

United Nations Children Fund (UNICEF)

Health Emergency Response Project Afghanistan

Environmental and Social Management Framework

Revised [05-07-2022]

Table of Contents

1	Overview	and	Introduction	11
1.1	Introduction			11
1.2	Project Overview			11
1.3	Rationale			13
1.4	Lessons Learned			13
2	Legal	and	Regulatory	Framework
2.1	World Bank Environmental and Social Framework			15
2.2	Environmental and Social Risk Classification			18
2.3	UNICEF Environmental and Social Standards			18
2.3.1	UNICEF Rapid Assessment on ESF and Gender Study in Afghanistan			20
2.4	Applicability of National Legal Requirements			20
2.4.1	International Conventions			21
2.4.2	Relevant Technical Guidelines for COVID-19 Virus			21
3	Identification and Assessment of Potential Environmental and Social Risks, Impacts and Mitigation Measures			23
3.1	Environmental and Social Risks/Impacts and Mitigation Measures			23
3.2	Security Management			29
3.3	GBV/SEA/SH Action Plan			31
4	Procedures to Identify and Assess Potential Environmental and Social Risks and Impacts for Subprojects			32
4.1	Exclusion List			32
4.2	Screening			32
4.3	Environmental and Social Risk Management Instruments			33
4.4	Incorporating ESHS requirements in contracts			33
4.5	The selected contractors will use the generic ESMP. Consultation and Disclosure Requirements			33
4.6	Grievance Redress Mechanism (GRM)			34
5	Institutional Arrangements, Responsibilities and Capacity Building			35
5.1	Institutional Arrangements and Responsibilities			35
5.1.1	UNICEF			35
5.1.2	UNICEF Implementing Partners and Contractors			35
5.1.3	Third Party Monitoring Organizations			35
5.2	Monitoring and Reporting			36

5.3	Capacity Building and Training	36
5.4	ESMF Budget estimate	40
Annex 1.	Template for Subproject Screening.....	41
Annex 2.	Medical Waste Management and Infection Prevention and Control Plan	46
Annex 3.	Life and Fire Safety Requirements for Buildings Accessible to the Public	53
Annex 4.	Simplified Labour Management Procedures.....	54
Annex 5.	Environment, Social (including labour), Health, and Safety Requirements	61
Annex 6.	Generic Environmental and Social Management Plan for subprojects.....	80

Abbreviations

ADB	Asian Development Bank
ALCS	Afghanistan Living Conditions Survey
APMU	Afghanistan Programme Management Unit
ARTF	Afghanistan Reconstruction Trust Fund
CBE	Community based education
CERC	contingent Emergency Response Components
CoC	Certificate of compliance
EHS	Environmental, Health and Safety
EIA	Environmental Impact Assessment
ESF	Environmental and Social Framework of the World Bank
ESHS	Environment, Social Health, and Safety
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
FMFA	Financial Management Framework Agreement
GBV	Gender based violence
GRM	Grievance Redress Mechanism
IDPs	Internally Displaced Persons
IE&LFS	Income, Expenditure and Labour Force Survey
IP	Implementing partner
IPCP	Infection Prevention and Control Plan
HCWMP	Health Care Waste Management Plan
MoPH	Ministry of Public Health
NEPA	National Environment Protection Agency
NGO	Non-Governmental Organization
OHS	Occupational Health Safety
PCA	Programme Cooperation Agreement
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMP	Security Management Plan
TPM	Third Party Monitoring
TPMA	Third Part Monitoring Agent
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Glossary of Terms Used in the ESMF

Child labour consists of work by children that is economically exploitative or likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral, or social development.

Compliance compares how well a process meet the requirements placed on the process.

Disposal Final placement or destruction of wastes, polluted soils, and toxic or hazardous materials. Disposal may be accomplished through approved secure landfills, surface impoundments, or incineration.

Effluent Wastewater, treated or untreated, that flows out of a treatment plant, sewer, or industrial outfall; generally, refers to wastes discharged into surface waters.

Environment and Social Impact Assessment (ESIA) identifies and assesses the potential environmental risks impacts of a proposed project, evaluate alternatives, and design appropriate mitigation, management, and monitoring measures.

Environmental and Social Management Framework (ESMF) is an instrument that examines the risks and impacts when a project consists of a program and/or series of subprojects, and the risks and impacts cannot be determined until the program or subproject details have been identified.

Environmental and Social Management Plan (ESMP) details: (a) the measures to be taken during the implementation and operation of a project to eliminate or offset adverse environmental impacts, or to reduce them to acceptable levels; and (b) the actions needed to implement these measures.

Environmental, Health, and Safety Guidelines (EHSGs) are technical reference documents with general and industry-specific statements of Good International Industry Practice. The EHSGs contain the performance levels and measures that are generally considered to be achievable in new facilities by existing technology at reasonable cost. For complete reference, consult the World Bank Group Environmental, Health, and Safety Guidelines, http://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/ifc+sustainability/our+approach/risk+management/ehsguidelines.

Good International Industry Practice (GIIP) is defined as the exercise of professional skill, diligence, prudence, and foresight that would reasonably be expected from skilled and experienced professionals engaged in the same type of undertaking under the same or similar circumstances globally or regionally. The outcome of such exercise should be that the project employs the most appropriate technologies in the project-specific circumstances.

Grievance Redress Mechanism (GRM) is a locally based, formalized way to accept, assess, and resolve community feedback or complaints from individuals or communities who believe they are adversely affected by the Project.

Grievance An issue, concern, problem, or claim (perceived or actual) that an individual or community group wants a project implementor or contractor to address and resolve.

Hazardous wastes By-products of society that can pose a substantial or potential hazard to human health or the environment when improperly managed. Substances classified as hazardous wastes possess at least one of four characteristics—ignitability, corrosivity, reactivity, or toxicity—or appear on special lists.

Labour Management Procedures (LMP) set out the way in which project workers will be managed, in accordance with the requirements of national law and the World Bank's ESS.

Lost Time Injury (LTI) is the incapacity to work for at least one full workday beyond the day on which the accident or illness occurred.

Lost workdays are the number of workdays (consecutive or not) beyond the date of injury or onset of illness that the employee was away from work or limited to restricted work activity because of an occupational injury or illness.

Mitigation Measures taken to reduce adverse impacts on the environment.

Monitoring Periodic or continuous surveillance or testing to determine the level of compliance with statutory requirements or pollutant levels in various media or in humans, animals, and other living things.

Occupational Health and Safety deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards (WHO).

Project Site Office is a designated office or location for coordination of project activities at each project site.

Service Provider (SP) is a contracted institution, company or individual to carry out a specific task during project implementation.

Solid wastes Nonliquid, non-soluble materials, ranging from municipal garbage to industrial wastes, that contain complex, and sometimes hazardous, substances. Solid wastes include sewage sludge, agricultural refuse, demolition wastes, and mining residues. Technically, solid wastes also refer to liquids and gases in containers.

Stakeholder Engagement is a broad, inclusive, and continuous process between a project proponent and those potentially affected by the project that usually spans the project's life. It includes consultations, information disclosure and dissemination, and participation.

Stakeholder Persons or groups who are directly or indirectly affected by a project as well as those who may have interests in a project and/or the ability to influence its outcome, either positively or negatively. They may include locally affected communities or individuals and their formal or informal representatives, national or local government authorities, politicians, religious leaders, civil society organizations and groups with special interests, the academic community, or other businesses.

Executive Summary

The World Bank is financing the Afghanistan Health Emergency Response (HER) project implemented by UNICEF and its implementing partners/contractors to provide essential health services to the population of Afghanistan. The Project aims to increase the utilization and quality of essential health services, including in the BPHS, EPHS, Nutrition services, and outbreaks response interventions, in Afghanistan.

The objectives of the Environmental and Social Management Framework (ESMF) are to

- Provide a framework for environmental and social (E&S) risk and impact management of the project.
- provide clear procedures and methodologies for environmental and social risk screening and monitoring of environmental and social mitigation measures to be financed under HER Project,
- describe the appropriate roles and responsibilities of UNICEF, Implementing Partners (IPs) and other stakeholders.
- outline the reporting procedures on E&S mitigation measures and other activities related to the project investments.

The ESMF is prepared in line with the objectives and requirements of the World Bank's Environmental and Social Framework (ESF), and the World Bank Group Environment, Health and Safety (EHS) Guidelines. The ESMF also complies with the UNICEF Environmental and Social Standards and Afghanistan environmental and social laws and regulations. The ESMF has been prepared by UNICEF and is specific to UNICEF's mandate in the HER Project.

UNICEF has also prepared an Environmental and Social Commitment Plan (ESCP) and Stakeholder Engagement Plan (SEP) that includes a grievance redress mechanism (GRM) and communication strategy. Both the ESCP and SEP were agreed with the Bank on April 22, 2022 and disclosed on UNICEF's and the World Bank's external websites. The ESMF has been agreed with the World Bank and includes a simplified Labour Management Procedures (LMP), generic Environmental and Social Management Plan (ESMP) for minor civil works, Health Care Waste Management Plan (HCWMP) and Infection Prevention and Control Plan (IPCP). To manage the contextual security risks to communities and project actors, UNICEF will implement the UN security protocols and any measures necessary to ensure consistency between the protocols and the ESF requirements in the implementation of project activities and for the provision of security to project workers, sites and/or assets. A Security Management Plan (SMP) based on the UN security protocols has been developed separately. UNICEF has also developed a Gender-Based Violence /Sexual Exploitation and Abuse/Sexual Harassment (GBV/SEA/SH) action plan with specific and timebound actions to mitigate the SEA/SH risks. The E&S management instruments prepared for the HER project draw on the E&S instruments previously prepared and implemented for the COVID-19 Emergency Response and Pandemic Preparedness project, the former Sehatmandi project, and other World Bank funded health and nutrition projects managed by UNICEF, where appropriate.

The project will consist of the following two components and seven sub-components:

Component 1: Urgent provision of essential primary and secondary health services: This component will finance the delivery of basic health, nutrition, and COVID-19 (including preparedness) interventions across all 34 provinces. The existing arrangement of contracting out health services at the province level to local and international IPs, will be retained. The scope of this component is organized around three subcomponents:

- Sub-component 1.1: Enhancing utilization and quality of the Basic Package of Health Services and

- Essential Package of Hospital Services through performance-based contracts
- Sub-component 1.2 Enhancing community and facility level nutrition services.
- Sub-component 1.3: Enhancing the health system capacity to prevent and respond to infectious disease outbreaks and to eradicate polio.

Component 2: Strengthening service delivery and project coordination: This component aims to maintain and strengthen the systems needed to deliver high-quality services, maximize the efficient deployment of resources, and ensure accountability. The scope of this component is organized around four subcomponents that give UNICEF and its IPs flexibility to respond to emerging system needs:

- Sub-component 2.1 Sustain and strengthen healthcare worker capacity
- Sub-component 2.2 Quality health product and equipment supply chains
- Sub-component 2.3 Strengthening monitoring, promoting quality of care and ensuring accountability.
- Subcomponent 2.4 Project implementation and coordination

Potential Environmental and Social Risks and Mitigation Measures

Environmental and social risks for the HER project are classified as substantial. The project will not finance any new health facilities or major construction works - only minor rehabilitation works of WASH facilities and accessibility (i.e ramp for persons with disabilities) confined within existing footprint of the health care facilities. There are no envisaged impacts on biodiversity or cultural heritage.

Environmental risks include:

- Occupational health and safety of healthcare personnel and patients mainly related to testing and handling of supplies considering the possibility that there may be instances where they may not be used by the laboratory technicians and medical crews, as well as by construction workers during minor rehabilitation works;
- Community Health and Safety issues associated with poor medical waste management. Wastes that may be generated from Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) facilities and laboratories could include both liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and solid waste (used PPE, sharps, used vials and medical equipment);
- Potential for nosocomial infections due to poor implementation of infection prevention measures;
- Issues relating to on-site storage and disposal of construction material;
- Generation of noise and dust during rehabilitation works.

Social risks include:

- inequitable distribution of benefits to targeted beneficiaries;
- social inequalities, exclusion, and discrimination of certain categories of people, such as vulnerable and marginalized groups;
- occupational health and safety (OHS) risks, and infectious disease exposure risks for project workers and communities;
- sexual exploitation, abuse and sexual harassment (SEA/SH) risks
- low capacity of SPs to manage E&S risks;
- Possible occurrence of conflict (including armed conflict) near healthcare facilities and/or terrorist attacks on project workers is also an important contextual risk that may affect safety of

the health care workers.

UNICEF has prepared this ESMF and supporting E&S management instruments to ensure that all interventions meet the objectives and requirements of the World Bank's ESF as well as UNICEF's Environmental and Social Standards. The provisions of the E&S instruments will be followed through relevant contracting documents and monitored through reporting mechanisms

with IPs and contractors to effectively address environmental and social risks and impacts associated with the project. The project SEP¹ outlines ways in which the project will engage with stakeholders and summarizes key stakeholder engagement activities to date.

UNICEF is responsible for the overall implementation of the ESMF. UNICEF aims to operationalize its ESSs through the whole scope of intervention from planning (to assess environmental and social risks), through implementation (programmatic risk mitigation and management) and compliance evaluation (to ensure a robust process of accountability). The ESMF implementation will draw on the organizations efforts for a full integration and mainstreaming within relevant internal regulations, processes, and systems.

Dedicated E&S personnel will include Environmental Specialist, Social Specialist, SEA/SH Specialist, OHS Specialist and Medical Waste Management Specialist. UNICEF will contract and supervise Service Provider NGOs (SPs) as IPs to deliver the services provided in BPHS and EPHS facilities and communities. UNICEF or its contracted IPs will also hire and supervise Contractors for the construction/rehabilitation works. Through their contracts and scope of work, IPs and Contractors will be responsible for complying with environmental and social risks mitigation measures as well as the labour management procedures included in the ESMF. UNICEF will implement training on guidelines and procedures particularly on ESMP implementation to ensure IPs and Contractors are aware and able to comply to with the ESMF requirements.

UNICEF will screen all subproject proposals to: (i) identify the environmental and social risks that might emanate from the activities, (ii) identify the applicable Environmental and Social Standards (ESS); (iii) determine the appropriate Environmental and Social risk rating for the subproject activities, and; (iv) specify the type of environmental and social instruments required (e.g. assessment, plans) for mitigation.

All project activities may not require a full ESIA. The project will use a generic ESMP for subprojects, which can be adapted as required.

UNICEF will apply the World Bank's requirements for **consultation and disclosure**, as detailed in the Project SEP. Consultations will be initiated for each subproject at the earliest and consultation records will be kept in the Project Site Office. Consultations will take into consideration the sociocultural context of Afghanistan, as outlined in the SEP.

UNICEF will incorporate **environmental, social, health and safety (ESHS) requirements including the generic ESMP for contractors** in tender documentation and contract documents, so that potential bidders are aware of environmental and social performance requirements expected from them and are able to reflect that in their bids. The cost to contractors of meeting the ESHS requirements will be included in their respective contracts. UNICEF will monitor compliance by contractors with these requirements.

The requirements include the following sections:

¹ <http://unicef.org/afghanistan/sites/unicef.org.afghanistan/files/2022-03/SEP-P178775-HER-05032022-RSA-CLEARED.pdf>

- i Generic ESMP
- ii ESHS Training
- iii Construction Site Management including demobilization
- iv Occupational Health and Safety (OHS)
- v Road Safety, Traffic Safety, and other Community Health and Safety Measures
- vi Emergency Preparedness and Response Plan
- vii Stakeholder Engagement
- viii Codes of Conduct for project workers
- ix Labour Management Procedures
- x GBV/SEA/SH mitigations measures

UNICEF will **monitor and report** on implementation of the ESMF, with inputs from the Third Part Monitoring agent. UNICEF will ensure that E&S monitoring is included in the Project's reports to the World Bank.

The Project will use the GRM, as detailed in the Project Stakeholder Engagement Plan, which will be used for redressing grievances related to environmental and social issues (including SEA/SH) associated with project activities. UNICEF will have in place an adequate staffing structure to handle Project activity-related complaints.

The cost of due diligence for specific subprojects (preparation of the screening form, consultations, GRM, preparation of ESMPs, and monitoring) will be covered from the project budget and are included in the costs/budget in the overall project budget.

1 Overview and Introduction

1.1 Introduction

The World Bank is financing the Afghanistan Health Emergency Response (HER) project implemented by UNICEF and its Implementing Partners (IPs) and Contractors to provide essential health services to the population of Afghanistan. The Project aims to increase the utilization and quality of essential health services, including in the BPHS, EPHS, Nutrition services, and COVID-19 interventions, in Afghanistan.

The Environmental and Social Management Framework (ESMF) has been prepared by UNICEF and is specific to UNICEF's mandate in the HER Project.

The objectives of the ESMF are to:

- Provide a framework for environmental and social (E&S) risk and impact management of the project,
- provide clear procedures and methodologies for environmental and social risk screening, and monitoring of environmental and social risk mitigation measures to be financed under HER Project.
- describe the appropriate roles and responsibilities of UNICEF, Implementing Partners (IPs) and other stakeholders
- outline the reporting procedures on E&S mitigation measures and other activities related to the project investments.

The ESMF is prepared to meet the objectives and requirements of the World Bank's Environmental and Social Framework (ESF), and the World Bank Group Environment, Health and Safety (EHS) Guidelines. The ESMF also complies with the UNICEF Environmental and Social Standards and Afghanistan environmental and social laws and regulations.

The ESMF will guide UNICEF to ensure that all interventions are implemented in line with the ESF, including the preparation of sub-projects or activities specific Environmental and Social Management instruments as relevant to the activity nature, type and scale. For this purpose, the ESMF details how UNICEF will assess the environmental and social risks and impacts, identify the necessary mitigation measures, and monitor the E&S measures implementation, most particularly the environmental and social performance of Project contractors/activities implementers.

UNICEF has also prepared and disclosed a Stakeholder Engagement Plan (SEP), Environmental and Social Commitment Plan (ESCP), and the ESMF includes simplified Health Care Waste Management Plan (HCWMP), Infection Prevention and Control Plan (IPCP) and Labour Management Procedures (LMP). A separate Gender-Based Violence / Sexual Exploitation and Abuse / Sexual harassment (GBV/SEA/SH) action plan and Security Management Plan (SMP) have also been prepared under the project.

1.2 Project Overview

The overall objective of the HER is to increase the utilization and quality of essential health services, including the Basic Package of Health Services (BPHS), Essential Package of Hospital Services (EPHS), community- and facility-based nutrition services, and COVID-19 prevention and response interventions, in Afghanistan.

The project will consist of the following two components and seven sub-components as described below:

Component 1: Urgent provision of essential primary and secondary health services: This component will finance the delivery of basic health, nutrition, and COVID-19 (including preparedness) interventions across all 34 provinces. The existing arrangement of contracting out by competitive bidding to local and international service providers, as supported by the ARTF transfer out, will be retained.

- Sub-component 1.1: These packages will be delivered at the primary health care level as well as first, second, and provincial level hospitals. Additionally, the BPHS and EPHS include GBV services. Under this component, there will be a review of GBV referral protocols for multi-sectoral services in partnership with GBV Area of Responsibility (AOR), Child Protection AOR. Training on the protocols will be addressed under sub-component 2.1. Contracts supported by this component will use a P4P approach. Under Sehatmandi, P4P increased service volume and will continue with adaptations based on lessons learned and the current context. These adaptations will include the following: (i) regular payments will be de-coupled from data verification with necessary adjustments made to future payments; (ii) conditions for high-quality service delivery and community-based services to reach historically under-served areas will be more highly incentivized; (iii) coverage forecasts used to determine payment caps revisited ; and (iv) adequate payments to reasonably cover running costs of health facilities including health care workers. Critical maternal, child, and nutrition services will continue to be linked to performance-based payments.
- Sub-component 1.2 Enhancing community and facility level nutrition services. The priority² nutrition interventions in the BPHS and EPHS will be further strengthened through additional support in the following areas: i) maintaining paid female Nutrition Counsellors; ii) Adaption and development of behavior change communication materials and mediums focusing on key nutrition messages; iii) Program monitoring and reporting. Under the ARTF/WB Afghanistan Community Resilience and Livelihoods Project - (P178760) to be implemented by a different agency the following specific activities are also expected to enhance the nutrition component under HER: Build basic capacity of CDCs, particularly women and women’s groups on: (i) maternal and child nutrition; (ii) COVID-19 prevention; and (iii) availability/access to health and nutrition services and importance. The NCs will build basic capacity of CDCs on the above aspects and help them problem solve on their nutrition and health responsibilities
- Sub-component 1.3: Enhancing the health system capacity to prevent and respond to infectious disease outbreaks and to eradicate polio. UNICEF will work with WHO and other partners to ensure full COVID-19 surveillance integration with DEWS. In addition, the capacity of the health system to prevent, diagnose and treat infectious disease outbreaks (including climate exacerbated vector borne and waterborne diseases) will be further strengthened through activities to support the SPs with i) infection prevention and control; ii) improving diagnostic and reporting capacity; iii) improving treatment capacity; and iv) risk communication and community engagement to protect people and increase demand for vaccination.

Component 2: Strengthening service delivery and project coordination: This component aims to maintain and strengthen the systems needed to deliver high-quality services, maximize the efficient deployment of resources, and ensure accountability. The scope of this component is organized around four subcomponents

² *Maternal nutrition:* (i) IFA and calcium supplementation; (ii) regular weight measurement; and (iii) nutrition counselling on adequate dietary diversity, consumption of adequate quantities of food, importance of compliance of consumption of iron and calcium supplements and importance of rest.

Child nutrition: (i) age-appropriate breastfeeding and complementary feeding counselling; (ii) growth monitoring and promotion (GMP); (iii) vitamin A supplementation; (vi) iron supplementation; and (viii) treatment of acute malnutrition.

that give the implementing UN agency flexibility to respond to emerging system needs:

- Sub-component 2.1 Sustain and strengthen healthcare worker capacity. This sub-component would allow the implementing agency to contract training institutions and other specialized firms to implement trans-provincial training and mentorship and to broaden institutional investments to improve quality of care.
- Sub-component 2.2 Quality health product and equipment supply chains. This sub-component will support SPs with forecasting and procurement. Support will also be provided to develop platforms for coordinated procurement and market shaping options for high-quality health products and essential equipment, including investment in improvement in routine vaccines deployment. In addition, this sub-component will finance short-term funding gaps for medicines or vaccines in the EPHS and BPHS usually funded by other sources.
- Sub-component 2.3 Strengthening monitoring and ensuring accountability. This sub-component will ensure that the program design elements under Component 1 translate into improved performance by SPs as well as support the quality of services delivered under component 1, thus resulting in improvements in population health outcomes. This will be achieved through the following three pillars: Pillar 1: Verified data on service delivery and quality; Pillar 2: Performance management support; Pillar 3: In-depth outcome assessments
- Sub-component 2.4 Project implementation and coordination. This sub-component will support the Recipient's indirect costs and direct costs. The direct costs will focus on project implementation and coordination, as well as ensuring monitoring and evaluation (M&E) of overall institutional, strategic/programmatic, operational, and contextual risks across the program through functions across the office.

1.3 Rationale

In line with ESS1, the Project uses an Environmental and Social Management Framework because the exact nature and location of subprojects and their impacts are not fully known at the time of Project appraisal.

1.4 Lessons Learned

The implementation approach for the different components and sub-components builds on experience with similar projects. UNICEF is implementing the ARTF-TO phase of the support to BPHS and EPHS to continue urgent provision of essential primary and secondary health services which is expected to continue in the HER project. UNICEF has used the ARTF-TO phase to strengthen waste management and infection prevention and control systems and practices in health facilities where little data exists. New evidence from the current programmes have been used to update the HCWMP for the HER project. Additionally, UNICEF is already in the process of strengthening monitoring of client satisfaction and health worker satisfaction. The findings will help to inform and further tailor the design of the support to BPHS and EPHS facilities in the HER project.

UNICEF has experience working with the various NGO Service Providers/ IPs engaged in the contracting mechanism for BPHS and EPHS and has had the opportunity to assess and monitor the capacity of the various organizations. These capacity assessments will inform partner selection and capacity building plans in the HER project, to select NGOs with a positive record of accomplishment of environmental and social awareness and capacity, and to build capacity of partners where a need is identified.

UNICEF and other UN agencies have nearly four years of experience implementing the Awaaz system for two-way communication with affected communities including grievance collection and response. Due to the

volume of communication expected through the HER and Emergency Education Response Project (EERA) projects, and the current capacity of Awaaz, UNICEF is working to establish its own Grievance Redress Mechanism (GRM). This system will be designed based on lessons learned from involvement with Awaaz.

2 Legal and Regulatory Framework

This ESMF is prepared to:

- (i) meet the objectives and requirements of the World Bank’s Environment and Social Standards (ESS), and the EHS Guidelines, and other guidelines and guidance;
- (ii) meet UNICEF’s ESSs relevant policies, procedures, and guidelines; and
- (iii) comply with national environmental and social laws and regulations of Afghanistan.

2.1 World Bank Environmental and Social Framework

The World Bank ESF sets out the World Bank’s commitment to sustainable development. It includes a set of ten ESSs that establish the mandatory requirements that the Borrower and the projects must meet through the project life cycle. The standards establish objectives and requirements to avoid, minimize, reduce, and mitigate environmental and social risks and impacts, and to compensate for or offset any residual impacts. The relevant ESS are presented in Table 1.

Table 1: Relevant ESS Standards

World Bank ESS standards	Relevant to HER Project? (Y/N)	Rationale
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	Yes	ESS1 discusses the borrower’s responsibilities in identifying and managing the E&S risks/impacts of the project. ESS1 is relevant as there are potential environmental and social risks and impacts associated with the project’s interventions that mitigation actions would be required. The project could cause environmental, social, labour, security, health and safety risks due to the nature of the operation and the FCV setting. The key impacts would be poor management of health care wastes, chemical reagents and other materials to be used in the health centers; inequitable distribution of project benefits excluding certain vulnerable groups; inadequate public engagement and consultation; forced labour; occupational health and safety (OHS) risks, infectious disease exposure risks and security risks to project workers and; SEA/SH risks. For this project, the EHS General Guidelines is applicable containing specific environmental, health and safety measures for construction and rehabilitation of WASH infrastructures within the premises of health facilities. The General Guidelines will provide measures on environment, occupational health and safety, community health and safety, and construction and decommissioning.
ESS 2: Labour and Working Conditions	Yes	ESS 2 deals with labour related issues associated with project activities. ESS2 also ensures that workers have channels for grievance redress, freedom of association and access to

		<p>collective bargaining rights as prescribed by national law. The project implementation will involve direct workers (consultants and staff recruited by UNICEF), contracted workers (workers of IPs and Contractors) and community workers (Community Health Workers). No primary supply workers will be engaged in the HER Project. The LMP for the project is included in Annex 4 of this ESMF.</p> <p>The workers may be exposed to OHS risks including infection and disease as well as minor construction related OHS risks. Labour related issues could also include discrimination in recruitment, forced and child labour, unsafe working conditions, potential physical safety risks of the health care workers due to exposure to infectious diseases, SEA/SH risks and other contextual risks associated with operating within a FCV environment.</p> <p>UNICEF personnel may report possible misconduct or wrongdoing to UNICEF’s Office of Internal Audit and Investigations (OIAI) via established reporting channels. This may include the following: fraud; corruption; workplace harassment; sexual harassment; abuse of authority; discrimination; retaliation; sexual exploitation and abuse; or any other failure to observe prescribed regulations, rules, policies and procedures and standards of conduct.</p> <p>Contractors shall put in place a GRM for its workers and the workers of its subcontractors that is proportionate to its workforce. The GRM for workers shall be distinct from the Project level Grievance Mechanism described in the Project SEP. Contractors are also required to report allegations of fraud and corruption and sexual exploitation and abuse directly to UNICEF in accordance with standard contractual terms and conditions.</p>
<p>ESS 3: Resource Efficiency and Pollution Prevention and Management</p>	<p>Yes</p>	<p>ESS3 addresses efficient resource use and pollution prevention. Medical wastes and chemical wastes (including wastewater, reagents, infected materials, etc.) from the health centers to be supported (drugs, supplies and medical equipment) can have significant impact on environment and human health if not properly handled and disposed. Wastes that may be generated from medical facilities/ labs may include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Proper management of healthcare waste is a challenge in Afghanistan.</p>

ESS 4: Community Health and Safety	Yes	ESS 4 discusses the need and requirement for community health and safety issues in World Bank financed projects. Communities may be subject to risks resulting from poor medical waste management and infection prevention and control practices; SEA/SH perpetrated by project workers and actors, accidents, community exposure to infectious diseases and security issues particularly in conflict-affected and remote areas.
ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	No	ESS 5 deals with land acquisition, restrictions on land use and involuntary resettlement issues in World Bank financed projects. Rehabilitation works are expected to occur in existing facilities and will not impact private lands and assets. No land acquisition is envisaged under this project and thus the standard is not relevant.
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	No	ESS 6 deals with biodiversity conservation and sustainable management of living natural resources. This standard is not relevant as project will operate within existing facilities/physical footprint.
ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	No	ESS7 seeks to mitigate adverse impacts of projects and promote sustainable development benefits and opportunities for Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in a manner that is accessible, culturally appropriate, and inclusive. This standard is not relevant as there are no Indigenous People that meet the criteria of ESS7 in the country that could potentially benefit or be adversely affected by the Project's activities.
ESS 8: Cultural Heritage	No	ESS8 sets out general provisions on risks and impacts to cultural heritage from project activities This standard is not relevant as the project is not expected to affect any tangible or intangible Cultural Heritage as activities are to be carried out in existing facilities.
ESS 9: Financial Intermediaries	No	ESS9 sets out how Financial Intermediaries will assess and manage environment and social risks and impacts associated with subprojects. The standard is not relevant as the Project does not include financial intermediaries.
ESS 10: Stakeholder Engagement and Information Disclosure	Yes	ESS10 recognizes the importance of open and transparent engagement with project stakeholders. UNICEF has developed a SEP for the HER project that draws from the SEPs that were prepared and implemented for the COVID-19 ERHSP project, the former Sehatmandi project and other World Bank funded health and nutrition projects managed by UNICEF. The SEP is also in line with the principles outlined in UNICEF's Social and Environmental Sustainability Standards. The SEP lays out the plan for meaningful consultations and engagement with all stakeholders throughout the project lifecycle, including information disclosure and grievance management.

		<p>Due to the emergency situation and COVID-19 constraints, the SEP has been updated with limited consultations. It would be a live document which shall be updated during implementation based on the ongoing consultations.</p>
--	--	---

The project will also apply the Environmental, Social, Health and Safety (ESHS) requirements in Annex 5 which are aligned to the following guidelines and Good Practice Notes:

- WBG General EHS Guidelines, 2007
- World Bank Good Practice Notes:
 - Addressing SEA/SH in investment projects financing involving in major civil works, 2020
 - Addressing Gender based violence in Investment Project Financing involving major civil works, 2018
 - Road safety, 2019
 - Assessing and managing the risks and impacts of the use of security personnel, 2018
- Managing the risks of adverse impacts on communities from temporary project induced labour influx, 2016
- World Bank Technical Note on Public Consultations and Stakeholder Engagement in World Bank-Supported Operations when there are Constraints of Conducting Public Meetings, 2020

2.2 Environmental and Social Risk Classification

The overall environmental and social risk classification is Substantial for the HER Project. The World Bank will review the risk classification on a regular basis during implementation, and can change the classification if necessary, to ensure that it continues to be appropriate.

For this project, the EHS General Guidelines is applicable containing specific environmental, health and safety measures for construction and rehabilitation of WASH infrastructures within the premises of health facilities. The General Guidelines will provide measures on environment, occupational health and safety, community health and safety, and construction and decommissioning.

2.3 UNICEF Environmental and Social Standards

UNICEF is in the process of developing a comprehensive set of environmental and social safeguards that will be applicable to all of the Projects it implements. The safeguards will be based on the Model Approach to Environmental and Social Standards for UN Programming. The Model Approach represents a key step in moving towards a common approach among UN entities for addressing environmental and social standards for UN programming.

UNICEF has drafted a policy on ESS, which is now being finalized for adoption. These standards apply to underpin UNICEF’s commitment to mainstream social and environmental sustainability to support sustainable development. Through application of the UNICEF ESS, UNICEF enhances the consistency, transparency and accountability of its decision-making and actions, improves performance, and strengthens

achievement of sustainable development outcomes. The main objectives of these standards are:

- Strengthen the quality of programming by ensuring a principled approach
- Avoid adverse impacts to people and the environment
- Minimize, mitigate, and manage adverse impacts where avoidance is not possible
- Strengthen UNICEF and partner capacities for managing social and environmental risks
- Ensure full and effective stakeholder engagement, including through a mechanism to
- respond to complaints from project-affected people

The ESS are an integral component of UNICEF’s quality assurance and risk management approach to programming.

Table 2: Key Elements of UNICEF’s ESS

UNICEF ESS	Relevant to HER Project? (Y/N)	Rationale
ESS1 Labour and working Conditions	Yes	The project implementation will involve direct workers (consultants and staff recruited by UNICEF), contracted workers (workers of IPs and Contractors) and community workers (Community Health Workers). This standard ensures UNICEF projects workers and beneficiaries safety and health. Prevention forced labour, child labour and SEA as well as prevention and mitigation of discriminations by including the disadvantaged and vulnerable.
ESS2 Resource efficiency and pollution prevention	Yes	Project will generate medical waste and waste from construction/rehabilitation works. This standard deals with reducing waste generation, recycling and ensuring proper and safe disposal. Controlling pollutions, emissions and hazardous substances.
ESS3 Community Health, Safety and Security	Yes	ESS 3 is relevant to avoid and mitigate adverse impacts on human health. Ensuring occupational health and safety on construction sites and avoiding social tensions or conflicts between communities or within a community.
ESS 4 Displacement and involuntary resettlement	No	ESS4 aims to prevent, avoid then mitigate involuntary/economic resettlement. Enhancing community consultation and participation. This standard is not relevant as project will operate in existing facilities/physical footprint.
ESS5 Biodiversity conservation and sustainable resources management	No	ESS5 deals with promoting equitable access and sustainable management and consumption of natural resources. Maintaining and preserving the benefits of ecosystems and ecosystem services. This standard is not relevant as project will operate in existing facilities/physical footprint.
ESS6 Indigenous people	No	ESS6 deals with ensuring that projects don’t impact indigenous people, their lands, territories, resources. Providing just and equitable opportunities for indigenous people in culturally appropriate manner. This standard is not relevant as there are no Indigenous People that meet the criteria of ESS7 in the country that could potentially benefit or be adversely affected by the Project’s activities.

UNICEF ESS	Relevant to HER Project? (Y/N)	Rationale
ESS7 Cultural Heritage	No	ESS7 deals with preserving and promoting Cultural Heritage and promoting equitable sharing of benefits from Cultural Heritage. This standard is not relevant as the project is not expected to affect any physical Cultural Heritage as activities are to be carried out in existing facilities
ESS8 Climate change and disasters risks reduction	Yes	ESS8 deals with integrating climate resilience considerations in projects. Mitigating vulnerability of communities to climate change impacts or disaster risks and reducing GHG emissions. Afghanistan, where HER will be implemented, is prone to climate induced natural disasters such droughts, floods and harsh winters.

2.3.1 UNICEF Rapid Assessment on ESF and Gender Study in Afghanistan

The *UNICEF Rapid Assessment on ESF and Gender Study in Afghanistan* prepared by the World Bank found that UNICEF's Environmental and Social Standards are broadly well aligned with the World Bank ESF. Based on the assessment, UNICEF will ensure the following recommendations relevant to the HER project are met:

- WB ESS1: Assessment and Management of Environmental and Social Risks and Impacts
 - UNICEF will ensure a strong emphasis on capacity building to ensure that E&S requirements are understood by implementing partners. Please see Capacity Building Plan in Chapter 6
 - UNICEF will leverage the risk screening template and risk classification criteria that have been agreed with the World Bank in Chapter 5 for the screening of sub-projects.
- WB ESS2: Labour and Working Conditions (UNICEF ESS1)
 - UNICEF will ensure specific reference to community workers is included in the LMP and that relevant requirements under ESS2 apply to them.
- WB ESS4: Community Health and Safety (UNICEF ESS3)
 - UNICEF will strengthen GBV/SEA/SH provisions in the code of conduct for contractors which may include codes of conduct specific to GBV/SEA/SH as well as ensure that community workers adhere to expected behavioral standards.

2.4 Applicability of National Legal Requirements

Afghanistan is in transition and it is not clear which national laws and policies remain valid. The following laws are relevant if they remain valid:

- Environmental Protection Law
- The Environmental Impact Assessment Regulation 2017
- The Afghanistan Labour Law
- National Labour Policy 2017
- The Water Law 2009
- The National Disaster Management Law 2012

The project will apply the relevant national laws and policies, as applicable. Where national laws and policies are inconsistent with the World Bank ESF or UNICEF Environmental and Social Standards, UNICEF will look to achieve or implement whichever standards are more stringent.

2.4.1 International Conventions

Afghanistan is party to a member of international environmental agreements, the most important of which are shown in Table 3.

Table 3: Afghanistan International environmental agreements

Convention	Ratified
<i>Convention concerning the Protection of the World Cultural and Natural Heritage.</i>	20/03/1979
<i>Convention on Biological Diversity</i>	19/09/2002
<i>Convention on the Conservation of Migratory Species</i>	01/08/2015
<i>United Nations Framework Convention on Climate Change</i>	19/ 09/ 2002
o <i>United Nations Convention on Combating Desertification</i>	1/11/ 1995 (accession)
o <i>Environmental Modification Convention</i>	10/22/85 (accession)
o <i>Stockholm Convention on Persistent Organic Pollutants</i>	20/02/2013 (accession)
o <i>Law of the Sea</i>	8/03/1983 (signed)
<i>Equal Remuneration Convention, 1951 (No. 100)</i>	In Force (ratified 1969)
<i>Abolition of Forced Labour Convention, 1957 (No. 105)</i>	In Force (ratified 1963)
<i>Discrimination (Employment and Occupation) Convention, 1958 (No. 111)</i>	In Force (ratified 1969)
<i>Minimum Age Convention, 1973 (No. 138) Minimum age specified: 15 years</i>	In Force (ratified 2010)
<i>Worst Forms of Child Labour Convention, 1999 (No. 182)</i>	In Force (ratified 2010) 2014: Ministry of Labour and Social Affairs (MoLSA) announced a List of Prohibited Jobs for Child Labourers (Labour Code 41,42)
<i>Night Work (Women) Convention (Revised), 1948 (No. 89)</i>	Abrogated by decision of the International Labour Conference at its 106th Session (2017)
<i>Night Work (Women) Convention, 1919 (No. 4)</i>	Abrogated by decision of the International Labour Conference at its 106th Session (2017)
<i>Equal Remuneration Convention, 1951 (No. 100)</i>	In Force
<i>Underground Work (Women) Convention, 1935 (No. 45)</i>	In Force
<i>Protection of Wages Convention, 1949 (No. 95)</i>	In Force
<i>Weekly Rest (Commerce and Offices) Convention, 1957 (No. 106)</i>	In Force
<i>Dock Work Convention, 1973 (No. 137)</i>	In Force (ratified 1979)
<i>Occupational Cancer Convention, 1974 (No. 139)</i>	In Force
<i>Paid Educational Leave Convention, 1974 (No. 140)</i>	In Force
<i>Human Resources Development Convention, 1975 (No. 142)</i>	In Force (ratified 1979)
<i>Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)</i>	In Force (ratified 2010)

2.4.2 Relevant Technical Guidelines for COVID-19 Virus

The World Health Organization, World Bank and Ministry of Public Health (MoPH) have issued a number of guidelines to prevent and contain the spread of infections among the population as well as frontline workers.

Relevant guidelines as updated from time to time applicable include:

- Technical brief for water and sanitation practitioners amidst outbreak of the COVID-19;
- WHO Guideline “Getting Your Workplace Ready for COVID-19”;
- WHO Interim Guideline Diagnostics, Therapeutics, Vaccine Readiness, and other Health Products for COVID-19 (2020);
- WHO Laboratory Testing Strategy Recommendations for COVID-19 ;
- World Bank ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works; and
- MoPH Guidelines for COVID-19

3 Identification and Assessment of Potential Environmental and Social Risks, Impacts and Mitigation Measures

3.1 Environmental and Social Risks/Impacts and Mitigation Measures

This section summarizes key environmental and social risks in line with UNICEF supported Project components and sub-components and guided by the harmonized application of the ESF ESSs, and UNICEF ESS.

The project will have positive environmental and social impacts, insofar as it would improve surveillance, monitoring and containment of outbreaks including COVID-19, acute watery diarrhoea, measles, and polio, as well as it will help project beneficiaries especially the poor to have access to essential health care services and strengthening monitoring, promoting quality healthcare, and ensuring accountability. Positive social impacts will accrue through improved reporting system for GBV management and referral, several initiatives aimed at strengthening citizen engagement and improved access to health services by women as the project improves availability of female health workers and female nutrition counsellors.

Table 4 identifies the potential environmental and Social (including labour), Health, and Safety risks associated with project activities and the corresponding mitigation measures.

Table 4: Potential Environmental and Social Risks and Mitigation Measures

Potential Risk	Mitigation Measure
Occupational Health and Safety	
<p>Occupational Health and Safety Risks can occur because of the potentially hazardous work environment. OHS risks may include:</p> <ul style="list-style-type: none"> • Project workers may be exposed to COVID-19 and other pathogens • Work-related accidents and injuries may increase during civil (rehabilitation) works. • Road safety hazards, traffic accidents • Exposure to heavy objects, heavy machinery and equipment, falling objects • Exposure to noise and dust, and exposure to electrical hazards from the use of tools • Exposure to chemicals such as paints, solvents, lubricants, and fuels 	<ul style="list-style-type: none"> • Ensure implementation of OHS measures detailed in Annex 5 and address related grievance as detailed in the simplified LMP (Annex 4) • Incorporate by reference the relevant aspects of the ESCP, including, inter alia, the ESMF, into the ESHS (Annex 5) specifications of the procurement documents with implementing partners and contractors. Such requirements will be extended by UNICEF’s contractors/service providers (implementing partners) to all subcontractors.³ • Ensure that targeted Health Care Facilities apply safety standards to avoid infection, provide the necessary medicines, continuously clean using proper detergents, provide the necessary equipment, chemicals and specialized medical staff, provide potable drinking chlorinated water, properly dispose of and manage medical waste, provide proper PPE to health workers and to patients, ensure safe disposal of used PPEs, and use related guidelines and procedures mainly those prepared by WHO, and the WBG EHS and apply the

³ Note standard UNICEF contracting language will not be amended, but ESHS requirements will be referenced in Project Documents or Contracting Documents (e.g., through TOR).

<ul style="list-style-type: none"> • Lifting of heavy loads • Welding hazards (fumes, burns and radiation) 	<p>Project HCWMP</p> <ul style="list-style-type: none"> • Require service providers (implementing partners)/contractors to provide quarterly monitoring reports to UNICEF on ESHS performance in accordance with the ESHS metrics specified in the respective procurement documents. • Provide laminated signs of relevant safe working procedures in a visible area on work sites, in English and local language as required, including infection prevention • Provide PPE as suitable to the task and hazards of each worker, without cost to the worker • Provide training on OHS and COVID-19 Infection Prevention and Control Protocols • Ensure Construction/rehabilitation sites have protective measures (barriers, fencing) • Erect removable barriers in high-risk areas • Put in place warning signs, and allow only authorized persons access to working area • Carry out the medical follow-up of the workers (such as emergency medical treatment on site, transportation to nearby hospitals) and appropriate medical cover in line with national laws. • Require all vehicle drivers to have appropriate licenses • Equip workers with hard helmets, safety boots and protective gloves and/or PPE equipment as needed • Provide First aid equipment and facilities in accordance with the Labour Law • Require at least one supervisory staff trained in safety procedures to be present at all times when rehabilitation work is in progress • Ensure adequate provision of hygiene facilities (toilets, hand-washing basins), resting areas etc. separated by gender as needed and with distancing guidelines in place • Require all workplace health and safety incidents to be properly recorded in a register detailing the type of incident, injury, people affected, time/place and actions taken, and reported to UNICEF and the World Bank in compliance with the terms set in the ESCP • Implement the Life and Fire Safety requirements • Require BPHS partners to confirm the compliance of health facilities with local building codes and fire
--	---

	<p>department regulations. Where the above evidence is missing, work with local authorities to ensure a life and fire safety review is conducted for the relevant building.</p>
<p>Labour and Working Conditions</p>	
<p>Risks related to labour and working conditions may include:</p> <ul style="list-style-type: none"> • unfair/discriminatory recruitment practices (e.g., against women) • recruitment of under aged persons (child labour) • noncompliance with national labour laws • low capacity to manage E&S risks 	<ul style="list-style-type: none"> • Implement the simplified LMP set and agreed for the project (Annex 4) • Establish, maintain, and operate a grievance mechanism for Project workers, as described in the simplified LMP • Incorporate by reference the relevant aspects of the ESCP, including, inter alia, the ESMF, into the ESHS (Annex 5) specifications of the procurement documents with implementing partners and contractors. Such requirements will be extended by UNICEF’s contractors/service providers (implementing partners) to all subcontractors. • Ensure the existence of contractual requirements on prevention of child labour, minimum age of 18 and age verification protocol for each implementing entities • Implement capacity building plans for implementing partners and contractors to mitigate against the risks of low capacity among implementing partners and contractors to manage E&S risks.
<p>Gender Inequality, Gender-based Violence(GBV)/ Sexual Exploitation and Abuse(SEA) /Sexual Harassment(SH)</p>	
<p>SH includes unwelcome sexual advances, requests for sexual favours, and other unwanted verbal or physical conduct of a sexual nature in the workplace, between personnel/staff working on the project. Both women and men can experience SH. Workplace related SEA can affect Women, girls, boys, and men and includes any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes. Sexual abuse includes actual or attempted physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. In the context of World Bank supported projects, project beneficiaries or members of project-affected communities may experience SEA. GBV/SEA/SH risks may include:</p> <ul style="list-style-type: none"> • Female clients could face demands 	<ul style="list-style-type: none"> • Train all project workers (including community health workers) on GBV/SEA/SH. • Require BPHS partners and all their staff at HF level contracted to perform activities for the project to sign a Code of Conduct • Conduct real-time monitoring by UNICEF and Third-Party Monitoring of the GBV/SEA/SH Action Plan • Ensure availability of a functional grievance redressal mechanism which can be used as reporting channel with specific referral pathways for GBV/SEA/SH. A workers’ GRM will allow project workers to report any instances of sexual harassment and abuse on the job, while a beneficiaries’ GRM will allow project participants to report instances of SEA or GBV perpetrated by project workers • Ensure sufficient GBV service providers are in place to refer SEA/SH cases. • Ensure safety measures are in place to protect GBV

<p>for favors in exchange for receiving required services for themselves or their children</p> <ul style="list-style-type: none"> • Female staff of contractors could be subjected to sexual harassment by their colleagues • Female staff can be required to take on gendered roles within their team that are outside of their contracted scope of work, and face threat of reduction in pay or loss of employment if they do not perform these extra tasks or roles 	<p>service providers and GBV focal points. Sufficient support (psychosocial and mental health care) including self-care mechanisms</p> <ul style="list-style-type: none"> • Awareness raising among community members on GBV/SEA/SH risks and presence of GRM.
<p>Resource efficiency, Pollution and Waste Management</p>	
<p>Environmental risks associated with resource efficiency and material supply; construction related solid wastes, wastewater, noise, dust and emission management; hazardous materials management etc. may include:</p> <ul style="list-style-type: none"> • Dust generation during construction equipment and materials loading and unloading, and working material mixing • Increased levels of noise and vibration due to vehicles movement and construction machineries • Air pollution due to emissions from construction vehicles and machinery • Poor management of liquid wastes, leading to soil or groundwater pollution • Poor disposal of construction debris and waste materials • Ground water pollution from pit latrines • Improper handling and disposal of hazardous waste 	<ul style="list-style-type: none"> • Assess the environmental and social risks and impacts of proposed Project activities, in accordance with ESSs, the Environmental, Health and Safety Guidelines (EHSGs) and its OHS component • Prepare ESMPs capturing resource minimization and mitigation measures of adverse impacts on material sources • Use well-maintained equipment • Spray water for dust control • Use operational noise muffler • Limit noisy activities to normal daylight hours • Limit vehicle speed at critical locations • Properly maintain construction machinery to minimize exhaust emissions of CO, suspended particulates and fumes • Remove and recycle liquid waste • Properly dispose of solid waste at designated permitted sites • Ground water quality testing at source development and regular intervals
<p>Medical Waste Management</p>	
<p>Potential risks related to medical waste management activities including care of laboratory waste, injections, human parts and vaccines, transport of waste to disposal sites, and disposal, include the following:</p> <ul style="list-style-type: none"> • Medical waste generation 	<ul style="list-style-type: none"> • Ensure implementation of the project HCWMP (Annex 2.1) and IPCP (Annex 2.2). • Provide appropriate equipment, material and training for proper medical waste management in the Health Care Facilities

<ul style="list-style-type: none"> • Risk of infection, cross contamination, contamination of soil and groundwater, accidental infection through poor handling of sharps, etc. • Risk of spread of diseases, personnel exposure to disease and bacteria • Incinerator Impact (Smoke, flue gas, lung diseases) • Mismanagement of wastes 	<ul style="list-style-type: none"> • Provide all health facilities with safety boxes or proper garbage bins with proper labelling for disposal. Human parts will be disinfected before disposal (all in line with HCWMP) • Coordinate transportation with the concerned municipalities and will make sure wastes are collected in closed containers and transported in the assigned vehicles, when applicable (note that most of the wastes will be disposed of in the incinerators inside the health facilities, where incinerators are available) • Ensure proper siting of Incinerators, ash buried in special lined pits or designated landfills to avoid contamination of water bodies • Provide infection prevention training for health workers
Community Health and Safety	
<p>Community Health and Safety risks may include:</p> <ul style="list-style-type: none"> • Risk of accidents or infection including COVID-19 within the facilities • Inadequate hygiene practices and behaviour • Fire risks in health facilities 	<ul style="list-style-type: none"> • Ensure that targeted Health Care Facilities apply safety standards to avoid infection, provide the necessary hygiene supplies, continuously clean using proper detergents, provide the necessary equipment, chemicals and specialized medical staff, provide potable drinking water, properly dispose of and manage medical waste, provide proper PPE to health workers and to patients, ensure safe disposal of used PPEs, use related guidelines and procedures including those prepared by WHO and the WBG EHS, and apply the Project HCWMP • Ensure availability of a grievance redress mechanism, to receive and facilitate resolution of concerns and grievances in relation to the Project, promptly and effectively, in a transparent manner that is culturally appropriate and readily accessible to all Project-affected parties. • Provide a Life and Fire Safety and Emergencies Preparedness and response checklist for all health care facilities, alternate COVID-19 health care facilities, and/or refurbished buildings • Ensure provision of proper and safe equipment and materials to be used by health workers including waste management staff and site workers • Provide awareness to employees, patients, and the community on the importance of personal hygiene and cleanliness of the surrounding environment, • Train cleaning crew and providing (appropriate PPEs) tools for safety and hygiene • Conduct regular monitoring visits to HER Project - supported BPHS and EPHS facilities

Security	
<p>The security and conflict situation remains fragile in Afghanistan with Islamic State – Khorasan (ISK) and other military groups active. The ongoing conflict creates a challenging security situation. Security risks may include:</p> <ul style="list-style-type: none"> • Threats to the personal safety of the workers due to fighting, airstrikes, shelling, and landmines • Threat of physical violence for individuals involved in the transportation of supplies or provision of the operational cost services • Detention including arrest or kidnapping during the course of, or as a result of, project-related work • Road traffic accidents 	<ul style="list-style-type: none"> • Implement project SMP in line with the United Nations Security Management Systems (UNSMS) policies and processes, including the Saving Lives Together framework (SLT), for UNICEF personnel and premises. • Identify security threats to the project and establishment of clear channels of communication to communicate changes in threat levels between the various parties involved in project implementation • Follow deconfliction procedures before any field mission for direct staff • Ensure updated and real-time mapping of roads and potentially affected areas • Ensure that all project workers are duly trained on the security clearances from relevant authorities for all contracted work • Suspend project activities in areas with active conflict or where political and governance risks cannot be effectively managed • Through the stakeholder engagement plan, ensure that authorities and influencers at all levels are adequately engaged and secure buy-in for the project to mitigate against resistance from local level authorities • Require UNICEF personnel to comply with UNICEF’s vehicle fleet and road safety/management policies, procedures, and guidelines • Train UNICEF staff and require contractors and partners to provide adequate training to its staff, on safety and security considerations tailored to the local context in Afghanistan, including on conflict sensitive communication, cultural awareness, implementation, and risk management
Vulnerable Groups	
<ul style="list-style-type: none"> • The central social risk is the limitations and challenges marginalized and vulnerable social groups may face in accessing health facilities and services. Specifically, reaching traditionally excluded groups, remotely located communities, and internally displaced people may be challenging in the present vulnerable country context. There are also structural barriers for these disadvantaged groups to access 	<ul style="list-style-type: none"> • Implement the SEP and ensure regular updates of the SEP (to ensure that vulnerable groups have equal access to the project benefits). • Enforce UNICEF’s equity policy, based on evidence, to ensure equitable distribution of benefits to targeted beneficiaries including use of mobile teams in hard-to-reach areas and support to the various elements of the Community-Based Health Care (CBHC) program, namely Community Health Workers (CHWs), Family Health Houses (FHH), and Family Health Action Groups (FHAG)

<p>healthcare services like security and mobility concerns, especially for women.</p>	<ul style="list-style-type: none"> • Ensure availability of a grievance redress mechanism, to receive and facilitate resolution of concerns and grievances in relation to the Project, promptly and effectively, in a transparent manner that is culturally appropriate and readily accessible to all Project-affected parties • Design interventions, operational modalities, and funding flows to avoid elite capture of resources and ensure that as much of the funds as possible reach the intended beneficiaries, including vulnerable groups
<p>Natural Disasters</p>	
<p>Afghanistan is prone to Natural disasters which may impact project activities implementation, staff ability to work, and infrastructure and project resources, for example:</p> <ul style="list-style-type: none"> • Heat waves • Severe winter • Floods • Cyclones • Earthquakes and landslides 	<ul style="list-style-type: none"> • Monitor the weather conditions and develop emergency response plans to ensure the safety of direct and contracted staff. Establish communication mechanisms between offices and entities to share information as situations evolve • Adapted working hours at sites to avoid work during the heavy weather period • Provide flexible scheduling and alternative work modalities • Use as much as possible local workers to provide the services, to avoid workers traveling long distances
<p>Delivery and storage of goods, including pharmaceuticals, reagents, and hazardous materials</p>	
<p>Risks may include:</p> <ul style="list-style-type: none"> • Issues related to delivery and storage of goods, (medicines) • Issues of transparent and equitable distribution of supplied goods 	<ul style="list-style-type: none"> • Ensure delivery and storage of goods follows WHO guidelines and international procedures on transport and storage of medicines, pharmacy and other material are • Conduct regular inspection of goods and warehouse and will keep log of inventories for monitoring purposes • Communicate transparently on eligible locations and facilities and will engage with communities to ensure fair access to project benefits, as indicated in the SEP

3.2 Security Management

The evolving and complex political, socio-economic environment presents multiple risks, both direct and indirect, to project staff, contractors, health workers and facilities as well as local partners as outlined in Table 6. UNICEF has developed a project SMP to help prevent and mitigate the risks. The SMP utilizes the UNSMS, to which both UNICEF and World Bank are party to, for the overall security management approach. The SPM has five components:

1. UNSMS.
2. Inter-Agency Security Management Network (IASMN) Saving Lives Together Framework (SLT).
3. Security Incident Reporting.

4. Service Providers/Contractors.
5. Road Safety.

Components 1 to 3 considers project personnel who are defined to be UNICEF personnel (staff and consultants), and whose salaries are supported by HER. Component 4 considers the security provisions, risks and mitigating measures for service providers and contracted workers. Component 5 outlines the Road Safety provisions for UNICEF staffs, contractors, and service providers/contracted workers.

UNSMS: The UNSMS comprises a variety of instruments, including policies, guidelines, manuals, handbooks, aide memoires and communiqués. Relevant guiding documents are maintained on the United Nations Security Information Network (UNSMIN)⁴

Saving Lives Together Framework (SLT): The SLT is a series of recommendations aimed at enhancing security collaboration between the United Nations (UN), and international NGOs and/or international organizations (known as “SLT partner organizations”). The objective of SLT *“is to enhance the ability of partner organizations to make informed decisions, manage risk and implement effective security arrangements to enable delivery of assistance and improve the safety and security of personnel and operations.”* There are two levels of collaboration within the SLT – “regular” and “enhanced.” The UNICEF implementation of the SLT under this project, when applicable, will follow the “enhanced” level of collaboration with regards to security plans and information management to bolster security coordination arrangements, information sharing and operational / logistics arrangements with any international NGO implementing partners.

Security Incident reporting: The Security Incident Reporting process is supported by UNICEF regular monitoring of the security situation on the ground, including monitoring of the security situation using data received from multiple sources, including UNDSS, UNICEF service providers, partners, media, etc. UNICEF will notify World Bank within 48 hours after learning of and confirming the incident or accident. A detailed report (using an agreed template) of the incident shall be provided within thirty (30) days of making the initial report of the security incident.

Service Providers/contractors: UNICEF Implementing Partners and Contractors are responsible for the security of its personnel, premises, equipment, and activities when implementing UNICEF supported programmes. These responsibilities are outlined in the clauses of the contracts entered between UNICEF and these contractors and derive from their fundamental duty of care as employers and as independent legal entities. The contractors will report to UNICEF on all matters related to program implementation including security incidents that negatively affect delivery or impact personnel according to the SOPs in place.

Road Safety: UNICEF’s vehicle fleet and road safety management policies, procedures and guidelines will apply to UNICEF staff as they conduct their regular monitoring visits to HER supported Health sites. Implementing Partners and Contractors will be responsible for the engagement and management of personnel, ensuring compliance with road safety and convoy procedures.

⁴ See: <https://unsmn.dss.un.org/>

3.3 GBV/SEA/SH Action Plan

UNICEF has prepared a detailed GBV/SEA/SH action plan to prevent and mitigate the substantial SEA and SH risks. GBV is a complex issue requiring multisectoral collaboration for it to be tackled effectively. UNICEF collaborates with other UN agencies (mainly UNFPA, WHO) and other key stakeholders involved in GBV work. UNICEF will work closely with WHO for the implementation of the action plan and continue to work with UNFPA and other partners within the GBV sub-cluster to ensure consistency and coordination and will leverage its coordination role in Health sector to further advance GBV risk mitigation and response. The prepared GBV action plan contains specific activities under the following pillars:

- **GBV/SEA/SH risk mitigation** covering development of health facility minimum standards checklist, GBV/SEA/SH safety audit, training of all workers involved in project in BPHS and EPHS and their implementation partners as well as development and roll out of code of conduct for contracted workers
- **Case Management for GBV/SEA/SH survivors** including establishing and or strengthen existing referral mechanisms through focal points at the regional level and strengthen the network of GBV/SEA/SH at all levels down to health facilities. Community case management structures such as women and girls' safe spaces run by UNICEF and family protection centers which are also available at health facility level will be strengthened to be the main entry points for confidential referrals of GBV/SEA/SH for case management. While secondary level referral centers will be supported to address all the referrals. Training materials will be developed and roll out training to equip all health workers constituting a significant number of midwives, community health workers and community members to provide first line response and conduct safe and confidential referrals.
- Awareness raising on GBV/SEA/SH risk mitigation and information on available GBV/SEA/SH services targeting health workers and project affected communities will be a key component for ensuring health workers and community sensitization in a safe manner. The awareness will be through IEC materials that would be developed under this project Including pamphlets with key messages on GBV/SEA/SH, these messages will be developed jointly with TWG and SBC unit of UNICEF and GBV Subcluster. Use of innovations to information dissemination will be key looking at the context and sensitivity around GBV/SEA/SH, UNICEF will continue to make use of U-report chat box and FAQs mechanisms and bulk SMS for mass sensitization targeting Health workers and surrounding communities. Use of these Innovating channels have already proved to be safe and effective on raising GBV/SEA/SH awareness and linking affected population to service providers within the current context UNICEF will also use women and girls safe spaces already existing as platform to enhance sensitization around GBV/SEA/SH to affected population.
- **Grievance handling and reporting mechanism** which includes specific actions for integration of safe and accessible channels of reporting GBV/SEA/SH related grievances through the relevant GRM platforms.
- **Coordination and Monitoring** includes establishing SEA/SH technical TWG at National and provincial level and ensure regular meetings of key stakeholders for effective coordination and monitoring.

4 Procedures to Identify and Assess Potential Environmental and Social Risks and Impacts for Subprojects

This section sets out in detail the procedures to be followed in addressing the environmental and social risks and impacts of subprojects.

4.1 Exclusion List

The first step in addressing a subproject's environmental and social risks and impacts is for the ESS Specialist to exclude as **ineligible for UNICEF support** all subprojects that include any of the following attributes:

- Production or activities involving harmful or exploitative forms of forced labour/harmful child labour or safety concerns for workers and communities.
- Activities involving production or trade in any product or activity deemed illegal under host country laws or regulations or international conventions and agreements.
- Activities involving production or trade in weapons and munitions.
- Activities that have engagement with gambling, casinos and equivalent enterprises.
- Activities that have linkages to trade in wildlife or wildlife products regulated under Convention on International Trade in Endangered Species of Wild Fauna and Flora.
- Activities that include production or trade in radioactive materials.
- Production or trade in or use of un-bonded asbestos fibers.
- Activities that involve production or trade in wood or other forestry products from unmanaged forests.
- Activities that have production, trade or use of products containing Polychlorinated Biphenyls.
- Activities that have production, trade, storage, or transport of significant volumes of hazardous chemicals, or commercial scale usage of hazardous chemicals.
- Activities that support production or trade in pharmaceuticals subject to international phase outs or bans.
- Activities that support production or trade in pesticides / herbicides subject to international phase outs or bans
- Activities that support production or trade in ozone depleting substances subject to international phase out.
- Activities that impinge on the lands owned, or claimed under adjudication, by indigenous peoples, without full documented consent of such people.
- Investments in extractive industries; commercial logging,
- Dams, or projects involving allocation or conveyance of water, including inter-basin water transfers or activities resulting in significant changes to water quality or availability.
- Subprojects with high environment or high social risks.
- Activities that would significantly convert natural habitats or significantly alter potentially important biodiversity and/or cultural heritage areas.
- Activities that would require land acquisition and/or restrictions on land use and
- Activities in disputed areas.

4.2 Screening

E&S screening is the first step to understand the potential risks and impacts of the subproject/activity. The template for E&S screening to be applied for all activities is included as Annex 1 of this ESMF. The E&S

Screening template will be reviewed and updated as needed during the project implementation.

The screening results will allow to filter out the activities that are not eligible or those in the exclusion list (see Section 5.1) and classify eligible activities on the basis of predictable risks and impacts. All activities that are not sustainable due to their location or because they represent risks and impacts that are neither avoidable, mitigable nor compensable will not be financed by the project.

The environmental and social risks and impacts identified through the E&S screening will then determine the need for the implementation of appropriate E&S mitigation measures, for example in the form of preparation and implementation of subproject specific ESMPs (See the generic ESMP in Annex 6).

Upon receiving a draft subproject proposal from UNICEF technical staff, the ESS Specialists will prepare, sign, and pass on to the Project Manager, a subproject specific screening form (Template in Annex 1), indicating:

- The proposed environmental and social risk rating (Substantial, Moderate or Low), with justifications,
- The proposed environmental and social risk management instruments to be prepared, as appropriate.

4.3 Environmental and Social Risk Management Instruments

The ESMP identifies prevention, minimization, mitigation, and compensation measures to be applied to subprojects as required. The generic ESMP can be adapted based on site conditions. The mitigation table serves as a reference on potential risks and impacts, mitigation measures and indicators or outcomes that can be planned and implemented throughout the project. The risks and impacts, mitigation measures and monitoring indicators are presented according to the relevant ESSs.

4.4 Incorporating ESHS requirements in contracts

UNICEF or its Implementing Partner will ensure that:

- Requests for Proposals reference the ESHS requirements in Annex 5.
- Bidders submit a preliminary environmental and social plan as part of their bids, describing the principles and methodology they will use to address environmental, social, health and safety issues under the contract, and will include all costs associated with managing environmental and social issues in their bids.
- The quality of the preliminary environmental and social plan, the bidders' past environmental and social performance, and their ability to manage environmental and social issues will be considered in the selection of contractors.

4.5 The selected contractors will use the generic ESMP. Consultation and Disclosure Requirements

For each subproject, the ES specialists will engage with affected communities, including host communities, through the process of stakeholder engagement described in the SEP. UNICEF will initiate consultations with individuals and communities that might be affected by the subproject, directly from the start of the project. The purpose of the consultations will be to: (i) inform stakeholders about the activities to be undertaken, possible impacts, and (ii) document and address their concerns. Consultation summaries should be included in E&S safeguard instruments, including who was consulted, where and when, what concerns were expressed, and how these concerns were addressed. The records of consultations are kept in the Project Site Office. In addition, subprojects should regularly consult with project affected persons and communities throughout subproject implementation, as indicated in the Project's Stakeholder Engagement

Plan. Furthermore, all stakeholders participating to the consultation will be informed on the GM and where/how complaints can be made.

The consultation process will take into account the sociocultural context of Afghanistan. Consultations can take the form of focus groups, discussions with elders/community leaders, or interviews. Separate consultations will be done for women to ensure that any special concerns and needs are taken into account during the preparation of the E&S safeguard instruments. In light of the fragility, conflict, and violence (FCV) context of Afghanistan, the ESS Specialist of the concerned subproject will ensure that PAPs are not exposed to risks as part of their participation in consultations, for example by avoiding large meetings, and not disclosing personal information/photos.

4.6 Grievance Redress Mechanism (GRM)

UNICEF will apply the Project Grievance Mechanism detailed in Section 5 of the Project Stakeholder Engagement Plan, to all subprojects.

Intervention related grievances can be brought up by affected people in case of:

- (i) non-fulfillment of contracts or agreements;
- (ii) compensation entitlements;
- (iii) types and levels of compensation;
- (iv) disputes related to destruction of assets or livelihoods;
- (v) disputes in receiving project services;
- (vi) issues related to GBV/SEA/SH; or
- (vii) disturbances caused by construction activities, such as noise, vibration, dust or smell.
- (viii) Any other project related complaints

The GM will be gender- and age-inclusive and responsive and address potential access barriers to women, the elderly, the disabled, youth and other potentially marginalized groups as appropriate to the Project. The GM will not impede access to judicial or administrative remedies as may be relevant or applicable and will be readily accessible to all stakeholders at no cost and without retribution.

Information about the Grievance Mechanism and how to make a complaint and/or grievance must be communicated during the stakeholder engagement process and placed at prominent places for the information of the key stakeholders.

The GM also handles anonymous complaints, though the extent to which action can be taken to address them will depend on the information the caller is willing to provide. Where the complainant is not satisfied with the resolution, grievances can also be escalated. The GM system has agreed referral pathways for GBV cases/complaints to refer them to the appropriate channels. For all cases received, the national GBV referral pathway is used to refer the survivor to the services available including medical care and psychosocial support. This process is elaborated further in the GBV/SEA/SH Action Plan. Please refer to the SEP for details on the GRM process.

5 Institutional Arrangements, Responsibilities and Capacity Building

5.1 Institutional Arrangements and Responsibilities

5.1.1 UNICEF

All project components will be implemented by UNICEF, either directly or through agreements with implementing partners and/or contractors. As such, UNICEF will:

- take responsibility for project implementation, either directly or through oversight of implementing partners;
- monitor the project targets and results in coordination with the local partners;
- handle relevant procurement, financial management, and disbursement management including the preparation of withdrawal applications under the project; and
- ensure compliance with all reporting requirements as per the Project Financing Agreement.

UNICEF is responsible for the overall implementation of the ESMF and supporting E&S instruments. More specifically UNICEF will ensure that:

- Tender documents and construction contracts include effective and enforceable environmental and social contractual clauses to manage environmental and social risks.
-
- The environmental and social performance of contractors will be monitored and reported to meet the Project's environmental and social requirements.

UNICEF will have in place dedicated ESS personnel which will include Environmental Specialist, Social Specialist, SEA/SH Specialist, OHS Specialist and Medical Waste Management Specialist. ESS personnel will be available to support the implementation shared across the EERA and HER projects funded by the World Bank. The Environmental/Social Specialist and the SEA/SH Specialist, supported by project staff, will conduct the management, monitoring and reporting of environmental and social risk management aspects throughout project implementation

5.1.2 UNICEF Implementing Partners and Contractors

UNICEF will contract Service Provider NGOs (SPs) to implement the services provided in BPHS and EPHS facilities and communities. UNICEF will also hire and supervise Contractors for rehabilitation works. Through their contracts and scope of work, SPs and Contractors will be responsible for the following within the ESMF:

- Identifying needs for improved medical waste management and IPC procedures in health facilities, and providing the means to improve infrastructure and practices through the provision of supplies and operating costs to health facilities, as appropriate
- Implement / comply with all relevant environmental and social requirements as defined in the contracting documents
- Monitor the implementation of the ESMF in health facilities and by sub-contractors (if relevant)
- Implement and manage a GRM

Report on implementation of the implemented components of the ESMF including grievances, accidents, and incidents

5.1.3 Third Party Monitoring Organizations

Third Party Monitoring Organizations will monitor and provide reports on the implementation of the ESMF, based on indicators agreed with UNICEF and World Bank based and timelines.

The World Bank has an existing contract with a Third-Party Monitoring Agent (TPMA) for all ARTF-financed projects. The ARTF-MA will conduct independent monitoring of the project including verification of delivery of the respective goods, works and services and implementation of environmental and social standards.

**

5.2 Monitoring and Reporting

UNICEF will monitor the overall implementation of the ESMPs for this project, as well as the environmental and social performance of its contractors as part of its overall Project monitoring, as defined in the HACT framework. The monitoring of project implementation will be done through UNICEF's internal mechanism as well as through TPM.

Internal monitoring with focus on three types of risk assurance activities:

- Programmatic visits are conducted to obtain evidence on the status of program implementation and to review progress towards achievement of planned results.
- Spot-checks are conducted to review implementing partner's financial records for the project in question, which enables UNICEF to obtain reasonable assurance that the expenditure amounts reported by implementation partners are accurate.
- Internal Audits are a systematic and independent examination of an implementing partner's data, statements, records, operations, and performance meant to determine whether the funds transferred

Monitoring will cover:

- Timely preparation of environmental and social screening forms
- Timely preparation and clearance of subproject ESMPs, as needed
- Management of prior review requirements of the World Bank
- Monitoring of ESMP implementation, including monitoring of mitigation measures and monitoring of contractors environmental and social performance
- Training of project staff, Implementing partner, and contractors

UNICEF will primarily rely on quarterly reports from its Implementing Partners and Contractors to monitor the implementation of the ESMPs and the environmental and social performance of contractors. Respective indicators to be monitored through the implementation are included in the generic ESMP (See Annex 6).

5.3 Capacity Building and Training

UNICEF and its implementing partners have the responsibility for ensuring systems are in place so that relevant employees, contractors, and other workers are aware of the environmental and social requirements for project implementation, including the ESMF. The following capacity building and training programmes will be in place, as part of capacity building activities of UNICEF staff, extenders, and its implementing partners.

- Capacity building of UNICEF (led by UNICEF): To impart awareness on essential regulatory and other requirements and elements of the ESMF, to help understand the importance of social and environmental management from design stage through implementation.

- Capacity building and awareness of service providers (led by UNICEF) on PSEA risk mitigation, prevention, including capacity on safe access to SEA/SH Reporting mechanisms
- Training and awareness of service provider personnel (led by the Implementing Partners and overseen by UNICEF): A training on relevant ESMF requirements, including environmental, social, health and safety requirements, will be embedded in the training of all service provider personnel conducted prior to the project engagement.

The design of training modules shall take into account differing levels of responsibility, ability, language skills, literacy and risk exposure.

UNICEF and its implementing partners shall ensure that persons under their control performing tasks related to environmental and social risk management are competent on the basis of appropriate education, training or experience, and shall retain associated records. Table 5 summarizes the capacity building plan to support the implementation of the ESMF

Table 5: Capacity building plan

Type of Training	Training Contents	Participants	Timeframe	Responsible Actor	Estimated Cost (in USD)
Community Mobilization/ Risk Communication	<ul style="list-style-type: none"> • Importance of community participation and mobilization to enhance project ownership, transparency and accountability • Risk Communication • Community Mobilization Strategies • Concept of Vulnerability • Community consultation and awareness raising • GBV/SEA/SH • Violence Against Children (Children SEA/SH) • Stakeholder engagement • Social inclusion and diversity 	CDC members, tribal and religious leaders, Health Facility Managers, Media	During mobilization	Implementing partner	Included in Stakeholder engagement budget
Grievance Redress/Sexual Exploitation, Abuse and Harassment	<ul style="list-style-type: none"> • Dispute resolution management and grievance redress • Trust and Consensus Building • GBV/SEA/SH • Violence Against Children (Children SEA/SH) • Handling GBV related complaints – including cases of VAC • Project Grievance Redress Systems • Code of conduct to prevent GBV/SEA/SH 	CDC Members, Health Facility and School Management, Tribal and Religious Leaders and Community based Organizations, Community Health Workers Workers at the laboratories and health care facilities Project Consultants UNICEF staff	Throughout project implementation	UNICEF/ Implementing Partner	Included in GBV action plan
Training on guidelines, and procedures particularly on ESMP implementation,	<ul style="list-style-type: none"> • E&S Screening of subprojects • Introduction to World Bank’s ESF • Responsibilities of Consultants and Contractors in implementing ESMPs • Toolbox meeting on OHS issues including the use of PPEs • Community health and safety (including emergency prevention and preparedness, response arrangements to emergency) • Security risk management procedures 	Contractors BPHS partners Health Facility Managers Project Consultants UNICEF staff	Before the commencement of sub-project activities	UNICEF/ Implementing Partners	300,000.00

Type of Training	Training Contents	Participants	Timeframe	Responsible Actor	Estimated Cost (in USD)
	<ul style="list-style-type: none"> • Grievance mechanisms for workers and communities 				
Training on Health Care Waste Management and infection prevention	<ul style="list-style-type: none"> • HCWMP - Measures for proper implementation of HCWMP, e.g., segregation, collection and disposal of HCWs • • Infection Prevention and Control Protocols including COVID 19 • Source Separation • Toolbox meeting on OHS issues including the use of PPEs • Managing Incinerators 	Sanitation Service Providers All workers at the health facilities and Laboratories Ancillary workers	Throughout project implementation	UNICEF/ Implementing Partners	200,000.00

5.4 ESMF Budget estimate

The ESMF budget is estimated at a total US\$1,050,000. The budget breakdown is presented in the Table 8.

Table 6: ESMF implementation budget

No.	Activities	Cost USD
1	Training Cost for Training Programs	500,000
2	Translation of ESCP, SEP, ESMF, ESMPs into Dari and Pashto and other local languages	50,000
3	Preparation of Environmental and Social Instruments	100,000
4	Contribute to office wide GRM	300,000
8	ESMF implementation monitoring	100,000
9.	Total	1,050,000

Annex 1. Template for Subproject Screening

Screening Form for Potential Environmental and Social Issues

UNICEF will use this form to screen for the potential environmental and social risks and impacts of a proposed sub-project. The form will allow the UNICEF to: (i) identify the risks and impacts potentially arising from sub-projects activities and the associated Environmental and Social Standards (ESS); (ii) establish appropriate Environmental and Social risk category for the sub-projects, and; (iii) specify the type of environmental and social risks management measures required, including specific instruments/plans.

The Screening Form is not a substitute for project-specific environmental and social assessments or specific mitigation plans

Subproject Name	
Subproject Location	
Implementation stage of subproject	
Implementing Partner (s) name & type (CSO/NGO/INGO, governmental partners, private sector)	
Risk level (low, moderate, substantial or high) with brief justification	
Date of screening/field visit	
Consultation Summary	
Observations/Comments	
Signature of responsible ESS Specialist	
Approved by management Dep Rep/Section Chief	
Date	

Exclusion list:

The first step in addressing a subproject's environmental and social risks and impacts is for the ESS Specialists to recommend for approval exclusion as **ineligible for UNICEF support** all subprojects that include any of the following attributes:

- Production or activities involving harmful or exploitative forms of forced labour/harmful child labour or safety concerns for workers and communities.

- Activities involving production or trade in any product or activity deemed illegal under host country laws or regulations or international conventions and agreements.
- Activities involving production or trade in weapons and munitions.
- Activities that have engagement with gambling, casinos and equivalent enterprises.
- Activities that have linkages to trade in wildlife or wildlife products regulated under Convention on International Trade in Endangered Species of Wild Fauna and Flora.
- Activities that include production or trade in radioactive materials.
- Production or trade in or use of un-bonded asbestos fibers.
- Activities that involve production or trade in wood or other forestry products from unmanaged forests.
- Activities that have production, trade or use of products containing Polychlorinated Biphenyls.
- Activities that have production, trade, storage, or transport of significant volumes of hazardous chemicals, or commercial scale usage of hazardous chemicals.
- Activities that support production or trade in pharmaceuticals subject to international phase outs or bans.
- Activities that support production or trade in pesticides / herbicides subject to international phase outs or bans
- Activities that support production or trade in ozone depleting substances subject to international phase out.
- Activities that impinge on the lands owned, or claimed under adjudication, by indigenous peoples, without full documented consent of such people.
- Investments in extractive industries; commercial logging,
- Dams, or projects involving allocation or conveyance of water, including inter-basin water transfers or activities resulting in significant changes to water quality or availability.
- Subprojects with high environment or high social risks.
- Activities that would significantly convert natural habitats or significantly alter potentially important biodiversity and/or cultural heritage areas.

- Activities that would require land acquisition and/or restrictions on land use and
- Activities in disputed areas.

Question	Answer		Comments	Relevant ESS	Extent of Required Measures
	Yes	No			
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of existing infrastructure?				ESS1	ESIA/ESMP, SEP
Is there a risk that the selection of the activity location or beneficiaries will lead to community tensions or conflict?				ESS1	SMP, SEP
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant?				ESS3	ESMP, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste (hazardous and non hazardous)?				ESS1, ESS3	ESMP
Does the subproject involve the recruitment of workers including direct, contracted, primary supply, and/or community workers?				ESS2	LMP, SEP
Has the subproject included a review of applicable labour national requirements? / ESS 2 non-compliance risks in Afghanistan (child and forced labour)?				ESS2	LMP, ESMP
Will the activity require a larger contractor workforce?				ESS2	LMP, ESMP
Will the activity include payments or cash transfers?				ESS4	SEP, ESMP

Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?				ESS2	LMP, ESHS
Does the subproject have a GRM in place, to which all workers and beneficiaries, and local communities have access, designed to respond quickly and effectively?				ESS10	SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?				ESS4	ESMP, SEP
Can the activity contribute to the spread of disease (eg health facilities)?				ESS4	IWMP
Is there a security risk to the community triggered by project activities?				ESS4	SMP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?				ESS1	ESMP, SEP, SEA/SH Action Plan
Is there a risk that the activity fails to incorporate measures to allow meaningful, effective and informed consultation of stakeholders, such as community engagement activities?				ESS10	SEP
Are women likely to participate in decision-making processes in regards to the activity? subproject				ESS10	SEP
Is there a risk that exclusion of beneficiaries leads to grievances?				ESS10	SEP
Will the COVID-19 outbreak hamper proper stakeholder engagement?				ESS4, ESS10	WHO guidance and regulations on Covid-19
Could the project expose more people to natural hazards or make some people more vulnerable to natural hazards?				ESS8	ESMP

Would the potential outcomes of the project be sensitive or vulnerable to potential impacts of climate change?				ESS8	ESMP
Is the proposed project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)? Could the project change people's behaviour or livelihood strategies, increasing their exposure to natural hazards?				ESS8	ESMP

Conclusions of the screening:

1. Indicate the proposed environmental and social risk ratings⁵ (Substantial, Moderate or Low), and provide justifications.
2. Indicate the proposed environmental and social risk management instruments that must be prepared and how they will be implemented (responsibilities, resources, timeline).

Annex 2. Health Care Waste Management Plan and Infection Prevention and Control Plan

Under requirement of ESS1 and ESS3, UNICEF has prepared a Health Care Waste Management Plan (HCWMP) and Infection Prevention Control Plan (IPCP) to prevent, mitigate, and/or manage the impact of medical waste produced by supported health facilities to human health and the environment, and to ensure that the health facilities are performing sound management of environmental health. UNICEF has prepared a HCWMP, under the umbrella Environmental and Social Management Framework (ESMF). It is consistent with the WBG-EHS Guidelines for Health Care Facilities as well as that of Water and Sanitation. It also reflects relevant WHO COVID -19 guidelines and the policies and procedures of the Afghanistan Ministry of Public Health. Adequate implementation of the measures contained in this management plan are set to contribute to a substantive reduction of disease burden, mitigation of risks to the project communities and workers, and protecting the environment. The plan includes advocacy for good practices in medical waste management, to be used by health, sanitary and cleaning workers managing medical waste in targeted Health Care Facilities. The plan also includes adequate and good practices and procedures for the waste collection, storage, segregation, transportation, treatment and disposal.

Medical waste and infection risks in the HER Project include (i) occupational health and safety of healthcare personnel, waste handlers and patients mainly related to testing and handling of supplies and the possibility that they are not adequately used by the laboratory technicians and medical crews as well as during minor rehabilitation works; (ii) Community Health and Safety issues associated with poor medical waste management. Wastes that may be generated from laboratories, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include both liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and solid waste (used PPE, sharps, used vials and medical equipment); (iii) Potential for noscomial infections due to poor implementation of infection prevention and control measures.

The HCWMP and IPCP provides a consolidated, reference material on waste management and infection control good practices that may be further tailored to suit the facility's needs. In this section, under Annex 2.1 and 2.2, medical waste management plan and infection prevention and control plan are listed

Annex 2.1 Medical Waste Management Plan

1. Waste Segregation and On-site Storage Waste management

Segregation at source is the most critical step towards a well- functioning waste management system. Separation of infectious and non- infectious waste becomes impossible once mixed, resulting in greater risk to all concerned.

The Bio-medical Rules provides color coding for waste segregation and their respective treatment options, as listed below in Table.

Waste segregation and color coding		
Color coding	Waste Category	Treatment option
Yellow	Plastic bag Cat. 1, Cat. 2, and Cat. 3, Cat. 6.	Incineration / deep burial
Red	Disinfected container/plastic bag Cat. 3, Cat. 6, Cat.7	Autoclaving / Microwaving / Chemical Treatment
Blue / White Translucent	Plastic bag/puncture proof Cat. 4, Cat. 7. Container	Autoclaving / Microwaving / Chemical Treatment and Destruction / shredding
Black	Plastic bag Cat. 5 and Cat. 9 and Cat. 10. (solid)	Disposal in secured landfill

The facility should ensure that there are designated segregation points, as close to the generation points as possible. Segregation requires appropriate consumables, such as good quality and adequately sized containers, non-chlorinated plastic bags, needle cutters and safety boxes. The specifications and color-coding provided in the Biomedical Rules need to be strictly followed.

2. Collection and Transportation of Bio-medical Wastes

Transportation of bio- medical wastes, within and outside the healthcare facility needs to be secure and well-managed. Spills and leakages can be risky for patients and the community, but can also result in pilferage and reuse of potentially infectious items such as syringes etc.

Specific steps to be taken by each facility include:

Waste should be collected from various sources and transported to a central location. Within the facility, special waste routes should be designated to avoid patient care areas. Special timing should be identified for transportation of bio-medical waste to the central point. Dedicated wheeled containers, trolleys or carts should be used to transport the waste to the collection/treatment site. These should be such that the waste can be easily loaded and emptied and remain secured during transportation. They should not have any sharp edges and be easy to clean and disinfect. If disposal is done within the premises of the healthcare facility, care should be taken that different categories of waste are disposed of accurately (sharps in sharps pit, anatomical waste in deep burial pits etc.) as designated in the Biomedical Rules. Waste handlers should be properly trained and should use barrier protection during transportation.

3. Treatment and Disposal of Bio-medical Wastes

- Used sharps (needles, slides, scalpels etc.), blood bags, syringes and other infectious plastic and liquid wastes (Categories 4, 7, 8, and 10 of the Biomedical Rules) need to be disinfected by immersion in 1% hypochlorite solution or any other equivalent chemical reagent. It must

be ensured that chemical treatment results in disinfection.

- Waste containers should contain freshly prepared disinfectant solution and the waste container should not be more than 3/4th full closed at all times.
- The waste containers should be emptied at least once every day.
- Infected linen in the clinic should be carefully packed in plastic bags and disinfected before being sent for washing. Personnel involved in laundering infected linen should take adequate precautions to prevent the exposure to infections.
- A log of quantity of waste generated by type, name of waste handler, time of emptying waste container, time of cleaning container and pouring disinfectant should be maintained.
- Disposal as recommended in the Rules, should be as follows:

Sharps in their puncture proof containers should be drained of the disinfectant and disposed in the sharps pit, constructed within the premises.

Infected organic waste should be disposed of in the deep burial pits also constructed within the facility and covered with a layer of lime and soil.

Infected recyclables such as plastics and metals, can be sent for recycling but only after disinfection and/or autoclaving.

All equipment used for bio-medical waste treatment should be periodically subjected to maintenance checks to ensure its functioning. Both preventive and corrective maintenance schedules and records should be retained in the facility. As a general practice of maintaining good hygiene, the floors of the facility should be first swabbed with a wet cloth, then swept to remove grits to avoid dust carrying pathogens from rising into the air and, finally, swabbed with a disinfectant solution. The swab cloth should be washed with detergent after every use. The housekeeping personnel should employ use of protective barriers to prevent exposure to infection.

4. Sharps Management

Given the high risk of infection from infected sharps, a separate section on the safe use and disposal of sharps is being detailed. Sharps are anything that may cause puncture and cuts. Sharps include needles, scalpels, blades, broken glass, slides, lancets, sutures, and IV catheters. Infected needles, sharps and blood, if improperly handled, can be a source of infection for the health care workers.

Although the risk of infection from contaminated sharps is high for all categories of health care workers, those most at risk of exposures are nurses, medical staff and clinical laboratory staff (blood collectors). Physicians are at some risk, but surgical and dental staff, although at high risk of injury, have a lower risk of infection. It must be remembered that all health care personnel (including cleaners, laundry staff and waste contractors) may be exposed to inappropriately discarded sharps. While emergency rooms and operating theatres pose high risk for health care workers, it has been found that a) the majority of exposures have occurred in general ward areas and b) a larger number of exposures which would be classified as high risk have occurred in medical wards.

The following measures must be taken to ensure sharps safety in the workplace:

- Barrier protection must always be used when handling sharps.

- Sharps must be segregated and stored in puncture-proof containers at the point of generation.
- Sharps must be mutilated before treatment and disposal. Used disposable or auto-disable syringes should be mutilated by using needle cutters/ destroyers and hub-pullers and dropped into a puncture-proof container. Clipping, bending or breaking of needles by hand or re-capping should be avoided as this may cause accidental injuries.
- Used sharps should not be left untreated or carelessly on counter tops, food trays, or beds, as this can pose a risk to all concerned.
- Mutilated sharps should be immersed in 1% hypochlorite solution or any other equivalent chemical reagent for disinfection. Treatment by autoclaving / microwaving is also approved.
- Final disposal should be in a secured landfill. Wherever this is not available everywhere, sharps pits or encapsulation should be used.
- A sharps pit is a circular or rectangular pit, where sharp wastes are disposed. These pits are lined with brick, masonry or concrete rings.
- The pit should be covered with a concrete slab. When the pit is full, it should be sealed completely, and another pit is prepared
- Encapsulation is another method. When a container (puncture & leak proof containers) is three-quarter full, material such as cement mortar, bituminous sand, plastic foam or clay is poured until the container is completely filled. After the medium has dried, the containers are sealed and disposed in landfill sites.

GUIDELINES FOR DISPOSAL OF USED DISPOSABLE SYRINGES	
No	Steps / Stages
1	Severe needles from disposable syringe immediately after administering injection using a needle cutter/hub-cutter that removes the needle from disposable syringes or cuts plastic hub of syringe from AD syringes.
2	The cut needles get collected in the puncture proof container of the needle cutter/hub-cutter. The container should contain an appropriate disinfectant and the cut needles should be completely immersed in the disinfectant
3	Segregate and store syringes and unbroken (but discarded) vials in a red bag or container.
4	Send the collected materials to the common bio-medical waste treatment facilities. If such facilities do not exist, then go to the next step.
5	Treat the collected material in an autoclave. If this is unavailable, treat the waste in

	1% hypochlorite solution or boil in water for at least 10 minutes. It shall be ensured that these treatments ensure disinfection.
6	Dispose the autoclaved waste as follows: (i) Dispose the needles and broken vials in a pit / tank, (ii) Send the syringes and unbroken vials for recycling or landfill.
7	Wash the containers properly for reuse.
8	Make a proper record of generation, treatment and disposal of waste.

5. Blood safety in Laboratory

Blood is a major source of infections for health care workers. It is mandatory to screen blood units for five transmissible infections: Hepatitis B, Hepatitis C, HIV, syphilis and malaria. The Rules in the country also require for testing procedures, quality control, standard qualifications, and experience for blood bank personnel, maintenance of complete and accurate records, strict guidelines for holding of blood donation camps etc. and to be further improved.

Careful donor screening, discouraging use of paid donors, stringent screening of donated units of blood to prevent transmission of disease through blood and blood products. Another important action taken by MoPH has been to modernize the blood banks in the country.

Risk of infection varies with a number of factors, including type and number of exposures, amount of blood involved in the exposure, amount of virus in the patients' blood etc. Modes of exposure to blood borne pathogens in a laboratory have been defined as below:

Modes of Exposure to Blood-borne Pathogens in the Laboratory		
Procedure	Health Care Workers at risk	Source/Modes of Transmission
Collection of blood/body fluid	Laboratory technician	Needle stick injury Broken specimen container Blood contamination of hand with skin lesions/breach
Transfer of specimen	Laboratory technician and transport worker	Contaminated exterior of container

		Broken specimen container Spills/splashes of specimen
Processing of specimen	Laboratory personnel	Puncture of skin Contamination of skin from spills, splashes, glassware and work surface Faulty techniques Perforated gloves
Cleaning /Washing	Laboratory support staff	Puncture of skin Contamination of skin from spills, splashes, glassware and work surface
Disposal of waste	Laboratory support staff	Contact with infectious waste, specially sharps, broken containers
Specimen transportation/ mailing	Transport/postal staff	Broken/leaking container or packaging

Reporting, Monitoring and Evaluation

Monitoring & evaluation will be done through a mix of internal and external approaches. The internal reporting and evaluation mechanism on the waste management should be integrated with overall waste management and infection prevention reporting. External monitoring in the form of audits is also recommended.

Quarterly monitoring

Each facility must establish a robust system of monitoring through regular documentation and assessments. Ideally, each facility should designate one senior employee responsible for documentation and another for internal evaluation. Laboratory technicians should maintain records of waste sharps, gloves, etc. and infectious waste. The records must be maintained on a daily basis and internal assessments should be conducted on a monthly basis.

Periodic Implementation Review

Periodic implementation review of the waste management procedures and processes should be undertaken. This review should focus on consolidated information and reporting from individual health center. To facilitate regular and sustained monitoring, each service provider develops annual Action Plans specifically for waste management.

Annex 2.2. Infection Prevention and Control Plan

Activities of high risk include invasive diagnostic and therapeutic procedures, wound dressing, operation theatre procedures, handling of blood/serum/body fluids and tissues etc. and special attention should be paid to ensuring safety precautions during these activities. Barrier protection (gowns, masks, caps, gloves, shoes) should be maintained to prevent contact with contaminated blood/body fluids.

Health care worker working in high-risk areas should be immunized, at the minimum, against HBV.

In addition, daily cleaning of facility premises with appropriate disinfection should be done.

Spills are an important source of infection and should be cleaned up immediately. The spill should be covered with absorbent material, disinfectant poured around the spill and over the absorbent material. The surface should be wiped again with disinfectant. Health care worker must utilize barrier protection, particularly gloves, when managing spills.

General observance of personal hygiene is important and aa staff needs to wear clean uniforms, nails, short or tied-up hair, etc.

Reporting, Monitoring and Evaluation

Monitoring and evaluation will be done through a mix of internal and external approaches. The internal reporting and evaluation mechanism on infection control should be integrated with overall infection control and waste management reporting. External monitoring in the form of implementation audits is recommended.

Periodic Implementation Review

Periodic implementation review of the infection control should be undertaken. This review should focus on consolidated information and reporting from individual health centers. To facilitate regular and sustained monitoring, each service provider develops annual Action Plans specifically for infection control.

Annex 3. Life and Fire Safety Requirements for Buildings Accessible to the Public

The World Bank requires implementation of the of the Bank's requirements on life and Fire Safety for buildings accessible to the public such as health care facilities schools, hotels airports and passenger terminals. The HER project will be implemented through existing health care facilities making the L&FS applicable. UNICEF will apply the specific L&FS Requirements for existing buildings as follows:

- 1) Work with BPHS partners to confirm the health facilities comply with local building codes and fire department regulations
- 2) Were the above evidence is missing, work with local authorities to ensure a life and fire safety review is conducted for the relevant building
- 3) Require BPHS partners to ensure that Operation and Maintenance (O&M) practices meet all local building codes and fire department regulations

Oxygen cylinders and oxygen concentrators are hazardous materials that must be managed (that is, used, stored and handled) in accordance with WBG EHSs. UNICEF will require BPHS partners to implement WHO-UNICEF technical specifications and Guidance for Oxygen Therapy devices.

Annex 4. Simplified Labour Management Procedures

Under ESS2, simplified Labour Management Procedures (LMP) are required for the Project. The purpose of the LMP is to facilitate planning and implementation of the project's labour requirements. The LMP describes the requirements and expectations in terms of compliance, reporting, roles and responsibilities, monitoring and training with respect to labour and working conditions in the project. These procedures apply to all project workers including direct, contracted, and community workers employed by the project. As the Health Workers receiving salaries under this project are contracted by the SPs directly, they are considered contracted workers and are not civil servants. The LMP sets out the project's approach to meeting national requirements as well as the objectives of UNICEF's Social and Environmental Standards and Procedures and World Bank's Environmental and Social Framework, specifically objectives of Environmental and Social Standard 2 (Labour and Working Conditions). The key objectives of the LMP include:

- Promote safety and health at work,
- Promote fair and equitable labour practices for the fair treatment, non-discrimination and equal opportunity of workers engaged under all components of the project
- Protect all categories of project workers, including vulnerable workers such as women, workers with disabilities etc.
- Prevent the use of all forms of forced and child labour
- Protect project workers' rights and ensure the management and control of activities that may pose labour-related risks
- Protect project workers with accessible means to raise workplace concerns.
- Prevention of any form of workplace GBV/SEA/SH.

The recruitment and assignments of the workers will be done in an inclusive manner and all conditions of contracts of all types of workers in this project will be undertaken in accordance with this LMP and its objectives as mentioned above.

The LMP assesses potential labour risks and impacts and describes how they will be mitigated. The LMP is a living document and will be reviewed and updated throughout development and implementation of the project.

Overview of Labour use on the Project

Direct Workers

Direct workers include all persons engaged directly by UNICEF to work specifically in relation to the project. They include current and new UNICEF staff members and consultants, who will be assigned to work on the Project.

The Project will be implemented by UNICEF based on demonstrated capacities from ongoing activities in Afghanistan and global expertise. UNICEF will leverage its in-country capacity, technical expertise, direct experience implementing relevant activities, readiness on the ground to start

implementation on approval, and relationships with various stakeholders. The partnership will also allow synergies with other health and nutrition projects and build on ongoing health and nutrition activities and make a greater impact.

UNICEF is responsible for the overall project implementation and use of funds. It will introduce systems and procedures to ensure transparency, accountability and proper use of resources provided. UNICEF has a well-equipped team in place that will oversee the day-to-day management of the project, including fiduciary, environmental and social aspects, as well as monitoring and reporting. UNICEF estimates that at least 51 staff across the Health, Nutrition, APMU, Child Protection, Social and Behavioral Change, Gender, Monitoring and Supply sections will work directly on the project, in addition to over 20 contracted subject-area specialists and 130 contracted monitors (extenders).

Contracted Workers

UNICEF will engage implementing partners, contractors and service providers to implement all the project components. Contracted workers are the persons employed as deemed appropriate by contractors, subcontractors, and other intermediaries. Contractors may also hire casual unskilled labourers from within communities where, for example, construction activities will occur.

Component 1: Throughout all sub-components of Component 1, UNICEF will engage IPs using its Programme Cooperation Agreement (PCA) modality. IPs will recruit / retain their own staff, who will be considered contracted workers under the definition in ESS2. In the previous phase of the project, UNICEF has contracted 14 SP NGOs across the 34 provinces. The number of SPs is expected to be similar in the HER project. The number of contracted workers (staff, monitors, and others) varies by NGO and by Province. The exact number can be provided once the HER SPs are contracted.

In addition, under Sub-Component 1.1, the IPs will engage health facility staff through a direct contracting modality. Thus, staff of the health facilities will be considered “contracted workers” rather than civil servants. Under Sub-Component 1.2, the IPs will further contract 2,000 Nutrition Counselors across the health facilities providing the BPHS.

Component 2: Several activities will be implemented through contractors within the various sub-components of Component 2, for example, Sub-component 2.1 provides for contracting of training institutions and specialized firms to implement training and mentorship to improve quality of care. Sub-component 2.3 includes contracting of a third-party monitoring agency (TPMA), management accompaniment firm(s) to provide technical assistance to service providers, and assessment / evaluation firm(s) to conduct facility-level assessments of quality of care and household and beneficiary assessments (ex. SMART surveys).

It is difficult to estimate at this point the number of contracted workers who will be engaged in the HER project across all of the above contracting mechanisms.

Primary Suppliers

No primary supply workers will be involved in the HER Project.

Community Workers

In 2003, the Afghan government launched Community-Based Health Care (CBHC) Program as a foundational component of the Basic Package of Health Services (BPHS) with the aim of extending health services to the last mile through meaningful engagement and enhanced participation of communities. The CBHC Program is fully integrated and has been an integral component of the broader Afghanistan's primary health care (PHC) system as articulated in various national policies/frameworks (including the National Health Policy and Strategy, National Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Strategy, National Gender strategy and the National Community Health Strategy). The CBHC comprises four components, all of which engage community volunteers and will be engaged in the project.

Community Health Workers: Afghanistan has 29,600 CHWs (49% female, 51% male), assigned to health posts country wide, with plans to scale up the community health workforce to 33,000 by 2025. Each health post was designed to have a catchment population of 1,000-1,500 people (100-150 families). Following a three- to four-month training, CHWs are deployed as the first contact point in the PHC referral chain to deliver a basic package of health prevention, promotion and basic curative services focused on RMNCAH and TB.

Community Health Supervisors: CHWs are supported and supervised by CHSs based at the link PHC facility. The CHSs make regular visits to the health posts and convene monthly meetings with their respective CHWs at the health facility to review performance and arrange trainings for CHWs as needed.

Community Health Shura/Council (Shura-e-Sehi): The community elders/influencers comprise the Shuras; they support health related activities in the community and select, support and monitor the CHWs. Training of the Shuras was provided at the beginning of the CBHC program and a refresher training program was initiated in 2014. Attempts to include women in the health shura has been met with mixed success.

Family Health Action Groups: The FHAG program was started in 2009, as a local adaptation of the Care Group model with leadership responsibility placed on the female CHWs. This growing network of female-led community groups aims at enhancing uptake of key family health practices.

Overview of Labour Requirements

World Bank Environment and Social Standard (ESS2): Labour and Working Conditions

This simplified LMP is prepared in line with the requirements of ESS2: Labour and Working Conditions. It ensures a safe, healthy conducive working environment for workers in which working environment is free of forced and child labour as well as other forms of intimidation and harassment. ESS2 also ensures that workers have channels for grievance redress, freedom of association and access to collective bargaining rights as prescribed by national law. The standard also seeks to protect vulnerable workers such as migrant labour. The requirements of Labour and Working Conditions (ESS2) extends to direct, indirect, community and contracted workers as well as primary supply workers on a Bank financed project.

UNICEF Labour Requirements

This simplified LMP is also prepared in accordance with UNICEF's ESS1: Labour and Working Conditions. In line with the World Bank ESS2, UNICEFs

ESS1 promotes safe and health of workers, prevention of the use of child and forced labour, support for workers in disadvantaged or vulnerable situations and compliance with national labour laws and international commitments. As outlined in Chapter 2, UNICEF will ensure specific reference to community workers is included in the LMP and that relevant requirements under WB ESS2 and UNICEF ESS1 apply to this group.

National Legislation

The National Labour Law (2007) and the National Labour Policy (2017-2020) provide legal basis for safe and decent working conditions in Afghanistan. The National Labour Law provide guidance around non-discrimination in recruitment (Article. 9), compliance with international conventions (Article. 12), working hours (Article. 30), breaks (Article. 40), non-discrimination in payment (Article. 59) and special provision for female and youth workers (Article. 121,127-130). These further provides occupational health and safety regulations that provide legislation around safety trainings, hygiene rules, protective equipment, and medical treatment when necessary. The law also addresses Work Standards and Regulations (Article. 88) as well as how labour disputes over terms and conditions of employment will be resolved in the public, private and joint sector (Article. 89). The above terms and conditions apply to employees, workers, service workers, contractual workers, including the long-term consultants. However, some of these terms and conditions applies to community workers i.e. prohibition of child labour, prohibition of forced labour, prohibition of discriminations and maximum hours of work. The legislation requirements conform to guidance provided in WB's ESF and ESS2.

Occupational health and safety

Chapter 10 of the National Labour Law “Ensuring Health and Occupational Safety Conditions” from Article 107-119 provide various OHS measures to be applied for ensuring workers health and safety. The Labour Law of Afghanistan further provides OHS legislation around safety trainings, hygiene rules, protective equipment, medical treatment when necessary, health insurance compensation, reduced standard work weeks for pregnant and nursing mothers and minors.

It further describes that employers shall provide a safe and healthy workplace setting to prevent accidents and injury to health arising out of, linked with, or occurring during the work or as a result of the operation of employer’s facilities. Employers shall adopt responsible measures to mitigate negative impacts that the workplace has on the environment. Apart from the provisions listed above, Labour Law further describes mandatory assurance of health and safety conditions for the employer in Article 108, “The Administration shall be obliged to ensure reservation of health and labour safety, application of safety techniques to prevent work and production related accident, and to provide healthy condition in order to prevent occupational diseases of Employees”. Based on the Labour Law the employer shall take appropriate precautions to ensure that the workplace is safe and without risk of injury to the safety and health of workers. Mitigation measure will be adopted to protect the workers present at or in the vicinity of an Implementation Site from all risks which may arise from such site.

Roles and Responsibilities

For the HER, UNICEF is the Grant Recipient and responsible to hire the direct workers. The estimated number of direct workers includes around 50 staff, along with nearly 150 full- or part-time contracted workers. An appropriate project structure will be established to carry out such key functions as coordination, technical design and oversight, planning, environmental and social risk management, fiduciary management, monitoring and evaluation, and reporting.

UNICEF will be responsible for supervising and supporting contractors which will be contracted to carry-out project specific tasks. The contractors are responsible for employing project workers to perform these tasks. UNICEF will be responsible for:

- Establishing the simplified LMP
- Ensuring implementation of the key provisions of the simplified LMP among its direct staff and consultants
- Informing contractors of the provisions of the simplified LMP and ensure provisions on key requirements are included in contracts
- Updating this Procedure when necessary in the course of preparation, development and implementation of the Project
- Maintaining records of recruitment and employment process of direct workers
- Monitoring that occupational health and safety standards are met at workplaces in line with national occupational health and safety legislation
- Monitoring training of the project workers on OHS
- Informing direct staff and contractors of available grievance mechanisms
- Ensuring all direct workers sign a Code of Conduct on GBV/SEA/SH

Contractor Management: UNICEF will use its own procurement procedures for solicitations and contracts. UNICEF will make reasonable efforts to ascertain that the contractor/service provider who will engage contracted workers is a legitimate and reliable entity and able to comply with the relevant requirements under the LMP. Such requirements shall be included in the bidding documents. As part of the process to select the contractors/service providers who will engage contracted workers, UNICEF reviews the following documentation for vendor pre-qualification and registration:

- UNGM registration number
- Copy of valid official registration documents includes: Trade registration certificate, Taxpayer card
- Supplier profile Signed & stamped of UN Code of conduct document.
- Official Bank letter – signed & stamped - shows (Company Name, Bank account, and currency).
- Screening against UN Sanctions list
- In addition, for high-value contracts (greater that USD \$100,000), the following are mandatory:
- Two-year set of financial statements for the full financial year signed/stamped (preferably audited)

- Certificate of incorporation
- Vendor's contact details' contact person, e-mail, and telephone number
- Screening against UN Sanctions list

Contractual Provisions and Non-Compliance Remedies: UNICEF will incorporate the agreed labour management requirements as specified in the bidding documents into contractual agreements with the contractor/service provider, together with appropriate non-compliance remedies (such as the provision on withholding percentage of payment to the contractor in case of non-compliance with relevant environmental, social, health and safety requirements; and removal of personnel from the works.). In the case of subcontracting, UNICEF will require the contractor/service provider to include equivalent requirements and non-compliance remedies in their contractual agreements with subcontractors.

Performance Monitoring: UNICEF will monitor the performance of the contractors in relation to the LMP as part of the periodic E&S reporting. The monitoring may include inspections, and/or spot checks, which may be conducted through contractor self-reporting and/or third-party monitoring, of project locations or work sites and/or of labour management records and reports compiled by the contractor. Contractors' labour management records and reports that should be reviewed would typically include the following:

- Representative samples of employment contracts and signed code of conduct;
- Grievances received from the community and workers and their resolution;
- Reports relating to fatalities and incidents and implementation of corrective actions;
- Records relating to incidents of non-compliance with national Labour Code and the provisions of the LMP including compliance with all relevant labour laws in relation to child labour and World Bank's safeguard policies on child labour ; and
- Records of training provided for contracted workers to explain occupational health and safety risks and preventive measures.

Contractors

Contractors will be responsible for engagement and management of personnel (contracted workers), ensuring compliance with project protocols and providing labour instructions on safety and security. Service providers will be responsible for the following:

- Comply with ESHS requirements (Annex 5) included in the ESMF and this labour management procedure. These measures will apply to contracted and sub-contracted workers
- Maintain records of recruitment and employment process of contracted workers
- Clearly communicate job description and employment conditions to contracted workers
- Report any incidents and accidents (in line with the definition of the ESCP) to UNICEF in a timely manner
- Establish / maintain a GM for their own workers
- Have a system for regular review and reporting on labour, and occupational safety and health performance
- Ensure all contracted workers sign a Code of Conduct on GBV/SEA/SH

- Comply with all relevant local legislation, including labour laws in relation to child labour and World Bank's safeguard policies on child labour and minimum age.

Community Health Volunteers

The community health workers (CHWs) are an important member of the health system in Afghanistan. They provide basic health services at their communities, which is recognized as a Health Post, which covers a catchment area of 1000 people (equivalent to 100-150 families). A Health Post is staffed by a female and a male CHW. Each CHW is selected from an area he/she serves (*familiarity with the culture and language of the people*). CHWs receive targeted training from 4 to 6 months to deliver basic health services. Their work is supervised and monitored by a community health supervisor from the nearest health facility. At present there are over 29,600 CHWs serving in rural areas in Afghanistan.

The main responsibilities of community health workers are as follows:

- a. Health education and changing of health habits of the community
- b. Referral of patients to health facilities when needed
- c. Provision of first aid
- d. Treatment of common and simple illnesses (e.g. upper respiratory tract infection, diarrhea and malaria) based on community integrated management of childhood illnesses or C-IMCI treatment protocol
- e. Mother and child health
- f. Community mobilization for health actions.
- g. Follow-up of TB-DOTs
- h. Participation in campaigns, as well as community-based rehabilitation awareness.

CHWs are volunteers and do not receive any salary. After completion of the basic training, they are provided with a supplies kit supply kit by implementer NGOs and start their work.

Annex 5. Environment, Social (including labour), Health, and Safety Requirements

Contractors shall meet the following Environmental, Health, Safety and Social (including labour) requirements – thereafter called ESHS requirements⁶.

The ESHS requirements include 9 sections

1. Use of generic ESMP
2. ESHS Training
3. Construction Site Management
4. Occupational Health and Safety (OHS)
5. Community Safety including Road safety and Traffic Safety
6. Emergency Preparedness and Response
7. Stakeholder Engagement
8. Labour force management, including the Code of Conduct
9. Contractor Environmental and Social Reporting
10. Gender Based Violence/Sexual Exploitation and Abuse and Sexual Harassment
11. Violence Against Children (Children sexual exploitation and abuse)

Use of generic ESMP

The Contractor shall:

- Adapt generic ESMP as applicable.
- Prepare a detailed explanation of how the contractor's performance will meet the ESHS requirements
- Ensure that sufficient funds are budgeted to meet the ESHS requirements, and that sufficient capacity is in place to oversee, monitor and report on ESMP performance.
- Put in place controls and procedures to manage their ESHS performance.
- Get prior written approval from UNICEF Engineers before starting construction or rehabilitation activities.

ESHS Training

The Contractor shall:

- Determine ESHS training needs in collaboration with UNICEF
- Maintain records of all ESHS training, orientation, and induction.
- Ensure, through appropriate contract specifications and monitoring that service providers, as well as contracted and subcontracted labour, are trained adequately before assignments begin.

- Demonstrate that its employees are competent to carry out their activities and duties safely. For this purpose, the Contractor shall issue a Competence Certificate for every person working on site (relative to trade and aspect of work assignment) that specifies which tasks can be undertaken by which key personnel.

Orientation Training

The Contractor shall:

- Provide ESHS orientation training to all employees, including management, supervisors, and workers, as well as to subcontractors, so that they are apprised of the basic site rules of work at/on the site and of personal protection and preventing injury to fellow employees.
- Training should consist of basic hazard awareness, site-specific hazards, safe work practices, and emergency procedures for fire, evacuation, and natural disaster, as appropriate. Any site-specific hazard or color coding in use should be thoroughly reviewed as part of orientation training.

Visitor Orientation

The Contractor shall:

- Establish an orientation program for visitors, including vendors, that could access areas where hazardous conditions or substances may be present.
- Visitors shall not enter hazard areas unescorted.
- Ensure that visitors shall always be accompanied by an authorized member of the contractor, or a representative of UNICEF or of its Implementing Partners, who has successfully fulfilled the ESHS orientation training, and who is familiar with the project site construction hazards, layout, and restricted working areas.

New Task Employee and Contractor Training

The Contractor shall:

- Ensure that all workers and subcontractors, prior to commencement of new assignments, have received adequate training and information enabling them to understand work hazards and to protect their health from hazardous ambient factors that may be present. The training should adequately cover the step-by-step process that is needed for Project activities to be undertaken safely, with minimum harm to the environment, including:
 - Knowledge of materials, equipment, and tools
 - Known hazards in the operations and how they are controlled
 - Potential risks to health
 - Precautions to prevent exposure

- Hygiene requirements
- Wearing and use of protective equipment and clothing
- Appropriate response to operation extremes, incidents and accidents
- Construction Site Management

Vegetation

The Contractor shall:

- Prevent any unnecessary destruction, scarring, or defacing of the natural surroundings in the vicinity of the construction site
- Protect all trees and vegetation from damage by construction operations and equipment, except where clearing is required for permanent works, approved rehabilitation of roads/pathways, or excavation operations
- Revegetate damaged areas on completion of the Works, and for areas that cannot be revegetated, scarifying the work area to a condition that will facilitate natural revegetation, provide for proper drainage, and prevent erosion
- Use, as much as possible, local species for replanting and species that are not listed as a noxious weed
- Repair, replant, reseed or otherwise correct, as directed by UNICEF or its representative, and at the Contractor's own expense, all unnecessary destruction, scarring, damage, or defacing of the landscape resulting from the Contractors operations
- Transport labour and equipment in a manner to avoid as much as possible damage to grazing land, crops, and property

Protection of the Existing Installations

The Contractor shall:

- Safeguard all existing buildings, structures, works, pipes, cables, sewers, or other services or installations from harm, disturbance or deterioration during construction activities
- Coordinate with local authorities to identify existing infrastructure that might not be visible
- Repair any damage caused by the Contractor's activities, in coordination with concerned authorities.
- Take all reasonable precautions to prevent or reduce any disturbance or inconvenience to the owners, tenants or occupiers of properties to the construction activities, and more generally to the public
- Maintain safe access to public and private properties that might be affected by construction activities. If necessary, provide acceptable alternative means of passage or access to the satisfaction of the persons affected.
- Avoid working during night hours

Waste from Construction Activities

The Contractor shall:

- Collect and properly manage all solid wastes resulting from the construction activities, including construction debris and spoils, to prevent the contamination of soil and groundwater
- Remove unneeded excavation material from construction sites as soon as possible
- Agree with relevant municipalities about construction waste disposal
- Carefully select waste disposal sites including for hazardous waste, to be approved by UNICEF or its Implementing Partner
- Minimize littering of roads by ensuring that vehicles are licensed and loaded in such a manner as to prevent falling off or spilling of construction materials, and by sheeting the sides and tops of all vehicles carrying mud, sand, other materials or debris
- Transfer construction waste to assigned places in the selected waste disposal sites with documented confirmation.
- Properly dispose of solid waste and debris at designated permitted sites waste disposal sites allocated by the local authorities and obtain a receipt of waste from the authorized landfill authority.

Air Quality

The most common pollutant involved in fugitive emissions is dust or particulate matter (PM) that is released during the transport and open storage of solid materials, and from exposed soil surfaces, including unpaved roads. Accordingly, the Contractor shall:

- Use dust control methods, such as covers, water suppression, or increased moisture content for open materials storage piles, or controls, including air extraction and treatment through a baghouse or cyclone for material handling sources, such as conveyors and bins.
- Use water suppression for control of loose materials on paved or unpaved road surfaces. Oil and oil by-products are not a recommended method to control road dust.
- Use wheel washes at quarries, ready-mix plants, construction sites, and other facilities to prevent track-out of mud, dust and dirt on to public road.
- Regularly clean road surfaces within the construction sites to remove accumulated fine material, and regularly clean transportation vehicles.
- Cover open bodied trucks handling sand, gravel or earth.
- Minimize smoke from diesel engines by regular and proper maintenance, in particular by ensuring that the engine, injection system and air cleaners are in good condition.

Hazardous and Toxic Materials

Toxic and deleterious wastes resulting from the Contractor's activities require special attention in order to forestall their introduction into the natural environment which could result in harm to people, aquatic life or natural growth of the area. Accordingly, the Contractor shall:

- Train workers regarding the handling of hazardous materials

- Label using easily understandable symbols, and provide material safety data sheets, for chemical substances and mixtures according to the Globally Harmonized System (GHS) of classification and labelling of chemicals.
- Store hazardous materials as per the statutory provisions of the Manufactures, Storage and Import of Hazardous Chemicals Rules (1989), under the Environment (Protection) Act, 1986.
- Provide adequate secondary containment for fuel storage tanks and for the temporary storage of other fluids such as lubricating oils and hydraulic fluids,
- Use impervious surfaces for refueling areas and other fluid transfer areas
- Train workers on the correct transfer and handling of fuels and chemicals and the response to spills
- Provide portable spill containment and cleanup equipment on site and training in the equipment deployment
- Deposit or discharge toxic liquids, chemicals, fuels, lubricants and bitumen into containers for salvage or subsequent removal to off-site locations.
- Treat hazardous waste separately from other waste
- Avoid the storage or handling of toxic liquid adjacent to or draining into drainage facilities.
- Keep absorbent materials or compounds on Site in sufficient quantities corresponding to the extent of possible spills.
- Locate landfill pits for the disposal of solid waste at least 100 m from water courses and fencing them off from local populations.
- Ensure adequate primary treatment of sanitation effluents and installing septic tanks away from village watering points.
- Dispose hazardous waste at sites to be approved by UNICEF or its Implementing Partner

Area Signage

The Contractor shall:

- Appropriately mark hazardous areas.
- Install warning signs
- Ensure that signage is in accordance with international standards and is well known to, and easily understood by workers, visitors and the general public as appropriate.
- Demarcate work sites with safety tape, fencing or barricades, as appropriate, to prevent unauthorized access to the construction sites
- Safeguard public safety by covering holes and by installing guardrails along temporary pathways.
- Health and Safety
- Contractors will collaborate with other contractors in applying health and safety requirements, when workers from more than one contractor are working together in one location, without prejudice to the responsibility of each party for the health and safety of its own workers.

Severe Weather and Facility Shutdown

The Contractor shall:

- Design and build workplace structures to withstand the expected elements for the region and designate an area designated for safe refuge, if appropriate.

Develop Standard Operating Procedures (SOPs) for project or process shutdown, including an evacuation plan.

Lavatories and Showers. The Contractor shall:

- Provide adequate lavatory facilities (toilets and washing areas) for the number of people expected to work at the construction sites, and make allowances for segregated facilities for males and females
- Provide toilet facilities with adequate supplies of hot and cold running water and soap
- Where workers may be exposed to substances poisonous by ingestion and skin contamination may occur, provide facilities for showering and changing into and out of street and work clothes.

Potable Water Supply

The Contractor shall:

- Provide adequate supplies of potable drinking water or with a sanitary means of collecting the water for the purposes of drinking
- Ensure that water supplied to areas of food preparation or for the purpose of personal hygiene (washing or bathing) meets drinking water quality standards
-

Clean Eating Area

The Contractor shall:

- Where there is potential for exposure to substances poisonous by ingestion, make suitable arrangements to provide clean eating areas where workers are not exposed to the hazardous or noxious substances

Personal Protective Equipment (PPE)

The Contractor shall:

- Identify and provide at no cost appropriate PPE to workers, the workers of subcontractors, as well as to visitors, which gives adequate protection without incurring unnecessary inconvenience to the individual
- Ensure that the use of PPE is compulsory.
- Provide sufficient training in the use, storage and maintenance of PPE to its workers and workers of its subcontractors.
- Properly maintain PPE, including cleaning when dirty and replacement when damaged or worn out;
- Determine requirements for standard and/or task-specific PPE based on of Job specific Safety Analysis (JSA);

- Consider the use of PPE as a last resort when it comes to hazard control and prevention, and always refer to the hierarchy of hazard controls when planning a safety process.

Noise

The Contractor shall institute appropriate measures to reduce the exposure of workers to construction noise, including but not limited to:

- Avoid exposure to a noise level greater than 85 dB(A) for a duration of more than 8 hours per day without hearing protection. In addition, no unprotected ear should be exposed to a peak sound pressure level (instantaneous) of more than 140 dB(C).
- Enforce the use of hearing protection should be enforced actively when the equivalent sound level over 8 hours reaches 85 dB(A), the peak sound levels reach 140 dB(C), or the average maximum sound level reaches 110 dB(A).
- Provide hearing protective devices capable of reducing sound levels at the ear to at most 85 dB(A).
- Reduce the “allowed” exposure period or duration by 50 percent for every 3 dB(A) increase in excess of 85 dB(A).
- Perform periodic medical hearing checks on workers exposed to high noise levels.
- Rotate staff to limit individual exposure to high levels.
- Install practical acoustical attenuation on construction equipment, such as mufflers.
- Use silenced air compressors and power generators
- Keep all machinery in good condition
- Install exhaust silencing equipment on bulldozers, compactors, crane, dump trucks, excavators, graders, loaders, scrapers and shovels.
- Post signs in all area where the sound pressure level exceeds 85 dB(A).
- Shut down equipment when not directly in use
- Provide advance notice to occupants if an activity involving high level impact noise is in close proximity to buildings.

Old asbestos waste

The contractor shall apply all the required measures to protect the workers and the surrounding communities from the hazards associated with the old asbestos waste, in accordance with the WBG General EHS Guidelines (www.ifc.org/EHSguidelines), including but not limited to the following:

- Treat the waste contaminated with asbestos safely in collection, transportation and proper disposal in the authorized site to prevent spreading into the air.
- Providing the containers to use for isolating the asbestos material, the signs to install in the site and the criteria for choosing the location in which to bury the asbestos are available for the disposal.
- Ensure that the equipment used for and next to the Asbestos Cement Material (ACM) is washed after use.
- Ensure that the resting areas and the eating facilities are clear from any potential contamination from asbestos.

- Provide adequate washing facilities.
- Ensure that the PPE provided to the workers on site includes disposable coveralls, safety goggles, gloves and footwear.
- Ensure that a local exhaust ventilation system (LEV) that draws in airborne asbestos is in place when cutting (ACM).
- Ensure that the appropriate filter is installed in the LEV to capture the airborne asbestos before releasing to the environment. The filters should also be treated as a hazardous waste for disposal.
- Ensure that training that is fit for purpose is delivered to the workers to enhance their awareness of the health and safety risks when working with asbestos, to inform them on the method of work and on the control measures to have in place.
- Excavated contaminated soil to be directly placed into the truck and cover it and transport it while it still wet to minimize its effects
- Contaminated soil and damaged asbestos materials and pipes should be buried to prevent spreading into the air.
- Arrangements in the disposal area should be done to ensure it is done properly and documented.
- Proper masks should be worn by all workers and supervisors in the working area. Respirators must be equipped with HEPA filtered cartridges (color coded purple) or an N-100, P-100 or R-100 NIOSH rating.

Painting

The contractor shall apply all the required measures to protect the workers and the surrounding communities from the hazards associated with painting works including the hazards resulting from use of lead containing paint, in accordance with the WBG General EHS Guidelines (www.ifc.org/EHSguidelines), including but not limited to the following:

- Provide workers with specialized training and provided with, and wear, appropriate PPE (gloves, apron, splash suits, face shield or goggles, etc);
- Ensure that the air is renewed, and ventilation are continuous inside the work station;
- Apply working shift time with minimum time for every worker;
- Ensure that emergency showers are close to the working site;
- Ensure availability of the first aid box.
- Ensure not procure or use paints containing lead.

First Aid and Accidents

The Contractor shall:

- Ensure that qualified first aid by qualified personnel is always available. Appropriately equipped first-aid stations should be easily accessible throughout the place of work.

- Provide workers with rescue and first-aid duties with dedicated training so as not to inadvertently aggravate exposures and health hazards to themselves or their co-workers. Training would include the risks of becoming infected with blood-borne pathogens through contact with bodily fluids and tissue.
- Provide eye-wash stations and/or emergency showers close to all workstations where immediate flushing with water is the recommended first-aid response.
- Provide dedicated and appropriately equipped first-aid room(s) where the scale of work or the type of activity being carried out so requires.
- Equip first aid stations and rooms with gloves, gowns, and masks for protection against direct contact with blood and other body fluids.
- Make widely available written emergency procedures for dealing with cases of trauma or serious illness, including procedures for transferring patient care to an appropriate medical facility.
- Immediately report all accidental occurrences with serious accident potential such as major equipment failures, contact with high-voltage lines, exposure to hazardous materials, slides, or cave-ins to UNICEF.
- Immediately investigate any serious or fatal injury or disease caused by the progress of work by the Contractor and submit a comprehensive report to UNICEF.

Communicable Diseases

Recognizing that no single measure is likely to be effective in the long term, the Contractor shall implement a combination of behavioral and environmental modifications to mitigate communicable diseases:

- Conduct Information, Education and Consultation Communication (IEC) campaigns, at least every other month, addressed to all construction site staff (including all the Contractor's employees, all subcontractors of any tier, consultants' employees working on the site, and truck drivers and crew making deliveries to the site for Works and Services executed under the Contract, concerning the risks, dangers and impact, and appropriate avoidance behavior of communicable diseases.
- Provide for active screening, diagnosis, counselling and referral of workers to a dedicated national STD and HIV/AIDS program, (unless otherwise agreed) for all Site staff and labour.
- Provide male or female condoms to all Site staff and workers, as appropriate.
- Provide treatment through standard case management in on-site or community health care facilities.
- Ensure ready access to medical treatment, confidentiality and appropriate care, particularly with respect to migrant workers.
- Promote collaboration with local authorities to enhance access of workers families and the community to public health services and ensure the immunization of workers against common and locally prevalent diseases.
- Provide basic education on the conditions that allow the spread of other diseases such as COVID-19, Cholera and other communicable diseases. The training should cover sanitary hygiene education.
- Prevent illness in immediate local communities by:

- Implementing an information strategy to reinforce person-to-person counselling addressing systemic factors that can influence individual behavior as well as promoting individual protection, and protecting others from infection, by encouraging condom use
- Training health workers in disease treatment
- Conducting immunization programs for workers in local communities to improve health and guard against infection
- Providing health services

COVID-19'

In the context of the COVID-19 pandemic, Contractors shall develop and implement measures to prevent or minimize an outbreak of COVID-19, and develop procedures indicating what should be done if a worker gets sick. The Contractor shall:

- Assess the characteristics of the workforce, including those with underlying health issues or who may be otherwise at risk
- Confirm that workers are fit for work, including temperature testing and refusing entry to sick workers
- Consider ways to minimize entry/exit to site or the workplace, and limit contact between workers and the community/general public
- Train workers on hygiene and other preventative measures, and implement a communication strategy for regular updates on COVID-19 related issues and the status of affected workers
- Treat workers who are or should be self-isolating and/or are displaying symptoms
- Assess risks to continuity of supplies of medicine, water, fuel, food and PPE, taking into account international, national and local supply chains
- Reduce, store and dispose of medical waste
- Adjust work practices to reduce the number of workers and increase social distancing
- Expand health facilities on-site compared to usual levels, develop relationships with local health care facilities and organize for the treatment of sick workers
- Build worker accommodations further apart, or have one worker accommodation in a more isolated area, which may be easily converted to quarantine and treatment facilities, if needed
- Establish a procedure to follow if a worker becomes sick (following WHO guidelines)
- Implement a communication strategy with the community, community leaders and local government in relation to COVID-19 issues on the site.

Vector-Borne Diseases

Reducing the impact of vector-borne disease on the long-term health of workers is best accomplished by implementing diverse interventions aimed at eliminating the factors that lead to disease. The Contractor, in close collaboration with community health authorities, shall implement an integrated control strategy for mosquito and other arthropod-borne diseases that includes the following measures:

- Prevent of larval and adult propagation through sanitary improvements and elimination of breeding habitats close to human settlements
- Eliminate unusable impounded water
- Increase water velocity in natural and artificial channels
- Consider the application of residual insecticide to dormitory walls
- Implement integrated vector control programs
- Promote the use of repellents, clothing, netting, and other barriers to prevent insect bites
- Use chemoprophylaxis drugs by non-immune workers and collaborating with public health officials to help eradicate disease reservoirs
- Monitor and treat circulating and migrating populations to prevent disease reservoir spread
- Collaborate and exchange in-kind services with other control programs in the project area to maximize beneficial effects
- Educate project personnel and area residents on risks, prevention, and available treatment
- Monitor communities during high-risk seasons to detect and treat cases
- Distribute appropriate education materials
- Follow safety guidelines for the storage, transport, and distribution of pesticides to minimize the potential for misuse, spills, and accidental human exposure
-

Road safety and Traffic Safety

- The Contractor shall ensure traffic safety by all project personnel during displacement to and from the workplace, and during the operation of project equipment on private or public roads. The Contractor shall adopt best transport safety practices across all aspects of project operations with the goal of preventing traffic accidents and minimizing injuries suffered by project personnel and the public, including:
 - Emphasize safety aspects among drivers
 - Improve driving skills and requiring licensing of drivers
 - Institute defensive driving training for all drivers prior to starting their job
 - Adopt limits for trip duration and arranging driver rosters to avoid overtiredness
 - Avoid dangerous routes and times of day to reduce the risk of accidents
 - Use speed control devices (governors) on trucks, and remote monitoring of driver actions
 - Require that drivers and co-passengers wear seatbelts, and duly sanction defaulters.
 - Regularly maintain vehicles and use manufacturer approved parts to minimize potentially serious accidents caused by equipment malfunction or premature failure.

- Where the project may contribute to significant changes in traffic along existing roads the Contractor shall:
- Commence activities that affect public motorways and highways, only after all traffic safety measures necessitated by the activities are fully operational.
- Arrange diversions for providing alternative routes for transport and/or pedestrians
- Minimize pedestrian interaction with construction vehicles, particularly at crossing points to schools, markets, and any animal crossing points of significance, through appropriate signage, engineered footpaths or traffic slowing devices.
- Organize meaningful road accident awareness events at all roadside schools and communities within 150 meters of the road centerline, covering safe road crossing, road accident hazards from weather conditions and vehicle roadworthiness, overloading and driver alertness, dangers posed by parked and broken-down vehicles, etc.
- Collaborate with local communities and responsible authorities to improve signage, visibility and overall safety of roads, particularly along stretches located near schools or other locations where children may be present.
- Collaborate with local communities on education about traffic and pedestrian safety (e.g., school education campaigns).
- Coordinate with emergency responders to ensure that appropriate first aid is provided to all affected persons in the event of accidents.
- Use locally sourced materials, whenever possible, to minimize transport distances, and locate associated facilities such as worker camps close to project sites.
- Employ safe traffic control measures, including road signs, traffic cones, removable barriers, and flag persons to warn of dangerous conditions.
- Avoid indirect damage to existing cultural heritage, such as affecting masonry through vibration

Emergencies

The Contractor shall:

- Establish and maintain an emergency preparedness and response system, in collaboration with appropriate and relevant third parties including to cover: (i) the contingencies that could affect personnel and facilities of the project to be financed; (ii) the need to protect the health and safety of project workers; (iii) the need to protect the health and safety of the Affected Communities. The emergency preparedness and response system shall include:
 - Identification of the emergency scenarios
 - Specific emergency response procedures
 - Training of emergency response teams
 - Emergency contacts and communication systems/protocols (including communication with Affected Communities when necessary)
 - Procedures for interaction with government authorities (emergency, health, environmental authorities)

- Permanently stationed emergency equipment and facilities (e.g., first aid stations, firefighting equipment, spill response equipment, personal protection equipment for the emergency response teams)
- Protocols for the use of the emergency equipment and facilities
- Clear identification of evacuation routes and muster points
- Emergency drills and their periodicity based on assigned emergency levels or tiers
- Decontamination procedures and means to proceed with urgent remedial measures to contain, limit and reduce pollution within the physical boundaries of the project property and assets to the extent possible.

Stakeholder Engagement

As part of the overall Project Stakeholder Engagement⁸, the Contractor will undertake a process of stakeholder engagement with representative persons and communities directly affected by the activities it undertakes, including if necessary, the public disclosure of its C-ESMP. The Contractor shall also maintain throughout the Project good relations with local communities and will give these communities prior notice of plans and schedules as they might affect local people.

Labour Force Management

Labour Conditions

The Contractor shall:

- Implement the measures and commitments defined in the Project Labour Management Procedures.
- Provide all workers with terms and conditions that comply with Afghanistan Labour Legislation, and applicable International Labour Organization conventions on workplace conditions.
- Put in place workplace processes for project workers to report work situations that they believe are not safe or healthy, and to remove themselves from a work situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health. Project workers who remove themselves from such situations will not be required to return to work until necessary remedial action to correct the situation has been taken. Project workers will not be retaliated against or otherwise subject to reprisal or negative action for such reporting or removal.
- Avoid all forms of forced or compulsory labour, i.e., all work or service which is exacted from any person under the threat of a penalty and for which the person has not offered himself or herself voluntarily.

Insurance

The Contractor shall:

- Protect the health of workers involved in onsite activities, as indicated in Afghanistan Labour Law
- Compensate any employee for death or injury

Grievance Redress Mechanism for Workers

The Contractor shall put in place a Grievance Redress Mechanism (GRM) for its workers and the workers of its subcontractors that is proportionate to its workforce. The GRM for workers shall be distinct from the Project level GRM described in the Project Stakeholder Engagement Plan (SEP) for affected individuals and communities, and shall adhere to the following principles:

- Provision of information. All workers should be informed about the grievance mechanism at the time they are hired, and details about how it operates should be easily available, for example, included in worker documentation or on notice boards.
- Transparency of the process. Workers must know to whom they can turn in the event of a grievance and the support and sources of advice that are available to them. All line and senior managers must be familiar with their organization's grievance procedure.
- Keeping it up to date. The process should be regularly reviewed and kept up to date, for example, by referencing any new statutory guidelines, changes in contracts or representation.
- Confidentiality. The process should ensure that a complaint is dealt with confidentially. While procedures may specify that complaints should first be made to the workers' line manager, there should also be the option of raising a grievance first with an alternative manager, for example, a human resource (personnel) manager.
- Non-retribution. Procedures should guarantee that any worker raising a complaint will not be subject to any reprisal.
- Reasonable timescales. Procedures should allow for time to investigate grievances fully, but should aim for swift resolutions. The longer a grievance is allowed to continue, the harder it can be for both sides to get back to normal afterwards. Time limits should be set for each stage of the process, for example, a maximum time between a grievance being raised and the setting up of a meeting to investigate it.
- Right of appeal. A worker should have the right to appeal to the World Bank or national courts if he or she is not happy with the initial finding.
- Right to be accompanied. In any meetings or hearings, the worker should have the right to be accompanied by a colleague, friend or union representative.
- Keeping records. Written records should be kept at all stages. The initial complaint should be in writing if possible, along with the response, notes of any meetings and the findings and the reasons for the findings. Any records on SEA shall be registered separately and under the strictest confidentiality.
- Relationship with collective agreements. Grievance procedures should be consistent with any collective agreements.
- Relationship with regulation. Grievance processes should be compliant with the national employment code.

Protection from Sexual Exploitation and Abuse⁹

The Contractor shall:

- Provide repeated training and awareness raising to the workforce about refraining from unacceptable conduct toward local community members, specifically women and children

- Inform workers about national laws that make sexual harassment and gender-based violence a punishable offence which is prosecuted
- Prohibit its employees from exchanging any money, goods, services, or other things of value, for sexual favors or activities, or from engaging in any sexual activities that are exploitive or degrading to any person.
- Take appropriate disciplinary actions against employees, including Community Health workers under their purview who are found to have violated the Code of Conduct.
- Develop a system to capture gender-based violence, sexual exploitation and workplace sexual harassment related complaints/issues.
- Adopt a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence.

Protection from Child Labour

The Contractor shall:

- Verify that workers are older than 18 when hiring
- Exclude all persons under the age of 18.
- Review and retain copies of verifiable documentation concerning the age of workers
- Comply with all relevant local legislation, including labour laws in relation to child labour and World Bank's safeguard policies on child labour and minimum age.

Code of Conduct

The Contractor shall ensure that all employees, including those of subcontractors, community health workers who are employed by BPHS/EPHS, are informed about and sign the following Code of Conduct:

CODE OF CONDUCT FOR CONTRACTOR'S PERSONNEL

We the Contractor [enter name of Contractor] have signed a contract with UNICEF for [enter description of the activities]. These activities will be carried out at [enter the Site and other locations where the activities will be carried out]. Our contract requires us to implement measures to address environmental and social risks related to the activities, including the risks of sexual exploitation and assault and gender-based violence.

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

This Code of Conduct identifies the behavior that we require from all Contractor's Personnel.

Our workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

Required Conduct

Contractor's Personnel shall:

- carry out his/her duties competently and diligently.
- comply with this Code of Conduct and all applicable laws, regulations and other requirements, including requirements to protect the health, safety and well-being of other Contractor's Personnel and any other person.
- maintain a safe working environment including by:
 - ensuring that workplaces, machinery, equipment and processes under each person's control are safe and without risk to health.
 - wearing required personal protective equipment.
 - using appropriate measures relating to chemical, physical and biological substances and agents; and
 - following applicable emergency operating procedures.
- report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent and serious danger to his/her life or health.
- treat other people with respect, and not discriminate against specific groups such as women, people with disabilities, migrant workers or children.
- not engage in any form of sexual harassment including unwelcome sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature with other Contractor's or Employer's Personnel.
- not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. In Bank financed projects, sexual exploitation occurs when access to or benefit from Bank financed Goods, Works, Consulting or Non-consulting services is used to extract sexual gain.
- not engage in Sexual Assault, which means sexual activity with another person who does not consent. It is a violation of bodily integrity and sexual autonomy and is broader than narrower conceptions of "rape", especially because (a) it may be committed by other means than force or violence, and (b) it does not necessarily entail penetration.
- not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage.
- complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, and Sexual Exploitation and Assault (SEA).
- report violations of this Code of Conduct; and

- Not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer, or who makes use of the Grievance mechanism for Contractor’s Personnel or the project’s Grievance Mechanism.

Raising Concerns

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

1. Contacting the Individual designated by the Contractor [enter name of Contact]
2. In writing at this address []
3. By telephone at []
4. In person at []
5. Calling [] to reach the Contractor’s hotline and leave a message (if available)

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

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

Consequences of Violating the Code of Conduct

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

For Contractor’s Personnel

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

Name of Contractor’s Personnel: [insert name]

Signature: _____

Date: (day month year): _____

Countersignature of authorized representative of the Contractor:

Signature: _____

Date: (day month year): _____

A copy of the code shall be displayed in a location easily accessible to the community and project affected people. It shall be provided in languages comprehensible to the local community, Contractor’s personnel (including sub-contractors and day workers) and affected persons.]

Contractor Environmental and Social Reporting

The Contractor shall report major work-related incidents, accidents or loss of life to UNICEF or the relevant Implementing Partner within 48 hours of their occurrence.

The Contractor shall monitor, keep records and report on the following environmental and social issues:

- Safety: hours worked, lost time injury (LTI), lost workdays, recordable 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, and so forth).
- Environmental incidents and near misses: environmental incidents and high potential near misses and how they have been addressed, what is outstanding, and lessons learned.
- Major works: those undertaken and completed, progress against project schedule, and key work fronts (work areas).
- ESHS requirements: noncompliance incidents with permits and national law (legal noncompliance), project commitments, or other ESHS requirements.
- ESHS inspections and audits: by the Contractor, UNICEF and its Implementing Partners, or others—to include date, inspector or auditor name, sites visited, and records reviewed, major findings, and actions taken.
- Workers: list of workers at each site, confirmation of ESHS training, indication of origin (expatriate, local, nonlocal nationals), gender, age with evidence that no child labour is involved, and skill level (unskilled, skilled, supervisory, professional, management).
- Training on ESHS issues: including dates, number of trainees, and topics.
- Footprint management: details of any work outside boundaries or major off-site impacts caused by ongoing construction—to include date, location, impacts, and actions taken.
- External stakeholder engagement: highlights, including formal and informal meetings, and information disclosure and dissemination—to include a breakdown of women and men consulted and themes coming from various stakeholder groups, including vulnerable groups (e.g., disabled, elderly, children, etc.).
- Details of any security risks: details of risks the Contractor may be exposed to while performing its work, the threats may come from third parties external to the project.
- Worker grievances: details 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.
- External stakeholder grievances: grievance and date submitted, action(s) taken and date(s), 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. Grievance data should be gender disaggregated.
- Major changes to Contractors environmental and social practices.

Deficiency and performance management: actions taken in response to previous notices of deficiency or observations regarding ESHS performance and/or plans for actions to be taken should continue to be reported to UNICEF until it determines the issue is resolved satisfactorily.

Annex 6. Generic Environmental and Social Management Plan for subprojects

The generic ESMP may be modified, if required.

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ⁵ (USD)
		Planning	Implementation		Continuous	Monthly	Quarterly		
Exclusion of vulnerable groups from project's benefits	<ul style="list-style-type: none"> ○ Implement and monitor Project GRM 	X	X	<ul style="list-style-type: none"> ○ per cent of GRM cases addressed 			X	Implementation: UNICEF/IP Monitoring: UNICEF	
Lack of access to beneficiaries for meaningful stakeholder and community engagements as well as grievance redress and monitoring, as project locations are likely to be remote areas or conflict-prone areas	<ul style="list-style-type: none"> ○ Work through local partners with sufficient access ○ Implement SMP 	X	X	<ul style="list-style-type: none"> ○ Availability of GRM ○ # of stakeholder information sessions and consultations sessions conducted 	X			Implementation: IP Monitoring: UNICEF	

⁵ The costs cannot be fully determined at this stage. They will be calculated for each activity in the activity specific ESMPs.

<p>Work-related accidents and injuries are likely to increase during civil work</p> <p>OHS risks including infection and disease</p> <p>Poor working conditions: unsafe work environment</p>	<p>Implement the ESHS provisions on OHS (Annex 5)</p>		<p>X</p>	<ul style="list-style-type: none"> ○ Safety measures in place 	<p>X</p>			<p>Implementation: Contractors/BPHS partner</p> <p>Monitoring: UNICEF/IP</p>	
<p>Conflicts over provision of employment or contracts</p>	<ul style="list-style-type: none"> ○ Comply with the LMP (Annex 4), in addition to: ○ Apply fair terms and conditions shall be applied for workers (guided by relevant laws and WB ESS2) ○ Operationalize workers' GRM to promptly address their workplace grievance (see LMP Annex 4 and ESHS Annex 5) ○ The project shall respect the workers' rights of labour unions and freedom of association 		<p>X</p>	<ul style="list-style-type: none"> ○ # of reported disputes by workers through workers' GRM ○ per cent of cases resolved in a timely manner (according to the workers' GRM records) ○ Records of composition of the labour force (male/female, communities of origins of the workers) 	<p>X</p>			<p>Implementation: Contractors/BPHS partners</p> <p>Monitoring: UNICEF</p>	

<p>Delayed payment of workers for work leading to complaints and conflict</p>	<ul style="list-style-type: none"> ○ Implement and monitor LMP ○ Implement and monitor workers' GRM ○ Communication / awareness campaign of payment mechanisms 		X	<ul style="list-style-type: none"> ○ # of cases filed with workers' GRM that relate to payment ○ Records of cases filed through workers' GRM ○ Evidence of communication and awareness campaigns ○ No of delayed payments as evidenced by record of payments made by IPs with date 	X			<p>Implementation: Contractors</p> <p>Monitoring: UNICEF</p>	
<p>Labour standards are not in accordance to national laws and international standards</p>	<p>Implement and monitor the LMP (Annex 4) in addition to:</p> <ul style="list-style-type: none"> ○ Develop and implement OHS Plan for workers ○ Listing of all staff and titles, new hires and departure ○ sites visited and records reviewed, major findings, and actions taken by contractor, engineer, or others, including authorities—to include date, inspector or auditor name 		X	<ul style="list-style-type: none"> ○ OHS Plan in place and compliance status available ○ Staff lists available ○ Site visits conducted 	X			<p>Implementation: Contractors</p> <p>Monitoring: UNICEF</p>	

<p>Insecurity of all project workers and project affected persons</p>	<ul style="list-style-type: none"> ○ Comply with the measures prescribed in the SMP to secure work sites ○ Follow all security protocols in the SMP ○ All visitors to construction sites will be required to fill a visitors' form providing all personal details and purpose of the visit ○ Security induction must be done to all project workers 		<p>X</p>	<ul style="list-style-type: none"> ○ # of workers trained ○ Per cent of sites with security protocols 	<p>X</p>		<p>Implementation: UNICEF/IPs /Contractors</p> <p>Monitoring: UNICEF</p>	
<p>Child and forced labour</p>	<p>Comply with the LMP (Annex 4) in addition to:</p> <ul style="list-style-type: none"> ○ Set a minimum age for all types of work (in compliance with national laws and ESS2) and document age of workers upon hiring ○ Conduct a track record search of the contractors at the bidding process (record of health and safety violations, fines, consult public documents related 	<p>X</p>	<p>X</p>	<ul style="list-style-type: none"> ○ # of violations (child, forced labour) ○ # of existence/maintenance of a labour registry of all contracted workers with age verification ○ # of awareness campaigns 	<p>X</p>		<p>Implementation: Contractors/IPs</p> <p>Monitoring: UNICEF/IPs</p>	

	<p>to workers' rights violations etc.)</p> <ul style="list-style-type: none"> ○ Raise awareness of communities/suppliers to not engage in child labour 								
Discrimination against women in employment	<ul style="list-style-type: none"> ○ Recruitment and retention policies that enable fair working conditions and women's safe and equitable participation. ○ List number of workers, indication of origin, gender, and skill level (unskilled, skilled, supervisory, professional, management). 		X	<ul style="list-style-type: none"> ○ List of workers available ○ Number of complaints related to discrimination on the basis of gender 	X			<p>Implementation: Contractors/IPS</p> <p>Monitoring: UNICEF</p>	
Emergency Preparedness and Response	<ul style="list-style-type: none"> ○ Develop site specific emergency plan 	X		Emergency plan in place	x			<p>Implementation: Contractors/IPS</p> <p>Monitoring: UNICEF</p>	
Construction works exacerbate soil erosion, erosion and sedimentation of rivers from earth works and run-off/flash floods	<ul style="list-style-type: none"> ○ Avoid or minimize clearing of vegetation during preparation for rehabilitation and construction works in the targeted areas, to reduce chances of soil erosion 	X	X	<ul style="list-style-type: none"> ○ per cent of land with vegetation rehabilitated 	X			<p>Implementation: Contractors</p> <p>Monitoring: UNICEF/IPS</p>	

	<ul style="list-style-type: none"> ○ Proceed to revegetation when possible with native trees and vegetation after vegetation removal ○ Carefully design siting of the activity site to avoid soil erosion ○ Rehabilitation of borrow pits sites after extraction 								
Soil pollution	<ul style="list-style-type: none"> ○ Implement ESHS measures on waste management (Annex 5) ○ 	X	X	<ul style="list-style-type: none"> ○ Evidence of proper waste disposal ○ Evidence of presence of a drainage system 	X			Implementation: Contractors Monitoring: UNICEF	
Dust emissions (air quality)	Implement ESHS air quality (Annex 5)		X	<ul style="list-style-type: none"> ○ Evidence that spraying of water is conducted ○ # of workers that have been provided with dust masks ○ # of trucks that are covered with tarpaulin 	X			Implementation: Contractors Monitoring: UNICEF/ IPS	
Noise/vibrations	Implement ESHS noise prevention measure (Annex 5)	X	X	<ul style="list-style-type: none"> ○ Evidence of muffler installation where relevant 	X			Implementation: Contractors	

				<ul style="list-style-type: none"> ○ # of workers supplied with ear plugs/mufflers 				Monitoring: UNICEF/IPS	
Water bodies contamination from uncontrolled spillages, wastewater	<p>Implement ESHS provisions on waste management, handling of hazardous and toxic materials (Annex 5) in addition to</p> <ul style="list-style-type: none"> ○ Avoid high water table areas during excavations and use appropriate technologies such as lining ○ Equip drainage systems with a water/ oil separator ○ Limit the use of chemical products such as oils, lubricants and fuels; and control/supervise its usage 		X	Evidence of proper waste disposal	X			Implementation: IPs	Monitoring: UNICEF/IPS
Waste generation (liquid, solid, hazardous), for example from use of fossil fuel-based equipment and machinery	<p>Implement ESHS provisions on waste management, handling of hazardous and toxic materials (Annex 5) in addition to</p> <ul style="list-style-type: none"> ○ Ensure provision of waste bin on site ○ Efficient use of materials 		X	<ul style="list-style-type: none"> ○ # of waste bins on site ○ # of incidents/releases of waste ○ # of sanitary facilities on construction sites 	X			Implementation: Contractors	Monitoring: UNICEF IPs

	<ul style="list-style-type: none"> ○ Avoid and minimize waste production ○ Ensure waste is recycled/reused before opting to dispose ○ Train workers in waste management 								
Disposal and management of large amounts of excavated material generated from construction	Implement ESHS provisions on construction waste management (Annex 5)		X	<ul style="list-style-type: none"> ○ Excavated material disposed at designated sites 	X			Implementation: Contractors	Monitoring: UNICEF/IPs
Improper disposal of human waste which may contaminate soils and water bodies	Implement ESHS provisions in lavatories and showers (Annex 5)		X	<ul style="list-style-type: none"> ○ -# of sanitary facilities on construction sites 	X			Implementation: Contractors	Monitoring: UNICEF/ IPs
Improper disposal of medical waste	Implement Medical Waste Management and Infection Prevention	X	X	<ul style="list-style-type: none"> ○ Health Facility Medical Waste and Infection prevention procedures in place 	X			Implementation: BPHS partner	Monitoring: UNICEF
Common pests attracted to dirty environment (rats, cockroaches, flies) are also disease vectors, transporting germs from the toilet to nearby	<ul style="list-style-type: none"> ○ Provide hand washing facilities and water in all the sanitation infrastructures ○ Ensure proper cleaning of toilets ○ Ensure and provide training on cleaning of toilet 		X	<ul style="list-style-type: none"> ○ Hand washing facilities provided ○ Records of hygiene status of toilets available ○ # of trainings provided to the community 		X		Implementation: Contractors / communities/ IPs	Monitoring: UNICEF/IPs

<p>human settlement (latrines)</p> <p>Latrines have the possibilities of spread and contact of pathogens and other pollutants with humans at the household level</p>	<ul style="list-style-type: none"> ○ Use biopesticides to manage pests 								
<p>Latrine usage and maintenance can be at risk should communities fail to recognize the health benefits linked to such technology</p>	<ul style="list-style-type: none"> ○ Locate facilities in a location that is safe for women, girls and young children to use without risks to safety and security ○ Construct facilities in a manner that will be accessible to children and PWDs 	X	X	<ul style="list-style-type: none"> ○ Checklist developed and used to identify safe locations ○ Designed with provisions to allow for children's access and accommodates PWDs 	X			<p>Implementation: Contractors</p> <p>Monitoring: UNICEF/IPs</p>	
<p>Road safety traffic accidents/fatalities due to presence of traffic of heavy machinery through the communities</p>	<p>Implement the ESHS requirements (Annex 5) for road safety and traffic safety</p>		X	<ul style="list-style-type: none"> ○ Evidence of speed limit signs ○ Evidence of speed bumps ○ Evidence of warning signs ○ Evidence of local procurement 	X			<p>Implementation: Contractors</p> <p>Monitoring: UNICEF/IPs</p>	
<p>Fire outbreaks as a result of improper use/storage of flammable products</p>	<ul style="list-style-type: none"> ○ Provide fire hazard training to construction workers ○ Provide evacuation route 		X	<ul style="list-style-type: none"> ○ number of workers trained ○ Clearly marked evacuation routes 	X			<p>Implementation: Contractors/ BPHS Partners</p>	

	<ul style="list-style-type: none"> ○ Adequately store any flammable materials <p>Implement life and fire safety measures (Annex 3)</p>			<ul style="list-style-type: none"> ○ Life and fire safety ○ # of health facilities which meet all local building codes and fire department regulations 				Monitoring: UNICEF/IPs	
Risk of wildfires	<ul style="list-style-type: none"> ○ Proper siting of activity area at sufficient distance of any forest areas ○ Appropriate storage areas for chemicals, hazardous and flammable materials 		X	<ul style="list-style-type: none"> ○ Storage areas available 		X		Implementation: Contractors	Monitoring: UNICEF/IPs
Health and safety risks from creation of open pits following extraction of construction materials (for children and communities and breeding grounds for mosquitoes)	<p>Implement ESHS requirements on vector borne diseases (Annex 5) in addition to:</p> <ul style="list-style-type: none"> ○ Fence the area and post warning signs at entrance 		X	<ul style="list-style-type: none"> ○ Presence of unusable impounded water ○ Presence of fences ○ Number of incidents /injuries caused by open pits 		X		Implementation: Contractors	Monitoring: UNICEF
Increase of transmission of infectious diseases (COVID-19)	<ul style="list-style-type: none"> ○ Implement ESHS requirements on Covid 19 (Annex 5) 		X	<ul style="list-style-type: none"> ○ # of reported cases on sites ○ Evidence of PPE used and social distancing among workers 	X			Implementation: Contractors/ IPs	Monitoring: UNICEF

<p>Damages to infrastructure caused by natural disasters (flooding, earthquakes, snow avalanches/flashfloods, landslides) causing EHS and OHS issues among workers and communities</p>	<ul style="list-style-type: none"> ○ Build resilient infrastructures in safe locations, careful siting and conception at project design phase ○ Training of workers and communities on emergency procedures ○ Make provisions for a health unit or first aid and prepare an emergency response plan for each activity 	X	X	<ul style="list-style-type: none"> ○ Evidence of an ERP in place ○ # of trainings conducted ○ # first-aid kit/help on site or nearby 		X		<p>Implementation: UNICEF/BPHS partners</p> <p>Monitoring: UNICEF/IP</p>	
<p>SEA/SH increase among workers and communities members</p>	<ul style="list-style-type: none"> ○ Comply with the measures prescribed in the SEA Action Plan and ESHS provisions on prevention of SEA (annex 5), in addition to: ○ Sensitization/community awareness of project workers and the benefiting communities; ○ Implementation of a designated GRM to handle these types of complaints ○ Each contractor to implement CoC for the workers with specific obligations with regards to SEA/SH 		X	<ul style="list-style-type: none"> ○ # of SEA/SH related complaints recorded ○ per cent of complaints handled in timely ○ per cent of workers that have signed CoCs. ○ -# of SEA/SH community awareness trainings 		X		<p>Implementation: Contractor/BPHS partners</p> <p>Monitoring: UNICEF/IPs</p>	

	<ul style="list-style-type: none"> ○ All project staff should be trained in SEA awareness programs for workers and the beneficiary community 								
Exclusion of vulnerable groups in the stakeholder engagement processes	<p>Implement the SEP in addition to</p> <ul style="list-style-type: none"> ○ Identify minority, marginalized and disadvantaged communities in each of the participating districts. ○ Establish and maintain continuous liaison with the communities including marginalised groups to sensitize them on the project objectives and design. ○ Use innovative communication means to reach the communities with information on the project. ○ Establish GRM structures in the communities and sensitize the communities on the project GRM. 	X		<ul style="list-style-type: none"> ○ # of marginalized, minority and disadvantaged groups per districts ○ # of meetings held ○ # of participants to the consultation belonging to a vulnerable category ○ Level of participation to the programs (in per cent of total number of people eligible) 	X			<p>Implementation: UNICEF/BPHS partners</p> <p>Monitoring: UNICEF/IPs</p>	

	<ul style="list-style-type: none">○ Maintain a system of receiving and responding to any project concerns by the communities								
--	--	--	--	--	--	--	--	--	--

