

**YEMEN COVID-19 RESPONSE PROJECT
P173862**

COVID-19 ISOLATION UNITS REHABILITATION

ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

28.November.2021

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ABBREVIATIONS AND ACRONYMS

BOQ	Bill of Quantities
CoC	Code of Conduct
COVID-19	Coronavirus Disease 2019
dBA	dB decibels, A weighting frequency response
ESHS	Environmental, Social, Health and Safety
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
GM	Grievance Mechanism
HCW	Healthcare Worker
HF	Healthcare Facility
HVAC	Heating, Ventilation and Air Conditioning
ICMWWMP	Infection Control and Medical Waste Management Plan
IPC	Infection Prevention and Control
IU	Isolation Unit
LMP	Labor Management Procedure
MoPHP	Ministry of Public Health and Population
PMU	Project Management Unit
PPE	Personal Protective Equipment
SEA/SH	Sexual Exploitation and Abuse / Sexual Harassment
SEP	Stakeholder Engagement Plan
TPM	Third Party Monitoring
UN	United Nations
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization
YCRP	Yemen COVID-19 Response Project

1. INTRODUCTION

Yemen COVID-19 Response Project (YCRP), hereinafter the **Project**, is a partnership between the World Bank and World Health Organization (WHO) launched in April 2020. The project has been established with support and finance of the World Bank and it is implemented by WHO in the Republic of Yemen to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project aims to help Yemen immediately respond to and mitigate the risks associated with the COVID-19 outbreak in the country.

Yemen COVID-19 Response Project is supporting 37 COVID-19 Isolation Units (IU) in the country in which the WHO is providing the Isolation Units with supplies, training, and technical support for the treatment of COVID-19 cases, however the operation and management of these Isolation Units is fully managed by the healthcare authorities in the country. Part of the Project support is also improving the overall conditions of the Isolation Units by performing the necessary rehabilitation and civil work activities. For this purpose, the proposed rehabilitation activities, hereinafter the **subproject**, will be supported and implemented by YCRP in the COVID-19 Isolation Units in different governorates to improve triaging capacities, ventilation condition, electrical work and the Infection Prevention and Control facilities. The subproject activities will be entirely implemented in existing COVID-19 Isolation Units under the authority of Ministry of Public Health and Population (MoPHP). Seven Isolation Units are included under this subproject and they have been selected based on the need assessment conducted by WHO and in coordination with local health authorities and facilities management.

Activities supported by the Project needs to comply with the applicable Environmental and Social requirements detailed in the below documents to provide the necessary protection for personnel, environment and communities from any adverse impact resulted from any intervention supported by the Project.

Yemen COVID-19 Response Project Environmental and Social documents applicable for this subproject include:

- [Environmental and Social Management Framework ESMF](#)
- [Infection Control and Medical Waste Management Plan ICMWMP](#)
- [Stakeholders Engagement Plan SEP](#)
- [Labor Management Procedure LMP](#)

In accordance with the Project ESMF, screening process shall take place for the interventions or subprojects supported by the Project. Therefore, the screening of this subproject was performed as per the YCRP ESMF screening requirements available in annex 1. This subproject will involve civil work activities with low risk level associated with the intervention, hence the Environmental and Social Management Plan (ESMP) was determined as suitable instrument to address the Environmental and Social risks and impacts.

This ESMP consists of set of mitigation, monitoring, and institutional measures to be taken during implementation of this subproject to eliminate adverse environmental and social risks and impacts, offset them, or reduce them to acceptable levels. It also includes the measures and actions needed to implement these measures. The plan also defines the activities summary, level of responsibilities, communication summary, reporting and monitoring requirements as well as the waste management and Grievance Mechanism (GM) requirements.

Although the ESMP is a site-specific instrument; the similarities in intervention type, civil work activities, targeted facilities condition, procurement, and contractual arrangements as well as the applicable regulations and requirements and make it necessary to include the environmental and social requirements for the rehabilitation of the 7 targeted Isolation Units in one document and to ease the ESMP review / clearance process.

Where specific information about each Isolation Unit needs to be included, dedicated part for each IU have been added in the relevant sections of this ESMP including section 2 baseline information and annex 2 communication and consultation summary. However, the remaining sections of this ESMP are applicable on all IU under this subproject.

To identify the necessary intervention and potential impacts on the healthcare service, environment, and community in addition identify the mitigation measures, the following was considered during the development of subproject documentations including this plan; review of existing condition at each isolation Unit, site visits, need assessment, along with the communication and consultation with the relevant authorities and stakeholder.

Summary of the proposed intervention and baseline data are included hereafter within the plan. Meanwhile, the Bill of Quantities and implementation arrangements have been prepared by Project team in coordination with each facility management and MoPHP authorities.

Once the subproject activities and rehabilitation work completed, the IUs will be operated by the MoPHP authorities and the YCRP support to these facilities will be continued as part of the overall support from WHO. The risks and impacts associated with the operation of the supported Isolation Units as well as the applicable and necessary mitigation measures are included in the YCRP ESMF, ICMWMP, LMP and SEP in which such requirements shall be maintained during the Project lifetime.

ESMP Methodology

Based on the mentioned screening process, an ESMP shall be prepared for this intervention to address the associated risks, impacts and to provide details on the necessary mitigation measures applicable for this subproject.

The following resources and data have been used and considered during the ESMP preparation process:

- Initial assessment results for each facility. The initial assessment conducted by specialized engineers from the project side for each facility where the current condition, needs and improvement required are included in the assessment reports. These reports issued in coordination with the management of each facility.
- Applicable obligations, requirements and level of responsibilities as identified in the YCRP environmental and social documents.
- The scope of work, nature of the tasks, and the planned activities as included in the bill of quantities and engineering studies of this intervention.
- Project supervision engineers were trained and provided with awareness on the environmental and social requirements applicable for this subproject.
- Site visits conducted by supervision engineers and the below have been implemented:
 - Baseline information prepared for each facility.
 - Intervention details summarized and targeted locations determined.
 - Importance of this intervention to the facility and the expected healthcare service benefits.
 - Stakeholder engagement activities performed where the intervention details communicated, and the communities' concerns were collected.

Accordingly, the environmental and social aspects/impacts associated with the intervention have been identified by the Project environmental and social team along with significance level based on the below in which the necessary mitigation measures were determined:

- Review in detail the bill of quantities, plans and scope of work for this intervention.
- Assessment the nature of the planned activities, duration, scope as well as the associated hazards and level of complexity.
- Evaluation of the applicable rules and regulation as well as the local context.
- Evaluation of the expected number and status of manpower who will be involved in the intervention
- Assessment of the hazards associated with the substances required for the intervention as well as the use of tools, machines, and equipment.
- Evaluation of the nature, size, and baseline information of the targeted facilities as well as any arrangements needed.
- Including the site visits findings and recommendations.
- Evaluation of the stakeholder engagement and consultation outcomes.

2. BASELINE INFORMATION

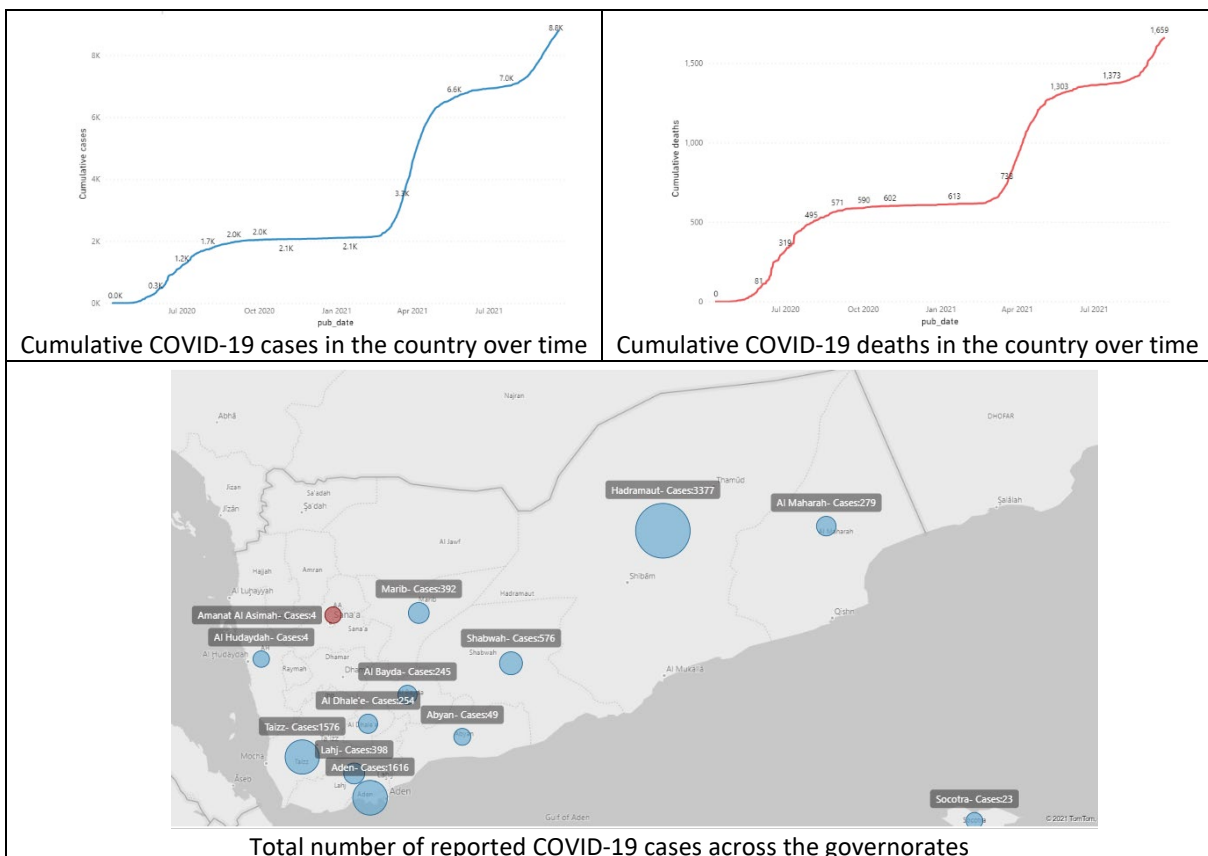
2.1 OVERVIEW

Yemen is currently facing a crisis within a crisis, with a dramatic spike of COVID-19 cases. On 10 April 2020, the first COVID-19 case was formally confirmed in the country. COVID-19 cases have been increasing recently, bringing the country’s total cases to 8,793 cases and total deaths to 1,659 as of September 22nd 2021¹ with 19 % case fatality rate.

In a country of 30 million people, a total of 20.7 million people, 66 percent of the population, are estimated to need humanitarian assistance in 2021; 12.1 million people of whom are estimated to be in acute need (severity 4 and 5). This includes 4.6 million women, 5.5 million girls, 4.7 million men, and 5.7 million boys. Of these, 1.8 million are pregnant and lactating women, 2.8 million are children under age 5, 3.1 million are people with disabilities, and 4 million are Internally Displaced Persons (IDPs).²

Epidemics and other disease outbreaks are overburdening the weak health system. Despite a notable decline in cholera cases (273,551 suspected cases were reported from January to December 2020), disrupted WASH and sanitation infrastructure and widespread malnutrition are increasing susceptibility to outbreaks of cholera and other communicable diseases. Vector-borne diseases are surging, including dengue fever and malaria, severe acute respiratory infections (SARI), and vaccine-preventable diseases due to disruption to vaccination services.³

Isolation Units and facilities that allocated for treatment the COVID-19 cases in the country are determined by the official MoPHP authorities in coordination with WHO and other organizations supporting the health sector in the country. Effort made by the WHO and other organizations in the country to support the COVID-19 treatment facilities where the necessary supplies, equipment and capacity building is provided based on the need assessment and in coordination with the healthcare authorities.



¹https://covid19.who.int/?gclid=CjwKCAjwpKCDBhBPEiwAFgBzjArlAbibet5FTJxVIEpL0H_yQx5P4Y3Muu2wMxbsSReLE09chbl9BoCrnUQAvD_BwE

²https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf

³https://reliefweb.int/sites/reliefweb.int/files/resources/Yemen_HNO_2021_Final.pdf

Under YCRP, 37 COVID-19 Isolation Units supported in all governorates around the country in which the medical and non-medical supplies along with the technical support, training and capacity building are provided based on the need assessment and the available fund. Apart from the Project support to the COVID-19 Isolation Units is performing rehabilitation and maintenance to improve the overall condition for appropriate treatment of COVID-19 cases. Based on that, the activities under this subproject will be implemented in seven Isolation Units in which the main intervention components are identical with differences in the quantities and size of the planned activities. Remaining COVID-19 Isolation Units are either maintained by WHO other funds or by other organizations or governmental authorities. The targeted COVID-19 Isolation Units for this intervention are under the MoPHP authority and supported by the YCRP as part of the overall support from WHO. All facilities to be supported by WHO are assessed in terms of capacity and adequacy including the compliance to applicable safety requirements. Monitoring of the overall condition in the supported facilities is performed regularly by WHO and the YCRP project to ensure all requirements are met through the WHO monitoring and evaluation team as well as the YCRP TPM. The planned rehabilitation activities across the Isolation Units are essential to ensure appropriate preparedness for any COVID-19 waves. List of Isolation Units included under the subproject and covered by this ESMP is below:

Table 1: TARGETED ISOLATION UNITS

No	Governorate	Isolation Unit Name
1	Aldhalea	Aldhalea Isolation Unit
2	Albaydhaa	Alsawmah Isolation Unit
3	Lahi	Alhabilain Isolation Unit
4	Hadhramout	AlFalak Isolation Unit
5	Abyan	Zunjobar Isolation Unit
6	Mareb	Alhazmah Isolation Unit
7	Shabwah	Ataq Isolation Unit

Sections 2.2 to 2.8 include specific baseline data and the necessary information including layout, photos and description of each facility covered under this ESMP in which the subproject activities will be implemented.

2.2 ALDHALEA ISOLATION UNIT-ALDHALEA GOVERNORATE

Description

Aldhalea Isolation Unit is located in Aldhalea city, capital of Aldhalea governorate at the south of Yemen. Aldhalea Isolation Unit is operational as COVID-19 treatment center since the start of the pandemic in 2020. The facility is equipped with the necessary equipment and supplies required for patients' treatment and the YCRP support is part of the WHO and other organizations support to the facility.

Total number of healthcare workers in the IU are 100 and they are all local civil servants employed by the relevant healthcare authorities. Aldhalea IU is one floor building, and the layout of the facility is included below in which the Triage Area, Moderate Cases Area, Severe Cases Area as well as the staff areas are identified. Photos explaining the current condition in some of the IU areas are also included below. The IU is serving all communities in the governorate as well as the surrounding districts.

A need assessment conducted between March and April 2021 by Project assigned Engineers in the IU and the assessment results conclude that further improvement is required in term of the triaging capacity, WASH, toilets facilities as well as the overall air conditioning and ventilation system. Such improvement and requirements were discussed and agreed with the facility management and the local healthcare authorities.

Further consultations conducted recently by the Project with the facility management and local authorities on the planned intervention and the arrangements needed to handover the work sites to the contractor in order to start the proposed activities. The health facility management in coordination with the local health authorities

have made the necessary plans to assign alternative treatment areas for any new COVID-19 cases, however COVID-19 cases admitted in the facility at the time of intervention will be mobilized to the nearest IU.

Work plan will be prepared in coordination between facility management, contractor and Project Supervision Engineer with timeframe and location of each activity as preparation for the intervention to ensure minimum civil work duration allowing resumption and full operation of the IU with the enhanced capacities.

Civil work areas shall be prepared and handed over to the contractor by the facility management in coordination with the supervision engineer where any medical or non-medical equipment at such areas shall be transported to secured areas under the responsibility of facility management.



Layout



Photos



Damaged door that needs to be replaced

Damaged Handwashing basin and floor drain

Overview of the isolation unit premises

Electrical appliances need to be installed

2.3 ALSAWMAH ISOLATION UNIT-ALBAYDHAA GOVERNORATE

Description

Alsawmah Isolation Unit is located in Alsawmah city, Albaydhaa governorate at the middle of Yemen. Alsawmah Isolation Unit is operational as COVID-19 treatment center since the start of the pandemic in 2020. The facility is equipped with the necessary equipment and supplies required for patients' treatment and the YCRP support is part of the WHO and other organizations support to the facility.

Total number of healthcare workers in the IU is 54 and they are all local civil servants employed by the relevant healthcare authorities. Alsawmah Isolation Unit is one floor building, and the layout of the facility is included below in which the Triage Area, Moderate Cases Area, Severe Cases Area as well as the staff areas are identified. Photos explaining the current condition in some of the IU areas are also included below. The IU is serving all communities in the governorate as well as the surrounding districts.

A need assessment conducted between March and April 2021 by Project assigned Engineers in the IU and the assessment results conclude that further improvement is required in term of the triaging capacity, WASH, toilets facilities as well as the overall air conditioning and ventilation system. Such improvement and requirements were discussed and agreed with the facility management and the local healthcare authorities.

Further consultations conducted recently by the Project with the facility management and local authorities on the planned intervention and the arrangements needed to handover the work sites to the contractor in order to start the proposed activities. The health facility management in coordination with the local health authorities have made the necessary plans to assign alternative treatment areas for any new COVID-19 cases, however COVID-19 cases admitted in the facility at the time of intervention will be mobilized to the nearest IU.

Work plan will be prepared in coordination between facility management, contractor and Project Supervision Engineer with timeframe and location of each activity as preparation for the intervention to

ensure minimum civil work duration allowing resumption and full operation of the IU with the enhanced capacities. Civil work areas shall be prepared and handed over to the contractor by the facility management in coordination with the supervision engineer where any medical or non-medical equipment at such areas shall be transported to secured areas under the responsibility of facility management.



Alsawmah IU, Aerial Photo – Google Map

Layout



Alsawmah Isolation Unit Layout

Photos



2.4 ALHABILAIN ISOLATION UNIT-LAHJ GOVERNORATE

Description

Alhabilain Isolation Unit is located in Radfan district, Lahj governorate to the south of Yemen. Alhabilain Isolation Unit is operational as COVID-19 treatment center since the start of the pandemic in 2020. The facility is equipped with the necessary equipment and supplies required for patients' treatment and the YCRP support is part of the WHO and other organizations support to the facility.

Total number of healthcare workers in the IU are 61 and they are all local civil servants employed by the relevant healthcare authorities. Alhabilain Isolation Unit consists of multiple buildings, and the layout of the facility is included below in which the Triage Area, Moderate Cases Area, Severe Cases Area as well as the staff areas are identified. Photos explaining the current condition in some of the IU areas are also included below. The IU is serving all communities in the governorate as well as the surrounding districts.

A need assessment conducted between March and April 2021 by Project assigned Engineers in the IU and the assessment results conclude that further improvement is required in term of the triaging capacity, WASH, toilets facilities as well as the overall air conditioning and ventilation system. Such improvement and requirements were discussed and agreed with the facility management and the local healthcare authorities.

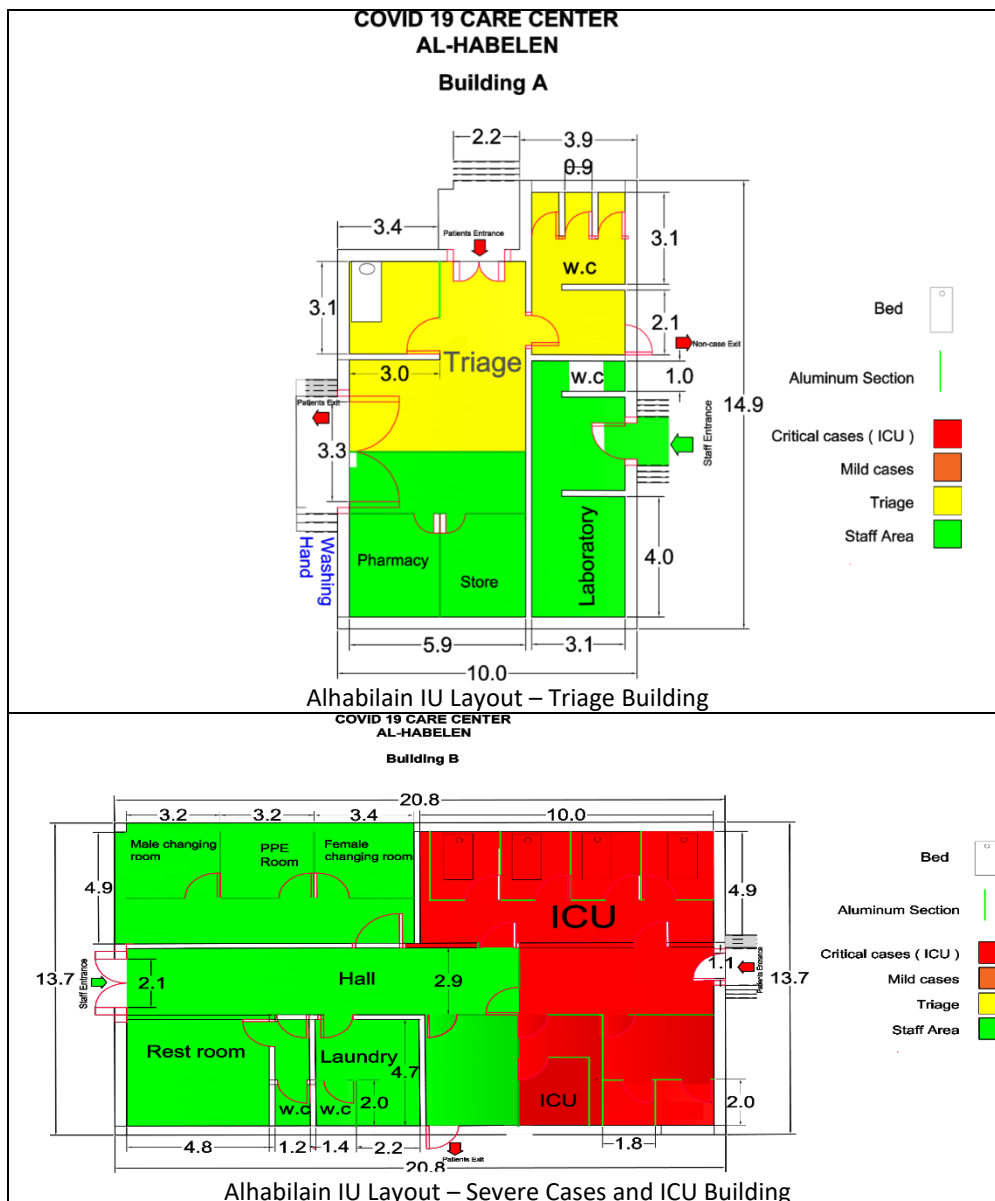
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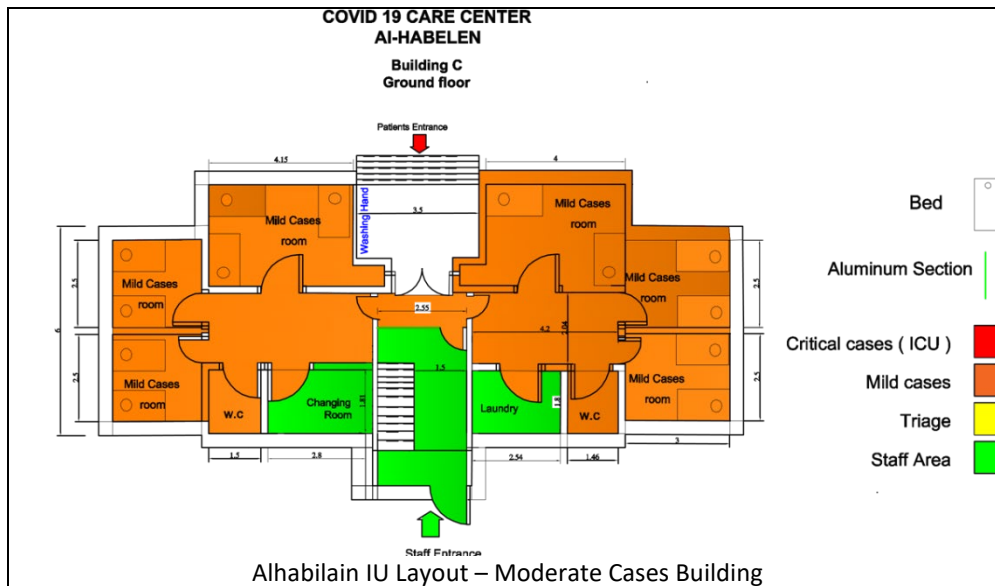
Work plan will be prepared in coordination between facility management, contractor and Project Supervision Engineer with timeframe and location of each activity as preparation for the intervention to ensure minimum civil work duration allowing resumption and full operation of the IU with the enhanced

capacities. Civil work areas shall be prepared and handed over to the contractor by the facility management in coordination with the supervision engineer where any medical or non-medical equipment at such areas shall be transported to secured areas under the responsibility of facility management.



Layout





Photos



2.5 ALFALAK ISOLATION UNIT-HADHRAMOUT GOVERNORATE

Description

Alfalak Isolation Unit is located in Al Mukalla city, capital of Hadhramout governorate to the east of Yemen. Alfalak Isolation Unit is operational as COVID-19 treatment center since the start of the pandemic in 2020. The facility is equipped with the necessary equipment and supplies required for patients’ treatment and the YCRP support is part of the WHO and other organizations support to the facility.

Total number healthcare workers in the IU are 70 and they are all local civil servants employed by the relevant healthcare authorities. Alfalak Isolation Unit consists of multi-story building, and the layout of the facility is included below in which the Triage Area, Moderate Cases Area, Severe Cases Area as well as the staff areas are identified. Photos explaining the current condition in some of the IU areas are also included below. The IU is serving all communities in the governorate as well as the surrounding districts.

A need assessment conducted between March and April 2021 by Project assigned Engineers in the IU and the assessment results conclude that further improvement is required in term of the triaging capacity, WASH, toilets facilities as well as the overall air conditioning and ventilation system. Such improvement and requirements were discussed and agreed with the facility management and the local healthcare authorities.

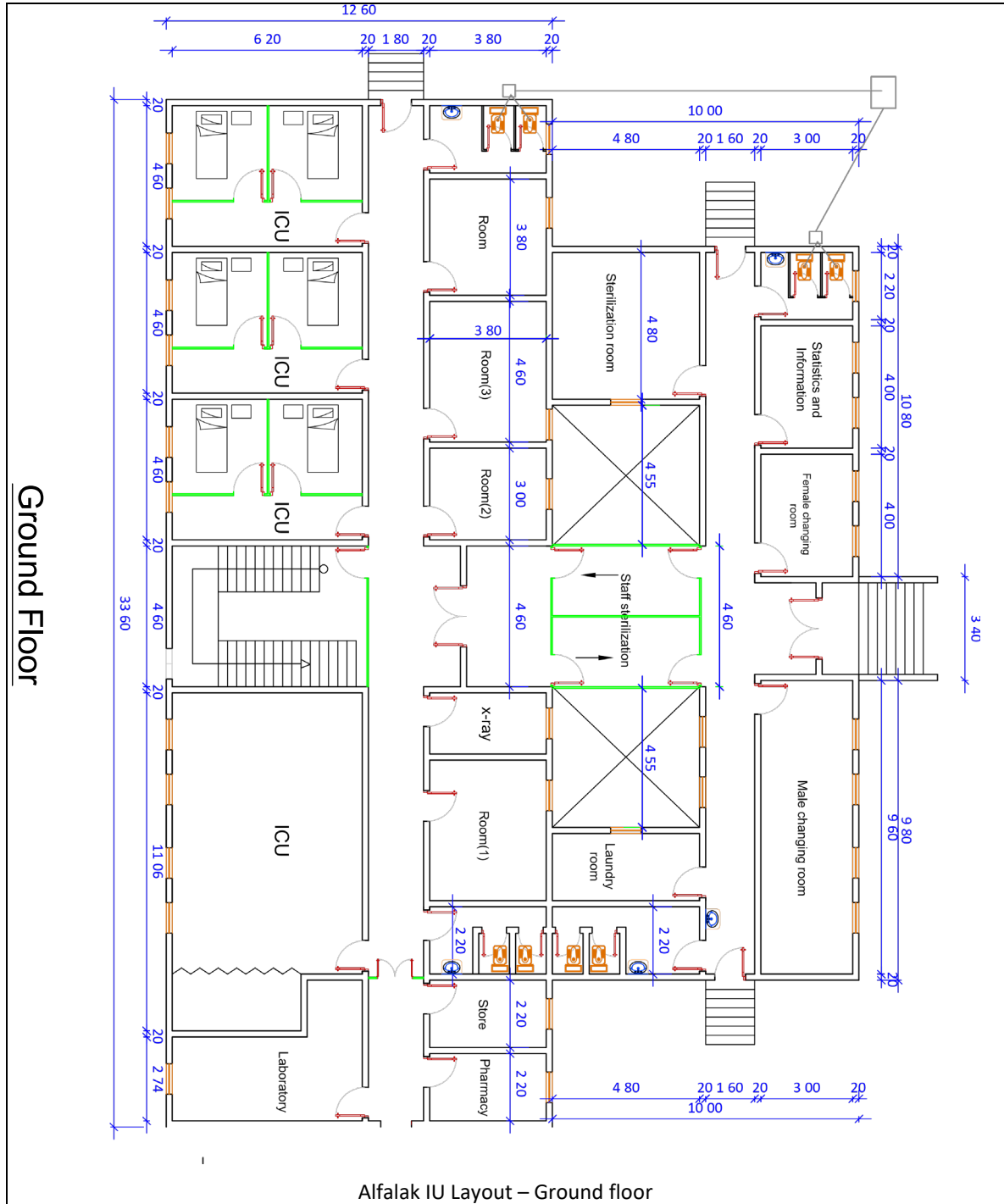
Further consultations conducted recently by the Project with the facility management and local authorities on the planned intervention and the arrangements needed to handover the work sites to the contractor in order to start the proposed activities. The health facility management in coordination with the local health authorities have made the necessary plans to assign alternative treatment areas for any new COVID-19 cases, however COVID-19 cases admitted in the facility at the time of intervention will be mobilized to the nearest IU.

Work plan will be prepared in coordination between facility management, contractor and Project Supervision Engineer with timeframe and location of each activity as preparation for the intervention to ensure minimum civil work duration allowing resumption and full operation of the IU with the enhanced capacities. Civil work areas shall be prepared and handed over to the contractor by the facility management in coordination with the supervision engineer where any medical or non-medical equipment at such areas shall be transported to secured areas under the responsibility of facility management.

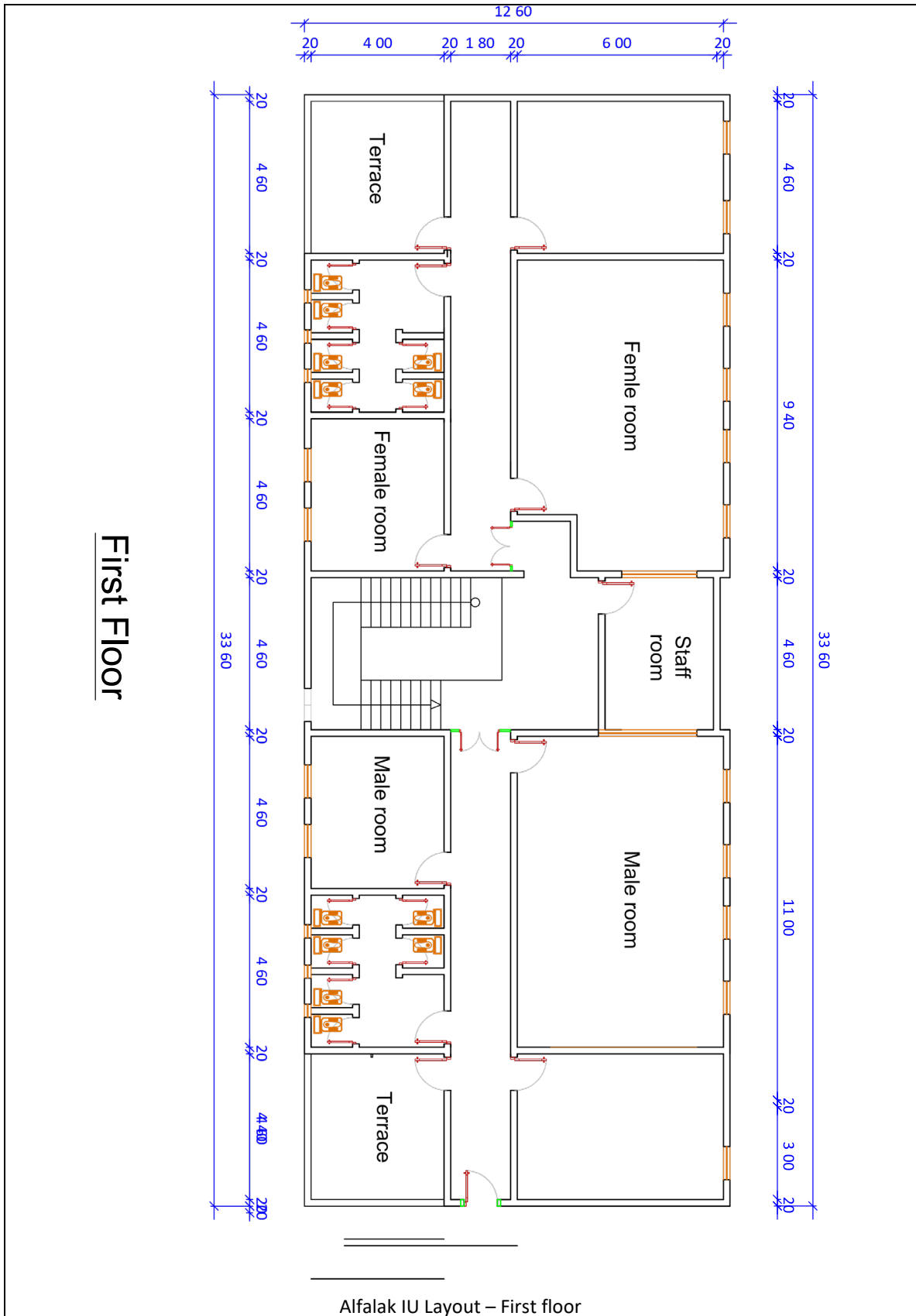


Alfalak IU, Aerial Photo – Google Map

Layout



Alfalak IU Layout – Ground floor



Photos



2.6 ZUNJOBAR ISOLATION UNIT-ABYAN GOVERNORATE

Description

Zunjobar Isolation Unit is located in Zunjobar city, capital of Abyan governorate to the south of Yemen. Zunjobar Isolation Unit is operational as COVID-19 treatment center since the start of the pandemic in 2020. The facility is equipped with the necessary equipment and supplies required for patients' treatment and the YCRP support is part of the WHO and other organizations support to the facility.

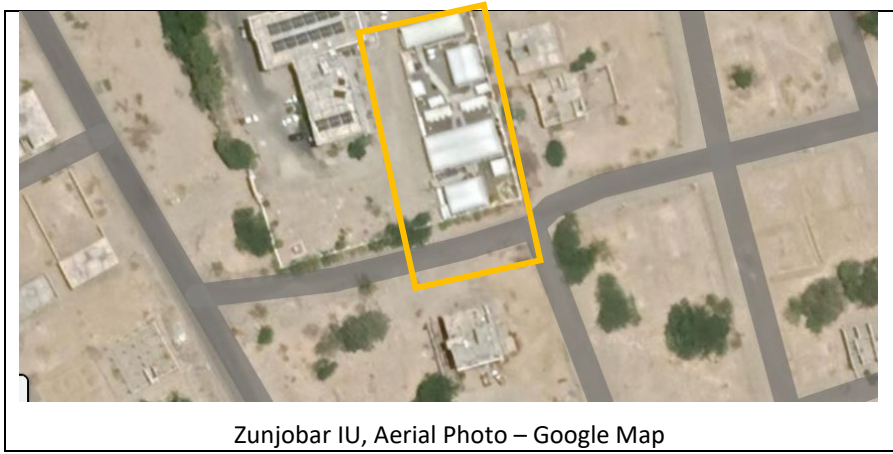
Total number of healthcare workers in the IU are 36 and they are all local civil servants employed by the relevant healthcare authorities. Zunjobar Isolation Unit consists of multi buildings (1 floor), and the layout of the facility is included below in which the Triage Area, Moderate Cases Area, Severe Cases Area as well as the staff areas are identified. Photos explaining the current condition in some of the IU areas are also included below. The IU is serving all communities in the governorate as well as the surrounding districts.

A need assessment conducted between March and April 2021 by Project assigned Engineers in the IU and the assessment results conclude that further improvement is required in term of the triaging capacity, WASH, toilets facilities as well as the overall air conditioning and ventilation system. Such improvement and requirements were discussed and agreed with the facility management and the local healthcare authorities.

Further consultations conducted recently by the Project with the facility management and local authorities on the planned intervention and the arrangements needed to handover the work sites to the contractor in order to start the proposed activities. The health facility management in coordination with the local health authorities have made the necessary plans to assign alternative treatment areas for any new COVID-19 cases, however COVID-19 cases admitted in the facility at the time of intervention will be mobilized to the nearest IU.

Work plan will be prepared in coordination between facility management, contractor and Project Supervision Engineer with timeframe and location of each activity as preparation for the intervention to ensure minimum civil work duration allowing resumption and full operation of the IU with the enhanced capacities.

Civil work areas shall be prepared and handed over to the contractor by the facility management in coordination with the supervision engineer where any medical or non-medical equipment at such areas shall be transported to secured areas under the responsibility of facility management.



Layout



Photos



2.7 ALHAZMAH ISOLATION UNIT-MAREB GOVERNORATE

Description

Alhazmah Isolation Unit is located in Mqreb city, capital of Mareb governorate to the east of Sana'a the capital of Yemen. Alhazmah Isolation Unit is newly determined as COVID-19 treatment center. The facility will be equipped with the necessary equipment and supplies required for patients' treatment and the YCRP support is part of the WHO and other organizations support to the facility.

Total number of healthcare workers in Alhazmah are 22 and they are all local civil servants employed by the relevant healthcare authorities. Alhazmah Isolation Unit consists of one floor buildings, and the layout of the facility is included below in which the Triage Area, Moderate Cases Area, Severe Cases Area as well as the staff areas are identified. Photos explaining the current condition in some of the IU areas are also included below. The IU is serving all communities in the governorate as well as the surrounding districts.

A need assessment conducted between March and April 2021 by Project assigned Engineers in the IU and the assessment results conclude that further improvement is required in term of the triaging capacity, WASH, toilets facilities as well as the overall air conditioning and ventilation system. Such improvement and requirements were discussed and agreed with the facility management and the local healthcare authorities.

Further consultations conducted recently by the Project with the facility management and local authorities on the planned intervention and the arrangements needed to handover the work sites to the contractor in order to start the proposed activities. The health facility management in coordination with the local health authorities have made the necessary plans to assign alternative treatment areas for any new COVID-19 cases, however COVID-19 cases admitted in the facility at the time of intervention will be mobilized to the nearest IU.





Work plan will be prepared in coordination between facility management, contractor and Project Supervision Engineer with timeframe and location of each activity as preparation for the intervention to ensure minimum civil work duration allowing resumption and full operation of the IU with the enhanced capacities.

Civil work areas shall be prepared and handed over to the contractor by the facility management in coordination with the supervision engineer where any medical or non-medical equipment at such areas shall be transported to secured areas under the responsibility of facility management.



Alhazmah IU, Aerial Photo – Google Map

Photos

	
<p>Isolation Unit entrance</p>	<p>Damaged walls tiles</p>
	
<p>Electrical appliances and connections in poor condition and non operational</p>	<p>Several windows and doors need to be provided and installed</p>

2.8 ATAQ ISOLATION UNIT-SHABWAH GOVERNORATE

Description

Ataq Isolation Unit is located in Ataq city, Shabwah governorate to the south of Yemen. Ataq Isolation Unit is operational as COVID-19 treatment center since the start of the pandemic in 2020. The facility is equipped with the necessary equipment and supplies required for patients’ treatment and the YCRP support is part of the WHO and other organizations support to the facility.

Total number of healthcare workers in the Ataq IU are 81 and they are all local civil servants employed by the relevant healthcare authorities. Ataq Isolation Unit consists of multi-story buildings, and the layout of the facility is included below in which the Triage Area, Moderate Cases Area, Severe Cases Area as well as the staff areas are identified. Photos explaining the current condition in some of the IU areas are also included below. The IU is serving all communities in the governorate as well as the surrounding districts.

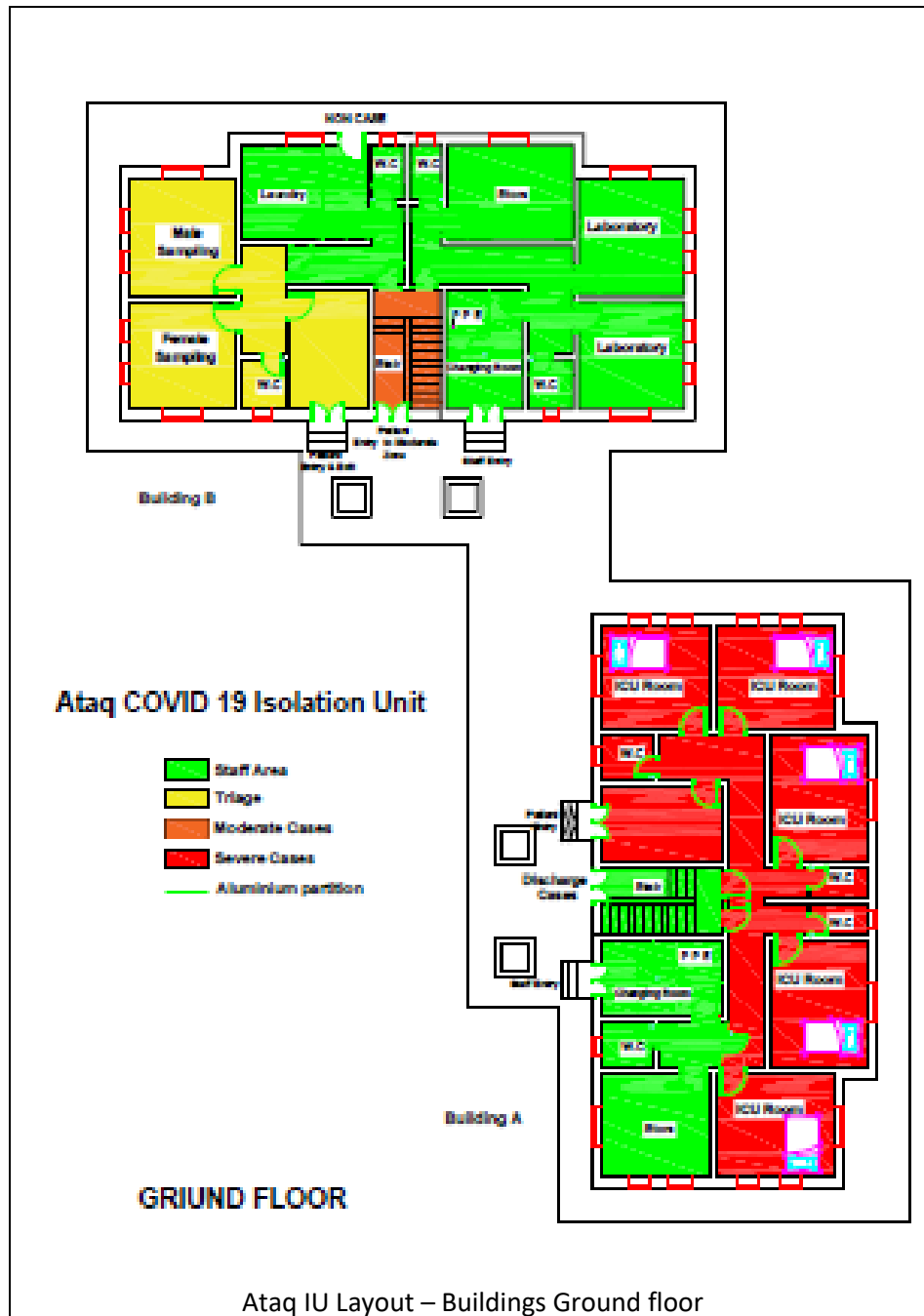
A need assessment conducted between March and April 2021 by Project assigned Engineers in the IU and the assessment results conclude that further improvement is required in term of the triaging capacity, WASH, toilets facilities as well as the overall air conditioning and ventilation system. Such improvement and requirements were discussed and agreed with the facility management and the local healthcare authorities.

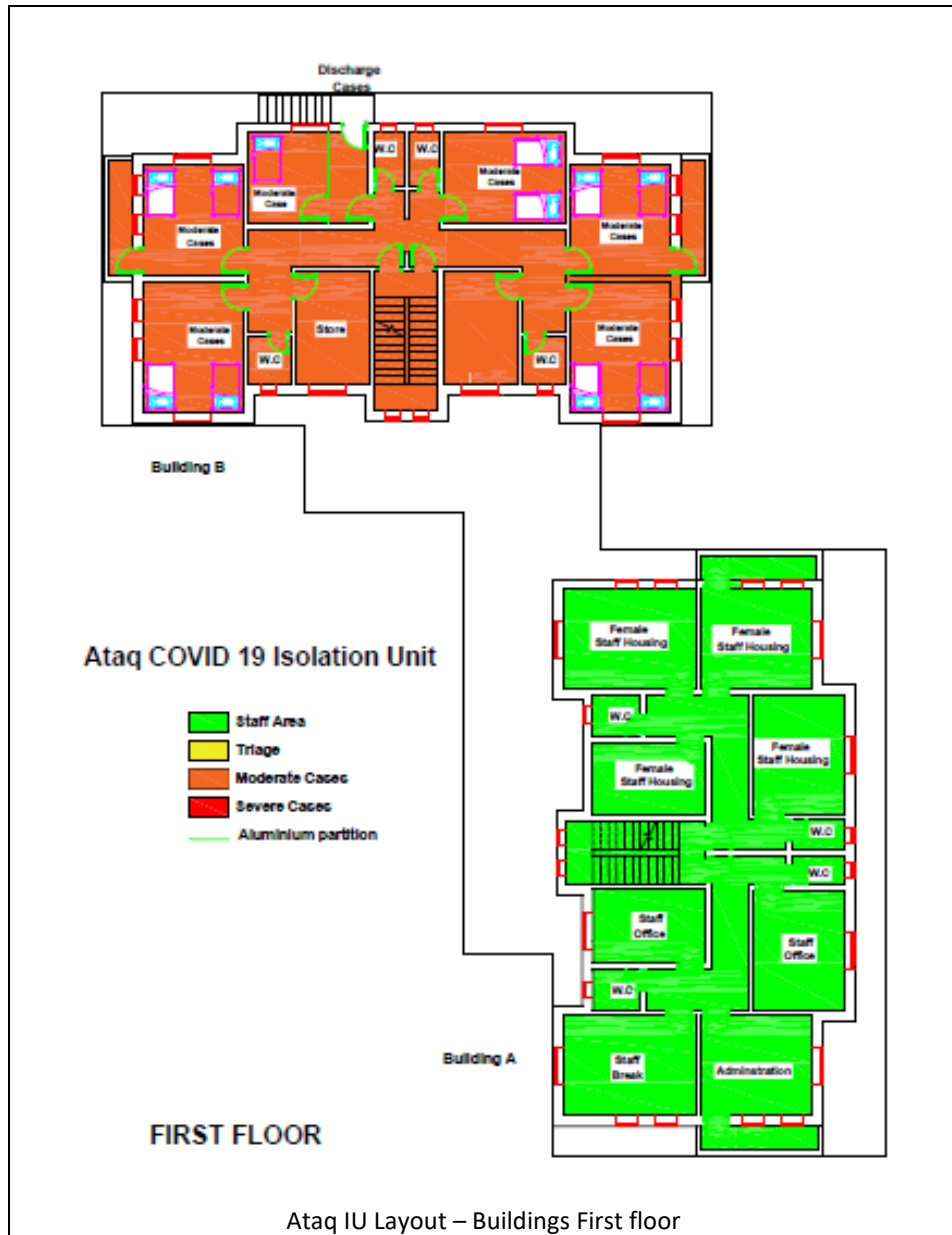
Further consultations conducted recently by the Project with the facility management and local authorities on the planned intervention and the arrangements needed to handover the work sites to the contractor in order to start the proposed activities. The health facility management in coordination with the local health authorities have made the necessary plans to assign alternative treatment areas for any new COVID-19 cases, however COVID-19 cases admitted in the facility at the time of intervention will be mobilized to the nearest IU.

Work plan will be prepared in coordination between facility management, contractor and Project Supervision Engineer with timeframe and location of each activity as preparation for the intervention to ensure minimum civil work duration allowing resumption and full operation of the IU with the enhanced capacities. Civil work areas shall be prepared and handed over to the contractor by the facility management in coordination with the supervision engineer where any medical or non-medical equipment at such areas shall be transported to secured areas under the responsibility of facility management.



Layout





Photos



3. SUBPROJECT ACTIVITIES DESCRIPTION

3.1 TARGETED ISOLATION UNITS AND TYPE OF INTERVENTION

Table 2: TARGETED ISOLATION UNITS AND TYPE OF INTERVENTION

No	Governorate	Isolation Unit Name	Type of Intervention			
			WASH	HVAC	Electrical	Internal Finishing
1	Aldhalea	Aldhalea Isolation Unit	✓	✓	✓	✓
2	Albaydhaa	Alsawmah Isolation Unit	✓	✓	✓	✓
3	Lahi	Alhabilain Isolation Unit	✓	✓	✓	✓
4	Hadhramout	ALFalak Isolation Unit	✓	✓	✓	✓
5	Abyan	Zunjobar Isolation Unit	✓	✓	✓	✓
6	Mareb	Alhazmah Isolation Unit	✓	✓	✓	✓
7	Shabwah	Ataq Isolation Unit	✓	✓	✓	✓

3.2 DESCRIPTION, PLANNING, AND IMPLEMENTATION ARRANGEMENTS

The current condition of the air conditioning, WASH services, Triage and related facilities in the targeted IU as well consultation outcomes, screening, and need assessment clearly concluded that there is a need for immediate intervention to improve the status in the COVID-19 isolation units and to overcome the current challenges and to sustain and improve the overall health service provision in the facilities as well as providing adequate protection for the staff, patients and communities. The right investment of resources and commitment will result in a substantive reduction of disease burden and corresponding savings in health expenditures, this investment will help in improving the overall services in the targeted Isolation Units.

The targeted COVID-19 Isolation Units for rehabilitation are under the MoPHP authority and supported by the YCRP as part of the overall support from WHO. All facilities to be supported by WHO are assessed in term of capacity and adequacy including the compliance to applicable safety requirements. Monitoring of the overall condition in the supported facilities is performed regularly by WHO and the YCRP project to ensure all requirements are met through the WHO monitoring and evaluation team as well as the YCRP TPM.

To determine the needs at each supported Isolation Unit, a detailed assessment has been performed by qualified Engineers assigned from the project side. The assessment process detailed as below:

- Assignment of Engineers from the Project side to conduct the need assessment.
- Site visits by the Engineers to the targeted facilities, determining the needs in coordination and consultation with each facility management.
- Assessment report by the Project engineers and BOQ for each facility determining the current condition and the required interventions prepared.
- Assessment reports, BOQ and design reviewed and approved by the Project WASH team.
- Procurement and contracting process initiated.

The subproject implementation timeframe is detailed in the section 3.3.

The subproject will be implemented by local contractor/s in which the contractors' capacity is being assessed, in term of the technical as well as the environmental and social requirements implementation capacity, following the WHO guidelines during bidding process. Contractors and suppliers working with United Nations (UN) agencies including WHO are obliged to adhere to and comply with the UN Code of Conduct (CoC) which details the standard requirements on: Labor, Human Rights, Environment and Ethical Conduct.

As clarified in the layouts of each IU available in sections 2.2 to 2.8, the targeted COVID-19 Isolation Units for rehabilitation are totally separated from any other healthcare services and there will be no admission of COVID-19 cases during any rehabilitation work at the targeted facilities. Moreover, the patients as well as workers access are also totally separated. Therefore, any rehabilitation work at any areas of the Isolation Units will be performed without the presence of any cases or availability of any healthcare services. The activities

implementation will be arranged in coordination between the IU management, contractor, and supervision engineer. During the subproject implementation where the operation of Isolation Units needs to be suspended, alternative locations for treatment of COVID-19 cases shall be arranged by the relevant healthcare authorities in which such arrangements have been already discussed between Project team and healthcare authorities.

The subproject activities in the Isolation Units will be carried out in stages where the rehabilitation work and workers access are totally separated from any healthcare services. The work activities expect to take around 30 to 50 working days in each Isolation Unit in which the number of workers will vary depends on the implementation stage. The expected maximum number of workers in any working day is 10 workers with limited use of machineries or equipment.

The planned activities in each of the Isolation Units under this subproject are categorized as below:

I. WASH Works

This component includes the water networks refurbishments, sanitation network repair, handwashing basins supply and installation.

- Enhancement of the toilet conditions at the facilities and providing resources for additional toilets.
- Maintenance of the building internal sewage system and treating the blockages of the drainage pipes.
- Maintenance or replacement of plumbing materials and maintenance of the supply and drainage network in damaged and out of service bathrooms.
- Maintenance and rehabilitation of the bathrooms, sinks, water connections as well as the old, damaged drainage network repair where needed.

II. Heating, Ventilation and Air Conditioning (HVAC) Works

Activities planned under this component include the supply, installation, inspection, testing and operation of self-assembled central air conditioning unit with adequate filtration system and environment friendly cooling medium. Such HVAC systems does not include the supply or installation of any oxygen tanks or equipment.

There will be no dismantling of HVAC systems as part of the subproject scope and any dismantling is limited to the existing small size and local air conditioning units, therefore the emission of ozone depletion substances is not anticipated.

The activities include the implementation of electrical or mechanical work necessary for the operation and connection the HVAC units to the targeted premises of the IU. The electrical and mechanical design and requirements for the HVAC units include the provision of necessary safety measures to prevent any malfunction, fires or equipment damage. Suh design requirements include the provision of certified equipment, overload, short circuits and earthing protection for any electrical system associated with the HVAC system.

III. Electrical Works

Maintenance of electrical appliances and connections in the facility, including sockets, lights, and fans. The design and installation requirements for any electrical work include the provision of necessary safety measures to prevent any malfunction, fires or equipment damage including the provision of certified equipment, overload, short circuits and earthing protection.

IV. Internal finishing works

This component includes minor civil work and installation of aluminum walls, and metallic doors as well as painting works, ceiling, tiles work, aluminum partition of areas and internal finishing.

- Treatment of cracks and leaks in walls, ceilings, and around windows.
- Renewal of the paint that affected by moisture in the toilets and other IU premises.
- Replacement or repair of doors and windows where necessary.
- Installation of aluminum partition for triage purposes.
- Maintenance of laundries, sinks, and laboratory facilities, x-rays, and clinic rooms.

Once completed the contractor at each facility will be responsible for the initial operation and startup of the HVAC system and will be responsible for the training to the workers in the healthcare facilities on the appropriate operation and maintenance. **Other than that, the contractor is responsible for:**

- Provide all equipment catalogs and have the same specifications mentioned, not in general, and provide all the documents for the manufacturer and country of origin.
- Provide a guarantee of operating the equipment for a period of two years from the start of operation in the event of any factory technical failure.
- Provide a guarantee for the provision of equipment spare parts within ten years after the supply, installation, and commissioning process.
- Training the technical staff assigned by the beneficiary on the process of operating and dealing with equipment and periodic maintenance of the equipment.
- Submitting supervising samples before supplying them for conformity and approving them in writing by the supervision engineer.

3.3 SUBPROJECT ENVIRONMENTAL AND SOCIAL ACTIVITIES TIMEFRAME

Table 3: SUBPROJECT ENVIRONMENTAL AND SOCIAL ACTIVITIES TIMEFRAME

No	Activity	COVID-19 Isolation Units Rehabilitation											
		Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022		
1	Site visits and data collection for each facility.	█	█	█	█								
2	Consultation, and communication with the stakeholders at each facility under the subproject on the intervention details, risks and mitigations	█	█	█	█	█							
3	Activities assessment based on the nature/scope of work, environmental and social risks and impacts identification.		█	█	█	█							
4	ESMP preparation and submission for WB clearance, 3 versions submitted.			█	█	█	█						
5	Rehabilitation activities and civil work implementation						█	█	█	█	█		
6	Environmental and social requirements implementation during rehabilitation and civil work activities						█	█	█	█	█		
7	Monitoring and evaluation of the environmental and social performance and applying corrective /preventive measures where needed						█	█	█	█	█		
8	Stakeholder engagement activities during and after the subproject implementation								█	█	█	█	

4. INSTITUTIONAL ARRANGEMENTS

4.1 YCRP ORGANIZATION

The Project Management Unit (PMU) within the WHO is responsible for the overall implementation of the YCRP activities in Yemen in close coordination with the World Bank.

Environmental and Social team within the PMU is responsible for ensuring the Environmental and Social requirements are well addressed and implemented and this team consists of: Environmental and Social Safeguards officers, Gender Based Violence (GBV) officer and Grievance Mechanism (GM) Officer. On the other hand, the WASH team within the PMU is responsible for implementing the WASH interventions at the supported facilities including the preparation of necessary layouts, design and requirements as well as maintaining the necessary coordination with the MoPHP authorities and WB WASH team.

4.2 ROLES AND RESPONSIBILITIES

Table 4: ROLES AND RESPONSIBILITIES

Entity / Position	Responsibilities
PMU WASH Team	<ol style="list-style-type: none"> 1. Responsible for the preparation/review of the design, documentations, bill of quantities and contracting arrangement for the subproject. 2. Responsible for following up of the subproject implementation activities as per the proposed design and timeframe and to ensure adequate cooperation with the official MoPHP and facilities authorities. 3. Closely following up the onsite implementation and maintaining the coordination with the Supervision Engineers.
Supervision Engineer	<ol style="list-style-type: none"> 1. Assigned from the PMU side (1 Supervision Engineer in each work site) included within this subproject scope) and they will be responsible for activities implementation follow up and to ensure the work performed by the contractor is in line with the proposed design and the necessary environmental and social requirements are adequately addressed. 2. Regular reporting to the PMU shall be maintained by the Supervision Engineer on the subproject implementation status as well as the level of compliance to the environmental and social requirements detailed in this plan. Annex 4 compliance report shall be prepared and filled in weekly basis based on the sites' observations. 3. The Supervision Engineer, in collaboration with the facility and MoPHP official authorities, will be responsible for sites hand over to/from the contractor upon the work start/completion.
PMU Environmental and Social Safeguards Officers	<p>Will oversee the environmental and social requirements implementation as stated in the YCRP project environmental and social instruments and the present ESMP during the various implementation stages of this intervention.</p> <p>Responsible for the implementation of communication and stakeholder engagement activities related to this subproject as well as performing visits to the subproject sites to verify compliance where needed</p> <p>Review the regular environmental and social compliance reports, as per the annex 4 template, that will be issued by onsite engineers. Evaluate the findings and issue the recommended corrective or preventive actions.</p> <p>Responsible for the overall GM process ensuring all related grievances are recorded, followed up and resolved accordingly during the civil work as well as during the Projects lifetime.</p>
PMU GBV Officer	<p>Responsible for the implementation of the GBV requirements as stated in this plan in addition to follow up, address and resolve any GBV issues during the civil work as well as during the Project lifetime.</p>
Contractor	<ol style="list-style-type: none"> 1. Responsible for onsite implementation of the Environmental and Social requirements in compliance with the contract and the ESMP as well as the applicable rules and regulations. 2. The contractor shall ensure all workers involved in the subproject implementation are trained and covered with insurance for any work-related injuries or incidents.

Entity / Position	Responsibilities
Contractor ESHS focal point	<ol style="list-style-type: none"> 1. ESHS officer assigned by contractor for each site is responsible for following up closely the activities onsite and to ensure adequate protection for the Environment, Assets, Communities, and Workers from any adverse impact that might be resulted from activities implementation. 2. Daily follow up for the implementation of mitigation measures detailed in this plan and specifically the 7.3 and annex 4 requirements. 3. Responsible for conducting awareness and training to subproject workers on the Occupational Health and Safety (OHS), Waste Management and other Environmental and Social Safeguards requirements.
Healthcare Authorities /Isolation Unit Management	<ol style="list-style-type: none"> 1. Site handover to the contractor ensuring no equipment, supplies at the targeted areas. 2. Preparing and coordinate the work plans with the contract and Supervision Engineer. 3. Ensuring work activities implemented are in line with the proposed specifications and requirements.

5. COMMUNICATION AND CONSULTATION

5.1 STAKEHOLDER ENGAGEMENT

A stakeholder engagement mechanism in the form of the Stakeholders Engagement Plan (SEP) has been developed for the project. Main stakeholders have been identified in the SEP and the need for their engagement throughout the project cycle has been outlined. The SEP detailed the communicating methods including meetings, interviews, communication materials. The project specific Grievance Mechanism has also been detailed out, see also the section on GM below.

During the subproject preparation and design phase, the proposed activities and implementation arrangements have been discussed, communicated, and agreed with the MoPHP and each facility management.

The communication and consultation on the proposed components of this intervention have been discussed with the facilities management, healthcare workers and beneficiaries. The risks associated with the civil work activities, proposed mitigations and Project Grievance Mechanism channels were introduced during such consultations by the Project engineers at each facility with the support and coordination from the Project Environmental and Social team.

Details of the personnel involved from each facility, subjects discussed, concerns raised are described in annex 2 for each Isolation Unit. In total 58 pax, 41 males and 17 females, were involved in the consultation process and the majority are officials, healthcare workers and management of the IU taking in consideration that no visitors are present in the Isolation Units and the targeted facilities are in distance from any communities.

Summary of the main consultation outcomes are below:

- The proposed intervention is recommended and important as long-term investment that will allow full operation of the IUs with enhanced capacities.
- Standard Infection prevention and control practices need to be implemented by the contractor workers including full adherence to PPE requirements.
- Workers implementing the works need to be complied with the necessary PPE based on the nature of the tasks.
- Workers involved in the rehabilitation need adequate awareness on infection prevention and control and COVID-19 measures.
- The importance of arranging all logistics, manpower, materials and any other requirements from the contractor side prior starting any activities to reduce the implementation timeframe.
- All targeted areas where work activities are planned need to be emptied, free of any patients and handed over to the contractor in due time and therefore proper arrangement is needed between the facility management and contractors.
- Some IUs are lacking ICU (intensive Care Units) facilities and with the planned rehabilitation such essential facilities can be operated.

The requirements and mitigations indicated in this plan have been addressed by the Project team with the official authorities. Moreover, this ESMP will be discussed in detail between the contractors, Project teams as well as the facilities management.

Additional communication with the involved parties during subproject implementation will be maintained by the Project team to ensure safe and smooth implementation of the subproject components. YCRP team will maintain the necessary arrangements with contractor, Engineers onsite, MoPHP and facility authorities to follow up closely the activities implementation as per the proposed design taking in consideration the environmental and social and mitigation requirements indicated in this plan as well as the YCRP ESMF. Activities implementation status at each facility will be detailed in weekly progress report issued by the supervision engineer, such report includes but not limited to the details of work implemented, challenges and non-compliances, if any. The compliance status to the environmental and social requirements will be documented as per the report template available in annex 04 which shall be issued in weekly basis by the supervision engineers based on the site inspection and monitoring. Any incompliances, challenges, or

improvement required as determined or included in such progress reports are handled by the Project team (WASH or environmental and social) and addressed accordingly with the contractors and/or healthcare authorities to ensure the work continuity as per the needed quality and requirements.

5.2 INFORMATION DISCLOSURE

The WHO website <http://www.emro.who.int/yemen/information-resources/yemen-covid-19-response-project.html> is being used to disclose project documents, including those on environmental and social.

This ESMP will be translated to Arabic, both Arabic and English versions will be disclosed and communicated to all involved parties to ensure all requirements as well as the level of responsibilities are addressed accordingly.

5.3 GRIEVANCE MECHANISM

Introduction

The main objective of a Grievance Mechanism GM is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties as defined in the YCRP SEP. Specifically, it provides a transparent and credible process for fair, effective, and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions.

The subproject will be implemented by WHO under the YCRP and the YCRP GM channels have been previously disseminated and circulated via several means including the social media channels and posts at the supported facilities. Those channels will be made available to receive any complaints or requests related to the proposed intervention in each site as detailed in section 5.3. The GM channels will be posted by the contractor and visible around the subproject sites and will be communicated regularly through the social media. In addition, regular communication with stakeholders will be maintained and will include the GM channels dissemination.

Contractor at each work site shall establish his own GM system to undertake the primary responsibility for staff grievances and appropriate mechanism shall be provided by each contractor. Work-place grievances should be addressed by the contractor in a timely manner and the Supervision Engineer in each site shall verify the implementation of this requirement and to report to PMU team any deviations or findings.

Grievances Management

The project's GM channels detailed hereafter are managed by the Project's GM officer who is responsible for following up the grievances received and ensure adequate follow-up and closure of all grievances. The grievances based on the nature are referred then to relevant officer within the organization while the unsolved complaints are escalated to the project management level (or WHO management level) as appropriate.

The Project GM is accessible to a broad range of stakeholders who are likely to be affected directly or indirectly by the Project including this intervention. These include beneficiaries, community members, project implementers/contractor, civil society, media—all of whom will be encouraged to refer their grievances and feedback to the GM. All stakeholders could submit their comments or grievances anonymously through the toll-free number, email, or through the WhatsApp/SMS messages. They also could request that their name be kept confidential.

The grievance received are recorded within one day, while the timeframe for redress depends on the nature of the grievance. However, health and safety concerns in work environment or any other urgent issues are addressed immediately. The complainant has the right and can appeal by reopening the grievance in the system if she/he is not satisfied with the resolution. Further consultation might be needed with the complainant to consider her/his suggestions of the mitigation measures that might help.

GM process is detailed in the following chart:



Meanwhile, the Supervision Engineer onsite will be responsible for handling and raising any related grievances to the YCRP GM officer.

Table 5: GM channels

YCRP - GM channels	
Toll free number	8000844
Email	yemgrmcorvid19@who.int
WhatsApp / SMS	776999014

SEA/SH Grievances

Sexual Exploitation and Abuse Sexual Harassment (SEA/SH) related grievances that received through the Project GM channels detailed above and related to the proposed intervention will be handled by the YCRP GBV officer with strict confidentiality in accordance with the Good Practice Note on Addressing Sexual Exploitation and Abuse in World Bank-Financed Project ⁴ as well as the applicable WHO guidelines. This will include referrals to GBV service providers, if the survivor approves, to support as appropriate. Further to this the Accountability and Response protocol would describe in more details the steps to be taken when a case of GBV is reported, the Resolution Mechanism, who to notify internally for case accountability procedures, confidentiality requirements for dealing with cases. It will also detail the mechanisms to hold accountable alleged perpetrators associated to the project, including disciplinary action for violation of the CoC by workers.

Relevant training has been provided to the Project GM focal points on the GBV SEA/SH grievances appropriate handling method as well as the referral channels. This included training on how to collect SEA/SH cases confidentially and empathetically (with no judgement). The guidelines on how to address SEA/SH grievances in accordance with Good Practice Note on Addressing Sexual Exploitation and Abuse in World Bank-Financed Projects are integrated in the training provided for any focal points that are part of the SEA/SH grievances mechanism and resolution mechanism.

WHO's fundamental principles of integrity, accountability, independence, impartiality, respect, and professional commitment are documented in the Code of Ethics and Professional Conduct. WHO has no tolerance for physical violence and sexual harassment and has clear guidelines and recourses for its staff and collaborators to make available reporting and protection mechanisms and address any acts of physical violence and sexual harassment. The objective of this policy is to address the behavior of WHO staff and collaborators towards third parties and to protect vulnerable populations in the countries that WHO serves from sexual exploitation and abuse at the hands of WHO staff and collaborators in order to ensure the integrity of WHO's activities.

WHO makes available channels to facilitate the reporting of such violations, giving priority to SEA, and is committed to ensuring prompt and effective response to SEA reports (i.e. investigate and sanction as appropriate), not retaliating and defending/protecting staff who come forward. In addition, WHO is committed to acting to prevent SEA from occurring in the first place by putting in place a communication and raising awareness plan, and monitoring/tracking information concerning SEA.

Any suspect misconduct or SEA issues could be reported by the staff or beneficiaries to WHO's [Integrity Hotline](#) which facilitates the reporting across the Organization. It is an independent service which takes in reports in confidence and, where warranted, **anonymously**. A [web intake form](#) and an email address (ethicsoffice@who.int) are available to report SEA issues and it will be dealt as a priority, and WHO's relevant Regional Directors and the Director-General will be informed immediately upon receipt of such a report.⁵

⁴ [Good Practice Note – Addressing SEA/SH in World Bank Financed Projects](#)

⁵ [WHO Sexual Exploitation and Abuse Prevention and Response, Policy and procedures, March 2017](#)

6. ENVIRONMENTAL AND SOCIAL MANAGEMENT AT SUBPROJECT SITES

6.1 INTRODUCTION

In general, the planned subproject activities within the COVID-19 Isolation Units under the authority of MoPHP will have positive Environmental and Social Impacts as it will enhance the overall services within the IU so safe and adequate treatment condition will be assured. Additionally, the health services provision to the communities will be sustained and there will be no suspension resulted from any disruption due to the improper ventilation, lack of WASH facilities, unavailability of triage premises or due to any potential damage of the facilities infrastructure.

This section, however, details the adverse or positive potential impacts of the subproject during the implementation stages in addition to the applicable mitigation measures. The potential adverse impacts expected to be site based, localized and with temporary Environmental and Social effect. Screening of subproject activities as per the requirements of YCRP ESMF has been performed and the screening form is available in the annex 1.

The activities implementation needs to be arranged in coordination between the HF management, contractor, and supervision engineer. During the subproject implementation where the operation of Isolation Units needs to be suspended, alternative locations for treatment of COVID-19 cases shall be arranged by the relevant health authorities.

Contractor shall implement all safeguards requirements as included in this plan and any other project documents by qualified and trained personnel in addition to provide the necessary training where required. Any violations to the Project environmental and social requirements during the implementation various stages will lead to penalties against the contractor as per the WHO guidelines. In addition, the [WB General EHS guidelines](#) is applicable for this subproject in which all requirements detailed shall be implemented during the various stages of the subproject.

Contractor shall control the whole subproject areas to ensure safe working environment to the workers as well as to limit any adverse impact resulted from the subproject activities on the health service provision within the facility. Contractor shall prepare and post widely at the work areas the necessary guidelines, posters, Personal Protective Equipment (PPE) requirements, and barriers to prevent any unauthorized entry to the work areas. Labor camps will not be established nor included in the IU vicinities and the contractor workers are expected to spend only the daily working hours at the facility and then back to their living premises in the neighboring cities.

Once the subproject activities and rehabilitation work completed, the IUs will be operated by the MoPHP authorities and the YCRP support to these facilities will be continued as part of the overall support from WHO. The risks and impacts associated with the operation of the supported Isolation Units as well as the applicable and necessary mitigation measures are included in the YCRP ESMF, ICMWMP, LMP and SEP in which such requirements shall be maintained during the Project lifetime.

Risks and impacts associated with the IU operation include but not limited to the COVID-19 infection, equipment malfunction, improper waste management life and fire safety risks. Applicable and necessary mitigation measures need to be applied to reduce the impacts of such risks are included in the Project ESMF and example of such include:

- Strengthen communication and coordination with the relevant healthcare authorities to ensure appropriate operation of the IU supported by the WHO/YCRP.
- Monitoring of the overall condition at the IU by the WHO/YCRP where the necessary corrective actions need to be implemented.
- Appropriate medical waste management at the IU following the applicable rules and regulations.

- Regular training by the WHO and YCRP to the workers involved in the operation of the IUs.
- Provision of the required PPE and waste management supplies to the supported Isolation Units and ensure compliance.

6.2 SUBPROJECT POTENTIAL RISKS AND IMPACTS

Water and Landscaping

Potential impact on water and landscaping might be resulted from the civil work activities as a result of poor waste management and disposal, inappropriate storage or handling of the hazardous substances as well as if the civil work materials are sourced from unauthorized quarries. The magnitude and impact of such is expected to be low and with the implementation of necessary mitigations such impacts will be avoided.

Mitigations required includes that the contractor shall ensure all materials that will be used in the subproject implementation are sourced from authorized quarries and this to be verified by supervision engineer. Usage of explosives, child or forced labor is prohibited to source any of the civil work materials.

Solid waste generated from the subproject sites will be considered as domestic solid waste and construction waste. Waste from toilets rehabilitation will be resulted from bricks, tiles replacements, water and wastewater networks pipes. This waste will be disposed in the city municipality as a regular construction waste and contractor to take the necessary precautions prior and after the rehabilitation.

Wastewater that is generated from the civil work activities may cause soil/water contamination when it is not properly managed. The contractor therefore shall not discharge any hazardous substances (which are expected to be in small quantities) including the painting waste, oil, or hydrocarbons to the sewage networks in which such waste shall be segregated, collected, reused, recycled, or disposed as per the applicable regulations and procedures.

In areas where temporary latrines need to be installed, location shall be adequately determined in coordination with the facility management and supervision engineer. Appropriate water supply and sewage containers need to be provided. Generated wastewater shall be collected in enclosed well insulated containers and disposed in the nearest public sewage network taking in consideration the implementation of necessary mitigation measures in coordination with the facility management and supervision engineer. Contractor is responsible for the decommissioning of any installed latrines and any other associated logistics ensuring the site is returned to its original condition.

Contractor, Supervision Engineer, and official authorities within the facility will need to follow up closely the implementation of waste management process and disposal according to the applicable rules and regulations. In addition to reduce the waste generation to the possible extent and to ensure all waste is properly segregated, collected, reused, recycled, or disposed.

Waste management guideline is available in annex 3 for the contractor to ensure appropriate waste management in the subproject sites.

Air Quality

The potential impact on air quality might be resulted during the civil work from the generated dusts from different site activities such as concrete work, cleaning, paint removal ... etc. The generated dust might impact the health of workers involved in the subproject implementation. Although painting work is limited, the emitted volatile components might cause irritation to eye and respiratory system of the workers. Such impacts expected to be limited with low magnitude and effect.

Taking in consideration that the dust generation activities are limited to the Isolation Units' buildings paint or tiles/blocks removal. Additionally, such activities will be implemented manually with limited or no use of machineries. Therefore, the mitigation measures required to avoid impacts on air quality are to reduce the

dust generation during civil work by spraying water in addition to install barriers or mechanical ventilation devices around the civil work areas to avoid any emissions to the other occupied areas. Additionally, provision of the necessary Personal Protective Equipment PPE to the workers with enforcement of compliance as well as regularly conducting the appropriate training and supervision.

The generation of Green House Gases emission from the fuel combustion and the other volatile organic compounds are expected to be low with neglected impacts. Meanwhile, the contractor shall provide low fuel consumption equipment and ensure integrity by performing the regular inspection or maintenance for the fuel driven engines. Usage of renewable energy supply sources is recommended and to be implemented by the contractor where feasible. Usage of environmentally friendly and low hazardous effect substances is required for all subproject activities and shall be strictly implemented by the contractors.

Air quality at the subproject areas will be visually assessed and monitored through evaluation the emitted dust, particulate matters and the affected areas by the Supervision Engineer as well as the contractor ESHS officer.

Natural habitats; Flora and Fauna

The subproject activities are limited to the boundary of existing COVID-19 Isolation Units buildings under the authority of MoPHP where no natural habitats, flora or fauna exist.

Noise and visual impacts

The different activities will be implemented during the civil work will potentially have noise and visual impact risks. This could be resulted from concrete work, blocks or paints removal and the building activities in which such activities are limited in time as well as the noise generated level. Impact and magnitude resulted expected to be low and contained within the civil work area with neglected impact on the healthcare services (as the civil works areas will be totally isolated from the healthcare service provision areas).

To reduce the impacts of noise on the workers involved in subproject implementation, the contractor shall ensure the integrity of provided tools (adequate selection of equipment), implement engineering control to reduce noise level in addition to provide workers with ear protection equipment where needed. Strict supervision from the contractor side as well as the supervision engineer is required to ensure compliance. Time and work duration of noise generation activities shall be reduced to the minimum, so the human exposure risk is limited.

The Recommended Exposure Limits for noise is 85 decibels, using the A-weighting frequency response (often written as dBA) over an 8-hour average, usually referred to as Time-Weighted Average. Exposures at or above this level are considered hazardous. Occupational standards specify a maximum allowable daily noise dose, expressed in percentages. For example, a person exposed to 85 dBA per over an 8-hour work shift, will reach 100% of their daily noise dose. The noise dose is based on both the sound exposure level and how long it lasts (duration) so for each increase or 3 decibels in noise levels, the duration of the exposure should be cut in half (this is what's referred to as exchange rates in standards). The following table illustrates the relationship between sound exposure levels and durations:

Time to reach 100% noise dose	Exposure level
8 hours	85 dBA
4 hours	88 dBA
2 hours	91 dBA
1 hour	94 dBA
30 minutes	97 dBA
15 minutes	100 dBA

Archeology and Cultural Heritage

The subproject will be implemented within the boundary and vicinity of existing COVID-19 Isolation Units buildings under the authority of MoPHP in which they are not considered as archeological or cultural heritage area, therefore no impact is expected on this component. Meanwhile contractor shall ensure all materials used in the subproject implementation are sourced from authorized quarries and this to be verified by supervision engineer.

Transportation and Vehicle Movements

The vehicles movement is limited to the transportation of materials from/to civil work areas; therefore, the impact and magnitude of such risks is low. Vehicles movement when occurs the following measures at minimum shall be implemented where applicable:

- Dedicated routes for the movement of vehicles.
- Maximum allowable speed in the subproject work areas is 30 kilometers per hour.
- Trained and qualified vehicles drivers.
- Movement within the facilities yards needs to be always guided by banks man for signaling.
- Regular checks and inspections for the vehicles or equipment to confirm the integrity, records to be kept available for any inspection by the project team.
- Reduction of any route closure times, if any, and considering the health service provision as priority.
- Any alternative routes shall be provided with adequate lighting and signage.

Occupational Health and Safety

Occupational health and safety risks might affect the contractors' workers if the necessary safeguards are not well implemented. Those risks are associated with the: painting work, vehicles movement, work at height, electrical or mechanical works, cementing, and the other civil works within the subproject scope.

The magnitude and impact of those risks are expected to be low, and this is subjected to the implementation of necessary mitigations such as: activities risk assessment by the contractor, provision of the necessary PPE and training, adequate supervision, installing of barriers around the civil work areas, adequate lighting, and ventilation, correcting and reporting the unsafe condition within the subproject site. Workers who are required to handle corrosive, oxidizing, or reactive substances should be provided with specialized training and provided with, and wear, appropriate PPE (gloves, apron, splash suits, face shield or goggles, etc).” Moreover, civil work areas shall be kept free of obstacles with adequately storage of materials and equipment.

Guideline on the recommended PPE at the work site with the frequency of change is available in the below table. However, the exact type, replacement frequency as well as any other requirements need to be assessed onsite based on the task nature, associated hazard as well as level of risk and impact.

COVID-19 infection transmission among the workers could be resulted and the contractor will be responsible for providing the necessary PPE, handwashing facilities, disinfectants as well as implementing any other infection prevention and control measures. Contractor in other hand shall ensure all workers onsite are fit, not developing any COVID-19 symptoms, and provided with the necessary awareness, training, and communication in regular basis.

Where facility toilets can be used for contractor workers in the same work area and away from any healthcare activities, it shall be agreed in coordination with the facility management and the contractor is responsible for providing all necessary logistics.

Objective	Associated Hazards	Recommended PPE	Replacement Frequency Examples
Eye and face protection	Flying objects, molten metal, liquid chemicals, gases or vapors, light heat radiation.	Safety glasses, safety goggles, face shields, etc.	Damage, broken parts, splash, scratches, lack of visibility etc.
Head protection	Falling objects, inadequate height clearance, and overhead power cords.	Helmets	Visible damage or break, shelf life, excessive exposure to dirt, etc.
Hearing protection	Noise	Ear plugs or earmuff, based on the required noise reduction level	Based on the protection type (single or multiple use), visible damage etc.
Foot protection	Falling or rolling objects, pointed objects. Corrosive or hot liquids.	Safety shoes and boots for protection against moving & falling objects, liquids and chemicals.	Visible damage, torn, liquid penetration, etc.
Hand protection	Hazardous substances, sharp objects, cuts or lacerations, vibrations, extreme temperatures.	Gloves made of rubber or synthetic materials (Neoprene), leather, steel, insulating materials, etc.	Based on the type (single or multiple use), visible damage, torn, dust accumulation, etc.
Respiratory protection	Dust, fogs, fumes, mists, gases, smokes, vapors.	Facemasks with appropriate filters for dust removal and air purification (chemicals, mists, vapors and gases).	According to the protection equipment type, manufacturer instruction, visible damage, defect, breathing difficulty, etc.

In areas where temporary latrines need to be installed, location shall be adequately determined in coordination with the facility management and supervision engineer. Appropriate water supply and sewage containers need to be provided. Generated wastewater shall be collected and disposed in the nearest public sewage network taking in consideration the implementation of necessary mitigation measures in coordination with the facility management and supervision engineer. Contractor is responsible for the decommissioning of any installed latrines and any other associated logistics ensuring the site is returned to its original condition.

During civil work, the contractor workers shall not be exposed to any medical or infectious waste generated in the facility. Such waste shall be removed from the work areas prior handing over the sites to the contractor.

Work areas shall be entirely separated from any healthcare services within the facility and the contractor shall ensure all workers involved in the subproject implementation are covered with insurance for any work-related injuries or incidents.

Community Health and Safety

In general, the subproject implementation will cause positive impact on the community as it will enhance the overall condition in the Isolation Units for appropriate treatment of COVID-19 cases and ensure sustainable healthcare services through the facility.

In other hand, some negative impacts might be resulted from the implemented activities such as dust, noise, vehicle movements and disturbing temporarily the healthcare services and potentially can affect the health and safety of communities or healthcare workers. Movement restriction in some areas might be resulted as well and there will be a need for alternative routes provision. Therefore, all work areas shall be controlled, provided with physical barriers, sufficient lighting during night, and clear signs/ instructions to avoid any unauthorized entry. Additionally, the stakeholder engagement activities to cover such issues and availability of GM channels to address any community concerns.

To ensure the reliability and integrity of subproject implemented activities, the design and installation requirements for any electrical or mechanical work include the provision of necessary safety measures to prevent any malfunction, fires or equipment damage including the provision of certified equipment, overload, short circuits, and earthing protection. Contractor shall carryout the necessary tests for any

equipment or system implemented under the subproject and in particularly the electrical systems prior handing over to the responsible authorities.

Employment Opportunities

Employment opportunities will be generated to the local society from the activities' implementation. This will have a positive impact on society' economic especially with the current crisis in the country whereas limited private sector employment opportunities and irregular salary payment to the governmental workers.

Labor

All project workers are expected to be local and from the same communities. The expected maximum number of workers in any working day at each site is 10 workers. The use of forced labor or child labor to carry out any activities is prohibited in the project. Labor risks including forced labor and child labor, are not expected or with low magnitude and impacts. Also, as a mitigation measure for labor risks, the contractual requirements are existed on prevention forced and child labor. In addition to other labor requirements including wages and OHS. The project also conducts an awareness session for contractors to brief them of the Environmental and Social safeguards of the project and GBV.

Contractor at each work site shall establish his own GM system to undertake the primary responsibility for staff grievances and appropriate mechanism shall be provided by each contractor. Work-place grievances should be addressed by the contractor in a timely manner and the Supervision Engineer in each site shall verify the implementation of this requirement and to report to PMU team any deviations or findings.

The contractors require to:

- Ensure that the labor requirements are communicated to their employees, and affiliated entities as well as any subcontractors, and that it is done in the local language and in a manner that is understood by all.
- Monitor, keep records and report on terms and conditions related to labor management, including specific aspects relating to COVID-19.
- Provide workers with evidence of all payments made, including benefits and any valid deductions.
- Ensuring there is a health and safety focal point, responsible for monitoring OHS issues and COVID19 prevention and any cases of the virus.
- Keep records regarding labor conditions and workers engaged under the Project, including contracts, registry of induction of workers including Code of Conduct, hours worked, remuneration and deductions (including overtime).
- Record safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, etc.);
- Obtaining confirmation/ verification from the workers of their age; and where there is any reasonable doubt as to the age of the workers, requesting and reviewing available documents to verify worker situation and age (such as a birth certificate, national identification card, medical or school record, or other document or community verification demonstrating document).
- Labor register to be maintained and updated by contractor to include necessary information as well as labors' age with copy of official documents.
- Training/induction dates, number of trainees, and topics.
- Insurance for workers against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.
- Details of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken. Grievances listed should include those received since the preceding report and those that were unresolved at the time of that report; and
- Sign the Manager's Code of Conduct and/or the Individual Code of Conduct, as applicable.
- The contractor must arrange with relevant parties of the safety of his workers.

Laborers' screening and age verification (with official documents or ID) shall be conducted at work site by the Supervision Engineer and to stop/report any observed deviations.

Reporting on fatalities and serious incidents: The contractors are responsible to report to the project PMU/WHO (and to WB) in case of fatalities and serious incidents within 24-48 hours.

GBV and SEA/SH

Gender Based Violence GBV, SEA and SH are not expected or with low magnitude and impacts and as mitigation measures, the contractual requirements are existing on prevention mitigation of GBV SEA/SH. The contractors require to sign the Manager's Code of Conduct and/or the Individual Code of Conduct, as applicable. The project also conducts an awareness session for contractors to brief them of GBV SEA/SH prevention and mitigation measures.

6.3 ENVIRONMENTAL AND SOCIAL RISK ASSESSMENT AND MITIGATIONS

No	Environmental/ Social Aspect	Potential Impact	Significance	Risk Response and Mitigation Measures	Responsibilities	
					Implementation	Monitoring
1	Water and Landscaping	Soil contamination Improper waste management and disposal Human health and safety	Low Low Low	<ul style="list-style-type: none"> • Implementation of waste management process and disposal according to the projects’ requirements and the applicable rules and regulations using the annex 3 requirements as guideline for waste collection, segregation, and disposal. • Waste shall be transported to authorized and licensed landfill or dump site which is designated by the city municipality. • Reduction of the waste generation to the possible extent and to ensure all waste is properly segregated, recycled, reused, or disposed. • Eliminate any waste disposal to the water ways or within the health facility boundary. • Contractor to assign of dedicated waste collection team provided with the necessary training and Personal Protective Equipment PPE. • Dedicated waste collection area shall be arranged by the contractor and to include adequate number of well insulated bins for each type of waste. • Waste segregation at sources and the waste collection outside the hospital yards shall be performed at least twice a day to avoid any waste cumulation within the hospital. • Work areas shall be kept free of any debris, scattered litters, or any type of waste at any point of time. • Wastewater resulted from the civil work activities shall be collected in an insulated tank and disposed in authorized locations. • Secondary containments shall be provided for hazardous substances, fuel, or hydrocarbons storage to contain any potential leak. Their storage area shall be well insulated from the ground. • All types of wastes shall be well stored and away from potential runoff zones. • Oil changing, mixing of concrete, chemicals etc shall be performed in designated insulated sites. • Ensure the availability of spill prevention kits near any hydrocarbon or hazardous substance storage. • Ensure no leak from any hazardous substances at the subproject areas. • Where practicable, avoiding or minimizing the use of hazardous materials. For example, non-hazardous materials have been found to substitute PCBs in electrical equipment. 	Contractor	Supervision Engineer (Daily) / Contractor ESHS Officer (Daily) / TPM (Spot check)

No	Environmental/ Social Aspect	Potential Impact	Significance	Risk Response and Mitigation Measures	Responsibilities	
					Implementation	Monitoring
2	Air Quality	Human health impacts from generated dust, climate change	Low	<ul style="list-style-type: none"> • Spraying water regularly in an efficient matter to avoid wasting water to reduce dust generation. • Provision of mechanical ventilators around the civil work areas to avoid any emissions to the other premises and to protect workers. • Provision of the necessary PPE to the workers as well as regularly conducting the appropriate training and supervision. • Adequate storage of the painting and hazardous substances shall be provided • Use of low fuel consumption equipment with regular inspection or maintenance to ensure integrity • Usage of renewable energy supply sources is recommended and to be implemented by the contractor where feasible. 	Contractor	Supervision Engineer (Daily) / Contractor ESHS Officer (Daily) / TPM (Spot check)
3	Natural habitats; Flora and Fauna	NA	NA	NA	NA	NA
4	Noise and visual impacts	Nuisance environment and workers injury	Low	<ul style="list-style-type: none"> • Usage of noise reduction tools and equipment. • Ensure proper maintenance of equipment • Civil work areas to be totally isolated from the healthcare services area, if any. • Contractor shall ensure the integrity of equipment and the provision of PPE to the workers where the generated noise is above 85 decibels. 	Contractor	Supervision Engineer (Daily)/Contractor ESHS Officer (Daily)/TPM
5	Archeology and Cultural Heritage	NA	NA	NA	NA	NA
6	Transportation and Vehicles Movement	Personal injuries Damage to the assets or equipment Air emission and Climate change	Low	<ul style="list-style-type: none"> • Dedicated routes for the movement of vehicles. • Trained and qualified vehicles drivers. • Maximum allowable speed in the subproject work areas is 30 kilometers per hour. • Movement within the facilities yards needs to be always guided by banks man for signaling. • Regular checks and inspections for the vehicles or equipment to confirm the integrity, records to be kept available for any inspection by the project team. • Reduction of any route closure times, if any, and considering the health service provision as priority. • Any alternative routes shall be provided with adequate lighting and signage. • Any lifting activities shall be performed by certified and inspected equipment and tools. • Reduce the number of transport vehicles and ensure drivers turn off their vehicles when not in use. • Provide awareness sessions on the importance of turning off vehicles when not in use. 	Contractor	Supervision Engineer (Daily) / Contractor ESHS Officer (Daily) / TPM (Spot check)

No	Environmental/ Social Aspect	Potential Impact	Significance	Risk Response and Mitigation Measures	Responsibilities	
					Implementation	Monitoring
7	Occupational Health and Safety	Workers Injuries	Moderate	<ul style="list-style-type: none"> • Provision of regular training to the workers on the occupational health and safety, hazard identification and control requirements during all subproject activities. • Adequate level of supervision at the subproject sites to ensure workers adherence to the requirements. • Work at height is adequately controlled and supervised on secured platforms and all falling protection means are provided. • Provision of the necessary PPE, based on the nature of tasks, to the workers. • Movement of vehicles and equipment shall be properly controlled in dedicated routes by certified operators. • To properly arrange the work area and avoid any slip/trip or fall hazards. • Contractor to prepare incident response and emergency plans that detail the required actions and responsible parties. • Provision of First Aid supplies at the subproject sites with trained personnel. • Electrical and mechanical equipment used in the civil work shall be well maintained with regular inspection prior the work starts. • Any work involves energy sources including electrical work shall be adequately planned and to be performed by qualified personnel with close supervision. • Workers who are required to handle corrosive, oxidizing, or reactive substances should be provided with specialized training and provided with, and wear, appropriate PPE (gloves, apron, splash suits, face shield or goggles, etc)." • All workers involved in the subproject implementation shall be covered with insurance for any work-related injuries or incidents. 	Contractor	Supervision Engineer (Daily) /Contractor ESHS Officer (Daily)/TPM (Spot check)
		Occupational diseases	Moderate	<ul style="list-style-type: none"> • Regular training and toolbox talk on the infection prevention measures and control. • Separate access for contractor workers to the work areas without any interaction with the healthcare activities. • Provision of latrines, handwashing facilities, disinfectants as well as any other COVID-19 infection prevention and control measures. • Where facility toilets can be used for contractor workers in the same work area and away from any healthcare activities, it shall be agreed in coordination with the facility management and the contractor is responsible for providing all necessary logistics. 		

No	Environmental/ Social Aspect	Potential Impact	Significance	Risk Response and Mitigation Measures	Responsibilities		
					Implementation	Monitoring	
8	Community Health and Safety	Sustainable healthcare services provision Human injuries from exposure to the vehicle movement, civil work areas	Positive	NA	<ul style="list-style-type: none"> In areas where temporary latrines need to be installed, location shall be adequately determined in coordination with the facility management and supervision engineer. Appropriate water supply and sewage containers need to be provided. Generated wastewater shall be collected and disposed in the nearest public sewage network taking in consideration the implementation of necessary mitigation measures in coordination with the facility management and supervision engineer. Contractor is responsible for the decommissioning of any installed latrines and any other associated logistics ensuring the site is returned to its original condition. Contractor shall ensure all workers onsite are fit, not developing any COVID-19 symptoms, and provided with the necessary awareness, training, and communication in regular basis. 	NA	NA
			Moderate	<ul style="list-style-type: none"> All work areas shall be controlled, provided with adequate physical barriers. Sufficient lighting during night, in addition to clear signs / instructions to avoid any unauthorized entry to the work areas. Recommendations resulted from the stakeholder engagement activities that performed by the Project team and related to the contractors work to be implemented and followed up. GM availability for communities to raise any related concerns with effective and fast response from the Project side to resolve such complains accordingly. 	Contractor	Supervision Engineer (Daily) / Contractor ESHS Officer (Daily) / TPM (Spot check)	
			Moderate	<ul style="list-style-type: none"> Where the operation of Isolation Units is suspended, alternative locations for treatment of COVID-19 cases shall be arranged by the relevant health authorities. Routes' closure or access blockage to be minimized and the work areas shall be categorized and divided in coordination with the health facility management. 	HF Management		
9	Employment Opportunities	Disturbance of the healthcare service provision Employment opportunities will be generated	Positive	NA	<ul style="list-style-type: none"> Where the operation of Isolation Units is suspended, alternative locations for treatment of COVID-19 cases shall be arranged by the relevant health authorities. Routes' closure or access blockage to be minimized and the work areas shall be categorized and divided in coordination with the health facility management. 	NA	NA

No	Environmental/ Social Aspect	Potential Impact	Significance	Risk Response and Mitigation Measures	Responsibilities	
					Implementation	Monitoring
10	Labor Issues	Child labor, forced labor, and inappropriate working conditions	Low	<ul style="list-style-type: none"> Ensuring the contractual requirements are existing on prevention of child and forced labor. in addition to other labor requirements. Contractual obligations to reduce the labor issues as well as SEA/SH risks. Labor issues grievances received via the Project GM channels will be handled and treated with high priority to provide effective solutions for the complainant. Obtaining confirmation/ verification from the workers of their age; and where there is any reasonable doubt as to the age of the workers, requesting and reviewing available documents to verify worker situation and age (such as a birth certificate, national identification card, medical or school record, or other document or community verification demonstrating document). Labors register to be maintained and updated by contractor to include necessary information as well as labors' age with copy of official documents. Labors' screening and age verification (with official documents or ID) at work site by the Supervision Engineer and to stop/report any observed deviations. GM channels will be made available to contractor workers as well as any concerned party to raise any grievance related to the subproject implementation. Contractor at each work site shall establish his own GM system to undertake the primary responsibility for staff grievances and appropriate mechanism shall be provided by each contractor. Work-place grievances should be addressed by the contractor in a timely manner The contractors shall arrange the work plan with the IUs' managers to ensure the consultation and no negative impact on the workers and vicinity. 	Procurement/ Social Safeguards officer	Social Safeguards officer
11	GBV	GBV, and SEA/ SH risks	Low	<ul style="list-style-type: none"> Sign the Code of Conduct and/or the Individual Code of Conduct, as applicable. Ensuring the contractual requirements for all staff are existing on prevention of GBV SEA/SH. Sign the Code of Conduct and/or the SEA/SH Code of Conduct, as applicable. GBV SEA/SH grievances received via the Project GM channels will be handled and treated with high priority to provide effective solutions for the complainant, Conducting awareness on the Project requirements to contractors. 	Contractor	Supervision Engineer
					Procurement/ GBV officer	GBV officer

Significance Rating	High	Moderate	Low	Positive
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7. MONITORING AND REPORTING

Monitoring of the Environmental and Social Requirements implementation during the **civil work** at each site shall be performed in regular basis by the Supervision Engineer assigned from the YCRP side as well as the visits of PMU team where necessary. Regular reports on the compliance to Environmental and Social requirements detailed in section 6.2 shall be issued by Supervision Engineers to the PMU WASH officers and safeguards team in weekly basis. In other hand, progress reports shall be issued on the implementation status and shall address/overcome any challenges in the implementation. Such reports need to include any deviations or anomalies with the necessary corrective and preventive measures and the required timeframe.

From the contractor side the environmental and social implementation monitoring shall be performed in each site by dedicated and qualified ESHS officer assigned permanently for the subproject in each supported facility.

Environmental and Social Compliance Monitoring Report available in annex 4 shall be filled based on the site visits by the Supervision Engineer in weekly basis and to be sent to the PMU Environmental and Social Safeguards team. Moreover, the compliance report shall be filled by the contractor ESHS officer for each site in weekly basis and to be kept with the contractor and will be requested where needed.

Contractor and Supervision Engineer are required to report immediately, to the YCRP WASH officers, any incident or accident in relation with the subproject activities; the event then shall be reported to the World Bank within 48 hours.

Contractor shall implement all safeguards requirements as included in this plan and any other project documents by qualified and trained personnel in addition to provide the necessary training where required. Any violations to the Project environmental and social requirements during the implementation various stages will lead to penalties against the contractor as per the WHO guidelines.

8. ESMP IMPLEMENTATION COST

Implementation cost of the ESMP during civil work activities is estimated as below:

Table 6: ESMP IMPLEMENTATION COST

No	Implementation Cost	Cost at each site USD	Total Cost USD
1	Production and dissemination of communication materials on the Environmental, Social and GM requirements at each Isolation Unit.	200	1,400
2	Project environmental and social team travel for monitoring and reporting purposes where needed.	500	3,500
3	Supervision of Environmental and Social requirements implementation. Conducting of awareness sessions on OHS as well as environmental and social requirements to the contractors' staff.	1000	7,000
TOTAL USD		1,700	11,900

ANNEX 1 SUBPROJECT SCREENING FORM

This form is to be used by the Project Management Unit (PMU) to screen for the potential environmental and social risks and impacts of a proposed subproject. It will help the PMU 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 PMU 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.***

Table 7: SUBPROJECT SCREENING FORM

Subproject Name	COVID-19 Isolation Units Rehabilitation			
Subproject Location	Yemen – Different Governorates and COVID-19 Isolation Units			
Subproject Proponent	MoPHP and facilities Authorities / Contractors for site implementations			
Estimated Investment				
Start/Completion Date	December 2021 to February 2022			
Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	No		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?	✓		ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?		✓	ESS5	RP / SEP
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?		✓	ESS5	To be excluded / ineligible
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?		✓	ESS1/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?	✓		ESS1/ESS3	ICMWMP
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)?	✓		ESS1/ESS2	ESIA/ESMPL, MP
Does the subproject have a GM in place, to which all workers have access, designed to respond quickly and effectively?	✓		ESS10	SEP
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?		✓	ESS1/ESS3	ESIA/ESMP, ICMWMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?		✓	ESS4/ESS1	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?		✓	ESS6/ESS1	ESIA/ESMP, SEP
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

Conclusions:**1. Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**

LOW and caused mainly by the civil work activities in the targeted Isolation Units.

2. Proposed E&S Management Plans/ Instruments to be further developed

Existing applicable Environmental and Social instruments under YCRP are: ESMF, LMP, SEP and ICMWMP. Subproject ESMP was developed for this intervention and will be implemented throughout the intervention lifetime by the contractors under close supervision of YCRP PMU WASH and safeguards teams.

Guidelines for screening and applicable instruments:

- ESIA is applicable for High-Risk activities and those with physical environmental footprints.
- ESIA / ESMP are not applicable for supply activities such as PPE, etc. However, Project ICMWMP needs to be applied in such cases.

ANNEX 2 COMMUNICATION AND CONSULTATION SUMMARY

Communication and consultation took place during the preparation and planning for the rehabilitation activities at each of the supported Isolation Units under this subproject. Detailed here below the topics, beneficiaries involved, and concerns raised at each Isolation Unit. The recent consultations detailed below were conducted at the targeted facilities by the Project engineers with the support, guidance, and involvement of the Project environmental and social team.

Although most of the people interviewed are working in the targeted facilities, it must be noted that the majority of them are local residents from the neighboring communities. The concerns and feedback raised by the interviewees were already integrated in the proposed mitigation measures. However, in term of the additional support requested, the WHO will consider this to the possible extent taking in consideration the available fund. Meanwhile, such requirements could be arranged through the health cluster partners in coordination with the MoPHP authorities.

The consultations' topics with the stakeholders at the targeted Isolation Units are:

- Providing information on the proposed intervention components and expected benefits.
- Discussing the necessary arrangement during the civil work implementation.
- Discussing the concerns and the suggestions for mitigation measures.
- Gathering recommendations and suggestions that could improve the project implementation.
- Evaluating the overall satisfaction and acceptance of the proposed intervention in the Isolation Unit.
- Introduction of project GM channels, benefits, and purposes.

The key mitigation measures of these consultations that should be considered for all Isolation Units are:

- The contractors to coordinate with the Isolation Units to ensure that the work area is arranged and handed over in due time.
- The contractor shall arrange the necessary equipment, manpower, and logistics prior to the start of any activity with close coordination with the Isolation Unit.
- The contractors must engage and consult the Isolation units' managers from the beginning with the work and timeline plan to involve them in monitoring and providing regular feedback to the contractor.
- The contractor should share onsite working procedures with the isolation unit management, including, working hours, OHS, environmental and waste disposal to ensure the safety of workers, HCWs, and vicinity.
- The contractor should train his workers and provide them with the adequate PPEs.
- The Isolation Units may need to contribute and provide a brief awareness session on the essential Infection Prevention and Control (IPC) and COVID-19 precautions to contractors' workers who are working in the rehabilitation.

1. ALDHALEA ISOLATION UNIT-ALDHALEA GOVERNORATE

List of beneficiaries involved in the consultation process

Date	21 st of September 2021	
Name	Gender	Designation
Jehad Mohamed Ahmed	Male	Isolation Unit Manager
Yousra Mohamed Ali	Female	Healthcare worker / Nurse
Abdulfatah Musaed	Male	Workers Supervisor
Mohamed Ali Mrshed	Male	Healthcare worker / Doctor
Yahya Omar Musleh	Male	Healthcare worker / Laboratory
Muna Qasem Obaid	Female	Community member
Sabreen Saleh	Female	Healthcare worker / Nurse
Abdulmageed Ahmed	Male	Healthcare worker
Khater Ghaleb	Male	Community member

Summary of key concerns and feedback, and the mitigation measures

Concerns and feedback	Project Suggestions / Mitigation measures
Discussion about the importance of implementing the intervention in due time	The facility management promise to provide all necessary support to implement the planned intervention in due time.
Workers involved in the works need adequate awareness on infection prevention and control and COVID-19 measures.	The contractor will sensitize his workers on IPC and COVID-19 measures. Also, the Isolation Unit may need to provide an awareness session to the contractor's workers, regarding the IPC.
Workers implementing the works need to be complied with the necessary PPE based on the nature of the tasks.	The contractor shall arrange the necessary equipment, manpower and logistics prior the start of any activity.
Discussion about the preparing the working area and handed it over to the contractor.	The work areas will be totally arranged by the Health Facility and handed over to the contractor in due time,
Emphasis made on the importance of completing the rehabilitation activities in shorter time.	The contractor will share the work plan with the Isolation Units to let them know the progress. Also, the contractor will share the environmental and waste management procedures and working hours to ensure no impact on the vicinity and daily tasks of HCWs. Also, the project will follow up the implementation to ensure the work will be completed on time.
The planned activities are important, however additional support is needed in term of equipment supply and training.	The project training of the HCWs in progress and the project is providing the supplies as planned.

2. ALSAWMAH ISOLATION UNIT-ALBAYDHAA GOVERNORATE

List of beneficiaries involved in the consultation process

Date	12 th of September 2021	
Name	Gender	Designation
Salah Mohamed	Male	Healthcare worker / Assistant doctor
Hussain Alwahaishi	Male	Healthcare worker / Nurse
Manal Ali Mohamed	Female	Healthcare worker / Nurse
Ali Mohamed Ahmed	Male	Healthcare worker / Assistant doctor
Ahmed Abdulaziz	Male	Healthcare worker / Doctor

Summary of key concerns and feedback, and the mitigation measures

Concerns and feedback	Project Suggestions/ Mitigation measures
There are no significant impacts could be resulted from the work or the workers involved, however a very good arrangement is needed to facilitate the work activities and reduce the time to the minimum.	The contractor will share the work plan with the Isolation Units to let them know the progress. Also, the contractor will share the environmental and waste management procedures and working hours to ensure no impact on the vicinity and daily tasks of HCWs. Also, the project supervisor engineer will follow up the implementation to ensure the work will be completed on time.
Such activities will improve the overall condition in the facility and will help to accommodate all COVID-19 cases reported to the facility.	The project will follow up the implementation to ensure the work will be completed on time.
Planned intervention is sustainable investment in the facility infrastructure, however further support is expected from the Project.	The supplies and equipment will be considered by the WHO and the Project based on the fund availability.
Appropriate treatment condition for the COVID-19 cases in the facility will help in containing the spread of COVID-19 cases in the future.	The project supervisor engineer will follow up the implementation to ensure the work will be completed on time with the needed quality.
The Isolation unit was lacking some facilities and with the proposed intervention the condition will be improved.	The project supervisor engineer will follow up the implementation to ensure the work will be completed on time with the needed quality.

3. ALHABILAIN ISOLATION UNIT-LAHJ GOVERNORATE

List of beneficiaries involved in the consultation process

Date	19th of September 2021	
Name	Gender	Designation
Raid Ali Almzahmi	Male	Deputy Manager
Tahani Mohamed	Female	Healthcare worker / Doctor
Abood Ali Fadhl	Male	Healthcare worker / Doctor
Abdulkareem Saleh	Male	Maintenance worker
Mohamed Fadhel	Male	Storekeeper
Ibtihal Ali	Female	Community member
Amal Saleh	Female	Community member
Anees Almanseb	Male	Administrative worker
Wagdi Abdullah	Male	Healthcare worker / Lab technician

Summary of key concerns and feedback, and the mitigation measures

Concerns and feedback	Project suggestions and Mitigation measures
<p>The facility was lacking adequate ICU premises for the severe COVID-19 cases and with the proposed intervention the condition will significantly improve. All targeted areas where work activities are planned need to be emptied and handed over to the contractor and therefore proper arrangement is needed between the facility management and contractors.</p> <p>Workers need to be conscious, trained and provided with the infection prevention and control supplies.</p>	<p>The project supervisor engineer will follow up the implementation to ensure the work will be completed on time with the needed quality.</p> <p>The contractor will share the work plan with the Isolation Units to let them know the progress. Also, the contractor will share the environmental and waste management procedures and working hours to ensure no impact on the vicinity and daily tasks of HCWs. Also, the project supervisor engineer will follow up the implementation to ensure the work will be completed on time.</p> <p>The contractor will sensitize his workers on IPC and COVID-19 measures and provide the adequate PPEs to his workers with close supervision from the project side.</p> <p>Also, the Isolation Unit may need to provide an awareness session to the contractor's workers, regarding the IPC.</p>

4. ALFALAK ISOLATION UNIT-HADHRAMOUT GOVERNORATE

List of beneficiaries involved in the consultation process

Date	8th of September 2021	
Name	Gender	Designation
Adel Alhaddar	Male	Isolation Unit Manager
Reem Bamahdi	Female	Former Manager
Hani Alghurabi	Male	Finance Manager
Salah Salem Bamithqal	Male	Admin Manger
Bashaer Bin Thabit	Female	Healthcare worker
Rasha Bamahdi	Female	Communication officer
Maged Salem Batia	Male	Admin worker
Taher Balawi	Male	Healthcare worker / Nurse
Radihia Mansour	Female	Healthcare worker / Nurse
Amal Waheed	Female	Community member

Summary of key concerns and feedback, and the mitigation measures

Concerns and feedback	Project suggestions and Mitigation measures
The facility management encouraged the implementation of subproject activities	The project will follow up the implementation to ensure the work will be completed on time.
The arrangement will be made from the Isolation Unit Management to handover the facility premises to contractor as soon as the current cases in the facility are discharged or transferred.	The project will start the rehabilitation as soon as the Isolation Unit' management notify the project.
Although the staff in the facility are trained, additional training is required for all staff in the case management and infection prevention and control requirements.	This will be referred to the technical team in charge.
Concern of the importance of arranging all the logistics, manpower, materials requirements from the contractor side prior starting any activities to reduce the execution timeframe.	The contractor will share the work plan with the Isolation Units to let them know the progress. Also, the contractor will share the environmental and waste management procedures and working hours to ensure no impact on the vicinity and daily tasks of HCWs.

5. ZUNJOBAR ISOLATION UNIT-ABYAN GOVERNORATE

List of beneficiaries involved in the consultation process

Date	7th of September 2021	
Name	Gender	Designation
Abdulqader Jameel	Male	Zunjobar Health Office Manager
Dr. Muntaser Aldahiah	Male	Isolation Unit Manager
Ali Hassan	Male	Healthcare worker / Nurse
Sami Masaoud	Male	Community member
Mirfat A.Alateef	Female	Healthcare worker / Nurse
Arwa	Female	Community member

Summary of key concerns and feedback, and the mitigation measures

Concerns and feedback	Project suggestions and Mitigation measures
The need to implement the rehabilitation activities at the soonest with emphasis on finalizing the rehabilitation prior the COVID-19 new wave.	The contractor will share the work plan with the Isolation Units to let them know the progress. Also, the contractor will share the environmental and waste management procedures and working hours to ensure no impact on the vicinity and daily tasks of HCWs. Also, the project supervisor engineer will follow up the implementation to ensure the work will be completed on time.
The health facility management requested additional support to the Isolation Unit	The supplies and equipment will be considered by the WHO and the Project based on the fund availability.
The need for an alternative location for COVID-19 cases treatment during the rehabilitation.	Alternative location for COVID-19 cases treatment during the rehabilitation has been agreed with the facility management and healthcare authorities.

6. ALHAZMAH ISOLATION UNIT-MAREB GOVERNORATE

List of beneficiaries involved in the consultation process

Date	6th of September 2021	
Name	Gender	Designation
Saleh Alwadeedi	Male	Manager
Murad Bin Maeeli	Male	Community leader
Fatima Mohamed Ali	Female	Healthcare worker / Doctor
Khamisa Mohamed Mujawar	Female	Healthcare worker / Nurse
Fehaid Mekharish	Male	Healthcare worker / Lab tech
Shaker Ayyash	Male	Healthcare worker / Pharmacist

Summary of key concerns and feedback, and the mitigation measures

Concerns and feedback	Project suggestions and Mitigation measures
Isolation unit's management requested construction of new facilities and premises in the hospital yard. The rehabilitation activities need to improve the handwashing areas, toilets and the ICU premises. Encouraging the implementation of subproject activities at the facility at the soonest to accommodate any new COVID-19 cases in the upcoming wave.	Project explained that the available fund is totally allocated for the rehabilitation activities and no new construction is allowed under the Project The plan rehabilitation includes the improvement of the following components in all isolation units' areas: WASH, Heating, ventilation, and air conditioning (HVAC) Works, and Electrical works, painting, and internal finishing works The contractor will share the work plan with the Isolation Units to let them know the progress. Also, the contractor will share the environmental and waste management procedures and working hours to ensure no impact on the vicinity and daily tasks of HCWs. Also, the project supervisor engineer will follow up the implementation to ensure the work will be completed on time.

7. ATAQ ISOLATION UNIT-SHABWAH GOVERNORATE

List of beneficiaries involved in the consultation process

Date	6th of September 2021	
Name	Gender	Designation
Saeed Omar Fadhel	Male	Shabwah Health Office manager
Khaled Alayashi	Male	Ataq Hospital Director
Mufreg Maarouf	Male	Isolation Unit Manager
Munasar Dada	Male	Healthcare worker / Doctor
Mahdi Bafugaish	Male	Healthcare worker / Doctor
Qadria	Female	Healthcare worker / Nurse
Saeed Alakawri	Male	Healthcare worker / Doctor
Abdulla Aldahemah	Male	Healthcare worker / Doctor
Ahmed Shaiboob	Male	Healthcare worker / Nurse
Ibrahim Bawahal	Male	Community member
Abdullah Sael	Male	Community member
Mohamed bayahya	Male	Community member
Saeed Alshabwani	Male	Community member

Summary of key concerns and feedback, and the mitigation measures

Concerns and feedback	Project suggestions and Mitigation measures
Close supervision for the work execution is needed to ensure the specification of the activities is up to the required standard. Insuring coordination between the project supervisor engineer and the Healthcare authorities. Standard Infection prevention and control practices need to be implemented by the contractor workers including total adherence to PPE requirements. Encouraging the implementation of the planned rehabilitation activities at the soonest.	The project supervisor engineer will follow up the implementation to ensure the work will be completed on time and with the required quality. Continuous coordination between the healthcare authorities, contractor and supervision engineer will be maintained during the implementation of planned activities. The contractor will sensitize his workers on IPC and COVID-19 measures and provide the adequate PPEs to his workers. Also, the Isolation Unit may need to provide an awareness session to the contractor's workers, regarding the IPC. The contractor will share the work plan with the Isolation Units to let them follow up on the progress. Also, the contractor will share the environmental and waste management procedures and working hours to ensure no impact on the vicinity and daily tasks of HCWs. Also, the project supervisor engineer will follow up the implementation to ensure the work will be completed on time.

ANNEX 3 WASTE MANAGEMENT GUIDELINE

1. Introduction

This guideline is meant to provide the necessary instructions to the contractors onsite on the appropriate management and disposal of the generated waste from rehabilitation site at the supported facilities under YCRP. This procedure includes guidelines on the types of generated waste, segregation, storage, and disposal methods.

Contractor is responsible for implementation the waste management at the project site as per the applicable rules and regulation and shall avoid under any circumstances dispose the generated waste in a way that could result in harm to the environment or communities.

Storing materials delivered to site carefully to minimize potential damage and creation of waste (off ground storage, maintain original packaging, covered protection from the weather and protection from collision by vehicles).

The main principles of effective waste management in the project site are:

Reduce: efficient use of resources to eliminate or reduce the generation of waste

Reuse: eliminate the waste disposal or incineration by reuse the generated waste

Recycle: recycle the generated waste and avoid disposal or incineration

2. Storage of hazardous substances and wastes

Storage and handling of hazardous substances

Substances that may harm people or the environment shall be handled and stored in a way that prevents accidental release.

Waste storage areas shall be provided on site:

- Enough space should be allocated on site for the waste expected to be generated.
- Storage areas shall be indicated on site plans for communication purposes.
- Storage areas shall have clear signage to ensure different wastes are stored in the correct place.
- Storage area shall be enclosed to prevent waste escaping – i.e., spread of waste by wind-blown, if possible covered skips are suggested to be used.
- Where possible, waste should be protected from the rain fall/water ingress.
- Waste storage shall not be in the area prone to flooding or on the slope.
- Location of the waste storage should be away (min 30 m) from human settlements, animal pastures, water bodies, water sources etc.
- Corrosive, oxidizing and reactive chemicals should be segregated from flammable materials and from other chemicals of incompatible class (acids vs. bases, oxidizers vs. reducers, water sensitive vs. water based, etc.), stored in ventilated areas and in containers with appropriate secondary containment to minimize intermixing during spills.
- Workers who are required to handle corrosive, oxidizing, or reactive chemicals should be provided with specialized training and provided with, and wear, appropriate PPE (gloves, apron, splash suits, face shield or goggles, etc)."

Hazardous wastes shall not be mixed with non-hazardous waste:

- Organic waste shall not be mixed and stored with non-organic waste,
- Hazardous wastes shall be stored in suitable containment, on impermeable surface

3. Waste segregation, treatment, and disposal

3.1 Types of waste

- Organic waste
- Non-hazardous waste - materials that do not cause environmental pollution or harm to human health or endanger the quality of any surface water or groundwater when deposited in a landfill under normal conditions. These include rocks, ceramics, concrete, masonry, and brick rubble.
- hazardous waste - waste that is deemed to be harmful to life and/or damaging to the environment. It may be corrosive, reactive, explosive, oxidizing, carcinogenic or flammable i.e. acids, alkaline solutions, oily sludges, waste oils and wood preservative.

3.2 Waste Reuse / Recycle

To the possible extent, the rehabilitation and demolition debris should be prevented from disposal into the landfills. This can be achieved by reuse and recycle materials on site. Following examples present how materials can be re-used in which some of the items are applicable to the intervention:

- Excavated stone can be used to build retaining wall in place of the gabions; this allows for cost saving on installation of gabions and disposal of the stone,
- Concrete from demolition of existing structures can be crushed and then used as general fill material – i.e. concrete can be used on haul roads and when these are removed, it can be used as a capping layer for the new footpaths.
- Scrap metal - has a residual value and can be sold to the scrap metal dealers
- Generated oil and hydrocarbons waste can be sent for reuse/recycle purposes in authorized and licensed areas or facilities.
- The local waste market should be investigated - there may be potential for recovery and reuse of materials from the waste such as recycling of paper, metals, glass, and plastic.

3.3 Waste Segregation

Segregation is an important step in the waste management procedure as it will help in the recycling and treatment process. It will also ensure no contamination is resulted from the generated hazardous waste:

- Provision of designated waste bins and areas as per each type of generated waste.
- Briefing and awareness to staff on the segregation requirements
- Organic waste SHALL be segregated from non-organic waste
- Hazardous waste SHALL be segregated from non-hazardous waste
- Allocate enough space for the storage and ensure regular transportation.

3.4 Waste Disposal

Disposal of waste from site must only be carried out as per the applicable rules and regulations in an authorized and licensed areas / facilities.

It is essential to carry out review of the local waste practices - what waste facilities are available in the country/governorate. No extension or implementation for new waste disposal areas is allowed under the project.

ANNEX 4 ENVIRONMENTAL AND SOCIAL COMPLIANCE MONITORING REPORT

Subproject Title		Contractor Name		Date
Governorate	Facility	Engineer / ESHS Officer Name		Signature

1. List of activities implemented by contractor during the reporting period

No	Activity Description	Number of workers
1		
2		
3		

2. Environmental and Social Requirements Implementation

The symbol ✓ shall be marked under the relevant condition. **Not Applicable** shall be marked only when the activities implemented are not relevant, so the proposed mitigation measures are not required.

No	Requirements	Addressed in the Project site			Not Applicable
		Fully	Partially	No	

1 Water and Landscaping

Implementation of waste management process and disposal according to the projects’ requirements and the applicable rules and regulations for waste collection, segregation, and disposal.
 Generated waste is transported to authorized and licensed landfill or dump site which is designated by the city municipality.
 Reduction of the waste generation to the possible extent and to ensure all recyclable waste is properly segregated and treated.
 Elimination of any waste disposal to the water ways or within the facility boundary.
 Dedicated waste collection team provided with the necessary training and Personal Protective Equipment PPE is assigned.
 Dedicated waste collection area shall be arranged by the contractor and to include adequate number of bins for each type of waste.
 Waste segregation at sources is performed and waste transportation outside the facility yards is performed in regular basis to avoid any waste cumulation within the facility.
 Work areas are kept free of debris, scattered litters, or any type of waste at any point of time.
 Secondary containments shall be provided for hazardous substances, fuel, or hydrocarbons storage to contain any potential leak.
 No visual presence of spills

2 Ambient Air Quality

Spraying water regularly during the dust generation activities.
 Install barriers around the civil work areas to avoid any emissions to the occupied premises.
 Dust generated activities durations and timing to be arranged in accordance with the facility service provision and in coordination with the facility management.
 Provision of mechanical ventilators around the civil work areas to avoid any emissions to the other premises and to protect workers.
 Provision of the necessary PPE to the workers as well as regularly conducting the appropriate training and supervision.

3 Noise and visual impacts

Usage of noise reduction tools and equipment by contractor.
 Integrity of equipment is ensured by the contractor and the provision of PPE to the workers.

No	Requirements	Addressed in the Project site			Not Applicable
		Fully	Partially	No	
4	<p>Transportation and Vehicle Movements</p> <p>Dedicated routes for the movement of vehicles, and equipment away from the visitors/patients flow or emergency access.</p> <p>Trained and qualified drivers.</p> <p>Movement of vehicles within the facility yards is guided by banks man for signaling.</p> <p>Regular checks and inspections for the vehicles or equipment to confirm the integrity, records to be kept available for any inspection.</p> <p>Reduction of route closure times, if any, and considering the service provision as priority.</p> <p>Any alternative routes shall be provided with adequate lighting and signage.</p> <p>Any lifting activities shall be performed by certified and inspected equipment and tools.</p>				
5	<p>Occupational Health and Safety</p> <p>Provision of the necessary PPE to the workers based on the activity as well as regularly conducting the appropriate training and supervision by the contractor.</p> <p>All workers involved in the project implementation are trained and covered with insurance for any work-related injuries or incidents.</p> <p>Provision of handwashing facilities, disinfectants as well as any other COVID-19 infection prevention and control measures.</p> <p>Install the necessary protection around any civil works, lifting or work at height areas.</p> <p>Electrical and mechanical equipment used in the civil work shall be well maintained with regular inspection prior the work starts.</p> <p>Provision of First Aid supplies at the subproject sites with trained personnel.</p> <p>The work area is properly arranged and cleaned to avoid any slip/trip or fall hazards.</p> <p>Separate access for contractor workers to the work areas without any interaction with the facility activities.</p> <p>Contractor to prepare the necessary plans and measures to prevent any hazardous condition that affect the workers occupational health or safety.</p> <p>Work at height activities is well implemented on adequate and secured platforms.</p> <p>Any work involves energy sources including electrical work shall be adequately planned and to be performed by qualified personnel with close supervision.</p> <p>All workers involved in the subproject implementation shall be covered with insurance for any work-related injuries or incidents.</p> <p>Provision of latrines, handwashing facilities, disinfectants as well as any other COVID-19 infection prevention and control measures.</p> <p>Workers who are handling corrosive, oxidizing, or reactive substances should be provided with specialized training and provided with, and wear, appropriate PPE (gloves, apron, splash suits, face shield or goggles, etc).</p>				
6	<p>Community Health and Safety</p> <p>All work areas are controlled, provided with adequate physical barriers and signs.</p> <p>Sufficient lighting is available during night, in addition to clear signs/instructions to avoid any unauthorized entry to the work areas.</p> <p>Where the operation of Isolation Units is suspended, alternative locations for treatment of COVID-19 cases shall be arranged by the relevant health authorities.</p> <p>Adequate lighting, signage and protection for any alternative routes is implemented.</p> <p>Route closure or access blockage minimized, and the work areas are categorized and divided in coordination with the facility management.</p>				

No	Requirements	Addressed in the Project site			Not Applicable
		Fully	Partially	No	
7	<p>Labor Issues</p> <p>Contractual obligations between contractor and his workers are included that meet the applicable labor regulations and reduce the labor issues as well as SEA/SH risks. Enforcement of the CoC implementation for GBV- SEA/SH among contractor and staff. All workers are aware of the COC requirements.</p> <p>Labor register is maintained and updated by contractor and includes the necessary information as well as labors’ age.</p> <p>Labor’s screening and age verification (more than 18 years) at work site by the Supervision Engineer and to report immediately to PMU any observed deviations. Project GM channels are available and posted in the site so contractor workers as well as any concerned party can raise any grievance related to the subproject implementation. Specify the number of:</p> <ul style="list-style-type: none"> Complaints raised Complaints resolved Complaints outstanding <p>Labor issues grievances system available and maintained by the contractor. Specify the number of:</p> <ul style="list-style-type: none"> Complaints raised Complaints resolved Complaints outstanding <p>Contractor at each site shall undertake the primary responsibility for his staff grievances and appropriate mechanism shall be provided. Work-place grievances should be addressed by each contractor in a timely manner.</p> <p>Workers onsite are aware of and signing the necessary Code of Conduct.</p>				
8	<p>Any other issues, describe (.....)</p>				

3. Recommendations, Conclusion and Notes

- 1
- 2
- 3
- 4

4. Supported Photos
