laboratory diagnostics: The subcomponents supports (i) establish and improve integrated surveillance, including indicator-based, event-based, genomic, syndromic, and multisectoral threat and vulnerability surveillance; (ii) ensure timely verification, investigation, and risk assessment of alerts (feeding from the early warning and alert systems); (iii) expand laboratory and testing capacity for human, animal and environmental health threats, including rehabilitation of laboratories, international accreditation for institutions (as appropriate), adherence to quality standards, provision of reagents and commodities, and information management; (iv) strengthening the capacity of selected PoEs for screening, isolation, and quarantine as well as expanding the capacities of those existing centers to integrate the One Health approach; (v) ensure laboratory quality assurance through the development of national quality standards at national and sub-national levels; (vi) establish interconnected multidisciplinary teams to advance research on analytical and modelling tools; (vii) in collaboration with IGAD and ECSA-HC, develop frameworks for multisectoral and cross border data and public health asset sharing; (viii) review the

implementation of EPHI's climate sensitive disease surveillance and early warning systems and support/scale-up the establishment sentinel sites at cross border areas.

Subcomponent 2.2 will support emergency management, coordination, and essential service continuity: This subcomponent will support (i) develop and institutionalize multisectoral national simulation exercises that test health systems resilience to respond to PHEs regularly and at all levels, (ii) implement and update threat and vulnerability mapping and risk identification, with attention to reaching the most vulnerable, especially by gender, (iii) revision of the essential health service package and medicines and equipment list to include supplies needed to deal with public health emergencies; (iv) development of capacities for quickly re-organizing and utilizing alternative service-delivery platforms to prevent service disruption during emergencies (e.g. digital and virtual services); (v) assessment and expansion of the capacity of national Emergency Operating Center (EOC) in Ethiopia to be fit for non-traditional health sector related emergencies in terms of its preparedness level as well as ability to respond, both at national and sub-national level.

Subcomponent 2.3 will support risk communication and community engagement (RCCE), empowerment, and social protection during health emergencies, with a focus on equitable reach to all populations, especially across gender dimensions: This subcomponent support to (i) establish platforms for proactive, appropriately audience-segmented risk communication to populations during HEs, including "infoveillance" and "infodemic" management, two-way community engagement for empowering communities in the development of messaging and decision making during HEs, and proactive grievance redress to prevent mis/disinformation; (ii) provide support to develop appropriate risk communication to reach women, girls, men and boys across gender divides in access to electronic, visual, and print media; (iii) enhance communities' readiness for and resilience to health emergencies and shocks, such as climate-related hazards, natural disasters, conflicts, and pandemics through WASH infrastructure investments at community level; (iv) develop safety nets (including ensuring continued access to schooling and food security) to protect the most vulnerable groups on an ongoing basis and during HEs; and (v) ensure active participation and leadership of women's community groups and leaders in community engagement and readiness planning activities.

Component 3: Program Management

Sub-component 3.1 will support monitoring and evaluation (M&E). This subcomponent will support the engagement of third-party implementation to support implementation of the project activities in conflict and security constrained areas and assure the validity of the Results Framework indicator data.

Sub-component 3.2 will focus on support for the learning agenda. This subcomponent will support (i) in collaboration with IGAD and ECSA-HC, establishment of national and cross-border learning platforms to exchange knowledge and experiences, facilitate peer coaching, evidence generation including evidence on gender in PPR; (ii) integration of meteorological data with routine health data, disaggregated by gender and other factors of vulnerability, to better understand the relationship between health conditions and climactic conditions, identify high-risk populations and seasonal & geographic distributions; (iii) engage with academic institutions, civil society and think-tank groups to develop a research priority list and conduct evidence generation on health threats including prioritized zoonotic diseases and other at the animal-human-environment interface.

Subcomponent 3.3 will focus on all other aspects of program management. Specific activities include: (i) support the establishment project management unit (PMU) to coordinate the implementation of project activities under component 1.3 (ii) technical assistance in the areas of procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting for project implementing entities; and (iii) operating costs.

Component 4: Contingent Emergency Response Component (CERC): This component will be activated as needed based on the established procedures described under the proposed MPA Project Appraisal Document (PAD).

Institutional and Implementation Arrangements: MoH will be the implementing agency for the project and oversee the overall implementation of the project. The state minister for Programs will be responsible for the execution of project activities and oversee the overall implementation of the project. The GMU of MoH's Partnership and Cooperation Directorate (PCD) will be responsible for the day-to-day management of activities supported under the project as well as the preparation of a consolidated annual work plan. The Ethiopian Public Health Institute (EPHI) will serve as the key technical entity for the implementation of the project activities. The EPHI will report directly to the state minister, and it will share the project's technical and financial updates with the grant management unit.

III. Environmental and Social context and baseline conditions

Overview of biophysical baseline: Ethiopia is a large land-locked country occupying an area of over 1.1 million square km². It is located between 3° and 15°N latitude and 33° and 48 ° E longitudes. Ethiopia is bounded by Sudan on the west, Eritrea and Djibouti on the northeast, Somalia on the east and southeast, and Kenya on the south. The country is constituted of ten regional states and two city administrations. It is a country of great geographical and climatic diversity, which has given rise to many and varied ecological systems.

Climate: Ethiopia has a tropical climate that is strongly a function of altitude. The mean annual temperature varies from more than 30°C in the lowlands to less than 10°C in the highlands. The annual rainfall is over 2,700 mm in the southwestern highlands; and less than 200 mm towards the north; less than 100 mm in the northeast; and less than 200 mm in the southeast.

Population and livelihoods: The population of Ethiopia is 110 million based on projections of the last population census conducted in 2007. Growing at a rate of 2.5%, Ethiopia's population is projected to reach 150 million by 2035. The population density (2018) is 109.2 persons per 1000square kms with significant variations between the more densely populated north and central highlands and the sparsely populated lowlands in Eastern part of the country. It is a diverse and multi-cultural nation and a home for over 90 ethnic groups and 10 regional states. An estimated 80% of Ethiopians live in rural areas and 20% live in cities. Ethiopia is the second most populous country in Sub Saharan Africa and the 12th most populated country in the world. Agriculture is the main source of livelihood. Agro-pastoral and mobile pastoral livelihood is practiced in East and Southern part of the country. Urban livelihood is dominated by informal employment and self-sustaining activities.

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

Isolation and Treatment, Quarantine, and Point of Entry Centers: Ethiopia share long borders with South Sudan, Kenya, Sudan, Djibouti, Eritrea and Somali land. Currently as part of preventing the COVID-19 importation, there has been health screening at 26 Point of Entries (PoE), the four being at international airports. The PoEs are one of the key players in the cross border communicable diseases control.

Energy: The primary source of energy in Ethiopia is biomass, which accounts for 91% of energy consumed. Petroleum supplies about 7% of total primary energy and electricity accounts for only 2% of total energy use. Power generation for the electric grid in Ethiopia currently depends almost entirely on hydropower. Ethiopia is having large Interconnected Power System (ICS). Presently, Ethiopia has a total installed power generation capacity of around 4244 MW.

Climate change: Ethiopia is vulnerable to climate variability and global climate change. Climate change has occurred across much of Ethiopia, particularly since the 1970s, at a rate that is variable but broadly consistent with wider African and global trends. The frequency and intensity of droughts has increased in recent years, severely affecting the livelihoods of millions of people. At the same time, increases in floods have placed additional stress on social institutions and intensified the vulnerability of households.

IV. Relevant Policy, Legal and Institutional Framework of Environmental and Social Management

Relevant strategies and legal framework for medicine/drug administration include (i) the national strategy and plan of action for pharmaceutical manufacturing development in Ethiopia, (ii) Proclamation No. 1112/2019 food and medicine administration proclamation, (iii) Proclamation No. 661/2009 food, medicine and health care administration and control, (iv) guideline for registration of vaccine 2018, (v) guideline for registration of medicines 2020, (vi) medicine good manufacturing practice (GMP) inspection procedure directive 830/2021, and (vii) Pharmacovigilance Directive 932/2022. The institution responsible for regulating medicine in country is the Ethiopian Food and Drug Authority (EFDA). The authority is re-established through Regulation No. 531/2023 definition of organization, powers, and duties of the EFDA. The GoE has enacted the necessary legal frameworks for E&S management and institutions to support its implementation and enforcement. The primary legislations that support E&S management in Ethiopia are the FDRE Constitution, Environmental Policy of Ethiopia, EIA Proclamation No. 299/2002, Solid Waste Management Proclamation No. 513/2007; Research and Conservation of Cultural Heritage Proclamation No. 209/2000; the Labor Proclamation No. 1156/2019, Proclamation no.1161/2019 on Expropriation of Land for Public Purposes, EIA Procedural Guideline (2003); ESMP Preparation Guideline (2004); National Social Protection Policy; National Policy on Ethiopian Women; and other Laws, Strategies, and Guidelines Enforcing Special Support for Developing Regions and Vulnerable Groups. These and other relevant policies, legislations, and guidelines have been reviewed.

Moreover, review of the World Bank ESF (i.e., ESSs) as well as relevant EHS guidelines was also carried. Accordingly, it was noted that all except ESS 5 and 9 were potentially applicable to the HEPRR Project. In addition, relevant EHS guideline which appeared to be most relevant to the HEPRR subprojects were reviewed and applied as necessary.

V. Procedures to Address Environmental and Social Issues

Overview of Subproject categorization and the ESS requirements: The HEPRR Project is generally (i.e. Environmental and Social) categorized as “Substantial Risk” project and hence MoH and its partner institutions (i.e. EPHI & AHRI) will be required to undertake the appropriate environmental and social assessment of subprojects *in accordance with the national law and any requirements of the ESSs that deemed relevant to the sub-projects*. Establishment of Small Scale Medical center and Medical Supply & equipment are categorized as schedule III activities in Section 1; Social Infrastructures and services; bullet 5 & 6 for which no EIA is required. Accordingly, the proposed subprojects to strengthen the capacity of HCFs at selected points of entries may fall under schedule III activities as far as it is a small scale medical center strengthening subproject.

Risk Categorization of Technical Assistance (TA) Subprojects: The HEPRR project consist of Technical Assistance (TAs) related activities under its subcomponents. These are shown in Table 1

under section 2.3.1. It is evident from Table 1 that none of the TA will have activities that seek to prepare feasibility studies, detailed technical designs, or bid documents that facilitate for future investments in infrastructure. Instead, most of the TA activities are related to developing legal frameworks, directives, framework agreements, capacity building and training activities. As a result, based on the OESRC Advisory note, most of the HEPRR project TA related subprojects/activities will fall under Type 2 and 3 TAs, and the project will not have Type 1 TA activities.

Sub-project Screening and Approval Process

The key steps which need to be followed in fulfilling the procedural requirements of the HEPRR ESMF involve the following seven steps. Each of these steps and the activities to be undertaken under each step are elaborated in the main report.

Step 1: Subproject Identification

Step 2: Checking Eligibility of Subprojects

Step 3: Screening

Step 4: Schedule I & II Subprojects

Step 5A: Review and Decision

Step 5B: Disclosure

Step 6: Implementation & Supervision

Step 7: Environmental and Social Risk Management/Monitoring Reports

VI. Potential Environment and Social Risks and Mitigation

The main E & S risks and impacts of the HEPRR project are likely to arise from subproject activities to be financed under Component 1 and 2. The anticipated sources of these potential environmental and social risks of the stated Components can be grouped mainly into three types of subproject activities listed below:

- a) Subprojects focused on strengthening and expanding capacities of new and existing facilities including by conducting construction and equipment installation activities. These include expanding the capacity of the National Emergency Operation Centre which would involve constructing a new building (Subcomponent 1.1), expanding the capacities of selected HCF in PoEs to integrate one health approach (Subcomponent 2.1) which may involve construction in the PoEs.
- b) Subprojects focused on supporting collaborative surveillance and laboratory diagnostics (Subcomponent 2.1) which would involve collection and transport of samples from surveillance points and performing analysis in health laboratories which would result in release of hazardous and infectious wastes.
- c) Subprojects focused on digitalization of the health sector processes and PHE information systems (Subcomponent 1.2), enhancing linkages between surveillance systems with information communication (Subcomponent 1.1) strengthen linkages between BSL-2 laboratories and cross border detection and response activities using state of the art digital health technologies (Subcomponent 2.1). This group of subprojects is likely to cause environmental and social risks through the IT facility installation, distribution, and release of e-waste.

In consideration of the above stated group of subproject activity types of the HEPRR which will be the main drivers for the occurrence of potential E & S risks on the one hand and the overall environmental and social baseline setting of the project areas where most activities are likely to be implemented in existing sites, the environmental and social risk assessment carried out as part of the

present ESMF preparation has rated the environmental and social risk of the project to be “Substantial”.

Beneficial Impacts of the HEPRR Project: The following are among the main positive impacts of the HEPRR project. The project can:

- Help protect public health during emergencies by ensuring that appropriate medical resources are available, and communities are informed and prepared to respond to emergencies.
- Increase the resilience of communities by improving their ability to cope with emergencies and adapt to changing circumstance.
- Promote cohesion by encouraging community members to work together towards a common goal, such as protecting their health during an emergency.
- Reduce the economic disruption caused by emergencies, by ensuring that essential services continue to function, and that businesses are able to resume operations quickly.
- Increase trust in authorities and government institutions, as they demonstrate their ability to manage emergencies and protect the health and safety of citizens.

The adverse environmental and social risks and impacts associated with the HEPRR project subcomponent activities together with its proposed mitigation measures and responsible institutions for implementation and monitoring are summarized in the following indicative ESMP table (i.e., Table 1: Environmental and Social Management Plan)

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
Adverse Environmental Impacts (Construction phase)						
1	Impact of Noise and Vibration on Communities	<ul style="list-style-type: none"> -Selecting equipment with lower sound power levels -Installing acoustic enclosures for equipment casing radiating noise -Improving the acoustic performance of constructed buildings, apply sound insulation -Installing acoustic barriers without gaps and with a continuous minimum surface density of 10 kg/m² - Prepare site specific noise abatement plan as part of the applicable subproject ESMP and C-ESMP. -Use of noise suppression shields and mufflers -locate noise generating sources away from residential or other noise-sensitive receptors -Avoid using heavy construction machinery during night-time -Carry out regular maintenance on the construction machineries -Select transport routes to minimize noise pollution in sensitive areas -Install noise silencer on the construction machineries 	<ul style="list-style-type: none"> -Construction contractor - Construction Supervisor 	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal EPA Offices 	During Construction phase	Part of project construction cost
2	Impact on Air Quality: Frequent movement of vehicles and machineries from and to construction sites will resuspend dust and release exhaust gases causing air quality to deteriorate.	<ul style="list-style-type: none"> -Regularly spray water to suppress the resuspension of dust during construction, particularly during use of gravel roads and dirt tracks. -Conduct regular maintenance and servicing of construction vehicles and machineries to minimize air pollution; -Minimize unnecessary idling of running diesel engines of machineries, vehicles and equipments. -Limit the speed of vehicle movements to minimize dust -Increase moisture content for open materials storage piles, -Fuel switching (e.g. selection of lower sulfur fuels) when possible. 	<ul style="list-style-type: none"> -Construction contractor - Construction Supervisor 	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal 	During Construction phase	Part of project construction cost

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		-Drivers should be instructed on the benefits of driving practices that reduce both the risk of accidents and fuel consumption and driving within safe speed limits;		EPA Offices		
3	Impacts due to Construction Wastes: improper disposal of construction waste materials will adversely affect land use and natural drainage patterns	<ul style="list-style-type: none"> -Provide solid waste collection and segregation facilities at appropriate location of the subproject site. -properly segregate and dispose wastes to encourage reuse and recycling of some useful waste materials - Provide sufficient temporary ablution facilities for staff so they do not relieve themselves in the fields. -Do not mix hazardous wastes with other waste generated and must be managed as per hazardous waste management and control proclamation. -Waste must be collected from the site at least once in 24 hours and when temporarily kept on site it must be covered to minimize nuisance odour and vermin. -Wastes have to be properly transported and disposed to officially permitted by the concerned local authorities and properly managed site -Wastes have to be properly transported and disposed to officially permitted and properly manage site -Segregate and store hazardous waste in containers or specialized leak-proof plastic bags - Provide spill containment storage volume - Dispose hazardous materials only at designated disposal sites/facilities (if any) with permission from the concerned authorities and/or through licensed contractor. - Never dispose used oil and filters to the ground, use leak proof containers 	<ul style="list-style-type: none"> Construction contractor - Construction Supervisor 	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal Authorities 	During Construction phase	Part of project construction cost
4	Impacts on Soil: Construction activities to expand selected HCFs at POEs and the	<ul style="list-style-type: none"> -Top soil stripped should be stockpiled for greening and rehabilitation in the area -Restore the nutrient rich top soil to its original level upon completion of construction works 	<ul style="list-style-type: none"> Construction contractor - Construction 	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S 	During Construction	Part of project construction cost

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	EOC office building may result in scrapping of top soil, mixing and compaction	<ul style="list-style-type: none"> -The topsoil should be uniformly spread onto areas to be rehabilitated -As much as possible, use existing access roads -As much as possible locate access roads out from farm fields and should be rehabilitated once their use is completed. 	Supervisor	<ul style="list-style-type: none"> Staff -Local Woreda/Zonal Authorities 	phase	
5	<i>Community health and safety risks during Construction phase;</i>	<ul style="list-style-type: none"> -As part of the induction process for new employees and workers provide training for all workers on the transmission routes and common symptoms of communicable diseases. -The contractor is to include an internal first-aid room and medical staff being present at the site -Conduct awareness raising and sensitization activities among workers, on transmission prevention of HIV/AIDS and COVID-19 as well as prevention of Malaria. -Distribution of impregnated nets, periodic spraying of campsite houses and offices -Distribution of face masks, sanitizers, condoms and IEC materials and hand washes, for free of workers and local people around. 	<ul style="list-style-type: none"> Construction contractor - Construction Supervisor 	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal Authorities 	During Construction phase	Part of project construction cost

No.	Potential Environmental Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
Adverse Environmental Impacts (Operations phase)						
1	Impacts of Hazardous Wastes from collaborative surveillance and laboratory diagnostics activities HEPRR subproject activities could lead to an increase in the generation of infectious wastes: pharmaceutical wastes chemical wastes	<p>Recommended mitigation measures for impact of improper Healthcare Waste Management</p> <ul style="list-style-type: none"> - Health care facilities should establish, operate and maintain a health care waste management system (HWMS) adequate for the scale and type of activities and identified hazards. - Each health facility should prepare (prior to the start of operations under the subproject) an Infection Control and Waste Management Plan (ICWMP) based on the template provided in Annex II and in accordance with national regulations. - Waste should be identified and segregated at the point of generation. - Seal and replace waste bags and containers when they are approximately three quarters full. - Store mercury separately in sealed and impermeable containers in a secure location. - Unless refrigerated storage is possible, storage times between generation and treatment of waste should not exceed 48 hours during cool season, 24 hours during hot season. 	<ul style="list-style-type: none"> - HCF Env. Hygiene & Public Health Staff - Woreda Health office 	<ul style="list-style-type: none"> - MoH E & S staff - EPHI E&S Staff - Regional Health Bureau Environmental Hygiene staff 	During Operation phase	Part of project equipment cost
2	Recommended measures to minimize and control risks associated with sample collection, packaging and laboratory procedure include the	<ul style="list-style-type: none"> -Establish a quality control system for packaging, collection and transportation of laboratory samples following the WHO guidelines on laboratory biosafety guidance -Ensure that health care workers (specimens use appropriate PPE HCWs) who collect -Ensure that all personnel who transport specimens are 	<ul style="list-style-type: none"> - HCF Env. Hygiene & Public Health Staff - Woreda Health office 	<ul style="list-style-type: none"> - MoH E & S staff - EPHI E&S Staff - Regional 	During Operation phase	Part of project equipment cost

No.	Potential Environmental Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	<i>following:</i>	<p>trained in safe handling practices and spill decontamination procedures;</p> <p>-Place specimens for transport in leak-proof specimen bags (i.e., secondary containers) that have a separate sealable pocket for the specimen (i.e., a plastic biohazard specimen bag), with the patient's label on the specimen container</p> <p>-Organizing sample management (collection, storage, packaging and transport) in accordance with WHO guidelines;</p> <p>-Sample transportation should not expose transporters to risk either during normal handling or in case of an accident.</p>		Health Bureau Environmental Hygiene staff		
	Occupational Health and Safety Risks during HCF Operations: <i>Health care facilities are a potential source of infectious waste and these could pose unsafe conditions for healthcare staff.</i>	<p>-Ensure the implementation of standard precautions and transmission based precautions in line with national guidelines for IPC in healthcare facilities taking into account guidance from WHO and/or CDC on COVID19 infection control,</p> <p>-Update and implement HCF OHS plan and/or emergency response plan,</p> <p>-Ensure identification of risks (Job Risk Assessment) and instituting proactive measures,</p> <p>-Train the healthcare workers on the potential OSH risks in relation to COVID-19,</p> <p>-Provision of adequate and required personal protective equipment (PPE) to health workers and enforce on use. This includes: single use medical mask, gown, Apron, eye protection, boots or closed shoes.</p> <p>-Provision of a system for disinfection of the multi-use PPE if not available.</p>	<p>- HCF Env. Hygiene & Public Health Staff</p> <p>- Woreda Health office</p>	<p>- MoH E & S staff</p> <p>- EPHI E&S Staff</p> <p>- Regional Health Bureau Environmental Hygiene staff</p>	During Operation phase	Part of project equipment cost
3	E&S risks associated	Recommended measures to minimize and control the impacts	- HCF Env.	- MoH		

No.	Potential Environmental Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	with digitalization and PHE information systems: risks from increased generation of e-wastes resulting from expanded use of electronic equipments during operation phases.	<p>of the e-waste stream includes</p> <ul style="list-style-type: none"> - Develop guideline for e-waste management consisting of recovery, re-use, recycling as well as its collection and disposal mechanisms to be used by all project beneficiaries. - Publish the e-waste management guideline and disseminate to project beneficiaries - Provide training and awareness on use of the e-waste management guideline to project beneficiaries 	<p>Hygiene & Public Health Staff</p> <ul style="list-style-type: none"> - Woreda Health office 	<p>E & S staff</p> <ul style="list-style-type: none"> - EPHI E&S Staff - Regional Health Bureau Environmental Hygiene staff 	During Operation phase	Part of project equipment cost

HEPRR Project Potential Social Risks: The main potential social risks of the project are summarized as below. The proposed mitigation measures for the anticipated social risks together with the institutions responsible for implementation and monitoring are summarized in the ESMP table below.

- The is also the potential risk of exclusion/discrimination of underserved and other vulnerable groups such as women, pastoral groups, youths, ethnic minorities, and culturally distinct communities.
- The risk of operational concerns due to remoteness and insecurity in the implementation of HEPRR subproject related to strengthening the preparedness and resilience of health systems and the detection of and response to HEs.
- The subprojects can also potentially pose a substantial risk of an environment for GBV-SEA/SH in the process of interactions between project workers and local communities, in the workplace, and within the project host communities particularly those vulnerable and/or affected by different emergencies.
- In the implementation of HEPRR project, there will be the risk of elite capture, a situations where elites (grassroots level ESMF implementation structures/committees) shape the development processes according to their own priorities.
- The subprojects can potentially pose community health and safety risks related to the transmission of communicable diseases, including HIV/AIDS and COVID-19.
- Employment discrimination is a potential risk under the proposed HEPRR project and its subcomponents, and these include potential inappropriate treatment or harassment of project workers related to gender, age, disability, ethnicity, or religion
- There may also potentially be OHS risks associated with the rehabilitation of medical facilities/minor civil works to be financed by the project such as repair, rehabilitation and construction of ICUs and emergency facilities.
- During subproject works related to the renovation/rehabilitation/installation construction works, there may be the risk of contractors use child labor due to lack of or awareness and lesser attention to its implication.
- There may be a risk of damage of sacred funeral and ritual sites as well as sites to which SSAHUTLC have collective attachment during the expansion of existing ICU and isolation and emergency facilities in the major entry points.

There are also a number of other social risks associated with activities at ports of entry (POE) for HEPRR Project these include:

- Privacy and data security are important considerations especially when it involves activities at Ports of Entry (POEs) in HEPRR.
- Cultural and linguistic risks can pose significant challenges, and misunderstandings and communication gaps can hinder effective collaboration and response efforts.
- Political risks, including conflicts between countries and unwillingness to share data, can significantly impact activities at ports of entry (POE).
- There is also an increased risk of disease transmission due to the movement of people across borders, when implementing activities at Ports of Entry (POEs) in HEPRR

In light of the foregoing potential adverse social impacts, the social risks of the proposed project are rated as **Substantial**.

Adverse Social Impacts/Risks during Construction and Operation Phase of Component 1 and 2						
1	<p>The Potential Risk of Exclusion/Discrimination of Underserved and other Vulnerable Groups</p> <p>Some groups may confront barriers that prevent them from fully participating in or benefiting from development interventions, in the case of HEPRR Project (1) in developing plans and strategies systems and approaches and on community engagement to develop community-led climate emergency preparedness and response plans and (2) subcomponent 2.3 in developing plans for risk communication, health messages, readiness for and resilient to health emergencies and shocks, develop social welfare and protection action plans and local mechanisms to ensure food security and access to schooling on an ongoing basis and during HEs.</p>	<ul style="list-style-type: none"> • -Minimize the risk by making use of and follow up the strict observation of the government policy on gender and other forms of social inclusion, as stated in policy and legal frameworks of this ESMF report; • - Reduce the risk through conducting periodic and specific field identification of key issues of exclusion, discrimination and marginalization of women and other vulnerable groups through social inclusion analysis and impact assessment; • - Assess, as a risk reduction measure, the constraints and opportunities in the Program for encouraging involvement of these groups; • - Assess the organizational capacities of the implementing organizations, and develop Action Plan to ensure that these groups benefit equally from subproject interventions; • - Adopt the risk minimization measure of utilizing community structures and local administration to mobilize minority groups to participate in meetings and consultations; • - Minimize the risk by ensuring inclusive, participatory and informed consultation and information disclosure; • - Prepare and implement, as a risk reduction measure, an effective and functioning Stakeholder Engagement Plan guided by the project design principles, and provisions of other Environmental and Social Risk Management (ESRM) instruments, communication, and monitoring • - Provide as risk reduction measure local language interpreters to ensure understanding and ability to give feedback during engagement. • - Target women and youth in project consultations and activities for their meaningful inclusion in 	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures	Throughout the implementation period	Part of project implementation budget

		<p>project decisions.</p> <ul style="list-style-type: none"> • Minimize the risk by ensuring involvement of women in the design of mechanisms for proactive risk communication and event-based surveillance activities; • Adopt the risk minimization measure of involving grassroots community structures in ‘Risk Communication and Community Engagement (RCCE)’ works by way of risk factors assessment, production of RCCE strategy and preparation of training documents, production of communication materials, and documentation • Designing and implementing early warning systems as a risk minimizing measure to increase outreach to socially excluded groups including women; • Building the capacity of women (or women-led organizations) to better understand and use early warning and risk communication information; 				
2	<i>The Risk of Operational Concerns due to Remoteness and Insecurity.</i>	<ul style="list-style-type: none"> • Minimize the risk by continuously monitoring the situation in project areas to enable early detection, as much as possible, of conflict to enable necessary adjustments. • Adopt, as a risk reduction measure, the remote management approaches to subproject implementation, monitoring and supervision as a reactive, temporary responses to insecurity in project locations. Remote management is ‘an operational response to insecurity’, involving the withdrawal or drastic reduction of Project staff from subproject sites/field, transferring greater program responsibility to local staff or local partner organizations, and overseeing activities from a different location. • Reduce the risk by conducting capacity building for local staff and partners (grassroots ESMF 	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures	Throughout the implementation period	Part of project implementation budget

		<p>implementation structures/committees).</p> <ul style="list-style-type: none"> • Reduce the risk by carefully executing and consistently monitoring the implementation of the project's Risk Assessment and Management Plan (SRAMP). • 				
3	Risk of GBV-Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH)	<p>Training, and sensitization/awareness creation for IAs and Contractors/suppliers/consultants</p> <ul style="list-style-type: none"> • Reduce the risk by promoting mandatory and repeated training and awareness raising for the project workforce about refraining from unacceptable conduct toward local community members, specifically women; • As mitigation measure, develop training materials for sensitization briefings, targeting ERA management and Contractor management; • - Informing project workers about national laws that make sexual harassment and gender-based violence a punishable offence so as to minimize the risk; • Reduce the risk by way of delivery of periodic mandatory training on GBV to all workers, including contractors, subcontractors and primary suppliers, as well as relevant consultants and clients; • Training grievance redress committee to handle issues of sexual abuses perpetrated by project workers, and members of the community; • Minimize the risk by way of using posters and other communication/messaging/signage to display messages on zero tolerance <p>Assigning Gender/GBV Experts in the relevant IAs</p> <ul style="list-style-type: none"> • Minimize the risk by assigning a gender expert at the GMU/PCU and paid focal person in the implementing partners and beneficiary institution (EPHI, AHRI, EFDA, EPSA and Regional Health Bureaus (BoH)); 	<p>PMU/PCU Gender/GBV Specialist, E&S Safeguard Focal Persons in Partner Institutions and BoHs.</p> <p>MoH/GMU and Partner Institutions</p> <p>GMU/PCU</p>	<p>PMU/PCU Gender/GBV Specialist, E&S Safeguard Focal Persons in Partner Institutions and BoHs.</p> <p>MoH/GMU and Partner Institutions</p> <p>GMU/PCU</p>	Throughout the implementation period	Part of project implementation budget

		<p>Prepare Code Conduct (CoC)</p> <ul style="list-style-type: none"> • Introducing a Worker Code of Conduct (CoC) as a risk reduction measure as part of the employment contract, and including sanctions for non-compliance (e.g., termination); • Ensure these codes of conduct are publicly disclosed in local languages and are widely accessible to all workers and all groups of people in project areas; <p>Cooperation with relevant stakeholder</p> <ul style="list-style-type: none"> • As a risk reduction measure, ensure that contractors adopt a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence; • Involving relevant authorities such as law enforcement, community leaders in handling sexual abuse in project communities and ensure that where relevant, referral pathways for eventual cases are identified. <p>GRM for GBV-SEA/SH</p> <ul style="list-style-type: none"> • Develop safe, confidential and accessible grievance reporting, referral and support systems for workers and local communities as a way to reduce the risk; • Training of GRM committee/GRM operators on GBV/SEA basics, survivors centered approach, the referral pathway, reporting and confidentiality of data. • Reduce the risk by disseminating information on GBV GRM reporting procedures for grassroots community structures in the intervention areas <p>Separate living space/toilet/shower facilities for men and women project workforce</p> <ul style="list-style-type: none"> • Minimize the risk by providing safe, secure and separate living spaces for workers involved in the 	<p>GMU/PCU</p> <p>GMU/PCU/GMU/PCU, E&S Safeguard Focal Persons in Partner Institutions and BoHs</p> <p>Social Safeguard Specialist in GMU/PCU, Project Contractor</p> <p>GMU/PCU</p>	<p>GMU/PCU</p> <p>GMU/PCU/GMU/PCU, E&S Safeguard Focal Persons in Partner Institutions and BoHs</p> <p>Social Safeguard Specialist in GMU/PCU, Project Contractors</p> <p>GMU/PCU</p>		
--	--	--	---	--	--	--

		<p>limited physical infrastructure investments (rehabilitation and refurbishing works);</p> <ul style="list-style-type: none"> • Provide lighting around project sites, including around latrines and access routes. • Install separate, lockable latrines for female construction workers; <p>Policy/strategy and reporting and M&E</p> <ul style="list-style-type: none"> • Develop clear reporting and management procedures for SEA/SH • Apply Gender management (GM) strategy, by way of reducing the risk, in all the project cycle through application of gender analysis, gender responsive allocation of resources to address gender specific interventions and M&E; • Develop, as mitigation measure, a clear reporting and management procedures for SEA/SH • As a risk reduction measure, develop M&E system with clear indicators to follow up progress made and challenges encountered. 				
4	<i>The Potential Risk of Elite Capture</i>	<ul style="list-style-type: none"> • Reduce the risk by ensuring that community members are aware of subproject operation's purposes and know committee members and their roles. • Minimize the risk by monitoring and following up Project implementers work on information disclosure and transparency, especially related to project budgets, financing, contracting, and procurement. • Reduce the risk by making certain that community members are involved in all stages of the project cycle from setting priorities, to monitoring progress and assessing results. • Ensure, as a risk reduction action, that the selection of the leadership at the grassroots level are carried 	<p>Social Safeguard Specialist in GMU/PCU, E&S Focal Persons in partner institutions and BoHs, PIUs, Grassroots implementing structures</p>	<p>Social Safeguard Specialist in GMU/PCU, E&S Focal Persons in partner institutions and BoHs, PIUs, Grassroots implementing structures</p>	<p>Throughout the implementation period</p>	<p>Part of project implementation budget</p>

		<p>out in a democratic and transparent manner so that members of the relevant committees are less dominated by elites.</p> <ul style="list-style-type: none"> • Put in place a participatory Monitoring & Evaluation in which the various stakeholders share control over the content, the process and the results of the M&E activity and engage in identifying and implementing corrective actions throughout the project cycle. • Reduce the risk by developing accessible and functional complaint handling mechanisms to provide stakeholders with opportunities to report elite capture to project authorities through anonymous channels. 				
Adverse Social Impacts during Rehabilitation/Expansion/Construction Phase						
5	Risk of Infectious and Communicable Diseases	<p>For release/discharge of waste</p> <ul style="list-style-type: none"> • Reduce the risk by implementing best practices for waste management, including proper disposal of hazardous materials. • Minimize the risk by developing emergency response plans to address accidental releases of hazardous materials. • Mitigate the risk by conducting regular monitoring and reporting to ensure compliance with environmental regulations. <p>For reducing the risk of HIV and AIDS</p> <ul style="list-style-type: none"> • Minimize the risk by ensuring that the provision of HIV and AIDS education and information shall form part of the delivery and health care services by all health care providers for project workforce, including migrant worker, the local workforce; • Minimize the risk by promoting continuous sensitization of the workers and community 	E&S Safeguard Focal Person at BoHs, <i>Woreda</i> health offices, <i>Woreda</i> labor offices, <i>Woreda</i> social affairs offices, Project contractor.	E&S Safeguard Focal Person at BoHs, <i>Woreda</i> health offices, <i>Woreda</i> labor offices, <i>Woreda</i> social affairs offices, Project contractor.	Throughout the implementation period	Part of project implementation budget

		<p>members about HIV/AIDS and other STDs.</p> <ul style="list-style-type: none"> • Reduce the risk by working closely with respective government departments, local NGOs, and/or faith-based organizations, and local communities involved in HIV and reproductive health; • Reduce the risk by constantly making available VCT services to the project workforce and community members; • Reduce the risk by integrating the monitoring of HIV/AIDS preventive activities as part of the regular supervision work; and ensure that basic knowledge, attitude and practices are among the parameters to be monitored. • Reduce the risk by ensuring that all subproject sites/workplaces make COVID-19 information from relevant health agencies readily available to their workforce; • The following action points should be provided to all project workers in all workplaces to prevent transmission of COVID-19. <ul style="list-style-type: none"> ✓ Physical distancing: Introduce measures to keep a safe physical distance in accordance with national regulations. ✓ Hand hygiene: Implement conveniently located hand washing stations or alcohol-based hand sanitizer at all facilities. ✓ Cleaning and disinfection of environmental surfaces. ✓ Personal protective equipment (PPE): Workplaces have a responsibility to provide at no cost suitable and sufficient PPE, conduct training and monitor safe use among its workers 				
6	<i>Recruitment and Employment Discrimination</i>	<ul style="list-style-type: none"> • Reduce the risk by developing clear policies that prohibit discrimination in recruitment and 	GMU/PCU, Partner	GMU/PCU, Partner implementing		

		<p>employment practices.</p> <ul style="list-style-type: none"> • Minimize the risk by ensuring that the LAM makes sure that it encompasses (i) written contracts of employment, including terms and conditions of employment; and (ii) protection of wages including fair treatment, non-discrimination and equal opportunity of project workers; • Reduce the risk by providing training to employees on diversity and inclusion which can help to increase awareness of unconscious biases and promote a more inclusive workplace culture. • Minimize the risk by putting in place a workable and smooth grievance redress mechanism for addressing and managing workplace and employment related conflicts or complaints; • Minimize the risk by popularizing the GRM to potential beneficiaries and that workers are informed of the GRM at the time of recruitment and the measures put in place to protect them against reprisal for its use. • Reduce the risk by making recruitment procedures transparent, public and open with respect to ethnicity, religion, disability, gender, or gender orientation. • Reduce the risk by using objective criteria for selection: Recruitment and hiring decisions should be based on objective criteria such as qualifications, experience, and skills, rather than personal characteristics such as gender, age, or ethnicity. • Reduce the risk by conducting regular audits of recruitment and employment practices which can help to identify areas of discrimination and ensure compliance with equal opportunity and anti-discrimination laws. 	implementing institutions	institutions	Throughout the implementation period	Part of project implementation budget
--	--	--	---------------------------	--------------	--------------------------------------	---------------------------------------

7	Occupational Health and Safety Risks	<ul style="list-style-type: none"> • Minimize the risk by developing an Occupational Health and Safety plan, which aims to avoid, minimize and mitigate the risk of workplace accidents; • Reduce the risk by complying with all national and good practice regulations regarding workers' safety; • Minimize the risk by ensuring the presence and continued use of normal control measures, including personal protective equipment (PPE) necessary to protect workers from other job hazards associated with construction activities; • As risk reduction measure ensure that contractor(s) provide safety measures as appropriate during works such as fire extinguishers, first aid kits, restricted access zones, warning signs, overhead protection; • Provide as risk reduction measure minimum required training or orientation on occupational safety regulations and use of personal protective equipment; • Minimize the risk by providing compulsory COVID-19 awareness creation and prevention training (information, education, communication (IEC) for all project workforce; • Minimized the risk by training workers on COVID-19 policies and procedures in a language they understand. <p>For risks from rotating/moving equipment:</p> <ul style="list-style-type: none"> • When not in use, disconnect, turn off, or de-energize moving equipment. • Guards recommended by the manufacturer of the moving equipment should be used or fixed at all times. For instance, safety guard of a grinder protects workers from accidental exposure to its moving blade/disk. • Operating unguarded or badly guarded equipment should be avoided. 	GMU/PCU, Partner implementing institutions	GMU/PCU, Partner implementing institutions	Throughout the implementation period	Part of project implementation budget
---	---	--	--	--	--------------------------------------	---------------------------------------

		<ul style="list-style-type: none"> • When using an equipment, always keep your fingers and thumb on the same side as the handle or on the side protected by guards. • Proper work procedures should be adapted during use of moving equipment. • Moving equipment should be maintained regularly. <p>For risk due to work environment temperature:</p> <ul style="list-style-type: none"> • Work and rest periods should be adjusted depending on temperature and workloads. • Providing temporary shelters to protect against the elements during working activities or for use as rest areas. • Use appropriate protective clothing. • Provide easy access to adequate hydration such as drinking water <p>For electrical hazards:</p> <ul style="list-style-type: none"> • Marking all energized electrical devices and lines with warning signs. • Check all electrical cords, cables, and hand power tools for exposed cords and cover the exposed part with electrical tapes. Before covering the exposed cords, makes sure that the electrical equipment, machines, or cord/cables are not energized. • Protecting power cords and extension cords against damage from traffic by shielding or suspending above traffic areas. • Electrical equipment and machines should be switched off when not in use. • Electrical equipment and machines should be operated by competent workers. • Works should not be done under high-voltage power lines. A “no approach” zone should be created under high-voltage power lines. 				
--	--	---	--	--	--	--

		<ul style="list-style-type: none"> • Conducting detailed identification and marking of all buried electrical wiring prior to any excavation work. <p>For risks related to flying debris:</p> <ul style="list-style-type: none"> • Use face and eye protection equipment such as safety glasses, goggles, and face visors. • Wet dusty work areas before cleaning or used by vehicular traffic. <p>For work at height risk:</p> <ul style="list-style-type: none"> • Provide guardrails with mid-rails and toe boards at the edge of any fall hazard area. • Proper use of ladders and scaffolds by trained employees. • Use of fall prevention devices, including safety belts. • Oil drums, material piles, and wooden planks should not be used to work at height. <p>For excavation hazards:</p> <ul style="list-style-type: none"> • Conduct pre-start checks including availability of excavation equipment, ground conditions, and proximity of any hazards. • Physical barriers shall be erected around excavations. • Any services/utilities at the site shall be identified and shall be clearly marked. • Re-location of existing services/utilities must be completed before work commences. • Excavation shall be done using appropriate equipment or plant. • Spoil material from excavations shall be removed/carted away from the working area so that it does not apply surcharge on the sides of the excavation and to keep the area clean. 				
--	--	---	--	--	--	--

		<ul style="list-style-type: none"> • Practice safe manual handling techniques (plan, get help if needed, place your feet firmly, bend your knees – not your back, firm grip, lift with legs, etc). • Check adjacent structures and assess the impact of the excavations on the stability of the structures. • Make sure that affected adjacent structures are properly supported before commencing the excavation. • Sides of excavation must be supported/battered where there is a risk to collapse. • Ladders, stairs, or ramps shall be provided for safe ingress/egress into excavations. • Inspect supported excavations before work commences each day. • Personnel must stay within protected/supported excavations at all times. <p>For traffic hazards:</p> <ul style="list-style-type: none"> • Use traffic cones or barriers to create exclusion zones around construction workers. The traffic cones will also aware drivers of the work in progress so that they take the necessary precautions. • Use safety/traffic signs to aware drivers of the work in progress. • Workers should wear high visibility vests at all times. Yellow color vests are preferable for work done during night or early morning times since it is more visible against darkness. Orange color vests are preferable for work done during daytime to give contrast from the blue sky, yellow sunlight, and green environment. • Vehicles and trucks used should be operated by trained and competent drivers. 				
--	--	--	--	--	--	--

		<ul style="list-style-type: none"> • Establish speed limits for vehicles and trucks used. <p>For manual handling:</p> <ul style="list-style-type: none"> • Incorporating rest and stretch breaks into work processes and conduct job rotations. • Implementing work procedures that reduce unnecessary forces and exertions. • Wear the right protective equipment for the job. • Workers should know their physical capabilities and should be given jobs they can reasonably handle. • Always check that the weight of the load is known before lifting. • Know the correct way of lifting before attempting a lift, i.e., (i) stand reasonably close to the load, be sure footing is firm and feet are about 300 mm apart, (ii) squat down by bending the knees, keeping the back as straight as you can, (iii) place hands where they will not slip, and grip firmly, (iv) breathe in before lifting - inflating the lungs helps support the spine, (v) straighten up with the legs, keeping the back as straight as you can, (vi) hold the load firmly and close to the body, (vii) ensure your view is not impeded by the load whilst working with it, and (viii) lift slowly and smoothly and avoid jerking motions. • When two or more persons lift a load, one of the team must be nominated to give instruction to ensure that each person lifts an equal share and the team work together. • If mechanical equipment is available, use it for lifting and transporting loads. <p>For housekeeping:</p> <ul style="list-style-type: none"> • Do not leave rubbish lying about - clean up as you go. • Ensure all waste is disposed of in the correct skip / bin. 				
--	--	---	--	--	--	--

		<ul style="list-style-type: none"> • Do not obstruct walkways with tools or materials. • Make sure that spilled oil, grease, or liquids are cleaned up from floors and the contaminated clean up material is disposed of in the correct skip / bin. • Position all cables and hoses out of the way. Where possible do not lay them across a pedestrian walkway. • Ensure the waste disposal area is kept tidy. <p>For hazardous materials/waste:</p> <ul style="list-style-type: none"> • All chemicals should be regarded as toxic. Poisoning can occur by accidentally swallowing the chemical when eating or drinking with contaminated hands. Always wash hands carefully after handling chemicals, and do not eat or drink in the same area as the chemicals. • Always use the right protective equipment and clothing when handling hazardous materials. • When refueling by hand use a funnel or container to prevent any spillages. Immediately record and report any spillages. • Train public workers on proper handling and use of hazardous materials. <p>For air emission:</p> <ul style="list-style-type: none"> • Good housekeeping and site planning will help to reduce dust and dirt created on site. • Store dusty materials in an area that can reduce potential of wind erosion. • During periods of dry weather, especially during the summer use water sprays in order to dampen down materials, roads, and vehicle routes. • Keep your vehicle speed low on site especially during periods of dry weather. • Maintaining levels of contaminant vapors and gases (such as paints and solvents) in the work environment at concentrations below those 				
--	--	--	--	--	--	--

		<p>recommended by the manufacturer or in material safety data sheets.</p> <ul style="list-style-type: none"> • Use protective equipment, such as face mask, when working in dusty conditions or environment. <p>For fire risk:</p> <ul style="list-style-type: none"> • Maintain good housekeeping of work areas. • Properly store flammable materials away from ignition sources and oxidizing materials. • Workers should be aware of fire risk and know the precautions to prevent a fire and the action to be taken if fire does break out. • Provide fire arrest equipment such as fire extinguishers, with type and volume commensurate with the volume and type of flammable materials available at the public works area. 				
8	<i>Risk of Child Labor</i>	<ul style="list-style-type: none"> • By way of risk reduction, provide trainings to ensure contractors are informed of the legal consequences of child labor to discourage practice; • Prepare a separate LMP which contains risk reduction measures, including terms and condition of employment and minimum age; • Periodic monitoring to ensure that terms and conditions of all project workers are in accordance with the requirements of national law and ESS2 as indicated in the LMP; • Reduce the risk by establishing a GRM through which workers will be able to lodge their complaints, concerns, difficulties. • 	Social Safeguard Specialist in the GMU/PCU, E&S Safeguard focal persons in Partner implementing institutions	Social Safeguard Specialist in the GMU/PCU, E&S Safeguard focal persons in Partner implementing institutions	Throughout the implementation period	Part of project implementation budget
9	<i>Noise disturbance and vibration pollution</i>	<ul style="list-style-type: none"> • Minimize noise and vibration in the project site and surrounding areas through sensitization of construction truck drivers to switch off vehicle engines while offloading materials; • Minimize the risk by keeping vehicle speeds low, and horns will not be used while passing through or 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

		<p>near the communities, silent zone areas such as hospitals, health centers, schools, churches and residential areas. Equipment will have exhaust silencers to minimize noise generation;</p> <ul style="list-style-type: none"> • Minimize the risk by ensuring that machineries are kept in good condition e.g. greasing to reduce noise generation from friction of movable parts. • As a risk reduction measure, follow up that generators and heavy duty equipment are insulated or placed in enclosures to minimize ambient noise levels. • Minimize the risk by providing construction workers with safety device for protection of ears (earmuffs and ear- plugs etc.); • Minimize the risk by limiting working hours for construction activities within/near the communities to between 8 am and 6 pm; • Minimize the risk through maintaining liaising with the community; • Minimize the risk by putting in place an effective Grievance Redress Mechanism to address the community complaints. 				
10	<i>Damage to Cultural Heritage and Historic/Ritual Sites during Expansion///Rehabilitation/Construction Operations</i>	<ul style="list-style-type: none"> • Avoid the risk by conducting cultural heritage assessment of the project site to identify any potential physical cultural resources that may be present in the area. • Minimize the risk by training construction workers to recognize the signs of physical cultural resources and understand the importance of protecting them. • Minimize the risk by developing contingency plan in case physical cultural resources are discovered during construction. The plan should outline the steps to be taken in such an event, including halting work in the immediate vicinity of the find, contacting the relevant authorities, and protecting 	GMU/PCU, Partner implementing institutions, Woreda health offices, Local culture and tourism offices	GMU/PCU, Partner implementing institutions, Woreda health offices, Local culture and tourism offices	Throughout the implementation period	Part of project implementation budget

		<p>the site until further instructions are received.</p> <ul style="list-style-type: none"> • Minimize the risk by including or adding a clause for chance find procedures in construction contract agreements; • Reduce the risk by notifying an institution responsible for culture, religious and historic heritage sites protection and conservation, etc; • Minimize the risk by putting in place a workable Grievance Redress Mechanism to address community complaints. 				
11	The Risk of Privacy and Data Security	<ul style="list-style-type: none"> • Implementing robust data encryption techniques to protect the confidentiality of sensitive information. • Restricting access to data through role-based access controls, ensuring that only authorized personnel can view or handle sensitive data. • Regularly monitoring and auditing data access to identify any suspicious activities. • Clearly communicating to individuals about the purpose and scope of data collection at POEs. • Obtaining explicit consent from individuals before collecting their personal information. • Providing privacy notices that explain how the collected data will be used, stored, and shared. • Offering individuals the ability to opt-out or request the deletion of their data, where applicable. • Implementing secure data storage practices, such as encryption and access controls, to protect stored data from unauthorized access. • Establishing clear retention policies to ensure data is retained only for the necessary duration and securely disposed of when no longer needed. • Regularly reviewing and updating data storage practices to align with evolving privacy and security standards. • Understanding and complying with relevant data 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

		<p>protection laws in the countries involved.</p> <ul style="list-style-type: none"> • Utilizing legal mechanisms, such as standard contractual clauses or binding corporate rules, to ensure an adequate level of data protection during cross-border transfers. • Conducting due diligence on third-party service providers involved in data processing to ensure they have appropriate privacy and security safeguards in place. • Providing comprehensive training and awareness programs to project staff regarding privacy and data security best practices. • Regularly updating staff on emerging privacy and security threats and how to mitigate them. • Encouraging a culture of privacy and security awareness by promoting reporting mechanisms for potential incidents or vulnerabilities. 				
12	Cultural and Linguistic Risks	<ul style="list-style-type: none"> • Providing language interpretation services, either through in-person interpreters or remote interpretation services, to facilitate communication with individuals who do not speak the local language. • Developing multilingual signage and informational materials to ensure important messages are conveyed to individuals in a language they understand. • Recruiting bilingual staff or volunteers who can assist with interpretation and communication. • Provide translation services: Establish on-site translation services or engage professional interpreters to bridge language gaps. • Develop multilingual communication materials: Ensure that key information, such as health advisories and guidelines, is available in multiple languages. • Cultural competency training: Educate staff about 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

		<p>the cultural backgrounds and practices of diverse populations they may encounter at POEs. This training can help foster understanding and improve interactions.</p> <ul style="list-style-type: none"> • Sensitize health messaging: Tailor health communication to be culturally sensitive, considering customs, beliefs, and practices of different communities. • Engage community leaders and organizations: Collaborate with local community leaders, cultural organizations, and NGOs to ensure effective communication and community buy-in for health measures. • Standardized symptom assessment tools: Develop and utilize standardized tools for symptom assessment that can be easily understood by both healthcare professionals and travelers. • Training on symptom recognition: Train frontline staff to recognize and interpret symptoms accurately, considering cultural differences in expressing and perceiving symptoms. • Access to medical interpretation: Ensure access to medical interpretation services to facilitate clear communication between healthcare professionals and individuals who exhibit symptoms. • Simplify health messages: Use clear, concise, and jargon-free language in health communications to enhance comprehension. • Visual aids and multilingual materials: Utilize visual aids, infographics, and multilingual materials to supplement written information and improve accessibility. • Public awareness campaigns: Conduct targeted public awareness campaigns to educate travelers about health risks, emergency response procedures, and preventive measures. 				
--	--	--	--	--	--	--

13	Political Risks due to Conflict	<ul style="list-style-type: none"> • Foster diplomatic engagement and communication channels between project stakeholders from conflicting countries. • Emphasize the shared goal of public health and the importance of cooperation despite political tensions. • Encourage project partners to focus on technical and operational aspects, rather than political differences, to maintain progress. • Develop standardized protocols for data sharing, ensuring privacy and security concerns are addressed. • Establish bilateral or multilateral agreements between project partners for streamlined data sharing specifically related to health emergencies. • Implement anonymization and aggregation techniques to balance privacy and the sharing of essential health information. • Advocacy and awareness: Raise awareness among political leaders about the importance of health emergency preparedness and response, emphasizing the potential consequences of inaction. • International pressure and incentives: Leverage international collaborations and agreements to encourage countries to prioritize health emergency preparedness and response, offering incentives for cooperation. • Sharing success stories: Highlight successful examples of countries working together and the positive outcomes achieved through collaborative health emergency response, fostering a sense of shared responsibility. • Establish international oversight mechanisms: Advocate for the establishment of independent international bodies or agencies responsible for overseeing health emergency preparedness and response efforts, providing guidance, and ensuring 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget
----	--	--	---	---	--------------------------------------	---------------------------------------

		<p>accountability.</p> <ul style="list-style-type: none"> • Transparent reporting: Encourage countries to transparently report on their health emergency preparedness and response activities to international bodies, promoting accountability and peer review. • Peer-to-peer collaborations: Facilitate peer-to-peer collaborations and knowledge sharing between countries with successful health emergency response systems, allowing for the transfer of best practices and lessons learned. 				
14	Increased Risks of Disease Transmission	<ul style="list-style-type: none"> • Implementing robust health screening procedures at POEs to identify individuals with symptoms or potential exposure to infectious diseases. • Providing necessary medical resources, such as isolation facilities, personal protective equipment (PPE), and trained healthcare personnel, to handle suspected cases and prevent the spread of diseases. • Collaborating with public health authorities and healthcare providers to ensure effective surveillance, testing, and contact tracing measures are in place. • Establishing and enforcing proper sanitation and hygiene protocols at POEs, including handwashing stations, sanitization stations, and waste disposal facilities. • Conducting hygiene education and awareness campaigns to educate individuals passing through the POEs about proper hand hygiene, respiratory etiquette, and other preventive measures. • Providing access to soap, water, hand sanitizers, and other hygiene supplies to promote good hygiene practices among travelers and staff. • Implementing crowd management strategies to minimize overcrowding and maintain physical distancing at POEs. • Utilizing technologies such as biometric systems, e- 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

		<p>gates, or online pre-registration systems to expedite and streamline the entry process, reducing congestion and close contact.</p> <ul style="list-style-type: none"> • Redesigning infrastructure and layout at POEs to allow for better physical distancing and flow of individuals. • Conducting vector control programs at and around POEs, including measures such as insecticide spraying, breeding site reduction, or use of vector traps. • Implementing surveillance systems to detect the presence of vectors and the diseases they carry, enabling early detection and response. • Providing education and information to travelers about the risks of vector-borne diseases and the preventive measures they can take. • Participating in global health networks and initiatives that facilitate information exchange and coordination among countries. • Sharing epidemiological data, surveillance findings, and best practices with relevant international organizations, neighboring countries, and public health authorities. • Establishing mechanisms for cross-border communication and coordination to ensure a coordinated response to disease threats. 				
--	--	---	--	--	--	--

VII. Grievance Redress Mechanism

Different complaints may arise during the project implementation that are related to claims of being excluded by some groups; complaints in isolation units/centers and emergency facilities; complains by health professionals and workers involved in the project; occupational health and safety violation; failure to provide project workers and community members with a dedicated worker grievance mechanism; GBV-SEA/SH at workplace and in the project communities; recruitment and employment discrimination; and disagreements associated with medical waste management. GRM should be accessible at local levels to address grievances of complainants without delay. Multiple channels should be made available for complainants including e-mails and SMS messages. Complainants have the right to appeal to the GMU/PCU designated grievance mechanism. Complainants have the option of appealing to the relevant court of justice as per the legal procedures.

VIII. Stakeholder Engagement

As part of the ESMF preparation process consultations with stakeholders involved in project implementation and regulatory functions were conducted on March 20, 2023. During the consultation meeting, it was explained that the HEPRR project will support MoH to expand and strengthen the existing Health Emergency Operation room by constructing a new building.

IX. Capacity Building and Training requirements

Assessment of capacities and practical experiences of implementing Agencies on Environmental and social management: The existing capacities and practical experiences of the main HEPRR project implementing and partner institutions namely the MoH and EPHI in the area of environmental and social management is evolving which needs to be further strengthened. The MoH have deployed one environment officer under the Design and Construction Directorate and a second Social Development specialist is reported to be under recruitment. The EPHI, owing to its ongoing experience with the implementation of the Africa CDC project, have also deployed an environmentalist who looks after E & S risk management aspects. However, during the consultation with MoH, it was stated that AHRI may not have an environmentalist or social development specialist at all. The MoH assert that it also has Environmental Health professionals under its Environmental Hygiene and Public Health Directorate who are also often deployed for managing E & S risks.

Besides the manpower present, the practical experience of the institutions in implementing E & S management procedures is found at its early stage which also needs to be further strengthened. There is a wide gap in following up implementation of ESMF procedures, ESMPs and conducting E&S monitoring across the projects under implementation. This is mainly due to capacity gaps inherent in the lead implementing and partner institutions, which needs to be filled through deploying adequate human resource and training. As a result, it is recommended that the capacity gap in risk management manpower should be filled by assigning qualified Environment and Social Focal Persons at the main Partner Institutions; EPHI and AHRI.

Training requirements: One of the capacity building areas for Lead implementing institution (MOH) and the Partner Institutions (EPHI,) involved in the implementation of the HEPRR subprojects is the provision of training. The training to be offered will also need to address target groups from different beneficiary (e.g.: focal persons from regional health sector bureaus & HCFs) and stakeholder institutions (e.g.: EPHI, AHRI) which will have a role in implementing the ESMF at various levels. The training is also necessary for high level project coordination and management groups, (such as members of Strategic Partnership and Grant Management

Directorate) as well as to relevant members of the broader stakeholders to create awareness on environment management aspects of the HEPRR Project. The total budget estimated for conducting the various technical and awareness raising trainings by the HEPRR project is USD 80,000.

1 Introduction

Ethiopia is Africa's second-most populous country with a population of more than 115 million in 2021. The country has made important development gains over the past two decades and has registered commendable achievements on Millennium Development Goals (MDGs) mainly in reducing poverty head count, achieving universal primary education, narrowing gender disparities in primary education, reducing child and neonatal mortality, and combating HIV, TB, and malaria. The demand for equitable access and quality healthcare services is increasing because of a rapidly growing population, epidemiological transition of diseases, rapid urbanization, and broader social and economic changes occurring in the country and the geopolitical context in the eastern Africa region.

The COVID-19 pandemic, civil conflict and climate shocks including drought have severely impacted the wellbeing of Ethiopia's people. The shocks have exposed the continuous weaknesses of the health system to adjust itself in responding to the shock while continuing the delivery of essential health services. The government of Ethiopia has developed multiple five-year strategies for national public health capacity building, emergency response, strengthening one health and health security system in the country. Building on ongoing World Bank and other development partners effort, and working cross sector and cross border, Health Emergency Preparedness, Response and Resilience (HEPRR) will strengthen two inter-connected pillars—Preparedness/Response and Resilience—of health systems, enabling the rapid detection of and response to health emergencies while ensuring the availability of essential pharmaceuticals and health services continue to be delivered optimally even during emergencies. The Program Development Objective (PDO) of the HEPRR Project is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Ethiopia. This project will support impact full interventions at national and sub-national levels that could strongly leads to enhanced coordination among sectors at different level of government for improved HEPRR capacity and supports cross border collaboration with neighboring countries such as Sudan, South Sudan, Djibouti, Kenya, and Eritrea. The HEPRR Project is allocated with a total budget of 195 million USD which will be financed by the IDA.

This Environmental and Social Management Framework (ESMF) is designed to address the environmental and social risks management aspects of the HEPRR project.. The main objective of the ESMF is to establish an environmental and social management process that meets the National environmental and social requirements and World Bank ESF standards applicable for addressing environmental and social risks of HEPRR subprojects. The ESMF includes a Social Assessment, Labor Management Procedures (LMP) and is complemented by a Stakeholder Engagement Plan (SEP), GBV Guideline and a Resettlement Policy Framework (RPF).

Chapter one outlines the purpose, objectives, and methodologies of the HEPRR Project ESMF. Description of the HEPRR project and its components are outlined in Chapter two. The next chapter (Chapter 3) broadly sets the environmental and social baseline descriptions, which is followed by review of applicable policies, legislations, and World Bank ESS in Chapter four. Whereas the essential procedures and process of the ESMF implementation are presented in chapter five, the environmental and social benefits, and adverse risks of the HEPRR project along with an Environmental and Social Management Plan are presented in Chapter six. The subsequent Chapters outline the Grievance Redress Mechanism on Chapter 7, Stakeholder Consultations on Chapter 8 and capacity building and training including budget for ESMF implementation on Chapter 9.

1.1 Purpose and Objectives of the ESMF

The main objective of the Environmental and Social Management Framework (ESMF) is to provide an environmental and social management process for the HEPRR Project. Since the specific sites for some of the subproject activities found under the HEPRR project could not be identified prior to appraisal, an ESMF was chosen as the appropriate tool. This ESMF outlines an environmental and social screening process, which will enable qualified project personnel to screen sub-projects for site specific potential negative environmental and social impacts. The ESMF also provides guidance towards identification and mitigation of potential environmental and social risks and impacts of the HEPRR project and enhances positive outcomes including benefits for project beneficiaries and the environment. It also provides measures to project implementing institutions and key regulatory stakeholders to ensure project activities are

implemented in an environmentally friendly and sustainable manner as required by the World Bank Environmental and Social Standards (ESSs) and the National Environmental Policies and relevant legislations pertaining to sustainable environmental and social management of sub project activities. To this end, this ESMF has been prepared in compliance with the Bank's ESS and relevant national policies and laws on environmental and social assessment.

The objectives and purposes of the IPF Project ESMF can be summarized as follows:

- To review Government of Ethiopia's (GoE) environmental policies, legislation, regulatory and institutional frameworks in conjunction with the World Bank's ESS.
- To establish clear procedures and methodologies for integrating environmental and social issues in planning, review, approval and implementation of subprojects to be financed under the HEPRR project;
- Provide an indicative Environmental and Social Management Plan (ESMP) and monitoring mechanisms for none TA subprojects to ensure that environmental and social risks and impacts will be managed effectively;
- To carry out stakeholder consultations which ensure that all key stakeholders, including potentially affected persons, are aware of the objectives and potential environmental and social risks and impacts of the proposed HEPRR project, and that their views are incorporated into the project design as appropriate as possible.
- Assess the current capacity at the National and health sector institutions to implement the mitigation measures of the ESMF, and make appropriate recommendations;
- Specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental and social risk management related to the HEPRR subprojects;
- Identify key environmental and social risks and impacts of implementation and operation of the HEPRR program.

1.2 Justification for the ESMF

The World Bank Environmental and Social Standards (ESS) requires that all Bank-financed operations are screened for potential adverse environmental and social impacts, and that the

required environmental and social assessments be carried out based on the screening results. This ESMF was prepared to ensure that investments under the HEPRR project are implemented in accordance with World Bank's Environmental and Social Standards and GoE's National Environmental and Social legislations. The ESMF is an instrument that examines the risks and impacts when a project consists of a series of subprojects, and the risks and impacts cannot be determined until the program or subproject details have been identified. The HEPRR will finance subproject activities that strengthen & develop linkage between the disease surveillance systems at different levels including expanding the capacity of the national emergency response centre that necessitate building a centre for the Emergency Operation Center (EOC) EOC and installation of various IT and communication facilities. In addition, the project will finance subprojects that improve the detection of public health emergencies that will necessitate collection and analysis of various samples resulting in generation of hazardous waste stream.

According to the World Bank ESF, projects supported by the Bank through Investment Project Finance (IPF) are required to meet the ten Environmental and Social Standards outlined in the Environmental and Social Framework (ESF). The importance of this ESMF, therefore, emanates from the need to fulfill both the World Bank ESSs and national environmental requirements throughout the process of the HEPRR project implementation. Hence, as part of the project preparation, the FDRE Ministry of Health have prepared this ESMF, which will serve as a basis for management of any potential environmental and social risks and impacts originating from the subproject activities.

1.3 Methodology

The methodology adopted for preparing the ESMF includes conventional methods which are briefly discussed below.

a. ***Review of relevant legislations, policies, and other documents***

Relevant literature was reviewed for the ESMF preparation:

- Existing national policies and legal documents, regulations and guidelines on environmental management;
- Existing ESMFs for similar World Bank projects such as Ethiopia COVID-19 Emergency Response Project, Additional Finance for Ethiopia COVID 19 Emergency Response Project,
- Environmental and Social Review Summary Report (C-ESRS)
- World Bank /IFC EHS guidelines and
- World Bank Environmental and Social Standards for IPF projects as outlined in the Environmental and Social Framework.

b. Data Collection and Analysis

Secondary data was collected, analyzed, and applied to compile the environmental and social baseline of the ESMF. Secondary data mainly from the socioeconomic profiles and atlas of the regions and other published and draft level documents were used to compile the environmental and social baseline as well as legal and institutional frameworks of the present ESMF. In addition, qualitative approaches were also used to collect additional data from relevant bodies.

c. Consultation with project implementers and stakeholders

As part of the ESMF preparation process consultations with stakeholders involved in project implementation and regulatory functions were conducted on March 20, 2023. The consultation meeting was conducted in the MoH and was attended by the heads of the different directorates of the Ministry including the advisor to the Minister. The consultations were focused on providing information and receiving the concerns and opinions of the participants regarding the overall HEPRR objectives, and its main components for which the ESMF was prepared. The consultations were also carried out to obtain their input in the identification of environmental and social impacts of the HEPRR project and design of mitigation measures.

2 Description of the Project

Project Development Objectives (PDO): The Program Development Objective (PDO) of the Health Emergency Preparedness, Response and Resilience (HEPRR) Program is to strengthen health system resilience and multispectral preparedness and response to health emergencies in Ethiopia.

2.1 Scope of the Project

This is a national project covering all the eleven regional governments and two city administrations, but the bulk of the project interventions will likely be carried out in “high-potential” climate crisis prone low land areas and border areas due to the cross-border nature of the project. The project will undertake interventions that are at policy and strategy level but still focusing on creating the public health preparedness, response, and resilient health system capacity at the district level. Due to the multisectoral nature of the project, the project will engage with regional governments within Ethiopia to ensure their buy-in, support coordination with sectors other than health and able to reflect their unique context in the design of the project interventions.

2.2 Project Target Beneficiaries

The project will benefit communities in Ethiopia, especially poor households, communities bordering other countries in the east Africa, refugees, and other populations that are at high risk of epidemic disease. Key beneficiaries include populations in Ethiopia (115 million), as well as communities in countries directly bordering Ethiopia: Sudan (46.6 million), South Sudan (11.5 million), Djibouti (1.01 million), and Eritrea (3.7 million). Projects indirect beneficiaries extends to other IGAD member countries through knowledge and information/data sharing on public health emergency management. In addition, due to the “one health” focus of the project, the project beneficiaries extend to Animal health and increase productivity in the rural sector by reducing animal deaths, increasing animal fertility, and boosting the marginal output of animal products.

2.3 Summary Description of Program Level MPA Components

Component 1: Strengthening the preparedness and resilience of regional and national health systems to manage HEs.

This component will support the strengthening of the capacity of essential institutions and activities that directly contribute to the resilience of the health systems to cope with HEs equitably and inclusively and be complimentary to other HSS activities being conducted by other World Bank and partner investments. The component has the following four sub-components:

Subcomponent 1.1 will support multisectoral and cross-border planning, financing, and governance for HEs, emphasizing the so-called “essential public health functions” (EPHF).

Subcomponent 1.2 will support health workforce development. Subcomponent 1.2 consists of seven activities to realize work force development.

Subcomponent 1.3 will support the strengthening of local vaccine and pharmaceutical manufacturing capacity. This sub-component will aim to support establishing competitive and efficient pharmaceutical production regionally, pharmaceutical regulation and quality assurance capacity, pharmaceutical innovation (including research and development capacity), and importation capacity for crisis-ready supply chains.

Subcomponent 1.4 will support delayed onset threats, including AMR, One Health, NCDs, and Climate change.

Component 2: Improving the detection of and response to HEs

The ability to detect and respond effectively to HEs at national, regional, and global levels depends on the operational readiness and capacities across the following critical subsystems that will be supported under this component. The component has four sub-components as follows:

Subcomponent 2.1 will support information systems for HEs and the digitalization of the health sector.

Subcomponent 2.2 building on the investments of Sub-Component 2.1, will support collaborative multisectoral surveillance and laboratory diagnostics.

Subcomponent 2.3 will support emergency management, coordination, and essential service continuity.

Subcomponent 2.4 will support risk communication and community engagement, empowerment, and social protection during health emergencies, with a focus on equitable reach to all populations, especially across gender dimensions.

Component 3: Program management

Subcomponent 3.1 will support monitoring and evaluation (M&E).

Subcomponent 3.2 will focus on support for the learning agenda and establishing/using national and regional/cross-border learning platforms to exchange knowledge and experiences.

Subcomponent 3.3 will focus on all other aspects of program management, including equipment and materials, compliance with fiduciary, procurement, and safeguards (environmental and social) requirements.

Component 4: Contingent Emergency Response Component (CERC)

There is a high probability that during the life of this proposed MPA, countries will experience an epidemic or outbreak of public health importance, or other disaster, which causes a major adverse economic and/or social impact (e.g. Ebola), which will result in a request to the World Bank to support mitigation, response, and recovery in the country(ies) affected by such an emergency. This CERC is included under the MPA in accordance with World Bank's Investment Project Financing Policy, paragraphs 12, for situations of urgent need of assistance. This will allow for rapid reallocation of Program proceeds in the event of a natural or man-made disaster or health outbreak or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact.

2.4 HEPRR Project Components

The proposed project will have four components, namely: (i) Strengthening the preparedness and resilience of national and sub-national level health systems to manage public health emergencies; (ii) Improving timely detection and sustainable response to public health emergencies the detection and response to public health emergencies at national, sub-national

and cross-border areas; (iii) Program management; and (iv) Contingent Emergency Response Component (CERC).

Component 1: Strengthening the Preparedness and Resilience of the Health System to manage public health emergencies (PHEs) This component, aligned with component 1 of the proposed MPA, would support institutional capacity building and strengthen the relevant building blocks of health systems to enable Ethiopia to cope with public health emergencies, while ensuring the continuity of essential health service delivery during PHEs. Based on the lessons from the COVID-19 pandemic, the Ebola outbreak in western and eastern Africa, and other health emergencies involving communicable diseases and NCDS, effective emergency preparedness requires connecting and working together across all building blocks of the health system, including health workforce, pharmaceutical supply and value chain, regulatory and governance capacity, and quality data and evidence-informed decision making, adequate and sustainable financing, and integrated service delivery, especially to vulnerable populations, including women and girls.

Subcomponent 1.1 will support multisectoral and cross-border planning, financing, and governance for improved resilience to HEs. The support under this subcomponent goes beyond the conventional health sector and encompasses both human and animal aspects of public health emergency, while still focusing on integration of such efforts within the wider health systems building blocks and reflecting the roles and contribution of other sectors. Specifically, this subcomponent supports: (i) establish a national one health council to serve as a mechanism for collaboration among the relevant ministries and create accountability and political commitment; (ii) in close collaboration with IGAD, strengthen framework of agreement between neighboring countries to enhance cross boarder collaboration and coordination mechanism including human and animal health; (iii) update the national multisectoral strategic action plan for IHR, HE preparedness, or health security (NAPHS) and include attention to gender gaps; (iv) develop a national multisectoral Sexual Exploitation, Abuse and Harassment action plan that includes activities to support GBV prevention, access to services and referral process, (v) establish a

public health emergency response contingency and equity fund with matching funds from government, private sector, and other partners. (vi) develop a framework for climate resilience and environmental sustainability in health systems; (vii) support strengthen IPC initiatives that ensure appropriate guidance and measures at health facilities which will be fundamental for better addressing the AMR burden.

Subcomponent 1.2 will support health workforce skill development. Ethiopia's health workforce is characterized by a shortage and substantial imbalance of skill mix and geographic distribution. Early detection, response, and recovery in times of public health emergencies requires the availability of a multidisciplinary health workforce with the right knowledge and strong surge capacity to be mobilized from various institutions and disciplines in times of PHEs. This subcomponent supports, specifically: (i) strengthen the undergraduate and post-graduate health workforce training curriculums through mainstreaming concepts of PHE such as climate change, health system resilience and re-emerging, and endemic causes of public health emergencies; (ii) support training of additional field epidemiologists, genomics, data scientists, and health informatics, and laboratory professionals, paying attention to gender equity in training as feasible, (iii) establish multidisciplinary surge teams at national, regional, district level and cross border areas with a clear training curriculum, SOPs, reporting and accountability framework and equipped with necessary tools, backup rosters, a clear activation procedure and accredited to be deployed at national and regional level and (iv) introduce national electronic health human resource information management system to improve evidence-based decision making and enhance learning experiences in the country.

Subcomponent 1.3 will support the access to quality health commodities, including building capacity for local vaccine and pharmaceutical manufacturing. For Ethiopia, with a growing population, epidemiological transition of diseases and increased risk of outbreaks and high unmet need for pharmaceutical supplies such as essential medicines and diagnostic supplies, investing in local vaccine and pharmaceutical production is very strategic and an issue of national security. Despite the market dominance of pharmaceutical manufacturers based in high

and middle-income countries, there are many reasons why Ethiopia wants to establish its own vaccine and pharmaceutical manufacturing, such as the need for supply security, control over production scheduling and sustainability, control of costs, better control over the quality of vaccines, socio-economic development including cost effectiveness and job creation, facilitation of a rapid response to local epidemics including emerging infectious diseases, and dealing efficiently with endemic and pandemic disease. It is worth noticing that vaccine manufacturing is technology, capital, and human resource capacity intensive with stringent regulatory requirements. Considering this, the government of Ethiopia decided to establish a local vaccine and pharmaceutical manufacturing technical capacity which doesn't include investment on procurement of production equipment's and engage in actual production of vaccines and pharmaceuticals and doesn't engage in actual R&D activities as part of this project.

Accordingly, this subcomponent supports building institutional, regulatory, and human resource capacity on local vaccine and pharmaceutical manufacturing capacity in Ethiopia in line with the anticipation of moving at the pace of government's readiness. Specifically, this subcomponent supports (i) **establish a government institution, bio-pharma group**, a new government institution, to lead the development of the necessary institutions and human resource capacity in Ethiopia. The project supports putting in place a project management unit and development of a roadmap to guide the functioning of the bio-pharma as an institution and lead the implementation of local vaccine and pharmaceutical production in Ethiopia; (ii) **Strengthen the regulatory capacity of Ethiopia Food and Drug Authority (EFDA) to achieve a regulatory capacity of Maturity Level 3 (ML-3) through provision of** technical assistance to the EFDA to implement actions and recommendations made by WHO to achieve ML-3 for local vaccine production regulatory capacity; improve regulatory process and standards including the monitoring, evaluation, and approval of vaccine production consistent to international standards; improve EFDA's efficiency and effectiveness through streamlining EFDA's regulatory processes; enhance its risk management capability through developing robust risk assessment and mitigation strategies related to vaccine manufacturing ; improve human resource capacity through in-service training and long-term capacity building through partnership with academia

and benchmarking exercise to other regulatory authorities that have achieved ML3 for vaccine lot release (e.g., South Africa and Egypt); (iii) **Support to strengthen the national human resource capacity and learning through** exchange programs between international pharmaceutical manufacturing entities in hand-on training and experience sharing, long term training of researchers at AHARI in advanced clinical trials and commercialization of biomedical research outputs; training of young health and biomedical cadres in long-term schemes; and hands-on training on bulk antigen production, diagnostics development, and production, specifically on molecular base assay, antigen/antibody base assay development; and (iv) provision of **technical assistance to government to improve the enabling environment for local vaccine and pharmaceutical production** specifically through hiring of consultants to review and support the improvement of enabling environments such as incentive packages for private pharmaceutical investors; strategies and national action plans for local pharmaceutical production, legal frameworks, and directives for effective engagement of private companies along the value chain for quality and sustainable pharmaceutical production in Ethiopia.

Subcomponent 1.4 will support information systems for HEs and the digitalization of the health sector: The MoH has established an electronic health information management system that tracks health service delivery, and public health emergency information from community level and aggregates at health facility and subsequent levels of health care administration. However, there is poor interoperability among different electronic health information systems and limited and variable geographic coverage electronic health information system. At the end of 2022, the coverage of district health information system (DHIS2), public health emergency management information system and community health information system stands at 65, xxx and 18 percent, respectively, with no clear mechanism for interoperability among these information systems and data sharing (interface mechanism) with other sectors (agricultural, veterinary, and environmental, etc.) disease surveillance systems. This subcomponent specifically supports: (i) establishment of integrated and interoperable health information systems to monitor health risks, public health events animal, environment, and their impacts on health systems and services disaggregated by gender and other measures of vulnerability; (ii) develop climate-informed

health early warning systems vulnerability capacity and adaptation for projected climate shocks and associated hazards at community level; (iii) integrated to DHIS-2 platform, establish cost-effective technologies for risk registering and profiling at district level for the catchment populations; (vi) establishment digitalized facility service availability and readiness real-time monitoring systems to monitor the disruptions to essential health services through upgrading the existing master facility registry (MFR) system; (v) improve the quality, reliability of data and geographic coverage of existing digital health information platforms such as electronic medical recording systems (EMR) at service delivery points and provide support for Ethiopia health data analytics platform (EHDAP) for improved evidence based decision making.

Component 2: Improving early detection of and response to health emergencies through multisectoral approach at national and sub-national level: This component, aligned to subcomponents 2.1, 2.2, and 2.3 of the proposed MPA, will support the national detection and response pillars which aims to strengthen collaborative multisectoral surveillance and laboratory diagnostics, emergency management, coordination, and essential service continuity and support risk communication and community engagement (RCCE) with a focus on equitable reach to all populations, especially across gender dimensions.

Subcomponent 2.1 will support collaborative surveillance and laboratory diagnostics: This subcomponent will focus on the integration of surveillance information, laboratory investigation and feedback mechanisms and decision making at the cross-border areas considering the geopolitical situation of Ethiopia as part of the east Africa region which are characterized by fragile health systems, high number of refugees and IDPs, unregulated commerce and livestock movement across borders. The most recent available JEE and SPAR assessments have documented that the minimum IHR-2005 capacities at points of entry are low, and it was clearly stipulated that enhancing the detection and response capacities at cross border areas is critical. Specifically, the support will include (i) establish and improve integrated surveillance, including indicator-based, event-based, genomic, syndromic, and multisectoral threat and vulnerability surveillance; (ii) ensure timely verification, investigation, and risk assessment of alerts (feeding

from the early warning and alert systems); (iii) expand laboratory and testing capacity for human, animal and environmental health threats, including rehabilitation of laboratories, international accreditation for institutions (as appropriate), adherence to quality standards, provision of reagents and commodities, and information management; (iv) strengthening the capacity of selected PoEs for screening, isolation, and quarantine as well as expanding the capacities of those existing centers to integrate the One Health approach; (v) ensure laboratory quality assurance through the development of national quality standards at national and sub-national levels; (vi) establish interconnected multidisciplinary teams to advance research on analytical and modelling tools; (vii) in collaboration with IGAD and ECSA-HC, develop frameworks for multisectoral and cross border data and public health asset sharing; (viii) review the implementation of EPHI's climate sensitive disease surveillance and early warning systems and support/scale-up the establishment sentinel sites at cross border areas.

Subcomponent 2.2 will support emergency management, coordination, and essential service continuity: According to the MoH administrative health management data, during the first one year of the COVID19 outbreak, an average of 10 – 23 percent reduction was observed in utilization of essential health services. Beyond COVID-19 pandemic, the health system is also tested to cope with the fast-evolving and unprecedented man-made crises such as conflict in the northern Ethiopia. This subcomponent will support (i) develop and institutionalize multisectoral national simulation exercises that test health systems resilience to respond to PHEs regularly and at all levels, (ii) implement and update threat and vulnerability mapping and risk identification, with attention to reaching the most vulnerable, especially by gender, (iii) revision of the essential health service package and medicines and equipment list to include supplies needed to deal with public health emergencies; (iv) development of capacities for quickly re-organizing and utilizing alternative service-delivery platforms to prevent service disruption during emergencies (e.g. digital and virtual services); (v) assessment and expansion of the capacity of national Emergency Operating Center (EOC) in Ethiopia to be fit for non-traditional health sector related emergencies in terms of its preparedness level as well as ability to respond, both at national and sub-national level.

Subcomponent 2.3 will support risk communication and community engagement (RCCE), empowerment, and social protection during health emergencies, with a focus on equitable reach to all populations, especially across gender dimensions: Specifically, this subcomponent support to (i) establish platforms for proactive, appropriately audience-segmented risk communication to populations during HEs, including ‘infoveillance’ and ‘infodemic’ management, two-way community engagement for empowering communities in the development of messaging and decision making during HEs, and proactive grievance redress to prevent mis/disinformation; (ii) provide support to develop appropriate risk communication to reach women, girls, men and boys across gender divides in access to electronic, visual, and print media; (iii) enhance communities’ readiness for and resilience to health emergencies and shocks, such as climate-related hazards, natural disasters, conflicts, and pandemics through WASH infrastructure investments at community level; (iv) develop safety nets (including ensuring continued access to schooling and food security) to protect the most vulnerable groups on an ongoing basis and during HEs; and (v) ensure active participation and leadership of women’s community groups and leaders in community engagement and readiness planning activities.

Component 3: Program Management

Sub-component 3.1 will support monitoring and evaluation (M&E). This subcomponent will support the engagement of third-party implementation to support implementation of the project activities in conflict and security constrained areas and assure the validity of the Results Framework indicator data.

Sub-component 3.2 will focus on support for the learning agenda. This subcomponent will support (i) in collaboration with IGAD and ECSA-HC, establishment of national and cross-border learning platforms to exchange knowledge and experiences, facilitate peer coaching, evidence generation including evidence on gender in PPR; (ii) integration of meteorological data with routine health data, disaggregated by gender and other factors of vulnerability, to better understand the relationship between health conditions and climactic conditions, identify high-

risk populations and seasonal & geographic distributions; (iii) engage with academic institutions, civil society and think-tank groups to develop a research priority list and conduct evidence generation on health threats including prioritized zoonotic diseases and other at the animal-human-environment interface.

Subcomponent 3.3 will focus on all other aspects of program management. Specific activities include: (i) support the establishment project management unit (PMU) to coordinate the implementation of project activities under component 1.3 (ii) technical assistance in the areas of procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting for project implementing entities; and (iii) operating costs.

Component 4: Contingent Emergency Response Component (CERC)

This component will be activated as needed based on the established procedures described under the proposed MPA Project Appraisal Document (PAD).

2.5 HEPRR Subprojects Typology

The HEPRR project appears to consist of two subproject types under component 1 and 2. The first type of subprojects involves technical assistance and capacity building related activities. The second type is subproject activities whose implementation will involve the undertaking of physical installations, construction, and operational works. Table 1 below shows the typology of HEPRR subproject activities.

Table 2: Showing HEPRR subproject types

Subproject class	Subprojects involving physical installations, construction & operational works	Technical Assistance related Subproject Activities/
Component 1: Strengthening the Preparedness and Resilience of the Health System to manage PHEs	<ul style="list-style-type: none"> -Enhance the linkage between the surveillance system, information communication, and diagnostic laboratory system (public health and animal health sector} -Expand the capacity of national Emergency Operating Center (EOC) -Establish integrated and interoperable health 	<ul style="list-style-type: none"> - capacity building and resilience health systems strengthening across the health system building pillars -Strengthen cross-sectoral and cross-border public health emergency preparedness and response -Develop necessary legal frameworks and

Subproject class	Subprojects involving physical installations, construction & operational works	Technical Assistance related Subproject Activities/
	<p>information systems to monitor health risks, public health events.</p> <ul style="list-style-type: none"> -Establish/strengthen structures and resources for dissemination/communicating of information related to public health emergency -Establish real-time monitoring systems to assess the disruptions to essential health services, -Invest in cutting-edge, cost-effective - technologies for risk registering and profiling at all levels of healthcare provision -Develop functional Information systems to improve the integration of critical public health, health care services, environment, port health, and veterinary surveillance data <p>Strengthen the platforms to engage with populations/communities</p>	<p>directives emphasizing essential public health functions.</p> <ul style="list-style-type: none"> -Establishment of national public health security council -establish a public health emergency response contingency and equity fund -under the umbrella of IGAD, establish/strengthen framework of agreement between neighboring countries -Revise and codify the existing one-health and multi-sectorial public health emergency response legal frameworks and guidelines -Strengthen the pre-service education and capacity to mainstream public health emergency detection and response in to the existing health science training curriculums -Training of additional field epidemiologists, genomics, data scientists, and health informatics, and laboratory professionals -Establish Ethiopia Multisectoral Emergency Response Team at national, regional, district level and cross border areas -Engage private health service providers (institutional and individual) in the integration and alignment of health information systems
<p>Component 2: Improving the detection of and response to public health emergencies:</p>	<ul style="list-style-type: none"> -Strengthening the capacity of selected points of entries for screening, isolation, and quarantine as well as expanding the capacities of those existing centers to integrate one-health approach -Strengthen the linkages between field level bio-safety level (BSL-2) laboratories to the cross border detection and response activities and enhance the information exchanges practice using state of the art digital health technologies; -Strengthening readiness and response coordination mechanism at national and sub- 	<ul style="list-style-type: none"> -Develop the legal frameworks, institutional structures with clear accountability for multispectral and cross border engagement with neighboring countries -Engage with academic institutions and think-tank groups to develop a research priority list -Capacitate and strengthen the rapid response team through identifying, training, and rostering subject matter experts at national and sub-national levels

Subproject class	Subprojects involving physical installations, construction & operational works	Technical Assistance related Subproject Activities/
	national level including strengthening the public health emergency operation centers (PHEOC) -Create a research and development platform;	-Support to strengthen the national enabling environment including medicine regulatory system - training

2.6 Project exclusion criteria

In light of achieving the objectives of the HEPRR project, the following criteria would be applied to exclude subprojects from financing. These are:

- High environmental and social risk subprojects (per WB ESF and ESSs definition)
- Type 1 TAs that support preparation of future infrastructure investment projects
- Activities that may cause long term, permanent and/or irreversible impacts (e.g. loss of major natural habitats including habitats of wildlife and fisheries)
- Activities that may cause any significant loss of biodiversity.
- Activities that have a high probability of causing serious adverse effects to human health and/or the environment.
- Activities that may have significant adverse social impacts and/ or may give rise to significant social conflict.
- Activities that may potentially affect the quality or quantity of water or a waterway shared with other nations.
- Activities that may involve significant land acquisition, forced eviction and involuntary physical displacement.
- Activities that would disproportionately affect the historically underserved and vulnerable groups.
- Activities that may cause damage to cultural heritage.
- Activities that may impact on known cultural heritage sites including sites that are important to local communities.

3 Environmental and Social Baseline Conditions

3.1 Overview of biophysical baseline

Ethiopia is a large land-locked country occupying an area of over 1.1 million square km². It is located between 3° and 15°N latitude and 33° and 48 ° E longitudes. Ethiopia is bounded by Sudan to the west, South Sudan to the southwest, Eritrea and Djibouti to the northeast, Somalia to the east and southeast, and Kenya to the south. The country is constituted of eleven regional states and two city administrations. It is a country of great geographical and climatic diversity, which has given rise to many and varied ecological systems.

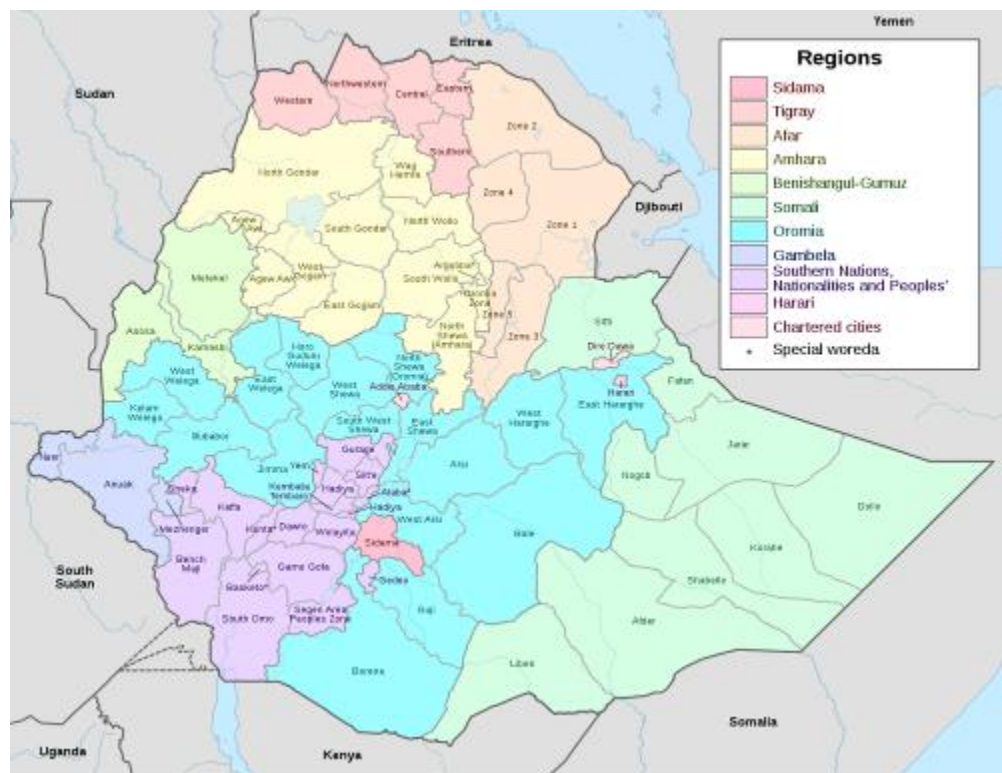


Figure 1: Map of Ethiopia (Source: Wikipedia, List of Zones of Ethiopia, December, 2020)

3.1.1 Climate

Ethiopia has a tropical climate that is strongly a function of altitude. The mean annual temperature varies from more than 30⁰C in the lowlands to less than 10⁰C in the highlands. The annual rainfall is over 2,700 mm in the southwestern highlands; and less than 200 mm towards

the north; less than 100 mm in the northeast; and less than 200 mm in the southeast. Based on rainfall distribution, Ethiopia has three major seasons: ‘Kiremt’ (June – September, the main rainy season for most parts); ‘Bega’ (October – February, the dry season for most parts); and ‘Belg’ (March – May, the short rainy season for some parts). While this is the broad climatic pattern, large spatial and temporal variability are the salient features of Ethiopia’s climate.

3.1.2 Morphology, Relief and Ecology

The physiographic diversity of the country is impressive. It consists of rugged mountains, flat-topped plateaus, deep gorges and river valleys and vast lowland areas. About 45% of the country is highland with an altitude of 1500 m or above, and 55 % is lowlands with an altitude of less than 1500 m. The highest peak is at Ras Dashen (4,620 m) and the lowest altitude is in the Danakil depression (120 m below sea level). The Great Rift Valley cuts across the country in a northeast-southwest direction and divides the highlands and plateaus and associated river drainage systems into western and eastern parts. The diversity of the terrain is fundamental to regional variations in climate, natural vegetation, soil composition, and settlement patterns. Much of the Ethiopia’s landmass is part of the East African Rift Plateau.

As a result of the contrasting physiographic and climatic features of the country, Ethiopia has diverse ecosystems. There are 10 major ecosystems, and 18 major and 49 minor agro-ecological zones, which are inhabited by a great diversity of animal, plant and microbial genetic resources (FDRE, 2015, in EFCCC, 2019). Evidence suggests that there are 1,408 known species of fauna and 6,603 species of flora, of which 15.1 percent are considered endemic (FDRE, 2015. in EFCCC, 2019). This makes Ethiopia to be one of the biodiversity hotspots of the world.

Table 3: Summary of the Eco-climatic zones and associated environmental sensitivities

No.	Eco-Climatic Zone	Environmental sensitivity
1	<p style="text-align: center;">High Dega Wurch</p> Very high elevation areas (>3200 m) principally in Wollo, Gonder and Gojam in Amhara; dominated by grassland landscapes; rainfall is 1000-1600 mm.	Potential for rapid rainfall runoff and the vulnerability to overgrazing and other human uses.
2	<p style="text-align: center;">Dega</p> High elevation areas (2000-3200 m) such as in Tigray, Wollo, Gonder and Gojam in Amhara, and Harrerege, Arsi and Bale in Oromiya; typically mixed coniferous shrubs and trees; rainfall is 1000-2000 mm.	Relatively high rainfall and potential high soil erosion rates.
3	<p style="text-align: center;">Kolla</p> Low elevation semi-arid areas (500-1500m) of western Tigray, southern Oromiya and northern Somali; dry savanna landscapes; rainfall is in the range of 200-800 mm.	The semi-arid, dry savanna Kolla landscapes are vulnerable to deforestation and overgrazing, variable rainfall, and wildfire potential; soils are generally nutrient poor and moderate-high erodability.
4	<p style="text-align: center;">Bereha</p> Low elevation arid areas in Afar, Somali, Benshangul, Gumuz and Gambella and the western parts of Tigray and eastern Oromiya (Harrerege and Bale); arid and dry savanna landscapes; rainfall is generally less than 200 mm.	Generally have low soil quality, high erosion potential and vulnerability to pastoral livelihoods.

3.2 Natural Resources

3.2.1 Water resources and drainage

Ethiopia is endowed with a substantial amount of water resources. The surface water resource potential is impressive. The country possesses twelve major river basins, which form four major drainage systems:

- The Nile basin (including Abbay or Blue Nile, Baro-Akobo, Setit-Tekeze/Atbara and Mereb river basins) covers 33 percent of the country and drains the northern and central parts westwards;
- The Rift Valley basin (including Awash, Denakil, Omo-Gibe river basins and Central Lakes) covers 28 percent of the country;

- The Shebelle-Juba basin (including Wabi-Shebelle and Genale-Dawa river basins) covers 33 percent of the country and drains the southeastern mountains towards Somalia and the Indian Ocean;
- The North-East Coast (including the Ogaden and Gulf of Aden basins) covers 6 percent of the country.

These four major drainage systems drain the entire rural and urban parts of the Country through its primary, secondary and tertiary level tributaries. Cities like Addis Ababa, Adama, Bishoftu and Mekelle are found far upstream of the Awash and Tekeze River basins respectively and are drained by small tributaries such as the Akaki Rivers in the case of Addis Ababa. Other cities such as Dessie, Kombolcha and Woldiya are also situated upstream of the Awash basin and are drained by its major tributary rivers (i.e. Borkena and Mile Rivers). On the other hand, whereas cities like Bahirdar, Gondar, Assosa and Gambella are found within the Blue Nile and Baro Akobo River Basins not far from its main tributaries, other cities/towns like Batu (Zeway), Awassa and Arbaminch are situated within the Rift valley lakes basins close to the lakes respectively. Bahirdar City is situated adjacent to Lake Tana and it is crossed by the river mouth of the main Blue Nile River which starts from Lake Tana itself. Similarly, Gambella city is crossed by Baro River which is one of the main rivers of the Baro-Akobo basin. The Bishoftu, Hawassa, Ziway and Abaya lakes, which are among the important lakes in the rift valley basin, are situated adjacent to Bishoftu, Hawassa, Batu and Arbaminch city/town respectively.

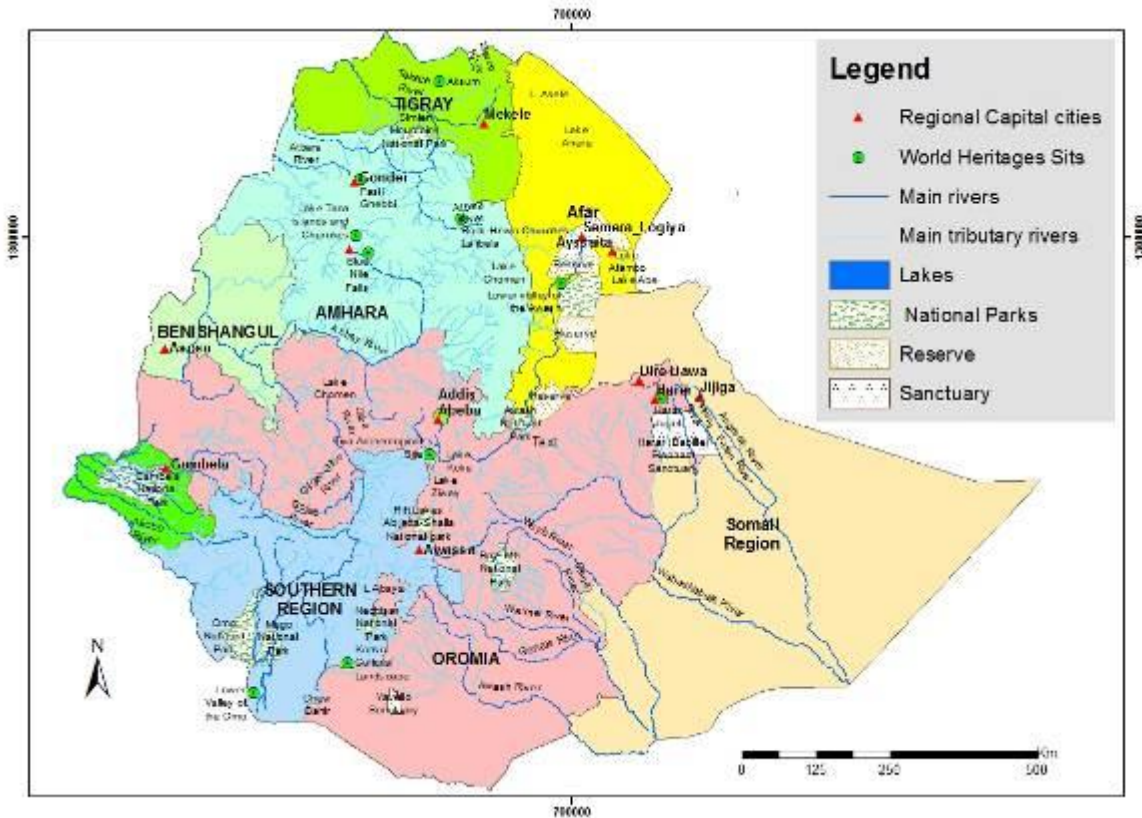


Figure 2: Map showing major water bodies, National parks & World Heritage sites of Ethiopia

3.2.2 National Parks and Wildlife Sanctuaries

Ethiopia harbors six of the world's major terrestrial biomes (alpine, coniferous forests, deciduous forest, tropical rain forest, savanna, and desert) and nine distinct ecosystem types (BIDNTF, 2010). Across all these nine different ecosystem types, there are 52 conservation areas with official protection status. These include 20 National parks, 3 wildlife sanctuaries, 2 wildlife reserves, 17 controlled hunting areas, 7 open hunting areas and 3 community conservation areas (EWCA, 2012). The difference between the different conservation statuses includes a wildlife sanctuary does not allow people to live inside it but a wildlife reserve allows people to live together and conserve wildlife (Vreugdenhil et al., 2012). National parks are areas of land protected to conserve native plants and animals and their habitats, places of natural

attractiveness, historic heritage, and indigenous cultures (NSW, 2015). The list of National parks administered by the Federal and respective regional governments is shown in table 3 below.

Table 4: List of National Parks in Ethiopia

No.	National Park	Region	Established	Area	Administered by
1	Awash National Park	Oromia, Afar	1958	756 square kilometers (292 sq mi)	Federal Government
2	Omo National Park	SNNPR	1980	4068 square Kilometers (1571 sq.mi)	Federal Government
3	Simien Mountains National Park	Amhara	1959	412 square kilometres (159 sq mi)	Federal Government
4	Alatish National Park	Amhara	2006	2,666 square kilometres (1,029 sq mi)	Federal Government
5	Bahir Dar Blue Nile River Millennium Park	Amhara	2008	4,728 square kilometres (1,825 sq mi)	Regional Government
6	Borena Saynt National Park	Amhara	2001	4,325 square kilometres (1,670 sq mi)	Regional Government
7	Bale Mountains National Park	Oromia	1962	2,200 square kilometres (850 sq mi)	Federal Government
8	Abijata Lakes National Park	Oromia	1963	887 square kilometres (342 sq mi)	Federal Government
9	Nech Sar National Park	SNNPR	1966	514 square kilometres (198 sq mi)	Federal Government
10	Mago National Park	SNNPR	1974	1,942 square kilometres (750 sq mi)	Regional Government
11	Chebera Churchura National Park	SNNPR	1997	1,190 square kilometres (460 sq mi)	Regional Government
12	Maze National Park	SNNPR	1997	202 square kilometres (78 sq mi)	Regional Government
13	Yangudi-Rassa National Park	Afar	1969	4,731 square kilometres (1,827 sq mi)	Federal Government
14	Gambela National Park	Gambela	1966	5,061 square kilometres (1,954 sq mi)	Federal Government
15	Geraille National Park	Somali	1998	3,558 square kilometres (1,374 sq mi)	Regional Government
16	Dati Wolel National Park	Oromia	1998	431 square kilometres (166 sq mi)	Regional Government
17	Yabello National Park	Oromia	1978	2,500 square kilometres (970 sq mi)	Regional Government
18	Gibe Sheleko National Park	SNNPR	2001	248 square kilometres	Regional

				(96 sq mi)	Government
19	Loka Abaya National Park	SNNPR	2001	500 square kilometres (190 sq mi)	Regional Government
20	Kafeta Sheraro National Park	Tigray	1999	5,000 square kilometres (1,900 sq mi)	Federal Government

3.3 Energy

Having access to modern energy sources is essential for economic development and livelihood improvement. Access to modern energy supports both income generation activities and the national development agenda through improving education, reducing indoor air pollution, and ensuring environment sustainability. The primary source of energy in Ethiopia is biomass, which accounts for 91% of energy consumed. Petroleum supplies about 7% of total primary energy and electricity accounts for only 2% of total energy use. Biomass consumption accounts for over 98% of total supply in the residential sector.

Power generation for the electric grid in Ethiopia currently depends almost entirely on hydropower. Ethiopia is having large Interconnected Power System (ICS). This ICS consist of 13 hydro, 6 diesel standby, 1 geothermal and 3 wind farms. Presently, Ethiopia has a total installed power generation capacity of around 4244 MW. About 90% (3814 MW) is generated by hydroelectric power plants. Additionally, 324 MW (7.65%), 7.3 MW (0.17%) and 99.17 MW (2.34%) are produced by the wind, geothermal and diesel power plants, respectively. The government is developing large-scale hydroelectric projects with the aim of increasing the supply of renewable energy sources from the present generation capacity of 4244MW to 10,000MW by the end of 2014 & 15. The Grand Ethiopian Renaissance Dam (GERD) is under construction and expected to be completed soon. The GERD hydropower plant would add 6000MW to meet the government targets of over 10,000MW capacity.

The per capita electricity consumption was 23 kWh in 2000 and increased to about 41 kWh by 2008 and 70 kWh by 2014. There are stark differences in the rate of electricity access in urban and rural areas. Urban populations have major access to electricity, while the large populations

residing in rural areas have less access to electricity. In urban areas 87% of the population has access to electricity, while in rural areas electricity access remains extremely low at about 5%. Eighty-three percent of the population resides in rural areas, largely relying on traditional biomass energy sources for cooking and heating.

The Universal Electricity Access Program (UEAP) has been developed to provide electricity access for most of the rural areas. An integrated plan has been developed by the Ethiopian electric power (EEP) for achieving these goals. The government of Ethiopia is targeting to increase the electricity access from 26% (2014) to 60% by 2040.

3.4 Climate change

Ethiopia is vulnerable to climate variability and global climate change. Climate change has occurred across much of Ethiopia, particularly since the 1970s, at a rate that is variable but broadly consistent with wider African and global trends. Mean annual temperature has increased by 1.3°C between 1960 and 2006, an average rate of 0.28°C per decade. Climate models suggest that Ethiopia will see further warming in all seasons of between 0.7°C and 2.3°C by the 2020s and of between 1.4°C and 2.9°C by the 2050s and that the timing, intensity, and volume of rainfall will change over much of the country. The frequency and intensity of droughts has increased in recent years, severely affecting the livelihoods of millions of people. At the same time, increases in floods have placed additional stress on social institutions and intensified the vulnerability of households. Climate related shocks affect productivity, together with high levels of poverty and low levels of technology, leave people with limited choices or resources to adapt. These changes also hamper economic progress and exacerbate existing social and economic problems. The Ethiopian government is committed to building a Climate Resilient Green Economy (CRGE) that aims to ensure economic development whilst pursuing a low emissions pathway and building resilience to climate change.

3.5 Overview of Social baseline

3.5.1 People and population dynamics

Ethiopia is a large country covering a geographic area of more than 1 million km². It is a diverse and multi-cultural nation and a home for over 90 ethnic groups and 11 regional states. An estimated 80% of Ethiopians live in rural areas and 20% live in cities. Rainfed agriculture is the main source of livelihood. Agro-pastoral and mobile pastoral livelihood is practiced in East and Southern part of the country. Urban livelihood is dominated by informal employment and self-sustaining activities.

Ethiopia is the second most populous country in Sub Saharan Africa and the 12th most populated country in the world¹. The population of Ethiopia is 110 million based on projections of the last population census conducted in 2007. Growing at a rate of 2.5%, Ethiopia's population is projected to reach 150 million by 2035. The population density (2018) is 109.2 persons per 1000square kms with significant variations between the more densely populated north and central highlands and the sparsely populated lowlands in Eastern part of the country.

3.5.2 Demography

Ethiopia has high percentage of young population. The DHS survey (2016) shows that 46% of the population is under 15 years of age and 51% of the population is between 15-64 years old. The population under 30 years of age account for 73%. The gender disaggregation is 50% with slightly higher women (51%) in urban areas. The average household size in Ethiopia is 4.6 persons. Urban households are slightly smaller than rural households (3.5 persons versus 4.9 persons). Women are heads of households for 1 in 4 households.

¹ Worldometer: <https://www.worldometers.info/demographics/ethiopia-demographics/#pop> viewed on December 5, 2020.

3.5.3 Social-Economic Environments

3.5.3.1 Employment

There is high level of unemployment in Ethiopia. A quarter of urban working age population is unemployed, and 2million people join the work force annually. Agriculture is the main source of employment for 70% of working population in Ethiopia. Women experience high rates of unemployment than men. The overall labor participation of women is 45% in the year 2015-2016 compared to 55% for men. Women's participation is the lowest (37%) in the same year compared with men (63%). (EDHS 2016)

In 2016, employment among women aged 15-49 increased from 29% in 2005 to 38% in 2011 but decreased to 33% in 2016. The percentage of men who are currently employed has shown a slight increase since 2005, from 85% to 88%. In rural areas, 55% of employed women and 83% of employed men are engaged in agricultural work while urban women are most likely to be employed in sales and services (56%) and in the professional/technical/managerial sector (13%). In contrast, urban men are most likely to be employed in skilled manual labour (25%) and sales and services (22%). (World Bank Gender Diagnostic Report Ethiopia 2019).

3.5.3.2 Education

Education is instrumental to attaining development goals through application of science, technology, and innovations. The latter are major instruments to bring about transformation such as increasing the productive capacity and efficiency of the economy by rapidly improving quality, productivity, and competitiveness of agriculture and manufacturing industries.

There is low level of literacy in Ethiopia. Half of women (48%) and 28% of men aged 15-49 in Ethiopia have not gone through any formal education (EDHS2016). Three percent of women and 5% of men have completed primary school, while 1% of women and men have a secondary education. Six percent of women and 9% of men have more than a secondary education.

Education in urban areas is better than in rural areas; 57% of rural women have no formal education, as compared with 16% of urban women.

The gender gaps in education have been narrowed significantly due to improvement in the education sector. Between 2000-2016 the share of women who had never attended school dropped from 77 percent to 49 percent. Similarly, the gender parity index, or the ratio of female to male primary school attendance, increased from 73 percent to 99 percent. The effects of increased attendance on literacy are beginning to show for younger cohorts, with the current gender literacy gap for individuals ages 15–24 standing at only 3 percent (EDHS 2016).

Access to education has increased over the last decades. Between 2011 and 2015, primary enrollment increased by 2.5 million students, to nearly 19 million students by 2016, yet net rates of primary attendance (65 percent) and completion (below 50 percent) are low.

Regional variations on school enrollment are significant. School enrolment national average (2016) for ages 7-18 is 59%. The highest percentage of school attendance is in Addis Ababa while the lowest is in Afar region (54%). Girls school attendance in the same age group is 86% in Addis Ababa and 51% in Afar and Somali regions.

Access to quality education and equity are particularly severe in several emerging regions, home to Ethiopia's pastoralist communities. While 80 percent of enrolled students in Addis Ababa survive to Grade 5, the proportion in Gambella and Afar regions, for example, were 49 percent and 29 percent respectively, as of 2016/17.

There is a rapid expansion in the development of the higher education infrastructure (institutions and facilities), qualified human resource, the enrolment rate and the graduation rate in the higher education of the country for the last 15 years. There are about 44 public universities 32 public colleges of teacher education and 1500 TVETs (Ethiopia Digital Foundation Project).

3.5.3.3 Health

Health service provision in Ethiopia includes a wide range of providers in both the public and private sectors, such as public facilities managed by federal, regional state, zonal and woreda administration and private for-profit providers, NGOs, community-based and faith-based organizations and traditional care givers (WHO 2002). Currently there are 290 hospitals, 3962 health centers, and 16547 health posts under the regional and federal government which provides health care services. Ethiopian health care delivery system has three-tier, to deliver essential health services and ensure referral linkages. The first tier is primary health care unit in woreda health system which comprises health posts, health centres and primary hospital. Secondary health service includes general hospitals. Tertiary facilities form the highest level of healthcare in the country and include Specialist Hospitals, Teaching Hospitals and Federal Referral Hospitals.

Government investment in basic health services has brought results in declining mortality and increasing life expectancy. Over the last two decades, under five mortality rate declined from 166 deaths per 1000 live births in 2000 to 67 in 2016 and infant mortality rate (IMR) declined from 97 deaths per 1000 live births in 2000 to 48 deaths per 1000 live births in 2016.

Infant mortality also declined from 97 deaths per 1,000 live births in 2000 to 48 deaths per 1,000 live births in 2016, which is about a 50% reduction in the last 16 years. Neonatal mortality declined from 49 deaths per 1,000 live births in 2000 to 29 deaths per 1,000 births in 2016, a reduction of 41% over the past 16 years (EDHS 2016).

Between 2000 and 2016, Contraceptive Prevalence Rate increased from 8 percent to 36 percent; Total Fertility Rate declined from 5.5 to 4.6 children per woman; and births attended by skilled attendants increased from 6 percent to 28 percent. However, Ethiopia remains one of the poorest countries in the world with lagging indicators in maternal and child health, especially neonatal mortality (EDHS 2016).

Similarly, despite progress toward the MDG on undernourishment (stunting rates fell from 58 percent to 38 percent between 2000 and 2016), the prevalence of stunting remains alarmingly high. Stunting (2017) affects 36.8% of children under 5 years of age which is higher than the average for the Africa region (29.1%) and wasting affects 7.2% of children under 5 years of age are still affected, which is higher than the average for the Africa region (6.4%). There are significant spatial disparities within and between regions as well as between rural and urban areas (EDHS 2016).

3.5.3.4 Immunization Programme in Ethiopia

In Ethiopia, EPI (Ethiopia Program for Immunization) was launched in 1980 with six antigens (BCG, Polio, DPT and Measles vaccines). Several new vaccines have been introduced over time (HepB and Hib in combination with DPT as Pentavalent in 2007, PCV10 in 2011, Rota in 2013, IPV in 2015 and switch from tOPV to bOPV in 2016, HPV in December 2018, and MCV2 in February 2019). At present, the switch from PCV10 to PCV13 and TT to Td is ongoing in 2020. Currently, 12 antigens are provided through routine EPI including TT. In addition, preparation is ongoing for piloting Hep B birth dose in four woredas in the country. The use of static sites, outreach sites and mobile teams are recommended as appropriate strategies for delivering immunization services. All public hospitals, health centers, and health posts are expected to provide immunization services; some private health facilities also provide immunization services.

EPI coverage in Ethiopia, nationally, as well in regions, showed an increasing trend in the past years. The current administrative coverage as Joint Reporting Framework (JRF) 2019 reached 97% for Penta3 and 91% for measles first dose (MCV1). Based on the Ethiopian Demographic and Health Survey (EDHS) results, EPI coverage increased over the past years, including Penta3 coverage of 29% in EDHS 2005, to 53% in EDHS 2016, and 61% in Mini EDHS 2019.

3.5.3.5 Isolation and Treatment, Quarantine, and Point of Entry Centers

Ethiopia shares long borders with South Sudan, Kenya, Sudan, Djibouti, Eritrea and Somali land. Currently as part of preventing the COVID-19 importation, there has been health screening at 26 Point of Entries (PoE), the four being at international airports. Inherent nature of the border across the country is that they are found far from the primary health care units to transfer the suspected persons for contagious diseases, nor do the existing nearest health facilities have setup for the isolation facilities. The PoEs are one of the key players in the cross border communicable diseases control and it needs to have the capacities including but not limited to isolation/quarantine center, public health coordination office at designated PoEs, surveillance system integrated into routine national surveillance system, medical service delivery, routine and emergency public health measures, contingency plans for public health emergencies at PoEs, vaccination services for travelers, public health checking counters, arrangement for transportation and Handling of human dead bodies.

3.5.4 Vulnerable Groups and Underserved Peoples in the Program's Intervention Areas

In order to conceptualize and define vulnerability in the context of the HEP RR Project intervention, it is important to understand and determine the factors that expose people to vulnerability situation. Vulnerability describes a situation in which people find themselves that is likely to expose them to certain adversities and reduce their resilience to cope with the resulting negative impacts. Accordingly, situations that make people vulnerable may include poverty, inflation, natural disasters like flood, impacts of climate change, conflict, lack of access to information and communication, and embedded social and cultural attitudes and practices. In particular, factors such as gender, ethnicity, religion, occupation, disability have acted as vulnerability grounds on which people have been discriminated against and experienced various disadvantages.

The National Social Protection Strategy (NSPS) of Ethiopia recognizes vulnerability as having various dimensions, and one of these is social exclusion and deprivation. Vulnerability in the context of exclusion and deprivation encompasses ‘Individuals/households who due to gender, disability, age, orphanhood, ethnicity, location or other factors face marginalization from society, or discrimination in access to services or work, people who are powerless and voiceless within their household or community’. Vulnerability can therefore be understood as an all-encompassing concept that covers all types of disadvantaged social groups who are objects of denial, exclusion, neglect and contempt, in connection with the share of benefits and participation in decision making in multi-layered mainstream development programs.

In respect to this, focus on the identification of vulnerable groups and their particular circumstances, needs and interests constitute a key principle in the design and overall management of the HEPRR Project. Based on the review of relevant literature gathered for Social Assessments (SAs), Environmental and Social Management Frameworks (ESMFs) and Resettlement Policy Frameworks (RPFs) carried out for other relevant projects, vulnerable groups and underserved peoples in HEPRR Project intervention are: women particularly female-household heads and those in polygamous unions, pastoral and agro-pastoral groups, unemployed and underemployed rural youths, and culturally distinct groups.

3.5.4.1 Women

In all Program intervention areas, as is the case in wider society, women become vulnerable as a result of socially constructed gender-based values and belief systems and their productive and reproductive roles in the household. In specific terms, women’s status in relation to their domestic division of labor (childcare and food preparation), socioeconomic status (limited property and ownership rights), and unequal power relations and burden of responsibilities deserve closer examination in the overall HEPRR Project design and implementation. The status of Ethiopian women can also be seen in terms of: societal attitudes towards women; their educational status; and women’s awareness of their rights. More specifically, societal attitudes towards women (e.g., they are meant to care for the domestic affairs, namely childcare,

preparation of food, etc.); no/little education (with all its ramifications such as low awareness of their rights both at micro- and macro-level); and their roles and statuses in the family (e.g., in polygamous unions, female-headed households) deserve closer examination in view of the objectives of the Program.

In relation to gender gaps in Ethiopia, according to the Gender Inequality Index (GII), Ethiopia is ranked 125th out of 162 countries. Contributing factors include: (i) entrenched discriminatory social norms; (ii) limited access to quality services, programs, and infrastructure; and challenges in implementing policies and administrative processes. Lack of information and limited participation in decision-making on climate change (CC) adaptation actions also put female farmers and female-headed households at higher risks. The same document indicated that the gender gap in education and literacy is another root cause of women's lack of economic opportunities. In Ethiopia, 7 percent of women have attended secondary education and 48 percent are literate compared to 10 and 64 percent of men respectively. When adult training is available, such as Technical and Vocational Education and Training (TVET), women enroll but struggle to attend all sessions due to high workloads, lack of transportation, and lack of gender-sensitive spaces.

Therefore, it is crucially important to seriously consider the gender specific statuesque in the intervention areas, the place of women in the Program and how gender issues should be mainstreamed in respect to the key principles, prime objectives, and subproject activities of the HEPRR Project.

3.5.4.2 Pastoral and Agro-Pastoral Groups

Historically, pastoral, and agro-pastoral groups used to be the most underserved communities in Ethiopia. An estimated ten to twelve million people, roughly 10% of the country's total population practice pastoralism as their predominant mode of survival across the lowlands of Ethiopia. The rangelands where pastoral practices are extensively carried out represent two-third of the total national land area. These are located in Somali and Afar national regional states, the

Borana Zone of Oromia Region, the South Omo Zone of the Southern Nations, Nationalities and Peoples Regional State and in the newly formed Southwest Ethiopia Peoples' Region. The pastoral and agro-pastoral populations belong to some twenty-nine ethno-linguistic groups that are classified as Cushitic, Omotic and Nilotic. The main pastoral nomadic ethnic groups in Ethiopia are geographically located as follows: the Afar, Issa, and Karrayu in the northeast and east, the Somali in the southeast, the Borana and Gujji in the south, and the Hamar, Benna, Arbore, Tsemai, Mursi, Bodi, Dassanech, Nyangatom, Karro, Surma, and Meinit in the southwest mainly in South Omo Zone of SNNPR and in Bench Sheko and West Omo zones of Southwest Ethiopia Peoples' Region.

Beset as it is by a range of adverse conditions, migratory pastoralism continues to sustain an increasing size of human population. Since the recent past, the herding populations in the lowland have largely been impoverished and food and nutrition insecure. The arid climate of the regions characterized by frequent cases of climate change induced droughts has been a principal contributory factor to the prevailing conditions. Resource degradation and water scarcity, aggravated by steady increases in human and livestock population, recurrent droughts, and the conversion of sizable areas of pastoral territory into dry land agricultural zones, have resulted in the reduction of rangelands in terms of both quality and size. Poverty among the nomadic populations extends far beyond food and nutrition insufficiency. They also have little access to socioeconomic benefits like health and education services and opportunities to income generating activities outside of the livestock domain.

The situation of pastoral communities was further compounded by lack of due policy attention by previous Ethiopian governments. The needs and interests of pastoral groups was in those days not given the attention they deserved in the design and implementation of development policy intervention, as compared even to smallholder agricultural communities in the highlands. As a result, a substantial portion the development investment was devoted to the promotion of the non-pastoral sector of the economy. Thus, in addition to the ecological stress that pastoralists suffered, they also experienced economic and political marginalization.

Another area of possible constraints to development interventions is inter-ethnic tension and conflict in the nomadic and transhumant pastoral areas. Current studies indicate that in most of the pastoral and agro-pastoral areas potentially identified for the HEPRR Project subproject interventions in Somali and Oromia regions, the inter-ethnic relationships have been marked by intermittent conflicts and animosities and even open warfare. In this regard, critical problems have been witnessed between the Borana Oromo and the Gerri Somali, the Borana and the Gebrra, and also between the Borana and the agro-pastoral Gujji (both belonging to the Oromo group). There are also frequent clashes between the Afar and Karrayu, the Afar and Issa Somali, the Afar and Arsi Oromo, and the Afar and Ittu in the middle and lower Awash Valley of the Awash River Basin in Oromia and Afar regions. In the lower flood plains of South Omo Zone of SNNPR, recurrent inter-group conflicts are widely prevalent between the Hamar and Dassanetch, the Borena and Arbore, the Borena and Dassanetch, and the Ngnagatom and Turkana.

The main reasons for the conflict are competition over the use of grazing land and water, cattle raiding and counter-raiding, land ownership and boundary disputes. Ethnic based regionalization has also contributed considerably to the escalation of conflicts among some neighboring groups, as there are no clear demarcations of ethnic boundaries.

For instance, hostilities among the nomadic pastoral groups in the Middle and Upper Awash Valley region in Oromia and Afar are aggravated largely by the alienation of grazing land by the expansion of large-scale commercial irrigated agriculture and the extensive network of conservation areas for game/tourist parks. The conflicts are intensified as one group encroached into the territory of the other following their displacement by the development of concession agriculture. In the same way, in the 1980s, part of the territory inhabited by the agro-pastoral communities in the Lower Omo Basin in SNPPR was turned into a state-run irrigated farm, and recently the government has begun leasing out huge tracts of community land to foreign companies and foreign governments so that they grow cash crops including biofuels. As the government has taken over more and more community land, competition for scarce resources has intensified. Moreover, in July 2006, the Ethiopian government signed a contract with the Italian company, Salini Costruttori, to build Gibe III, one of the biggest hydro-electric dams in the

country. This has put an end to the natural floods of the Omo River. And as the natural flood with its rich silt deposits disappears, subsistence economies are threatened with collapse, and many of the flood retreat cultivating agro-pastoral groups in the area facing food shortage. The potential for inter-group conflict will increase as people compete for scarce and dwindling resource.

3.5.4.3 Unemployed and Underemployed Rural Youths

In all the HEPRR Project geographic areas of intervention, unemployment and underemployment are the main factors that cause rural youths to be vulnerable groups. In the local setting of these Program areas, identified as unemployed rural youths are boys and girls who are out of work, not being able to find jobs in the farming villages to earn their own income and support themselves. These are young people who were forced to quit school at secondary or preparatory levels because of various challenges. Included in the same category are young men and women who have returned to their natal villages to live with their families, not finding work in the urban areas after graduating from technical and vocational colleges or institutions of higher learning.

On the other hand, underemployed rural youths refer to young villagers who continue to live with their families or kids but are without their own source of income that fully occupies them. For this reason, they engage in livestock husbandry and crop production as part of the labor force in the household. Due to the ever-dwindling family land resulting from land fragmentation, the range of household tasks can hardly engage them to the fullest extent of their time and energies.

In Ethiopia, about 70 percent of the country's population is less than 34 years old. In particular, 30 percent is between 15 to 29 years old, which falls under the Ethiopian classification of *Youth*. While the demographic dividend can serve as a strong force for innovation, progress and development, young people in Ethiopia are faced with a multitude of challenges, leaving them largely unemployed, underemployed and underpaid. In rural areas, youths have limited access to land and capital, and productive assets that would enable them to become self-employed. Non-farm employment opportunities along the value chains are still scarce. The challenges faced by

the youth pushed 15 percent of them to migrate to urban areas between 2007 and 2013. Young women are particularly vulnerable; limited access to education, capital, finance and land make it difficult for them to thrive. This is made worse by a high prevalence of child marriage, teenage pregnancy and other forms of Gender Based Violence (GBV).

Regional rates of unemployment and underemployment are high. In the Afar, according to the 2013 Labor Force Survey, rural unemployment stood at 7.3%, while underemployment was recorded at 29.7. In Amhara, the figure is 1.6% and 33.6%, in Oromia, 1.5% and 43.8, in Somali, 3.8% and 21.5%, and SNNPR 2.6% and 38.8%. (Need to be revised as per recent data, 2021 labor force survey)

In respect to this, the situation of rural youths is critical particularly in Oromia and SNNPR regions, and these areas are characterized by land scarcity because of high rates of land fragmentation and population growth. Cognizant of these facts in the regions, the Oromia and SNNPR regional states have developed plans to invest large amounts of finance on the expansion of rural youth job-creation in parts of the regions, including in potential HEPRR Project sub-project *woredas*.

3.5.4.4 Occupational Minorities

Occupational minorities inhabiting in the Program areas are potters, smiths, weavers, tanners, fishermen, and carpenters, who have been historically despised and marginalized because of their occupation. As a result of this, they used to be excluded for generations from mainstream social and economic development activities including access to land.

Owing to the pressures resulting from years of social ostracism, many were forced to abandon their occupation. With the improvement of social attitudes and practices particularly since the land reform of the mid 1970s, such occupational groups have generally been rehabilitated, becoming entitled to land holdings and hence practicing farming and off-farm activities such as wage labor, together with their crafts-making and fishing activities. In these areas, pottery and tannery in particular are still viewed as occupational skills left to the minorities ‘inherited’ by sons and daughters from their parents. Because of this, marriage with these groups is considered

as taboo, forcing tanners and potters to inter-marry within their respective groups. On the whole, though, the social integration and participation of these occupational minorities continues to be stronger, which is facilitated by the impacts of development projects implemented by different sector ministries.

For example, the Manja, who live in the Konta and Decha in SNNPR, are a largely despised and vulnerable occupational minority. They are associated with a number of stereotypes related to their eating habits and personal hygiene. It is said that they eat the meat of religiously prohibited animals and that they do not keep themselves and their cloths clean. Such views and attitudes have led to the treatment of the Manja as social outcasts, resulting in their exclusion from all forms of interaction in the community including engaging in agricultural activities. Nonetheless, current trends are such that conditions are improving for the Manja, and they are being reintegrated with the community.

Similarly, The Negede, commonly referred to by the local derogatory word *Woito*, are a minority occupational group in Amhara Region. They have lived for a long time with the Amhara around Lake Tana. Characterized as distinct group by common identity based on religion, marriage, kinship and dietary habits, this community live in many scattered villages around Lake Tana. Fishing is the Negede's main traditional means of livelihood. In addition, handcraft, basketry, making grinding mills, collection and sale of firewood, and boat construction from the papyrus plant are their other sources of income. Locally, the Negede have been treated as a social outcast by the dominant smallholder farming community and town dwellers. Not owning land, the Negede continue to live in extremely precarious conditions as the poorest segment of the local population.

As a result, the occupational minority groups deserve to be considered as a matter of right for inclusion and benefit in the HEPRR Project. In view of this, the Program subproject structures need to take into account the situation of these minority group and their productive potential mainly in farming and fishing to facilitate their involvement in project value chains and improve their social and economic wellbeing.

3.5.4.5 Internally Displaced Persons (IDPs) and Refugees

IDS and refugess constitute the other vulnerable groups in the context of HEPRR Project. Internal displacement is indeed rapidly increasing in Ethiopia, meaning it is now one of the worst-affected states by total IDP numbers. For instance, in the first half of 2018, a new conflict broke out in West Guji and Gedeo, along the border between the Oromia and Southern Nations, Peoples and Nationalities (SNNPR) regions, triggering more than a million new displacements. The escalation in conflict in Northern Ethiopia has led to a marked increase in the number of IDPs from Tigray, Amhara, and Afar regions. Inter-communal violence also continued along border areas of the Oromia and Somali regions. Similar to global trends, the causes of internal displacement in Ethiopia are multifarious. Three principal factors contribute to the causes and consequences of internal displacement in Ethiopia: the ethnic federal structure, the persistent threat of famine, and ethnic conflicts. Both famine and ethnic federalism (as the outcome and aggravating factors of ethnic conflicts) often result in population displacement. Another cause of internal displacement in Ethiopia has been planned resettlement programs and relocations due to government-backed development projects.

Despite this, however, the country has devised neither adequate policies nor sufficient legal and institutional frameworks for the protection of displaced persons. As a result, displaced persons in Ethiopia suffer from the most acute humanitarian needs. This situation necessitates that the Ethiopian Government establish an effective framework for IDP protection, and ensure the development of a comprehensive, gender responsive framework for national responsibility, coordination and collaboration that respects protection, assistance, and other humanitarian interventions. Such a framework must also provide for the respective obligations, responsibilities and roles of various agencies and institutions of government, as well as non-state actors (including communities, civil society organizations, international humanitarian and development partners, and any other relevant actors), in the prevention of internal displacement, and the protection of, and assistance to, IDPs in Ethiopia. The Ethiopian Government must promote the fundamental human rights of all IDPs in Ethiopia and ensure IDPs have full access to protection and assistance without any form of discrimination whatsoever.

4 Relevant Policy, Legal and Institutional Framework of Environmental and Social Management

4.1 Applicable policies and strategies forming the national environmental and social management system

4.1.1 The Constitution

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

Article 43- The Right to Development

- The Peoples of Ethiopia as a whole, and each Nation, Nationality and People in Ethiopia in particular have the right to improved living standards and to sustainable development.
- Nationals have the right to participate in national development and, in particular, to be consulted with respect to policies and projects affecting their community.

Article 44- Environmental Rights

- All persons have the right to a clean and healthy environment.
- All persons who have been displaced or whose livelihoods have been adversely affected as a result 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 shall 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, the Constitution under 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 an employer (be it government or private) to take all necessary measures to ensure that workplace is safe, healthy and free of any danger to the wellbeing of workers.

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 of the same article stipulates, the state, within available means, should allocate resource to provide rehabilitation and assistance to physically and mentally disabled, the aged and to children who are left without parents or guardians.

Regional states constitution: Regional states have their own constitution upholding the federal constitution in its entirety and constituting their regional particulars. All the regional state constitutions have addressed land and natural resources management and environmental protection. The regional states constitutions state that:

- The regional governments are entrusted to administer land and natural resources in the name of the people and deploy for the common benefit of the same;
- The regional governments and all citizens of the regions are responsible for the conservation of natural resources and the environment;
- Concerned communities shall be given opportunity to express their opinions in the formulation and implementation of policies in relation to the environment.

4.1.2 Environment Policy of Ethiopia

The first comprehensive statement of Environmental Policy of Ethiopia was approved by the Council of Ministers in April 1997 that was based on the policy and strategic findings and recommendations of the Conservation Strategy of Ethiopia. The policy is aimed at guiding sustainable social and economic development of the country through the conservation and sustainable utilization of the natural, man-made and cultural resources and the environment at large. 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 as a whole so as to meet the needs of the present generation without compromising the ability of future generations to meet their own needs. The Environmental Policy provides a number of guiding principles that require adherence to the general principles of sustainable development. In particular, the need to ensure that Environmental Impact Assessment:

- Considers impacts on human and natural environments
- Provides for early consideration of environmental impacts in project and program design
- Recognizes public consultation processes as essential to effective management
- Includes mitigation and contingency plans
- Provides for auditing and monitoring
- Is a legally binding requirement

4.1.3 Public Health policy

The government assigned a very high priority to significantly improving health care and, in 1998, issued a health policy based on the following main principles:

- Democratization and decentralization of the health care system;
- Promotion of disease preventive components;
- Ensuring accessibility to health care for the whole population;
- Promotion of private sector and NGO participation in the provision of health care;
- Development of appropriate capacity based on needs assessment, and

- Promotion and strengthening of inter-sectoral activities through a national self-reliance program.

The priority areas of the policy are in the field of Information Education and Communication (IEC) of health to create awareness and behavioral change of the society towards health issues, emphasis on the control of communicable disease, epidemics, and on diseases that are related to malnutrition and poor living condition, promotion of occupational health and safety, the development of environmental health, rehabilitation of health infrastructures, appropriate health service management system, attention to traditional medicines, carrying out applied health research, provision of essential medicines, and expansion of frontline and middle level health professionals.

4.1.4 Health Sector Development Programs (1997-2015)

The Ethiopian Health Sector Development Program (HSDP) is a comprehensive policy framework that has been implemented in four phases (HSDP I, II, III and IV) from 1997 – 2015. These HSDPs set the national policy context for the IPF program, especially Sub-component I which supports provision of Essential Health Service (EHS) focusing on RMNCAH+N to conflict-affected areas and IDPs. This can be evident from the aims of the HSDPs which were to develop a health system that provides comprehensive and integrated Primary Health Care (PHC) services, targeting at community health level facilities. It focuses on communicable diseases, common nutritional disorders, environmental health and hygiene, reproductive health care, immunization, the treatment and control of basic infectious diseases like upper respiratory tract infections, the control of epidemic diseases like malaria, and the control of sexually transmitted diseases especially HIV/AIDS. Through implementing these PHC measures, the Ethiopian HSDP envisioned Universal Health Coverage (UHC) which guaranteeing access to EHS for everyone while providing protection against financial risk. In line with this, the designs and contents of the subsequent HSDP I-IV specifically takes stock of the health MDGs by giving utmost attention to the prevention and control of poverty related diseases.

While the HSDP has been severing as the umbrella for the development of Ethiopian health sector, several specific programs and strategies have been introduced to augment the national policy framework on PHC and institutional system to reach out to the needs of the most disadvantaged and vulnerable groups. Having considered the gains and challenges in implementing HSDP I, and realizing that essential health services have not reached people at the grassroots level, HSDP II introduced the Health Extension Program (HEP) in 2003 as an innovative community based approach. HSDP III commenced Accelerated Expansion of Primary Health Care Coverage (2005-2009) as part of PHC expansion through investment in additional health facilities (Health Centers (HCs) and Health Posts (HPs)). These health policy measures innovate both the equity and system of PHC organization. In terms of equity measures, both policy frameworks focus on providing quality promotive, preventive and selected curative health care services in an accessible and equitable manner to reach out to the needs of all segments of the population, with special attention to the most vulnerable such as Pregnant and Lactating Women (PLW), newborns, children under five, people with disabilities and pastoral communities. With regards to PHC delivery system, Beside Primary Hospitals, the HPs and HCs are organized into PHCUs. The investment in health facility construction and expansion during the HSDP III promote universal PHC coverage and institutionalization of the community health services at health post level or decentralized state system of governance. Yet, the National Nutrition Strategy was introduced in 2008 with due attention to malnutrition vulnerable groups of society, particularly infants and under five children, PLW, IDPs, food insecure households, and other groups such the elderly and people living with HIV/AIDS.

4.1.5 Health Sector Transformation Plan I and II (2015-2025)

The MoH assessed that remarkable progress has been achieved in the coverage of PHC as the result of the implementation of the successive HSDPs highlighted just before almost for two decades, from 1997 to 2015. Then, the implementation of Ethiopian Health Sector Transformation Plans (HSTP I and HSTP II) followed not as the new health policy framework but as continuation of the HSDP I, II, III, and IV. The HSTP I (2015/16 - 2019/20 FY) in line

with Ethiopia's second Growth and Transformation Plan (GTP II) has set three key areas of focus for PHC: quality and equity; universal health coverage, and transformation. To this end, the HSTP sets out four pillars of excellence. These are excellence in: health service delivery; quality improvement and assurance; leadership and governance; and health system capacity. In each of these pillars, reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAH+N) continued to be top priority for the HSTP.

Having the same pillars of PHC just stated, the implementation of HSTP II (2020/2021-2024/2025 FY) pays due attention to enhance: health equity; public health emergency management system; management and use of health information systems; evidence informed decision making and innovation; and strengthen enabling health regulatory system. Thus, as part of the HSTP II, the government of Ethiopia has put in place the National Health Equity Strategic Plan (2020/21-2024/25) with the goal to narrow the existing inequities in essential health care services in terms of access, uptake, and quality including contributing towards addressing the social determinants of health by the end of 2025. Likewise, the implementation of Health Information System Strategic Plan (2020/21-2024/25) is commenced to ensure evidence-based decision making through improving and promoting access to and use of quality data at all levels of the health system by nurturing digital health information technologies, mobilizing adequate resources and improving management of the health information system. In sum, as for the earlier health policies, the national policy framework in the HSTP I and II directly align with the four IPF Sub-components.

4.1.6 National Strategy and Plan of Action for Pharmaceutical Manufacturing Development in Ethiopia (2015 – 2025)

The aim of this strategy is to assist local pharmaceutical companies and other sector actors to move along the value chain and to increase the number of players at every step. Achievement of this requires the implementation of several measures and creation of an environment conducive for the growth of the pharmaceutical industry. The strategy sets out the details of how to transform the pharmaceutical sector in Ethiopia. The seven strategic objectives of the strategy are

(i) improve access to medicines through quality local production – implement the GMP Roadmap, (ii) strengthen the national medicine regulatory system, (iii) create incentives designed to move companies along the value chain, (iv) develop human resources through relevant education and training, (v) encourage cluster development and production of active pharmaceutical ingredients, (vi) create a research and development platform, and (vii) attract foreign direct investment in the pharmaceutical sector.

The rationale for this strategy and action plan is to set a vision and direction for the growth and development of the pharmaceutical manufacturing sector in Ethiopia. The strategy and action plan are developed to facilitate progressive and dynamic advancement of existing and new pharmaceutical companies on a value chain.

4.1.7 Regulatory Preparedness and Mitigation Strategy for Emergency Health Threats

The Ethiopian Food and Drug Authority's (EFDA's) strategy focuses on dealing with emerging health threats such as coronavirus, ebola and others that could be caused by biological, chemical, environmental and other unknown triggers. The strategy is meant to provide guidance on regulatory interventions during public health emergencies. This strategy is not intended to health threats triggered by product related defects, which should be handled by product risk management plan that could deal with product specific incidents. The objectives of the strategy include (i) initiate and coordinate scientific research and regulatory innovations involving relevant parties within and outside of Ethiopia during emergency situations, (ii) strengthen and coordinate authorization, surveillance and post-authorization follow-up of medicinal products relevant to emergency health response (e.g. vaccines and antivirals), medical devices (e.g. medical masks, shield, mechanical ventilators) and sanitizers (e.g. alcohol based, iodine based), (iii) provide special attention towards monitoring and authorization of clinical trials involving conventional and herbal products intended for the emergency situations, (iv) expedite the regulatory processes and introduce regulatory flexibilities during public health emergency for Emergency Use Authorization (EUA) so as to alleviate product shortages, (v) detect, prevent and

respond to substandard and falsified medical products circulating in the market taking advantage of shortages during public health emergencies, (vi) effectively communicate relevant information on timely basis to healthcare professionals, patients, general public and other relevant stakeholders, (vii) as required, communicate, harmonize and coordinate with international and regional organizations, and (viii) ensure that EFDA have the appropriate tools and institutional framework for co-coordinated action for management of crises due to emergency public health threats.

4.1.8 Water resource policy

Ethiopian Water Resource Management Policy was formulated in 1998 for comprehensive and integrated water resources management towards efficient, equitable, and optimal utilization of the available water resources for socio-economic development on sustainable basis. The specific objectives of the policy include:

- To promote development of the water resources of the country for economic and social benefits of the people, on equitable and sustainable basis;
- To allocate and apportion the water, based on comprehensive and integrated plans and optimum allocation principles that incorporate efficiency of use, equity of access, and sustainability of resources;
- To manage and combat drought as well as other drought associated impacts, and disasters through efficient allocation, redistribution, transfer, storage and efficient use of water resources; and
- To conserve, protect and enhance water resources and the overall aquatic environment on sustainable bases.

The document includes policies to establish and institutionalize environment conservation and protection requirements as integral parts of water resources planning and project development.

4.1.9 FDRE National Occupational Safety and Health Policy and Strategy

The National Policy and strategy on Occupational Safety and Health (OSH) was endorsed by the FDRE Council of Ministers in July 2014. The OSH policy and strategy was prepared to implement the rights of Labour as stipulated in article 42(2) of the Constitution and also implement the requirements of International Conventions on Occupational Health and Safety (No.155) to which Ethiopia is a signatory. The overall objective of the national 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 contribute to the socioeconomic development of the Country.

The guiding principles of the National OSH policy and strategy are stated as the following:

- a. Occupational Safety and Health Services are basic rights of workers
- b. Occupational Safety and Health Services are necessary in all working places
- c. Occupational accidents and health hazards can be prevented
- d. Tripartite and bipartite cooperation and coordination are key instruments for the national OSH policy and strategy implementation.

The national OSH policy and strategy is applicable to all types of work places and economic activities in Ethiopia.

4.1.10 The National Policy on Ethiopian Women (1993)

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

4.1.11 Gender mainstreaming strategy and guideline (2010)

This strategy was adopted at policy, program and project level by government and development partners to ensure the outcomes of development to be shared equally between men and women; both men and women enjoy equal opportunities, status and recognition.

The ratification of the Family Law and amendments made to the criminal code significantly support to fight abuses committed against woman and children. Proclamation No.1156/2019 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. Gender norms in Ethiopia vary widely depending on geographic location, ethnicity, and religion, especially related to property ownership, inheritance, and the division of assets after divorce. However, the new Family Code has changed all that. Passed in 2000, it gives equal rights to women in marriage, and it requires all assets be divided equally among both partners in the case of a divorce. Ethiopia is one of many developing countries implementing gender policy reforms, especially regarding women's equal access to assets and resources.

4.1.12 Ethiopian Women Development Package (2007)

It envisions to build democratic society where women are equal participants and beneficiaries of economic, social and political life of the country. Widespread awareness creation of women to actively participate in the development process; organizing and associate women to address challenges they face; capacitate women to solve problems and fight demeaning perceptions & fight for their rights; facilitate linkages and support among created associations and organization; and enable women to benefit economically and socially.

4.2 Applicable Proclamations, Regulations and Procedural Guidelines forming the National Environmental Management System

4.2.1 Environmental Impact Assessment Proclamation (Proclamation No. 299/2002)

The ESIA Proclamation is used to predict and manage the environmental effects of a proposed development activity as a result of its design, sitting, construction, operation, or an ongoing one as a result of its modification or termination, entails and thus helps to bring about intended development.

The proclamation is an effective means of harmonizing and integrating environmental, economic, cultural and social considerations into the planning and decision-making processes thereby promoting sustainable development. Moreover, it serves as a basic instrument in bringing about administrative transparency and accountability, to involve the public and the communities in particular, in the planning and execution of development programs that may affect them and their environment. The objective of undertaking the assessment study is to ensure the impacts of a development project and the incorporation of mitigating measures for the adverse significant impacts. The ESIA law and associated guidelines clearly defines:

- Why there is a need to prepare ESIA's
- What procedure is to be followed in order to implement ESIA
- The depth of environmental impact studies
- Which projects require full ESIA studies
- Which projects need partial or no ESIA studies
- To whom the report must be submitted

There are ongoing efforts carried by the Federal EPA to review the ESIA Proclamation in order to update and improve it.

a. Environmental Impact Assessment Procedural Guidelines Series (Series 1 and 2)

In order to facilitate the implementation of Environmental Impact Assessment Proclamation (Proclamation 299/2002), the Federal EPA had formulated four procedural guidelines, namely,

Review Guideline Series 1: Guidelines for Review Approach; Review Guideline, Series 2- Guidelines for Contents and Scopes of Report; Review Guideline, Series 3-Checklist of Environmental Characteristics and Review Guideline, Series 4- Review Criteria. These widely applied draft environmental impact assessment guidelines were under review to enhance the documents in light of the experiences gained so far and to publish it for official use after endorsement by the Authority. The review process is still ongoing and yet to be completed. Review Guideline Series 1 and 2 will be elaborated to a certain extent here and any further updates made to the documents will apply after official publication of the reviewed guidelines.

b. Procedural Guideline Series 1 -Guidelines for Review Approach

This guideline pointed out roles and responsibilities of the Federal EPA and Regional Environmental Agencies, the proponent, consulting firm, interested and affected parties, and the licensing agency. In the guideline, the ESIA processes and requirements, and comprehensive description of the EA process has been stated. It also outlined projects which may have adverse and significant environmental impacts, and may, therefore, require full ESIA (Schedule 1), projects whose type, scale or other relevant characteristics have the potential to cause some significant environmental impacts but not likely to warrant an environmental impact study (Schedule 2) and projects which would have no impact and does not require environmental impact assessment (Schedule 3).

c. Procedural Guideline Series 2 - Guidelines for Contents and Scopes of Report

This guideline among others indicates structure and content of the Environmental Impact Study Report and describes the contents including the administrative, legal and policy requirements, assessment and mitigation measures. The guideline indicates the following main types of mitigating measures, which need due considerations:

- Preventing, reducing or minimizing impacts before they occur;
- Eliminating an actual impact over time by incorporating appropriate maintenance measures during the life of the project;
- Rectifying an impact by repairing, rehabilitating or restoring the affected environment;

- Compensating for an impact by replacing or providing substitute resources or environments as well as contingency plans in case of emergencies;
- Maximizing beneficial impacts through specific additional actions

d. Directive No.3/2018 (2010 EC)

Directive on issuing “professional competence certificate to consultants and firms providing service in Environmental Impact Assessment, Environmental Audit and Climate Change fields”

The Directive has been issued by the MoEFCC (now called Federal EPA) and has been in force for the last ten years. It has become an important milestone in the development of the ESIA system in Ethiopia. The directive stipulates that ESIA and Environment Audits should be conducted by professional consultants and firms that are registered and certified for their competence by the Federal EPA. ESIA and Environment Audits prepared by unregistered and uncertified firms will not be eligible for review and approval. The Regional EPFCCs also apply the stated directive of Federal EPA and some even have re-published as their regional directive after customizing it to the context of their respective regions. The previous Directive no.2/2014 was put under review by the former MOEFCC and is re-published as Directive no.3/2018 after updating it.

e. Environmental guideline and management plan

- **Guideline for Environmental Management Plan (draft), May 2004** outlines measures for preparation of an Environmental Management Plans (ESMP) for proposed developments in Ethiopia and institutional arrangements for implementation of ESMPs.

- **ESIA Procedural Guideline (draft), November 2003:** This guideline outlines the screening, review and approval process for development projects in Ethiopia and defines the criteria for undertaking an ESIA.

- **ESIA Guideline, July 2000:** The ESIA Guideline Document provides essential information covering the following elements:

- Environmental Assessment and Management in Ethiopia
- Environmental Impact Assessment Process

- Standards and Guidelines
- Issues for sector environmental impact assessment in Ethiopia covering agriculture, industry, transport, mining, dams and reservoirs, tanneries, textiles, hydropower generation, irrigation projects and resettlement
- The guideline contains annexes that:
 - Identify activities requiring a full ESIA, partial measure or no action
 - Contain sample forms for application
 - Provide standards and guidelines for water and air

4.2.2 Environmental Pollution Control Proclamation (Proclamation No. 300/2002)

This proclamation is aimed at eliminating or, when not possible, to mitigate pollution as an undesirable consequence of social and economic development activities. It has also an objective of protecting the environment and safeguarding of human health, as well as maintaining of 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.

4.2.3 Solid Waste Proclamation (Proclamation 513/2007)

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

4.2.4 Hazardous waste management and disposal control (Proclamation No.1090/2018)

This is one of the recently introduced environmental legislations that specifically deal with hazardous wastes, the proclamation in its preamble elucidated hazardous waste as one of the most crucial environmental problems in Ethiopia. It stated the importance of prevention and control of these type of wastes and emphasized the need for 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 human and animal health as well as the environmental.

The proclamation defined "hazard" as the inherent characteristics of a substance, agent, or situation having the potential to cause adverse effects or damage to human or animal health, the environment, biodiversity and property and has determined the categories and characteristics of hazardous waste in annex I and annex II respectively. The objectives of this proclamation are stated as;

- Create a system for the environmentally sound management and disposal of hazardous Waste
- Prevent the damage to the human or animal health, the environment, biodiversity and property due to the mismanagement of hazardous waste.

Further its scope of application is also stated as:

- Waste that belong to any category contained in Annex One of this Proclamation, and waste possesses any of the characteristic contained in Annex Two; as well as on those wastes that might be categorized as hazardous waste by the directive to be issued by the Ministry;
- Person, who generates, reuses, recycles, stores, transports, or disposes hazardous waste at large in nation.

The proclamation within its 24 articles has dealt with all character and management of hazardous wastes.

4.2.5 Food and Medicine Administration Proclamation No.1112/2019

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

- Any medicine and medical device shall not be manufactured, imported, exported, stored, distributed, transported, sold, hold, used, or transfer to any other person without registration and marketing authorization.
- Any medicine or medical device shall be registered if the manufacturer complies with good manufacturing practices, dossiers are evaluated and found to fulfill safety, quality, efficacy, and efficacy or effectiveness, and as appropriate fulfills laboratory quality test requirements.
- Any medicine, its raw or packaging material shall meet quality, safety and efficacy requirements prescribed in a nationally accepted pharmacopeia.
- Any medical device shall meet quality, safety and effectiveness requirements issued or adopted by the appropriate organ.
- Where national standard is not issued or adopted, the executive organ may regulate medicine and medical device in accordance with requirements prescribed by international organizations, other countries, and requirements or guidelines issued by manufacturing companies acceptable to the executive organ.
- The manufacturer of medicine or medical device shall have the duty to ensure the quality and safety of raw materials and the legality of its supplier.
- It shall be the duty of the manufacturer or importer, as appropriate, to ensure that every medicine or medical device is produced in accordance with the appropriate good manufacturing practice.
- If the quality, safety, and efficacy or effectiveness of a medicine or medical device are not in compliance with the law, the executive organ may order the manufacturer or importer, as appropriate, to properly dispose or return it to its country of origin.
- No one may manufacture, import, export, wholesale or store any radiopharmaceutical or radiation emitting medical device unless he gets a certificate of competence from the executive organ and appropriate body.
- The handling of any regulated product under this proclamation and that is expired, unusable, or unfit for use for any reason shall not be in a manner that could contaminate other products.

- Any product that is segregated in accordance with sub-article (1) of this article shall be disposed with due care to the health of human, animal and the environment, and the cost shall be covered by its owner or another appropriate person.

4.2.6 Food, Medicine and Health Care Administration and Control Proclamation No. 661/2009

Although this proclamation has been *partly* repealed by the Food and Medicine Administration Proclamation No. 1112/2019, relevant provisions include:

- No medicine shall be produced locally or imported and put in use unless it is duly registered by the executive organ after being tested for its safety, efficacy and quality.
- Any medicine or raw material or packaging material of a medicine shall meet quality standards and requirements prescribed in the pharmacopoeia issued or adopted by the appropriate organ or, where it is not included in such pharmacopoeia, those standards and requirements prescribed by manufacturing companies and accorded with international or the appropriate organ's acceptance.
- Where any medicine lacks the expected use of safety, efficacy and quality for which its permit is granted , or its risk outweighs its benefit, its use shall be banned and its registration shall be revoked.
- A clinical trial shall be conducted on human beings only when it is authorized by the executive organ. The clinical trial on a human being shall be conducted where the person gives consent in writing.
- Any producer, importer, distributor, retailer or health institution of medicine shall not supply it to the market or distribute it otherwise unless it is duly packed and labeled.
- Any passenger coming to or leaving Ethiopia shall be obliged to take vaccination required for international passengers in accordance with international public health requirements adopted by Ethiopia and to show, at ports of entry and exit, his certificate whenever requested by the relevant health authority and, where suspected of any communicable disease, to cooperate for medical examination.

- Any wastes generated from health or research institutions shall be handled with special care and their disposal procedures shall meet the standards set by the executive organ.

4.2.7 EFMHACA Guidelines for Registration of Vaccines (2018)

The former Ethiopian Food, Medicine and Healthcare Administration and Control Authority of Ethiopia (EFMHACA), now reestablished as the Ethiopian Food and Drug Authority (EFDA), developed a guideline for registration of vaccines in 2018. With the aim of evaluating the safety and efficacy of vaccines for human use, the Authority set requirements for applicants to comply with. These requirements include (i) information needed for the application, (ii) evidence that the vaccine has passed the stages of research, development, production, and quality control, (iii) evidence from clinical testing, and (iv) evidence that quality, safety, and efficacy of the vaccine has been established. Also, in the vaccine evaluation process the Authority considers that the manufacturing facilities must comply with Good Manufacturing Practices (GMP).

The guideline provides modular formats to be prepared for vaccine registration including:

- Module 1: Administrative and Product Information
- Module 2: Common Technical Document Summaries
- Module 3: Quality
- Module 4: Nonclinical Study Reports
- Module 5: Clinical Study Reports

The guideline includes (i) application form for registration, (ii) format for certificate of pharmaceutical products, (iii) template for summary of product characteristics, and (iv) requirements for registration of products accepted by a stringent regulatory authority.

4.2.8 Ethiopian Food and Drug Authority (EFDA) Guideline for Registration of Medicine (2020)

The EFDA guideline aims to serve as the conventional medicines registration and provide recommendations on the quality, safety, and efficacy information for both active pharmaceutical ingredients (API) and finished pharmaceutical products (FPP) that should be submitted to the Authority. The guideline applies to Product Dossiers (PDs) for products containing an API of synthetic or semi-synthetic; an API that has been previously authorized through a finished pharmaceutical product (FPP) by a stringent regulatory authority; and/or an API or its finished formulation officially included in a pharmacopoeia.

The guideline provides modular formats in the Common Technical Document (CTD) to be prepared for medicine registration submission to the Authority. The modular formats include:

- Module 1 – Administrative and product information
- Module 2 – Dossier Overall Summary of Product Dossier (DOS-PD)
- Module 3 – Quality
- Module 4 – Nonclinical Study Reports
- Module 5 – Clinical Study Reports

4.2.9 Ethiopian Food and Drug Authority (EFDA) Medicine Good Manufacturing Practice (GMP) Inspection Procedure Directive Number 830/2021

EFDA's Medicine Good Manufacturing Practice (GMP) Inspection Procedure Directive Number 830/2021 is applicable on all local and foreign finished pharmaceutical manufacturing plants. The guideline includes provisions on inspections, roles and responsibilities of inspectors, administrative measure, and compliant handling procedure. Relevant provisions include:

- Pharmaceutical manufacturing site shall only be inspected if it has been licensed to manufacture medicines by the licensing Authority of the country of origin and it has

continued production of its products in the country of origin for a period of not less than one year.

- Both local and foreign manufacturers of pharmaceutical shall only be licensed if the Authority is convinced by compliance of the manufacturing site with the current good manufacturing practice in the production of medicines, unless otherwise justified.
- All finished pharmaceutical manufacturing facilities shall be subjected to site GMP inspection once every five years (as a requirement for complement of re-registration), unless otherwise notified.
- A manufacturer approved by Stringent Regulatory Authorities (SRAs) and World Health Organization (WHO) prequalified product shall be subjected to GMP inspection based on related documents review.
- Whenever necessary, GMP inspection shall be carried out with mutual recognition with identified and selected regulatory Authorities and IGAD. The Authority shall accept GMP Inspection report from these regulatory Authorities with pre-agreed conditions.
- GMP inspection shall be carried out using Ethiopian National GMP Guideline and/or the World Health Organization (WHO) GMP Guideline.
- Routine inspection shall be conducted under an announcement for a newly established manufacturing facility, when GMP certification has expired within 5 years or a manufacturer who has expressed interest of expanding manufacturing activities including, premises change or modification.
- Concise inspection shall be conducted when a limited number of requirements selected to serve as indicators of the overall compliance to the manufacturer and reserve for establishments that have been previously inspected for good manufacturing practice.
- Follow up inspection shall be conducted specifically to monitor the result of corrective actions of the manufacturer following a previous inspection.
- Special inspection shall undertake to conduct “spot checks” which could focus on one product, a group of related products, or a specific operation such as manufacturing, sterilization, labeling, and storage practice.

- Applicant or manufacturer shall submit a written application for medicine inspection directorate of the Authority or can submit the application through its Regulatory Information System (<https://ilicense.efda.gov.et>).
- Corrective notification shall be given when violations are significant enough for the issuance of a corrective notification letter and reasonable expectation exist that the inspector will correct the violation.
- Any manufacturer who tries to corrupt or deceive the inspectors in which the authority has an evidence of such act, it shall be subjected to rejection of inspection for at least five years.

4.2.10 Ethiopian Food and Drug Authority (EFDA) Pharmacovigilance Directive No. 932/2022

EFDA's Pharmacovigilance Directive No. 932/2022 provides requirements on detection, assessment, understanding, and prevention of adverse effects and other problems related to medicines. The directive is applicable on any medicine, healthcare facility, and healthcare professional while it is not applicable to traditional medicines. Relevant provisions include:

- The pharmacovigilance center staff shall assess the causal association of the suspected drugs and the individual case safety report based on the collected information and prepare a preliminary report for the pharmacovigilance advisory committee of the Authority.
- The authority shall take regulatory measures in accordance with the seriousness of the adverse drug events and shall include (i) letters to healthcare providers describing the safety concern and how it may affect current patients on the medicine, (ii) Provide warning on the safety of the medicine and give advice on being vigilant for its future prescribing and dispensing, (iii) revision of the package, designs of product labeling, packaging, product formulation, medical device, or product/technical information by the manufacturer of the medicine, (iv) medicine recall or withdrawing the medicine from the market, or (v) suspension and cancelation of the market authorization.

- All healthcare facilities have (i) the responsibility to establish and run a pharmacovigilance system as part of their routine practice and report adverse drug events to the authority or regional regulatory or the market authorization holder of the medicine, (ii) the right to get information on any regulatory measure taken by the authority, (iii) the right to obtain any capacity building activity on pharmacovigilance and training on adverse drug event reporting, (iv) the responsibility to be vigilant and prevent any adverse event from occurring as a result of medication error and system flaws, (v) The responsibility to implement the regulatory measures taken by the authority after serious adverse events investigation and analysis, (vi) the responsibility to maintain and document all records related to reported adverse drug events, share information when requested and collaborate on any pharmacovigilance activities with the authority, and (vii) refrain from dispensing the medicines with suspected products quality defects under investigation.
- Regulatory bodies have the responsibility to (i) investigate on a serious adverse event that occur at regulated healthcare facilities and provide an organized investigation report to the authority, (ii) obtain regulatory measure information shared by the authority to monitor medicine safety and ensure its implementation on healthcare facilities under its regulation, and (iii) collaborate with the Authority in strengthening the national pharmacovigilance system and ensuring that it maintains its appropriate position with the international standard.

4.2.11 Medicinal Waste Management and Disposal Directive, 2011

The directive is applicable 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, nongovernmental, 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 support of the Federal Environmental Protection Authority. In addition, a disposal firm is required to have all the facility and practice

standards prescribed under this Directive. According to the Directive, a Health care facility which does not have a disposal facility approved by the appropriate organ is prohibited to carry out medicines waste disposal (Article 8). Instead, any health institution which does not have an approved disposal facility shall use disposal referral system of licensed disposal firms, respective medicines suppliers or central disposal sites (Article 9). In doing so, the health care facility have to submit an application to the appropriate organ requesting for approval of disposal of medicines waste (Article 7(2)). The Directive provides guidance on the procedures to be followed for disposing medicinal wastes. It also provides guidance on the type of medicinal wastes and recommended disposal methods.

4.2.12 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.
- 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.

4.2.13 Health and Safety Guidelines for Public Health Laboratories in Ethiopia, 2010

The guideline provides guidance on laboratory waste disinfectant, handling, and disposal and to serve as a helpful reference and guide for all public health laboratories in the country.

4.2.14 Water Resources Management Proclamation (197/2000)

The purpose of the Proclamation is to ensure that the water resources of the country 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 that the management of water resources is carried out properly.

4.2.15 Expropriation of landholding for Public Purposes, Payment of compensation and Resettlement of Displaced People (Proclamation No 1161/2019)

The previous proclamation no. 455/2005 has been repealed and replaced by a new Proclamation no. 1161/2019. The new proclamation has introduced extensive improvements to the principles and provisions governing the process of expropriation of landholdings for public purposes and payment of compensation. The new legislation bases itself on the following four principles:

Principle 1: Expropriation of land for public purposes shall be made only on the basis of approved land use plan, urban structural plan; or development master plan.

Principle 2: Compensation and Resettlement Assistance Compensation for the expropriated land shall sustainably restore and improve the livelihood of displaced people.

Principle 3: The amount of compensation to be paid at Federal, or Regional or Addis Ababa or DireDawa level for similar properties and economic losses in the same areas shall be similar.

Principle 4: Where land is expropriated for public purpose, the procedure shall be transparent, participatory, fair and accountable.

The new proclamation has made improvements to the amount and kind of compensation entitlements to displaced people. Landholders whose land is expropriated for public purposes are entitled for property compensation, displacement compensation, displacement assistance, economic loss compensation and social ties discontinuance and moral damage compensations as deemed appropriate. The determination of the amount of property compensation for the property on the land is improved from “replacement cost” to “replacing the property anew”. Similarly the determination of compensation for permanent improvement to land is clarified to be based on “current value of capital and labor expended on the land”. Determination of displacement compensation for expropriated Land holding where equivalent substitute land is not available is

improved from the previous “ten times” to “fifteen times” the highest annual income generated during the last three years preceding the expropriation of land.

The new legislation has also introduced new provisions on resettlement (i.e. livelihood restoration) and compensation for economic loss aspects. Article 16(1) of the proclamation states that “Regional states.....shall establish fund for compensation payment and rehabilitation” Moreover the the next subarticle 16(2) puts a responsibility to regional states to develop a resettlment packages that enable displaced people to sustainably resettle. Subarticle 16(3) places the duty to resettle the people displaced on Urban or Woreda administrations based on the resettlement package and allocated budget.

4.2.16 Council of Ministers Regulation No. 472/2020

The new regulation No. 472/2020 repealed Council of Ministers Regulation on Payment of Compensation for Property Situated on Landholdings Expropriated for Public Purposes (Regulation No. 135/2007). This Regulation contains property valuation and compensation methods and formulae that should be used in calculating compensation for various properties. It also contains lump sum compensation to be paid for severed social relationship and moral damages.

The regulation also sets the provision of land expropriation procedure, propriety right to develop the land to be expropriated, and provision of substitute of land, housing and resettlement and shareholder rights of the displaced.

4.2.17 Proclamations 1156/2019 - The Labor Law

The Proclamation repealed and substituted the former Labor Proclamation No.377/2003. But much of the provisions of the previous labor law were retained with some improvements and additions. One of the important improvements made is on protecting child labor by increasing the minimum age for young workers to be 15 years old (versus the previous 14 years) and have

introduced a new sub-article (14h) prohibiting Sexual Harassment or Sexual Assault at workplace to prevent GBV.

Proclamation 1156/2019 covers health and safety at work, harmonious industrial relation and minimum workplace standard and addresses workplace vulnerability. Article 92-93 of the proclamation defines obligation of employers and employees in workplace including assignment of safety officers and committee. The Labor Proclamation mandates employers to protect occupational safety, health and create better working environment for their workers. Article 92 states that “An employer shall take the necessary measure to safeguard adequately the health and safety of the workers...” The law requires employers to i) take appropriate steps to ensure that workers are properly instructed and notified concerning the hazards of their respective occupations and the precautions necessary to avoid accident and injury to health; ii) ensure that directives are given and also assign safety officer; establish an occupational, safety and health committee of which the committee's establishment, shall be determined by a directive issued by the Minister; iii) provide workers with protective equipment, clothing and other materials and instruct them of its use; etc.

In addition to enacting its labor codes, Ethiopia is also a signatory to the international UN conventions and has ratified the major international human rights instruments. Ethiopia has also ratified the following ILO conventions:

- Forced Labor Convention No.29 /1930;
- Freedom of Association and Protection of the Right to Organize Convention, No.87/1948;
- Employment Service Convention, No.88/1948;
- Right to Organize and Collective Bargaining Convention, No.98/1949;
- Abolition of Forced Labour Convention, No.105/1957;
- Minimum Age Convention No. 138 /1973;
- Occupational Safety and Health Convention, No.156/1981;
- Termination of employment Convention, No.158/1982;

- The Rights of the Child Convention (1989); and
- The Worst Forms of Child Labor Convention No.182/1999.

The 2005 Occupational Health and Safety Directive: developed as a follow-up to the labor Proclamation provides guidance on the establishment of occupational health and safety committees in public and private organizations.

4.2.18 Proclamations on Persons with Disability and Vulnerable groups

Proclamation No. 568/2008 Rights to employment for Persons with Disabilities: makes null and void any law, practice, custom, attitude and other discriminatory situations that limit equal opportunities for persons with disabilities. It also requires employers to provide appropriate environment for work, training and take affirmative measures particularly when employing women with disabilities.

4.3 World Bank Environmental and Social Standards

According to the World Bank Environmental and Social standards, projects supported by the Bank through Investment Project Financing are required to meet the Environmental and Social Standards (ESS). The ESS is designed to help Clients to manage the risks and impacts of a project, and improve their environmental and social performance, through a risk and outcomes-based approach. Clients are required to manage environmental and social risks and impacts of the project throughout the project life cycle in a systematic manner, ***proportionate to the nature and scale of the project and the potential risks and impacts.***

The Environmental and Social Commitment Plan (ESCP) have outlined the E & S risk management instruments that need to be prepared for the HEPRR project. These include preparation of environmental and social management framework (ESMF), and Resettlement Framework, Social Assessment, GVB Action Plan, Stakeholder Engagement Plan and the LMP. In the context of the present HEPRR project the ESMF and RPF instruments has been proposed

as a management tool as the specific sites for the implementation of the subproject activities has not been fully identified at this stage. However, during implementation stage, the site-specific risk management instruments (ESMP, ESIA) will be prepared to mitigate risks associated with the subproject activities.

This HEPRR project ESMF will serve as an instrument to satisfy the Bank’s ESS1² on Assessment and Management of Environmental and Social Risks and Impacts. In the present context of the HEPRR project, the Environmental Assessment takes into account the natural environment (air, water, and land); human health and safety; as well as social aspects (involuntary resettlement and physical cultural resources) in an integrated way. The following table provides description on the Environmental and Social Standards (ESSs) applicable to the current project.

Table 5: World Bank Applicable Environmental and Social Standards

World Bank Environmental and Social Standards (ESS)	Applicable	Explanation (Optional)
ESS1: Assessment and Management of Environmental and Social Risks and Impacts	Yes	The HEPRR will finance subproject activities that strengthen & develop linkage between the surveillance systems at different levels including expanding the capacity of the national emergency response centre that necessitate building a centre for the EOC and installation of various IT and communication facilities. In addition, the project will finance subprojects that improve the detection of public health emergencies that will necessitate collection and analysis of various samples resulting in generation of hazardous waste stream. The Project activities can also have both direct and downstream adverse EHS risks if there are no appropriate systems for the collection, handling, transportation and disposal of public healthcare /medical wastes. These types of subproject activities of HEPRR can pose potential environmental and social risks during construction, installation, and operation phases, triggering ESS1. ESS1 is, therefore, relevant for activities under the HEPRR. The ESMF

² Note that ESS 1 provision for High-risk subprojects will not be applied or used in HEPRR project as High risk projects will be excluded from financing by HEPRR. In addition, though both ESS6 and ESS8 are not relevant, those risks will be covered by ESS1.

World Bank Environmental and Social Standards (ESS)	Applicable	Explanation (Optional)
		<p>is designed to identify these potential risks and direct the project implementing team to practical ways of avoiding or mitigating them.</p> <p>Note: For projects involving multiple small subprojects, the client will carry out appropriate environmental and social assessment of subprojects, and prepare and implement such subprojects, as follows: (a) High Risk subprojects, in accordance with the ESSs; (b) Substantial Risk, Moderate Risk and Low Risk subprojects, in accordance with national law and any requirements of the ESSs that the Bank deems relevant to such subprojects. Note also that the overall Environmental and social risk rating of the IPF project is “Substantial”. The environmental risk rating is also “Substantial”.</p> <p>Annex-III of the Federal EPA ESIA Procedural Guideline, (November 2003) has outlined the schedule of activities (subprojects) for which a full ESIA, Preliminary ESIA or no action is required. The schedule of activities listed in Annex-III of the guideline is widely applied by the Federal and Regional competent authorities to classify subprojects into one of the three Categories.</p>
ESS2: Labor and Working Conditions	Yes	<p>The HEPRR project will engage public workers that will be engaged in health emergency detection, preparedness and response works, workers hired by the project (direct workers such as consultants, technical assistance experts for TAs and project management staff), and workers hired by contractors to undertake civil works for installation of IT and communication facilities, to strengthen selected point of entries and majorly to install and operate a pharmaceutical factory. These involve MoH and EPHI staff engaged in project implementation, as well as staff working in outsourced activities to third party project implementers. The project will develop LMP to mitigate the risks. The potential risks identified include occupational health and safety (OHS) risks of physical, chemical, radiological and biological hazards including exposure to infectious diseases and wastes, exposure to hazardous materials, traffic accident, SEA/SH, forced and child labor during construction as well as workplace accidents/injuries; community health and safety issues (e.g., exposure to medical wastes & other hazardous materials); communicable disease (e.g., COVID-19) which may arise from the interaction of project workers with local communities, between project workers; GBV in relation to contacts between project workers, and members of the project affected local communities and members of local communities. Thus, ESS2 remains relevant and is triggered by the HEPRR project. The HEPRR project will develop Labor Management Procedures and will be annexed as part of the ESMF.</p>

World Bank Environmental and Social Standards (ESS)	Applicable	Explanation (Optional)
ESS3: Resource Efficiency and Pollution Prevention and Management	Yes	The ESS3 is relevant as pollution prevention and management measures are necessary to manage hazardous and nonhazardous wastes which could be generated because of the project activities. The HEPRR project activities could lead to an increase in the generation of wastes such as infectious wastes; air emissions from exhaust air from heating, ventilation, and air conditioning (HVAC) systems; pharmaceutical wastes; chemical wastes; general health care waste such as food waste and paper, plastics, cardboard); wastewater; and air emission. There are risks related to poor management of chemicals and hazardous materials. Resource efficiency concerns include energy and water use at HCFs. Management of Chemicals and Hazardous Materials. Similarly, Type-2 TAs which will be supported by the project may lead to generation of pollutants downstream. Moreover, the construction activities to be carried to strengthen point of entry facilities, the Emergency Operations Centre and installation of a pharmaceuticals factory will likely generate pollutants that will be released to air, water, and soil. E-wastes will also be generated from the installation and operation of IT and communication facilities. An Infection Control and healthcare waste management plan will be prepared as part of the ESMF prior to appraisal of the Project. As a result, ESS 3 will be triggered by the HEPRR project.
ESS4 Community Health and Safety	Yes	The key community health and safety risks identified include risks related to use of substandard drugs and medicine, infrastructure and equipment design and Safety - related to the pharmaceutical factory equipments, installation and construction of EOC, the transmission and spread of HIV/AIDS, COVID-19 and other communicable diseases, and GBV/ SEA/SH risks. Moreover, the HEPRR project may also cause risks to community health stemming from traffic and Road Safety, inappropriate use and disposal of hazardous and other health care wastes. Thus, ESS4 is relevant and is triggered by the HEPRR project.
ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	No	Limited construction works in HCFs at selected points of entry, and for building the Emergency Operation Center offices are expected to take place in existing public owned lands. Thus, the HEPRR project is not expected to cause involuntary resettlement. In the event that HEPRR subprojects that trigger ESS 5 occur, the project has prepared a separate RPF to help manage these risks and will be applied in conjunction with this ESMF on relevant subprojects.
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural	No	Limited construction activities on existing HCFs at selected point of entry and industrial park facilities as well as for Emergency Operation Centre are expected under the HEPRR project whose impacts on natural resources and biodiversity are likely low. However, if medical and chemical wastes as well as wastewater are not properly disposed of, they can have impacts on living natural resources. Site specific waste management plans, which will be prepared following the requirements of

World Bank Environmental and Social Standards (ESS)	Applicable	Explanation (Optional)
Resources		the ESMF will cover risk mitigation measures for potential risks to biodiversity, if any. Besides, the ESMF has included clear exclusion criteria so that activities that may significantly affect biodiversity and natural resources will not be eligible for subproject financing Refer Sect.2.3.2 Hence, ESS6 is not relevant for this project.
ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Yes	Due to the country-wide implementation, it is likely that the project will also affect people meeting the criteria of ESS7. The risks include unequal access to project benefits due to low capacity and inadequate infrastructure in areas where vulnerable people reside. Gaps may occur in identifying culturally appropriate and linguistically accessible risk communication and community engagement activities such as development of health messages. Gaps may also occur in conducting meaningful consultation with communities meeting criteria for ESS7. Hence, ESS7 applies for this project.
ESS8 Cultural Heritage	No	Limited construction activities on existing HCFs at selected point of entry and industrial park facilities as well as for Emergency Operation Centre are expected under the HEPRR project. However, these are going to take place on existing sites and it is not expected to have impacts on tangible or intangible cultural heritage such as objects, sites, structures, groups of structures, cultural practices, and natural features and landscapes that have archaeological, paleontological, historical, architectural, religious, aesthetic, or other cultural significance. Chance Finds procedure will be included as part of the ESMF, and a chance finds clause will be added to the contracts, requiring contractors to stop construction as per procedures in the event that cultural heritage is encountered Thus ESS 8 will not apply to the HEPRR project.
ESS9 Financial Intermediaries	No	Financial Intermediaries (FIs) are not involved in this project.
ESS10 Stakeholder Engagement and Information Disclosure	Yes	<p>ESS10 set out the provision for open and transparent engagement with the HEPRR project stakeholders from federal to local community level as an essential element to enhance project acceptance and make a significant contribution to successful project design and implementation. The MPA phase 1 activities implemented in each of the participating countries are determined based on national priorities. The country specific activities are determined through stakeholder consultations with key implementing agencies at country level.</p> <p>As per the requirement, the MoH develop and implement a Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the HEPRR project and its potential risks and impacts. During the project preparation, consultations were conducted with MoH and implementing entities. Consultations were also conducted with the E & S consultants</p>

World Bank Environmental and Social Standards (ESS)	Applicable	Explanation (Optional)
		<p>on the preparation of the E &S risk management tools. The HEPRR project have also draft GVB action plan that consist of provision on gender equality and the mitigation of gender-based violence to avoid potential adverse impacts are included. The establishment of project level Grievance Redress Mechanism (GRM) will be undertaken, targeting integration with existing GRM structures in MoH and EPHI, and maintained and strengthened throughout the project lifecycle. Application of the ESS 10 will be closely monitored and reported on through the project life cycle. Thus ESS 10 remains applicable to the IPF Project project.</p>

4.4 Relevant EHS Guidelines (World Bank Group) for HEPRR Project

4.4.1 EHS General Guidelines

The EHS general guideline section 1 to 4 provides guidance on prevention and control of Environmental, Occupational health and safety, community health and safety, as well as on construction and decommissioning impacts that may occur during new restoration or modification of existing health care facilities. Section 1 of the guidelines covers air emission, wastewater quality, water and energy conservation, and hazardous material management. As some of the HEPRR subprojects consist of civil works, which will involve manual labor work activities, Section 2.0 of the EHS general guidance provides some appropriate strategies and recommendations useful to minimize occupational health and safety hazards. It describes the sources of hazards and recommended strategies for the prevention of risks associated with over-exertion, slips and falls, work in heights, struck by objects, and working in confined spaces and excavations in construction and decommissioning sites. Also, community health and safety aspects such as fire safety, traffic safety, transport of hazardous materials, and disease prevention are covered under Section 3 of the guidelines.

4.4.2 EHS Guidelines for Health Care Facilities (2007)

The EHS Guidelines for Health Care Facilities provide information relevant to the management of EHS issues associated with health care facilities (HCF) which includes a diverse range of facilities and activities involving general hospitals and small inpatient primary care hospitals. Ancillary activities may include medical laboratories and research facilities and blood banks and collection services. The guideline addresses waste management (including waste minimization, reuse, and recycling; waste segregation strategies; on-site handling, collection, transport and storage; transport to external facilities; and treatment and disposal options), air emissions, and wastewater discharges from HCFs as well as Occupational Health and Safety aspects for health workers and community health and safety issues. These are reviewed and applied in this ESMF as appropriate. The guideline also provides performance indicators and benchmarks on environmental performance (including emission and effluents guidelines, environmental monitoring, resources consumption, energy use, and waste generation).

4.4.3 EHS Guidelines for Pharmaceutical and Biotechnology Manufacturing (2007)

The EHS Guidelines for Pharmaceuticals and Biotechnology Manufacturing provide information relevant to pharmaceuticals and biotechnology manufacturing facilities. They cover the production of active pharmaceutical ingredients and secondary processing, including intermediates, formulation, blending, and packaging, and related activities research, including biotechnology research and production. The guideline provides industry-specific impacts and management recommendations. Potential environmental issues associated with pharmaceutical and biotechnology manufacturing projects covered include air emission, wastewater, solid and hazardous wastes, hazardous materials, threats to biodiversity, and bioethics. Also, the guideline provides facility-specific occupational health and safety hazards during construction and operation periods. Hazards covered during operation period include heat hazards, chemical hazards including fire and explosion, radiological hazards, noise, and process safety. Further, the guideline covers community health and safety issues in pharmaceutical and biotechnology

industry. The guideline provides performance indicators and monitoring recommendations. These are also reviewed and applied in this ESMF as appropriate.

Table 6: Comparison of World Bank ESF (ESS 1-10) with Ethiopian Legal and Policy framework

ESF Environmental and Social Standards (ESS)	Status of application to the project	Available national policy and legislation to fulfil the performance standard	Gaps	Measures to bridge the gap
ESS-1: Assessment and Management of Environmental and Social Risks and Impacts	ESS-1 is applicable to the HEPRR project	The Federal EIA Proclamation No. 299/2002 and related regional EIA regulations mandatorily requires a project proponent to undertake EIA. The Federal EIA procedural guideline (2003) classifies projects into Schedule I, II and III to facilitate the undertaking of EIA proportionate to the risks and impacts of each project. The EIA proclamation and regulations seek all direct, indirect, and cumulative impacts likely to occur during project life cycle are considered in the assessment. The stated legislation and regulation also require stakeholder and community consultations to be carried as part of the EIA process. The preparation of ESMP based on mitigation hierarchy and monitoring plan is also required by the EIA proclamation and associated guidelines.	<p>-Requirement of the EIA proclamation and regional regulations do not cover “associated facilities” as defined by the ESF.</p> <p>-Requirements of the EIA proclamation and regional regulations do not explicitly seek for consideration of risks and impacts associated with primary suppliers as defined by the ESF during EA.</p> <p>-Apart from the presence of effluent standards for specified industrial sectors, the EIA proclamation is not complemented by a guideline similar to the WB EHS and do not require its use.</p>	<p>- The ESS 1 requirements for E & S risk management of “Associated facilities” should apply as appropriate to bridge the gap.</p> <p>-EA requirements for “primary suppliers” shall be addressed as part of the present ESMF process when and if it occurs.</p> <p>-The application and use of the WBG EHS guidelines as appropriate to subproject EA is required by the present ESMF.</p>
ESS-2: Labour and Working Conditions	ESS-2 is applicable to the HEPRR project	The former Labor Proclamation No. 377/2003 is repealed and substituted by the new Proclamation 1156/2019. The new legislation remains to be the labor legislation applied invariably all over the Country without customization to regional contexts. The labor law is applied to govern	All the rules of the labor law are applicable to employment relations based on a contract of employment that exists between a worker and an employer.	- The ESMF should adopt the provisions of both the labor law and ESS 2 for undertaking complete Labor Management Practices.

ESF Environmental and Social Standards (ESS)	Status of application to the project	Available national policy and legislation to fulfil the performance standard	Gaps	Measures to bridge the gap
		<p>all aspects of employment relations based on a contract of employment that exists between a worker and an employer. The legislation covers formation of contract of employment defining the rules and conditions of employment, non-discrimination, equal opportunity for women workers, the right to form trade unions (workers organizations), working conditions of young labor setting the minimum age for child labour to be 15 and working conditions, and arbitration/conciliation mechanism to handle grievances and disputes of workers in relation to employment. The labour law also covers occupational safety, health, and work environment aspects. The labor law largely fulfils the requirements of ESS 2.</p> <p>Proclamation No. 568/2008 Rights to employment for Persons with Disabilities makes null and void any law, practice, custom, attitude, and other discriminatory situations that limit equal opportunities for persons with disabilities.</p>		
ESS-3 Resource Efficiency and Pollution Prevention	ESS-3 is applicable to the HEPRR project	<p>The requirements of ESS-3 are largely fulfilled by the following national legislations and International Conventions which Ethiopia is a Party, which are widely referred during ESIA studies. These include:</p> <p>-The Pollution Control Proclamation no. 300/2002 which</p>	<p>Detailed guidelines to support the avoidance, minimization, or reduction of environmental and health impacts of chemicals during application are not sufficiently available.</p> <p>Detailed guidelines to support efficient use of</p>	The application of relevant sections of the WBG General EHS and sector specific EHS guideline is required when appropriate.

ESF Environmental and Social Standards (ESS)	Status of application to the project	Available national policy and legislation to fulfil the performance standard	Gaps	Measures to bridge the gap
		<p>set the binding provisions for prevention and control of pollution addresses management of hazardous waste; chemicals and radioactive materials, management of non-hazardous municipal waste, and set the provisions for issuing environmental standards including for air, water, and various effluents. The proclamation is complemented by effluent standards for certain industrial sectors.</p> <p>- Ethiopia has ratified and is party to the following three International Conventions that help in managing/avoiding the use of restricted and banned pesticides, chemicals trade and trans-boundary movement of Hazardous wastes. These are:</p> <p>-The Stockholm Convention on POPs</p> <p>- The Rotterdam Convention on PIC procedures</p> <p>-The Basel Convention on trans-boundary movement of Hazardous Wastes.</p> <p>Besides the Proclamation for the Registration and Control of Pesticides (Proclamation No. 674/2010) provides for the procedures of approval and registration of pesticides to be imported or manufactured in Ethiopia.</p>	<p>resources like water and natural construction materials are not available in the national framework.</p>	
ESS-4:	ESS-4 is	Building Proclamation No.	There are gaps in fully	The application of

ESF Environmental and Social Standards (ESS)	Status of application to the project	Available national policy and legislation to fulfil the performance standard	Gaps	Measures to bridge the gap
Community Health, Safety and Security	applicable to the HEPRR project	624/2009 contain certain provisions that partly address the issues of community safety in the areas of building designs and community exposure to health risks. Other regulations such as prevention of industrial pollution require industrial facilities to prepare emergency response systems. In general, some aspects of the ESS 4 are either fully or partially addressed across the existing sector legislations and regulations.	addressing the community Health, Safety and Security aspects as defined in the ESF.	relevant sections of the WBG General EHS and sector specific EHS guideline is required when appropriate.
ESS-5: Land acquisition and Involuntary Resettlement	ESS-5 is not applicable to the HEPRR project	The new Proclamation no 1161/2019 for expropriation of land for public purposes has provisions that address resettlement and compensation of involuntary resettlements caused by land acquisition for public purposes. The new proclamation provides for various types of compensation for resettlers such as property, displacement, and economic loss compensations. Resettlers are also entitled for replacement land substitution and compensation for disruption of social ties. Entitlement for compensation is based on legal land holding. Valuation of compensation will be based on current costs and values to replace the properties anew. The proclamation also consists of a provision for establishing resettlement fund, resettlement package to restore livelihood of resettlers and complaint hearing and appeal provision to address	The entitlements for compensation is based on legal land holding and do not include informal settlers without any legal landholding. The national legislation does not provide clear guidance on how claimants without possession of proof of ownership will claim for compensation.	The application of ESS 5 to bridge the gap and cover the informal occupants during resettlement is recommended. -Reliance on the more elaborate provisions of proclamation 1161/2019 and regulation 472/2020 is advisable to bridge the gap of non-clarity. The ESS5 requirement for entitlement of compensation for assets by all affected individuals regardless of landholding rights to land titles shall

ESF Environmental and Social Standards (ESS)	Status of application to the project	Available national policy and legislation to fulfil the performance standard	Gaps	Measures to bridge the gap
		complaints in relation to resettlement and compensation.		apply.
ESS-6: Biodiversity Conservation and Sustainable Management of Living Natural resources.	ESS-6 is not applicable to the HEPRR project	The Federal EIA Proclamation no. 299/2002 has defined the terms “Environment” and “Impact” broadly to include all forms of habitats, biodiversity, heritage, and ecosystems. "Environment" means the totality of all materials whether in their natural state or modified or changed by human; their external spaces and the interactions which affect their quality or quantity and the welfare of human or other living beings, including but not restricted to, land atmosphere, whether and climate, water, living things, sound, odor, taste, social factors, and aesthetics. "Impact" means any change to the environment or to its component that may affect human health or safety, flora, fauna, soil, air, water, climate, natural or cultural heritage, other physical structure, or in general, subsequently alter environmental, social, economic, or cultural conditions. The impact of a project shall be assessed on the basis of the size, location, nature, cumulative effect with other concurrent impacts or phenomena, transregional effect, duration, reversibility or irreversibility or other related effects of the project. The EIA report is required to contain information on the characteristics and duration of all the estimated direct or indirect,	ESS6 categorizes habitats in three main group, namely Natural, Modified, and Critical habitats, and provides conditions where projects will not be implemented in these habitats. In the national policies, strategies, and legislations, ecosystems are defined considering altitudes, specific flora, and fauna presence. Environmental assessment for projects implemented in these ecosystems are broadly addressed through the general EIA process rather than specific ecosystem requirements.	The application of EES6 to bridge the gap and categorize habitats and requirements for projects to be implemented in these habitats.

ESF Environmental and Social Standards (ESS)	Status of application to the project	Available national policy and legislation to fulfil the performance standard	Gaps	Measures to bridge the gap
		<p>positive, or negative impacts, as well as measures proposed to eliminate, minimize, or mitigate negative impacts.</p> <p>Thus, the requirements of ESS 6 are broadly addressed through the EIA process. There are also more specific sectoral laws and regulations which complement the EIA proclamation in conserving habitats and biodiversity such as:</p> <ul style="list-style-type: none"> -Forest Development, Conservation and Utilization Proclamation No. 1065/2018 -Development Conservation and Utilization of Wildlife Proclamation No. 541/2007 -Wildlife Development, Conservation & Utilization Council of Ministers Regulations No.163/2008. -National Biodiversity Strategy and Action Plan (NBSAP). 		
ESS-7: Indigenous People	ESS-7 is applicable to the HEPRR project	The Constitution of FDRE recognizes all the Nations, Nationalities and Peoples of Ethiopia and provides for equal rights to them through its various articles. The frequently applied name for the Indigenous people as defined in ESS 7 in Ethiopia are “Nationalities”. Thus, all nationalities are equally treated in accordance with the mainstream laws in project EIA studies which involve carrying a series of	The application of an Indigenous People’s policy was controversial in Ethiopia, until a GoE-WB agreement has been reached that it would be applied in four regions (Afar, Benishangul-Gumuz, Gambella, and Somali) as well as pastoralist areas in other regions; in line with the Ethiopian constitution which notes that	The gaps in the definition of Indigenous people between the national system and ESS 7 is already bridged through discussions and agreement between the World Bank and the GoE. The application of ESS 7 requirements

ESF Environmental and Social Standards (ESS)	Status of application to the project	Available national policy and legislation to fulfil the performance standard	Gaps	Measures to bridge the gap
		<p>consultations with community and stakeholders to include their opinions and views during project design and implementation.</p> <p>As component-2 subprojects will be largely implemented in Afar and Somali region borderland areas where pastoralist and semi-pastoral communities reside, the potential risks of the project may disproportionately impact these groups who are historically underserved or mostly vulnerable due to their distinct livelihood strategies, ways of living and other socio-economic dynamics. The Bank will apply ESS7 for this project in the same spirit as previously agreed with the GoE.</p>	<p>“Government shall provide special assistance to Nations, Nationalities, and Peoples least advantaged in economic and social development.”</p> <p>While there are some complementary links between Ethiopian laws and policy related to indigenous people and the World Bank’s ESS 7, there is no sufficiently detailed regulations or operating procedures or framework to include indigenous people in project planning and implementation, to conduct targeted social assessments, meaningful consultation, and Free, Prior and Informed Consent (FPIC).</p>	<p>is required when applicable.</p>
ESS-8: Cultural Heritage	ESS-8 is not applicable to the HEPRR project	<p>As described above in ESS 6 the term “Impact” is defined broadly by the EIA proclamation. The definition reflects the kind of adverse impacts a project proponent is required to assess which includes any change to the environment or to its component that may affect flora, fauna, natural or cultural heritage, or in general, subsequently alter environmental, social, economic, or cultural conditions. Thus, the Federal proclamation on EIA has provisions by which it considers the issues of cultural resources.</p>	<p>Though natural and cultural heritages are required to be included during EIA process, the preparation of a Cultural Heritage Management Plan (CHMP) as indicated in the ESF is not required by the national EIA law.</p>	<p>The application of ESS 8 requirement for CHMP is required when appropriate.</p>

ESF Environmental and Social Standards (ESS)	Status of application to the project	Available national policy and legislation to fulfil the performance standard	Gaps	Measures to bridge the gap
		Article 41 of Proclamation No. 209/2000 on research and conservation of cultural heritage also contains the measures that should be taken during chance finding of heritages.		
ESS 10: Stakeholder Engagement and Information Disclosure	ESS-10 is applicable to the HEPRR project	Article 15 of the EIA Proclamation requires public participation/consultation during EIA study process and public disclosure of EIA reports. Current practice also shows public consultations are carried during EIA studies and minutes of consultation produced. Incorporation of the views and concerns of stakeholders into the EIA report usually carried.	The stakeholder and public consultations requirement are focused on initial EIA study phase and do not continue through the project lifecycle as required by ESS-10. Preparation of Stakeholder Engagement Plan is not required by the EIA proclamation. Establishing GRM to address public concerns is also not required by the EIA proclamation.	The application of ESS 10 requirements, as detailed in the SEP, is required to continue engagement of stakeholders during project implementation and beyond when appropriate.

4.5 World Health Organization (WHO) Guidelines on Pharmaceutical Manufacturing and Products

4.5.1 Good Regulatory Practices in the Regulation of Medical Products (Annex 11)

The guideline presents principles and considerations in the development and use of the regulatory instruments that underpin regulatory activities. Broader practices and attributes are presented that define well-performing regulatory systems for medical products. The guideline is relevant to all regulatory authorities, irrespective of their resources, maturity, or regulatory model. High-level good regulatory practices principles are equally applicable to supranational (e.g., regional), national and subnational regulatory systems, and systems in which several institutions are charged with regulating certain products or activities in a country or jurisdiction. The guideline is also intended for a number of related audiences: institutions and policy-makers

responsible for formulating health policies, laws, regulations, and guidelines; institutions that, together, form national or supranational systems for regulation of medical products; and regulatory networks and parties affected by or otherwise interested in regulatory frameworks, such as industry or other developers of medical products.

The guideline states components of a regulatory system including:

- A *regulatory authority* is a public institution(s) or governmental body, or bodies authorized by law to exercise independent regulatory oversight over the development, production, marketing, and surveillance of medical products. In Ethiopia's case, the regulatory authority is the Ethiopian Food and Drug Authority (EFDA) re-established through Proclamation No. 1263/2021 (Definition of Powers and Duties of the Executive Organs). Further, Regulation No. 531/2023 defines the organization, powers and duties of the Ethiopian Food and Drug Authority (EFDA).
- The *regulatory framework* is the collection of laws, regulations, guidelines, guidance documents and other regulatory instruments through which a government and a regulatory authority control particular aspects of a specific activity. The legal framework is the part of the regulatory framework that contains binding pieces of legislation, such as laws and regulations. In Ethiopia's case, the main regulatory framework is the Food and Medicine Administration Proclamation (Proc. No. 1112/2019). Further, there are a number of associated guidelines.
- *Regulatory outputs* are the results or products of the regulatory authority, such as reports of inspections and assessments, decisions, and product labels.

The guideline indicated principles of good regulatory practices which are listed below:

- *Legality* - Regulatory systems and the decisions that flow from them must have a sound legal basis.

- *Consistency* - Regulatory oversight of medical products should be consistent with existing government policies and legislation and be applied in a consistent and predictable manner.
- *Independence* - Institutions that execute regulation of medical products should be independent.
- *Impartiality* - All regulated parties should be treated equitably, fairly and without bias.
- *Proportionality* - Regulation and regulatory decisions should be proportional to risk and to the regulator's capacity to implement and enforce them.
- *Flexibility* - Regulatory oversight should not be prescriptive but rather be flexible in responding to a changing environment and unforeseen circumstances. Timely responsiveness to a specific need and in particular to public health emergencies should be built into the regulatory system.
- *Clarity* - Regulatory requirements should be accessible to and understood by users.
- *Efficiency* - Regulatory systems should achieve their goals within the required time and at reasonable effort and cost. International collaboration promotes efficiency by ensuring the best use of resources.
- *Transparency* - Regulatory systems should be transparent, requirements, and decisions should be made known, and input should be sought on regulatory proposals.

Also, the guideline lists enablers of good regulatory practices including:

- Political and government-wide support
- Effective organization and good governance supported by leadership
- Inter- and intra-organizational communication, collaboration, and coordination
- A robust, well-functioning quality management system
- Sufficient, sustainable financial resources
- Competent human resources
- Organizational ethics and values
- Science- and data-driven decision-making process.

4.5.2 Good Manufacturing Practices for Pharmaceutical Products Containing Hazardous Substances (Annex 3)

This guideline set out good practices applicable to facilities handling pharmaceutical products (including active pharmaceutical ingredients (APIs)) that contain hazardous substances such as certain hormones, steroids or cytotoxins. The guideline states that the production of certain products containing hazardous substances should generally be conducted in separate, dedicated, self-contained facilities. Due to the hazardous nature of the products being handled in such facility, neither the product nor its residues should be allowed to escape into the atmosphere or to be discharged directly to normal drainage systems. The external atmosphere and the public in the vicinity of the facility should be protected from possible harm from hazardous substances. If liquid effluent poses a safety or contamination risk, the effluent should be treated before being discharged to a municipal drain.

4.5.3 Points to Consider for Manufacturers and Inspectors: Environmental Aspects of Manufacturing for Prevention of Antimicrobial Resistance (Annex 6)

The objective of the guideline is to (i) provide recommendations and expectations for manufacturing facilities for medicines regarding waste management, to mitigate/prevent potential antimicrobial resistance, (ii) raise awareness of medicines' manufacturers, national regulatory authorities and especially good manufacturing practices (GMP) inspectorates and inspectors in all member states, on sections of relevant GMP guidance that are applicable to the management of waste/wastewater from the production of antimicrobials, while emphasizing the importance of all aspects of GMP implementation and considering the parts of GMP that may not have a direct impact on product quality, and (iii) provide clarification on the interpretation of those clauses and specific measures that should be taken to be considered compliant with the relevant sections of GMP guidance, without changing the scope of GMP.

The guideline provides the environmental aspects of good manufacturing practices including:

- Due to the hazardous nature of the products being handled in the facility, neither the product nor its residues should be allowed to escape into the atmosphere or to be discharged directly to normal drainage systems.
- The external atmosphere and the public in the vicinity of the facility should be protected from possible harm from hazardous substances.
- If liquid effluent poses a safety or contamination risk, the effluent should be treated before being discharged to a municipal drain.
- Liquid and solid waste effluent should be handled in such a manner as not to present a risk of contamination to the product, personnel or to the environment.
- All effluent should be disposed of in a safe manner, and the means of disposal should be documented. Where external contractors are used for effluent disposal, they should have certification authorizing them to handle and treat hazardous products.

4.5.4 Guidance on Regulations for the Transport of Infectious Substances

The guideline provides information on (i) transport regulations, (ii) transport stakeholders, (iii) training requirements, (iv) definition of materials for transport, (v) classification of infectious substances, (vi) packaging requirements, (vii) marking and labeling, and (viii) documenting shipments.

4.6 Institutional Roles and Responsibilities for Medicine/Drug Administration

The main institution responsible for administration of manufacturing and import of medicine/drug in country is the Ethiopian Food and Drug Authority (EFDA). Regulation No. 531/2023 defines the organization, powers and duties of the Ethiopian Food and Drug Authority. The objective of the Food and Drug Authority is to protect the public health by regulating food, medicine and medical devices, blood, and blood products, traditional, complementary, or alternative medicine, cosmetics, tobacco, quality control service provider, bioequivalence centers and other products and services entrusted to the Authority to regulate. Based on Regulation 531/2023, “Regulated Product” means any product administered in accordance with the

Proclamation and includes food, medicine, medical device, traditional, complementary, or alternative medicine, blood, and blood products, cosmetic, and tobacco products. Further, the Regulation defines “medicine” to mean any substance or mixture of substance used in the diagnosis, treatment, mitigation or prevention of human disease, disorder, abnormal physical or mental state, or the symptoms thereof; used in restoring, correcting or beneficial modification of organic or mental functions in human.

The relevant powers and duties of the Ethiopian Food and Drug Authority (EFDA) include:

- Initiate and submit to the Ministry of Health (MoH) a policy, strategy, and law ideas in regulatory perspective for regulation of regulated product, quality control service provider, bioequivalence centers and other products and services entrusted to the Authority; as appropriate implement, follow up the implementation of the same upon approval by the government.
- Based on applicable criteria, as appropriate, register, acknowledge, issue market authorization, special regulatory license for regulated products and take appropriate administrative measures.
- Issue and enforce regulatory criteria concerning regulated product; enforce Ethiopian mandatory standards; initiate national standards and implement same upon approval.
- Issue certificate of competency or special regulatory license to importer, exporter, for cross regional purpose manufacturer or wholesaler of regulated products, quality control service provider and bioequivalence centers.
- Establish response system, perspective to regulatory, to emergency caused by a regulated product; establish a system that enables utilization of regulated product for emergency response; work in collaboration with concerned bodies.
- Evaluate clinical trial request and authorize; monitor and inspect to ensure the trial performed in accordance with the authorization and good clinical trial practice; evaluate and authorize the use of the result in such a way it benefits the public; when necessary, order at any time, the clinical trial to be suspended or terminated.

- Adopt and implement, as appropriate, criteria, standard, methods, pharmacopeia, manufacturer`s in house method or criteria adopted or activity undertaken by the World Health Organization, stringent regulatory authority, mutual or multi-lateral agreement entered by Ethiopia or other International Organization relevant to its regulatory works
- Establish and implement modern regulatory system; serve as a regulatory information center.
- Organize laboratories necessary for the execution of its regulatory function.
- Accept, as it deemed necessary, quality assurance report, inspection report, declaration and laboratory result conducted by accredited National or International organization for activities it undertakes.
- Issue National regulatory criteria for harmonized and complementary regulatory activities on regulated product at the Federal and Regional levels.

The Ethiopian Food and Drug Authority (EFDA) has an organization structure comprises of (i) advisory board, (ii) director general, (iii) deputy director general (as necessary), and (iv) other necessary technical and administrative staff. The government shall allocate budget to run the Authority. Revenue sources for the Authority include (i) grants from domestic and abroad, and (ii) source generated from the service the Authority provides. The EFDA replaces the former Ethiopian Food, Medicine and Healthcare Administration and Control Authority (EFMHACA), which was established through Regulation No. 189/2010.

4.7 Institutional Roles and Responsibilities for Environmental and Social Impact Assessment and Management

4.7.1 The Federal Environment Protection Authority (FEPA)

As per Proclamation No. 1263/2021, the former Environment, Forest and Climate Change Commission (EFCCC) have been reinstated with its first status as “Environment Protection Authority (EPA)” and is made accountable to the Ministry of Planning and Development. Though Proclamation no.1263/2021 has stated that the powers and duties of the new EPA shall

be determined by a regulation to be issued by the Council of Ministers in the future, a transitional provision under article (107) stated that *“the provision of Article 104 which repeals the establishment laws shall be effective on the date the law, that provides for the organizational structure as well as the powers and duties of each institution, publicized in the Federal Negarit Gazette”*. Accordingly, the powers and duties of the EPA remains the same until the new mandates are published and it includes the following:

- Coordinate activities to ensure that the environmental objectives provided under the Constitution and the basic principles set out in the Environmental Policy of the Country are realized;
- Establish a system for evaluating and decision making, in accordance with the Environmental Impact Assessment Proclamation, the impacts of implementation of investment programs and projects on environment prior to approvals of their implementation by the concerned sectoral licensing organ or the concerned regional organ;
- Coordinate actions on soliciting the resources required for building a climate resilient green economy in all sectors and at all Regional levels; as well as provide capacity building support and advisory services;
- Establish an environmental information system that promotes efficiency in environmental data collection, management and use;
- Enforcing and ensuring compliance to the ESIA proclamation which currently is being implemented through delegated authority provided to sector ministries;
- Reviewing ESIA's and monitoring the implementation of ESIA recommendations which is also in part being implemented through delegated authority provided to sector ministries;
- Regulating environmental compliance and developing legal instruments that ensure the protection of the environment
- Ensuring that environmental concerns are mainstreamed into sector activities; and
- Coordinating, advising, assessing, monitoring, and reporting on environment-related aspects and activities

Sector environment units: The other environmental organs stipulated in the Environmental Protection Organs Establishment Proclamation (295/2002) are ‘Sector Environmental Units’ which have been established in some of the line Ministries. These Sector Environment Units have the responsibility of coordinating and implementing activities in line with environmental protection laws and requirements (Article 14, Proclamation 295/2002). Article 13 of the ESIA Proclamation 299/2002 requires that public instruments undertake ESIA. To this end, Sector Environmental Units play an important role in ensuring that ESIA is carried out on projects initiated by their respective sector institutions. However, capacity of these units is limited.

4.7.2 Regional Environment Agencies

At regional level, there are environmental bureaus to implement environment management systems within their respective jurisdictions. Proclamation 295/2002 requires regional states to establish or designate their own regional environmental agencies. The regional environmental agencies are responsible for coordination, formulation, implementation, review, and revision of regional conservation strategies as well as environmental protection, regulation, and monitoring. Relating to ESIA specifically, Proclamation 299/2002 gives regional environmental agencies the responsibility to evaluate ESIA reports of projects that are licensed, executed, or supervised by regional states and that are not likely to generate inter-regional impacts. Regional environmental agencies are also responsible for monitoring, auditing, and regulating implementation of such projects. The institutional standing of regional environmental agencies varies among regions. In some of the regions, they are established as separate institutions in the form of Environment, Forest and Climate Change Authorities, while in others they are joined with Land use administration and utilization agencies as EPLAUA. Table 6 shows the institutional standing of the Environment Authorities in the regions.

Table 7 Summary of Existing Institutions and Critical Legislations for Environmental and Social Management at Regional Level.

Region	Responsible Regional Environment Bureau/ Agency	ESIA Regulations enacted at regional level	Other Key Environmental Management Legislations/guidelines			Remarks
			Pollution Control	Solid Waste Management	Regional guideline for ESIA	
Oromia	Oromia EPA	Yes	Yes	No	Yes	-It has zonal and woreda level Environment Offices
Tigray	Tigray EPLAUA	Yes	Yes	Yes	Draft	-Apply Federal ESIA procedural guideline - Has woreda level Environment Offices
Amhara	Amhara EFWPPDA	Yes	Yes	No	Yes	-ESIA guideline Directive 01/2010 - It has zonal and woreda level Environment Offices
Benshangul Gumuz	Benshangul Gumuz EPLAIB	No (Draft level)	No	No	No	-Apply Federal ESIA law & guideline -It has zonal and woreda level Environment Offices
Afar	Afar EPRLUA	Yes	Yes	No	No	Apply Federal ESIA procedural guideline
SNNPR	SNNPR EFCCA	No (Draft level)	No (Draft level)	No	No	-Apply Federal ESIA law & guideline. - It has zonal and woreda level Environment Offices
Sidama	Sidama EFCCA	No	No	No	No	
Gambella	Gambella EPFCC	No (Draft level)	No	No	No	-Apply Federal ESIA law & guideline. -It has no zonal and woreda level Environment Offices
Somali	Somali EPRLAB	Yes	Yes	Yes	Yes	

Source: Zereu G., Compiled from field assessment data and consultations, updated for EDFP ESMF, 2020.

4.7.3 Zonal and Woreda level Environment, Forest, Land Utilization, and Climate Change Offices

It is identified that institutional structures exist for environmental management in the five regions (namely Amhara, Oromia, Tigray, Benshangul and Afar regions) at zonal and woreda levels. It should be noted that all the regional, zonal and woreda level environment offices are located in the capital cities of the respective zone and woreda cities/towns. However, there are some cities and towns which have their own city level environmental protection offices. For example, in Oromia regional state, eighteen selected Cities with potential growing economic activities are made to have their own Environment Protection Forest and Climate Change (EPFCC) Offices with a Zonal office status.

The roles and responsibilities of the woreda level environmental organs in Oromia and Afar regions are almost identical. Their main areas of responsibility fall in carrying environmental performance monitoring and follow up of development projects for which ESMPs and screening reports are approved and the review and approval of Schedule III (category C) environmental and social screening reports.

4.7.4 Ministry of Labor and Skills/Regional Labor and Social Affairs Bureaus

The Ministry of Labor and Skills (MoLS) is responsible to ensure industrial peace, maintain employee's health and safety at workplace, improve working condition and environment, promote efficient and equitable employment services. Implementing Occupational Safety & Health, and prevention of child labor are also among the mandates, roles and responsibilities of their Ministry. Overall, the Ministry shall have the following powers and duties:

- With a view to ensuring the maintenance of industrial peace (a) encourage and support workers and employers to exercise their rights to organize and collective bargaining; (b) encourage the practice of participating in bilateral forums between workers and employers and tri-partite forums including the government; and (c) establish efficient labor dispute settlement mechanisms;
- Issue and follow up the implementation of occupational health and safety standards;

- Create conducive conditions for the provision of efficient and equitable employment services; determine conditions for the issuance of work permit to foreigners, issue such permits and incorporation with the relevance bodies, supervise compliance there with; regulate the provision of foreign employment service to Ethiopians;
- Establish a system for technical and vocational training that are in line with the country's general development policy, labor, employment and skill development; follow up the implementation of the same;
- Create, in collaboration with the concerned economic and social sectors, conducive conditions for facilitating linkages which promote labor market and employment activity;
- Establish, manage and follow up implementation of training centers that enable to accelerate human resource development and utilization and effectiveness of technology;
- Register workers' and employers' unions established at national level;
- Register workers' unions and collective agreement relating to federal public enterprise situated in cities accountable to the federal government, and carry out labor inspection services in such enterprise; provide conciliation services to amicably settle labor disputes arising between employers and employees.

Regional governments have established bureau/agency responsible to implement the national vision and set mission of the Ministry. Woreda and town administrations have offices whose responsibility is investigation and supervision of establishments to ensure that all stakeholders are adhering to Proclamation No. 1156/2019.

In addition to the Ministry of Labour and Skills, the Ministry of Construction is responsible to ensure public and workers safety at construction sites. Regional governments have adopted different approaches to establish a body responsible for the construction sector, as a department within the bureau of urban development, housing, and construction (Amhara region) or an independent bureau of construction (Oromia region).

4.7.5 Federal Civil Servants Proclamation No. 1064/2017

This law was replaced by the Federal Civil Servants Proclamation No.515/2007. The new proclamation changes the system of recruitment and selection of civil servants and introduce a national system for the certification of professional and occupational competence. This FCS Proclamation empowers the Ministry of Public Service and Human Resource Development to implement the proclamation. The Ministry is mandated to carry out key civil service reform program including adopting and enforcing job evaluation methods and prepare salary scale. In addition, the Ministry is responsible for preparing national criteria and parameters to establish eligibility and competency certification system whereby candidates for vacant positions shall be recruited and prompted on the bases of competition.

The proclamation prohibits discrimination because of their ethnic origin, sex, religion, political outlook, disability, HIV/AIDS or any other ground and entitles persons with disability for affirmative action in recruitment, promotion, education and training. The public employer is also required to create a conducive environment and provide necessary tools and materials.

The law grants equal pay for equal work, affirmative actions to recruit, promote and train female workers. It also subjects sexual harassment or abuse at the workplace as offense that is subject to disciplinary action. Other changes include, increased post-delivery leave days from 60 consecutive days after confinement to 90 days; while prenatal leave remain to be 30 days, paternity leave is increased from 5 days to 10 working days, government institutions are required to establish a nursery where female civil servants could breastfeed and take care of their babies, placement of civil servants in government institutions should be in fair representation of nations, nationalities and peoples. Minority groups of the country will enjoy affirmative action during recruitment, promotion, transfer, redeployment education and training.

4.7.6 Ministry of Women and Social Affairs (MoWSA) /Regional Women, Children and Youth Bureaus

MoWSA has the responsibility to ensure that women and children are benefiting from development activities and are protected from harm. Its main area of responsibilities focus on awareness creation and compilation and dissemination of data and information on woman and

children; ensuring opportunities are created for woman to participate in political, economic and social affairs; ensure woman and children are not discriminated against and devise strategies for the proper application of affirmative actions; encourage and support women to organize and ensure their agenda (including children) are mainstreamed into national and regional policies, legislations and programs.

The Ministry is responsible for follow-up of the implementation of national and international laws; conducting research and formulating policies and guidelines; collaborating with organizations working on women, child and youth affairs; and providing capacity building support to ensure the equal participation and benefit of women, children and youth in the protection of their rights and security.

In order to address the wide-ranging problems of women, children and youth, the Ministry has carried out several activities that included gender mainstreaming, reducing Harmful Traditional Practices (Female Genital Mutilation and Early Marriage), children Care and Support, establishing children parliament, reducing youth unemployment rate and increasing Youth Representation in the legislative and judiciary. Even though the tasks of the Ministry require working in coordination with other basic sectors and oversight bodies, the coordination is yet to be developed.

Proclamation no. 1263/2021 has expanded the roles and responsibilities of MoWSA by incorporating mandates in the areas of social protection, rights of persons with disability, and trafficking of persons which were previously handled by the former MoLSA. Article 36(2) of the proclamation states that “The powers and duties entrusted to the Ministry of Labor and Social Affairs other than those concerning labor affairs and the powers and duties entrusted to the Ministry of Women, Children and Youth under other laws that are currently in force are hereby vested in the Ministry of Women and Social Affairs “. Accordingly, MoWSA is responsible to establish a system to strength social protection system by expanding social security system and follow up the implementation of the same. It will also be responsible for implementing

Proclamation no. 676/2010 and 1178/2019 which deal with the rights of persons with disability and suppression of trafficking of persons.

Regional governments have also established Woman, Children and Youth Affairs Bureau responsible to implement national visions and objectives at region level. All urban administrations have offices responsible to promote women, children and youth agenda. All staff members of the bureau are engaged in the issue of women, children, and youth. Therefore, the task of all technical staff members is focused on providing supports such as awareness creation, training, community mobilization, empowerment, legal support, preparing guidelines, strategies and directives.

Woman, Child and Social Affairs offices also provide legal support to children and women victim of physical and sexual abuse by offering free legal counsel. The offices work in close collaboration with Labor and Social Affairs, Justice Department, the Police and the court to ensure perpetrators get appropriate punishment. Efforts to rehabilitate victims are, however, hindered due to capacity limitations.

5 Procedures to Address Environmental and Social Issues

This ESMF is designed to support the application of World Bank Environmental and Social Standards in combination with the Ethiopian legislation on environmental impact assessment of the HEPRR Project. ESS1 on Assessment and Management of Environmental and Social Risks and Impacts is among the standards triggered by the HEPRR Project and thus the relevant principles of ESS 1 in relation to subproject categorization and subsequent E&S assessment and management are briefly outlined as follows.

5.1 Overview of Subproject categorization and the ESS requirements

The HEPRR being a project which consists of sub-project activities that improve the detection of public health emergencies which will necessitate collection and analysis of various samples resulting in generation of hazardous waste stream, finances subprojects that strengthen & develop linkage between the surveillance systems at different levels that necessitate installation of various IT and communication facilities, supports the strengthening of the Emergency Operations Centre including by building offices; whose risks and impacts cannot be fully determined until the subproject locations have been identified and assessed. In addition, the sites for HCFs at entry points are known; the E & S impacts are yet to be assessed and specific safeguard instruments to be prepared. For such a project involving multiple small subprojects, that are fully identified, prepared, and implemented during the course of the project, MoH and its partner institutions (i.e., EPHI & AHRI) will carry out appropriate environmental and social assessment of the subprojects, and prepare and implement such subprojects, as follows:

(a) Substantial Risk, Moderate Risk and Low Risk subprojects, in accordance with National law and any requirements of the ESSs that the Bank deems relevant to such subprojects as determined during its review for “no objection” clearance of the sub-project. Where subprojects are likely to have minimal or no adverse environmental or social risks and impacts (i.e., low risk), such subprojects do not require further environmental and social assessment following the initial scoping. However, the environmental guideline for construction contractors will be applicable.

The HEP RR Project is generally (i.e., Environmental and Social) classified as “Substantial Risk” project and hence MoH and its partner institutions (i.e., EPHI & AHRI) will be required to undertake the appropriate environmental and social assessment of subprojects in accordance with the *national law and any requirements of the ESSs* that deemed relevant to the sub-projects. Accordingly, the most important National guideline that defines the categorization of subprojects into various schedules is the EIA Procedural Guideline issued by the Federal Environment Protection Authority in November 2003. The ESIA Procedural Guideline Categorizes all development projects into three Schedules of activities or projects. The full list of Schedule I, II and III subprojects of the EIA procedural guideline (2003) is provided in Annex-VII. It should also be noted that the relevant ESSs that are likely to be triggered by the HEP RR Project are broadly assessed and outlined in Table 4 of this ESMF and will need to be customized and applied for each sub-project.

Import/export of pharmaceutical products is classified as Schedule I. Though not directly referred as establishment of an Emergency Operation Centre (EOC), major urban projects such as multi story buildings are also Categorized as Schedule I activities (Section 13, bullet no.2). On the other hand, establishment of Small Scale Medical center and Medical Supply & equipment are categorized as schedule III activities in Section 1; Social Infrastructures and services; bullet 5 & 6 for which no EIA is required. Accordingly, the proposed subprojects to strengthen the capacity of HCFs at selected points of entries may fall under schedule III activities as far as it is a small scale medical center strengthening subproject. However, based on the nature of the subproject under consideration, as stated earlier, the categorization as per ESF could result in “Moderate Risk” projects.

5.1.1 Risk Categorization of Technical Assistance (TA) Subprojects

As with any project to which the ESF applies, HEP RR TA activities need to be evaluated for purposes of project risk classification. The relevant risks that need to be assessed are *not* simply the impacts resulting from the TA activities themselves (which would in most cases be minimal)

but *also* the potential downstream environmental and social implications that may arise when and if the TA leads to future investments. Hence, for example, if a TA project supports aspects of the design of a future major infrastructure investment, the risk classification of the TA should reflect the expected risks associated with the infrastructure the TA is helping to design.

The HEPRR project also consist of Technical Assistance (TAs) related activities under its subcomponents. These are shown in Table 1 under section 2.3.1 where attempted is made to identify and show the Technical Assistance related subproject/activities present both in component 1 and 2 of the HEPRR project. It is evident from Table 1 that none of the TA will have activities that seek to prepare feasibility studies, detailed technical designs, or bid documents that facilitate for future investments in infrastructure. Instead, most of the TA activities are related to developing legal frameworks, directives, framework agreements, capacity building and training activities. As a result, based on the OESRC Advisory note, most of the HEPRR project TA related subprojects/activities will fall under Type 2 and 3 TAs, and the project will not have Type 1 TA activities. It is worth noting at this stage that Type-1 TA activities are also to be excluded from project financing.

Following the identification of the TA typology and subsequent risk classification exercise, the following actions are advised to be taken to ensure that the TA subproject are carried with due consideration to the ESF requirements. The recommended actions include:

- Where Type 2 TA and associated TA products provides advice on the development of policies or strategies with potentially significant downstream E&S impacts, it will again be important to agree on TORs that will ensure that the planning process includes adequate assessment of environmental and social implications and that the advice provided through the TA for addressing those implications is consistent with the ESF.
- For capacity building in Type 3 TA, the Bank team should review the activities towards which the capacity building is being directed, to determine the extent to which these

relate – if at all – to matters covered by the ESF and ESSs. If there is such a relationship, the TORs for the capacity building should be designed accordingly.

- For TA projects (as for any other project to which the ESF applies), stakeholder engagement in accordance with ESS 10 is key.

5.2 Sub-project Screening and Approval Process

Step 1: Sub-project Identification

Sub project refers to the set of activities derived from the HEPRR project Component and sub-component activities including infrastructure interventions, non-physical (soft) interventions, technical assistance studies and consultancies for which support through investment project financing is sought by the client.

Identification and preparation of subprojects is expected to be carried through consultative process by the Ethiopian Public Health Institute (EPHI) and the lead implementing agency (MoH) in collaboration with other beneficiary and stakeholder institutions (e.g., AHRI and Regional Health Bureaus). The consultative process to be carried with stakeholders during subproject identification and preparation should be inclusive. It should apply the main principles of stakeholder engagement outlined in the SEP. These include, among others, the principle of inclusiveness and sensitivities as well as informed participation and feedback. Accordingly, all stakeholders at all times should be encouraged to be involved in the consultation process during subproject identification and preparation. The HEPRR project will provide equal access to information to all stakeholders taking into consideration cultural sensitivities and literacy levels.

The identified subprojects will be reviewed and compiled into an annual action plan by the EPHI and GMU of the Partnership and Coordination Directorate and will be forwarded to Office of the state minister (MoH) for endorsement and approval. Subprojects included in the approved annual action plan of the HEPRR project will be eligible for E & S screening. A general list of potential

subprojects/activities (project menu) derived from the HEPRR subcomponent activities are presented in table 1. Attempt is made in the table to group the subprojects/activities into technical assistance type and those that can cause potential impacts on the physical and social environment during its implementation.

Step 2: Checking Eligibility of Subprojects

For the purpose of avoiding significant environmental and social risks at the planning stage, the following criteria would be applied to exclude subprojects from financing by HEPRR project. These are:

- High environmental and social risk subprojects (per WB ESF and ESSs definition)
- Type 1 TAs that support preparation of future infrastructure investment projects
- Activities that may cause long term, permanent and/or irreversible impacts (e.g. loss of major natural habitats including habitats of wildlife and fisheries)
- Activities that may cause any significant loss of biodiversity.
- Activities that have a high probability of causing serious adverse effects to human health and/or the environment.
- Activities that may have significant adverse social impacts and/ or may give rise to significant social conflict.
- Activities that may potentially affect the quality or quantity of water or a waterway shared with other nations.
- Activities that may involve significant land acquisition, forced eviction and involuntary physical displacement.
- Activities that would disproportionately affect the historically underserved and vulnerable groups.
- Activities that may cause damage to cultural heritage.
- Activities that may impact on known cultural heritage sites including sites that are important to local communities.

The sub-projects will be subjected to the screening process by the E & S staff of EPHI and AHRI against an environmental and social checklist to check their eligibility for project financing. In checking the eligibility of the sub projects the questions in Annex I (first table) would be answered as “Yes” or “No”. If the answer to any one of the questions in the annex is ‘Yes’, then the subproject will be redesigned to be acceptable or stopped if redesigning is not possible. If on the contrary the answer is ‘No’ for all the questions, then one must proceed to the next step. The completed eligibility check form together with the whole E&S screening report will be sent to the MoH GMU coordinator for internal review and approval. The MoH GMU will report on the reviewed E&S screening reports to the state minister as part of the regular M & E report.

Step 3: Subprojects Scoping/Screening

The EPHI and AHRI environment and social staff will initiate the scoping/ screening process by completing the form contained in Error! Reference source not found.. The aim of the scoping/screening form is to assist in identifying potential environmental and social impacts based on field investigations in the area of the subproject site. While completing the screening/scoping form the assessor should undertake the assignment after:

- ✓ Gaining adequate knowledge of baseline information of the area.
- ✓ Gaining knowledge of proposed sub project activities for the area.
- ✓ Having been briefed / trained in environmental and social screening.

The screening aims at categorizing the sub-projects into one of the environmental and social categories consistent with National EIA Guidelines and WB ESF . It is a key environmental and social management process aiming at determining appropriate studies and follow up that might be required for sub-project activities. Screening will be carried out on specific project activities once they have been identified during planning phase of the HEPRR Project.

This ESMF requires that all HEPRR subprojects having specified site location, as well as relevant technical assistance subprojects, be scoped/screened for social and environmental impacts. Scoping/screening will be required where investments will be made on subprojects included in the endorsed action plan of the HEPRR Project.

In order to fulfill the requirements of ESS-1 and National EIA guidelines, the environmental and social scoping/screening will follow two stages. Initially, a scoping/screening of subprojects will be carried to categorize it into one of high, substantial, moderate, or low risk (Refer Annex VI: Guidance for Subproject Risk Categorization). During this first stage, the subproject will be scoped/screened using the scoping/screening form attached in Annex-I. Under the HEPRR project sub-components, it is anticipated that the majority of subproject activities will fall under substantial risk (in line with the overall categorization of the HEPRR project as “Substantial” risk rating) or below and no “High Risk” sub-projects are expected. In the event that a subproject screening/scoping results in “High risk” rating, it will be necessary to exercise re-sitting or redesigning of the subproject to avoid the adverse impacts and lower the risk rating or, if that is not possible, it will be excluded from HEPRR project financing.

Once the subprojects are scoped/screened and confirmed to fall on or below substantial risk category, then further categorization will be carried by applying the national screening system to identify the schedule of activities into which the subproject will fall (Schedule I, II & III), (Refer to Annex VII: National EIA Procedural Guideline for SCHEDULE OF ACTIVITIES). Based on the nature and scale of the HEPRR subprojects it is expected that most will fall under schedule II or III which may require Preliminary ESIA (i.e. ESMP) or no ESIA.

Based on the nature and size of the subproject, the EPHI and GMU E & S risk management staffs can seek assistance from other members of the technical working groups while carrying the environmental and social screening.

The outcome of environmental scoping/screening will be classifying the proposed HEPRR subproject into one of Substantial, Moderate, or low Categories and Schedule I, II or III activities.

The completed scoping/screening report will be submitted first to the MoH GMU coordinator for internal checking and approval. The MoH GMU will report on the reviewed E&S screening reports to the state minister as part of the regular M & E report. The internally reviewed and

approved E&S screening report will be forwarded first to the World Bank for review and no objection on the project categorization. It will then be submitted as appropriate to the Federal EPA, Regional or City level EPA as appropriate with an official application letter for review and approval. For subprojects implemented in Addis Ababa and Diredawa City Administrations, the E&S screening reports will be submitted to the respective City level environment protection offices. The relevant EPA office to which it is submitted will review the Scoping/Screening Report and will:

- (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 Screening Report.

Following the approval of the subproject environmental screening report by the relevant EPA office, the subproject will be fed into one of the following processes based on its approved Categorization.

- i. Schedule 1 subprojects are fed into the standard ESIA process.
- ii. Schedule II subprojects will require a partial or preliminary ESIA (i.e. ESMP) and will necessitate the inclusion of environmental and social mitigation and enhancement measures in the design and implementation of the subprojects.
- iii. Schedule III projects are not subject to environmental assessment as no potential impacts are anticipated. Thus, no further action is required. However, the environmental guideline for construction contractors will be applicable.

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

Step 4: Schedule I & II Subprojects

If the outcome of the E & S screening/scoping finally results in categorizing the subproject as schedule-I activities, the following actions need to be pursued. Schedule I subprojects will be

subject to a full Environmental and Social Impact Assessment that should be carried out with the help of registered and licensed environment and social consultants. The full ESIA is required to provide sufficient information for decision making covering all direct, indirect and cumulative positive and negative impacts of the project during construction and operation phases and recommends mitigation measures. In a similar way, if the outcome of the E & S screening/scoping finally results in categorizing the subproject as schedule-II activities, it will be required to undertake a Preliminary ESIA. The depth of information requirement (i.e., content) to be consisted in the preliminary ESIA is defined in consultation with the relevant Federal or Regional, EPA. Generally, the scope of ESIA for schedule II project may vary, but it is narrower than that of Schedule-I ESIA. Like Schedule I ESIA, it examines all potential negative and positive environmental impacts covering the construction and operation phases of the subproject 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. MoH and the Regional health bureaus would ensure that all the necessary mitigation measures are incorporated in the ESMP including the Infection Control and Waste Management Plan (ICWMP).

Following that the ESIA, either full or preliminary/ ESMP, will be send to the World Bank Country office for review and clearance /no-objection. Finally, the preliminary or full ESIA will be submitted by the EPHI or GMU of MoH to the relevant Regional or Federal EPA with an official letter of application for review and approval.

Note: If, on the other hand, the outcome of the E & S screening/scoping finally results in categorizing the subproject as schedule-III activities, no further actions to carry Environmental Assessment will be needed to meet Ethiopian requirement. Based on the nature of the schedule-III subproject, if it deemed necessary, a distinct ESMP (which will be based on the generic E&S management and monitoring plan included in this ESMF and any applicable measures in the WB EHS General Guideline and EHS for Health Care Waste Management) including Infection Control and Waste Management Plan (ICWMP) will be prepared to address and mitigate the

expectedly few and minor environmental and social impacts of the subproject and attach it with the E&S screening report for further implementation.

Step 5A: Review and Decision

The relevant Federal, Regional or City level EPA will review the ESIA submitted to it by the EPHI and/or GMU of the MoH. The purpose of review is to examine and determine whether the ESIA is an adequate assessment of the environmental effects of the HEPRR subproject under consideration and of sufficient relevance and quality for decision-making. The outcome of the review of the ESIA by the Federal, Regional 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 and ESMP.

Step 5B: Disclosure

While in the review and approval process, as required by the World Bank guidelines and the National ESIA proclamation, the ESIA documents (Preliminary/ESMP or Full) 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, e.t.c), and made available in a form, manner, and language they can understand. In addition, free printed copies of the ESIA and/or ESMP will be made accessible for the general public at Ministry of Health, Ethiopia Public Health Institute, Regional Health Bureaus, Woreda Health offices; quarantine, isolation and treatment centers; and other designated public locations to ensure public dissemination of the project materials. Electronic copies of the ESIA and/or ESMP will be placed on the MoH, EPHI websites as well as the Regional Bureaus websites (where available). Disclosure of the ESIA (Preliminary or Full) in the World Bank's info shop is

also a requirement for the HEPRR subprojects. The approved ESIA (Preliminary/ESMP and Full) will be send finally to the World Bank Country office for further review, clearance and disclosures in the info shop.

Step 6: Implementation & Supervision

When approval has been given to the ESIA and ESMP (Preliminary or Full), implementation of mitigation measures and systemic follow-up is needed for the sub-project. In order to enforce the implementation of recommended mitigation measures, there is a need to include an environmental clause (i.e. ESHS clause) in the contract agreements to be signed with the contractors. The environmental clause should demand the contractor to implement and monitor all proposed mitigation measures in the ESMP and RP that are applicable during the construction phase and beyond. In order for the contractor to carry out environmental and social management activities, the contractor should prepare contractor environmental and social management plan (CESMP) aligned with this ESMF and site specific ESIA/ESMPs to show how s/he will address the mitigation measures during the construction period. The Supervising Engineer is responsible for assessing the contractor's environmental and social management plan (CESMP).

The contractors, subcontractors, third party implementing agency, and supervising firms shall be required to provide monthly monitoring reports on ESHS performance and other site-specific management plan implementation (including C-ESMP if required) in accordance with the metrics specified in the respective bidding documents and contracts and submit such reports to the MoH and the World Bank. The MoH shall also be required to promptly notify the World Bank of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, including, inter alia, cases of sexual exploitation and abuse (SEA), sexual harassment (SH), and accidents that result in death, serious or multiple injuries.

The E&S risk management staff in the GMU and partner/beneficiary institutions, which are EPHI and AHRI, will be required to enforce implementation of proposed mitigation measures as proposed in the ESMP by all responsible institutions and stakeholders.

Internal monitoring to ensure the compliance of HEPRR subproject implementation activities against the mitigation measures set out in its ESMP, will be carried out by the environment and social risk management staff of the GMU/MoH and of the partner institutions EPHI and AHRI who are responsible for environmental and social management as well as the supervisory engineers at the construction and installation sites. The GMU/MoH environment and social risk management staff and partner institutions EPHI and AHRI E&S risk management staff will have the primary responsibility for carrying out this monitoring by regularly visiting the subprojects, and pursuing the corrective measures as required. Periodic reports of internal monitoring should be prepared quarterly by the environment and social risk management staff and submitted to the GMU and then to office of the state minister (MoH) as part of the regular HEPRR Project M&E process.

The implementation of the recommended mitigating measures will also be monitored by the Federal, Regional or City level EPA offices. The GMU and partner institutions risk management staff will have to collaborate in the planning for external compliance monitoring and inspections that will be conducted by the relevant Federal, Regional or City level EPA offices. The planning for external compliance monitoring/inspection could be initiated by the Federal, Regional or City level EPA itself or (if that is not coming forward from their side) by the GMU and partner E&S staff in line with the M&E system.

Step 7: Environmental and Social Risk Management Monitoring Reports

Quarterly, biannual, and annual environmental and social risk management monitoring reports including incident and accident reporting as per the ESCP must be prepared by the GMU/MoH and partner institutions (EPHI and AHRI) E & S staff. The E & S monitoring reports should also include:

- EHS performance and incident reporting by contractors;
- EHS performance and incident reporting by Implementation Agencies;
- Community health and safety issues;
- Stakeholder engagement updates, in line with the SEP;

- Public notifications and communications;
- Progress on the implementation and completion of project works;
- Summary of grievances/beneficiary feedback received, actions taken, and complaints closed out;
- SEA/SH related measures; and
- Implementation of security related measures, where appropriate.

Also, the Bank monitors will supervise and monitor implementation of the environmental and social aspects of the Project on an ongoing basis until project completion. The environmental and social risk management monitoring reports should be submitted to office of the state minister (MoH), to the Federal and relevant Regional EPA and the World Bank for review. The purpose of these reports 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 effects of projects on the environment;
- determine whether interventions have resulted in dealing with negative impacts and risks; determine whether further interventions are needed, or monitoring is to be extended in some areas.

6 Potential Environment and Social Risks and Mitigation Measures

This chapter identifies the potential environmental and social impacts and risks and benefits that are likely to occur from the HEPRR project activities. The main environmental and social risks and impacts of the HEPRR project are likely to arise from subproject activities to be financed under Component 1 and 2. The anticipated sources of these potential environmental and social risks of the stated Components can be grouped mainly into three types of subproject activities listed below:

- a) Subprojects focused on strengthening and expanding capacities of new and existing facilities including by conducting construction and equipment installation activities. These include expanding the capacity of the National Emergency Operation Centre which would involve constructing a new building (Subcomponent 1.1), expanding the capacities of selected HCF in PoEs to integrate one health approach (Subcomponent 2.1) which may involve construction in the PoEs.
- b) Subprojects focused on supporting collaborative surveillance and laboratory diagnostics (Subcomponent 2.1) which would involve collection and transport of samples from surveillance points and performing analysis in health laboratories and other EHS related impacts and risks from HCFs and laboratory activities which would result in release of hazardous and infectious wastes.
- c) Subprojects focused on digitalization of the health sector processes and PHE information systems (Subcomponent 1.2), enhancing linkages between surveillance systems with information communication (Subcomponent 1.1) strengthen linkages between BSL-2 laboratories and cross border detection and response activities using state of the art digital health technologies (Subcomponent 2.1). This group of subprojects is likely to cause environmental and social risks through the IT facility installation, distribution, and release of e-waste.

In consideration of the above stated group of subproject activity types of the HEPRR which will be the main drivers for the occurrence of potential E & S risks on the one hand and the overall

environmental and social baseline setting of the project areas where most activities are likely to be implemented in existing sites, the environmental and social risk assessment carried out as part of the present ESMF preparation has rated the environmental and social risk of the project to be “Substantial”. The adverse and beneficial environmental and social risks and impacts associated with the HEPRR project subcomponent activities are described in the following section.

6.1 Project Adverse Environmental Impacts and Proposed Mitigation measures

6.1.1 Project Adverse Environmental Impacts and Proposed Mitigation measures during Construction Phase

6.1.1.1 Impact of Noise and Vibration on Communities

The construction activities to build office for the Health Emergency Operation Centre, and to strengthen the HCFs at selected Point of Entries are expected to apply light and heavy machineries. Noise and vibration impacts are likely to be caused by operation of such light and heavy construction machineries and mechanical equipment which may include pile drivers, earth moving and excavation equipment, concrete mixers, lifting machines, and transportation of equipment, materials, and people. As the construction of the infrastructures for the PoE are going to take place inside the premises of a health facility and that of the EoC office building in urban setting, the receptors of the noise and vibration impacts are going to be medical personnel, patients and other members of communities which gives the impact potential significance.

The following mitigation measures are recommended to minimize noise and vibration impacts the communities around:

- Selecting equipment with lower sound power levels
- Installing acoustic enclosures for equipment casing radiating noise
- Improving the acoustic performance of constructed buildings, apply sound insulation
- Installing acoustic barriers without gaps and with a continuous minimum surface density of 10 kg/m² in order to minimize the transmission of sound through the barrier. Barriers should be located as close to the source or to the receptor location to be effective

- Use of noise suppression shields and mufflers
- Locate noise generating sources away from residential or other noise-sensitive receptors (i.e. Medical personnel, patients, office workers, other workers, etc.)
- Avoid using heavy construction machinery during night-time
- Carry out regular maintenance on the construction machineries
- Select transport routes to minimize noise pollution in sensitive areas
- Install noise silencer on the construction machineries
- Prepare site specific noise abatement plan as part of the applicable subproject ESMP and C-ESMP. The plan would need to consider the national or in its absence the WB EHSG noise level guideline.

6.1.1.2 Impact on Air Quality

Frequent movement of vehicles for delivery of construction materials to construction sites will resuspend dust especially during the dry seasons. Some of the project construction sites are expected to be in remote border areas and may be accessed by gravel roads and dirt tracks. Vehicles transporting construction materials on these roads will generate dust especially during dry seasons. Also, operation of construction machineries to conduct foundation excavation works and most construction activities are expected to release dust within urban setting into the ambient air. Moreover, exhaust gases released from the construction machineries will cause the surrounding air quality to deteriorate. The main air pollutants expected during construction and transportation activities are particulate matter (PM₁₀, PM_{2.5}), nitrous oxides (NO_x), carbon monoxide, carbon dioxide, sulfur dioxide, and ozone. Therefore, deteriorated air quality will pose a significant health impact on sub-project workers and local communities.

The following mitigation measures are recommended to minimize impact on air quality:

- Regularly spray water to suppress the resuspension of dust during construction, particularly during use of gravel roads and dirt tracks.
- Increase moisture content for open materials storage piles,

- Regardless of the size or type of vehicle, fleet owners /operators should implement the manufacturer recommended engine maintenance programs;
- Conduct regular maintenance and servicing of construction machineries to minimize air pollution;
- Minimize unnecessary idling of running diesel engines of machineries, vehicles and equipment.
- Limit the speed of vehicle movements to minimize dust.
- Fuel switching (e.g. selection of lower sulfur fuels) when possible.
- Drivers should be instructed on the benefits of driving practices that reduce both the risk of accidents and fuel consumption, including measured acceleration and driving within safe speed limits;

6.1.1.3 Impacts due to Construction Wastes

Construction wastes include surplus and discarded materials from site clearing, excavation, construction, and demolishing. The construction to strengthen and expand selected HCFs at POEs and the EOC office building may necessitate excavation works to be carried. Wastes generated by associated construction activities could contain hazardous and non-hazardous wastes. These are:

a) Non-hazardous or inert construction wastes include:

- Site clearance and excavation waste: will include substantial amount of debris, waste soils, stones, rocks and biomass waste resulting from site clearance and foundation excavation activities.
- General construction waste: include broken chips of hollow block/brick, scrape materials waste consisting of cardboard panels, wood, metals, glasses, material packaging wastes, waste concrete, waste roofing materials, broken construction tools and vehicle parts, equipment cleaning waste, etc.
- Domestic solid and liquid waste: wastes generated and released from daily consumptions of construction workers at site.

b) Hazardous construction wastes include:

- Vehicle lubricants and containers, oil filters, solvents, fuel, and other wastes from garages and stores.
- Lead based paints and adhesives could contain hazardous pigment substances,

Construction activities taking place in close proximities to surface water bodies can cause adverse effects by releasing solid and liquid wastes to the water bodies. There can be deterioration in water quality of both surface and groundwater due to release of used oil and grease from maintenance works of vehicles and machineries operating in the project sites. Depending on the number of workers involved, domestic solid waste and wastewater generated by construction workers at sites would create risk to the environment including nearby surface water bodies unless properly managed. It will also likely affect natural drainage patterns in the area and cause unintended floods that cause soil erosion and gully formation problems. Improper disposal of construction waste materials will adversely affect land use such as occupying usable (cropping) land or others potential land uses. Thus, there will be a need to mitigate these adverse impacts.

To minimize pollution due to wastes generated from project construction sites, the following mitigation measures can be considered:

- Provide solid waste collection and segregation facilities at appropriate location of the subproject site.
- properly segregate and dispose wastes to encourage reuse and recycling of some useful waste materials
- Provide sufficient temporary ablution facilities for construction workers and staff so they do not relieve themselves in the fields.
- Do not mix hazardous wastes with other waste generated and must be managed as per hazardous waste management and control proclamation.
- Waste must be collected from the site at least once in 24 hours and when temporarily kept on site it must be covered to minimize nuisance odour and vermin.
- Wastes have to be properly transported and disposed to officially permitted by the concerned local authorities and properly managed site
- Segregate and store hazardous waste in containers or specialized leak-proof plastic bags

- Provide spill containment storage volume
- Dispose hazardous materials only at designated disposal sites/facilities (if any) with permission from the concerned authorities and/or through licensed contractor.
- Never dispose used oil and filters to the ground, use leak proof containers
- Aware the construction crew and operators on proper handling of hazardous materials
- Vehicles hauling construction debris or other waste from the sub-project sites shall cover any open load with a tarpaulin or other secure covering to minimize dust emissions and dropping of debris.

6.1.1.4 Impacts on Soil

Construction activities to expand selected HCFs at POEs and the EOC office building may result in scrapping of topsoil, mixing and compaction which affect the natural soil structure and reduce the ecological function of the soil. Compaction of soil due to movement of machineries and vehicles, and erosion of exposed soils/slopes due to site clearing are some of the causes and impacts on soil.

The following mitigation measures are recommended to minimize impact on soil quality:

- Topsoil stripped should be stockpiled for greening and rehabilitation in the area
- Restore the nutrient rich topsoil to its original level upon completion of construction works
- The topsoil should be uniformly spread onto areas to be rehabilitated
- As much as possible, use existing access roads
- As much as possible locate access roads away from farm fields and should be rehabilitated once their use is completed.

6.1.1.5 Impacts of material extraction from quarries

The HEPRR subproject construction related activities will require construction materials input for masonry, concrete works and backfill. Quarrying to extract construction materials will cause land degradation and erosion adverse effects. Excavation activities at construction materials extraction sites often involve topographical and land-cover changes often including clearing of

preexisting vegetation. The quarrying operations can expose the soil structure to erosion unless necessary precautions are taken. Recommended measures to minimize impacts on soil include the following:

- Select appropriate low-impact extraction methods (e.g. excavation and quarrying) that result in final site contours supportive of habitat restoration principles and final land use;
- Topsoil and overburden should be removed separately and segregated for later use during site reinstatement,
- Smaller, short-lived extraction sites (e.g. borrow pits) should be reclaimed immediately
- Affected land should be rehabilitated to acceptable uses consistent with local or regional land use plans. Land that is not restored for a specific community use should be seeded and revegetated with native species

6.1.1.6 Impacts on Municipal Water Supply

The Construction activities to expand the HCFs at PoEs will require water both for the construction purpose and consumption of workers.

The construction to expand the HCFs at PoEs and the EoC will likely depend on municipal water supply. As most PoEs are situated in border areas, the towns involved may have weak municipal water supply systems that are short of fulfilling community demands. The Water Supply service of Addis Ababa City where the EoC construction will take place, is also heavily overwhelmed by the ever increasing demand of the city. Thus, contractors could be advised to use alternative water sources (e.g. fetching water from rivers with water trucks) for construction purposes. Owing to the scale of construction involved to expand the PoE HCFs, which is not a large scale, the number of construction workers on site is not expected to be high and no construction camps are to be established. Thus, their water consumption impacts on the existing municipal supply systems are potentially minimum.

6.1.1.7 Occupational Health and Safety Risks during Construction Phase

There may potentially be OHS risks associated with the rehabilitation of medical facilities/minor civil works to be financed by the project such as repair, rehabilitation and construction of ICUs

and emergency facilities. Improper work procedures during such civil works can cause OHS risks on site workers, health care providers and supportive staff or persons with disabilities. Workers participating in these construction activities may be exposed to various occupational safety and health risks due to low level of awareness on safety precautions and lack of personal protective equipment (PPE). This includes risks from excavation work, exposure to potential existing soil and ground water contamination, exposure to asbestos fiber inhalations during rehabilitation/expansion of HCF buildings, lead based paint, PCB containing equipment, use of rotating/moving machines and equipment, work-at-height, lifting of loads, hot works, fire risk, use of hazardous materials, flying debris, noise and vibration, working environment temperature, electrical hazards, inhalation of harmful pollutants/gases, traffic hazards, manual handling, and poor housekeeping.

Mitigation measures

- Minimize the risk by developing an Occupational Health and Safety plan, which aims to avoid, minimize and mitigate the risk of workplace accidents;
- Reduce the risk by complying with all national and good practice regulations regarding workers' safety;
- Minimize the risk by ensuring the presence and continued use of normal control measures, including personal protective equipment (PPE) necessary to protect workers from other job hazards associated with construction activities;
- As risk reduction measure ensure that contractor(s) provide safety measures as appropriate during works such as fire extinguishers, first aid kits, restricted access zones, warning signs, overhead protection;
- Provide as risk reduction measure minimum required training or orientation on occupational safety regulations and use of personal protective equipment;

For risks from rotating/moving equipment:

- When not in use, disconnect, turn off, or de-energize moving equipment.

- Guards recommended by the manufacturer of the moving equipment should be used or fixed at all times. For instance, safety guard of a grinder protects workers from accidental exposure to its moving blade/disk.
- Operating unguarded or badly guarded equipment should be avoided.
- When using equipment, always keep your fingers and thumb on the same side as the handle or on the side protected by guards.
- Proper work procedures should be adapted during use of moving equipment.
- Moving equipment should be maintained regularly.

For risk due to work environment temperature:

- Work and rest periods should be adjusted depending on temperature and workloads.
- Providing temporary shelters to protect against the elements during working activities or for use as rest areas.
- Use appropriate protective clothing.
- Provide easy access to adequate hydration such as drinking water

For electrical hazards:

- Marking all energized electrical devices and lines with warning signs.
- Check all electrical cords, cables, and hand power tools for exposed cords and cover the exposed part with electrical tapes. Before covering the exposed cords, makes sure that the electrical equipment, machines, or cord/cables are not energized.
- Protecting power cords and extension cords against damage from traffic by shielding or suspending above traffic areas.
- Electrical equipment and machines should be switched off when not in use.
- Electrical equipment and machines should be operated by competent workers.
- Works should not be done under high-voltage power lines. A “no approach” zone should be created under high-voltage power lines.

- Conducting detailed identification and marking of all buried electrical wiring prior to any excavation work.

For risks related to flying debris:

- Use face and eye protection equipment such as safety glasses, goggles, and face visors.
- Wet dusty work areas before cleaning or used by vehicular traffic.

For work at height risk:

- Provide guardrails with mid-rails and toe boards at the edge of any fall hazard area.
- Proper use of ladders and scaffolds by trained employees.
- Use of fall prevention devices, including safety belts.
- Oil drums, material piles, and wooden planks should not be used to work at height.

For excavation hazards:

- Conduct pre-start checks including availability of excavation equipment, ground conditions, and proximity of any hazards.
- Physical barriers shall be erected around excavations.
- Any services/utilities at the site shall be identified and shall be clearly marked.
- Re-location of existing services/utilities must be completed before work commences.
- Excavation shall be done using appropriate equipment or plant.
- Spoil material from excavations shall be removed/carted away from the working area so that it does not apply surcharge on the sides of the excavation and to keep the area clean.
- Practice safe manual handling techniques (plan, get help if needed, place your feet firmly, bend your knees – not your back, firm grip, lift with legs, etc).

- Check adjacent structures and assess the impact of the excavations on the stability of the structures.
- Make sure that affected adjacent structures are properly supported before commencing the excavation.
- Sides of excavation must be supported/battered where there is a risk to collapse.
- Ladders, stairs, or ramps shall be provided for safe ingress/egress into excavations.
- Inspect supported excavations before work commences each day.
- Personnel must stay within protected/supported excavations at all times.

For manual handling:

- Incorporating rest and stretch breaks into work processes and conduct job rotations.
- Implementing work procedures that reduce unnecessary forces and exertions.
- Wear the right protective equipment for the job.
- Workers should know their physical capabilities and should be given jobs they can reasonably handle.
- Always check that the weight of the load is known before lifting.
- Know the correct way of lifting before attempting a lift, i.e., (i) stand reasonably close to the load, be sure footing is firm and feet are about 300 mm apart, (ii) squat down by bending the knees, keeping the back as straight as you can, (iii) place hands where they will not slip, and grip firmly, (iv) breathe in before lifting - inflating the lungs helps support the spine, (v) straighten up with the legs, keeping the back as straight as you can, (vi) hold the load firmly and close to the body, (vii) ensure your view is not impeded by the load whilst working with it, and (viii) lift slowly and smoothly and avoid jerking motions.
- When two or more persons lift a load, one of the team must be nominated to give instruction to ensure that each person lifts an equal share and the team work together.

- If mechanical equipment is available, use it for lifting and transporting loads.

For housekeeping:

- Do not leave rubbish lying about - clean up as you go.
- Ensure all waste is disposed of in the correct skip / bin.
- Do not obstruct walkways with tools or materials.
- Make sure that spilled oil, grease, or liquids are cleaned up from floors and the contaminated clean up material is disposed of in the correct skip / bin.
- Position all cables and hoses out of the way. Where possible do not lay them across a pedestrian walkway.
- Ensure the waste disposal area is kept tidy.

For hazardous materials/waste:

- All chemicals should be regarded as toxic. Poisoning can occur by accidentally swallowing the chemical when eating or drinking with contaminated hands. Always wash hands carefully after handling chemicals, and do not eat or drink in the same area as the chemicals.
- Always use the right protective equipment and clothing when handling hazardous materials.
- When refueling by hand use a funnel or container to prevent any spillages. Immediately record and report any spillages.
- Train public workers on proper handling and use of hazardous materials.

For air emission:

- Good housekeeping and site planning will help to reduce dust and dirt created on site.
- Store dusty materials in an area that can reduce potential of wind erosion.
- During periods of dry weather, especially during the summer use water sprays in order to dampen down materials, roads, and vehicle routes.
- Keep your vehicle speed low on site especially during periods of dry weather.

- Maintaining levels of contaminant vapors and gases (such as paints and solvents) in the work environment at concentrations below those recommended by the manufacturer or in material safety data sheets.
- Use protective equipment, such as face mask, when working in dusty conditions or environment.

For fire risk:

- Maintain good housekeeping of work areas.
- Properly store flammable materials away from ignition sources and oxidizing materials.
- Workers should be aware of fire risk and know the precautions to prevent a fire and the action to be taken if fire does break out.
- Provide fire arrest equipment such as fire extinguishers, with type and volume commensurate with the volume and type of flammable materials available at the public works area.

For traffic hazards:

- Use traffic cones or barriers to create exclusion zones around construction workers. The traffic cones will also aware drivers of the work in progress so that they take the necessary precautions.
- Use safety/traffic signs to aware drivers of the work in progress.
- Workers should wear high visibility vests at all times. Yellow color vests are preferable for work done during night or early morning times since it is more visible against darkness. Orange color vests are preferable for work done during daytime to give contrast from the blue sky, yellow sunlight, and green environment.
- Vehicles and trucks used should be operated by trained and competent drivers.
- Establish speed limits for vehicles and trucks used.

6.1.1.8 Community health and safety risks during Construction phase

The inflow of workers into the project area will be driven by the labor demands of the subproject activities in the HEPRR project. As a result, the towns found along the project areas would be the center of attraction for various services. Community health risks anticipated to arise in the project areas as a result of the interaction with the local community involves the spread of COVID-19 and HIV/AIDS. Community health risks and impacts is anticipated to arise in the project areas as a result of the interaction of the work force/labor/ of the project with the local community by spreading STDs, HIV/AIDS and COVID-19.

Recommended mitigation measures to prevent and minimize community health impacts and risks include:

- As part of the induction process for new employees and workers, the Contractors are to provide training for all workers on the transmission routes and common symptoms of communicable diseases.
- The contractor is to include an internal first-aid room and medical staff being present at the site which to some extent will help to minimize the interaction between the workforce (particularly temporary construction workers) and local residents.
- Conduct awareness raising and sensitization activities among workers, on transmission prevention of HIV/AIDS and COVID-19 as well as prevention of Malaria.
- Distribution of impregnated nets, periodic spraying of campsite houses and offices to prevent and control malaria occurrences.
- Distribution of face masks, sanitizers, condoms and IEC materials and hand washes, for free of workers and local people around.

6.1.1.9 Traffic and road safety risks to community health and safety

The occurrence of traffic hazards is another public safety adverse impact that occurs during construction phases of the HEPRR project. The movement of construction vehicles and machineries to and from construction sites often causes traffic accident on members of the communities on the neighborhood along the route to the site. In urban areas, it is anticipated that the traffic flow will be slightly disturbed around the subproject area during construction phase. In

order to minimize the occurrence of traffic accident hazards to the project area communities, the following are recommended:

- Traffic signs and safety guides should be arranged in advance and be in place to avoid unnecessary damages and risks.
- A detour road, if found necessary, should be well prepared and constructed for smooth traffic flow.

6.1.2 Project Impact during Operation Phase

The main E & S risks that are likely to occur during operational phases of the HEPRR subprojects are anticipated to be from subprojects focused on conducting collaborative surveillance and laboratory diagnostics and other operation related EHS impacts and risks from HCFs and laboratory activities, and from the operational phases of subprojects focused on digitalization of the health sector processes and PHE information systems and the Emergency Operations Centre. These Environmental and Social risks associated with the operational phase of these activities are outlined as follows.

(a) Potential environmental issues associated with operation of surveillance and laboratory diagnostics and associated HCFs subprojects include the following:

6.1.2.1 Hazardous Wastes from collaborative surveillance and laboratory diagnostics activities

The collaborative surveillance and laboratory diagnostics activities are anticipated to involve the collection, transport and analysis of various samples. As the HEPRR is a national project, the samples to be collected and laboratories to be used will be from across the Country with wide area coverage. Such HEPRR subproject activities could lead to an increase in the generation of wastes such as infectious wastes; air emissions from exhaust air from heating, ventilation, and air conditioning (HVAC) systems; pharmaceutical wastes; chemical wastes; general health care waste such as food waste and paper, plastics, cardboard); wastewater; and air emission. There are risks related to poor management of chemicals and hazardous materials. Potential risks also exist

in relation to exposure of biological agents while transportation of samples if infectious substances are not properly packaged, marked, labelled and documented to ensure safety and containment during the transport process. Health and safety hazards that may affect workers in healthcare facilities/diagnostic laboratories include exposure to infections and diseases, hazardous materials/waste, and radiation. Community hazards include potential infection hazards within the facility, and at waste disposal sites.

As the Impact of Improper Healthcare Waste Management is high in staff, the community and environment, appropriate technologies and methods should be used to treat and dispose risks due to healthcare waste. The laboratories, HCFs and Point of Entries would adhere to the application of the following guidelines to minimize impacts emanating from healthcare waste.

Recommended mitigation measures for impact of improper Healthcare Waste Management which are sourced from the WBG EHS Guidelines for Healthcare Facilities shall also be applied to the HEPRR subprojects. Other additional measures are provided in Annex II ICWMP.

- Health care facilities should establish, operate and maintain a health care waste management system (HWMS) adequate for the scale and type of activities and identified hazards.
- Each health facility should prepare (prior to the start of operations under the subproject) an Infection Control and Waste Management Plan (ICWMP) based on the template provided in Annex II and in accordance with national regulations.
- Waste should be identified and segregated at the point of generation. Non-hazardous waste, such as paper and cardboard, glass, aluminum and plastic, should be collected separately and recycled. Food waste should be segregated and composted. Infectious and / or hazardous wastes should be identified and segregated according to its category using a color-coded system. Collection bins should be placed at specific points or at strategic locations for dumping the medical wastes and other waste types, hence segregating the medical waste from other wastes. The bins should be emptied regularly to licensed collection centers or disposal sites to avoid soil and groundwater contamination.

- Prevention and minimization of the production of waste (integrating systems and practices to avoid the creation of waste into facility design and management and equipment and consumables purchasing).
- Reuse or recycling of wastes to the degree feasible, employing:
 - ✓ Source reduction measures such as purchasing restrictions to ensure the selection of methods or supplies that are less wasteful or generate less health care waste;
 - ✓ Recyclable products (use of materials that may be recycled either on- or off-site);
 - ✓ Good management practices rigorously applied to purchase and control of chemicals and pharmaceuticals; and
 - ✓ Segregation of wastes into different categories—for control of quantities and disposal methods.
- Seal and replace waste bags and containers when they are approximately three quarters full. Full bags and containers should be replaced immediately.
- Identify and label waste bags and containers properly prior to removal.
- Transport waste to storage areas on designated trolleys / carts, which should be cleaned and disinfected regularly.
- Instructions on how to handle the infectious waste from isolation and treatment centers should be made available to the waste handlers in all health facilities.
- Ensure safety and health of the health care waste handlers through provision of appropriate PPEs, vaccination against Hepatitis B and tetanus as well as provision of post-exposure prophylaxis (PEP).
- Waste storage areas should be located within the facility and sized to the quantities of waste generated, with the following design considerations:
 - ✓ Hard, impermeable floor with drainage, and designed for cleaning / disinfection with available water supply;
 - ✓ Secured by locks with restricted access;
 - ✓ Designed for access and regular cleaning by authorized cleaning staff and vehicles;
 - ✓ Protected from sun, and inaccessible to animals / rodents;

- ✓ Equipped with appropriate lighting and ventilation;
 - ✓ Segregated from food supplies and preparation areas; and
 - ✓ Equipped with supplies of protective clothing, and spare bags / containers.
- Unless refrigerated storage is possible, storage times between generation and treatment of waste should not exceed 48 hours during cool season, 24 hours during hot season.
 - Store mercury separately in sealed and impermeable containers in a secure location.
 - Store cytotoxic waste separately from other waste in a secure location.
 - Store radioactive waste in containers to limit dispersion, and secure behind lead shields.
 - Transport waste destined for off-site facilities according to the guidelines for transport of hazardous wastes / dangerous goods in the General EHS Guidelines.
 - Transport packaging for infectious waste should include an inner, watertight layer of metal or plastic with a leak-proof seal. Outer packaging should be of adequate strength and capacity for the specific type and volume of waste.
 - Packaging containers for sharps should be puncture-proof.
 - Waste should be labeled appropriately, noting the substance class, packaging symbol (e.g. infectious waste, radioactive waste), waste category, mass / volume, place of origin within hospital, and final destination.
 - Transport vehicles should be dedicated to waste and the vehicle compartments carrying waste sealed.
 - Facilities receiving hazardous health care waste should have all applicable permits and capacity to handle specific types of health care waste.
 - Health care waste generated in the management of COVID-19 patient is considered infectious wastes and should be treated in the following methods and technologies sequentially: chemical disinfection, wet thermal treatment, inertization, microwave irradiation, incineration and landfill disposal.
 - Ensure that each HCF minimizes its waste generation (all classes of wastes) to the barest possible minimum.

- Infectious waste would be contained from its point of origin to the point at which it is treated and rendered no longer infectious.
- All waste bags or containers would be labelled with basic information in the local language of the area where the HCF is located and/or in English.
- Healthcare Waste should be treated according to Ethiopia Healthcare Waste Management National Guideline 2021 which categorizes HCW in Ethiopia into nine classes. The treatments are described at section 6.9 - 6.10 of the guideline for waste treatment and disposal.
- Healthcare waste should be disposed after treatment. The recommended types of final disposal methods are: conventional sewer system for discharge of treated liquids and grounded solids; or landfill disposal of treated solids and incinerator ash.
- The relevant regional or City level environment authorities and MoH/EPHI would ensure that only treated infectious wastes are buried in landfills.
- Burial sites would be fenced to prevent access by community members or animals. Burial would not be used in areas with high water tables. The bottom of the pit would be at least 1.5 meters higher than the groundwater level.
- Facilities would secure the services of reputable waste handlers to ensure, to the extent possible, that final disposal of health care waste is performed according to applicable federal and local regulations.

MoH and EPHI will comply with the national policy on injection safety policy and the CDC COVID-19 Vaccination Program (2020) on minimization of potential waste of vaccine, constituent products, or ancillary supplies. MoH and EPHI will further adhere to the Infection Control and Waste Management Plan (ICWMP) in Annex II of this ESMF regarding safe handling and disposal of injection and ancillary waste.

Recommended measures to minimize and control risks associated with sample collection, packaging and laboratory procedure include the following:

Environmentally and socially sound medical laboratory operations require adequate provisions for minimization of occupational health and safety risks, proper management, and disposal of

hazardous waste (including sharps disposal), use of approved disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, and appropriate institutional/implementation arrangements for environmental and social risks. The following mitigation measures shall be implemented for the HEPRR subproject activities. Ministry of Health, EPHI and partner institutions through HCF staff shall:

- Ensure that health care workers (HCWs) who collect specimens use appropriate PPE (i.e., eye protection, an N95 mask, a long-sleeved gown, gloves). If the specimen is collected with an aerosol-generating procedure, personnel should wear a particulate respirator at least as protective as a certified N95, an EU standard FFP2, or the equivalent;
- Ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures;
- Place specimens for transport in leak-proof specimen bags (i.e., secondary containers) that have a separate sealable pocket for the specimen (i.e., a plastic biohazard specimen bag), with the patient's label on the specimen container (i.e., the primary container), and a clearly written laboratory request form;
- Establish a quality control system for packaging, collection and transportation of laboratory samples following the WHO guidelines on laboratory biosafety guidance;
- Ensure the collection of samples, transport and the testing of clinical specimens from patients meeting the suspect case should be performed in accordance with WHO interim guidance on laboratory testing for coronavirus disease 2019;
- Utilize incinerator for destroying Gene Expert cartridges at higher than 1,200 °C
- Sample transportation should not expose transporters to risk either during normal handling or in case of an accident.
- Ensure proper medical waste management in accordance with existing WHO standard operating procedures (SOPs);
- Daily monitoring of laboratory capacity to ensure they are all able to accommodate the number of samples collected;

- Organizing sample management (collection, storage, packaging and transport) in accordance with WHO guidelines;

6.1.2.2 Occupational Health and Safety Risks during HCF Operations

Health care facilities are a potential source of infectious waste, and these could pose unsafe conditions for healthcare staff. Of particular concern are health workers handling infectious waste (including sharps) without adequate protective gear, storage of sharps in containers that are not puncture-proof. While some OHS risks will be new borne by equipment or services introduced after renovation or upgrade of facilities, most other effects are existing (hence cumulative) and would only be exacerbated by increased use of healthcare services. Below is a list of OHS risk sources for healthcare staff:

- Biological hazards (blood or other body fluids with potential to cause diseases);
- Lack of adequate lighting in workplaces;
- Lack of safe access particularly for disabled employees;
- Inadequate ventilation in rooms;
- Lack of adequate training (or neglect of safety precautions/ guidelines) in use of medical equipment;
- Misuse of equipment and materials for functions they are not designed;
- Lack of safety signage in specific areas (e.g. X-ray rooms) from radioactive hazards;
- Electrical hazard;
- Eye hazards such as splashes in laboratories and operating rooms; and
- Chemical hazards (acids, alkalis, expired drugs, oxidizing and reactive chemicals);
- Likelihood of the impact occurring is high unless control measures are instituted. Although it is a cumulative impact, the risk to human health is significant.

Recommended Mitigation measures include:

- Ensure the implementation of standard precautions and transmission based precautions in line with national guidelines for IPC in healthcare facilities taking into account guidance from WHO and/or CDC on COVID19 infection control,

- Update and implement HCF OHS plan and/or emergency response plan,
- Ensure identification of risks (Job Risk Assessment) and instituting proactive measures,
- Train the healthcare workers on the potential OSH risks in relation to COVID-19,
- Provision of adequate and required personal protective equipment (PPE) to health workers and enforce on use. This includes: single use medical mask, gown, Apron, eye protection, boots or closed shoes.
- Provision of a system for disinfection of the multi-use PPE if not available.
- Implementation of systemic risk management plan comprising risk prevention, evacuation of accident victims, evaluation and improvement measures.
- Ensure availing of Material Safety Data Sheet for all chemical use in the lab to the lab technicians.
- The beneficiary facilities (labs and HCF) will prepare sub-project specific ICWMP and this will include update of the health facility OSH plan.

(b) Potential environmental issues associated with operation of digitization and PHE information system sub projects include the following:

6.1.2.3 E&S risks associated with digitalization and PHE information systems

The HEPRR project seeks to make multiple interventions to strengthen the Information Management Systems of several stakeholders and partners to the Public Health Emergency (PHE) through its subcomponents. These include subprojects focused on digitalization of the health sector processes and PHE information systems (Subcomponent 1.2), enhancing linkages between surveillance systems with information communication (Subcomponent 1.1) strengthen linkages between BSL-2 laboratories and cross border detection and response activities using state of the art digital health technologies (Subcomponent 2.1). These and other similar subprojects are likely to cause environmental and social risks through increased generation of e-wastes resulting from expanded use of electronic equipments during operation phases.

The operationalization of interventions made on digitalization, MIS and information and communication facilities at different levels by the HEPRR project will entail expanded use of

servers, computers, printers, large screens, speakers, microphones, WiFi Routers, and associated furniture in different parts of the Country (Rural & Urban) which at the end of its lifetime will join the e-waste stream. Improper and indiscriminate disposal of E-waste by the organizations may result to soil and water contamination through the release of heavy metals (lead, arsenic, and cadmium). Moreover, though it may be minor in significance, the increased use of IT facilities will also increase energy consumption (electrical energy) while running the equipments. Air pollution due to diesel fuel combustion by standby generators to run the equipment during power outage and by release of hydrocarbons into the atmosphere due to burning of the IT materials if not properly managed could also occur. The subproject activities will then cause potential risk to the environment due to increased release of e-waste in the long term.

Recommended measures to minimize and control the impacts of the e-waste stream includes

- Develop guideline for e-waste management consisting of recovery, re-use, recycling as well as its collection and disposal mechanisms to be used by all project beneficiaries.
- Publish the e-waste management guideline and disseminate to project beneficiaries
- Provide training and awareness on use of the e-waste management guideline to project beneficiaries

6.2 Project Social Benefits, Adverse Impacts and Mitigation Measures

6.2.1 Social Benefits of the Project

Health emergency preparedness and response projects like HEPRR can bring numerous social benefits, including:

- (1) Protection of public health: Preparedness and response projects can help protect public health during emergencies by ensuring that appropriate medical resources are available, and communities are informed and prepared to respond to emergencies.
- (2) Increased resilience: Emergency preparedness and response projects can increase the resilience of communities by improving their ability to cope with emergencies and adapt to changing circumstance.

- (3) Improved social cohesion: Preparedness and response projects can promote cohesion by encouraging community members to work together towards a common goal, such as protecting their health during an emergency.
- (4) Reduced economic disruption: Preparedness and response projects can reduce the economic disruption caused by emergencies, by ensuring that essential services continue to function, and that businesses are able to resume operations quickly.
- (5) Increased trust in authorities: Effective emergency preparedness and response projects can increase trust in authorities and government institutions, as they demonstrate their ability to manage emergencies and protect the health and safety of citizens.

Overall, health emergency preparedness and response projects can help to protect public health, increase community resilience, promote social cohesion, reduce economic disruption, and increase trust in authorities.

6.2.2 Adverse Social Impacts during Construction and Operation Phase (Component 1 and 2)

6.2.2.1 Risk of Exclusion/Discrimination of Underserved and other Vulnerable Groups

Some groups may confront barriers that prevent them from fully participating in or benefiting from development interventions, in the case of HEPRR Project (1) in developing plans and strategies systems and approaches and on community engagement to develop community-led climate emergency preparedness and response plans and (2) subcomponent 2.3 in developing plans for risk communication, health messages, readiness for and resilient to health emergencies and shocks, develop social welfare and protection action plans and local mechanisms to ensure food security and access to schooling on an ongoing basis and during HEs.

These groups may be excluded not only through legal systems, but also discriminatory or stigmatizing attitudes, beliefs, or perceptions. Disadvantage is often based on social identity, which may be across dimensions of gender, age, location, occupation, ethnicity, religion, among other factors. For instance, acknowledging that women have fewer resources to cope with and

adapt to Health Emergencies (HEs), addressing the issues of gender-based social exclusion, discrimination and differential treatment constitutes an important focus. However, in the implementation of health emergency preparedness and response activities of the Program, there is the potential adverse social risks/impact of exclusion. Elderly and disabled individuals with mobility challenges, poor women with dependent children, persons living with HIV/AIDS and chronic illnesses internally displaced persons (IDPs), refugees, and other underserved groups are often the most vulnerable members of society. This is due to multiple factors including social, cultural, and structural barriers within the communities, limited access to information, low capacity, weak infrastructure, and insecurity for the communities in historically underserved areas and inaccessible/remotely located communities. Therefore, there is a continued need to reach out these vulnerable groups by transcending the social, cultural, structural, and physical barriers to avoid the risk of exclusion, in line with the below mitigation measures recommended.

Disproportionate Impacts and Implications of HEPRR vis-à-vis Vulnerable Groups and Underserved Peoples

The constitution of FDRE recognizes the diversity of the population in ethno-linguistic, cultural, religious and socio-economic terms. The Constitution also recognizes the historical imbalance among the diverse population groups in respect to inclusion and access to benefits from the whole range of state sponsored development programs. On the consideration of these historical facts, expressions of political commitments have been made by the government of FDRE in legal, policy and programmatic documents to redress the inequities in socioeconomic development benefits experienced by vulnerable population groups and underserved ethnic communities.

Fundamentally, health intervention programs like HEPRR are designed to produce positive and sustained impact on target beneficiaries. Nonetheless, such programs may also at times result in unintended adverse consequences or differential impacts on different categories of people. Furthermore, vulnerable population groups such as women, pastoral groups, youths, ethnic minorities, and culturally distinct communities may end up being excluded from development

interventions. The awareness of such scenarios in the overall management of development programs is essential to prevent their occurrence or mitigate their adverse effects. In light of this, it is important to consider the potential impacts and implications of HEPRR Project vis-à-vis vulnerable groups and historically underserved peoples in the intervention areas.

Mitigation measures:

- Minimize the risk by making use of and follow up the strict observation of the government policy on gender and other forms of social inclusion, as stated in policy and legal frameworks of this ESMF;
- Reduce the risk through conducting periodic and specific field identification of key issues of exclusion, discrimination and marginalization of women and other vulnerable groups through social inclusion analysis and impact assessment;
- Assess, as a risk reduction measure, the constraints and opportunities in the Program for encouraging involvement of these groups;
- Assess the organizational capacities of the implementing organizations, and develop Action Plan to ensure that these groups benefit equally from subproject interventions;
- Adopt the risk minimization measure of utilizing community structures and local administration to mobilize minority groups to participate in meetings and consultations;
- Minimize the risk by ensuring inclusive, participatory and informed consultation and information disclosure;
- Prepare and implement, as a risk reduction measure, an effective and functioning Stakeholder Engagement Plan guided by the project design principles, and provisions of other Environmental and Social Risk Management (ESRM) instruments, communication, and monitoring
- Provide as risk reduction measure local language interpreters to ensure understanding and ability to give feedback during engagement.
- Target women and youth in project consultations and activities for their meaningful inclusion in project decisions.
- Minimize the risk by ensuring involvement of women in the design of mechanisms for proactive risk communication and event-based surveillance activities;

- Adopt the risk minimization measure of involving grassroots community structures in ‘Risk Communication and Community Engagement (RCCE)’ works by way of risk factors assessment, production of RCCE strategy and preparation of training documents, production of communication materials, and documentation
- Designing and implementing early warning systems as a risk minimizing measure to increase outreach to socially excluded groups including women;
- Building the capacity of women (or women-led organizations) to better understand and use early warning and risk communication information;

6.2.2.2 The Risk of Operational Concerns due to Remoteness and Insecurity

It is to be expected that a good number of the HEPRR subproject activities related to strengthening the preparedness and resilience of health systems and the detection of and response to HEs will be implemented in remote and far-flung sites in the country. Understandably, some of these areas could still be located in conflict-affected regions experiencing medium to high insecurity. This will have serious implication by way of putting project investments, services, and staff at risk and disrupting project implementation, communication, and monitoring.

One of the most important sources of tension and insecurity particularly in the lowlands and peripheries is the longstanding and recurring inter-ethnic conflicts. For instance, due to heavy dependence on their cattle and herds for their livelihoods, various nomadic pastoral and agro-pastoral groups inhabiting the flood plains in Awash and Omo-Gibe River basins have frequently clashed with one another over the best grazing lands and water points. The most frequent and widely prevalent resource-based conflicts are those between the Afar and Karrayu, the Afar and Issa Somali, the Afar and Arsi Oromo, and the Afar and Ittu in the middle and lower Awash Valley; and between the Hamar and Dassanetch (Geleb), the Borena and Arbore, the Borena and Dassanetch, and the Ngnagatom and Turkana in lower flood plains of the Omo-Gibe Basin.

The current contextual risks of conflicts and situations of instability, and the exacerbation of such conflicts in parts of the country which hitherto were relatively peaceful, also poses similar potential risk for program implementation.

These inter-ethnic tensions and conflicts and other forms of instabilities, no doubt, would pose contextual security risks in the implementation of health systems preparedness and response to HEs interventions, including difficulties in monitoring and supervising social risks and grievance management, in the affected areas.

Mitigation measures

- Minimize the risk by continuously monitoring the situation in project areas to enable early detection, as much as possible, of conflict to enable necessary adjustments.
- Adopt, as a risk reduction measure, the remote management approaches to subproject implementation, monitoring and supervision as a reactive, temporary responses to insecurity in project locations. Remote management is ‘an operational response to insecurity’, involving the withdrawal or drastic reduction of Project staff from subproject sites/field, transferring greater program responsibility to local staff or local partner organizations, and overseeing activities from a different location.
- Reduce the risk by conducting capacity building for local staff and partners (grassroots ESMF implementation structures/committees).
- Reduce the risk by carefully executing and consistently monitoring the implementation of the project’s Risk Assessment and Management Plan (SRAMP).

6.2.2.3 Risk of GBV-Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH)

Gender based violence (GBV) and sexual exploitation and abuse (SEA) are significant concerns in health emergency and preparedness projects like HEPRR. During humanitarian crisis such as disease outbreaks and natural disaster, for instance, women, girls, and other marginalized groups may face heightened risk of GBV and SEA. This is because of factors such as the breakdown of social support systems, displacement, and presence armed actors.

In HEPRR project, it is important to recognize and address the risk of GBV and SEA from the outset. This can involve implementing measures to prevent GBV and SEA, such as training staff on prevention and response, establishment of codes of conduct, and ensuring that reporting mechanisms are in place. It can also involve providing support and service to survivors of GBV and SEA, such as medical care, psychosocial support, and legal assistance.

To effectively address the risk of GBV and SEA in HEPRR project, it is important to take a gender sensitive approach. This means recognizing the different needs and vulnerabilities of women, girls, men, boys, and ensuring that interventions are tailored to these needs. It also means engaging with communities and ensuring their participation in the design and implementation of interventions.

In the context of HEPRR project, the subproject activities, particularly those under Component 1 and 2, can potentially pose a moderate GBV-SEA/SH risk affecting both target community members, the workforce and service users.

In HEPRR project, GBV-SEA/SH and Sexual Harrasement (GBV-SEA/SH) may be expericnced in the process of interactions between project workers and local communities, in the workplace, and within the project host communities particularly those vulnerable and/or affected by different emergencies.

- In the first case, project beneficiaries or members of project-affected communities (women, girls, men and boys) may experience GBV-SEA/SH. No doubt, the Program introduces goods, benefits or services to a project-affected community, either momentarily or indefinitely. Project workers may broker access to the goods, benefits or services that are financed by the project. This creates a power differential between the project worker who uses access to the goods, benefits or services to extract gain or favor from those who seek them. The power differential is created when a project worker has real or perceived power over a resource that can then be used to leverage or pressure a community member into an unwanted sexual act. If the project worker uses this differential power to extract sexual gain, then the person is sexually exploiting/abusing a project beneficiary. Potential

perpetrators of SEA/SH can be any personnel associated with the project and may include staff supervising project activities, consultants or those undertaking technical assistance activities or studies, as well as the security guards hired to protect a project site.

- The GBV-SEA/SH risks can intensify within local communities when there is labor influx of male workers from outside the area looking for job in major civil works and physical investment activities. However, this project still finances limited physical infrastructure, mainly the rehabilitation and expansion of existing ICU, isolation and emergency facilities and the construction and rehabilitation undertaken within hospitals under sub-component 1.3. Minor civil works for refurbishment and renovation would engage some laborers and related workers at site. Such workers, more often than not, come without their families and have reasonable disposable incomes relative to the local community, and this can pose a risk in terms of sexual harassment, violence and exploitative transactional relationships. These risks are higher where workers come into close contact with the local community or when living together in remote areas. In addition, adolescent girls and boys in the local communities where such subproject physical investments are carried out and those children attending nearby schools are more susceptible to sexual harassment, abuse and exploitation by construction workers and others working in related activities.
- Further, in rural settings, where the presence of law enforcement is often low, the risk of sexual harassment for local women is likely higher, in particular for younger women and girls. The risk factor is also the remoteness of locations where people have limited access to resources to report GBV-SEA/SH and receive support. In this context, fraternization or the practice of conducting close social relations by incoming workers with female members of the local community, can lead to a range of unacceptable and/or illicit behavior. This includes unwanted aggressive advances, sexual harassment, gender-based violence against women and children.
- GBV-SEA/SH in the context of this project becomes a workplace threat when anyone who comes in contact with the workplace engages in sexually abusing and harassing or

criminal acts. Gender-based violence in the HEPRR Project workplace can occur and this may include:

- Bullying, physical and verbal abuse from work colleagues, supervisors or managers.
 - Sexual harassment and unwanted sexual advances.
 - Sexual abuse and violence, including ‘coercive’ or transactional sex, rape and sexual assault.
 - Abuse and harassment around pregnancy.
 - Psychological abuse and intimidation.
 - Threats and acts of physical and sexual violence.
 - Abusive working conditions such as poor health and safety (including building and equipment safety).
 - Inadequate or inappropriate sanitary facilities and rules about their use.
 - Involuntary excessive long working hours and unpredictable or late demands to work overtime.
- The most pervasive workplace risk of gender-based violence in this project, as experience from other related projects show, is sexual harassment. Sexual harassment is unwelcome and offensive conduct of a sexual nature that may make workers feel humiliated, intimidated or uncomfortable. Women are asked for sexual favors, exposed to inappropriate jokes, insinuations, and comments, and unwanted physical contacts that can amount to assault. And sexual harassment at work remains underreported because of fear of disbelief, blame, social or professional retaliation, retaliatory civil or criminal charges, or loss of legal residency status.
- GBV-SEA/SH risks in the context of this country wide HEPRR Project are also related to the exacerbation of existing insecurity in parts of the country where communities are affected by different emergencies (conflict, ethnic clashes/tensions, floods, and droughts). Such contextual risks of conflicts and situations of instability exacerbate pre-existing patterns of discrimination against women and girls, exposing them to heightened risks of GBV and other harmful practices. For example, the escalation in conflict in

Northern Ethiopia has led to a marked increase of GBV, especially sexual violence across the affected regions in Tigray, Amhara and Afar. GBV response needs are also reported to be high in Benishangul Gumuz, Somali, Oromia and SNNP regions as a result of increased violence and drought. The drought affecting Ethiopia especially in Somali, Oromia and Afar regions is also exacerbating GBV risks for women and girls.

- A related contextual risk in this regard is the lack of access for survivors to quality specialized lifesaving GBV services, such as the Clinical Management of Rape (CMR), psycho-social support (PSS), GBV case management, legal aid, and referral mechanisms. This is due to lack of services, lack of awareness, fear of stigma and weak referral systems compounded by disruption of services and lack of functional hotlines in conflict-affected regions.

Mitigation measures

It is of paramount importance that the HEPRR Grant Management Unity/Project Coordination Unit (GMU/PCU) see to it that robust risk reduction measures to address the risk of GBV are adopted (See Annex III for SEA/SH Prevention and Response and Action Plan). These include:

Training and sensitization/awareness creation for IAs and Contractors /suppliers/ consultants

- Reduce the risk by promoting mandatory and repeated training and awareness raising for the project workforce about refraining from unacceptable conduct toward local community members, specifically women;
- As mitigation measure, develop training materials for sensitization briefings, targeting ERA management and Contractor management;
- Informing project workers about national laws that make sexual harassment and gender-based violence a punishable offence so as to minimize the risk;
- Reduce the risk by way of delivery of periodic mandatory training on GBV to all workers, including contractors, subcontractors and primary suppliers, as well as relevant consultants and clients;

- Training grievance redress committee to handle issues of sexual abuses perpetrated by project workers, and members of the community;
- Minimize the risk by way of using posters and other communication/messaging/signage to display messages on zero tolerance

Assigning Gender/GBV Experts in the relevant IAs

- Minimize the risk by assigning a gender expert at the GMU/PCU and paid focal person in the implementing partners and beneficiary institution (EPHI, AHRI, EFDA, EPSA and Regional Health Bureaus (BoH));

Preparing Code Conduct (CoC)

- Introducing a Worker Code of Conduct (CoC) as a risk reduction measure as part of the employment contract, and including sanctions for non-compliance (e.g., termination);
- Ensure these codes of conduct are publicly disclosed in local languages and are widely accessible to all workers and all groups of people in project areas;

Cooperation with relevant stakeholder

- As a risk reduction measure, ensure that contractors adopt a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence;
- Involving relevant authorities such as law enforcement, community leaders in handling sexual abuse in project communities and ensure that where relevant, referral pathways for eventual cases are identified.

GRM for GBV-SEA/SH

- Develop safe, confidential and accessible grievance reporting, referral and support systems for workers and local communities as a way to reduce the risk;
- Training of GRM committee/GRM operators on GBV/SEA basics, survivors centered approach, the referral pathway, reporting and confidentiality of data.
- Reduce the risk by disseminating information on GBV GRM reporting procedures for grassroots community structures in the intervention areas

Separate living space/toilet/ shower facilities for men and women project workforce

- Minimize the risk by providing safe, secure and separate living spaces for workers involved in the limited physical infrastructure investments (rehabilitation and refurbishing works);
- Provide lighting around project sites, including around latrines and access routes.
- Install separate, lockable latrines for female construction workers;

Policy/strategy and reporting and M&E

- Develop clear reporting and management procedures for SEA/SH.
- Apply Gender management (GM) strategy, by way of reducing the risk, in all the project cycle through application of gender analysis, gender responsive allocation of resources to address gender specific interventions and M&E;
- Develop, as mitigation measure, a clear reporting and management procedures for SEA/SH
- As a risk reduction measure, develop M&E system with clear indicators to follow up progress made, and challenges encountered.

6.2.2.4 The Potential Risk of Elite Capture

Power over local decision making has always been and continues to be concentrated among elites. These are actors who have disproportionate influence in the project design and implementation process as a result of their superior social, political or economic standing. In the implementation of HEPRR Project, there will be the risk of elite capture which refers to situations where elites (grassroots level ESMF implementation structures/committees) shape the development processes according to their own priorities and/or appropriate development resources for private gain. As a result, in the areas where the project support improved resilient infrastructure and establish safe health facilities that can withstand disruptions caused by health emergencies; and supporting risk communication and community engagement, empowerment, and social protection for all health emergencies, the operations may be dominated by these elites,

who tend to be better educated, able to dedicate more time to community activities, and better connected with outsiders and project authorities. As a result, elite capture poses a major challenge in HEPRR subproject operations.

While elite capture does not eliminate all of the benefits of subproject activities, it does have the potential to greatly decrease the effectiveness of these operations. In order to most effectively promote social accountability, project authorities/implementers (the federal Grant Management Unit/Project Coordination Units (GMU/PMU), Regional Health Bureaus of the targeted intervention areas should not only be aware of the structural conditions which make elite capture more likely, but also sensitive to the fact that communities must be sufficiently empowered before they can benefit from the operations. Negative elite involvement is particularly likely to occur when: (a) Elites have significant control over community decisions and/or the autonomy to craft rules which discourage community involvement in the project; (b) Projects are initiated before sufficient capacity-building measures have been implemented to ensure that community members have the skills and knowledge necessary to effectively advocate for their position with local elites; and (c) The project moves forward with implementation before clear rules and processes have been established to guide its activities.

Mitigation measures

- Reduce the risk by ensuring that community members are aware of subproject operation's purposes and know committee members and their roles.
- Minimize the risk by monitoring and following up Project implementers work on information disclosure and transparency, especially related to project budgets, financing, contracting, and procurement.
- Reduce the risk by making certain that community members are involved in all stages of the project cycle from setting priorities, to monitoring progress and assessing results.
- Ensure, as a risk reduction action, that the selection of the leadership at the grassroots level are carried out in a democratic and transparent manner so that members of the relevant committees are less dominated by elites.

- Put in place a participatory Monitoring & Evaluation in which the various stakeholders share control over the content, the process and the results of the M&E activity and engage in identifying and implementing corrective actions throughout the project cycle.
- Reduce the risk by developing complaint handling mechanisms to provide stakeholders with opportunities to report elite capture to project authorities through anonymous channels.

6.2.2.5 Risk of Infectious and Communicable Diseases

Component 1.3 includes sub-project activities on refurbishing, equipping and expansion of existing ICUs and other emergency facilities as well as construction and rehabilitation works envisaged to be undertaken within hospitals by making some modifications to the existing buildings to suite for the intended purposes. These activities are anticipated to entail a degree of labor influx and engage some laborers and related workers at site. Over the project's lifetime, therefore significant number of people may move to subproject sites. The migrant workers may come either with new types of infectious or communicable diseases that would infect others, and this would result in the spread of epidemics.

Community health and safety risks in the context of the HEPRR project involve the transmission of communicable diseases, including HIV/AIDS and COVID-19, due to interactions among project workers and between the project workforce and local communities. There may be risks of sexually transmitted diseases (STD), including HIV and AIDS, and COVID-19 due to increased movement and interaction between the workforce and the local inhabitants, with serious potential adverse social and health impacts. A Labor Management Framework (LMP) is prepared to deal with the risks of sexually transmitted diseases (STD), including HIV and AIDS, and COVID-19 which may result from the increased movement and interaction between migrant workforce and the local inhabitants,

Mitigation measures

For release/discharge of waste

- Reduce the risk by implementing best practices for waste management, including proper disposal of hazardous materials.
- Reduce the risk by installing pollution control measures such as air filtration systems, wastewater treatment facilities, and emissions reduction technologies.
- Minimize the risk by developing emergency response plans to address accidental releases of hazardous materials.
- Mitigate the risk by conducting regular monitoring and reporting to ensure compliance with environmental regulations.

For reducing the risk of HIV and AIDS

- Minimize the risk by ensuring that the provision of HIV and AIDS education and information shall form part of the delivery and health care services by all health care providers for project workforce, including migrant worker, the local workforce;
- Minimize the risk by promoting continuous sensitization of the workers and community members about HIV/AIDS and other STDs.
- Reduce the risk by working closely with respective government departments, local NGOs, and/or faith-based organizations, and local communities involved in HIV and reproductive health;
- Reduce the risk by constantly making available VCT services to the project workforce and community members;
- Reduce the risk by integrating the monitoring of HIV/AIDS preventive activities as part of the regular supervision work; and ensure that basic knowledge, attitude and practices are among the parameters to be monitored.
- Reduce the risk by ensuring that all subproject sites/workplaces make COVID-19 information from relevant health agencies readily available to their workforce;

The following action points should be provided to all project workers in all workplaces to prevent transmission of COVID-19.

- ✓ Physical distancing: Introduce measures to keep a safe physical distance in accordance with national regulations.
- ✓ Hand hygiene: Implement conveniently located hand washing stations or alcohol-based hand sanitizer at all facilities.
- ✓ Cleaning and disinfection of environmental surfaces.
- ✓ Personal protective equipment (PPE): Workplaces have a responsibility to provide at no cost suitable and sufficient PPE, conduct training and monitor safe use among its workers

6.2.2.6 Recruitment and Employment Discrimination

Discrimination is the major potential risk under the proposed HEPRR project and its subcomponents. These include potential inappropriate treatment or harassment of project workers related, for example, to gender, age, disability, ethnicity, or religion; potential exclusion or preferences with respect to recruitment, hiring, termination of employment, working conditions, or terms of employment made on the basis of personal characteristics unrelated to inherent work requirements; and in training and development provision.

Mitigation measures

- Reduce the risk by developing clear policies that prohibit discrimination in recruitment and employment practices.
- Minimize the risk by ensuring that the LAM makes sure that it encompasses (i) written contracts of employment, including terms and conditions of employment; and (ii) protection of wages including fair treatment, non-discrimination and equal opportunity of project workers;
- Reduce the risk by providing training to employees on diversity and inclusion which can help to increase awareness of unconscious biases and promote a more inclusive workplace culture.
- Minimize the risk by putting in place a workable and smooth grievance redress mechanism for addressing and managing workplace and employment related conflicts or complaints;

- Minimize the risk by popularizing the GRM to potential beneficiaries and that workers are informed of the GRM at the time of recruitment and the measures put in place to protect them against reprisal for its use.
- Reduce the risk by making recruitment procedures transparent, public and open with respect to ethnicity, religion, disability, gender, or gender orientation.
- Reduce the risk by using objective criteria for selection: Recruitment and hiring decisions should be based on objective criteria such as qualifications, experience, and skills, rather than personal characteristics such as gender, age, or ethnicity.
- Reduce the risk by conducting regular audits of recruitment and employment practices which can help to identify areas of discrimination and ensure compliance with equal opportunity and anti-discrimination laws.

6.2.2.7 Risk of Child Labor

Child labor is a serious problem in Ethiopia. Studies have found that children in Ethiopia engage in the worst forms of child labor, including in the construction sector where they have been employed to do jobs such as carrying heavy loads and digging. During subproject works related to the renovation/rehabilitation/installation construction works, contractors may use child labor due to lack of awareness and lesser attention to its implication. Therefore, the following risk reduction measures should be applied to counter the risk of child labor:

Mitigation measures

- By way of risk reduction, provide trainings to ensure contractors are informed of the legal consequences of child labor to discourage practice;
- Prepare a LMP which contains risk reduction measures, including terms and condition of employment and minimum age;
- Periodic monitoring to ensure that terms and conditions of all project workers are in accordance with the requirements of national law and ESS2 as indicated in the LMP;
- Reduce the risk by establishing a GRM through which workers will be able to lodge their complaints, concerns, difficulties.

6.2.2.8 Damage to Cultural Heritage and Historic/Ritual Sites during Expansion/ Rehabilitation / Construction Operations:

As the refurbishment and/or construction and rehabilitation are expected to be carried out in existing facilities, such civil works are expected to be minor with low likely impact or causing risk on cultural heritage. However, there will still be a risk of the expansion of existing ICU and isolation and emergency facilities in the major entry points, most of which are to be located in the borderlands of the peripheries, to cause damage of sacred funeral and ritual sites as well as to which SSAHUTLC have collective attachment. In these cases, as a precautionary measure, Chance-find Procedures (see sample in Annex V) will be included in civil works contracts requiring contractors to stop construction if physical cultural resources are encountered during the rehabilitation and expansion works.

Mitigation measures

- Minimize the risk by training construction workers to recognize the signs of physical cultural resources and understand the importance of protecting them.
- Minimize the risk by developing contingency plan in case physical cultural resources are discovered during construction. The plan should outline the steps to be taken in such an event, including halting work in the immediate vicinity of the find, contacting the relevant authorities, and protecting the site until further instructions are received.
- Minimize the risk by including or adding a clause for chance find procedures in construction contract agreements;
- Reduce the risk by notifying an institution responsible for culture, religious and historic heritage sites protection and conservation, etc;
- Minimize the risk by putting in place a workable Grievance Redress Mechanism to address community complaints.

There are also a number of other social risks associated with activities at ports of entry (POE) for HEPRR Projects. These risks and their mitigation measure are particularly important as they mostly affect Vulnerable and Marginal Groups, as identified by the Social Assessment (SA) conducted for this Project, and these include pastoralists and agro-pastoralists, refugees, and IDPs Below are the risks and the mitigation measures.

6.2.2.9 The Risk of Privacy and Data Security

Privacy and data security are important considerations especially when it involves activities at Ports of Entry (POEs) in HEPRR projects. Some potential risks and mitigation measures related to privacy and data security are:

- (1) Data breaches: There is a risk of unauthorized access to sensitive data collected at POEs, such as personal health information or travel details.

Mitigation measures

- Implementing robust data encryption techniques to protect the confidentiality of sensitive information.
- Restricting access to data through role-based access controls, ensuring that only authorized personnel can view or handle sensitive data.
- Regularly monitoring and auditing data access to identify any suspicious activities.

- (2) Inadequate consent and notice: Privacy regulations often require individuals to provide informed consent and receive proper notice when their personal information is collected.

Mitigation measures

- Clearly communicating to individuals about the purpose and scope of data collection at POEs.
- Obtaining explicit consent from individuals before collecting their personal information.
- Providing privacy notices that explain how the collected data will be used, stored, and shared.
- Offering individuals the ability to opt-out or request the deletion of their data, where applicable.

(3) Data retention and storage: The project may involve storing and retaining sensitive data for an extended period.

Mitigation measures

- Implementing secure data storage practices, such as encryption and access controls, to protect stored data from unauthorized access.
- Establishing clear retention policies to ensure data is retained only for the necessary duration and securely disposed of when no longer needed.
- Regularly reviewing and updating data storage practices to align with evolving privacy and security standards.

(4) Cross-border data transfer: If the project involves the transfer of data across international borders, additional risks may arise due to different privacy laws and regulations.

Mitigation measures

- Understanding and complying with relevant data protection laws in the countries involved.
- Utilizing legal mechanisms, such as standard contractual clauses or binding corporate rules, to ensure an adequate level of data protection during cross-border transfers.
- Conducting due diligence on third-party service providers involved in data processing to ensure they have appropriate privacy and security safeguards in place.

(5) Training and awareness: Inadequate knowledge and awareness among project staff about privacy and data security can increase the risk of privacy breaches.

Mitigation measures

- Providing comprehensive training and awareness programs to project staff regarding privacy and data security best practices.

- Regularly updating staff on emerging privacy and security threats and how to mitigate them.
- Encouraging a culture of privacy and security awareness by promoting reporting mechanisms for potential incidents or vulnerabilities.

6.2.2.10 Cultural and Linguistic Risks

Cultural and linguistic risks can pose significant challenges. Misunderstandings and communication gaps can hinder effective collaboration and response efforts.

- (1) Language barriers: Inadequate communication due to language differences can impede information exchange, coordination, and decision-making at POEs.

Mitigation measures

- Providing language interpretation services, either through in-person interpreters or remote interpretation services, to facilitate communication with individuals who do not speak the local language.
- Developing multilingual signage and informational materials to ensure important messages are conveyed to individuals in a language they understand.
- Recruiting bilingual staff or volunteers who can assist with interpretation and communication.
- Provide translation services: Establish on-site translation services or engage professional interpreters to bridge language gaps.
- Develop multilingual communication materials: Ensure that key information, such as health advisories and guidelines, is available in multiple languages.

- (2) Cultural differences: Cultural variations in norms, practices, and beliefs can lead to misunderstandings, resistance, or non-compliance with health protocols and guidelines.

Mitigation measures

- Cultural competency training: Educate staff about the cultural backgrounds and practices of diverse populations they may encounter at POEs. This training can help foster understanding and improve interactions.

- Sensitize health messaging: Tailor health communication to be culturally sensitive, considering customs, beliefs, and practices of different communities.
 - Engage community leaders and organizations: Collaborate with local community leaders, cultural organizations, and NGOs to ensure effective communication and community buy-in for health measures.
- (3) Misinterpretation of symptoms: Differing interpretations of symptoms between health authorities and travelers may lead to inaccurate reporting or misdiagnosis of health conditions.

Mitigation measures

- Standardized symptom assessment tools: Develop and utilize standardized tools for symptom assessment that can be easily understood by both healthcare professionals and travelers.
 - Training on symptom recognition: Train frontline staff to recognize and interpret symptoms accurately, considering cultural differences in expressing and perceiving symptoms.
 - Access to medical interpretation: Ensure access to medical interpretation services to facilitate clear communication between healthcare professionals and individuals who exhibit symptoms.
- (4) Lack of health literacy: Limited health literacy among travelers can impede understanding of health instructions, preventive measures, and emergency response protocols.

Mitigation measures

- Simplify health messages: Use clear, concise, and jargon-free language in health communications to enhance comprehension.
- Visual aids and multilingual materials: Utilize visual aids, infographics, and multilingual materials to supplement written information and improve accessibility.
- Public awareness campaigns: Conduct targeted public awareness campaigns to educate travelers about health risks, emergency response procedures, and preventive measures.

6.2.2.11 Political Risks due to Conflict

Political risks, including conflicts between countries and unwillingness to share data, can significantly impact activities at ports of entry (POE) for HEPRR Projects.

- (1) Geopolitical conflicts: Ongoing geopolitical conflicts between countries may hinder cooperation and information sharing at POEs, impacting the effectiveness of health emergency response.

Mitigation measures

- Foster diplomatic engagement and communication channels between project stakeholders from conflicting countries.
- Emphasize the shared goal of public health and the importance of cooperation despite political tensions.
- Encourage project partners to focus on technical and operational aspects, rather than political differences, to maintain progress.

- (2) Data sharing restrictions: Unwillingness or restrictions on data sharing between countries can impede the timely and accurate flow of critical health information at POEs.

Mitigation measures

- Develop standardized protocols for data sharing, ensuring privacy and security concerns are addressed.
- Establish bilateral or multilateral agreements between project partners for streamlined data sharing specifically related to health emergencies.
- Implement anonymization and aggregation techniques to balance privacy and the sharing of essential health information.

- (3) Political will and commitment: Lack of political will and commitment from countries can undermine the effectiveness of health emergency preparedness and response efforts at POEs.

Mitigation measures

- Advocacy and awareness: Raise awareness among political leaders about the importance of health emergency preparedness and response, emphasizing the potential consequences of inaction.
- International pressure and incentives: Leverage international collaborations and agreements to encourage countries to prioritize health emergency preparedness and response, offering incentives for cooperation.
- Sharing success stories: Highlight successful examples of countries working together and the positive outcomes achieved through collaborative health emergency response, fostering a sense of shared responsibility.

(4) Independent International Oversight: The absence of independent international oversight may exacerbate political risks and hinder effective health emergency response at POEs.

Mitigation measures

- Establish international oversight mechanisms: Advocate for the establishment of independent international bodies or agencies responsible for overseeing health emergency preparedness and response efforts, providing guidance, and ensuring accountability.
- Transparent reporting: Encourage countries to transparently report on their health emergency preparedness and response activities to international bodies, promoting accountability and peer review.
- Peer-to-peer collaborations: Facilitate peer-to-peer collaborations and knowledge sharing between countries with successful health emergency response systems, allowing for the transfer of best practices and lessons learned.

6.2.2.12 Increased Risks of Disease Transmission

When implementing activities at Ports of Entry (POEs) in a HEPRR Project, there is an increased risk of disease transmission due to the movement of people across borders.

(1) Disease spread from infected individuals: The movement of individuals through POEs can introduce infectious diseases into new areas.

Mitigation measures

- Implementing robust health screening procedures at POEs to identify individuals with symptoms or potential exposure to infectious diseases.
- Providing necessary medical resources, such as isolation facilities, personal protective equipment (PPE), and trained healthcare personnel, to handle suspected cases and prevent the spread of diseases.
- Collaborating with public health authorities and healthcare providers to ensure effective surveillance, testing, and contact tracing measures are in place.

(2) Inadequate hygiene practices: Poor hygiene practices can contribute to disease transmission.

Mitigation measures

- Establishing and enforcing proper sanitation and hygiene protocols at POEs, including handwashing stations, sanitization stations, and waste disposal facilities.
- Conducting hygiene education and awareness campaigns to educate individuals passing through the POEs about proper hand hygiene, respiratory etiquette, and other preventive measures.
- Providing access to soap, water, hand sanitizers, and other hygiene supplies to promote good hygiene practices among travelers and staff.

(3) Overcrowding and close contact: Crowded POEs and close contact among individuals can increase the risk of disease transmission.

Mitigation measures

- Implementing crowd management strategies to minimize overcrowding and maintain physical distancing at POEs.
- Utilizing technologies such as biometric systems, e-gates, or online pre-registration systems to expedite and streamline the entry process, reducing congestion and close contact.

- Redesigning infrastructure and layout at POEs to allow for better physical distancing and flow of individuals.

(4) Cross-border movement of vectors: Disease-carrying vectors, such as mosquitoes or ticks, can be transported across borders through various means.

Mitigation measures

- Conducting vector control programs at and around POEs, including measures such as insecticide spraying, breeding site reduction, or use of vector traps.
- Implementing surveillance systems to detect the presence of vectors and the diseases they carry, enabling early detection and response.
- Providing education and information to travelers about the risks of vector-borne diseases and the preventive measures they can take.

(5) International collaboration and information sharing: Collaborating with international partners and sharing timely information is crucial for effective disease surveillance and response.

Mitigation measures

- Participating in global health networks and initiatives that facilitate information exchange and coordination among countries.
- Sharing epidemiological data, surveillance findings, and best practices with relevant international organizations, neighboring countries, and public health authorities.
- Establishing mechanisms for cross-border communication and coordination to ensure a coordinated response to disease threats.

6.3 Environmental and Social Management Plan

This section presents an overall statement of intent with regard to environmental and social management plans (ESMP) for the HEPRR Project. ESMP is a delivery mechanism for environmental and social mitigation measures. The overall purpose of the ESMP is to ensure that recommendations provided in the ESMF are translated into practical management actions which

can be adequately resourced and integrated into the Project phases. Table 7 presents a generic ESMP for the HEPRR project based upon existing information on subprojects. The ESMP provides a logical framework within which identified negative impacts shall be mitigated and positive impacts enhanced. It indicates the expected impact, actions to mitigate it, time frame, responsible body and the estimated cost. It translates the generic mitigation and management measures into actions to be undertaken during the various phases of the project. It also establishes roles and responsibilities for effective implementation of the mitigation measures.

The present generic ESMP also provides guidance and information to prepare and implement site specific ESMP during the course of HEPRR project implementation. Accordingly, based on the screening/scoping outcomes, for each HEPRR subproject an ESIA and/or ESMP shall be developed based upon the specific subproject design and a final set of construction and operation phase mitigation and monitoring measures will be determined by taking the generic ESMP of this ESMF into consideration.

For mitigation measures related to design change, in collaboration with MoH and its partner implementing agencies, the design and supervision consultancy organization assigned to design the proposed development subproject will be responsible for incorporating the recommended mitigation measures into the design and into the technical specifications of the main project report.

In addition, for subprojects under construction, the construction contractor will be required to prepare and implement a C-ESMP by taking the subproject specific ESIA/ESMP and the ESMP of the ESMF into consideration. For subproject operation phase, the relevant implementing entity will be required to prepare and implement the operation phase measures.

Table 8: Environmental and Social Management Plan

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
Adverse Environmental Impacts (Construction phase)						
1	Impact of Noise and Vibration on Communities	<ul style="list-style-type: none"> -Selecting equipment with lower sound power levels -Installing acoustic enclosures for equipment casing radiating noise -Improving the acoustic performance of constructed buildings, apply sound insulation -Installing acoustic barriers without gaps and with a continuous minimum surface density of 10 kg/m² - Prepare site specific noise abatement plan as part of the applicable subproject ESMP and C-ESMP. -Use of noise suppression shields and mufflers -locate noise generating sources away from residential or other noise-sensitive receptors -Avoid using heavy construction machinery during night-time -Carry out regular maintenance on the construction machineries -Select transport routes to minimize noise pollution in sensitive areas -Install noise silencer on the construction machineries 	<ul style="list-style-type: none"> -Construction contractor - Construction Supervisor 	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal EPA Offices 	During Construction phase	Part of project construction cost
2	Impact on Air Quality: Frequent movement of	-Regularly spray water to suppress the resuspension of dust during construction,	-Construction			

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	vehicles and machineries from and to construction sites will resuspend dust and release exhaust gases causing air quality to deteriorate.	<p>particularly during use of gravel roads and dirt tracks.</p> <ul style="list-style-type: none"> -Conduct regular maintenance and servicing of construction vehicles and machineries to minimize air pollution; -Minimize unnecessary idling of running diesel engines of machineries, vehicles and equipments. -Limit the speed of vehicle movements to minimize dust -Increase moisture content for open materials storage piles, -Fuel switching (e.g. selection of lower sulfur fuels) when possible. -Drivers should be instructed on the benefits of driving practices that reduce both the risk of accidents and fuel consumption and driving within safe speed limits; 	<p>contractor</p> <ul style="list-style-type: none"> - Construction Supervisor 	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal/Federal EPA Offices 	During Construction phase	Part of project construction cost
3	Impacts due to Construction Wastes: improper disposal of construction waste materials will adversely affect land use and natural drainage patterns	<ul style="list-style-type: none"> -Provide solid waste collection and segregation facilities at appropriate location of the subproject site. -properly segregate and dispose wastes to encourage reuse and recycling of some useful waste materials - Provide sufficient temporary ablution facilities for staff so they do not relieve themselves in the fields. -Do not mix hazardous wastes with other waste generated and must be managed as per hazardous waste management and control proclamation. 	<p>Construction contractor</p> <ul style="list-style-type: none"> - Construction Supervisor 	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal Authorities 	During Construction phase	Part of project construction cost

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		<ul style="list-style-type: none"> -Waste must be collected from the site at least once in 24 hours and when temporarily kept on site it must be covered to minimize nuisance odour and vermin. -Wastes have to be properly transported and disposed to officially permitted by the concerned local authorities and properly managed site -Wastes have to be properly transported and disposed to officially permitted and properly manage site -Segregate and store hazardous waste in containers or specialized leak-proof plastic bags - Provide spill containment storage volume - Dispose hazardous materials only at designated disposal sites/facilities (if any) with permission from the concerned authorities and/or through licensed contractor. - Never dispose used oil and filters to the ground, use leak proof containers 				
4	<p>Impacts on Soil: Construction activities to expand selected HCFs at POEs and the EOC office building may result in scrapping of top soil, mixing and</p>	<ul style="list-style-type: none"> -Top soil stripped should be stockpiled for greening and rehabilitation in the area -Restore the nutrient rich top soil to its original level upon completion of construction works -The topsoil should be uniformly spread onto areas to be rehabilitated -As much as possible, use existing access 	<p>Construction contractor</p> <p>- Construction Supervisor</p>	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal Authorities 	<p>During Construction phase</p>	<p>Part of project construction cost</p>

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	compaction	roads -As much as possible locate access roads out from farm fields and should be rehabilitated once their use is completed.				
5	Impacts of material extraction from quarries: Quarrying to extract construction materials will cause land degradation and erosion adverse effects.	-Select appropriate low-impact extraction methods (e.g. excavation and quarrying) that result in final site contours supportive of habitat restoration principles and final land use; -Topsoil and overburden should be removed separately and segregated for later use during site reinstatement, -Smaller, short-lived extraction sites (e.g. borrow pits) should be reclaimed immediately -Affected land should be rehabilitated to acceptable uses consistent with local or regional land use plans. Land that is not restored for a specific community use should be seeded and revegetated with native species	Construction contractor - Construction Supervisor	-Regional/Zonal/Woreda EPA - MoH E&S Staff - Local Authorities	During Construction phase	Part of project construction cost
6	Community health and safety risks during Construction phase;	-As part of the induction process for new employees and workers provide training for all workers on the transmission routes and common symptoms of communicable diseases. -The contractor is to include an internal first-aid room and medical staff being present at the site -Conduct awareness raising and sensitization activities among workers, on transmission prevention of HIV/AIDS and	Construction contractor - Construction Supervisor	- EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal Health Authorities	During Construction phase	Part of project construction cost

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		<p>COVID-19 as well as prevention of Malaria.</p> <ul style="list-style-type: none"> -Distribution of impregnated nets, periodic spraying of campsite houses and offices -Distribution of face masks, sanitizers, condoms and IEC materials and hand washes, for free of workers and local people around. 				

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
Adverse Environmental Impacts (Opération phase)						
1	<p>Impacts of Hazardous Wastes from collaborative surveillance and laboratory diagnostics activities HEPRR subproject activities could lead to an increase in the generation of infectious wastes; pharmaceutical wastes chemical wastes</p>	<p>Recommended mitigation measures for impact of improper Healthcare Waste Management</p> <ul style="list-style-type: none"> - Health care facilities should establish, operate and maintain a health care waste management system (HWMS) adequate for the scale and type of activities and identified hazards. - Each health facility should prepare (prior to the start of operations under the subproject) an Infection Control and Waste Management Plan (ICWMP) based on the template provided in Annex II and in accordance with national regulations. - Waste should be identified and segregated at the point of generation. 	<ul style="list-style-type: none"> - HCF Env. Hygiene & Public Health Staff - Woreda Health office 	<ul style="list-style-type: none"> - MoH E & S staff - EPHI E&S Staff - Regional Health Bureau Environmental Hygiene staff 	<p>During Operation phase</p>	<p>Part of project equipment cost</p>

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		<ul style="list-style-type: none"> - Seal and replace waste bags and containers when they are approximately three quarters full. - Store mercury separately in sealed and impermeable containers in a secure location. - Unless refrigerated storage is possible, storage times between generation and treatment of waste should not exceed 48 hours during cool season, 24 hours during hot season. 				
2	<p><i>Recommended measures to minimize and control risks associated with sample collection, packaging and laboratory procedure include the following:</i></p>	<ul style="list-style-type: none"> -Establish a quality control system for packaging, collection and transportation of laboratory samples following the WHO guidelines on laboratory biosafety guidance; -Ensure that health care workers (specimens use appropriate PPE HCWs) who collect -Ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures; -Place specimens for transport in leak-proof specimen bags (i.e., secondary containers) that have a separate sealable pocket for the specimen (i.e., a plastic biohazard specimen bag), with the patient's label on the specimen container -Organizing sample management (collection, storage, packaging and transport) in accordance with WHO guidelines; -Sample transportation should not expose transporters to risk either during normal handling 	<ul style="list-style-type: none"> - HCF Env. Hygiene & Public Health Staff - Woreda Health office 	<ul style="list-style-type: none"> - MoH E & S staff - EPHI E&S Staff - Regional Health Bureau Environmental Hygiene staff 	During Operation phase	Part of project equipment cost

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		or in case of an accident.				
3	Occupational Health and Safety Risks during HCF Operations: Health care facilities are a potential source of infectious waste and these could pose unsafe conditions for healthcare staff.	<ul style="list-style-type: none"> -Ensure the implementation of standard precautions and transmission based precautions in line with national guidelines for IPC in healthcare facilities taking into account guidance from WHO and/or CDC on COVID19 infection control, -Update and implement HCF OHS plan and/or emergency response plan, -Ensure identification of risks (Job Risk Assessment) and instituting proactive measures, -Train the healthcare workers on the potential OSH risks in relation to COVID-19, -Provision of adequate and required personal protective equipment (PPE) to health workers and enforce on use. This includes: single use medical mask, gown, Apron, eye protection, boots or closed shoes. -Provision of a system for disinfection of the multi-use PPE if not available. 	<ul style="list-style-type: none"> - HCF Env. Hygiene & Public Health Staff - Woreda Health office 	<ul style="list-style-type: none"> - MoH E & S staff - EPHI E&S Staff - Regional Health Bureau Environmental Hygiene staff 	During Operation phase	Part of project equipment cost
4	E&S risks associated with digitalization and PHE information systems: risks from increased generation of e-wastes resulting from expanded use of electronic equipments during operation phases.	<p>Recommended measures to minimize and control the impacts of the e-waste stream includes</p> <ul style="list-style-type: none"> - Develop guideline for e-waste management consisting of recovery, re-use, recycling as well as its collection and disposal mechanisms to be used by all project beneficiaries. - Publish the e-waste management guideline and disseminate to project beneficiaries - Provide training and awareness on use of the e-waste management guideline to project 	<ul style="list-style-type: none"> - HCF Env. Hygiene & Public Health Staff - Woreda Health office 	<ul style="list-style-type: none"> - MoH E & S staff - EPHI E&S Staff - Regional Health Bureau Environmental Hygiene staff 	During Operation phase	Part of project equipment cost

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		beneficiaries				

Adverse Social Impacts/Risks during Construction and Operation Phase of Component 1 and 2

1	<p>The Potential Risk of Exclusion/Discrimination of Underserved and other Vulnerable Groups</p> <p>Some groups may confront barriers that prevent them from fully participating in or benefiting from development interventions, in the case of HEPRR Project (1) in developing plans and strategies systems and approaches and on community engagement to develop community-led climate emergency preparedness and response plans and (2) subcomponent 2.3 in developing plans for risk communication, health messages, readiness for and resilient to health emergencies and shocks, develop social welfare and protection action plans and local mechanisms to ensure food security and access</p>	<ul style="list-style-type: none"> -Minimize the risk by making use of and follow up the strict observation of the government policy on gender and other forms of social inclusion, as stated in policy and legal frameworks of this ESMF report; - Reduce the risk through conducting periodic and specific field identification of key issues of exclusion, discrimination and marginalization of women and other vulnerable groups through social inclusion analysis and impact assessment; - Assess, as a risk reduction measure, the constraints and opportunities in the Program for encouraging involvement of these groups; - Assess the organizational capacities of the implementing organizations, and develop Action Plan to ensure that these groups benefit equally from subproject interventions; - Adopt the risk minimization measure of utilizing community structures and local administration to mobilize minority groups to participate in meetings and consultations; - Minimize the risk by ensuring inclusive, participatory and informed consultation and information disclosure; - Prepare and implement, as a risk reduction measure, an effective and functioning Stakeholder Engagement Plan guided by the project design 	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures	Throughout the implementation period	Part of project implementation budget
---	---	---	--	--	--------------------------------------	---------------------------------------

	<p>to schooling on an ongoing basis and during HEs.</p>	<p>principles, and provisions of other Environmental and Social Risk Management (ESRM) instruments, communication, and monitoring</p> <ul style="list-style-type: none"> • - Provide as risk reduction measure local language interpreters to ensure understanding and ability to give feedback during engagement. • - Target women and youth in project consultations and activities for their meaningful inclusion in project decisions. • Minimize the risk by ensuring involvement of women in the design of mechanisms for proactive risk communication and event-based surveillance activities; • Adopt the risk minimization measure of involving grassroots community structures in ‘Risk Communication and Community Engagement (RCCE)’ works by way of risk factors assessment, production of RCCE strategy and preparation of training documents, production of communication materials, and documentation • Designing and implementing early warning systems as a risk minimizing measure to increase outreach to socially excluded groups including women; • Building the capacity of women (or women-led organizations) to better understand and use early warning and risk communication information; 				
2	<p><i>The Risk of Operational Concerns due to Remoteness and Insecurity.</i></p>	<ul style="list-style-type: none"> • Minimize the risk by continuously monitoring the situation in project areas to enable early detection, as much as possible, of conflict to enable necessary adjustments. • Adopt, as a risk reduction measure, the remote management approaches to subproject implementation, monitoring and supervision as a reactive, temporary responses to insecurity in project locations. Remote management is ‘an 	<p>GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures</p>	<p>GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures</p>	<p>Throughout the implementation period</p>	<p>Part of project implementation budget</p>

		<p>operational response to insecurity’, involving the withdrawal or drastic reduction of Project staff from subproject sites/field, transferring greater program responsibility to local staff or local partner organizations, and overseeing activities from a different location.</p> <ul style="list-style-type: none"> • Reduce the risk by conducting capacity building for local staff and partners (grassroots ESMF implementation structures/committees). • Reduce the risk by carefully executing and consistently monitoring the implementation of the project’s Risk Assessment and Management Plan (SRAMP). • 				
3	<i>Risk of GBV-Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH)</i>	<p>Training, and sensitization/awareness creation for IAs and Contractors/suppliers/consultants</p> <ul style="list-style-type: none"> • Reduce the risk by promoting mandatory and repeated training and awareness raising for the project workforce about refraining from unacceptable conduct toward local community members, specifically women; • As mitigation measure, develop training materials for sensitization briefings, targeting ERA management and Contractor management; • - Informing project workers about national laws that make sexual harassment and gender-based violence a punishable offence so as to minimize the risk; • Reduce the risk by way of delivery of periodic mandatory training on GBV to all workers, including contractors, subcontractors and primary suppliers, as well as relevant consultants and clients; • Training grievance redress committee to handle issues of sexual abuses perpetrated by project workers, and members of the community; • Minimize the risk by way of using posters and other communication/messaging/signage to display 	<p>PMU/PCU Gender/GBV Specialist, E&S Safeguard Focal Persons in Partner Institutions and BoHs.</p> <p>MoH/GMU and Partner</p>	<p>PMU/PCU Gender/GBV Specialist, E&S Safeguard Focal Persons in Partner Institutions and BoHs.</p> <p>MoH/GMU and Partner Institutions</p>	Throughout the implementation period	Part of project implementation budget

		<p>messages on zero tolerance</p> <p>Assigning Gender/GBV Experts in the relevant IAs</p> <ul style="list-style-type: none"> Minimize the risk by assigning a gender expert at the GMU/PCU and paid focal person in the implementing partners and beneficiary institution (EPHI, AHRI, EFDA, EPSA and Regional Health Bureaus (BoH)); <p>Prepare Code Conduct (CoC)</p> <ul style="list-style-type: none"> Introducing a Worker Code of Conduct (CoC) as a risk reduction measure as part of the employment contract, and including sanctions for non-compliance (e.g., termination); Ensure these codes of conduct are publicly disclosed in local languages and are widely accessible to all workers and all groups of people in project areas; <p>Cooperation with relevant stakeholder</p> <ul style="list-style-type: none"> As a risk reduction measure, ensure that contractors adopt a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence; Involving relevant authorities such as law enforcement, community leaders in handling sexual abuse in project communities and ensure that where relevant, referral pathways for eventual cases are identified. <p>GRM for GBV-SEA/SH</p> <ul style="list-style-type: none"> Develop safe, confidential and accessible grievance reporting, referral and support systems for workers and local communities as a way to reduce the risk; Training of GRM committee/GRM operators on GBV/SEA basics, survivors centered approach, the referral pathway, reporting and confidentiality of 	<p>Institutions</p> <p>GMU/PCU</p> <p>GMU/PCU</p> <p>GMU/PCU/GMU/PCU, E&S Safeguard Focal Persons in Partner Institutions and BoHs</p> <p>Social Safeguard Specialist in GMU/PCU, Project Contractor</p> <p>GMU/PCU</p>	<p>GMU/PCU</p> <p>GMU/PCU</p> <p>GMU/PCU/GMU/PCU, E&S Safeguard Focal Persons in Partner Institutions and BoHs</p> <p>Social Safeguard Specialist in GMU/PCU, Project Contractors</p>		
--	--	--	---	---	--	--

		<p>data.</p> <ul style="list-style-type: none"> • Reduce the risk by disseminating information on GBV GRM reporting procedures for grassroots community structures in the intervention areas <p>Separate living space/toilet/shower facilities for men and women project workforce</p> <ul style="list-style-type: none"> • Minimize the risk by providing safe, secure and separate living spaces for workers involved in the limited physical infrastructure investments (rehabilitation and refurbishing works); • Provide lighting around project sites, including around latrines and access routes. • Install separate, lockable latrines for female construction workers; <p>Policy/strategy and reporting and M&E</p> <ul style="list-style-type: none"> • Develop clear reporting and management procedures for SEA/SH • Apply Gender management (GM) strategy, by way of reducing the risk, in all the project cycle through application of gender analysis, gender responsive allocation of resources to address gender specific interventions and M&E; • Develop, as mitigation measure, a clear reporting and management procedures for SEA/SH • As a risk reduction measure, develop M&E system with clear indicators to follow up progress made and challenges encountered. 		GMU/PCU		
4	<i>The Potential Risk of Elite Capture</i>	<ul style="list-style-type: none"> • Reduce the risk by ensuring that community members are aware of subproject operation's purposes and know committee members and their roles. • Minimize the risk by monitoring and following up Project implementers work on information disclosure and transparency, especially related to 	Social Safeguard Specialist in GMU/PCU, E&S Focal Persons in partner institutions and BoHs, PIUs,	Social Safeguard Specialist in GMU/PCU, E&S Focal Persons in partner institutions and BoHs, PIUs, Grassroots	Throughout the implementation period	Part of project implementation budget

		<p>project budgets, financing, contracting, and procurement.</p> <ul style="list-style-type: none"> • Reduce the risk by making certain that community members are involved in all stages of the project cycle from setting priorities, to monitoring progress and assessing results. • Ensure, as a risk reduction action, that the selection of the leadership at the grassroots level are carried out in a democratic and transparent manner so that members of the relevant committees are less dominated by elites. • Put in place a participatory Monitoring & Evaluation in which the various stakeholders share control over the content, the process and the results of the M&E activity and engage in identifying and implementing corrective actions throughout the project cycle. • Reduce the risk by developing accessible and functional complaint handling mechanisms to provide stakeholders with opportunities to report elite capture to project authorities through anonymous channels. 	Grassroots implementing structures	implementing structures		
<i>Adverse Social Impacts during Rehabilitation/Expansion/Construction Phase</i>						
5	<i>Risk of Infectious and Communicable Diseases</i>	<ul style="list-style-type: none"> • For release/discharge of waste • Reduce the risk by implementing best practices for waste management, including proper disposal of hazardous materials. • Minimize the risk by developing emergency response plans to address accidental releases of hazardous materials. • Mitigate the risk by conducting regular monitoring and reporting to ensure compliance with environmental regulations. 	E&S Safeguard Focal Person at BoHs, <i>Woreda</i> health offices, <i>Woreda</i> labor offices, <i>Woreda</i> social affairs offices, Project contractor.	E&S Safeguard Focal Person at BoHs, <i>Woreda</i> health offices, <i>Woreda</i> labor offices, <i>Woreda</i> social affairs offices, Project contractor.	Throughout the implementation period	Part of project implementation budget

		<p style="text-align: center;">For reducing the risk of HIV and AIDS</p> <ul style="list-style-type: none"> • Minimize the risk by ensuring that the provision of HIV and AIDS education and information shall form part of the delivery and health care services by all health care providers for project workforce, including migrant worker, the local workforce; • Minimize the risk by promoting continuous sensitization of the workers and community members about HIV/AIDS and other STDs. • Reduce the risk by working closely with respective government departments, local NGOs, and/or faith-based organizations, and local communities involved in HIV and reproductive health; • Reduce the risk by constantly making available VCT services to the project workforce and community members; • Reduce the risk by integrating the monitoring of HIV/AIDS preventive activities as part of the regular supervision work; and ensure that basic knowledge, attitude and practices are among the parameters to be monitored. • Reduce the risk by ensuring that all subproject sites/workplaces make COVID-19 information from relevant health agencies readily available to their workforce; • The following action points should be provided to all project workers in all workplaces to prevent transmission of COVID-19. <ul style="list-style-type: none"> ✓ Physical distancing: Introduce measures to keep a safe physical distance in accordance with national regulations. ✓ Hand hygiene: Implement conveniently located hand washing stations or alcohol-based hand 				
--	--	---	--	--	--	--

		<p>sanitizer at all facilities.</p> <ul style="list-style-type: none"> ✓ Cleaning and disinfection of environmental surfaces. ✓ Personal protective equipment (PPE): Workplaces have a responsibility to provide at no cost suitable and sufficient PPE, conduct training and monitor safe use among its workers 				
6	<i>Recruitment and Employment Discrimination</i>	<ul style="list-style-type: none"> • Reduce the risk by developing clear policies that prohibit discrimination in recruitment and employment practices. • Minimize the risk by ensuring that the LAM makes sure that it encompasses (i) written contracts of employment, including terms and conditions of employment; and (ii) protection of wages including fair treatment, non-discrimination and equal opportunity of project workers; • Reduce the risk by providing training to employees on diversity and inclusion which can help to increase awareness of unconscious biases and promote a more inclusive workplace culture. • Minimize the risk by putting in place a workable and smooth grievance redress mechanism for addressing and managing workplace and employment related conflicts or complaints; • Minimize the risk by popularizing the GRM to potential beneficiaries and that workers are informed of the GRM at the time of recruitment and the measures put in place to protect them against reprisal for its use. • Reduce the risk by making recruitment procedures transparent, public and open with respect to ethnicity, religion, disability, gender, or gender orientation. • Reduce the risk by using objective criteria for 	GMU/PCU, Partner implementing institutions	GMU/PCU, Partner implementing institutions	Throughout the implementation period	Part of project implementation budget

		<p>selection: Recruitment and hiring decisions should be based on objective criteria such as qualifications, experience, and skills, rather than personal characteristics such as gender, age, or ethnicity.</p> <ul style="list-style-type: none"> • Reduce the risk by conducting regular audits of recruitment and employment practices which can help to identify areas of discrimination and ensure compliance with equal opportunity and anti-discrimination laws. 				
7	Occupational Health and Safety Risks	<ul style="list-style-type: none"> • Minimize the risk by developing an Occupational Health and Safety plan, which aims to avoid, minimize and mitigate the risk of workplace accidents; • Reduce the risk by complying with all national and good practice regulations regarding workers' safety; • Minimize the risk by ensuring the presence and continued use of normal control measures, including personal protective equipment (PPE) necessary to protect workers from other job hazards associated with construction activities; • As risk reduction measure ensure that contractor(s) provide safety measures as appropriate during works such as fire extinguishers, first aid kits, restricted access zones, warning signs, overhead protection; • Provide as risk reduction measure minimum required training or orientation on occupational safety regulations and use of personal protective equipment; • Minimize the risk by providing compulsory COVID-19 awareness creation and prevention training (information, education, communication (IEC) for all project workforce; • Minimized the risk by training workers on COVID-19 policies and procedures in a language they 	GMU/PCU, Partner implementing institutions	GMU/PCU, Partner implementing institutions	Throughout the implementation period	Part of project implementation budget

		<p>understand.</p> <p>For risks from rotating/moving equipment:</p> <ul style="list-style-type: none"> • When not in use, disconnect, turn off, or de-energize moving equipment. • Guards recommended by the manufacturer of the moving equipment should be used or fixed at all times. For instance, safety guard of a grinder protects workers from accidental exposure to its moving blade/disk. • Operating unguarded or badly guarded equipment should be avoided. • When using an equipment, always keep your fingers and thumb on the same side as the handle or on the side protected by guards. • Proper work procedures should be adapted during use of moving equipment. • Moving equipment should be maintained regularly. <p>For risk due to work environment temperature:</p> <ul style="list-style-type: none"> • Work and rest periods should be adjusted depending on temperature and workloads. • Providing temporary shelters to protect against the elements during working activities or for use as rest areas. • Use appropriate protective clothing. • Provide easy access to adequate hydration such as drinking water <p>For electrical hazards:</p> <ul style="list-style-type: none"> • Marking all energized electrical devices and lines with warning signs. • Check all electrical cords, cables, and hand power tools for exposed cords and cover the exposed part with electrical tapes. Before covering the exposed cords, makes sure that the 				
--	--	---	--	--	--	--

		<p>electrical equipment, machines, or cord/cables are not energized.</p> <ul style="list-style-type: none"> • Protecting power cords and extension cords against damage from traffic by shielding or suspending above traffic areas. • Electrical equipment and machines should be switched off when not in use. • Electrical equipment and machines should be operated by competent workers. • Works should not be done under high-voltage power lines. A “no approach” zone should be created under high-voltage power lines. • Conducting detailed identification and marking of all buried electrical wiring prior to any excavation work. <p>For risks related to flying debris:</p> <ul style="list-style-type: none"> • Use face and eye protection equipment such as safety glasses, goggles, and face visors. • Wet dusty work areas before cleaning or used by vehicular traffic. <p>For work at height risk:</p> <ul style="list-style-type: none"> • Provide guardrails with mid-rails and toe boards at the edge of any fall hazard area. • Proper use of ladders and scaffolds by trained employees. • Use of fall prevention devices, including safety belts. • Oil drums, material piles, and wooden planks should not be used to work at height. <p>For excavation hazards:</p> <ul style="list-style-type: none"> • Conduct pre-start checks including availability of excavation equipment, ground conditions, and 				
--	--	---	--	--	--	--

		<p>proximity of any hazards.</p> <ul style="list-style-type: none"> • Physical barriers shall be erected around excavations. • Any services/utilities at the site shall be identified and shall be clearly marked. • Re-location of existing services/utilities must be completed before work commences. • Excavation shall be done using appropriate equipment or plant. • Spoil material from excavations shall be removed/carted away from the working area so that it does not apply surcharge on the sides of the excavation and to keep the area clean. • Practice safe manual handling techniques (plan, get help if needed, place your feet firmly, bend your knees – not your back, firm grip, lift with legs, etc). • Check adjacent structures and assess the impact of the excavations on the stability of the structures. • Make sure that affected adjacent structures are properly supported before commencing the excavation. • Sides of excavation must be supported/battered where there is a risk to collapse. • Ladders, stairs, or ramps shall be provided for safe ingress/egress into excavations. • Inspect supported excavations before work commences each day. • Personnel must stay within protected/supported excavations at all times. <p>For traffic hazards:</p> <ul style="list-style-type: none"> • Use traffic cones or barriers to create exclusion zones around construction workers. The traffic 				
--	--	---	--	--	--	--

		<p>cones will also aware drivers of the work in progress so that they take the necessary precautions.</p> <ul style="list-style-type: none"> • Use safety/traffic signs to aware drivers of the work in progress. • Workers should wear high visibility vests at all times. Yellow color vests are preferable for work done during night or early morning times since it is more visible against darkness. Orange color vests are preferable for work done during daytime to give contrast from the blue sky, yellow sunlight, and green environment. • Vehicles and trucks used should be operated by trained and competent drivers. • Establish speed limits for vehicles and trucks used. <p>For manual handling: Incorporating rest and stretch breaks into work processes and conduct job rotations.</p> <ul style="list-style-type: none"> • Implementing work procedures that reduce unnecessary forces and exertions. • Wear the right protective equipment for the job. • Workers should know their physical capabilities and should be given jobs they can reasonably handle. • Always check that the weight of the load is known before lifting. • Know the correct way of lifting before attempting a lift, i.e., (i) stand reasonably close to the load, be sure footing is firm and feet are about 300 mm apart, (ii) squat down by bending the knees, keeping the back as straight as you can, (iii) place hands where they will not slip, and grip firmly, (iv) breathe in before lifting - inflating the lungs helps support the spine, (v) straighten up with the legs, keeping the back as straight as you can, (vi) hold the load firmly and close to the body, (vii) ensure your 				
--	--	--	--	--	--	--

		<p>view is not impeded by the load whilst working with it, and (viii) lift slowly and smoothly and avoid jerking motions.</p> <ul style="list-style-type: none"> • When two or more persons lift a load, one of the team must be nominated to give instruction to ensure that each person lifts an equal share and the team work together. • If mechanical equipment is available, use it for lifting and transporting loads. <p>For housekeeping:</p> <ul style="list-style-type: none"> • Do not leave rubbish lying about - clean up as you go. • Ensure all waste is disposed of in the correct skip / bin. • Do not obstruct walkways with tools or materials. • Make sure that spilled oil, grease, or liquids are cleaned up from floors and the contaminated clean up material is disposed of in the correct skip / bin. • Position all cables and hoses out of the way. Where possible do not lay them across a pedestrian walkway. • Ensure the waste disposal area is kept tidy. <p>For hazardous materials/waste:</p> <ul style="list-style-type: none"> • All chemicals should be regarded as toxic. Poisoning can occur by accidentally swallowing the chemical when eating or drinking with contaminated hands. Always wash hands carefully after handling chemicals, and do not eat or drink in the same area as the chemicals. • Always use the right protective equipment and clothing when handling hazardous materials. • When refueling by hand use a funnel or container to prevent any spillages. Immediately record and report any spillages. 				
--	--	--	--	--	--	--

		<ul style="list-style-type: none"> • Train public workers on proper handling and use of hazardous materials. <p>For air emission:</p> <ul style="list-style-type: none"> • Good housekeeping and site planning will help to reduce dust and dirt created on site. • Store dusty materials in an area that can reduce potential of wind erosion. • During periods of dry weather, especially during the summer use water sprays in order to dampen down materials, roads, and vehicle routes. • Keep your vehicle speed low on site especially during periods of dry weather. • Maintaining levels of contaminant vapors and gases (such as paints and solvents) in the work environment at concentrations below those recommended by the manufacturer or in material safety data sheets. • Use protective equipment, such as face mask, when working in dusty conditions or environment. <p>For fire risk:</p> <ul style="list-style-type: none"> • Maintain good housekeeping of work areas. • Properly store flammable materials away from ignition sources and oxidizing materials. • Workers should be aware of fire risk and know the precautions to prevent a fire and the action to be taken if fire does break out. • Provide fire arrest equipment such as fire extinguishers, with type and volume commensurate with the volume and type of flammable materials available at the public works area. 				
8	<i>Risk of Child Labor</i>	<ul style="list-style-type: none"> • By way of risk reduction, provide trainings to ensure contractors are informed of the legal consequences of child labor to discourage practice; • Prepare a separate LMP which contains risk 	Social Safeguard Specialist in the GMU/PCU, E&S Safeguard focal	Social Safeguard Specialist in the GMU/PCU, E&S Safeguard focal	Throughout the implementation	Part of project implementation

		reduction measures, including terms and condition of employment and minimum age; <ul style="list-style-type: none"> • Periodic monitoring to ensure that terms and conditions of all project workers are in accordance with the requirements of national law and ESS2 as indicated in the LMP; • Reduce the risk by establishing a GRM through which workers will be able to lodge their complaints, concerns, difficulties. • 	persons in Partner implementing institutions	persons in Partner implementing institutions	period	budget
9	Noise disturbance and vibration pollution	<ul style="list-style-type: none"> • Minimize noise and vibration in the project site and surrounding areas through sensitization of construction truck drivers to switch off vehicle engines while offloading materials; • Minimize the risk by keeping vehicle speeds low, and horns will not be used while passing through or near the communities, silent zone areas such as hospitals, health centers, schools, churches and residential areas. Equipment will have exhaust silencers to minimize noise generation; • Minimize the risk by ensuring that machineries are kept in good condition e.g. greasing to reduce noise generation from friction of movable parts. • As a risk reduction measure, follow up that generators and heavy duty equipment are insulated or placed in enclosures to minimize ambient noise levels. • Minimize the risk by providing construction workers with safety device for protection of ears (earmuffs and ear-plugs etc.); • Minimize the risk by limiting working hours for construction activities within/near the communities to between 8 am and 6 pm; • Minimize the risk through maintaining liaising with the community; 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

		<ul style="list-style-type: none"> Minimize the risk by putting in place an effective Grievance Redress Mechanism to address the community complaints. 				
10	<i>Damage to Cultural Heritage and Historic/Ritual Sites during Expansion///Rehabilitation/Construction Operations</i>	<ul style="list-style-type: none"> Avoid the risk by conducting cultural heritage assessment of the project site to identify any potential physical cultural resources that may be present in the area. Minimize the risk by training construction workers to recognize the signs of physical cultural resources and understand the importance of protecting them. Minimize the risk by developing contingency plan in case physical cultural resources are discovered during construction. The plan should outline the steps to be taken in such an event, including halting work in the immediate vicinity of the find, contacting the relevant authorities, and protecting the site until further instructions are received. Minimize the risk by including or adding a clause for chance find procedures in construction contract agreements; Reduce the risk by notifying an institution responsible for culture, religious and historic heritage sites protection and conservation, etc; Minimize the risk by putting in place a workable Grievance Redress Mechanism to address community complaints. 	GMU/PCU, Partner implementing institutions, Woreda health offices, Local culture and tourism offices	GMU/PCU, Partner implementing institutions, Woreda health offices, Local culture and tourism offices	Throughout the implementation period	Part of project implementation budget
11	The Risk of Privacy and Data Security	<ul style="list-style-type: none"> Implementing robust data encryption techniques to protect the confidentiality of sensitive information. Restricting access to data through role-based access controls, ensuring that only authorized personnel can view or handle sensitive data. Regularly monitoring and auditing data access to identify any suspicious activities. 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

		<ul style="list-style-type: none"> • Clearly communicating to individuals about the purpose and scope of data collection at POEs. • Obtaining explicit consent from individuals before collecting their personal information. • Providing privacy notices that explain how the collected data will be used, stored, and shared. • Offering individuals the ability to opt-out or request the deletion of their data, where applicable. • Implementing secure data storage practices, such as encryption and access controls, to protect stored data from unauthorized access. • Establishing clear retention policies to ensure data is retained only for the necessary duration and securely disposed of when no longer needed. • Regularly reviewing and updating data storage practices to align with evolving privacy and security standards. • Understanding and complying with relevant data protection laws in the countries involved. • Utilizing legal mechanisms, such as standard contractual clauses or binding corporate rules, to ensure an adequate level of data protection during cross-border transfers. • Conducting due diligence on third-party service providers involved in data processing to ensure they have appropriate privacy and security safeguards in place. • Providing comprehensive training and awareness programs to project staff regarding privacy and data security best practices. • Regularly updating staff on emerging privacy and security threats and how to mitigate them. • Encouraging a culture of privacy and security awareness by promoting reporting mechanisms for potential incidents or vulnerabilities. 				
--	--	--	--	--	--	--

12	Cultural and Linguistic Risks	<ul style="list-style-type: none"> • Providing language interpretation services, either through in-person interpreters or remote interpretation services, to facilitate communication with individuals who do not speak the local language. • Developing multilingual signage and informational materials to ensure important messages are conveyed to individuals in a language they understand. • Recruiting bilingual staff or volunteers who can assist with interpretation and communication. • Provide translation services: Establish on-site translation services or engage professional interpreters to bridge language gaps. • Develop multilingual communication materials: Ensure that key information, such as health advisories and guidelines, is available in multiple languages. • Cultural competency training: Educate staff about the cultural backgrounds and practices of diverse populations they may encounter at POEs. This training can help foster understanding and improve interactions. • Sensitize health messaging: Tailor health communication to be culturally sensitive, considering customs, beliefs, and practices of different communities. • Engage community leaders and organizations: Collaborate with local community leaders, cultural organizations, and NGOs to ensure effective communication and community buy-in for health measures. • Standardized symptom assessment tools: Develop and utilize standardized tools for symptom assessment that can be easily understood by both healthcare professionals and travelers. 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget
----	--------------------------------------	--	---	---	--------------------------------------	---------------------------------------

		<ul style="list-style-type: none"> • Training on symptom recognition: Train frontline staff to recognize and interpret symptoms accurately, considering cultural differences in expressing and perceiving symptoms. • Access to medical interpretation: Ensure access to medical interpretation services to facilitate clear communication between healthcare professionals and individuals who exhibit symptoms. • Simplify health messages: Use clear, concise, and jargon-free language in health communications to enhance comprehension. • Visual aids and multilingual materials: Utilize visual aids, infographics, and multilingual materials to supplement written information and improve accessibility. • Public awareness campaigns: Conduct targeted public awareness campaigns to educate travelers about health risks, emergency response procedures, and preventive measures. 				
13	Political Risks due to Conflict	<ul style="list-style-type: none"> • Foster diplomatic engagement and communication channels between project stakeholders from conflicting countries. • Emphasize the shared goal of public health and the importance of cooperation despite political tensions. • Encourage project partners to focus on technical and operational aspects, rather than political differences, to maintain progress. • Develop standardized protocols for data sharing, ensuring privacy and security concerns are addressed. • Establish bilateral or multilateral agreements between project partners for streamlined data sharing specifically related to health emergencies. • Implement anonymization and aggregation techniques to balance privacy and the sharing of 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

		<p>essential health information.</p> <ul style="list-style-type: none"> • Advocacy and awareness: Raise awareness among political leaders about the importance of health emergency preparedness and response, emphasizing the potential consequences of inaction. • International pressure and incentives: Leverage international collaborations and agreements to encourage countries to prioritize health emergency preparedness and response, offering incentives for cooperation. • Sharing success stories: Highlight successful examples of countries working together and the positive outcomes achieved through collaborative health emergency response, fostering a sense of shared responsibility. • Establish international oversight mechanisms: Advocate for the establishment of independent international bodies or agencies responsible for overseeing health emergency preparedness and response efforts, providing guidance, and ensuring accountability. • Transparent reporting: Encourage countries to transparently report on their health emergency preparedness and response activities to international bodies, promoting accountability and peer review. • Peer-to-peer collaborations: Facilitate peer-to-peer collaborations and knowledge sharing between countries with successful health emergency response systems, allowing for the transfer of best practices and lessons learned. 				
14	Increased Risks of Disease Transmission	<ul style="list-style-type: none"> • Implementing robust health screening procedures at POEs to identify individuals with symptoms or potential exposure to infectious diseases. • Providing necessary medical resources, such as isolation facilities, personal protective equipment (PPE), and trained healthcare personnel, to handle 	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU, Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

		<p>suspected cases and prevent the spread of diseases.</p> <ul style="list-style-type: none"> • Collaborating with public health authorities and healthcare providers to ensure effective surveillance, testing, and contact tracing measures are in place. • Establishing and enforcing proper sanitation and hygiene protocols at POEs, including handwashing stations, sanitization stations, and waste disposal facilities. • Conducting hygiene education and awareness campaigns to educate individuals passing through the POEs about proper hand hygiene, respiratory etiquette, and other preventive measures. • Providing access to soap, water, hand sanitizers, and other hygiene supplies to promote good hygiene practices among travelers and staff. • Implementing crowd management strategies to minimize overcrowding and maintain physical distancing at POEs. • Utilizing technologies such as biometric systems, e-gates, or online pre-registration systems to expedite and streamline the entry process, reducing congestion and close contact. • Redesigning infrastructure and layout at POEs to allow for better physical distancing and flow of individuals. • Conducting vector control programs at and around POEs, including measures such as insecticide spraying, breeding site reduction, or use of vector traps. • Implementing surveillance systems to detect the presence of vectors and the diseases they carry, enabling early detection and response. • Providing education and information to travelers about the risks of vector-borne diseases and the preventive measures they can take. 				
--	--	---	--	--	--	--

		<ul style="list-style-type: none">• Participating in global health networks and initiatives that facilitate information exchange and coordination among countries.• Sharing epidemiological data, surveillance findings, and best practices with relevant international organizations, neighboring countries, and public health authorities.• Establishing mechanisms for cross-border communication and coordination to ensure a coordinated response to disease threats.				
--	--	--	--	--	--	--

7 Grievance Redress Mechanism

7.1 World Bank (WB) Grievance Redress Service

Communities and individuals who believe that they are adversely affected by WB supported project may submit complaints to existing project-level grievance redress mechanisms or WB's grievance redress service. With regard to GRM, the WB is committed to: (i) working with the affected parties to resolve complaints; (ii) ensuring that the complaints procedure and project-level grievance mechanism are easily accessible to affected persons, culturally appropriate, responsive, and efficient; and (iii) maintaining records of all complaints and their outcomes. WB requires that all borrowers adopt an easily accessible grievance mechanism at project-level in order to receive and resolve concerns and complaints of people who may be adversely affected or potentially harmed by WB-supported projects. Furthermore, WB requires borrowers to inform project-affected people about the existence and functioning of this mechanism in any easily understandable form and language, and to integrate it into the overall community engagement strategy. The grievance redress mechanism should incorporate existing formal and informal grievance mechanisms, strengthened, or supplemented as needed for each specific project, and in proportion to the expected risks and impacts of the project. Project-affected people may use the grievance mechanism without retribution or reprisal, and the grievance mechanism should not impede access to other judicial or administrative remedies available under national law or through existing arbitration procedures or other accountability mechanisms.

According to World Bank Grievance Redress, communities and individuals who believe they are adversely affected by a Bank-supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns and impacts. Project affected communities and individuals may submit their complaint to the Bank's Independent Inspection Panel, which determines whether harm occurred, or could occur, because of the Bank's noncompliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the Bank's attention and Bank

Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate GRS, see <http://www.worldbank.org/GRS>, and Bank's Inspection Panel, see www.inspectionpanel.org.

7.2 Project wide Grievance Redress Mechanism (GRM)

It should be kept in mind at the outset that the GRM is an ESF requirement, not meant to replace local legal procedures; the option of complainants to seek legal recourse at any time should be made clearer and is independent of grievance committee final decision.

In connection with the implementation of the HEPRR Project, individuals from the project workforce and the communities or groups of people may express grievances for various reasons. The potential causes of grievances that could be raised in the implementation of the subprojects of the HEPRR Project may, among others, include:

- Claims of being excluded by some groups from fully participating in or benefiting from program interventions;
- Favoritism and lack of transparency in the provision of access to the Program support and services;
- Grievance coming from volunteers, community leaders, health extension workers (HEWs) and health development army (HAD) involved in the implementation of the risk communication and community engagement strategy;
- Complaints in isolation units/centers and emergency facilities;
- Complaints by health professionals and workers involved in the project at MoH, EPHI, AHRI, EPSA, EFDA, regional health bureaus (BoHs), and woreda health offices, and HCFs levels.
- Complaints coming from workers employed by contractors that might be engaged for rehabilitation/renovation of health emergency facilities including quarantine and treatment centers).
- Occupational Health and Safety violation as well as protection in the workforce, including child and forced labor, human rights issues, etc.;

- Failure to provide project workers and community members with a dedicated worker grievance mechanism;
- GBV-sexual exploitation and abuse, and sexual harassment at workplace and in the project communities;
- Recruitment and employment discrimination, employers' lack of compliance with terms and conditions of employment.
- Labor disputes over terms and conditions of employment, including limited employment opportunities, wages, delays of payment, overtime, rest time, and health and safety concerns.
- Disagreements associated with medical waste management, i.e., proper collection, transportation, and disposal of hazardous medical wastes.

Recognizing that formal legal mechanisms for grievance redress could be lengthy and cumbersome, the HEPRR Project will establish a grievance redress mechanism under the oversight of the GRM/PCU. For HEPRR Project to incorporate an in-built GRM, the GMU/PCU of the Ministry of Health (MoH) will put in place the structure in collaboration with regional project coordination bodies. The grievance investigation and resolution process operate in multi-tiered structure that extends from grassroots level to *Woreda* Appeal Committee, as described in the next section. All PAPs would be informed about how to register grievances, their specific concerns or complaints.

The Social Development Specialist in the GMU/PCU will be the focal person in the GRM Committee that will be established at national level. The GM committee with representatives from the EPHI, AHRI, and EPSA, will follow up grievances, and the grievances will be received through a multi-channel grievance uptake including through telephone, e-mails, and social media as well as in person or in writing.

The GM will provide for anonymous reporting in ways that will ensure confidentiality and anonymity of complainants. This will largely create an enabling environment to allow for grievances to be raised by project affected persons without fear of retribution and reprisal. The GM will ensure transparency and accountability in the handling of grievances.

The social development specialist at GMU/PCU should work closely with the grievance redress committees at various levels to redress grievances. Where the complainant is not satisfied with the decision of the *Woreda* Appeal Committee, he/she could submit complaints to the GMU/PCU which will designate a committee to review and make decisions. The decision of the designated grievance committee of the GMU/PCU will be final.

The grievance mechanism established for the Program should also be culturally appropriate and accessible to affected historically underserved communities and takes into account the availability of judicial recourse and customary dispute settlement mechanisms among such local communities.

7.2.1 Scope of GRM

The scope of the issues to be addressed in the HEPRR Project Grievance Redress Mechanism (GRM) will be all complaints arising from the Program activity implementations. Any person within HEPRR implementation communities who has complaints regarding the activities of the Program subprojects during preparation/designing, implementation and operation phases shall have access to the Mechanism.

7.2.2 Access to GRM

The MoH/HEPRR National PCU, in collaboration with concerned regional and *woreda* (Bureau of Health, and *Woreda* Health Office) will make the public aware of the GRM through awareness creation forums, training and capacity building. Any person who has complaints regarding the activities of the HEPRR Project subprojects during preparation/designing, implementation and operation phases shall have access to the Mechanism. Multiple channels including phone, e-mail, WhatsApp, Telegram, and other social media, in writing and in person will be used to file complaints. Contact details on the Mechanism will be publicly disclosed and posted in the offices of concerned *woreda* offices, and *Kebele* administration, as well as website and implementing partners.

7.3 Local level Grievance Mechanism

First Level (*Kebele* Level Grievance Investigation): Considering the local situations, communication, and logistical issues, *kebele* level grievance committees will be established. The committee will be the first point of entry for grievance at local level. The committee will be established with representation of the local affected communities, women, and community leaders and elders.

Following proper assessment, exiting traditional institutions for conflict resolution and grievance redress that are well respected by communities will be appropriately oriented and trained to serve as alternatives for handling first level grievances. Experience of projects/programs implemented in agricultural and agro-pastoral communities in the emerging regions have shown the important role that these institutions could play in mediation, negotiation and in addressing grievances.

Second Level (*Woreda* Level Grievance Investigation): When decisions made over complaints submitted at the *kebele* level grievance committees are disputed by the aggrieved, they can be submitted to a grievance committee that will be established at the *woreda* level.

Third Level (*Woreda* Appeal Committee): After the complainant disputes the decision received by the *Woreda* Grievance Committee, the case can be submitted to the *Woreda* Appeal Committee that is chaired by the *Woreda* Administrator. The decision of the Appeal Committee will be final, but the case can be further pursued through formal legal procedures through the courts. To enhance ease of access, complainant may submit complaints in writing or otherwise at any level of the grievance structure including through the Program grievance focal persons. However, the grievance redress procedures will follow the steps outlined below.

Table 9: Grievance Mechanism - Steps and Time Frame

Grievance Levels	Steps
<i>Kebele</i> Level Grievance Investigation and Resolution Process	Step 1. Complaint Form will be completed by any interested person or complainant and submitted to the focal person of <i>kebele</i> grievance committee.
	Step 2: The <i>Kebele</i> Grievance Redress Committee register, review, investigate and resolve the matter within three days from the date the application is received.

Grievance Levels	Steps
	<p>Step 3: The decision is provided in written form to the complainant. (All meetings/discussions will be recorded, documented and copies of the minutes will be sent to the <i>Kebele</i> Health Team (KWT).</p> <p>Step 4: If the complainant is not satisfied by the response given by the <i>kebele</i> grievance committee or if no response is received from the committee within seven days following the submission of complaint, the complainant can appeal to the traditional grievance redress institution (where such is assessed feasible and appropriate).</p>
<p>Grievance Investigation and Resolution Process (GIRP) at the traditional grievance redress institution level</p>	<p>Step 1: Appeal form will be completed by any interested person or complainant and submitted to designated focal person of traditional grievance redress institution.</p> <p>Step 2: The facilitator or chairperson of traditional grievance redress institution will organize a meeting for the committee members, and will review and resolve the complaint within seven days of receiving the appeal or compliant. All meetings will be recorded and filed. (Copies of the minutes of meetings will be provided to <i>kebele</i> Health office (Health Extension Worker), <i>kebele</i> administration and other concerned stakeholders.</p> <p>Step 3: If the complainant is not satisfied by the response given by traditional grievance redress institution or if no response is received within ten days, the affected persons can appeal to the <i>woreda</i> level grievance mechanism.</p>
<p><i>Woreda</i> Level Grievance Investigation and Resolution Process</p>	<p><i>Woreda</i> Grievance Committee is designated by the <i>woreda</i> administration, and includes the head of <i>woreda</i> administration, and the head of <i>woreda</i> finance office and a representative from the community.</p> <p>Step 1: Appeal form will be completed by any interested persons or complainant and submitted to the World Bank Supported Programs focal person at <i>Woreda</i> Health Office.</p> <p>Step 2: Based on the appeal or complaint received from complainant, the focal person at <i>Woreda</i> Health Office records the issues in the registry, assess the appeal or the grievance, and organize meetings (s) for a <i>Woreda</i> Steering Committee.</p>
	<p>Step 3: The <i>Woreda</i> Steering Committee will review the decision given at <i>kebele</i> level and endorse it if it is appropriate. Otherwise, if the appeal is valid, the <i>Woreda</i> Steering Committee will resolve the issue and give final decision within two weeks (14 days) of receiving the appeal or compliant. The decision should be provided to the applicant in written form. All meetings will be recorded and copies of the minutes will be provided to all concerned stakeholders.</p>
<p><i>Woreda</i> Appeal Committee</p>	<p>Step1: The <i>Woreda</i> Appeal Committee will review the decisions of the <i>Woreda</i> Grievance Committee and endorse it, or if the appeal is considered valid, the appeal committee will make decisions accordingly and notify the complainant in two weeks (14 days) of receiving the appeal or complaint. The decision of the <i>Woreda</i> Appeals Committee will be final. Further complaints will be channeled through the formal legal procedures and the court.</p>

7.4 Grievance Redress Procedure and Grievance Management

i. Reception and registration:

- PAP files complaints or grievances about verbally, in writing or through a representative in accessible local language.
- The complaint of the PAP is recorded by the grievance committee at *kebele/woreda* with the name of the complainant, address and location information, the nature of the grievance and the resolution desired.
- Grievance made acknowledged within 48 hours of receipt by an official authorized to receive grievances.

ii. Resolution

- All grievances referred to the appropriate party for resolution and the resolution made within seven days after receipt of grievance.
- If additional information is needed, project management can authorize additional seven days for resolution.
- Results of grievances disclosed to the aggrieved in writing with an explanation of the basis of the decision.
- The resolution of the grievances will be handled by the “Social Development Specialist” with the support of the Local Authorities.

iii. Appeals

- Complainants dissatisfied with the response to their grievance may file an appeal to *Woreda* Appeal Committee

iv. Monitoring

During program implementation and for at least 3 months following the completion of the program, monthly reports will be prepared by the program focal person regarding the number and nature of grievances filed and made available to the project management.

Procedure for managing grievances should be as follows:

- i. Each person responsible at its own level (*kebele*/cultural mediation, *Woreda* Resettlement Committee, *Woreda* Appeals Committee) should disseminate their contact including phone number for in person or SMS complaints.

- ii. The HEPRR Project PCU and the social development officer/s will liaison with PAPs in collaboration with the local government representative to ensure objectivity in the grievance process.
- iii. Any informal grievances will also be documented.

7.3.1 Grievance log and response time

The process of grievance redress will start with registration of the grievance/s to be addressed for reference purposes and to enable progress updates of the cases. Thus, a Grievance Form will be completed by the project affected person.

The grievance Log Form/Log should contain a record of the person responsible for an individual complaint, and records dates for the date the complaint was reported; date information on proposed corrective action sent to complainant (if appropriate), the date the complaint was closed out and the date response was sent to complainant (See Annex VI for Sample Grievance Redress Mechanism).

7.4 Grievance Redressing Mechanism for GBV- SEA/SH

As described earlier, there will obviously be Grievance Redress Mechanism (GRM) and procedures (appeal committee) to deal with project-related grievances. However, this GM may not be comprehensive and suitable to cover or provide the procedures of reporting and referral pathways for GBV- SEA/SH cases. There has to be procedures for project implementers and committee members responsible for dealing with SEA/SH issues that help them to address cases and make appropriate referrals to GBV survivors. The project needs to establish a safe and confidential reporting and investigation process. These necessitate the need to put in place a GRM to handle SH/SEA cases and give appropriate response to GBV survivors.

The World Bank Good Practice Note requires all projects to have a framework for properly handling of GBV allegations. The GM should create safe, enabling spaces for survivors to report SEA/SH incidents and that offer a safe, ethical, survivor-centered response when cases come

forward. Adopting a survivor-centered response means that the survivor's choices, needs, safety, and well-being remain at the center of all matters and procedures. It refers to the creation of a supportive environment in which the rights of the survivor are respected and prioritized. This means paying special attention to ensuring security, confidentiality, and consent in addition to dignified and nondiscriminatory treatment throughout all stages of the process.

This will require assigning responsible bodies for this purpose: (i) the GRM operator; (ii) the GBV Services Provider and, (iii) the representative of the Implementation Agency. It is therefore essential that prior to GBV complaints being received, HEPRR clearly identify who specifically will be responsible for receiving GBV related complaint with full consent of the survivor and her wishes: and ensure referral to service provider, verifying that the survivor has received support, etc. It is advisable to assess the existing modalities for reporting complaints are responsive or not to handle GBV cases and the project will then develop a GBV handling GRM that outline the survivor centered approach for receiving and handling complaints.

To properly address SEA or SH risks, the GM needs to be in place prior to contractors mobilizing. For both SEA and SH complaints, there are risks of stigmatization, rejection and reprisals against survivors. This creates and reinforces a culture of silence so survivors may be reticent to approach project staff directly. Some survivors will choose to seek services directly and never report to the GM, which may lead to a discrepancy in the number of cases reported to the Project by service providers and the GM operators. To enable community members and project staff/workers to safely access the GM, multiple channels through which complaints can be registered in a safe and confidential manner can be enabled.

Specific GM considerations for addressing SEA and SH are:

- The GM is usually operated by the Project, and consideration should therefore be given to a separate SEA/SH GM system, potentially run by a GBV service provider—with feedback to the project GM. The GM operators are to be trained on how to collect SEA and SH cases confidentially and empathetically.
- The Projects must have multiple complaint channels, and these must be trusted by those who need to use them. For a survivor reporting SEA, this may mean having entry points

to the GM at the community level, so that no survivor has to go to project offices to report. For staff reporting SEA concerns by other staff members, or SH incidents witnessed or experiences, it may be easier for them to report to a trusted human resources person or other designated SEA/SH focal point within the project.

- Community consultations may be one mechanism to identify effective channels for community members to report SEA (e.g., local community organizations, health providers, etc.) for community reporting, and this should involve separate and specific consultations with women and older adolescent girls.
- Staff consultations are another important mechanism to identify effective channels for employees to report SEA concerns, or SH incidents witnessed or personally experienced.
- No identifiable information on the survivor should be stored in the GM or any other reporting entry point.
- The GM operator should not ask for, or record, information on more than the following related to the SEA/SH allegation:
 - The nature of the complaint (what the complainant says in her/his own words without direct questioning);
 - In cases of SEA, to the best of the survivor's knowledge, if the perpetrator was associated with the project;
 - In cases of SEA, if possible, the age and sex of the survivor; and
 - If possible, information on whether the survivor has been referred to or accessed services.
- The GM operator should assist SEA/SH survivors by referring them to GBV service provider(s) as requested by the survivor for support immediately after receiving a complaint directly from a survivor. This should be possible because a list of service providers would already be available before project work commences as part of the mapping exercise.
- The information in the GM must be confidential—especially when related to the identity of the complainant. For SEA or SH, the GM should primarily serve to: (i)

refer complainants to the GBV service provider; and (ii) record resolution of the complaint.

The GBV service provider should have its own case management process to gather the necessary detailed data to support the complainant and facilitate resolution of the case referred by the GM operator. The costs of operating the GM are usually modest and should be financed by the project as part of the general project management costs.

In sum, at the grassroots level where subprojects are located, it is the non-formal committees to be established for GRM (composed of local *Kebele* administration or council member, persons represented from subproject beneficiaries, community elders, members of local youth and women groups) that will at the same time implement the GRM for GBV-SAE/SH issues. Above this *Kebele* structure, there is the formal Grievance Redress and Management Committee (GRMC), which operates at the *Woreda/Kebele* level. The committee structures instituted by the Project together with the GRMC will work in collaboration with partner NGOs and/or local associations directly or indirectly dealing with GBV-related issues. Various type of local institutional arrangements/associations (formal and informal) are already in place in subproject *woredas* to address GBV at community level, including such CBOs as:

- Child Right Committee (CRC): reports HTPs such as early marriage and this committee is more effective in particularly in the Regional States of Amhara, Oromia, SNPPR
- Harmful Traditional Practices Prevention Committee (HTPC): report reports HTPs such as Female Genital Mutilation (FGM).
- Women Development Group (WDG): it is almost available in all parts of the country and creates awareness about GBV in collaboration with *woreda* women associations.

The CRC in particular has been working on awareness creation; identification of victims of sexual abuse; and reporting of cases to police. Cases of sexual violence are usually reported to Women's Affairs Offices by the CBOs and subsequently to the police. Whenever the victim of sexual abuse needs medical attention, the survivor can

visit a one-stop health centers, specifically to *Woreda* or Zone hospitals found in the respective regions. The project will ensure, through awareness raising and training of these institutional arrangements handling GBV cases on the survivor centered approach that respect confidentiality, safety and survivor centricity.

Moreover, to address GBV- SEA/SH in grievance handling committees, a well-trained focal person will be assigned in all committees at grassroots and *woreda* levels. Such personnel are crucial especially in remote areas where the survivors of GBV- SEA/SH have limited access, as these personnel may handle minor SH cases or refer grave ones. They may follow-up referred SH cases on behalf of survivors as well as play a supervisory role in assessing the situations of GBV at lower level.

7.4.1 Steps and Procedures

Special attention will be given to gender issues, and gender mainstreaming has to be centrally focused in the GRM. Complaints lodged by gender are on priority and prompt action is needed to be taken without any excuse to delay. Each committee at all levels will have a female member and will be the key focal point for gender related issues and complaints. Privacy and confidentiality will be ensured of the female complainant in the entire process of resolution. Gender meeting will be conducted separately in secure place. The gender disaggregated data will be available for tracking and monitoring of gender associated issues and progress on actions/outcome. Handling GBV Complaints need to have a framework for handling GBV allegations. As mentioned above, there are at least three key actors involved in handling GBV allegations: the GRM operator; the GBV Services Provider and, the GBV resolution committee. It is therefore essential that prior to GBV complaints being received both clearly identify who specifically will be responsible for handling the complaint: what sanctions will be applied and, the survivor is safe after raising a complaint. To make the process of receiving and handling GBV cases efficient and effective, the following steps will have to be followed.

Step 1: Staffing and registration

The first step for receiving and handling GBV complaints is to have a safe and supportive environment and trustworthy staff so that survivor can easily raise her/his complaint. Grievance Handling operators need to be assigned to receive and register the GBV complaints with full confidentiality. The GRM operator should have knowledge about GBV and the ability to use a survivor-centered approach in the interactions with survivors. Complaint handling is a limited process and the GRM operator must always be careful not to exceed the scope of their roles during evidence gathering. The only role of the GRM operator at this stage is to receive the initial complaint, determine any immediate protection or assistance needs of the complainant, and process onward referrals. The database webpage that she uses for GBV cases is protected and limited to a few individuals such as those only authorized in the complaints handling team. If any complainant is not happy with how the complaint has been handled, they should be provided with opportunity to discuss their cases at a higher level.

Step 2: Referring to available GBV Service Providers

The GRM operator should provide healing messages, refer to menu of services to explain what's available, free of charge and referrals should be based on survivor's complainant's informed consent, tangible and clear information is provided, according to his/her preference and inform the survivor that his/her case will only be shared with his/her informed consent.

Step 3: Referring the case to GBV Resolution Committee

The grievance handling officer designated by the project reports the case to the GBV Resolution Committee with full consent of the survivor. The committee is responsible for receiving and reviewing complaints related to gender-based violence or sexual exploitation and abuse. This includes ensuring that complaints are properly documented, assessed, and categorized. The committee may conduct investigations into the reported incidents to gather relevant information and evidence. This may involve interviewing survivors, witnesses, and alleged perpetrators, reviewing documentation, and collecting any other pertinent data.

Based on the findings of the investigation, the committee assesses the validity of the complaint and determines appropriate actions or remedies.

The committee as soon as they receive the case, starts assessing the case maintaining confidentiality, survivor centered approach, and in a timely manner. It is a proven practice that based-on survivor centered approach the survivor can choose which way the case should be resolved. It means that the survivor can choose the solution (formal/informal) based on her needs, status and probable consequences. GBV resolution Committee comprising trained personnel from Senior Management of the project, and from Gender Unit within the Project Management Unit (PMU) to review each GBV complaint/allegation received individually. The Senior Management member will act as focal point on the senior management team for SEA/SH case investigations and other committee members will receive training on how to conduct fair and robust survivor centered investigations and GBV.

Step 4: Investigation and response to GBV complaint

The case will be disclosed to the GBV resolution committee only (only if the survivor permits) and investigation starts. The investigation is taking place within a course of actions as follow:

- Face to face and private interviews with survivor and perpetrator.
- Interview with the officemate and colleague of both survivor and perpetrator (if needed)
- Group discussion among GBV resolution committee on how to solve the case

Following training on survivor centered investigations, the committee will strive to conduct investigations underpinned by the principles of impartiality, non -discrimination and confidentiality. If the complainant doesn't want to disclose her/his name but just want to bring that bad behavior or SEA/SH case to the attention of the alleged person's supervisor through the GRM person, she should be able to do so.

Step 5: Case conclusion

The length of time that conclusion of a GBV case takes greatly vary from case to case. The investigation report along with decision taken or recommendations is submitted to the senior management. If the investigation concludes the allegations are valid and abuse has likely occurred then sanctions will be applied on the perpetrator based on the nature and level of GBV. The sanction cited from code of conduct, are informal warning or formal warning, additional training, loss of salary, suspension of employment (with or without payment of salary), Termination of employment, report to the police or other authorities as warranted. The final decision that is taken by GBV resolution committee and any disciplinary action signed on the perpetrator will be reflected in her/his HR profile. Sometimes survivors may request the closure of the case, even if they haven't had all their needs met. The team should respect this request and must ensure that the cancellation is completely voluntary and unconstrained. Also sometimes the alleged resigns in the middle of case investigation, in such cases the investigations should continue regardless of whether the alleged resigns and any conclusions including the fact that an investigation has taken place should be placed on file and the process of the investigation is documented to be updated on the system. After the case is closed on the system in accordance with data protection and archiving policies, all printed material that is no longer needed should be vanished. If the printed papers should be stored, then lock it in a file cabinet or other secure container, and limit access to others. : By closing the GBV complaint, any survivor should feel safe to return to the GBV resolution committee or to complaint once again if s/he faced violence because raising a complaint increases the risk of harm more in some cases. The survivor is referred to the GBV services providers if she needed psychological and emotional support, only if she permits to share the case to the service provider.

7.5 Communicating and GRM Publicity

A policy or process for addressing complaints cannot be effective if nobody knows about it and therefore grievance procedures should be put into writing, publicized, and explained to relevant stakeholder groups. People should know where to go and whom to talk to, if they have a complaint and understand what the process will be for handling it. It should be provided in a format and language readily understandable to the local population, direct

beneficiary/users of facilities, project staff and/or communicated orally in areas where literacy levels are high. It should not be too complicated to use, nor should it require legal counsel to complete the grievance process. It's mentionable that the GVB cases must handle securely and confidentially based on the GBV handling procedure mentioned in the GVB related parts within this document.

7.5.1 Communication Channels and Methods

The ways and means through which GRM procedures are communicated, is dependent on the scope of projects, types of stakeholders, geographical location of projects, beneficiary characteristics and feedback etc. The best channel to be used is the one which transfer the encoded message to the receiver, with high impact and feedback and of low cost. The method used should be simple and that best illustrate to the conditions. The GRM poster that reflected all official uptake channels include hotline number, social media address and GRC designed and will publicizes in the project area with the help of community elders the most highlights point in the project areas. The common channels to be used are Public disclosure at each site through printed materials e.g. flyers, grievance forms and GRM poster etc. organizing GRM events and briefings, articles written in newsletter on grievance resolution, training sessions and staff capacity building, interpersonal communication/Face-to-Face meetings, circulation of complaint specific e-mail, circulation of GRM representatives contact details, using digital modality such as webpage and social media, opinion survey regarding the GRM functioning, TV and Radio announcement, site visits Aspects of GRM Communication Plan Introducing the GRM requires planned actions and the aspects to be considered when designing a GRM communication plan. The contents of information in the publicity materials or verbal communication should be sufficient and enough. There should be no gap in provision of information and the publicizing sources should be easily accessible. The following information components are necessary to be included while publicizing grievance management procedures:

- What project-level mechanisms are (and are not) capable of delivering and what benefits complainants can receive from using the project or organization grievance mechanism, as opposed to other resolution mechanisms?

- Who can raise complaints (affected persons)?
- Where, when, and how complainants can file complaints?
- Who is responsible for receiving and responding to complaints, and any external parties that can take complaints from grievant?
- What sort of response complainants can expect from the project or organization, including timing of response? •
- What other rights and protection are guaranteed (compensation, protection from victimization)?

7.5.2 Messages of Communicating GRM

The message of communicating GRM should reflect the following points:

- Grievances can help improve project policies, systems, and services delivery
- Grievances will be treated confidentially, and complainants will not be victimized
- Grievant has the legal right to lodge complaints upon experiencing any discomfort and dissatisfaction by project activities
- Grievances management improve the system and build trusts among the stakeholders
- Grievances lodging and resolution is a sense of pride to all Operationalization.

8 Stakeholder Engagement

As part of the ESMF preparation process, consultations with stakeholders involved in project implementation and regulatory functions were conducted. The consultation meeting was conducted in the MoH meeting room and was attended by the heads of the different directorates of the Ministry including the advisor to the Minister. The consultations were focused on providing information and receiving the concerns and opinions of the participants regarding the overall HEPRR objectives, and its main components for which the ESMF was prepared. The consultations were also carried out to obtain their input in the identification of environmental and social impacts of the HEPRR project and design of mitigation measures.

During the consultation meeting, it was explained that the HEPRR project will support MoH to expand and strengthen the existing Health Emergency Operation room by constructing a new building.

9 Institutional and Implementation Arrangement, Capacity Building and Training Requirements

9.1 Institutional and Implementation Arrangements

The Ethiopian MoH will be the implementing agency for the project and oversee the overall implementation of the project. The State Minister for Programs will be responsible for the execution of project activities and oversee the overall implementation of the project. The Grant Management Unit (GMU) of the Ethiopia MoH's Partnership and Cooperation Directorate (PCD) will be responsible for the day-to-day management of activities supported under the project as well as the preparation of a consolidated annual work plan and a consolidated activity and financial report for the project components. The PCD already manages and coordinates several World Bank funded projects in the health sector, including the Africa Center for Disease Control (CDC) and Prevention regional investment financing project (P167916); Ethiopia COVID19 Emergency Response Project (P173750); Sustainable Development Goal Program for Results (P123531); and Ethiopia Program for Results (Hybrid) for Strengthening Primary Health Care Services (P175167).

The Ethiopian Public Health Institute (EPHI) will serve as the key technical entity for the implementation of the project activities. It will implement significant number of activities that are in line with the institution's mandate and responsibilities, including procurement of medical supplies, commodities, and equipment for activities outlined in the project. It will both support the PCD and directly implement certain technical activities. The EPHI will report directly to the state minister, and it will share the project's technical and financial updates with the Grant Management Unit (GMU). If necessary, the EPHI will also reinforce the GMU with additional staff, including accountants and procurement officers, to manage project activities under its purview. The Federal MoH will also deploy the staff needed for proper implementation of the environmental and social management plan as specified in the project's Environmental and Social Management Framework (ESMF) (ESIA).). In addition to MOH and the Ethiopia Public Health Institute (EPHI), the Ethiopia Pharmaceutical Supply Agency (EPSA), Ethiopian Food and Drug Administration (EFDA), Regional Health Bureaus, technical directorates at the MoH

and other key agencies will be involved in project activities based on their functional capacities and institutional mandates.

Strengthening the capacity of the GMU has already been agreed within the framework of the ongoing bank projects, and further expansion of the unit will be supported under this project. A hands-on approach to supervision of key fiduciary aspects will support Ethiopia Ministry of Health and the GMU in exploring all the options to help tackle the key barriers for accelerated implementation of procurement processes and budgeting. For this effect a technical assistance fund will be established as part of component 3 (project management) and finance key capacity gaps and technical assistance needs based on annual work plans. The GMU may also recruit specialized technical staff as needed, and some activities may be outsourced to third parties through contract agreements acceptable to the World Bank.

9.2 Institutional Capacity Assessment

Effective implementation of ESMF, RPF and all the other safeguard instruments prepared for the HEPRR will require technical capacity within the lead project implementing institution and partner institutions. There will be need for in depth understanding of the operationalization mechanism of the ESMF to be provided to the various lead and partner institutions and key stakeholders involved in the implementation of HEPRR activities. Capacity building will be integral to support the teams in appreciating their roles in providing supervision, monitoring, evaluation and environmental reporting on the projects activities. Therefore, a special initiative is needed to develop the capacity of the project implementing units, staff from partner and beneficiary institutions to support implementation of the HEPRR with regard to social and environmental aspects. The following sections outline the capacity building needs of the implementing agencies and partner institutions.

9.2.1 Assessment of capacities and practical experiences of implementing Agencies on Environmental and social management.

The main implementing agency of the HEPRR is the Ministry of Health (MoH). Partner Institutions involved in spearheading the implementation of the various sub-components of the

HEPRR includes Ethiopian Public Health Institute (EPHI) and the Armauer Hansen Research Institute (AHRI).

The existing capacities and practical experiences of the main HEPRR project implementing and partner institutions namely the MoH and EPHI in the area of environmental and social management is evolving which needs to be further strengthened. The MoH have deployed one environment officer under the Design and Construction Directorate and a second Social Development specialist is reported to be under recruitment. The Environment Officer is supposed to follow up the E&S issues of all development projects conducted by the Ministry, whether it is a construction or other project conducted by the Strategic Partnership and Grant Management Directorate. All donor financed projects and programs including active World Bank projects under implementation by the MoH are coordinated from one pool: The Strategic Partnership and Grant Management Directorate. As observed during the consultation meeting with MoH, this directorate is supposed to depend on the environment officer present under the design and construction directorate for all its E & S risk management issues. Moreover, the MoH assert that it also has Environmental Health professionals under its Environmental Hygiene and Public Health Directorate who are also often deployed for managing E & S risks. The EPHI, owing to its ongoing experience with the implementation of the Africa CDC project, have also deployed an environmentalist who looks after E &S risk management aspects. However, during the consultation with MoH, it was stated that Armaur Hansen Research Institute AHRI may not have an environmentalist or social development specialist at all.

Besides, the state of the E & S risk management manpower availability in the implementing institutions (i.e. in MoH, EPHI and AHRI), the practical experience of the institutions in implementing E & S management procedures is found at its early stage which also need to be further strengthened. There are practices of preparing ESIA documents by the MoH for some projects financed by donors and MoH is becoming well versed with the National and Bank E & S requirements. However, there is a gap in following up the implementation and performance of ESMF procedures, ESMPs and conducting E&S monitoring across the projects under

implementation. This is mainly due to capacity gaps inherent in the lead implementing and partner institutions.

Limited institutional and staff capacity in government sector stakeholder organizations collaborating in HEPRR project implementation could affect project implementation as well as ESMF monitoring. In the main, the absence of a separate environmental and social safeguard (ESS) unit adequately staffed with the respective relevant specialists at federal and regional level in MoH, EPHI, EFDA, EPSA, and Regional BoH. Moreover, the absence of specialists at federal Program Implementing Agencies (PIAs) level assigned to monitor the process of environmental and social safeguard management.

Existing gaps in knowledge, skills and attitudes at regional health bureaus, regional public health offices and grassroots health care facilities (HCFs) levels in relation to safeguard issues. Inadequate transport logistics, office space, and equipment.

In summary, the consultation discussions and assessments held with the institutions have shown that there are capacity gaps in environmental and social management which needs to be filled through deploying adequate human resource and training.

It is recommended that the capacity gap in risk management manpower should be filled in as follows.

- Establish and maintain a Project Implementation Unit with qualified staff and resources to support management of environmental, social, health and safety (ESHS) risks and impacts of the Project including one environmental specialist, and one gender and social development specialist.
- EPHI & ARHI shall assign one E&S focal person to maintain coordination and support E&S implementation of the project.
- Deliver capacity enhancement trainings for the safeguard professionals in selected areas of safeguard management.

- Deploy the relevant professional staff to monitor the process of environmental and social safeguard management
- Raise the awareness of SC in respect to their responsibilities and the overall significance of their contributions to the success of the project.
- Strengthen the institutional capacity of federal Grant Management Unit (GMU)/Project Coordination Unity (PCU), including regional health bureaus (BoH) and regional public health institutions (PHIs), through the provision of transport logistics and office equipment.
- Carry out tailored and customized capacity building trainings for grassroots ESMF implementing structures/committees.
- Making periodic assessment and understanding of the root causes of the observed problems and introduce appropriate measures to address them.

The E&S risk management specialists at the Design and Construction Directorate of MoH in collaboration with the E & S staff of EPHI and AHRI will contribute to the objectives of the HEPRR which include:

- The preparation of annual work programs and budgets to fulfill ESMF requirements of subprojects;
- Monitoring project progress as it relates to compliance with the ESMF guidelines, resolving implementation bottlenecks, and ensuring overall that project implementation proceeds smoothly;
- Collecting and managing information relevant to the subproject environmental management works (i.e. environmental monitoring and audit reports of ESMPs),
- Ensuring that the implementing partner and beneficiary bodies are supported adequately and that they adhere to the principles of the project, specific to compliance with ESMF guidelines.

9.2.2 Training requirements

One of the capacity building areas for Lead implementing institution (MOH) and the Partner Institutions (EPHI,) involved in the implementation of the HEPRR subprojects is the provision of

training. The training to be offered will also need to address target groups from different beneficiary (e.g.: focal persons from regional health sector bureaus & HCFs) and stakeholder institutions (e.g.: EPHI, AHRI) which will have a role in implementing the ESMF at various levels. The training is also necessary for high level project coordination and management groups, (such as members of Strategic Partnership and Grant Management Directorate) as well as to relevant members of the broader stakeholders to create awareness on environment management aspects of the HEPRR Project. As a result, the type of trainings necessary to these various target groups will vary and is briefly outlined as the followings:

a. Technical training on ESMF

This detailed training will mainly focus on the technical staffs that will be involved in directly applying the ESMF procedures. It includes the E&S experts in the lead implementing agency (MOH) and, E&S staff in partner institutions (EPHI & AHRI) as well as other relevant stakeholder institutions, member of technical working groups will have to participate in the training to facilitate for smooth implementation of HEPRR ESMF. The training will focus in explaining the details of the National and World Bank environmental requirements and the procedures that need to be fulfilled to comply with it. Implementation of the ESMF including all aspects of the World Bank ESSs, environmental management, EIA, public consultation, and integration of environmental management into development planning will be the center topics for the training. The training would also cover skills upgrading refreshment topics such as, environmental and social screening and categorization processes, EIA review and quality assurance, environmental audits, environmental guidelines and others as necessary. Detailed topics that would need to be covered by the training include the following:

- ✓ Overview of enabling policy, legal and institutional framework for ESMF
- ✓ Basic principles of ESMF and RPF;
- ✓ Environmental and social screening process,
- ✓ Assignment of environmental categories,
- ✓ Scoping and the preparation of preliminary and full ESIAAs
- ✓ Preparation of terms of reference for carrying out ESIA/ESMPs,
- ✓ Review and clearance of the screening results and separate ESIA/ESMP reports,
- ✓ Supervision, monitoring, evaluation and environmental reporting;

- ✓ Infection Control and Waste Management Plan (ICWMP) Preparation
- ✓ Participatory public consultation and engagement,
- ✓ Gender Based Violence (GBV) prevention and Control
- ✓ Grievance Redress Mechanisms (GRM) of the AF Project, Stakeholders Engagement
- ✓ Public consultation process in view of the ESMF requirements,
- ✓ Discussion of, and amendments to, the environmental and social screening form.

Table 10: Proposed Budget for Implementing the HEPRR ESMF

No	Activity	Description	Estimated Cost(in USD)
1	Technical Assistance support for preparation of ESMF & RF Screening Reports, partial ESIA's, ESMPs	Assume lump sum USD 20,000 for preparation of 2 full/partial ESIA per year (assuming that one document prepared by 10,000USD) for the 4 years project implementation period.	80,000
2	Envi & Social risk management experts for PIU (1 environmentalist & 1 Social and Gender specialist)	Assume maximum USD 1500 per month for each specialist and total for 4 years	288,000
3	Technical training on ESMF	E & S staff and pertinent healthcare staff (Assume 50 participants x USD 200 pd x 5 days + stationary+ trainers cost)	50,000
4	Community engagement, GBV and GRM trainings	Assume 50 participants x USD 200 pd x 3 days + stationary+ trainers cost)	30,000
5	Budget for external Annual Environmental and Social Performance Audit.	External Environmental and social performance Audit to be carried once per year for four years (40,000 USD per year).	160,000
Total			608,000.00

Annexes

Annex I: ES Screening form

I. Screening Template for Potential Environmental and Social Issues

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

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

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

Subproject eligibility check:

Subproject eligibility/ exclusion criteria question	Yes	No
1. Will the subproject involve activities that may cause long term, permanent and/or irreversible 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 reserve?		
3. Will the project activities have a high probability of causing serious adverse effects to human health and/or the environment?		
4. Will the subproject involve activities that may have significant adverse social impacts and may give rise to significant social conflict?		
5. Will the project activities involve significant land acquisition, forced eviction and involuntary physical displacement?		
6. Will the project activities impact known cultural heritage sites including sites that are important		

Subproject eligibility/ exclusion criteria question	Yes	No
to local communities?		
7. Will the subproject involve Type 1 TAs that support preparation of future infrastructure investment projects?		
If any of the above questions are answered as “Yes”, the proposed subproject is not eligible for financing under this ERP.		

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	No		
Does the subproject have any potential existing Environmental and Social liabilities and risks at the existing facilities/locations that will be part of the subproject?			ESS 1	Environnementa l Audit/Due Diligence Audit
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities? Could climate change or extreme weather adversely impact the project?			ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	If significant (i.e. High risk), subproject is ineligible. If small-scale, prepare simplified RAP as per the RPF and ESCP.
Does the subproject involve acquisition of assets for quarantine, isolation, or medical treatment purposes?			ESS5	
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESIA/ESMP, SEP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESIA/ESMP, SEP
Does the subproject have an adequate system in place (capacity, processes, and management) to address waste?				
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP

Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?				
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?				
Does the subproject involve trans boundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?			ESS7	
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Does the subproject carry risk that disadvantaged and vulnerable groups may have inequitable access to project benefits?			ESS1	ESIA/ESMP, SEP

Categorization & Recommendations: After compiling the above, determine which risk category the subproject falls under based on the environmental categories High, Substantial, Moderate and Low risk. If the subproject falls under “Substantial, Moderate or low” risk categories, proceed to identify the category of the subproject (i.e. Schedule I, II or III) based on the National EIA procedural guideline issued by the Federal Environment, Forest and Climate Change Commission.

a. World Bank ESF Categorization

	High Risk	HEPRR subproject highly unlikely to fall under “High Risk” rating. In the unlikely event that subproject falls under “High Risk” the Environmental and social Assessment should be conducted in accordance with the World Bank Environmental and Social Standards (ESSs).
	Substantial Risk	HEPRR subproject highly unlikely to fall under “Substantial Risk” rating. In the unlikely event that subproject falls under “Substantial Risk” the Environmental and social Assessment of the subproject should be conducted in accordance with National law and any requirements of the ESSs that the Bank deems relevant to such subprojects
	Moderate Risk	Environmental and social Assessment of the subproject should be conducted in accordance with National law and any requirements of the ESSs that the Bank deems relevant to such subprojects.
	Low Risk	Environmental and social Assessment of the subproject should be conducted in accordance with National law and any requirements of the ESSs that the Bank deems relevant to such subprojects. Sub project is not subject to environmental assessment as no potential impacts are anticipated.

***Place tick in applicable box**

b. National EIA Procedural Guideline (2003) Categorization

	Schedule 1	Some HEPRR subproject likely to fall under “Schedule-I” Category. In the event that 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	Subproject will require a partial/preliminary ESIA and will necessitate the preparation of preliminary ESIA / ESMP.
	Schedule III	Subproject is not subject to environmental assessment as no potential impacts are anticipated.

***Place tick in applicable box**

Reviewer:

Name:

Signature:

Annex II: 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;
- *Special type of HCF in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;*
- Functions and requirement 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 COVID-19 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 labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 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.
- 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 are 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 wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater 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 onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases where HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

- Management of healthcare workers: (e.g. exposure to infections and diseases, prevention measures, SUPs, adequate facilities, PPEs, immunizations, exposure control SOP for blood-borne pathogens; processing of contaminated linen, clothing, appropriate cleaning and waste disposal, hazardous materials, etc.).

3. Emergency Preparedness and Response

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

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

3.1 Fire hazard prevention and control plan

As part of the emergency preparedness and response plan, a plan for fire hazard prevention and control for the HCFs and workers need to be included. The fire hazard prevention and control plan should consist of but not limited to the following:

- Properly storing flammable materials away from ignition sources and oxidizing materials.
- Aware workers of fire risk and know the precautions to prevent a fire and the action to be taken if fire does break out.
- Providing fire arrest equipment such as fire extinguishers etc.

4. Institutional Arrangement and Capacity Building

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

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

- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

5. Monitoring and Reporting

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

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

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

Annex III: GBV-SEA/SH Prevention and Response Action Plan

Level of Risk Identified through Risk Assessment: Sexual Exploitation and Abuse/Sexual

Harassment (SEA/SH) Rating: Substantial

**Name of project: Health Emergency Preparedness, Response and Resilience Project
(P180127)**

Client Name: MoH

**Level of Risk Identified through Risk Assessment: Sexual Exploitation and Abuse/Sexual
Harassment (SEA/SH) Rating: Substantial**

1. Introduction and Context

The Health Emergency Preparedness, Response and Resilience (HEPRR) Project aims to support the Government of Ethiopia in its effort to strengthen the multi-sectoral preparedness, response, and resilience of health systems to health emergencies. While the government and development partners including the WBG, have invested in health systems strengthening (HSS) for over two decades, the country's capacity in proactive emergency preparedness and response and resilience remained poor and needs further attention and investment. Despite the multiple, severe, and long-lasting impacts of health emergencies (HEs) in the country, institutions, systems, and policies are largely designed to react to these events, rather than prevent or prepare for them. Therefore, moving from a reactive response to HEs to a proactive approach is critical. The responsibility for HE preparedness and resilience must be shared by governments, partners, sectors, and communities, which must collaborate effectively across the prevention-detection-response continuum, both within and across national borders, implementing actions that are proactive and sustainable, and possibly far upstream from the HE events themselves.

In recognition of these, the Federal Government of Ethiopia, in collaboration with the World Bank (WB), is developing the Health Emergency Preparedness, Response and Resilience (HEPRR) Project, with the aim of ensuring a sustained, comprehensive, and transformational impact on both health emergency preparedness/response and resilience, building on the many achievements of previous WBG supported projects.

As stated in the Project Appraisal Document (PAD), the Program Development Objective (PrDO) of the HEPRR project is to strengthen health system resilience and multi-sectoral preparedness and response to health emergencies in Ethiopia. HEPRR will strengthen two interconnected pillars– Preparedness/Response and Resilience of health systems, enabling the rapid detection of and response to health emergencies while ensuring the availability of essential pharmaceuticals and health services continue to be delivered optimally even during emergencies.

The proposed project will have four components, namely: (i) Strengthening the preparedness and resilience of national and sub-national level health systems to manage public health emergencies; (ii) Improving the detection and response to public health emergencies at national, sub-national and cross-border areas; (iii) Program management; and (iv) Contingent Emergency Response Component (CERC). HEPRR is a national project covering all the eleven regional governments and two city administrations, but the bulk of the project interventions will likely be carried out in “high-potential” climate crisis prone lowland areas and border areas due to the cross-border nature of the project. The project will undertake interventions focusing on creating the public health preparedness, response, and resilient health system capacity at the *woreda* level. The project will benefit communities in Ethiopia, especially poor households, communities bordering other countries in the East Africa, refugees, and other populations that are at high risk of epidemic disease.

2. Contextual and Project Related SEA and SH Risks

In the context of HEPRR, the subproject activities under Components 1 and 2 can potentially pose a risk of an environment for SEA/SH, affecting both target community members, the workforce and service users. Social impacts resulting from GBV-SEA/SH are critical to address and based on the below assessment of the contextual and project-related risk factors for SEA and SH, the risk is still considered to be Substantial. This is in agreement with the preliminary risk assessment findings highlighted in the Project Concept Note (PCN) which also provisionally rated the risk as Substantial. This rating has been informed by context of fragility, conflict, and violence in parts of Ethiopia where the project could potentially be operating, along with the training of significant numbers of healthcare workers in remote, conflict prone areas with large numbers of displaced persons and related uncertainty in Ethiopia.

Sexual Exploitation, Abuse and Harassment (SEA/H risks in relation to this project are related to contextual factors such as unintentional exacerbation of existing insecurity and conflict in project implementation areas, and from project activities, including interactions between project workers and local communities, as well as sexual harassment among project workers.

3. Contextual Risk Factors

Contextual GBV/SEA risks refer to the broader social, cultural, economic, and political factors that contribute to GBV/SEA in a particular context. These factors can include gender inequality, discrimination, conflict, migration, displacement, presence of IDPs and refugees in large numbers, poverty, and lack of access to basic services.

- One major contextual factor that exacerbates GBV-SEA/SH risk has to do with the fact that borderlands are the main intervention areas of the project, and cross-border mobile populations (CBMPs) make up a significant proportion of the target populations. These population groups are very much vulnerable to SEA and SH risks, and these include mobile pastoralists, refugees, seasonal cross-border labor, persons engaged in cross-border economic activity (licit and illicit trade), undocumented migrants, internally displaced persons (IDPs), and communities that host refugees and IDPs.
- GBV-SEA/SH contextual risks associated with this country wide HEPRR project are also related to the exacerbation of existing insecurity in parts of the country where communities are affected by different emergencies (conflict, ethnic clashes/tensions, floods, and droughts). Such contextual risks of conflicts and situations of instability exacerbate pre-existing patterns of discrimination against women and girls, exposing them to heightened risks of GBV and other harmful practices. For example, the escalation in conflict in Northern Ethiopia has led to a marked increase of GBV, especially sexual violence across the affected regions in Tigray, Amhara and Afar. GBV response needs are also reported to be high in Benishangul Gumuz, Somali, Oromia and SNNP regions as a result of increased violence and drought. The drought affecting Ethiopia especially in Somali, Oromia and Afar regions is also exacerbating GBV risks for women and girls.
- In relation to the foregoing, there are frequent inter- and inter-ethnic conflicts in these borderland areas, and the resulting insecurity and the high number of refugees and IDPs as well as unregulated movement of peoples across border in these far-flung project areas precipitate the risk of SEA. Another risk factor for SEA in the context of the project borderlands inhabited by pastoralists and agro-pastoralists in Ethiopia is migrant smuggling, which is a pervasive illicit activity in these areas. The Ethiopia-Somaliland, Ethiopia-Djibouti and Ethiopia-Kenya borderlands in particular have been identified as the areas where migrant smuggling is common, aggravated by the presence and operations of organized smugglers involving pastoralists among the major actors in the practice. Unlike human trafficking, which refers to the movement of persons for the purpose of sexual and other forms of exploitation, migrant smuggling is an illegal form of migration whereby people are moved/transported across international borders in exchange for a sum of money. The migrants comprise women, adolescent girls, and children, in addition to men and adolescent boys, who come from different parts of the country. The borderland towns serve as the main transit hubs offering passage for smuggled migrants onto their destinations to the Middle East and Europe. The migrants are housed in transit shelters in border areas until the next stage of migration further. In the course of the movement from the source areas of migration and their stay in the transit border towns, the migrants will be exposed to different forms of sexual abuse and

exploitation by the smugglers, the migrants themselves, and members of the host communities.

- The World Bank has developed Good Practice Note (GPN) which assist project implementers in identifying contextual risks of GBV-SEA/SH. According to this document and experience from many investment Project Financing (IPF), projects involving major civil works can increase the risk of several forms of GBV, in particular sexual exploitation and abuse (SEA). In connection with this, the risk factors for GBV, including the existence of major civil work activities, labor influx, and land acquisition and the resultant economic displacement and resettlement do not feature in the main technical components of the HEPRR project. However, it is also envisaged under subcomponent 1.2 of the project that there will be considerable training programs for large number of health workforce and public health workers working in the drought prone pastoral lowlands and borderland areas to strengthen and respond to and lead public PHEs. This is another contextual risk factor for GBV-SEA/SH at facilities (points of entries, isolation units, refugee and IDP crowded shelters and camps), and in the course of interaction between members of the health workforce and women and children in the vulnerable and underserved communities.
- A related contextual risk in this regard is the lack of access for survivors to quality specialized lifesaving GBV services, such as the Clinical Management of Rape (CMR), psycho-social support (PSS), GBV case management, legal aid, and referral mechanisms. This is due to lack of services, lack of awareness, fear of stigma and weak referral systems compounded by disruption of services and lack of functional hotlines in conflict-affected regions. Moreover, particularly in areas inhabited by underserved communities in pastoral and semi-pastoral *woredas* of the project, other related risk factors relate to lack of access to psychosocial, health and GRM services, and limited coordination among and between local governments at grassroots level,

4. Project Related SEA and SH Risks

Project-related GBV/SEA risks refer to the specific risks that are associated with the implementation of HEPRR project. These risks can include interactions between project staff and beneficiaries, use of project resources for personal gain, exploitation of power dynamics, or failure to adequately address GBV/SEA risks in project design or implementation.

In the context of the HEPRR project Gender Based Violence - Sexual Exploitation and Abuse and Sexual Harassment (GBV-SEA/SH) may be experienced in the process of interactions between project workers and local communities, in the workplace, and within the project host communities particularly those vulnerable and/or affected by different emergencies.

- In the first case, project beneficiaries or members of project-affected communities (women, girls, men and boys, pastoral women and children involved in informal/unofficial cross-border trade (licit and illicit), refugees, IDPs, migrant workers, migrant women) may experience GBV-SEA/SH. No doubt, the project introduces goods, benefits or services to a project-affected community, either momentarily or indefinitely. Project workers may broker access to the goods, benefits or services that are financed by the project. This creates a power differential between the project worker who uses access to the goods, benefits or services to extract gain or favor from those who seek them. The power differential is created when a project worker has real or perceived power over a resource that can then be used to leverage or pressure a community member into an unwanted sexual act. If the project worker uses this differential power to extract sexual gain, then the person is sexually exploiting/abusing a project beneficiary. Potential perpetrators of SEA/SH can be any personnel associated with the project and may include healthcare workers, staff supervising project activities, consultants or those undertaking technical assistance activities or studies, as well as the security guards hired to protect a project site.
- The GBV-SEA/SH risks can intensify within local communities when there is labor influx of male workers from outside the area looking for job in major civil works and physical investment activities. However, this project still finances limited physical infrastructure, mainly the rehabilitation and expansion of existing ICU, isolation and emergency facilities and the construction and rehabilitation undertaken within hospitals under sub-component 1.3. Minor civil works for refurbishment and renovation would engage some laborers and related workers at site. Such workers, more often than not, come without their families and have reasonable disposable incomes relative to the local community, and this can pose a risk in terms of sexual harassment, violence and exploitative transactional relationships. These risks are higher where workers come into close contact with the local community or when living together in remote areas. In addition, adolescent girls and boys in the local communities where such subproject physical investments are carried out and those children attending nearby schools are more susceptible to sexual harassment, abuse and exploitation by construction workers and others working in related activities.
- Further, in rural settings , particularly those inhabited by underserved communities, where the presence of law enforcement is often low, the risk of sexual harassment for local women is likely higher, in particular for younger women and girls. The risk factor is also the remoteness of locations where people have limited access to resources to report GBV-SEA/SH and receive support. In this context, fraternization or the practice of conducting close social relations by incoming workers with female members of the local community, can lead to a range of unacceptable and/or illicit behavior. This includes

unwanted aggressive advances, sexual harassment, gender-based violence against women and children.

- GBV-SEA/SH related to this project becomes a workplace threat, including in the context of the training of healthcare workers particularly in conflict prone areas, when anyone who comes in contact with the workplace engages in sexually abusing and harassing or criminal acts. Gender-based violence in the HEPRR Program workplace can occur and this may include:
 - Bullying, physical and verbal abuse from work colleagues, supervisors or managers.
 - Sexual harassment and unwanted sexual advances.
 - Sexual abuse and violence, including ‘coercive’ or transactional sex, rape and sexual assault.
 - Abuse and harassment around pregnancy.
 - Psychological abuse and intimidation.
 - Threats and acts of physical and sexual violence.
 - Abusive working conditions such as poor health and safety (including building and equipment safety).
 - Inadequate or inappropriate sanitary facilities and rules about their use.
 - Involuntary excessive long working hours and unpredictable or late demands to work overtime.
- The most pervasive workplace risk of gender-based violence in this project, as experience from other related projects show, is sexual harassment. Sexual harassment is unwelcome and offensive conduct of a sexual nature that may make workers feel humiliated, intimidated or uncomfortable. Women are asked for sexual favors, exposed to inappropriate jokes, insinuations, and comments, and unwanted physical contacts that can amount to assault. And sexual harassment at work remains underreported because of fear of disbelief, blame, social or professional retaliation, retaliatory civil or criminal charges, or loss of legal residency status.
- At the HEPRR level, there is yet no adequate and qualified staff responsible for gender and SEA/SH and gender-based violence related issues. It is also reported, during the stakeholders consultation meeting held with the relevant staff in the Grant Management Unit/Project Coordination Unit (GMU/PCU) at the MoH, that the knowledge and skill of HEPRR implementers that will be assigned particularly at lower levels is limited about SEA/SH prevention and response. However, it is anticipated that the project workforce and beneficiary community members have some

degree of knowledge and awareness about GBV-SEA/SH and GBV. This mainly comes from the mass media and public sensitization campaigns and workshops conducted by ministry and regional and *woreda* offices, NGOs and grassroots women and children and health offices. Knowledge and skill on prevention and response mechanism to SEA/SH and GBV are nevertheless limited particularly at community and grassroots levels.

5. Prevention and Mitigation measures

In assessing and mitigating the risks of SEA/SH, it is worth noting at the outset that HEPRR is essentially a human development (HD) project which focuses on project actors, encompassing both project workers (PIU staff and health workers hired the PIU to deliver project activities) as well as civil servants working in connection with the project (health care workers employed by the government to carry our project activities and MoH civil servants responsible for implementing project activates without officially being employed by the project. Owing to this, the SEA/SH Action Plan should in particular focuses on the activities of training and sensitization of project actors and this should be well planned and resourced to achieve the desired outcomes.

It is, therefore, of paramount importance that the HEPRR Grant Management Unity/Project Coordination Unit (GMU/PCU) see to it that a robust SEA/SH Mitigation Action Plan to address the risk of GBV is adopted. These include:

Training, and sensitization/awareness creation for IAs and Contractors/ suppliers/ consultants

- Reduce the risk by promoting mandatory and repeated training and awareness raising for the project actors about refraining from unacceptable conduct toward local community members, specifically women;
- As mitigation measure, develop training materials for sensitization briefings, targeting ERA management and Contractor management;
- Informing project workers about national laws that make sexual harassment and gender-based violence a punishable offence so as to minimize the risk;
- Reduce the risk by way of delivery of periodic mandatory training on GBV to all workers, including project workers, other civil servants working in connection with the project, contractors, subcontractors and primary suppliers, as well as relevant consultants and clients;
- Sensitize the implementation agency (IA) staff (project actors) on the importance of mitigating SAE/SH risks on the project, and putting in place mechanisms to address

reported allegations of SEA/SH and support reporting survivors to access relevant SEA/SH response services.

- Provide training on prevention from and response to SEA/SH to PCU, EPHI, AHRI, EPSA, EFDA, and implementing partners; ToT to gender focal persons.
- Raise awareness of project actors at regional health offices and zone and cluster levels: sessions content should include at least the following:
 - ✓ Definitions of SEA, SH, GBV
 - ✓ How the project could exacerbate risks of GBV
 - ✓ Available SEA/SH reporting and referral mechanisms
 - ✓ Available GBV response services
- Training GRM committee/GRM operators on GBV-SEA/SH basics, survivors centered approach, the referral pathway, reporting and confidentiality of data
- Raise awareness of project staff on SEA/SH Grievance Redress Mechanisms and Code of Conduct on SEA/SH.
- Site-specific SEA/SH consultations to take place with local stakeholders (SEA/SH service providers) including community based structures, women's groups, HTP, etc.
- See to it that contractors in subproject implementation sites adopt Mandatory and repeated training and awareness raising for their workforce about refraining from unacceptable conduct toward local community members, specifically women; Informing workers about national laws that make sexual harassment and gender-based violence a punishable offence which is prosecuted.
- Produce and disseminate communication materials on prevention from and response to SEA/SH to beneficiaries.

Assigning Gender/GBV Experts in the relevant IAs

- Minimize the risk by assigning a gender/GBV expert at the GMU/PCU and
- Minimize the risk by assigning paid gender/GBV focal person in the implementing partners and beneficiary institution (EPHI, AHRI, EFDA, EPSA and Regional Health Bureaus (BoH));

Gender/GBV experts assigned to PCU and the focal persons in the relevant units of the implementing partners play a critical role in addressing these issues. Their key roles and responsibilities are:

- ✓ Conducting Needs Assessments: They should conduct needs assessments to identify areas where GBV and SEA are prevalent, the root causes of these issues, and the needs of survivors.
- ✓ Developing Strategies and Action Plans: Based on the needs assessment, they should develop strategies and action plans to prevent and respond to GBV and SEA in the project.

- ✓ Providing Technical Assistance and Guidance: They should provide technical assistance and guidance to project actors to ensure that they understand and address GBV and SEA in their work.
- ✓ Monitoring and Evaluation: They should monitor the project's progress in addressing GBV and SEA and evaluate the effectiveness of their strategies and action plans.
- ✓ Building Capacity: They should build the capacity of project actors to address GBV and SEA by providing training, coaching, and mentoring.
- ✓ Advocacy: They should advocate for the rights of survivors of GBV and SEA and promote a safe and respectful workplace culture.
- ✓ Coordination: They should coordinate with other stakeholders, such as community leaders, government agencies, and civil society organizations, to ensure a comprehensive and effective response to GBV and SEA.
- ✓ Documentation and Reporting: They should document and report on all incidents of GBV and SEA and ensure that survivors receive the necessary support and services.

Preparation of Code Conduct (CoC)

- Adopt, as a risk reduction measure, a project specific CoC that would be signed by all project workers.
- Civil servants will be governed by the existing CoC which, if need be, will be updated to establish coverage of SEA/SH, and they will be sensitized to this effect during the training and awareness creation sessions.
- Carry out, in view of the fact that the SEA/SH risk for the HEPRR project is rated as substantial, a commensurate sensitization/training of project actors on the CoC and disciplinary measures that are proportionate to the risk. The regular trainings for project workers can be carried out combined with other trainings.
- Ensure these codes of conduct are publicly disclosed in local languages and are widely accessible to all workers and all groups of people in project areas;

Mapping out GBV prevention and response service providers

- Map out SEA/SH prevention and response actors in project adjoining communities. This should incorporate an assessment of the capabilities of the service providers to provide quality survivor centered services including SEA/SH case management, Clinical Management of Rape, acting as a victim advocate, providing referral to other relevant services with consent of survivors.
- Area-specific mapping of SEA/SH prevention and response actors (including service providers) and assess their capacity to provide quality survivor centered service.
- Map multi-sectoral GBV-SEA response services in the project implementation *woredas*.
- Area specific mapping of informal support groups (Women's Groups, HTP, Women Development Groups (WDG), CCC) at the community level.

- Strengthen SEA/SH response services based on service mapping findings: including through advocacy for actions to the identified gaps and targeted trainings.

Cooperation and coordination with relevant stakeholder

- As a risk reduction measure, the client should put in place an accountability and response mechanism that provides steps for handling, reviewing, verifying, and investigating allegations, including timeframe, and responsibilities for each stage of the process.
- The client should, as a risk reduction measure, strictly follow-up the investigation conducted by project actors as per the accountability and response framework of the different project actors and the judicial/legal investigation process so as to make a clear distinction between the two.
- Strengthen SEA/SH referral pathways and coordination mechanisms.
- Establishing multiple entry points/reporting lines for GBV cases.
- Establish clear and safe GBV-SEA/SH reporting protocol and referral system that facilitates safe access & referrals, handles data confidentially and defines accountability mechanism to handle SEAH allegations properly.
- Develop simple, anonymous and confidential tracking system that GRM can use to document when they observe/support and refer GBV incidents to service providers.
- Conduct GBV safety audit.
- As a risk reduction measure, ensure that the client adopt a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence.
- Based on the determination of and in accordance the survivor centered approach, involve relevant authorities such as law enforcement, community leaders in handling sexual abuse in project communities and ensure that where relevant, referral pathways for eventual cases are identified.

GBV-SEA/SH Sensitive Channel for Reporting in Grievance Redress Mechanism (GRM)

- Make certain the availability of an effective grievance redress mechanism (GRM) with multiple channels to initiate a complaint. It should have specific procedures for GBV including confidential reporting with safe and ethical documenting of GBV cases.
- Develop safe, confidential and accessible grievance reporting, referral and support systems for project actors and local communities as a way to reduce the risk;
- Train of GRM committee/GRM operators on GBV/SEA basics, survivors centered approach, the referral pathway, reporting and confidentiality of data.

- Raise awareness (through mass event) of project beneficiaries (including their partners) on SEA/SH, reporting mechanisms (GRM), available SEA/SH response services, and the importance of timely accessing lifesaving response services.
- Disseminate information on GBV GRM reporting procedures for grassroots community structures in the intervention areas
- Establish a response and accountability procedures for managing related grievances and supporting survivors.
- Assign SEA/SH focal person within the existing GRM committee.

Making Safeguard Plans/Instruments Gender Sensitive and Responsive to SEA/SH

- Have SEA/SH risks adequately reflected in all safeguards instruments (i.e., Project ESMP, C-ESMP)—particularly as part of the assessment in the ESA. Include the SEA/SH mapping in these instruments.
- Review the Implementing Agency (IA) capacity to prevent and respond to SEA/SH as part of Safeguard Preparation.
- Develop a SEA/SH prevention and response Action Plan including an Accountability and Response framework to be included in ESMP, including site-specific ESMPs.
- Address SEA/SH in existing safeguard instruments including GRM, Stakeholders engagement and public consultation guidelines.
- Making sure that the project's social assessment includes assessment of the underlying SEA/SH risks and social situation, using the SEA/SH risk assessment tool.

Separate living space/toilet/ shower facilities for men and women project workforce

- Minimize the risk by providing safe, secure and separate living spaces for workers involved in the limited physical infrastructure investments (rehabilitation and refurbishing works);
- Provide lighting around project sites, including around latrines and access routes.
- Install separate, lockable latrines for female construction workers;

Policy/strategy and reporting and M&E

- Develop clear reporting and management procedures for SEA/SH.
- As a risk reduction measure, develop a strategy for the identification or mapping of one or more quality GBV service providers that are accessible to complainants in the project areas.
- Apply Gender management (GM) strategy, by way of reducing the risk, in all the project cycle through application of gender analysis, gender responsive allocation of resources

to address gender specific interventions and M&E.

- Develop, as mitigation measure, a clear reporting and management procedures for SEA/SH.
- As a risk reduction measure, develop M&E system with clear indicators to follow up progress made and challenges encountered.
- Undertake regular M&E of progress on SEA/SH management activities, including reassessment of risks as appropriate.
- Monitor implementation of SEA/SH protocols to address SEA/SH complaints

6. Existing Risk Management Systems (status/proposed interventions)

The Federal Ministry of Health (MoH) has developed a multi-sectoral Standard Operating Procedure (SOP), which may be regarded as a policy document of the client to address issues of gender based violence (GBV) and sexual violence (SV) both in terms of prevention and response. The document was prepared in collaboration with the Ministry of Women and Children Affairs, (now Ministry of Women and Social Affairs), Federal Supreme Court, Federal Police Commission, Addis Ababa Police Commission and experts from psychosocial service providing institutions. The specific objectives of the SOP are:

- Introduce operational standards on the identification, management, documentation and referral of survivors of sexual violence (SV) into routine daily activities of the relevant sectors involved in the development of the SOPs.
- Build institutional mechanisms for integrated responses in the provision of rehabilitative services, enhancing capacity of service providing institutions (both formal and informal), expanding the scale and range of services using multi-sectoral approach and ensure comprehensive support to women affected by violence .
- Provide comprehensive responses to the psychological, medical, social and legal needs of survivors of SV.
- Address the vulnerability, confidentiality and safety related concerns of the health care staff, clients, and other staff at all levels who are involved in identification, care and referral of SV survivors.
- Ensure that sectors that provide services for survivors of SV are survivor -centered in which the victim is allowed to participate in her/his healing processes and care providers abide by the guiding principles of caring for survivors of SV.
- Bring social transformation on SV through creating public awareness and community mobilization.

Guiding Principles for the Provision of Services

- Promote the well-being, physical safety and economic security of survivors and enable them to overcome the multiple consequences of violence to rebuild their lives.
- Ensure that survivors have access to appropriate services and that a range of support options are available taking into account the particular needs of those facing multiple discrimination.
- Ensure that service providers are skilled, gender-sensitive, have ongoing training and conduct their work in accordance with clear guidelines, protocols, ethics codes and, where possible, provide female staff.
- Maintain the confidentiality and privacy of the survivors.
- Act with due diligence to prevent violence against women, men and children.
- Cooperate and coordinate with all other services for survivors of violence.
- Monitor and evaluate the services provided.
- Reject ideologies that blame survivors.
- Empower women to take control of their lives.
- Prepare training protocols for health-care providers; integration of survivor service centers within the health-care system; and the establishment of referral systems between health care providers, counseling, housing, law enforcement and programmers for perpetrators.

Guiding Principles for the Prevention of SV

- Prioritize the prevention of violence against women in all policies and programs.
- Allocate specific resources within all sectors for prevention activities.
- Develop prevention strategies that address the causes of violence against women, particularly the persistence of gender-based stereotypes.
- Outline clear objectives, defining what prevention strategies are seeking to change and how, and put in place a process of monitoring and evaluation.
- Ensure that the perspectives and voices of women, particularly survivors, are central to the development of prevention strategies.
- Work with cross-section of stakeholders, including government bodies, NGOs, workers' and employers' associations and community leaders, to build inclusive and effective strategies.
- Engage men and boys proactively in strategy development and implementation for the prevention of male violence against women.
- Promote women's safety, including altering physical environments where necessary.
- Ensure that prevention efforts are holistic, take into account multiple discriminations and connect wherever possible with other key issues such as HIV/AIDS.
- Utilize community safety audits to identify dangerous locations, discuss women's fears

and obtain women's recommendations for improving their safety.

Guiding Principles for Working with Individual Survivors

- Ensure the safety of the survivor and her family at all times.
- Respect the confidentiality of the affected person(s) and their families at all times.
- If the survivor gives her informed and specific consent, share only pertinent and relevant information with others for the purpose of helping the survivor, such as referring for services.
- All written information about survivors must be maintained in secure, locked file.
- Respect the wishes, choices, rights, and dignity of the survivor.
- Ensure non-discrimination of survivor in all interactions and in all service provision.

Reporting and Referral Mechanisms

- Establish a clear reporting and referral system in each setting, so that survivors of and/or witnesses to an incident know to whom they should report and what sort of assistance they can expect to receive from the health, legal, psycho-social, security, and other sectors.
- Illustrate the entry points and simple information about reporting and referrals in the local language(s) and/or as a pictorial presentation and disseminate these to the community so that as many people as possible are aware of where to go for help and what to expect.
- In line with the Ethiopian law, any SV on a child has to be reported to the police immediately. Reporting requirements of this nature can create a dilemma for health care providers and other actors because of the potential conflict with the guiding principles; confidentiality, respect for autonomy and the need to protect the vulnerable.

Pathways of Multi-Sectoral Response for Survivors of Sexual Violence

Entry Point

A survivor of sexual violence has the right to report her incident of SV to anyone she chooses. The first point of contact for survivors can be any one of the following:

- Parents and family members;
- School teachers, peers and friends;
- Women development army;
- Health care providers;
- Representatives of MOWCA, now MWSA;
- Legal aid providers;

- Police or security personnel in the city or in the office;
- Anyone whom the survivor perceives can be of assistance.

Consent and Information Sharing

Information about SV incidents is extremely sensitive and confidential. Sharing any information about a SV incident can have serious and potentially life threatening consequences for the survivors and those helping her. SV victims have a right to control how information about their case is shared with other agencies or individuals. The client should understand the implications for sharing information and make a decision before the information is shared. If she agrees and requests referrals, she must give her informed consent before any information is shared with others. She must be made aware of any risks or implications of sharing information about her situation.

7. Action Plan

SEA/SH Action Plan

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
I. Training, and sensitization/awareness creation for IAs and Contractors/suppliers/consultants							
1	Inadequate knowledge and skill on SEA/SH and related preventive and responsive measures	a. Sensitize the implementation agency (IA) staff (project actors) on the importance of mitigating SAE/SH risks on the project, and putting in place mechanisms to address reported allegations of SEA/SH and support reporting survivors to access relevant SEA/SH response services.	Soon after commencement of Project implementation.	GMU/PCU (MoH), E&S Focal Persons in beneficiary/partner institutions	Number of IA staff who attended the sessions		1,500.00
		b. Provide training on prevention from and response to SEA/SH to PCU, EPHI, AHRI, EPSA, EFDA, and implementing partners;	Soon after Project commencement	PMU, E&S focal Persons	No. of staff trained on SEA/SH. No. of Gender focal persons who attended ToT training sessions		2,500.00

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
		<p>c. Raise awareness of project actors at regional health offices and zone and cluster levels: sessions content should include at least the following:</p> <ul style="list-style-type: none"> ▪ Definitions of SEA, SH, GBV ▪ How the project could exacerbate risks of GBV ▪ Available SEA/SH reporting and referral mechanisms ▪ Available GBV response services 	Soon after project commencement.	PCU/E&S Focal Persons/Gender Focal Point.	<ul style="list-style-type: none"> • No of implementing partners' staff/project actors who attended awareness raising sessions. • No of awareness raising sessions. 		1,500.00
		<p>d. Training GRM committee/GRM operators on GBV-SEA/SH basics, survivors centered approach, the referral pathway, reporting and confidentiality of data</p>	Soon after project commencement.	PCU/E&S Focal Persons/Gender Focal Point.	<ul style="list-style-type: none"> • No of GRM Committees/GRM operators who attended awareness raising sessions. • No of awareness raising sessions. 		1,000.00

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
		e. Raise awareness of project staff on SEA/SH Grievance Redress Mechanisms and Code of Conduct on SEA/SH.	Soon after project commencement.	PCU and Regional Health Bureaus Gender Focal Persons	No. of project staff who attended awareness raising sessions.		1,000.00
		f. Site-specific SEA/SH consultations to take place with local stakeholders (SEA/SH service providers) including community based structures, women's groups, HTP, etc.	periodically	PCU, E&S Focal Persons in beneficiary/partner institutions PCU; Regional Health Bureaus gender focal points	No of consultation sessions conducted		500.00

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
		g. See to it that contractors in subproject implementation sites adopt Mandatory and repeated training and awareness raising for their workforce about refraining from unacceptable conduct toward local community members, specifically women; Informing workers about national laws that make sexual harassment and gender-based violence a punishable offence which is prosecuted;	Periodically	PMU Social Safeguard Specialist/Gender Focal Person; Design and supervision engineers.	No. of training sessions conducted		1,000.00
		h. Produce and disseminate communication materials on prevention from and response to SEA/SH to	Periodically	PCU gender expert and Focal Points at all levels together with communication experts	Materials disseminated		1,000.00
II. Assigning Gender/GBV experts in the relevant IAs							

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
	Absence of GBV/gender specialist	<p>a. Assign gender/GBV expert in GMU/PCU.</p> <p>b. Assign GBV/Gender focal person in the IPs and beneficiary institutions</p>	Soon after Project commencement.	PCU; E&S Focal Persons in the partner institution	No of experts assigned.		<p>- 7,000.00</p> <p>- All IA to allocate budget</p>
III. Preparation of code of conduct (CoC)							
	Absence of project specific CoC	<p>a. Adopt, as a risk reduction measure, a project specific CoC that would be signed by all project workers.</p> <p>b. Civil servants will be governed by the existing CoC which, if need be, will be updated to establish coverage of SEA/SH. Sensitize the civil servants to this effect during the training and awareness creation</p>	Before the commencement of civil works.	PCU; E&S Focal Persons in the partner institution	<ul style="list-style-type: none"> • No of CoC adopted. • No of CoC developed by contractors. • No of workers who sign CoC. • No of workers trained. • No of CoC disclosed 		<p>- 1,500.00</p> <p>- Part of operation budget of contractors</p>

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
		<p>sessions.</p> <p>c. Ascertain that contractors and subcontractors should develop a CoC in accordance with the requirements of ESS2 or the LMP.</p> <p>d. Signing codes of conduct and commitment to the CoC by contractors' workers.</p> <p>e. Carry out a commensurate sensitization/training of project actors on the CoC and disciplinary measures that are proportionate to the risk.</p> <p>f. Ensure these codes of conduct are publicly disclosed in local languages and are widely accessible to all project actors and people in project areas;</p>					

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
IV. Mapping out GBV prevention and response service providers							
	Lack of service mapping.	<p>g. Map out SEA/SH prevention and response actors in project adjoining communities. This should incorporate an assessment of the capabilities of the service providers to provide quality survivor centered services including SEA/SH case management, Clinical Management of Rape, acting as a victim advocate, providing referral to other relevant services with consent of survivors.</p> <p>h. Area-specific mapping of SEA/SH prevention and response actors (including service providers) and assess their capacity to provide quality survivor centered service.</p>	Soon after Project commencement.	PCU, Gender Focal Points, Project implementers	<ul style="list-style-type: none"> Service Mapping report. 	National level mapping is done, good to update and prepare area specific mapping continuously.	Part of the regular staff activity

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
		<ul style="list-style-type: none"> <li data-bbox="485 355 787 462">i. Map multi-sectoral GBV-SEA response services in the project implementation wordas. <li data-bbox="485 496 787 659">j. Area specific mapping of informal support groups (Women's Groups, HTP, Women Development Groups (WDG), CCC) at the community level. <li data-bbox="485 693 787 911">k. Strengthen SEA/SH response services based on service mapping findings: including through advocacy for actions to the identified gaps and targeted trainings. 					
V. Cooperation and coordination with relevant stakeholder							

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
	Absence of cooperation, coordination, and networking mechanism	<p>a. Put in place an accountability and response mechanism that provides steps for handling, reviewing, verifying, and investigating allegations, including timeframe, and responsibilities for each stage of the process.</p> <p>b. Strictly follow-up the investigation conducted by project actors as per the accountability and response framework and the judicial/legal investigation process.</p> <p>c. Strengthen SEA/SH referral pathways and coordination mechanisms</p> <p>d. Establishing multiple entry points/reporting lines for GBV cases</p> <p>e. Establish clear and safe GBV-SEA/SH reporting protocol and referral system that facilitates safe access & referrals, handles data</p>	Soon after Project commencement.	PCU; E&S Focal Persons in the partner institution	<ul style="list-style-type: none"> • No of mechanism put in place • No of GBV reporting entry points established • No of reporting protocols established • No of GBV safety audits conducted 		To be managed within existing budgets

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
		<p>confidentially and defines accountability mechanism to handle SEAH allegations properly.</p> <p>f. Develop simple, anonymous and confidential tracking system that GRM can use to document when they observe/support and refer GBV incidents to service providers.</p> <p>g. Conduct GBV safety audit</p> <p>h. Ensure that the client adopt a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence;</p> <p>i. In accordance the survivor centered approach, involve relevant authorities such as law enforcement, community leaders in handling sexual abuse in project communities.</p>					

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
VI. GBV-SEA/SH channel for reporting in Grievance Redress Mechanism (GRM)							
	Lack of guideline, accountability and response mechanism on SEA/SH	<p>a. Make certain the availability of an effective grievance redress mechanism (GRM) with multiple channels to initiate a complaint. It should have specific procedures for GBV including confidential reporting with safe and ethical documenting of GBV cases.</p> <p>b. Develop safe, confidential and accessible grievance reporting, referral and support systems for project actors and local communities as a way to reduce the risk;</p> <p>c. Train of GRM</p>	Before and soon after Project commencement.	<p>The SAE/SH Consultant</p> <p>PCU; E&S Focal Persons in the partner institution</p>	<ul style="list-style-type: none"> GRM in place 	Lack of guideline, accountability and response mechanism on SEA/SH	All IAs to allocate budget

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
		<p>committee/GRM operators on GBV/SEA basics, survivors centered approach, the referral pathway, reporting and confidentiality of data.</p> <p>d. Raise awareness (through mass event) of project beneficiaries (including their partners) on SEA/SH, reporting mechanisms (GRM), available SEA/SH response services, and the importance of timely accessing lifesaving response services.</p> <p>e. Disseminate information on GBV GRM reporting procedures for grassroots community structures in the intervention areas</p> <p>f. Establish a response and accountability procedures for managing related grievances and supporting survivors.</p> <p>g. Assign SEA/SH focal person within the existing GRM committee.</p>					

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
VII. Making safeguard plans/instruments gender sensitive and responsive to SEA/SH							

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
2	Lack of/inadequate gender sensitive social assessment/safeguard instruments	<ul style="list-style-type: none"> a. Have SEA/SH risks adequately reflected in all safeguards instruments (i.e., Project ESMP, C-ESMP)—particularly as part of the assessment in the ESA. Include the SEA/SH mapping in these instruments. b. Review the Implementing Agency (IA) capacity to prevent and respond to SEA/SH as part of Safeguard Preparation. c. Develop a SEA/SH prevention and response Action Plan including an Accountability and Response framework to be included in ESMP, including site-specific ESMPs. d. Address SEA/SH in existing safeguard instruments including GRM, Stakeholders 	Ongoing following Project commencement	PCU	Project related SEA/SH risks identified.	Ongoing review during implementation support missions.	To be managed within existing budgets

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
VIII. Separate living space/toilet/ shower facilities for men and women project workforce							
	Lack of safe, secure, and separate living spaces and sanitation facilities	<ul style="list-style-type: none"> a. provide safe, secure and separate living spaces for workers involved in physical infrastructure investments (rehabilitation and refurbishing works); b. Provide lighting around project sites, including around latrines and access routes. c. Install separate, lockable latrines for female construction workers; 	Prior to work commencing	Contractors/supervision consultant or task team	Separate living spaces, toilet, and shower facilities for men and women		Part of the regular operational budget for contractors
IX. Policy/strategy and reporting and M&E							

No.	SEA/SH Risks	Actions	Timeline	Implementing body	Indicators	Ongoing risk Mgt.	Estimated Budget (USD)
	Absence of clear reporting and M&E procedure for GBV	<ul style="list-style-type: none"> a. Develop clear reporting and management procedures for SEA/SH. b. Include SEA/SH prevention and mitigation measures in the Standard Bidding Documents (SBDs) to be extended to contractors and sub-contractors. c. As a risk reduction measure, develop a 	Periodically	GMU/PCU	Sex aggregated data		Part of the regular operational budget

Annex IV: Proposed Grievance Redress Mechanism

(1) Generic GRM

World Bank has introduced a Grievance Redress Service (GRS) requiring the Borrower to provide a grievance mechanism, process, or procedure to receive and facilitate resolution of stakeholders' concerns and grievances arising in connection with the project and the Borrower's environmental and social performance.

According to the GRS, project-affected communities and individuals may submit complaints regarding World Bank financed project to the appropriate local grievance mechanism, or the World Bank corporate Grievance Redress Service (GRS).

The table depicted below shows a generic grievance redress mechanism that can be applied to the proposed project activities.

Steps	Process	Description	Time frame	Other information
1	Reception and registration	<p>PAP files complaints or grievances about verbally, in writing or through a representative in accessible local language.</p> <p>The complaint of the PAP is recorded by the grievance committee at <i>kebele/woreda/</i> with the name of the complainant, address and location information, the nature of the grievance and the resolution desired.</p> <p>Grievance made acknowledged within 48 hours of receipt by an official authorized to receive grievances.</p>	2 days	Email address; hotline number

2	Grievance Resolution	<p>All grievances referred to the appropriate party for resolution and the resolution made within seven days after receipt of grievance.</p> <p>If additional information is needed, project management can authorize additional seven days for resolution.</p> <p>Results of grievances disclosed to the griever in writing with an explanation of the basis of the decision.</p> <p>The resolution of the grievances will be handled by the “Social Development Specialist” with the support of the Local Authorities.</p>	<p>7 Days</p> <p>7 days</p>	<p>Significance criteria Level 1 – one off event; Level 2– complaint is widespread or repeated; Level 3- any complaint (one off or repeated) that indicates breach of law or policy or this ESMF/RPF provisions</p>
3	Close grievance	<p>Record final sign off of grievance. If grievance cannot be closed, return to step 2 or refer to sector minister or recommend third-party arbitration or resort to court of law</p>	7 Days	<p>Final signoff by Senior management of MoH</p>

(2) Sample Grievance form -Grievance Mechanism

(To be made available in all local languages)

Date: _____
Place of Registration: _____
Mode of Communication (e.g., note/letter, email, verbal/telephone): Name _____
Gender _____
Age _____
Home Address <i>Woreda</i> _____ <i>Kebele</i> _____ Village _____
Phone/Email _____
Individual/authority to whom complaint was submitted: _____

Annex V: Procedures for Chance Finds of Physical Cultural Resources

Any proposed project activity or sub-project within the scope of the project, that will impact the cultural resources are not eligible for funding (Refer to Annex 1). In case of any possibility of chance find of physical cultural resources, most notably during excavation as part of construction activity the contractor should report to the responsible institutions for further guidance.

Such physical cultural resources may take the form of work of art, building structures, graves or other sites of importance, including sites of archaeological, historical or religious significance.

All chance finds of such physical cultural resources will lead to temporary suspension of all activity that will adversely impact the cultural resource. Contractors will include detailed procedures for ensuring the protection of the cultural resources, including cessation of activities until the significance of the find has been determined and until appropriate mitigating measures has been implemented. This Annex contains standard provisions to be annexed to contracts that potentially will lead to chance finds of physical cultural resources, as required.

The attachments outlined below will be annexed to the contract in case there is the possibility of chance find of physical cultural resources.

Attachment to contracts in case of potential chance finds of physical cultural resources

If the Contractor discovers archaeological sites, historical sites, remains and objects, including graveyards and/or individual graves during excavation or construction, the Contractor shall:

- 1: Excavation in sites of known archaeological interest should be avoided as stated in Annex 1 since, such project activities are not eligible for funding. Where historical remains, antiquity or any other object of cultural, historical or archaeological importance (including graveyards) are unexpectedly discovered during construction in an area not previously known for its archaeological interest, the following procedures should be applied:

-
-
- a) Stop the construction activities in the area of the chance find.
 - b) Delineate the discovered area.
 - c) Secure the area to prevent any damage or loss of removable objects. In cases of removable antiquities or sensitive remains, a night guard shall be present until the responsible regional authorities and the Ministry of Culture and Sport (MoCS) to takeover.
 - d) Notify to World Bank and the respective relevant institutions to contact the responsible local authorities and the Ministry of Culture and Sport immediately (less than 24 hours).
 - e) The Ministry of Culture and Sport will be in charge of protecting and preserving the area until deciding on the proper procedures to be carried out. This might require an evaluation of the findings to be performed by the archaeologists of the relevant Ministry Culture and Sport (within 1 week). The evaluation of the findings will take in consideration various criteria relevant to cultural heritage, including the aesthetic, historic, scientific or research, social and economic values as decided by the Ministry of Culture and Sport.
 - f) Decisions on how to handle the finding are taken by the responsible authorities and the Ministry of Culture and Sport (within 2 weeks). This could include changes in the location of the proposed project activity or sub-project layout (such as when the finding is irremovable remains of cultural or archaeological importance), conservation, preservation, restoration and salvage.
 - g) Construction or rehabilitation work will resume only after authorization is provided by the responsible local authorities and the Ministry of Culture and Sport concerning the safeguard of the heritage.
 - h) Authorization to resume work shall be communicated to the contractor in writing by the Ministry of Culture and Sport.
- 2: In case of delays incurred indirect relation to any physical cultural resources findings not stipulated in the contract (and affecting the overall schedule of works), the contractor/masons may apply for an extension of time. However, the contractor/masons will not be entitled to any kind of compensation or claim other than what is directly related to the execution of the physical cultural resources findings works and protections.

Annex VI: Guidance for Subproject risk Categorization

Pursuant to the ES Policy, subprojects are classified as *High Risk*, *Substantial Risk*, *Moderate Risk* or *Low Risk* taking into account relevant potential risks and impacts.

1. A Project is classified as **High Risk** after considering, in an integrated manner, the risks and impacts of the Project, taking into account the following, as applicable.
 - a. The Project is likely to generate a wide range of significant adverse risks and impacts on human populations or the environment. This could be because of the complex nature of the Project, the scale (large to very large) or the sensitivity of the location(s) of the Project. This would take into account whether the potential risks and impacts associated with the Project have the majority or all of the following characteristics:
 - (i) Long term, permanent and/or irreversible (e.g., loss of major natural habitat or conversion of wetland), and impossible to avoid entirely due to the nature of the Project;
 - (ii) High in magnitude and/or in spatial extent (the geographical area or size of the population likely to be affected is large to very large);
 - (iii) Significant adverse cumulative impacts;
 - (iv) Significant adverse transboundary impacts; and
 - (v) a high probability of serious adverse effects to human health and/or the environment (e.g., due to accidents, toxic waste disposal, etc.);
 - b. The area likely to be affected is of high value and sensitivity, for example sensitive and valuable ecosystems and habitats (legally protected and internationally recognized areas of high biodiversity value), lands or rights of Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities and other vulnerable minorities, intensive or complex involuntary resettlement or land acquisition, impacts on cultural heritage or densely populated urban areas.
 - c. Some of the significant adverse ES risk and impacts of the Project cannot be mitigated or specific mitigation measures require complex and/or unproven mitigation, compensatory measures or technology, or sophisticated social analysis and implementation.
 - d. There are significant concerns that the adverse social impacts of the Project, and the associated mitigation measures, may give rise to significant social conflict or harm or significant risks to human security.

-
-
- e. There is a history of unrest in the area of the Project or the sector, and there may be significant concerns regarding the activities of security forces.
- f. The Project is being developed in a legal or regulatory environment where there is significant uncertainty or conflict as to jurisdiction of competing agencies, or where the legislation or regulations do not adequately address the risks and impacts of complex projects, or changes to applicable legislation are being made, or enforcement is weak.
- g. The past experience of the implementing agencies in developing complex Projects is limited; their track record regarding ES issues would present significant challenges or concerns given the nature of the Project's potential risks and impacts.
- h. There are significant concerns related to the capacity and commitment for, and track record of relevant Project parties, in relation to stakeholder engagement.
- i. There are a number of factors outside the control of the Project that could have a significant impact on the ES performance and outcomes of the Project.
2. A Project is classified as **Substantial Risk** after considering, in an integrated manner, the risks and impacts of the Project, taking into account the following, as applicable.
- a. the Project may not be as complex as High Risk Projects, its ES scale and impact may be smaller (large to medium) and the location may not be in such a highly sensitive area, and some risks and impacts may be significant. This would take into account whether the potential risks and impacts have the majority or all of the following characteristics:
- (i) They are mostly temporary, predictable and/or reversible, and the nature of the Project does not preclude the possibility of avoiding or reversing them (although substantial investment and time may be required);
 - (ii) there are concerns that the adverse social impacts of the Project, and the associated mitigation measures, may give rise to a limited degree of social conflict, harm or risks to human security;
 - (iii) they are medium in magnitude and/or in spatial extent (the geographical area and size of the population likely to be affected are medium to large);

-
-
- (iv) the potential for cumulative and/or transboundary impacts may exist, but they are less severe and more readily avoided or mitigated than for *High Risk* Projects; and
- (v) there is medium to low probability of serious adverse effects to human health and/or the environment (e.g., due to accidents, toxic waste disposal, etc.), and there are known and reliable mechanisms available to prevent or minimize such incidents;
- b. The effects of the Project on areas of high value or sensitivity are expected to be lower than High Risk Projects.
- c. Mitigatory and/or compensatory measures may be designed more readily and be more reliable than those of High Risk Projects.
- d. The Project is being developed in a legal or regulatory environment where there is uncertainty or conflict as to jurisdiction of competing agencies, or where the legislation or regulations do not adequately address the risks and impacts of complex Projects, or changes to applicable legislation are being made, or enforcement is weak.
- e. The past experience of the implementing agencies in developing complex Projects is limited in some respects, and their track record regarding ES issues suggests some concerns which can be readily addressed through implementation support.
- f. There are some concerns over capacity and experience in managing stakeholder engagement but these could be readily addressed through implementation support.
3. A project is classified as **Moderate Risk** after considering, in an integrated manner, the risks and impacts of the Project, taking into account the following, as applicable:
- a. the potential adverse risks and impacts on human populations and/or the environment are not likely to be significant. This is because the Project is not complex and/or large, does not involve activities that have a high potential for harming people or the environment, and is located away from environmentally or socially sensitive areas. As such, the potential risks and impacts and issues are likely to have the following characteristics:
- (i) Predictable and expected to be temporary and/or reversible;
 - (ii) Low in magnitude;
 - (iii) Site-specific, without likelihood of impacts beyond the actual footprint of the Project; and

(iv) Low probability of serious adverse effects to human health and/or the environment (e.g., do not involve use or disposal of toxic materials, routine safety precautions are expected to be sufficient to prevent accidents, etc.).

b. The Project's risks and impacts can be easily mitigated in a predictable manner.

4. A project is classified as **Low Risk** if its potential adverse risks to and impacts on human populations and/or the environment are likely to be minimal or negligible. These Projects, with few or no adverse risks and impacts and issues, do not require further ES assessment following the initial screening.

Annex VII: National EIA Procedural Guideline for SCHEDULE OF ACTIVITIES

Schedule I: List of projects that require FULL EIA.

1. Agriculture

- water management projects for agriculture (drainage, irrigation)
- large scale mono- culture (cash and food crops)
- Pest control projects
- Fertilizer and nutrient management
- Land development schemes covering an area of 500 hectares or more to bring forest land into agricultural production
- Agricultural programmers necessitating the resettlement of 100 families or more.
- Development of agricultural estates covering an area of 500 hectares or more
- Construction of dams, man-made lakes, and artificial enlargement of lakes with surface areas of 200 hectares or more.
- Drainage of wetlands wildlife habitat or of virgin forest covering an area of 100 meters or more.
- Introduction of new breed, species of crops, seeds or animals
- Surface water fed irrigation projects covering more than 100 hectares
- Ground water fed irrigation projects more than 100 hectares
- River diversions and water transfers between catchments

2. Livestock and Range management

- Large Scale livestock movement
- Introduction of new breeds of livestock
- Introduction of improved forage species
- Large scale open range rearing of cattle, horses, sheep etc
- Large scale livestock production in Urban area
- Large scale slaughter house construction
- Ectoparasite management (cattle dips, area treatment)
- Intensive livestock rearing units

3. Forestry activities

- Timber logging and processing
- Forest plantation and afforestation and introduction of new species
- selective removal of single commercial tree species
- pest management
- Conversion of hill forest land to other land use
- Logging or conversion of forest land to other land use within the catchments area of reservoirs used for municipal water supply, irrigation or hydropower generation or in areas adjacent to parks
- Logging with special emphasis for endangered tree species
- Large scale afforestation/reforestation, mono-culture forest plantation projects which use

exotic free species

- Conversion of forest areas which have a paramount importance of biodiversity conservation to other land use
- Resettlement programs in natural forest and woodland areas.

4. Fisheries activities

- Medium to large scale fisheries
- Artificial fisheries (Aqua-culture for fish, algae, crustacean's shrimps, lobster or crabs).
- Introduction of new species in water bodies commercial fisheries

5. Wildlife

- introduction of new species
- wildlife catching and trading
- hunting
- wildlife ranching and farming
- zoo and sanctuaries

6. Tourism and Recreational Development

- Construction of resort facilities or hotels along the shorelines of lakes, river, islands and oceans
- Hill top resort or hotel development
- Development of tourism or recreational facilities in protected and adjacent areas (national parks, marine parks, forestry reserves etc) on islands and in surrounding waters
- Hunting and capturing
- Camping activities walk ways and trails etc.
- sporting and race tracts/sites
- Tour operations

7. Energy Industry

- Production and distribution of electricity, gas, steam and hot water
- Storage of natural gas
- Construction of off shore pipelines in excess of 50 km in length
- High power transmission line
- Construction of combined cycle power station
- Thermal power development (i.e. coal, nuclear)
- Hydro-electric power
- Bio-mass power development
- Wind -mills power development
- Solar (i.e. Impact due to pollution during manufacture of solar devices, acid battery spillage and improper disposal of batteries)
- Nuclear energy

8. Petroleum Industry

- Oil and gas fields exploration and development, including Construction of offshore and onshore pipelines
- Construction of oil and gas separation, processing, handling and storage facilities.
- Construction of oil refineries
- Construction of product deposits for the storage of petrol, gas, diesel, tar and other products within commercial, industrial or residential areas.
- Transportation of petroleum products

9. Food and beverage industries

- manufacture of vegetable and animal oils and fats
- oil refinery and ginneries
- processing and conserving of meat
- manufacture of dairy products
- brewing distilling and malting
- fish meal factories
- slaughter - houses
- soft drinks
- tobacco processing
- caned fruits, and sources
- sugar factories
- other agro-processing industries

10. Textile in industry

- cotton and Synthetic fibres
- dye for cloth
- ginneries

11. Leather Industry

- tanning
- tanneries
- dressing factories
- other cloth factories

12. Wood, Pulp and Paper Industries

- manufacturing of veneer and plywood
- manufacturing of fiber board and of particle - board
- manufacturing of Pulp, Paper, sand-board cellulose – mills

13. Building and Civil Engineering Industries.

- industrial and housing Estate
- major urban projects (multi-storey building, motor terminals, markets etc)
- tourist installation
- construction and expansion/upgrading of roads, harbours, ship yards, fishing harbours, air fields(having an air strips of 2,500m or long) and ports, railways and pipelines
- River drainage and flood control works.
- hydro - electric and irrigation dams
- reservoir
- Storage of scrap metal.
- military installations
- construction and expansion of fishing harbours
- developments on beach fronts

14. Chemical industries

- manufacture, transportation, use and storage of pesticide or other hazardous and or toxic chemicals
- production of pharmaceutical products
- storage facilities for petroleum, petrochemical and other chemical products (i.e. filling stations)
- Production of paints vanishes, etc.

15. Extractive industry

- extraction of petroleum
- extraction and purification of natural gas
- other deep drilling - bore-holes and wells
- mining
- quarrying
- coal mining
- Sand dredging.

16. Minerals extraction and processing

- Metallic minerals such as Iron, Lead, Copper, Nickel
- Industrial minerals such as kaolin, diatomite,
- Construction Minerals
- Mineral Water
- Thermal Water
- Extraction of salts from brines.

17. Non-metallic industries (Products)

-
- manufacture of cement, asbestos, glass, glass-fibre, glass-wool
 - processing of rubber
 - plastic industry
 - lime manufacturing, tiles, ceramics

18. Metal and Engineering industries.

- manufacture and assembly of motor - vehicles
- manufacture of other means of transport (trailers, motor-cycles, motor-vehicle bicycles-cycles)
- body - building
- boiler - making and manufacture of reservoirs, tanks and other sheet containers
- foundry and Forging
- manufacture of non - ferrous products
- iron and steel
- electroplating

19. Waste treatment and disposal

(a) Toxic and Hazardous waste

- construction of Incineration plants
- construction of recovery plant (off-site)
- construction of waste water treatment plant (off-site)
- construction of secure landfills facility
- construction of storage facility (off - site)
- Collection and transportation of waste.
- installation for the disposal of industrial waste

(b) Municipal Solid Waste

- construction of incineration plant
- construction of composting plant
- construction of recovery/re-cycling plant
- construction of Municipal Solid Waste landfill facility
- construction of waste depots.
- collection and transportation

(c) Municipal Sewage

- construction of waste water treatment plant
- construction of marine out fall
- Night soil collection transport and treatment.
- construction of sewage system

20. Water Supply

- canalization of water courses
- diversion of normal flow of water
- water transfers scheme
- abstraction or utilization of ground and surface water for bulk supply
- water treatment plants
- Construction of dams, impounding reservoirs with a surface area of 100 hectares
- Ground water development for industrial, agricultural or urban water supply of greater than 4000 m³ /day
- Drainage Plans in towns close to water bodies

21. Transport

- Major urban roads
- Rural road programmes
- Rail infrastructure and railways
- Trans-regional and International high way
- Upgrading or rehabilitation of major rural roads
- Airports with basic runway

22. Health projects

- vector control projects (malaria, bilharzias, trypanosomes etc)

23. Land Reclamation and land development

- rehabilitation of degraded lands
- dredging of bars, greyone, dykes, estuaries etc.
- spoil disposal.

24. Resettlement/relocation of people and animals

- resettlement plan
- establishment of refugee camps

25. Multi-sectoral Projects

- Agro-forestry
 - ◆ dispersed field - tree inter-cropping
 - ◆ alley cropping
 - ◆ living fences and other linear planting
 - ◆ windbreak/shelterbelts
 - ◆ taungya system

-
- Integrated conservation and development programmes e.g. protected areas.
 - Integrated Pest Management (e.g. IPM)
 - Diverse construction - public health facilities, schools, storage building, tree
 - Nurseries, facilities for ecotourism and field research in protected areas, enclosed latrines, small enterprises, logging mills, manufacturing furniture carpentry shop, access road, well digging, camps, dams, reservoirs.
 - River basin development and watershed management projects
 - Food aid, humanitarian relief

26 .Trade: Importation and Exportation of the following

- hazardous Chemicals/Waste
- plastics
- petroleum products
- vehicles
- used materials
- wildlife and wildlife products
- pharmaceuticals
- food
- beverages
- GMOs and GMOs based products

27. Public instruments

- decisions to change designated status
- family planning
- technical assistance
- development strategies
- urban and rural land use development plans eg master plans,
- structural adjustment,
- national budget
- Policies and Programmes formulations, etc

28. All projects in environmentally sensitive areas should be treated as equivalent to Schedule 1 activity irrespective of the nature of the project.

Schedule. 2. List of Projects That Require A PRELIMINARY ENVIRONMENTAL IMPACT Study.

A List of Small - Scale Activities and Enterprises

- Fish culture
- Bee-keeping
- Small animal husbandry and urban livestock keeping
- Horticulture and floriculture
- Wildlife catching and trading
- Production of tourist handicrafts
- Charcoal production
- Fuel wood harvesting
- Wooden furniture and implement making
- Basket and other weaving
- Nuts and seeds for oil processing
- Bark for tanning processing
- Brewing and distilleries
- Bio-gas plants
- Bird catching and trading
- Hunting
- Wildlife ranching
- Zoo, and sanctuaries
- Tie and dye making
- Brick making
- Beach sailing
- Sea weed Farming
- Salt pans
- graves and cemeteries
- Urban Livestock Keeping
- Urban agriculture.
- Fish landing stations.
- Wood carving and sculpture
- Hospitals and dispensaries, Schools, Community centre and Social halls, play grounds
- Wood works e.g. boat building
- Market places (livestock and commodities).
- Technical assistance
- Rain water harvesting
- Garages
- Carpentry
- Black smith.

-
- Tile manufacturing
 - Kaolin manufacturing
 - Vector control projects e.g. Malaria, Bilharzia, trypanosomes
 - Livestock stock routes
 - Fire belts.
 - Tobacco curing kilns
 - Sugar refineries
 - Tanneries
 - Pulp plant
 - Oil refineries and ginneries
 - artisanal and small scale mining
 - Rural road
 - Research having the potential to affect ecosystems functions, use, or the health and welfare of the society.
 - Rural water supply and sanitation
 - Land drainage (small scale)
 - Sewerage system

Schedule 3. Lists of Projects That May Not Require Environmental Impact Assessment

1. Social infrastructure and services
 - Educational facilities (small scale)
 - Audio visual production
 - Teaching facilities and equipment
 - Training
 - Medical centre (small scale)
 - Medical supplies and equipment
 - Nutrition
 - Family planning
2. Economic infrastructure and services
 - Telecommunication
 - Research, small scale
3. Production Sector
 - Irrigation
 - Surface water fed irrigation projects covering less than 50 hectares
 - Ground water fed irrigation projects covering less than 50 hectares
 - Agriculture

All small scale agricultural activities

- Forestry
 - Protected forest reserves (small scale)
 - Productive forest reserves (small scale)
 - Livestock
 - Rearing of cattle (<50 heads); pigs (<100 heads), or poultry (<500 heads)
 - Livestock fattening projects (small scale)
 - Bees keeping projects (small scale)
 - Fisheries
 - Artesian fisheries (small scale)
 - Industry
 - Agro industrial (small scale)
 - Other small scale industries having no impact to the environment
 - Trade
 - All small scale trades except trade in endangered species and hazardous materials
 - Financial assistance
 - Programme assistance
 - Non-project or special country support
 - Food aid not involving GMOs based food
 - Emergency Operations
 - Assistance to refugee returned and displaced person
4. All projects involved in environmental enhancement programs

Annex VIII: Outline / Table of Content for full ESIA report

Abbreviations/ Acronyms **Error! Bookmark not defined.**

Executive summary

1. Introduction/**Error! Bookmark not defined.**Background

1.1 Objectives of the EIA study

1.2 General objective

1.3 Specific objectives

1.4 Justification or need of the EIA

1.5 Scope of the study **Error! Bookmark not defined.**

2. Methodology and approach of the study including**Error! Bookmark not defined.**

- Assumptions and /or gaps in knowledge

- Public and stakeholders consultations

3. Description of the project

3.1 Location of Project Area

3.2 Project Beneficiaries

3.3 Project Components and sub-components

3.4 Implementation arrangements

4. Baseline information on biophysical & socio-economic environment situation

5. Policy, Legal and Institutional Framework**Error! Bookmark not defined.**

6. Analysis of alternatives

7. Assessment of environmental and social impacts and their mitigation measures

8. Stakeholder and community consultations

9. Environmental and social management plans **Error! Bookmark not defined.**

10.1 Environmental and social monitoring plan **Error! Bookmark not defined.**

11. Training and Capacity Building

12. Conclusion and recommendations

13. References

14. Annexes **Error! Bookmark not defined.**

- List of consulted/contacted persons
- Minutes of Consultation
- Picture slides from consultation meetings and field surveys

Annex IX: Indicative Outline of Environmental and Social Audit

Environmental and social audit is an instrument to determine the nature and extent of all environmental and social areas of concern at an existing project or activities. It is expected that the HEPRR project will finance certain selected subprojects to strengthen and expand existing health care facilities and laboratories such as those under Component 2 which seeks to strengthen the capacity of selected points of entries for screening, isolation, and quarantine as well as expanding the capacities of those existing centers to integrate one-health approach. Under such circumstances, a need may occur to conduct an environmental and social audit on the existing health care facilities to determine existing environmental and social risks and liabilities. The aim of the audit will be to identify significant environmental and social issues in the existing HCFs/laboratories or subproject activities, and assess their current status, specifically in terms of meeting the requirements of the ESSs. An indicative outline for the environmental and social audit report to be prepared is provided as follows:

(a) Executive Summary

- ✓ Concisely discusses significant findings and sets out recommended measures and actions and timeframes.

(b) Legal and Institutional Framework

- ✓ Analyzes the legal and institutional framework for the existing project or activities, including the issues set out in ESS1, paragraph 26, and (where relevant) any applicable environmental and social requirements of existing financiers.

(c) Project Description

- Concisely describes the existing subproject or activities, and the geographic, environmental, social, and temporal context and any Associated Facilities.
- Identifies the existence of any plans already developed to address specific environmental and social risks and impacts (e.g., land acquisition or resettlement plan, cultural heritage plan, biodiversity plan).

-
-
- Includes a map of sufficient detail, showing the site of the existing subproject or activities and the proposed site for the proposed project.

(d) Environmental and Social Issues Associated with the Existing Sub Project or Activities

- The review will consider the key risks and impacts relating to the existing subproject or activities. This will cover the risks and impacts identified in ESSs1–10, as relevant to the existing subproject or activities. The audit will also review issues not covered by the ESSs, to the extent that they represent key risks and impacts in the circumstances of the subproject.

(e) Environmental and Social Analysis

- The audit will also assess (i) the potential impacts of the proposed subproject (taking into account the findings of the audit with regard to the existing subproject or activities); and (ii) the ability of the proposed subproject to meet the requirements of the ESSs.

(f) Proposed Environmental and Social Measures

- Based on the findings of the audit, this section will set out the suggested measures to address such findings. These measures will be included in the Environmental and Social Commitment Plan (ESCP) for the proposed HEPRR Project. Measures typically covered under this section include the following:
 - Specific actions required to meet the requirements of the ESSs
 - Corrective measures and actions to mitigate potentially significant environmental and/or social risks and impacts associated with the existing subproject or activities
 - Measures to avoid or mitigate any potential adverse environmental and social risks or impacts associated with the proposed subproject.

Annex X: Environmental and Social Monitoring Plan

No .	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
Adverse Environmental Impacts (Construction phase)								
1	Impact of Noise and Vibration on Communities	<ul style="list-style-type: none"> -Selecting equipment with lower sound power levels -Installing acoustic enclosures for equipment casing radiating noise -Improving the acoustic performance of constructed buildings, apply sound insulation -Installing acoustic barriers without gaps and with a continuous minimum surface density of 10 kg/m² - Prepare site specific noise abatement plan as part of the applicable subproject ESMP and C-ESMP. -Use of noise suppression shields and mufflers -locate noise generating sources away from residential or other noise-sensitive receptors -Avoid using heavy construction machinery during night-time -Carry out regular maintenance on the construction machineries -Select transport routes to minimize 	<ul style="list-style-type: none"> -Maintaining noise levels below permissible levels at construction site and that reaching its immediate neighborhood. (i.e. <75dBA at Industrial area and <55dBA at residential area-both for day time) 	Quarterly	<ul style="list-style-type: none"> - Construction contractor - Construction Supervisor 	<ul style="list-style-type: none"> - EPHI E&S staff - MoH E&S Staff -Local Woreda/Zonal EPA Offices 	During Construction phase	Part of project construction cost

No .	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		noise pollution in sensitive areas -Install noise silencer on the construction machineries						
2	Impact on Air Quality: Frequent movement of vehicles and machineries from and to construction sites will resuspend dust and release exhaust gases causing air quality to deteriorate.	-Regularly spray water to suppress the resuspension of dust during construction, particularly during use of gravel roads and dirt tracks. -Conduct regular maintenance and servicing of construction vehicles and machineries to minimize air pollution; -Minimize unnecessary idling of running diesel engines of machineries, vehicles and equipments. -Limit the speed of vehicle movements to minimize dust -Increase moisture content for open materials storage piles, -Fuel switching (e.g. selection of lower sulfur fuels) when possible. -Drivers should be instructed on the benefits of driving practices that reduce both the risk of accidents and fuel consumption and driving within safe speed limits;	-Absence of frequent dust nuisance affecting workers at site and neighborhood communities on route to construction site.	- Weekly Site Inspection	-Construction contractor - Construction Supervisor	- EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal/Federal EPA Offices	During Construction phase	Part of project construction cost
3	Impacts due to Construction Wastes:	-Provide solid waste collection and segregation facilities at appropriate location of the subproject site. -properly segregate and dispose	-Absence of stockpile of unmanaged construction waste	- Weekly Site Inspection	Construction contractor - Construction	- EPHI E & S staff - MoH E&S Staff -Local	During Construction	Part of project

No .	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	improper disposal of construction waste materials will adversely affect land use and natural drainage patterns	<p>wastes to encourage reuse and recycling of some useful waste materials</p> <ul style="list-style-type: none"> - Provide sufficient temporary ablution facilities for staff so they do not relieve themselves in the fields. -Do not mix hazardous wastes with other waste generated and must be managed as per hazardous waste management and control proclamation. -Waste must be collected from the site at least once in 24 hours and when temporarily kept on site it must be covered to minimize nuisance odour and vermin. -Wastes have to be properly transported and disposed to officially permitted by the concerned local authorities and properly managed site -Wastes have to be properly transported and disposed to officially permitted and properly manage site -Segregate and store hazardous waste in containers or specialized leak-proof plastic bags - Provide spill containment storage 	<p>at site</p> <ul style="list-style-type: none"> -Prevalence of untidy construction site messed up with liquid /sewage and solid wastes. 		Supervisor	Woreda/Zonal Authorities	on phase	construction cost

No .	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		<p>volume</p> <ul style="list-style-type: none"> - Dispose hazardous materials only at designated disposal sites/facilities (if any) with permission from the concerned authorities and/or through licensed contractor. - Never dispose used oil and filters to the ground, use leak proof containers 						
4	<p>Impacts on Soil:</p> <p>Construction activities to expand selected HCFs at POEs and the EOC office building may result in scrapping of top soil, mixing and compaction</p>	<ul style="list-style-type: none"> -Top soil stripped should be stockpiled for greening and rehabilitation in the area -Restore the nutrient rich top soil to its original level upon completion of construction works -The topsoil should be uniformly spread onto areas to be rehabilitated -As much as possible, use existing access roads. -As much as possible locate access roads out from farm fields and should be rehabilitated once their use is completed. 	-Absence of disposal of scrapped top soil as construction waste.	Quarterly	<p>Construction contractor</p> <p>- Construction Supervisor</p>	<ul style="list-style-type: none"> - EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal Authorities 	During Construction phase	Part of project construction cost
5	<p>Impacts of material extraction from quarries:</p> <p>Quarrying to</p>	<ul style="list-style-type: none"> -Select appropriate low-impact extraction methods (e.g. excavation and quarrying) that result in final site contours supportive of habitat restoration principles and final land use; -Topsoil and overburden should be 	-Absence of untreated /unrehabilitated material extraction quarry site exposed	End of project construction phase	<p>Construction contractor</p> <p>- Construction Supervisor</p>	<ul style="list-style-type: none"> -Regional/Zonal/ Woreda EPA - MoH E&S Staff - Local Authorities 	During Construction phase	Part of project construction cost

No .	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	extract construction materials will cause land degradation and erosion adverse effects.	removed separately and segregated for later use during site reinstatement, -Smaller, short-lived extraction sites (e.g. borrow pits) should be reclaimed immediately -Affected land should be rehabilitated to acceptable uses consistent with local or regional land use plans. Land that -is not restored for a specific community use should be seeded and revegetated with native species	to erosion.					
6	Community health and safety risks during Construction phase;	-As part of the induction process for new employees and workers provide training for all workers on the transmission routes and common symptoms of communicable diseases. -The contractor is to include an internal first-aid room and medical staff being present at the site -Conduct awareness raising and sensitization activities among workers, on transmission prevention of HIV/AIDS and COVID-19 as well as prevention of Malaria. -Distribution of impregnated nets, periodic spraying of campsite houses and offices	-Absence of an increase in spread of HIV AIDS, Malaria, traffic accident counts and other communicable diseases from pre-project levels.	Quarterly	-Construction contractor - Construction Supervisor -Local Health Centers/ Health posts	- EPHI E & S staff - MoH E&S Staff -Local Woreda/Zonal Health Authorities	During Construction phase	Part of project construction cost

No .	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		-Distribution of face masks, sanitizers, condoms and IEC materials and hand washes, for free of workers and local people around.						

No .	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
Adverse Environmental Impacts (Opération phase)								
1	Impacts of Hazardous Wastes from collaborative surveillance and laboratory diagnostics activities HEP RR subproject activities could lead to an increase in the generation of infectious wastes;	Recommended mitigation measures for impact of improper Healthcare Waste Management - Health care facilities should establish, operate and maintain a health care waste management system (HWMS) adequate for the scale and type of activities and identified hazards. - Each health facility should prepare (prior to the start of operations under the subproject) an Infection Control and Waste Management Plan (ICWMP)	-Presence and implementation of detailed ICWMP in the HCF.	- Weakly inspection of ICWMP implementation reports. -Monthly inspection/ observation of the HCF for	- HCF Env. Hygiene & Public Health Staff - Woreda Health office	- MoH E & S staff - EPHI E&S Staff - Regional Health Bureau Environmental Hygiene	During Operation phase	Part of project equipment cost

No	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	pharmaceutical wastes chemical wastes	based on the template provided in Annex II and in accordance with national regulations. - Waste should be identified and segregated at the point of generation. - Seal and replace waste bags and containers when they are approximately three quarters full. - Store mercury separately in sealed and impermeable containers in a secure location. - Unless refrigerated storage is possible, storage times between generation and treatment of waste should not exceed 48 hours during cool season, 24 hours during hot season.		effectiveness of practices of hazardous waste management		staff		
2	<i>Impact of hazardous wastes from collaborative surveillance and laboratory diagnostics activities</i>	-Establish a quality control system for packaging, collection and transportation of laboratory samples following the WHO guidelines on laboratory biosafety guidance; -Ensure that health care workers (HCWs) who collect specimens use	- Presence and implementation of a quality control system based on WHO guideline for handling & transport of surveillance samples.	-Weakly inspection of the quality control system implementation reports.	- HCF Env. Hygiene & Public Health Staff - Woreda Health office	- MoH E & S staff - EPHI E&S Staff - Regional Health	During Operation phase	Part of project equipment cost

No	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
		<p>appropriate PPE</p> <p>-Ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures;</p> <p>-Place specimens for transport in leak-proof specimen bags (i.e., secondary containers) that have a separate sealable pocket for the specimen (i.e., a plastic biohazard specimen bag), with the patient's label on the specimen container</p> <p>-Organizing sample management (collection, storage, packaging and transport) in accordance with WHO guidelines;</p> <p>-Sample transportation should not expose transporters to risk either during normal handling or in case of an accident.</p>		-Monthly inspection/ observation of the effectiveness of practices of handling and transport of surveillance samples as per the Who guideline.		Bureau Environmental Hygiene staff		
3	Occupational Health and Safety Risks during HCF Operations: Health	-Ensure the implementation of standard precautions and transmission based precautions in line with national guidelines for IPC in healthcare facilities taking into account guidance from WHO	-Absence of the occurrence of OHS related infection and accidents/risks during operation of	Monthly inspection of HCF HSE log book for	- HCF Env. Hygiene & Public Health Staff	- MoH E & S staff - EPHI E&S Staff	During Operatio	Part of project

No	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	<i>care facilities are a potential source of infectious waste and these could pose unsafe conditions for healthcare staff.</i>	and/or CDC on COVID19 infection control, -Update and implement HCF OHS plan and/or emergency response plan, -Ensure identification of risks (Job Risk Assessment) and instituting proactive measures, -Train the healthcare workers on the potential OSH risks in relation to COVID-19, -Provision of adequate and required personal protective equipment (PPE) to health workers and enforce on use. This includes: single use medical mask, gown, Apron, eye protection, boots or closed shoes. -Provision of a system for disinfection of the multi-use PPE if not available.	HCFs	OHS related accident records.	- Woreda Health office	- Regional Health Bureau Environmental Hygiene staff	n phase	equipment cost
4	E&S risks associated with digitalization and PHE information systems: risks from increased generation of e-wastes resulting from expanded use of electronic equipments during operation	Recommended measures to minimize and control the impacts of the e-waste stream includes - Develop guideline for e-waste management consisting of recovery, re-use, recycling as well as its collection and disposal mechanisms to be used by all project beneficiaries.	-Presence and implementation of an e-waste guideline in all project beneficiary branch offices	-Annual inspection of e-waste disposal reports/records - Biannual inspection/observation	- HCF Env. Hygiene & Public Health Staff. - Woreda Health office	- MoH E & S staff - EPHI E&S Staff - Regional Health	During Operation phase	Part of project equipment cost

No	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
	phases.	<ul style="list-style-type: none"> - Publish the e-waste management guideline and disseminate to project beneficiaries - Provide training and awareness on use of the e-waste management guideline to project beneficiaries 		of the effectiveness of e-waste disposal practices in accordance with the guideline.		Bureau Environmental Hygiene staff		

No.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementing the measures	Responsible for monitoring the implementation of mitigation measures	Implementation Period	Budget Estimate
1	<p>The Potential Risk of Exclusion/Discrimination of Underserved and other Vulnerable Groups</p> <p>Some groups may confront barriers that prevent them from</p>	<ul style="list-style-type: none"> • -Minimize the risk by making use of and follow up the strict observation of the government policy on gender and other forms of social inclusion, as stated in policy and legal frameworks of this ESMF report; • - Reduce the risk through conducting 	<p>-Government policy on gender and inclusion followed</p> <p>-No of mission conducted</p>	Biannually	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF	Throughout the implementation period	Part of project implementation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
	<p>fully participating in or benefiting from development interventions, in the case of HEPRR Project (1) in developing plans and strategies systems and and on community engagement to develop community-led climate emergency preparedness and response plans and (2) subcomponent 2.3 in developing plans for risk communication, health messages, readiness for and resilient to health emergencies and shocks, develop social welfare and protection action plans and local mechanisms to ensure food security and access to schooling on an ongoing basis and during HEs.</p>	<p>periodic and specific field identification of key issues of exclusion, discrimination and marginalization of women and other vulnerable groups through social inclusion analysis and impact assessment;</p> <ul style="list-style-type: none"> • - Assess, as a risk reduction measure, the constraints and opportunities in the Program for encouraging involvement of these groups; • - Assess the organizational capacities of the implementing organizations, and develop Action Plan to ensure that these groups benefit equally from subproject interventions; • - Adopt the risk minimization measure of utilizing community structures and local administration to mobilize minority groups to participate in meetings and consultations; • - Minimize the risk by ensuring inclusive, participatory and informed consultation and information disclosure; • - Prepare and implement, as a risk 	<p>-Cooperation with community structures established -No of community consultations</p>		structures	implementing structures		

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>reduction measure, an effective and functioning Stakeholder Engagement Plan guided by the project design principles, and provisions of other Environmental and Social Risk Management (ESRM) instruments, communication, and monitoring</p> <ul style="list-style-type: none"> • - Provide as risk reduction measure local language interpreters to ensure understanding and ability to give feedback during engagement. • - Target women and youth in project consultations and activities for their meaningful inclusion in project decisions. • Minimize the risk by ensuring involvement of women in the design of mechanisms for proactive risk communication and event-based surveillance activities; • Adopt the risk minimization measure of involving grassroots community structures in 'Risk Communication and Community Engagement (RCCE)' works by way of risk factors assessment, production of RCCE 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>strategy and preparation of training documents, production of communication materials, and documentation</p> <ul style="list-style-type: none"> • Designing and implementing early warning systems as a risk minimizing measure to increase outreach to socially excluded groups including women; • Building the capacity of women (or women-led organizations) to better understand and use early warning and risk communication information; 						
2	<i>The Risk of Operational Concerns due to Remoteness and Insecurity.</i>	<ul style="list-style-type: none"> • Minimize the risk by continuously monitoring the situation in project areas to enable early detection, as much as possible, of conflict to enable necessary adjustments. • Adopt, as a risk reduction measure, the remote management approaches to subproject implementation, monitoring and supervision as a reactive, temporary responses to insecurity in project locations. Remote management is 'an operational response to 	<ul style="list-style-type: none"> • Security monitoring system put in place • Contingency remote management system put in place <p>Capacity</p>	Annually	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures	GMU/PCU, E&S Focal Persons in BoHs and Grassroots ESMF implementing structures	Throughout the implementation period	Part of project implementation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>insecurity’, involving the withdrawal or drastic reduction of Project staff from subproject sites/field, transferring greater program responsibility to local staff or local partner organizations, and overseeing activities from a different location.</p> <ul style="list-style-type: none"> • Reduce the risk by conducting capacity building for local staff and partners (grassroots ESMF implementation structures/committees). • Reduce the risk by carefully executing and consistently monitoring the implementation of the project’s Risk Assessment and Management Plan (SRAMP). • 	building conducted					
3	<i>Risk of GBV-Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH)</i>	<p>Training, and sensitization/awareness creation for IAs and Contractors/suppliers/consultants</p> <ul style="list-style-type: none"> • Reduce the risk by promoting mandatory and repeated training and awareness raising for the project workforce about refraining from unacceptable conduct toward local community members, specifically 	<ul style="list-style-type: none"> • Gender experts assigned • GM strategy adopted • Code of conducted prepared 	-Annually	PMU/PCU Gender/GBV Specialist, E&S Safeguard Focal Persons in Partner Institutions and BoHs.	PMU/PCU Gender/GB V Specialist, E&S Safeguard Focal Persons in Partner	Throughout the implementation period	Part of project implementation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>women;</p> <ul style="list-style-type: none"> • As mitigation measure, develop training materials for sensitization briefings, targeting ERA management and Contractor management; • - Informing project workers about national laws that make sexual harassment and gender-based violence a punishable offence so as to minimize the risk; • Reduce the risk by way of delivery of periodic mandatory training on GBV to all workers, including contractors, subcontractors and primary suppliers, as well as relevant consultants and clients; • Training grievance redress committee to handle issues of sexual abuses perpetrated by project workers, and members of the community; • Minimize the risk by way of using posters and other communication/messaging/signage to display messages on zero tolerance <p>Assigning Gender/GBV Experts in the relevant IAs</p>	<ul style="list-style-type: none"> • Code of conducted disclosed • No of training sessions conducted • Cases if GBV reported and investigated • GRM put in place • Gender segregated living space and facilities available <p>M&E system put in place</p>		<p>MoH/GMU and Partner Institutions</p> <p>GMU/PCU</p> <p>GMU/PCU</p>	<p>Institutions and BoHs.</p> <p>MoH/GMU and Partner Institutions</p> <p>GMU/PCU</p>		

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implem ting the measures	Responsibl e for monitor ing the implem tation of mitigati on measures	Impleme ntation Period	Budget Estimate
		<ul style="list-style-type: none"> Minimize the risk by assigning a gender expert at the GMU/PCU and paid focal person in the implementing partners and beneficiary institution (EPHI, AHRI, EFDA, EPSA and Regional Health Bureaus (BoH); <p>Prepare Code Conduct (CoC)</p> <ul style="list-style-type: none"> Introducing a Worker Code of Conduct (CoC) as a risk reduction measure as part of the employment contract, and including sanctions for non-compliance (e.g., termination); Ensure these codes of conduct are publicly disclosed in local languages and are widely accessible to all workers and all groups of people in project areas; <p>Cooperation with relevant stakeholder</p> <ul style="list-style-type: none"> As a risk reduction measure, ensure that contractors adopt a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence; 			<p>GMU/PCU/GMU/PCU, E&S Safeguard Focal Persons in Partner Institutions and BoHs</p> <p>Social Safeguard Specialist in GMU/PCU, Project Contractor</p> <p>GMU/PCU</p>	<p>GMU/PCU</p> <p>GMU/PCU /GMU/PCU, E&S Safeguard Focal Persons in Partner Institutions and BoHs</p>		

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<ul style="list-style-type: none"> Involving relevant authorities such as law enforcement, community leaders in handling sexual abuse in project communities and ensure that where relevant, referral pathways for eventual cases are identified. <p>GRM for GBV-SEA/SH</p> <ul style="list-style-type: none"> Develop safe, confidential and accessible grievance reporting, referral and support systems for workers and local communities as a way to reduce the risk; Training of GRM committee/GRM operators on GBV/SEA basics, survivors centered approach, the referral pathway, reporting and confidentiality of data. Reduce the risk by disseminating information on GBV GRM reporting procedures for grassroots community structures in the intervention areas <p>Separate living space/toilet/shower facilities for men and women project workforce</p> <ul style="list-style-type: none"> Minimize the risk by providing safe, 				<p>Social Safeguard Specialist in GMU/PCU , Project Contractors</p> <p>GMU/PCU</p>		

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>secure and separate living spaces for workers involved in the limited physical infrastructure investments (rehabilitation and refurbishing works);</p> <ul style="list-style-type: none"> • Provide lighting around project sites, including around latrines and access routes. • Install separate, lockable latrines for female construction workers; <p>Policy/strategy and reporting and M&E</p> <ul style="list-style-type: none"> • Develop clear reporting and management procedures for SEA/SH • Apply Gender management (GM) strategy, by way of reducing the risk, in all the project cycle through application of gender analysis, gender responsive allocation of resources to address gender specific interventions and M&E; • Develop, as mitigation measure, a clear reporting and management procedures for SEA/SH • As a risk reduction measure, develop 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		M&E system with clear indicators to follow up progress made and challenges encountered.						
4	<i>The Potential Risk of Elite Capture</i>	<ul style="list-style-type: none"> • Reduce the risk by ensuring that community members are aware of subproject operation’s purposes and know committee members and their roles. • Minimize the risk by monitoring and following up Project implementers work on information disclosure and transparency, especially related to project budgets, financing, contracting, and procurement. • Reduce the risk by making certain that community members are involved in all stages of the project cycle from setting priorities, to monitoring progress and assessing results. • Ensure, as a risk reduction action, that the selection of the leadership at the grassroots level are carried out in a democratic and transparent manner so that members of the relevant committees are less dominated by 	<p>-Monitoring implementers work on information disclosure related to budget, financing and procurement</p> <p>-Involvement of PAP in the election of leadership</p> <ul style="list-style-type: none"> • Participatory M&E put in place • GRM establishe 	Biannually	Social Safeguard Specialist in GMU/PCU, E&S Focal Persons in partner institutions and BoHs, PIUs, Grassroots implementing structures	Social Safeguard Specialist in GMU/PCU , E&S Focal Persons in partner institutions and BoHs, PIUs, Grassroots implementi ng structures	Througho ut the implement ation period	Part of project implementa tion budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>elites.</p> <ul style="list-style-type: none"> Put in place a participatory Monitoring & Evaluation in which the various stakeholders share control over the content, the process and the results of the M&E activity and engage in identifying and implementing corrective actions throughout the project cycle. Reduce the risk by developing accessible and functional complaint handling mechanisms to provide stakeholders with opportunities to report elite capture to project authorities through anonymous channels. 	d					
Adverse Social Impacts during Rehabilitation/Expansion/Construction Phase								
5	Risk of Infectious and Communicable Diseases	<p>For release/discharge of waste</p> <ul style="list-style-type: none"> Reduce the risk by implementing best practices for waste management, including proper disposal of hazardous materials. Minimize the risk by developing emergency response plans to address accidental releases of hazardous 	<ul style="list-style-type: none"> No of health education trainings provided No of workers 	Annually	E&S Safeguard Focal Person at BoHs, <i>Woreda</i> health offices, <i>Woreda</i> labor offices,	E&S Safeguard Focal Person at BoHs, <i>Woreda</i> health offices,	Througho ut the implemen tation period	Part of project implemen tation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>materials.</p> <ul style="list-style-type: none"> Mitigate the risk by conducting regular monitoring and reporting to ensure compliance with environmental regulations. <p>For reducing the risk of HIV and AIDS</p> <ul style="list-style-type: none"> Minimize the risk by ensuring that the provision of HIV and AIDS education and information shall form part of the delivery and health care services by all health care providers for project workforce, including migrant worker, the local workforce; Minimize the risk by promoting continuous sensitization of the workers and community members about HIV/AIDS and other STDs. Reduce the risk by working closely with respective government departments, local NGOs, and/or faith-based organizations, and local communities involved in HIV and reproductive health; 	<p>who fully comply with PPE use standards</p>		<p>Woreda social affairs offices, Project contractor.</p>	<p>Woreda labor offices, Woreda social affairs offices, Project contractor.</p>		

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<ul style="list-style-type: none"> • Reduce the risk by constantly making available VCT services to the project workforce and community members; • Reduce the risk by integrating the monitoring of HIV/AIDS preventive activities as part of the regular supervision work; and ensure that basic knowledge, attitude and practices are among the parameters to be monitored. • Reduce the risk by ensuring that all subproject sites/workplaces make COVID-19 information from relevant health agencies readily available to their workforce; • The following action points should be provided to all project workers in all workplaces to prevent transmission of COVID-19. <ul style="list-style-type: none"> ✓ Physical distancing: Introduce measures to keep a safe physical distance in accordance with national regulations. ✓ Hand hygiene: Implement conveniently located hand 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>washing stations or alcohol-based hand sanitizer at all facilities.</p> <ul style="list-style-type: none"> ✓ Cleaning and disinfection of environmental surfaces. ✓ Personal protective equipment (PPE): Workplaces have a responsibility to provide at no cost suitable and sufficient PPE, conduct training and monitor safe use among its workers 						
6	<i>Recruitment and Employment Discrimination</i>	<ul style="list-style-type: none"> • Reduce the risk by developing clear policies that prohibit discrimination in recruitment and employment practices. • Minimize the risk by ensuring that the LAM makes sure that it encompasses (i) written contracts of employment, including terms and conditions of employment; and (ii) protection of wages including fair treatment, non-discrimination and equal opportunity of project workers; • Reduce the risk by providing training to employees on diversity and inclusion which can help to increase 	<p>No of policies developed No of workers with written contracts No of training on diversity and inclusion provided GRM put in place</p>	Annually	GMU/PCU, Partner implementing institutions	GMU/PCU , Partner implementing institutions	Througho ut the implem entation period	Part of project implem entation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>awareness of unconscious biases and promote a more inclusive workplace culture.</p> <ul style="list-style-type: none"> • Minimize the risk by putting in place a workable and smooth grievance redress mechanism for addressing and managing workplace and employment related conflicts or complaints; • Minimize the risk by popularizing the GRM to potential beneficiaries and that workers are informed of the GRM at the time of recruitment and the measures put in place to protect them against reprisal for its use. • Reduce the risk by making recruitment procedures transparent, public and open with respect to ethnicity, religion, disability, gender, or gender orientation. • Reduce the risk by using objective criteria for selection: Recruitment and hiring decisions should be based on objective criteria such as qualifications, experience, and skills, rather than personal characteristics 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>such as gender, age, or ethnicity.</p> <ul style="list-style-type: none"> • Reduce the risk by conducting regular audits of recruitment and employment practices which can help to identify areas of discrimination and ensure compliance with equal opportunity and anti-discrimination laws. 						
7	<i>Occupational Health and Safety Risks</i>	<ul style="list-style-type: none"> • Minimize the risk by developing an Occupational Health and Safety plan, which aims to avoid, minimize and mitigate the risk of workplace accidents; • Reduce the risk by complying with all national and good practice regulations regarding workers' safety; • Minimize the risk by ensuring the presence and continued use of normal control measures, including personal protective equipment (PPE) necessary to protect workers from other job hazards associated with construction activities; • As risk reduction measure ensure that contractor(s) provide safety measures 	<ul style="list-style-type: none"> • No of OHS trainings and no of workers trained • Safety monitoring systems put in place • No of workers who fully comply 	Quarterly	GMU/PCU, Partner implementing institutions	GMU/PCU , Partner implementing institutions	Throughout the implementation period	Part of project implementation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>as appropriate during works such as fire extinguishers, first aid kits, restricted access zones, warning signs, overhead protection;</p> <ul style="list-style-type: none"> • Provide as risk reduction measure minimum required training or orientation on occupational safety regulations and use of personal protective equipment; • Minimize the risk by providing compulsory COVID-19 awareness creation and prevention training (information, education, communication (IEC) for all project workforce; • Minimized the risk by training workers on COVID-19 policies and procedures in a language they understand. For risks from rotating/moving equipment: <ul style="list-style-type: none"> • When not in use, disconnect, turn off, or de-energize moving equipment. • Guards recommended by the manufacturer of the moving equipment should be used or fixed at all times. For instance, safety guard of a grinder 	<p>with PPE use standards</p> <ul style="list-style-type: none"> • No of health awareness trainings organized 					

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>protects workers from accidental exposure to its moving blade/disk.</p> <ul style="list-style-type: none"> • Operating unguarded or badly guarded equipment should be avoided. • When using an equipment, always keep your fingers and thumb on the same side as the handle or on the side protected by guards. • Proper work procedures should be adapted during use of moving equipment. • Moving equipment should be maintained regularly. <p>For risk due to work environment temperature:</p> <ul style="list-style-type: none"> • Work and rest periods should be adjusted depending on temperature and workloads. • Providing temporary shelters to protect against the elements during working activities or for use as rest areas. • Use appropriate protective clothing. • Provide easy access to adequate hydration such as drinking water 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the impleme ntation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>For electrical hazards:</p> <ul style="list-style-type: none"> • Marking all energized electrical devices and lines with warning signs. • Check all electrical cords, cables, and hand power tools for exposed cords and cover the exposed part with electrical tapes. Before covering the exposed cords, makes sure that the electrical equipment, machines, or cord/cables are not energized. • Protecting power cords and extension cords against damage from traffic by shielding or suspending above traffic areas. • Electrical equipment and machines should be switched off when not in use. • Electrical equipment and machines should be operated by competent workers. • Works should not be done under high-voltage power lines. A “no approach” zone should be created under high-voltage power lines. 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<ul style="list-style-type: none"> • Conducting detailed identification and marking of all buried electrical wiring prior to any excavation work. <p>For risks related to flying debris:</p> <ul style="list-style-type: none"> • Use face and eye protection equipment such as safety glasses, goggles, and face visors. • Wet dusty work areas before cleaning or used by vehicular traffic. <p>For work at height risk:</p> <ul style="list-style-type: none"> • Provide guardrails with mid-rails and toe boards at the edge of any fall hazard area. • Proper use of ladders and scaffolds by trained employees. • Use of fall prevention devices, including safety belts. • Oil drums, material piles, and wooden planks should not be used to work at height. <p>For excavation hazards:</p> <ul style="list-style-type: none"> • Conduct pre-start checks including 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>availability of excavation equipment, ground conditions, and proximity of any hazards.</p> <ul style="list-style-type: none"> • Physical barriers shall be erected around excavations. • Any services/utilities at the site shall be identified and shall be clearly marked. • Re-location of existing services/utilities must be completed before work commences. • Excavation shall be done using appropriate equipment or plant. • Spoil material from excavations shall be removed/carted away from the working area so that it does not apply surcharge on the sides of the excavation and to keep the area clean. • Practice safe manual handling techniques (plan, get help if needed, place your feet firmly, bend your knees – not your back, firm grip, lift with legs, etc). • Check adjacent structures and assess the impact of the excavations on the stability of the 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the impleme ntation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>structures.</p> <ul style="list-style-type: none"> • Make sure that affected adjacent structures are properly supported before commencing the excavation. • Sides of excavation must be supported/battered where there is a risk to collapse. • Ladders, stairs, or ramps shall be provided for safe ingress/egress into excavations. • Inspect supported excavations before work commences each day. • Personnel must stay within protected/supported excavations at all times. <p>For traffic hazards:</p> <ul style="list-style-type: none"> • Use traffic cones or barriers to create exclusion zones around construction workers. The traffic cones will also aware drivers of the work in progress so that they take the necessary precautions. • Use safety/traffic signs to aware drivers of the work in progress. • Workers should wear high visibility 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>vests at all times. Yellow color vests are preferable for work done during night or early morning times since it is more visible against darkness. Orange color vests are preferable for work done during daytime to give contrast from the blue sky, yellow sunlight, and green environment.</p> <ul style="list-style-type: none"> • Vehicles and trucks used should be operated by trained and competent drivers. • Establish speed limits for vehicles and trucks used. <p>For manual handling: Incorporating rest and stretch breaks into work processes and conduct job rotations.</p> <ul style="list-style-type: none"> • Implementing work procedures that reduce unnecessary forces and exertions. • Wear the right protective equipment for the job. • Workers should know their physical capabilities and should be given jobs they can reasonably handle. • Always check that the weight of the 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>load is known before lifting.</p> <ul style="list-style-type: none"> • Know the correct way of lifting before attempting a lift, i.e., (i) stand reasonably close to the load, be sure footing is firm and feet are about 300 mm apart, (ii) squat down by bending the knees, keeping the back as straight as you can, (iii) place hands where they will not slip, and grip firmly, (iv) breathe in before lifting - inflating the lungs helps support the spine, (v) straighten up with the legs, keeping the back as straight as you can, (vi) hold the load firmly and close to the body, (vii) ensure your view is not impeded by the load whilst working with it, and (viii) lift slowly and smoothly and avoid jerking motions. • When two or more persons lift a load, one of the team must be nominated to give instruction to ensure that each person lifts an equal share and the team work together. • If mechanical equipment is available, use it for lifting and transporting loads. <p>For housekeeping:</p>						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<ul style="list-style-type: none"> • Do not leave rubbish lying about - clean up as you go. • Ensure all waste is disposed of in the correct skip / bin. • Do not obstruct walkways with tools or materials. • Make sure that spilled oil, grease, or liquids are cleaned up from floors and the contaminated clean up material is disposed of in the correct skip / bin. • Position all cables and hoses out of the way. Where possible do not lay them across a pedestrian walkway. • Ensure the waste disposal area is kept tidy. <p>For hazardous materials/waste:</p> <ul style="list-style-type: none"> • All chemicals should be regarded as toxic. Poisoning can occur by accidentally swallowing the chemical when eating or drinking with contaminated hands. Always wash hands carefully after handling chemicals, and do not eat or drink in the same area as the chemicals. • Always use the right protective equipment and clothing when handling 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>hazardous materials.</p> <ul style="list-style-type: none"> • When refueling by hand use a funnel or container to prevent any spillages. Immediately record and report any spillages. • Train public workers on proper handling and use of hazardous materials. <p>For air emission:</p> <ul style="list-style-type: none"> • Good housekeeping and site planning will help to reduce dust and dirt created on site. • Store dusty materials in an area that can reduce potential of wind erosion. • During periods of dry weather, especially during the summer use water sprays in order to dampen down materials, roads, and vehicle routes. • Keep your vehicle speed low on site especially during periods of dry weather. • Maintaining levels of contaminant vapors and gases (such as paints and solvents) in the work environment at concentrations below those recommended by the manufacturer or 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>in material safety data sheets.</p> <ul style="list-style-type: none"> • Use protective equipment, such as face mask, when working in dusty conditions or environment. <p>For fire risk:</p> <ul style="list-style-type: none"> • Maintain good housekeeping of work areas. • Properly store flammable materials away from ignition sources and oxidizing materials. • Workers should be aware of fire risk and know the precautions to prevent a fire and the action to be taken if fire does break out. • Provide fire arrest equipment such as fire extinguishers, with type and volume commensurate with the volume and type of flammable materials available at the public works area. 						
8	<i>Risk of Child Labor</i>	<ul style="list-style-type: none"> • By way of risk reduction, provide trainings to ensure contractors are informed of the legal consequences of child labor to discourage practice; • Prepare a separate LMP which 	<ul style="list-style-type: none"> • Number of training sessions held • Number 	Annually	Social Safeguard Specialist in the GMU/PCU, E&S	Social Safeguard Specialist in the GMU/PCU , E&S	Througho ut the implemen tation	Part of project implemen tation

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>contains risk reduction measures, including terms and condition of employment and minimum age;</p> <ul style="list-style-type: none"> • Periodic monitoring to ensure that terms and conditions of all project workers are in accordance with the requirements of national law and ESS2 as indicated in the LMP; • Reduce the risk by establishing a GRM through which workers will be able to lodge their complaints, concerns, difficulties. • 	<p>of age verified workers</p> <ul style="list-style-type: none"> • LMP prepared and implemented • No of M&E missions conducted • GRM established 		Safeguard focal persons in Partner implementing institutions	Safeguard focal persons in Partner implementing institutions	period	budget
9	<i>Noise disturbance and vibration pollution</i>	<ul style="list-style-type: none"> • Minimize noise and vibration in the project site and surrounding areas through sensitization of construction truck drivers to switch off vehicle engines while offloading materials; • Minimize the risk by keeping vehicle speeds low, and horns will not be used while passing through or near the communities, silent zone areas such as hospitals, health centers, schools, churches and residential areas. 	<ul style="list-style-type: none"> • Movement restriction s put place • Number of workers provided with safely devices 	Quarterly	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU , Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>Equipment will have exhaust silencers to minimize noise generation;</p> <ul style="list-style-type: none"> • Minimize the risk by ensuring that machineries are kept in good condition e.g. greasing to reduce noise generation from friction of movable parts. • As a risk reduction measure, follow up that generators and heavy duty equipment are insulated or placed in enclosures to minimize ambient noise levels. • Minimize the risk by providing construction workers with safety device for protection of ears (earmuffs and ear- plugs etc.); • Minimize the risk by limiting working hours for construction activities within/near the communities to between 8 am and 6 pm; • Minimize the risk through maintaining liaising with the community; • Minimize the risk by putting in place an effective Grievance Redress Mechanism to address the community complaints. 	<ul style="list-style-type: none"> • Number of community consultation held <p>GRM put in place</p>					

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsible for monitoring the implement ation of mitigation measures	Impleme ntation Period	Budget Estimate
1 0	<i>Damage to Cultural Heritage and Historic/Ritual Sites during Expansion///Rehabilitation/Con struction Operations</i>	<ul style="list-style-type: none"> • Avoid the risk by conducting cultural heritage assessment of the project site to identify any potential physical cultural resources that may be present in the area. • Minimize the risk by training construction workers to recognize the signs of physical cultural resources and understand the importance of protecting them. • Minimize the risk by developing contingency plan in case physical cultural resources are discovered during construction. The plan should outline the steps to be taken in such an event, including halting work in the immediate vicinity of the find, contacting the relevant authorities, and protecting the site until further instructions are received. • Minimize the risk by including or adding a clause for chance find procedures in construction contract agreements; • Reduce the risk by notifying an 	<ul style="list-style-type: none"> • No of public consultations held • Dykes or other flood reduction structure routes designed appropriately <p>Heritage handling procedure put in place</p>	<ul style="list-style-type: none"> • At end of first quarter <p>Annually</p>	GMU/PCU, Partner implementing institutions, Woreda health offices, Local culture and tourism offices	GMU/PCU , Partner implementing institutions, Woreda health offices, Local culture and tourism offices	Througho ut the implem ent ation period	Part of project implem ent ation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		institution responsible for culture, religious and historic heritage sites protection and conservation, etc; <ul style="list-style-type: none"> Minimize the risk by putting in place a workable Grievance Redress Mechanism to address community complaints. 						
1 1	The Risk of Privacy and Data Security	<ul style="list-style-type: none"> Implementing robust data encryption techniques to protect the confidentiality of sensitive information. Restricting access to data through role-based access controls, ensuring that only authorized personnel can view or handle sensitive data. Regularly monitoring and auditing data access to identify any suspicious activities. Clearly communicating to individuals about the purpose and scope of data collection at POEs. Obtaining explicit consent from individuals before collecting their personal information. Providing privacy notices that explain 	No of data encryption techniques put in place Privacy notices put in place No of staff trained of prvaey and data protection	Annually	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU , Partner implementi ng institution, Project contractors.	Througho ut the implement ation period	Part of project implement ation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>how the collected data will be used, stored, and shared.</p> <ul style="list-style-type: none"> • Offering individuals the ability to opt-out or request the deletion of their data, where applicable. • Implementing secure data storage practices, such as encryption and access controls, to protect stored data from unauthorized access. • Establishing clear retention policies to ensure data is retained only for the necessary duration and securely disposed of when no longer needed. • Regularly reviewing and updating data storage practices to align with evolving privacy and security standards. • Understanding and complying with relevant data protection laws in the countries involved. • Utilizing legal mechanisms, such as standard contractual clauses or binding corporate rules, to ensure an adequate level of data protection during cross-border transfers. • Conducting due diligence on third-party service providers involved in 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>data processing to ensure they have appropriate privacy and security safeguards in place.</p> <ul style="list-style-type: none"> • Providing comprehensive training and awareness programs to project staff regarding privacy and data security best practices. • Regularly updating staff on emerging privacy and security threats and how to mitigate them. • Encouraging a culture of privacy and security awareness by promoting reporting mechanisms for potential incidents or vulnerabilities. • 						
1 2	Cultural and Linguistic Risks	<ul style="list-style-type: none"> • Providing language interpretation services, either through in-person interpreters or remote interpretation services, to facilitate communication with individuals who do not speak the local language. • Developing multilingual signage and informational materials to ensure important messages are conveyed to individuals in a language they understand. 	<p>No. of multilingual signage posted No of bilingual staff recruited No of multilingual communication materials developed and distributed</p>	Annually	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU , Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the impleme ntation of mitigation measures	Impleme ntation Period	Budget Estimate
		<ul style="list-style-type: none"> • Recruiting bilingual staff or volunteers who can assist with interpretation and communication. • Provide translation services: Establish on-site translation services or engage professional interpreters to bridge language gaps. • Develop multilingual communication materials: Ensure that key information, such as health advisories and guidelines, is available in multiple languages. • Cultural competency training: Educate staff about the cultural backgrounds and practices of diverse populations they may encounter at POEs. This training can help foster understanding and improve interactions. • Sensitize health messaging: Tailor health communication to be culturally sensitive, considering customs, beliefs, and practices of different communities. • Engage community leaders and organizations: Collaborate with local community leaders, cultural organizations, and NGOs to ensure 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>effective communication and community buy-in for health measures.</p> <ul style="list-style-type: none"> • Standardized symptom assessment tools: Develop and utilize standardized tools for symptom assessment that can be easily understood by both healthcare professionals and travelers. • Training on symptom recognition: Train frontline staff to recognize and interpret symptoms accurately, considering cultural differences in expressing and perceiving symptoms. • Access to medical interpretation: Ensure access to medical interpretation services to facilitate clear communication between healthcare professionals and individuals who exhibit symptoms. • Simplify health messages: Use clear, concise, and jargon-free language in health communications to enhance comprehension. • Visual aids and multilingual materials: Utilize visual aids, infographics, and multilingual materials to supplement written information and improve 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		accessibility. <ul style="list-style-type: none"> Public awareness campaigns: Conduct targeted public awareness campaigns to educate travelers about health risks, emergency response procedures, and preventive measures. 						
1 3	Political Risks due to Conflict	<ul style="list-style-type: none"> Foster diplomatic engagement and communication channels between project stakeholders from conflicting countries. Emphasize the shared goal of public health and the importance of cooperation despite political tensions. Encourage project partners to focus on technical and operational aspects, rather than political differences, to maintain progress. Develop standardized protocols for data sharing, ensuring privacy and security concerns are addressed. Establish bilateral or multilateral agreements between project partners for streamlined data sharing specifically related to health emergencies. Implement anonymization and 	No of bilateral or multilateral agreements prepared No of international oversight mechanisms established	Annually	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU , Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implemting the measures	Responsible for monitoring the implemation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>aggregation techniques to balance privacy and the sharing of essential health information.</p> <ul style="list-style-type: none"> • Advocacy and awareness: Raise awareness among political leaders about the importance of health emergency preparedness and response, emphasizing the potential consequences of inaction. • International pressure and incentives: Leverage international collaborations and agreements to encourage countries to prioritize health emergency preparedness and response, offering incentives for cooperation. • Sharing success stories: Highlight successful examples of countries working together and the positive outcomes achieved through collaborative health emergency response, fostering a sense of shared responsibility. • Establish international oversight mechanisms: Advocate for the establishment of independent international bodies or agencies 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>responsible for overseeing health emergency preparedness and response efforts, providing guidance, and ensuring accountability.</p> <ul style="list-style-type: none"> • Transparent reporting: Encourage countries to transparently report on their health emergency preparedness and response activities to international bodies, promoting accountability and peer review. • Peer-to-peer collaborations: Facilitate peer-to-peer collaborations and knowledge sharing between countries with successful health emergency response systems, allowing for the transfer of best practices and lessons learned. • 						
1 4	Increased Risks of Disease Transmission	<ul style="list-style-type: none"> • Implementing robust health screening procedures at POEs to identify individuals with symptoms or potential exposure to infectious diseases. • Providing necessary medical resources, such as isolation facilities, personal protective equipment (PPE), and trained healthcare personnel, to handle 	<p>No of individuals screened.</p> <p>No of PPE provided</p> <p>No of hygiene</p>	Bi-annually	GMU/PCU, Partner implementing institution, Project contractors.	GMU/PCU , Partner implementing institution, Project contractors.	Throughout the implementation period	Part of project implementation budget

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implemen tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<p>suspected cases and prevent the spread of diseases.</p> <ul style="list-style-type: none"> • Collaborating with public health authorities and healthcare providers to ensure effective surveillance, testing, and contact tracing measures are in place. • Establishing and enforcing proper sanitation and hygiene protocols at POEs, including handwashing stations, sanitization stations, and waste disposal facilities. • Conducting hygiene education and awareness campaigns to educate individuals passing through the POEs about proper hand hygiene, respiratory etiquette, and other preventive measures. • Providing access to soap, water, hand sanitizers, and other hygiene supplies to promote good hygiene practices among travelers and staff. • Implementing crowd management strategies to minimize overcrowding and maintain physical distancing at POEs. 	<p>education and awareness campaigns conducted</p> <p>No of mechanisms for cross-border communication and coordination established</p>					

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem tation of mitigation measures	Impleme ntation Period	Budget Estimate
		<ul style="list-style-type: none"> • Utilizing technologies such as biometric systems, e-gates, or online pre-registration systems to expedite and streamline the entry process, reducing congestion and close contact. • Redesigning infrastructure and layout at POEs to allow for better physical distancing and flow of individuals. • Conducting vector control programs at and around POEs, including measures such as insecticide spraying, breeding site reduction, or use of vector traps. • Implementing surveillance systems to detect the presence of vectors and the diseases they carry, enabling early detection and response. • Providing education and information to travelers about the risks of vector-borne diseases and the preventive measures they can take. • Participating in global health networks and initiatives that facilitate information exchange and coordination among countries. • Sharing epidemiological data, surveillance findings, and best 						

N o.	Potential Environmental & Social Impacts	Recommended Enhancement /Mitigation Measures	Indicators	Frequency of Monitoring	Responsible Institution for implementin g the measures	Responsibl e for monitoring the implem entation of mitigation measures	Impleme ntation Period	Budget Estimate
		practices with relevant international organizations, neighboring countries, and public health authorities. <ul style="list-style-type: none"> • Establishing mechanisms for cross-border communication and coordination to ensure a coordinated response to disease threats. 						