UNOPS

United Nations Office for Project Services (UNOPS)

Environmental and Social Management Framework (ESMF)

Myanmar Health Assistance and Nutrition Support Project (P508089) and Additional Financing

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Abbreviations and Acronyms

BAT	Best Available Technique
BET	Best Environmental Practice
CBO	Community-Based Organization
CDD	Community-Driven Development
CoC	Code of Conduct
CSO	Civil Society Organization
DO	Designated Official
E&S	Environmental & Social
EHS	Environment, Health and Safety
EHSG	Environmental Health and Safety Guidelines
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESF	Environmental and Social Framework
ESIA	Environment and Social Impact Assessment
ESS	Environmental and Social Standards
FM	Financial Management
FPIC	Free, Prior and Informed Consent
FSA	Field Security Adviser
GBV	Gender-Based Violence
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HQ	Headquarter
IASC	Inter-Agency Standing Committee
MWMP	Medical Waste Management Plan
ICR	Implementation Completion Report
IDA	International Development Association
ILO	International Labor Organization
INGO	International Non-Governmental Organization
IP	Implementing Partner
IP/SSAHUTLCs	Indigenous People / Sub-Saharan Africa Historically Underserve Traditional Local Communities
IPV	Intimate Partner Violence
LMP	Labor Management Plan
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OHS	Occupational Health and Safety
OPIM	Other Potentially Infectious Materials
PAD	Project Appraisal Document
PBT	Bio-Accumulative and Toxic
PDO	Project Development Objective
PIU	Project Implementation Unit

POM	Project Operations Manual
PPE	Personal Protective Equipment
PSC	Project Steering Committee
PSEA	Prevention of Sexual Exploitation and Abuse
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SMP	Security Management Plan
SMT	Senior Management Team
SRA	Security Risk Assessment
SRM	Security Risk Management
STI	Sexually Transmitted Infection
TA	Technical Assistance
TOR	Terms of Reference
UN	United Nations
UNDSS	United Nations Department for Security and Safety
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UNSMS	United Nations Security Management System
VOC	Volatile Organic Compounds
WB	World Bank
WHO	World Health Organization

Executive Summary

The International Development Association (IDA) plans to finance the Myanmar Health Assistance and Nutrition Support Project. The project aims to deliver essential health and nutrition services and assistance to the population in need rapidly in the emergency context, with a particular focus on women, children, and vulnerable people affected by the conflict and natural disasters in Myanmar. Implemented by UNOPS and UNICEF, the project will leverage the established partnerships of these UN agencies to extend life-saving services and assistance to those in urgent need.

Project activities include the provision of essential primary health and nutrition services at the community level and health posts/centres, and secondary health and nutrition care services Delivery at clinics and secondary hospitals; and emergency cash assistance. The additional activities include basic WASH interventions and immunization. Thematic areas of service delivery include maternal, newborn and child health, immunization, nutrition, physical and psychological services, gender-based violence support, and non-communicable disease care. The UN agencies will work through non-government organizations (NGOs) as implementing partners. The project will target vulnerable populations, with a focus on women and children in Myanmar.

Since there will be no construction or rehabilitation of health facilities involved in the activities, the main environmental risks relate to the medical waste that will be produced by the health facilities and mobile clinics. This includes risks of community health and safety related to the handling, transportation and disposal of healthcare wastes including sharps, syringes, immunization supplies, used bottles, human tissues and blood. Medical waste can lead to soil and water contamination and degradation of water bodies caused by its discharge. Other risks include poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values. Emissions from the hospital, including from the incinerators, can lead to air pollution. The service coverage and quality of incineration/treatment facilities may be limited, temporary incinerators, open burning or/and disposed in the general waste bins while exposing the public and environment to additional risks. Inadequate storage of medical waste, poor collection and untimely disposal can attract stray animals and rag pickers and become breeding grounds for vector-borne, water-based and fecal-oral infections. If vaccines are considered during the preparation stage, quality of the vaccines needs to be controlled properly such as handling of cooling materials and means in according to the Bank's ESF.

Social risks are mainly in relation to potential exclusion of disadvantaged and vulnerable groups, labor and working conditions, Occupational Health and Safety (OHS) risks for health workers, risks of infection and risks of medical wastes leading to contamination. There are also security risks for workers, violations of labor and working conditions, misuse of unauthorized disclosure of personal data or SEA/SH risks for project workers or project-affected persons.

The risks and impacts will be managed through the mitigation hierarchy approaches (avoid, minimize, mitigate and compensate) included in this ESMF and subsequently in all sites, during the implementation stage once the detailed characteristics of the specific sites are confirmed. Instruments included for risk mitigation in this ESMF are Labor Management Procedures (LMP), SEA/SH Action Plan, Medical Waste Management Plan (MWMP), Social Assessment, among others. E&S risk mitigation management is based on the local laws and the World Bank's ESF.

The ESMF sets forth the basic principles and prerogatives the Project will comply with during implementation once the physical footprints are known, including site-specific environmental and social (E&S) screening, and the preparation of site-specific instruments where applicable. All environmental and social (E&S) instruments will be the subject of consultation with the beneficiaries and institutional stakeholders.

UNOPS will implement the Project through a respective Project Implementation Unit (PIU) based in its office in Yangon. UNOPS' role will include procurement, financial management, and project management, project oversight, and capacity development, as well as E&S risk mitigation. The PIU will ensure the implementation of stakeholder engagements based on the Project's SEP and will administer the Grievance Redress Mechanism (GRM) and communication activities.

The Project will provide a GRM to all stakeholders. The GRM will be a distinct mechanism that will allow stakeholders at the community level to provide feedback on project activities, its impacts and social and environmental mitigation measures. The GRM will be operated for affected individuals and parties, while a separate workers' grievance mechanism will be set up to allow all Project workers to raise workplace concerns, as provided under ESS2. The project GRM provides for multiple channels through which complaints can be registered in a safe and confidential manner. A complaint should be related to the project components and/or to its implementation and management. Any complaint not directly related to the project will be referred by the mechanism to the appropriate responsible entity, where available.

The estimated costs for the implementation of the ESMF will be USD 1,600,000. It excludes costs for the implementation of the Stakeholder Engagement Plan (SEP) and the MWMP.

The present ESMF substitutes early versions of the Project's ESMF and shall apply to both the original financing and the additional financing for the Project referred to above.

1. Introduction

The International Development Association (IDA) plans to finance the Myanmar Health Assistance and Nutrition Support Project. The project aims to deliver essential health and nutrition services and assistance to the population in need rapidly in the emergency context, with a particular focus on women, children, and vulnerable people affected by the conflict and natural disasters in Myanmar. Implemented by UNOPS and UNICEF, the project will leverage established partnerships of these UN agencies with international and national NGOs, private entities and community-based organizations (implementing partners) to extend life-saving services and assistance to those in urgent need. The project's primary objectives are the provision of life-saving and urgent primary and secondary high-impact health and nutrition services, at the community, health posts and clinics and cash assistance where viable.

Coordination with UNICEF ensures complementarity and avoids overlap, using careful planning and collaboration with partners. Coordination with UNICEF ensures complementarity and avoids overlap, using careful planning and collaboration with partners. This coordination occurs mainly at the township level, but in some cases where territorial control limits access, UNOPS and UNICEF may support different partners in different parts of the same township.

The present ESMF substitutes early versions of the Project's ESFM and shall apply to both the original financing and the additional financing for the Project referred to above. A separate ESMF has been prepared to apply to activities to be implemented by UNICEF.

1.1 Project Activities

The Project's Development Objective (PDO) is to deliver essential health and nutrition services and assistance to the vulnerable population, with a focus on women and children in Myanmar.

The project will be composed of two components: i) Delivery of essential health, nutrition services, cash transfers and project monitoring, implemented by UNICEF, and ii) Delivery of essential health and nutrition services and project monitoring, implemented by UNOPS. UNICEF and UNOPS will both deliver essential health and nutrition services to reach more beneficiaries by leveraging each agency's geographical coverage, comparative advantages, and large network of implementation partners. In addition, UNICEF will also be implementing cash transfers which will target selected townships across UNICEF and UNOPS' geographical coverage areas.

This ESMF covers the activities that will be implemented by UNOPS under Component 2 . A separate set of environmental and social management instruments have been prepared for UNICEF's activities.

Under Component 2 , the Project will deliver:

a) deliver an integrated package of community-level, preventative, primary health care and secondary/referral-level care, including basic WASH interventions. The service package can be expanded or refined based on funding availability, needs and priorities, and respond to natural and climate health disasters upon need.

Services and Activities

Table 1 Services and activities to be provided

Primary Healthcare: Community level, village health/maternity posts, mobile clinics

- Maternal, newborn and child health and nutrition interventions:
  - o Ante-natal care and safe delivery and neonatal care: iron-folic acid supplementation, multi-micronutrient supplementation, deworming, malarial treatment; clean delivery kits; hygiene kits (including soap), blankets for neonatal warmth, etc. Referral to secondary care for emergency cases.

  - o Child health and nutrition interventions: vitamin A supplementation, deworming, breastfeeding promotion, oral rehydration salts, zinc supplementation, antibiotics, fever-reducing medicine for key diseases such as pneumonia, diarrhea, dengue, malaria, etc.

    - o For moderate and severe acutely malnourished children: ready-to-use therapeutic feeding (RUTF) for community-based management for moderate and severe acute malnutrition without medical necessity; mid-upper arm circumference malnutrition screening tapes, among others.

  - General healthcare support and first aid: Essential medicine, medical and health kits; personal protective equipment (PPE), etc.

The following services and activities are to be provided in the additional financing.
(a) Operational support for immunization:[1]
  - o Routine and catch-up vaccination for the FED Project-prioritized vaccine schedule, procurement, installation, and maintenance of cold chain equipment

  - o Strengthening vaccine supply chain management and potential procurement of vaccines

  - o Training of frontline healthcare providers

  - o Advocacy, community mobilisation, and engagement to promote vaccine uptake

  - o AEFI management and surveillance, including vaccine-preventable disease surveillance and Health Management Information System (HMIS) strengthening

(b) Integration of basic WASH support into the primary healthcare and nutrition service package
  - o Improving access to safe water through household water treatment and storage, including the distribution of chlorine tablets, water purifiers, and water filters.

  - o Enhancing household and environmental sanitation through the distribution of sanitary items.

  - o Improving food, hand, and personal hygiene through the distribution of food-storage containers, soap, hand-washing facilities and hygiene kits.

    Reinforcing WASH, nutrition, and Infant and young child feeding (IYCF) practices through education and awareness sessions.

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[1] No civil work will be included in the Additional Financing.

Secondary Healthcare: Health centers/private clinics, district/township small hospitals

- Emergency obstetric care and child and neonatal care: clean delivery kits, medical utensils
- Severe acute malnutrition care of children with medical necessity
- Medical care for survivors of gender-based violence: post-exposure prophylaxis (PEP kits), dignity kits
- General secondary healthcare medical goods to be used for the delivery of women and children's healthcare: small utensils and tools, essential medicine, PPE, etc.

b) Support essential health and nutrition commodities and supplies via various procurement methods, including climate-adaptative supplies. To deliver the service packages described above, UNOPS will apply two primary delivery modalities—via grants and via output-based direct service purchasing. UNOPS plans to support quality health services at the community, primary, referral and secondary care levels, including preventative care, via implementing partner grants. It aims to work with 5-7 non-governmental organizations to provide services for vulnerable populations in conflict-affected areas. Services can be expanded or refined based on priorities, needs and gaps. UNOPS plans to build on existing systems to ensure the delivery of essential items like medicines, clean delivery kits, hygiene kits, small equipment, and nutrition supplements and Ready-To-Use Supplementary/Therapeutic Food (RUSF/RUTF) including climate adaptive supplies to supported areas.

1.2. Project Beneficiaries and Geographical Locations

Target locations (including new townships for additional financing) will be selected based on several considerations, including the needs and vulnerability of the people, accessibility and feasibility of the location, and the capacity of the implementing agencies. UNOPS will ensure that the project activities in these townships are not covered by existing funding from the Access to Health Fund or other funding sources. In areas where UNOPS has ongoing projects, a complementary approach is taken by prioritizing service packages and integrating additional services (e.g., adding nutrition promotion to maternal and child health services) and expanding coverage.

Coordination with UNICEF at the geographic level ensures complementarity and avoids overlap, using careful planning and collaboration with partners. This coordination occurs mainly at the township level, but in some cases UNOPS and UNICEF may support different partners in different parts of the same township.

1.3 Objective of the ESMF

The ESMF outlines the policy and legal framework that integrates the E&S Standards. This includes relevant national legislation, Myanmar's international commitments, the World Bank's Environmental and Social Framework (ESF), and supporting instruments. The ESMF provides an environmental and socio-economic context, classifies E&S risks, and presents these risks alongside mitigation measures in a generic Environmental and Social Management Plan (ESMP). It also details the institutional and implementation

arrangements for both the project and the ESMF and includes a Monitoring Plan to track ESMF compliance.

Additionally, the document describes the Project Grievance Redress Mechanisms (GRM) and outlines anticipated training and capacity-building initiatives to ensure E&S compliance. It specifies how Environment, Social, Health, and Safety (ESHS) clauses and requirements will be integrated into partners' contract bidding documents.

Annexed to the ESMF are specific E&S instruments designed to mitigate project risks, including Labor Management Procedures (LMP) and Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Action Plan.

1.4. Approach and Methodology

The ESMF is based on:

- ESMFs of similar projects in Myanmar financed by the WB;
- Myanmar's applicable policies, laws, procedures, regulatory and administrative frameworks to determine the relevant legal requirements for the project;
- ESS of the WB in order to determine their applicability to the project;
- Existing documents related to the project, such as the Environmental and Social Commitment Plan - ESCP, Stakeholder Engagement Plan - SEP, the ESRS, and the Project Appraisal Document (PAD);
- Documents and literature on environmental and social aspects of the project areas;
- The following Good Practice Notes: Addressing sexual exploitation and abuse and sexual harassment (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; Gender, 2019.

UNOPS has undertaken stakeholder engagements as part of its Health and Nutrition Programme in Myanmar. The responses have shaped and informed the preparation of this Project.

2. Policy and Legal Framework

This section provides a discussion of the policy and legal framework for environmental and social management for the project.

2.1 National Regulatory and Policy Framework

The Public Health Law (1972) This law aims to protect public health by regulating sanitation, disease prevention, and community health initiatives. It grants the Ministry of Health authority to enforce public health measures.

The National Drug Law (1992) The law governs the production, import, export, storage, distribution, and use of pharmaceutical products. It ensures safety, quality, and efficacy of medicines available in the country.

The Myanmar Medical Council Law (2000) This law established the Myanmar Medical Council to regulate medical professionals, including licensing, ethical standards, and disciplinary actions.

The Private Health Care Services Law (2007) regulates private health care providers, ensuring they meet specific standards for patient care and facility management.

The Prevention and Control of Communicable Diseases Law (1995) provides the framework for managing and controlling communicable diseases, including quarantine measures and mandatory reporting of infectious diseases.

The National Health Policy (1993) outlines the government's goals for improving health care, emphasizing equitable access and integration of health services.

The Child Law (1993) includes provisions related to child health and welfare, mandating access to immunization and basic health services for children.

Environmental Conservation Law (2012) empowers the Ministry of Natural Resources and Environmental Conservation (MONREC) to enforce policies for environmental conservation, establish standards for environmental quality, and devise management strategies for both hazardous and non-hazardous waste. Furthermore, the law delineates the processes for carrying out assessments related to the environment and social aspects. The *Environmental Conservation Rules* (2014) and the *Environmental Impact Assessment (EIA) Procedures* (2015) specifically elaborate on various aspects of the law.

National Environmental Policy (2019) offers guidance on environmental protection and sustainable development for government entities, civil societies, the private sector, and development partners. This guidance is rooted in three strategic areas, which are ensuring a clean environment and healthy, functioning ecosystems; promoting sustainable economic and social development; and mainstreaming of environmental protection and management.

Occupational Health and Safety Law (2019) outlines the safety and health measures anticipated for every industry and workplace. These measures primarily consist of administrative regulations pertaining to the protection of occupational health and safety.

Ethnic Rights Protection Law (2015) defines ethnic groups and outlines the role and responsibilities of the Ministry of Ethnic Affairs. Its primary objective is to facilitate sustainable socio-economic development by ensuring that national races, such as ethnic groups, have access to the study of their languages, literature, fine arts, culture, customs, and traditions.

Healthcare Waste Management Guidelines (2019) include principles and procedures for healthcare waste management, including categories of healthcare waste, technical guidelines on process of healthcare waste management, implementation at different levels and stakeholders, human resource management, and monitoring and evaluation.

2.3 World Bank Environmental and Social Management Framework and Relevant Standards (ESS)

The Environmental and Social Framework (ESF) sets out the World Bank's commitment to sustainable development through a Bank Policy and a set of Environmental and Social Standards (ESSs) that are designed to support recipient's projects with the aim of ending extreme poverty and promoting shared prosperity. A short summary of several relevant ESSs from the Bank's ESF is presented below.

The ESSs set out the requirements for recipients relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank. The Bank believes that the application of these standards, focusing on the identification and management of environmental and social risks, will support recipients in their goal to reduce poverty and increase prosperity in a sustainable manner for the benefit of the environment and their citizens.

Where the national laws differ from the standards in the ESF, the project will aim for whichever is more stringent.

The relevant ESS that the recipient and the project will meet through the project life cycle, are as follows:

ESS 1 - Assessment and Management of Environmental and Social Risks and Impacts. ESS1 sets out the client's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the ESSs.

The E&S assessment will be based on current information, including a description and delineation of the project and any associated aspects and environmental and social baseline data at an appropriate level of detail sufficient to inform characterization and identification of risks and impacts and mitigation measures. The assessment will evaluate the project's potential environmental and social risks and impacts, with a particular attention to those that may fall disproportionally on disadvantaged and/or vulnerable social groups; examine project alternatives; identify ways of improving project selection, siting, planning, design and implementation in order to apply the mitigation hierarchy for adverse environmental and social impacts and seek opportunities to enhance the positive impacts of the project. The environmental and social assessment will include stakeholder engagement as an integral part of the assessment, in accordance with ESS10.

According to ESS1 the recipient will manage E&S risks and impacts of the project throughout the project life cycle in a systematic manner, proportionate to the nature and scale of the project and the potential risks and impacts. The recipient is thereby responsible for cascading compliance with standards along the chain of implementing partners. The Project is subject to ESS1 and will follow it through during preparation, design and implementation.

ESS2 – Labor and Working Conditions. ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Recipients can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. ESS2 applies to project workers including full-time, part-time, temporary, seasonal and migrant workers.

The recipient has developed and will implement written labor management procedures (LMP) applicable to the project. These procedures set out the way in which project workers will be managed, in accordance with the requirements of national law and this ESS as well as requirements in the World Bank Environmental, Health and Safety (EHS) guidelines for managing occupational health and safety. The procedures address the way in which this ESS applies to different categories of project workers including direct workers, and the way in which the recipient will require third parties to manage their workers in accordance with ESS2. ESS2 requires also a grievance redress system which allows workers to raise their grievances.

ESS3 – Resource Efficiency and Pollution Prevention and Management. ESS 3 recognizes that economic activity and urbanization often generate pollution of air, water and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional and global levels. This ESS sets out the requirements to address resource efficiency and pollution prevention and management throughout the project life cycle consistent with GIIP.

This ESMF includes a Medical Waste Management Plan (MWM) for pollution prevention in relation to medical waste and its management.

ESS4 – Community Health and Safety. ESS4 recognizes that project activities, equipment and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.

ESS 4 addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of the recipient to avoid or minimize such risks and impacts, with particular attention to people who, because of their circumstances, may be vulnerable. While not explicitly mentioned, prevention and mitigation of different forms of gender-based violence (GBV), specifically SEA/SH, is covered by ESS4. This ESMF includes mitigation measures for anticipated risks in relation to ESS4.

ESS7 - Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities (IP/SSAGUTLC). This ESS applies to distinct social and cultural groups. The terminology used for such groups varies from country to country and often reflects national considerations. ESS7 uses the term "Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities," recognizing that groups may be referred to in different countries by different terms.

ESS 7 contributes to poverty reduction and sustainable development by ensuring that projects supported by the Bank enhance opportunities for Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities to participate in, and benefit from, the development process in ways that do not threaten their unique cultural identities and well-being.

Key requirements under ESS7 include that the World Bank determines whether indigenous peoples/Sub-Saharan African historically underserved traditional local communities are present in, or have collective attachment to the project area; and that the recipient develops a rigorous consultation strategy and identifies means through which the borrower undertakes effective consultation with people identified for purposes of ESS 7 on the project design and implementation. Myanmar meets the criteria for IP/SSAHUTLCs. The gap filling measure includes the use of the SEP to ensure consultations are undertaken. Consistent with this standard, the recipient prepared a Social Assessment (SA) as part of the ESMF and set principles of IPs/SSAHUTLCs consultation, targeting and activities implementation throughout the Project.

ESS 10 – Stakeholder Engagement and Information Disclosure. This ESS recognizes the importance of open and transparent engagement between the recipient and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance and make a significant contribution to successful project design and implementation.

The recipient will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process as an integral part of early project decisions and in a timeframe that enables meaningful consultations with stakeholders on project design, as well as assessment, management and monitoring of the project's environmental and social risks and impacts. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.

Where properly designed and implemented, inclusive stakeholder engagement supports the development of strong, constructive and responsive relationships that are important for successful management of a project's environmental and social risks.

In consultation with the Bank, the recipient has prepared a Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the project and its potential risks and impacts. Disclosure of information shall be undertaken through the implementation of the SEP. The SEP also outlines the establishment of a functioning GRM.

2.4. WBG Environmental, Health and Safety (EHS) Guidelines and Technical Notes

The project will further apply the WBG General EHS Guidelines from 2007, which are guidelines that contain the performance levels and measures that are acceptable to the WB and reflect good international industry practice (GIIP). Where the national regulations differ from the levels and measures presented in these guidelines, the project will aim for whichever is more stringent.
The Project further follows the WHO guideline on 'Safe management of wastes from health care activities'.

3. Environmental and Socio-Economic Context

The project is planned to be implemented across the country. Implementation will depend on the needs and vulnerability of the people, accessibility and feasibility of the location, and the capacity of the implementing agencies.

3.1 Environmental Context

The following section describes key environmental features of the country, and specifically the proposed project areas, as the project activities shall be carried out in various areas of the country.

Geography and Climate: These regions are geographically diverse . The mountainous regions are characterized by rugged landscapes, dense forests, and limited access to infrastructure, while the coastal areas are prone to natural disasters like cyclones and flooding.

The climate in these target regions is predominantly tropical monsoon, with distinct wet and dry seasons. The wet season, which runs from May to October, brings heavy rainfall and high humidity, while the dry season, from November to April, is characterized by lower rainfall and cooler temperatures. The mountainous regions experience cooler temperatures year-round, while the coastal areas are generally hotter and more humid.

The combination of diverse geography and a tropical monsoon climate creates unique challenges for project implementation. The mountainous terrain can hinder access to communities, while the frequent natural disasters pose risks to infrastructure and health services. The project considers these factors in its planning and implementation to ensure the effectiveness and sustainability of its interventions.

Disaster Vulnerability: The target regions of the project in Myanmar face significant disaster vulnerability due to their unique geographic and climatic conditions. Mountainous regions are susceptible to landslides and earthquakes, particularly during the monsoon season when heavy rainfall saturates the soil. These hazards create a complex and challenging environment for communities, often exacerbating existing vulnerabilities and hindering access to essential services.

Furthermore, the ongoing conflict in Myanmar has significantly increased disaster vulnerability. D isrupted infrastructure, and limited access to humanitarian assistance have left communities more susceptible to the impacts of natural disasters. The lack of resources and capacity to prepare for and respond to disasters further compounds the challenges faced by communities in these conflict-affected areas.

3.2 Social Context

Demographics of sub-project areas: The target regions of the project in Myanmar are home to diverse ethnic groups, each with their own unique cultural practices, languages, and traditions. These regions are predominantly rural, with a significant portion of the population engaged in agriculture and subsistence farming. The population density varies across the regions, with mountainous areas generally less densely populated than coastal regions.

The project considers the diverse cultural practices, and languages of the target populations in its planning and implementation. It is crucial to ensure that interventions are culturally sensitive and inclusive,

addressing the specific needs and priorities of different communities. The project also considers the changing demographics of the target areas, ensuring that its interventions reach those who are most vulnerable .

This conflict has significantly disrupted the lives of people living in conflict-affected areas. As a result, livelihoods of people affected by the conflict have been lost, leading to a rise in malnutrition and worsening of health outcomes. This has significantly increased the need for healthcare services. People seeking to access healthcare services in conflict-affected areas are facing increasing difficulties.

Gender-Based Violence: The situation of Gender-Based Violence (GBV) in Myanmar is dire and complex, exacerbated by the ongoing conflict and political instability. A 2022 UN Women analysis highlights the increased vulnerability of women and girls, who are disproportionately affected by violence in all its forms.

4. Environmental and Social Risk Classification

4.1 Risk and Impacts Assessment Methodology

The assessment of impacts is an iterative process underpinned by four key questions: **Prediction:** what change to the physical, chemical or social environment will occur if the project is implemented?; **Evaluation:** what are the consequences of this change? How significant will its impact be on human and biological receptors; **Mitigation***:* if it is significant can anything be done about it?; **Residual Impact:** is it still significant after mitigation? Where significant residual impacts remain, further options for mitigation will be considered and where necessary impacts are re-assessed until they are reduced. The figure below shows the methodology that will be used to assess impacts.

Table 1 Risk assessment methodology

Probability of occurrence	Effects/Consequences				
	Negligible	**Small**	**Medium**	**High**	**Very high**
Very likely	Green	Yellow	Orange	Red	Red
Likely	Green	Yellow	Yellow	Red	Red
May occur (50% of the time	Green	Yellow	Yellow	Orange	Red
Unlikely	Green	Green	Yellow	Yellow	Orange
Very unlikely	Green	Green	Green	Yellow	Yellow

Overall risk rating of the impact	High	Red	Substantial	Orange	Moderate	Yellow	Low	Green

4.2 Identification and Assessment of Risks and Impacts

The environmental and social risk classification for the project is rated *Substantial* by the World Bank.

Environmental Risks and Impacts: Activities mainly comprise of health services provision through existing clinics or mobile clinics. Activities will be implemented by health service providers or Implementing Partners. Since there will be no construction or rehabilitation of health facilities involved in the activities, the main environmental risks relate to the medical waste that will be produced by the health facilities and mobile clinics.

A significant risk is Medical Waste Management (MWM) and community health and safety issues related to the handling, transportation and disposal of healthcare wastes. Medical waste can lead to soil and water contamination and degradation of water bodies caused by its discharge. Poor sanitation conditions at the HCF leads to nosocomial infections, discomfort and poor aesthetic values. Emissions from the hospital, including from the incinerators, can lead to air pollution. The service coverage and quality of incineration/treatment facilities may be limited, temporary incinerators, open burning or/and disposed in the general waste bins while exposing the public and environment to additional risks. Inadequate storage of medical waste, poor collection and untimely disposal can attract stray animals and rag pickers and become breeding grounds for vector-borne, water-based and fecal-oral infections.

The capacity of Implementing Partners or health service providers to implement the required E&S mitigation measures may be limited, which heightens the risk. Appropriate training and capacity building in medical waste management will need to be provided.

Social Risks and Impacts: Potential social risks include the exclusion of vulnerable beneficiaries from the project activities and a risk of inadequate stakeholder engagement and provision of GRM given the conflict context. In addition, there are several risks related to labor and working conditions. Workers at the health facilities and mobile clinics may have a lack of understanding of EHS risks and impacts and the respective mitigation measures leading to incidents or accidents. Occupational Health and Safety (OHS) risks for the same workers including accidents through inadequate Personal Protective Equipment (PPE), risks emanating from physical hazards such as sharp objects, or risks from electrical and explosive hazard, fire, chemical use, ergonomic hazards, or radioactive hazards. Other workers' risks relate to the infection of health workers, and risks of medical wastes leading to their contamination. There are also security risks for workers, violations of labor and working conditions, or SEA/SH risks for project workers or project-affected persons. Security risks include risks of presence of Unexploded Ordnances (UXOs).

The procurement of health and nutrition commodities includes mostly labor-related risks and impacts on the side of the supplier.

Sexual Exploitation and Abuse / Sexual Harassment (SEA/SH) Risks: GBV is prevalent in some of the selected areas, which heightens the risk of SEA/SH for project workers and beneficiaries. Further, there is a SEA/SH risk among project workers and between project workers and beneficiaries when there are services that are needed by community members. Sex, for example, may be used to 'pay' for services or be demanded as a payment for services.

4.3 Identification of Risks and Impacts

The below Table presents the potential risks and impacts for activities and assesses the risk.

Table 2 Potential E&S Risks and Impacts

Activities	Potential Risks and Impacts	Risk Assessment (red = high; orange = substantial; yellow = moderate; green = low)
Provision of health services (community-level, preventative, primary health care and secondary / referral-level care) through existing health facilities and mobile clinics	*Environmental Risks:*	
	Lack of staff capacity in handling medical waste (ESS1)	yellow
	Air pollution through emission from hospital, including incinerator (ESS3)	yellow
	Soil and water contamination and degradation of water bodies caused by discharge of medical waste (ESS3)	orange
	Generation of solid and medical waste (ESS3)	orange
	Poor sanitation and hygiene conditions at the HCF leading to discomfort and poor aesthetic values (ESS3)	yellow
	Inadequate storage of medical waste, poor collection and untimely disposal can attract stray animals and rag pickers and become breeding grounds for vector-borne, water-based and fecal-oral infections (ESS3 and 4)	yellow
	Exposure to infectious diseases for staff, patients and communities (ESS2 and 4)	orange
	Social Risks:	yellow
	Lack of understanding of risks and impacts of sub-projects (ESS1)	yellow
	Lack of understanding of EHS risks and impacts and of mitigation measures leads to accidents and health impacts (ESS2)	orange
	Occupational Health and Safety risks for healthcare providers (ESS2)	orange
	Inadequate PPE (ESS2)	orange
	OHS risks emanating from physical hazards (for example, handling of sharp objects) (ESS2)	yellow
	Risk of infection of health workers (ESS2)	orange
	Risk of infection to the handlers (ESS2)	yellow
	Risk of nosocomial infections at health facility – for workers and community members (ESS2 and ESS4)	yellow

	OHS risks from Electrical and explosive hazards; fire; chemical use; ergonomic hazard; radioactive hazard (ESS2)	
	Risk of medical wastes, wastewater and air emissions leading to the contamination of workers (ESS2)	
	Inadequate PPE (ESS2)	
	Lack of safety and security for project workers, project-affected persons and assets (ESS2 and ESS4)	
	Violations of labor and working conditions (ESS2)	
	SEA/SH for project workers and project-affected persons (ESS2 and ESS4)	
	Bias and corruption in the selection of facilities to benefit and locations to be served by mobile clinics (ESS4)	
	The service coverage of treatment facilities is limited (ESS4)	
	MWM and community health and safety issues related to the handling, transportation and disposal of healthcare wastes (ESS4)	
	Discriminatory practices in accessing project services, and benefits (ESS4)	
	Ethnic tensions among project workers and between project workers and communities (ESS4)	
	Violent attacks (ESS4)	
	Uneploded Ordnances may be present in project area (ESS4)	
	Lack of access to grievance redress (ESS10)	
	Exclusion of vulnerable groups in project activities and consultations given sensitive environment for consultations in general (ESS10)	
	Inadequate stakeholder engagement given contextual challenges (ESS10)	
Procurement of essential health and nutrition commodities, including climate - adaptative supplies	*Environmental Risks:*	
	Occupational Health and Safety risks during production of commodities (ESS2)	
	Inadequate PPE (ESS 2)	
	Generation of production and packaging waste (ESS3)	
	Social Risks:	
	Violations of labor and working conditions at supplier (ESS2)	
	Risk of Child labor at supplier (ESS2)	
	Risk of Forced Labor at supplier (ESS2)	
	Lack of access to workers' grievance redress mechanisms (ESS10)	

5. Project Mitigation Measures and Management of Risks and Impacts

In line with WB ESS1, for the elaboration and implementation of the environmental and social mitigation measures, the project is adopting the following mitigation hierarchy approach:

1. Anticipate and avoid risks and impacts;
2. Where avoidance is not possible, minimize or reduce risks and impacts to acceptable levels;
3. Once risks and impacts have been minimized or reduced, mitigate;
4. Where significant residual impacts remain, compensate for or offset them, where technically and financially feasible.

The below generic Environmental and Social Management Plan (ESMP) lists the prevention, minimization, mitigation and compensation activities for each activity's risks and impacts. It disaggregates them by ESS. The generic ESMP presents standardized management and mitigation procedures for handling environmental and social risks resulting from the project in the local context. The generic ESMP should therefore serve as a reference on risks and impacts during the implementation of activities in regards to the associated international industry best practices and mitigation measures that are planned and implemented throughout the project life cycle. The Generic ESMP should be read in conjunction with the MWMP.

5.1 Environmental and Social Management Plan (ESMP)

Table 3 Project ESMP and Monitoring Table

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
ESS 1: Environmental and Social Assessment									
Lack of understanding of risks and impacts of sub-projects	Include all relevant E&S provisions into every Request for Proposals or TOR, and in every contract Provide capacity building and awareness to IPs and other health workers or health center administrations	X		% of RFPs or TOR contain all relevant provisions on E&S # of awareness sessions provided	X			UNOPS / UNOPS	Costs of awareness sessions/ travel/staff time Travel and staff time
ESS 2: Labor and Working Conditions									
OHS risks from handling equipment	Train health workers appropriately on OHS risks, hazards and safe handling of medical equipment and	X		# of training sessions for health care workers Availability of workers' GRM		X		IPs UNOPS	Costs of PPE, awareness sessions, staff time

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

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	procedures, based on EHS Guidelines on OHS[3] Communicate and implement workers' GRM Include OHS requirements into bids and contracts IP contract to include various OHS requirements Report significant OHS incidents and accidents			% of bids with adequate OHS provisions listed # of OHS incidents timely reported, RCA developed, CAP identified and implemented					Travel costs and staff costs
Inadequate PPE for health workers	Provide appropriate PPE, continuous reminders to use PPE, use of signage and continuous supervision of availability and use of PPE, based on EHS Guidelines WHO prescribed protocols for personal protection of healthcare professionals to be enforced at all times	X		% of workers with appropriate PPE Availability of workers' GRM		X		IP UNOPS	Costs of PPE and signage Travel costs and staff time

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[3] IFC, Environmental, Health and Safety Guidelines, accessed at: https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at ifc/policies-standards/ehs-guidelines

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		Con tin uou s	Mo nthl y	Qu art erl y		
	Communicate and implement workers' GRM								
Risk of infection of health workers and handlers	Ensure appropriate training on infection prevention and control for health workers and other staff. Enforce WHO prescribed protocols for personal protection of healthcare professionals at all times Ensure training in healthcare waste management systems, which enable healthcare waste to be managed responsibly, without harming the workers and handlers Provide post-exposure prophylactic kits Provide protocol for handling health workers after needle prick/sharp incidents Provide Hep B vaccination for health workers handling sharps	X		# of training sessions for workers Availability of post-exposure prophylactic kits Availability of protocol % of relevant health workers that have received Hep B vaccination			X	IPs UNOPS	Training costs and costs of PPE Cost of prophyla xis Cost of Hep B vaccinati on Travel costs and staff costs

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
Risk of nosocomial infections at health facility – for workers and community members	Ensure equipment is available to minimize risk of infections (e.g. PPE, incinerator, waste bins, containers, WASH facilities, sharp containers etc)		X	Availability of PPE, incinerator, waste bins, containers, WASH facilities, sharp containers			X	IPs UNOPS	Costs of equipment Staff and travel time
Risk of medical wastes, wastewater and air emissions leading to the contamination of workers	Provide training for the workers charged with the responsibility to handle and dispose of the medical waste (see M WMP in Annex 4)	X		# of training sessions provided		X		IPs UNOPS	Training costs and costs Staff costs
Lack of safety and security for project workers, project-affected persons and assets	Implement security management measures	X		Implementation of Security Management measures		X		UNOPS/IPs	Security measure costs Security assessment costs
Violations of labor and working conditions	Ensure workers' GRM are available Introduce transparent procedures for hiring and advertise job opportunities widely	X		# of workers grievances filed and handled appropriately Evidence of availability of transparent procedures		X		IPs UNOPS	Staff time Staff time

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
Risk of child labor among suppliers Risk of forced labor among suppliers	Comply with minimum age set for all types of work (in compliance with national laws and ESS2) and document age of workers upon hiring Verify age of workers where required Conduct a track record search of the suppliers at the procurement process (record of health and safety violations, fines, consult public documents related to workers' rights violations, GBV/SEA/SH issues etc.)	X		# of workers violations (child, forced labor) % of workers with age verification % of IPs on which track record search was performed		X		UNOPS/IPs UNOPS	Staff costs Staff costs
SEA/SH for project workers	Provide SEA/SH awareness sessions to workers Every worker to sign Code of Conduct (CoC) Provide training on CoC Adopt SEA/SH Action Plan	X		# of awareness sessions on SEA/SH to workers % of workers that signed CoCs # of training sessions to workers on CoC		X		IPs UNOPS	Staff costs Staff costs
OHS risks during production of commodities	Include OHS requirements as per EHSG in procurement documents and cascade them down to supplier	X		% of procurement documents for suppliers with		X		UNOPS / UNOPS	Staff time

| Potential Risks and Impacts | Proposed Mitigation Measures | Phase | | Indicators for monitoring | Frequency of Monitoring | | | Responsibility for implementation / monitoring | Estimated Cost of implementation and monitoring (in USD) [2] |
		Planning	Operation		Continuous	Monthly	Quarterly		
				appropriate OHS obligations					
ESS 3: Resource Efficiency and Pollution Prevention and Management									
Air pollution through emission from hospital, including incinerator	Conduct preventative periodic maintenance of incinerator	X		# of maintenance events		X		IPs UNOPS	Costs of maintenance audits, inspections, staff time, travel time
	Operate through qualified personnel only			% of qualified personnel operating incinerator					
	Ensure auditing and reporting systems			# of audits					
	Conduct routine inspections of the furnace and air pollution control systems			# of routine inspections					Staff time
Soil and water contamination and degradation of water bodies caused by discharge of medical waste	Implement MWMP (see Annex 4)	X		# incidents of waste effluents released into water		X		IPs UNOPS	Costs of recycling, technologies
	As much as possible, ensure minimal generation of wastewater. However, where this is generated for disposal, ensure it is treated before disposal								Travel costs and staff time
	Employ technologies that are								

| Potential Risks and Impacts | Proposed Mitigation Measures | Phase | | Indicators for monitoring | Frequency of Monitoring | | | Responsibility for implementation / monitoring | Estimated Cost of implementation and monitoring (in USD) [2] |
		Planning	Operation		Continuous	Monthly	Quarterly		
	least polluting and technically feasible Carry out recycling of waste effluents as far as possible and practical Ensure that the wastes are not released into any drinking water source, cultivation fields or critical habitat Do not release any waste effluents into irrigation channels – based on EHS Guidelines on Wastewater and Ambient Water Quality All wastewater discharges are to meet applicable country laws/regulations and WB Environmental, Health and Safety Guidelines (EHSGs) (General and sector-specific)								
Generation of solid and medical waste	General & Health Care Waste[4]	X		Evidence of segregated waste		X		IPs	Costs of waste

[4] WBG/IFC Environmental, Health and Safety Guidelines for Health Care Facilities. Inclusive of Good International Industry Practices (GIIPs) – April 30, 2007. See Table 1 - Treatment and disposal methods for categories of health care waste.

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	Ensure waste is segregated at point of generation to the extent possible for easy handling Ensure the segregated waste is appropriately packaged and stored for final disposal consistent with the WHO standards and WBG/IFC EHSGs for Health Care Facilities (HCFs). Adopt Project GRM			Availability of Project GRM				UNOPS	segregation Travel costs and staff time
Poor sanitation conditions at the HCF leading to discomfort and poor aesthetic values	Provide cleaning staff with adequate cleaning equipment, materials and disinfectant. Provide adequate facilities to disinfect the cleaning equipment and dispose of the used consumables in a safe manner Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. Train clinic workers in proper hygiene (including handwashing) prior to, during and after	X		# of staff with adequate cleaning equipment # of trainings for staff % of clinic workers that have been provided with PPE % of cleaners that have been trained		X		IPs UNOPS	Cleaning equipment costs, staff time Travel costs and staff time

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials)								
Inadequate storage of medical waste, poor collection and untimely disposal can attract stray animals and rag pickers and become breeding grounds for vector-borne, water-based and fecal-oral infections	Implement MWMP (see Annex 4)	X				X		IPs UNOPS	Costs of IMWMP
Unexploded Ordnances may be existing in the project area posing risks for workers	Implement Security Management Plan (see Annex 8)	X		Implementation of Security Management measures		X		IPs UNOPS	Costs of security mitigation measures
ESS 4: Community Health and Safety									
Bias in the selection of facilities to benefit and locations to be served by mobile clinics	Implement SEP to provide transparency about Project selection modalities Adopt and implement Project GRM	X		# of stakeholder information disclosures Availability of Project GRM channels at the sub-project sites		X		IPs UNOPS	Costs of MWMP

| Potential Risks and Impacts | Proposed Mitigation Measures | Phase | | Indicators for monitoring | Frequency of Monitoring | | | Responsibility for implementation / monitoring | Estimated Cost of implementation and monitoring (in USD) [2] |
		Planning	Operation		Continuous	Monthly	Quarterly		
The service coverage and quality of treatment facilities is limited	Ensure quality of services through regular technical monitoring Select sites for health services and mobile clinics strategically to provide the best spread of services Provide information to stakeholders on services provides	X		# of technical monitoring visits # of information dissemination events for communities as per SEP		X		UNOPS UNOPS	Travel costs and staff time
MWM and community health and safety issues related to the handling, transportation and disposal of healthcare wastes	Adopt and implement MWMP (see Annex 4)	X				X		IPs UNOPS	Costs of plan implementation, staff time Travel costs and staff time
Discriminatory practices in accessing project services	As per the SEP, provide project information especially to vulnerable groups Adopt and implement a GRM at specific sites		X	# of information events provided to vulnerable groups Availability of GRM channels at site			X	UNOPS/IPs UNOPS	Costs of information sessions Staff time

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	Operation		Continuous	Monthly	Quarterly		
Ethnic tensions among project workers and between project workers and communities	Recruit and work with people from communities Train project workers on conflict sensitivity	X	X	# of workforce recruited from site # of training sessions		X		UNOPS/IPs UNOPS	
Violent attacks	Adopt and implement security Management Plan		X				X	IPs UNOPS	Security costs Staff time
SEA/SH for project-affected persons	Provide SEA/SH awareness sessions to communities Adopt SEA/SH Action Plan	X		# of awareness sessions on SEA/SH to workers and communities			X	IPs UNOPS	Staff costs Staff costs
Unexploded Ordnances may be existing in the project area posing risks for communities	Implement Security Management Plan (see Annex 8)	X		Implementation of Security Management measures		X		IPs UNOPS	Costs of security mitigation measures
Quality of Cold Chain Equipment (CCE)	Ensure partner adhere to requirements related to CCE procurement.		X	# of WHO PQS verified CCE procured within the reporting period	X		X	IPs UNOPS	Cost of Implementation

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	Provide adequate technical support for cold chain set up, training and supervision to vaccinators, etc. Utilize resources and technical expertise of UNICEF and WHO.								Staff costs
ESS 7: Indigenous Peoples and Historically Underserved Communities									
Exclusion of certain population groups from Project benefits	As per the SEP, provide project information especially to vulnerable groups Adopt and implement a GRM	X		# of community consultation sessions implemented			X	IPs UNOPS	Costs of consultations Staff time
Vaccine hesitancy and poor community acceptance of immunization services	Community mobilization and engagement activities are well placed prior to the implementation to encourage vaccine uptake. Develop and disseminate key health messages addressing common public concerns tailored to the local context and translated into ethnic/local		X	# of community engagement activities organized. # of IEC materials available in local/ethnic languages.	X		X	IPs UNOPS	Cost of Implementation. Staff time

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	languages as relevant, using both online and offline formats Adverse Events Following Immunization (AEFI) management and vaccine risk communication practices are trained and adhered to. Drop Out Rate is monitored, analyzed and reported on a regular basis.								
ESS 10: Stakeholder Engagement and Information Disclosure									
Exclusion of vulnerable groups in project activities and consultations given sensitive environment for consultations in general	Implement SEP Identify minority, marginalized and disadvantaged communities in project sphere of influence. Establish and maintain continuous liaison with the communities including marginalized groups to sensitize them on the project objectives and design.	X	X	# of community assessments conducted Availability of GRM channels in the communities % of relevant documents in local languages			X	UNOPS/IPs UNOPS	Cost of consultations, travel costs

Potential Risks and Impacts	Proposed Mitigation Measures	Phase		Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation / monitoring	Estimated Cost of implementation and monitoring (in USD) [2]
		Planning	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	Use innovative communication means to reach the communities with information on the project. Establish GRM channels in the communities and sensitize the communities on the project GRM. Apply local languages in communication								
Lack of access to GRM	Implement GRM Implement Workers' GRM	X	X	# of GRM cases filed and addressed within appropriate amount of time Availability of workers' GRM	X	X		UNOPS/IPs UNOPS	Costs of GRM Travel and staff costs

6. Institutional and Implementation Arrangements

UNOPS and UNICEF will implement the project in different geographical areas of the country. UNOPS will operate through the provision of grants to Implementing Partners, which will provide health services through mobile clinics or existing health facilities.

UNOPS will establish a Project Implementation Unit (PIU) for the Project. The Project Manager, as part of the PIU, will have the overall responsibility for project implementation and for compliance with all E&S obligations as laid out in the Project E&S instruments, including this ESMF.

The PIU will include qualified staff and resources to support the management of all E&S risks and impacts of the Project. For this purpose, the PIU will appoint one Environmental Focal Point and one Social Focal Point . The Environmental and the Social Focal Points will be responsible for the monitoring of the compliance with this ESMF, the SEP, the LMP and other instruments. Where necessary, they will discuss corrective measures with the Project Manager. They will further prepare additional E&S instruments, such as ESMPs for sub-projects where applicable and will work through E&S Focal Points at the IPs.

The E&S Focal Points at the PIU will be responsible for the monitoring and supervision of the subproject-specific E&S mitigation measures. IP E&S Focal Points will be responsible for the day to day monitoring of E&S mitigation measures. They will establish a regular monitoring plan at the commencement of the Project and ensure physical supervision visits to the project sites. They will assist in the preparation of bidding documents and ensure that all subproject-specific requirements are included in the bidding documents. They will assess the E&S capacity of IPs and propose and implement additional capacity building measures where necessary. They will undertake field monitoring missions and review documentation in order to monitor the implementation of the E&S requirements. The Social Focal Points, in addition, will ensure the implementation of all stakeholder engagement requirements, and the implementation of the GRM. The GBV Specialist will ensure the implementation of all SEA/SH related prevention and mitigation measures, as well as respond to any SEA/SH complaints made through the GRM.

The E&S Focal Points will prepare the E&S inputs for the Project quarterly Progress Report to the World Bank. While the Environmental Focal Point will in particular focus on any environmental, health and safety tasks, the Social Focal Point will be responsible for any aspects regarding social issues, labor risk management, as well as stakeholder consultations and the GRM.

UNOPS will require IPs to appoint one E&S Focal Point each that will be responsible for overseeing the respective E&S requirements and their implementation. The E&S Focal Points will prepare monthly E&S reports and submit them to UNOPS. These reports will feed into the quarterly Progress Report to the World Bank.

7. Environmental and Social Management Process

7.1 Screening Process

The PIU will be responsible for the screening of all their respective activities. The screening will be based on the Social and Environmental Screening Form (see Annex 1). The Environmental and Social Focal Points in the PIU will be responsible for all E&S screening of activities, in close coordination with the Project team. Screening will be undertaken for a specific health center site or mobile clinic operational area.

All proposed activities will be subjected to a screening process to determine and assign an environmental and social risk rating to each activity. The screening will also assist in further identifying potentially sensitive environmental and social receptors likely to be negatively impacted. The outcome of the screening will determine whether a) the activity is *high* risk or *substantial* risk in regard to environmental risks and will be screened out (see Section 7.3. for a list of exclusions , b) the application of the Generic Environmental and Social Management Plan (ESMP) is required to be used (for *moderate* subprojects, as per section 5.1), or c) whether the subproject does not require any additional E&S instrument, but will simply comply with the relevant mitigation measures listed in this ESMF (for *low* risk subprojects) (see Generic ESMP, Section 5). Since no construction activities will be implemented, only simplified ESMPs are expected. The simplified ESMP as per section 5.1 will apply for moderate sub-projects. This will help in cascading down specific E&S obligations to the IP. The simplified ESMPs will also include all standard requirements applicable for the IP, as they derive from SEP, security risk management and SEA/SH prevention and response obligations.

The E&S screening process involves: a) reconnaissance of the subproject areas and their surroundings, b) identification of the main activities and c) preliminary assessment of the impacts of these activities on the ecological and socio-economic environment of the subproject surrounding areas. The screening form may need to be reviewed and updated during the process to accommodate other variables.

Following the screening process, the PIU will assign all the proposed activities into one of the E&S risk levels.

Table 4 5 Risk Categories

Risk Category	Nature of Risk and Impact	Examples
Low Risk	Activities that do not have a physical footprint. These will not require E&S instruments preparation, however, E&S clauses in the contract are recommended (to be prepared by the PIU prior to bidding process)	Procurement of goods; communication and translations; small training and workshops; management of grants, etc…
Moderate Risk	Activities that have moderate E&S risks and impacts, including that are site specific, temporal and reversible in nature. In addition to the E&S clauses in the contract, these activities may require the simplified ESMP. Furthermore activities may require risk mitigation measures in regards to SEA/SH,	Provision of health services; activities with minor security implication for all project workers and project-affected parties; activities that may spark intra-communal conflict over allocation of resources;

	Security Management Plan, Labor Management Procedures, etc.	
Substantial Risk	Activities that have substantial E&S risks and impacts, including those that are not as complex as high risk projects, and more predictable and potentially reversible. This category includes risks of social conflict, and impacts on human security; impacts that are medium in magnitude, medium to low probability of serious adverse effects to human health and/or environment. Activities with substantial environmental risk will be excluded from financing.	Activities that include potential security risks; activities that could lead to SEA/SH (e.g. significant labor influx); activities leading to involuntary resettlement, land acquisition and restrictions to land use; activities that may spark inter-communal conflicts, activities leading to risks related to medical waste with serious adverse effects on the environment.
High Risk	Subprojects that contain significant environmental and social risks impacts. These subprojects are not eligible for funding.	Projects in critical habitat and protected areas; projects involving significant quantities of hazardous substances

7.2 E&S Documentation, Approval and Disclosure

The main responsibility for the adoption of the Generic ESMP will rest with the PIU. Following the E&S screening process, where applicable, the PIU E&S Focal Points will adopt the Generic ESMP where applicable. The Generic ESMPs will be based on Section 5.1.

The World Bank disclosure standards require that the ESMF for the project is made available to project-affected groups, local NGOs, and the public at large. A summary version will be translated into the main local languages. The PIU will disseminate the Generic ESMP at strategic locations and health centers, according to the SEP. A GRM will be in place for complaints on non-compliance with the disseminated documentation.

The simplified ESMP will be included in the procurement and contracting of IPs. CoCs shall be required to be signed by all workers of IPs, primary suppliers, and their workers. The PIU will develop a standard CoC for this purpose that will be provided to all IPs.

7.3 List of Exclusions

Subprojects to be excluded from financing include the following:

● Activities classified as 'high' or 'substantial' environmental risk

● Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) impacts,

● Activities that have high probability of causing serious Health and safety adverse effects to human health and/or the environment,

- Activities that may have significant adverse social impacts and may give rise to significant social conflict,

- Activities that may affect lands or rights of IP/SSAHUTLCs or other vulnerable minorities,

- Activities that may involve land acquisition, land use restrictions, or involuntary resettlement as defined in World Bank ESS5,

- Activities that may have risk/impact on cultural heritage.

8. Monitoring Plan and Reporting

8.1 Regular Monitoring and Inspection for Compliance

The goal of monitoring activities is to measure the success of the activities, determine whether interventions have prevented or mitigated negative risks and impacts and to determine whether further interventions are required to mitigate adverse impacts or monitoring is to be extended in some areas. The goal of regular inspection activities is to ensure that activities comply with the plans and procedures laid out in this ESMF and in potential simplified ESMPs prepared for specific subprojects.

The main monitoring responsibilities will sit with the PIU, which will administer the overall project-related E&S monitoring and implementation as laid out in this ESMF. The PIU will have overall responsibility for the implementation of the E&S mitigation measures, as well as for monitoring for compliance. The Social and Environmental Focal Points in the PIU will handle all monitoring, inspection and reporting aspects on a day-to-day basis. E&S-related monitoring will focus on compliance by its IPsand suppliers.

The PIU E&S Focal Points will assess progress of activities against the ESCP, ESMF, the SEP and subsequent simplified ESMPs, and will report any non-compliance to the Project Manager. Indicators are identified in the above generic ESMP, they will be used as a baseline for assessing progress on the ESMF implementation, and they will be used – sometime with slight modifications – in the simplified ESMPs. Monitoring indicators may depend on specific activity contexts.

If monitoring and supervision results in findings of non-compliance by IPs, the PIU will discuss and oversee the implementation of corrective actions of the IP.

The E&S Focal Points of the IPs are expected to conduct their own monitoring of their entity's E&S compliance and to report on that.

8.2 Reporting

The PIU will provide quarterly reports covering environmental, social, health and safety performance of the project no later than 45 days after the end of the semester (see Annex 6). The reports will include the status of implementation of the simplified ESMP, security commitments, stakeholder consultations, and results of the grievance redress mechanism (GRM) and other items listed in the ESCP.

The PIU will receive monthly reports from IPs in regard to their implementation of E&S mitigation measures. These report contents will feed into the quarterly progress report on E&S.

The GRM will further help track complaints and effectiveness of interventions, including those with E&S impacts and the semiannual monitoring reports will provide summaries and statistics on the grievances field and addressed as part of the GRM.

Six months upon completion of the project, the PIU will undertake an assessment of the success of the ESMF and include relevant information in the Implementation Completion Report (ICR). This ICR will be followed by the Bank's own ICR. If either of these assessments reveals that any key objectives of the ESMF were not achieved then follow-up measures will be developed to remedy the situation prior to the closure of the project.

8.3 Incident and Accident Reporting

The World Bank will be notified promptly of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, communities, the public or workers, including, inter alia, cases of SEA/SH and accidents that result in death, serious or multiple injuries. The notification will be provided 48 hours from the time that the PIU gets notice of the incident. For SEA/SH cases a follow-up report will be provided within 10 days after notification to the Banks's Grievance Redress Service (GRS) and for other cases within 30 days to the Bank's Task Team. IPs will be instructed to report any such incidents to the PIU within 24 hours. The PIU will need to provide sufficient detail regarding the scope, severity, and possible causes of the incident or accident, indicating immediate measures taken or that are planned to be taken to address it. The report should also include any information provided by any IP or supervising entity.

Key information in the incident report should respond to the following questions[5] (the information given regarding the accident should be enough to conduct the Bank's ESIRT internal procedures, see reporting templates in Annex 5):

- *What was the incident? What happened? To what or to whom?*
- *Where and when did the incident occur?*
- *What is the information source? How did you find out about the incident?*
- *Are the basic facts of the incident clear and uncontested, or are there conflicting versions?*
- *What were the conditions or circumstances under which the incident occurred?*
- *Is the incident still ongoing or is it contained?*
- *Is loss of life or severe harm involved?*
- *How serious was the incident? How is it being addressed? How is the response?*
- *What, if any, additional follow up action is required, and what are the associated timelines?*

All other incidents need to be reported in the quarterly E&S report, with a Root Cause Analysis (RCA) prepared by the IP within 15 days of the incident or accident notification, which will be followed by the detailed action plan. In cases where prolonged investigations are required, quarterly updates will be provided.

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[5] Not all of this information may be provided in SEA/SH cases.

9. Stakeholder Engagement

UNOPS has undertaken stakeholder engagements as part of its Health and Nutrition Programme in Myanmar. The responses have shaped and informed the preparation of this Project.

The stakeholder consultations carried out by UNOPS identified several key recommendations for the ongoing programme, as well as for this Project, and which informed the design of this project. These recommendations emphasize the need for flexibility, localization, Activities should continue to support partners in delivering integrated maternal, newborn and child health, sexual and reproductive health and rights services, malaria interventions, immunization, mental health and psychosocial support, and trauma care. They should also provide more support for humanitarian and emergency health needs in conflict-affected areas, including gender-based violence, WASH, and malnutrition. Activities should continue to scale up support to local organizations that are best placed to deliver health services to vulnerable communities in areas affected by conflict. They should further consider expanding its geographical priorities to include central Myanmar and other areas with rising health needs. Activities should support community-led services, including integrated community malaria volunteers. In this project, these recommendations are reflected in the choice of target areas to deliver health services.

Support should work more with the private sector as a service delivery channel. Services like family planning and adolescent health should be integrated into both Sexual and Reproductive Health and Rights and Maternal, Newborn and Child Healthcare programs. It should consider supporting emergency packages in communities that were previously not conflict-affected. It should simplify the approval process for referral cases and improve the referral guidelines. Activities should continue to explore more rapid ways to respond to emergencies and build learning systems into partnerships and programming. They should provide more support from UNOPS for transportation and procurement, and the procurement policy should be more flexible. UNOPS is also continuously working to simplify referral guidelines, and improve the fit and quality of support provided to implementing partners.

Specifically, it was recommended that UNOPS should continue its flexible and responsive approach to programming in conflict-affected areas, ensuring ongoing readiness to adapt to the evolving Myanmar context. It should continue to enhance partner involvement in strategic-level decisions, establishing structured working groups and providing clear communication about consultation objectives and feedback integration. It should continue targeted guidance on incorporating cross-cutting themes, particularly gender-transformative practices and the 'do no harm' principle, into partners' implementation practices. UNOPS should dedicate time to deepen analysis of M&E data, developing key learning questions and sharing insights with partners and stakeholders. In a similar vein, it should explore ways to strengthen qualitative insights into its results, such as conducting qualitative evaluations for selected partners yearly.

There are key gaps in service accessibility, vulnerable communities rely heavily on mobile health teams, but their reach is limited due to insufficient resources. Therefore, emphasis on flexible methods of service delivery has been relevant to this Project design. Communities also emphasized the importance of improving Maternal, Newborn and Child Health (MNCH) services, including nutrition for mothers and infants and access to emergency birth procedures. This has led to the inclusion of these work areas as potentially funded via the Project. Support for those injured by landmines also remains limited. These findings highlight the urgent need for tailored interventions to enhance healthcare delivery, improve workforce capacity, address access barriers, and ensure safety for both patients and providers.

Further community-level consultations will be undertaken throughout the implementation of the Project, including with specific vulnerable groups as identified in each project area, as indicated in the SEP.

10.   Grievance Redress Mechanisms

Under the World Bank ESSs[6], Bank-supported projects are required to facilitate mechanisms that address concerns and grievances that arise in connection with a project.[7] One of the key objectives of ESS10 (Stakeholder Engagement and Information Disclosure) is 'to provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow recipients to respond and manage such grievances'.[8] The Project GRM should facilitate the project to respond to concerns and grievances of the project-affected parties related to the environmental and social performance of the project. The Project will provide mechanisms to receive and facilitate resolutions to such concerns. This section lays out the grievance redressal mechanisms (GRM) for the Project.

The goal of the GRM is to strengthen accountability to beneficiaries by providing channels for project stakeholders to provide feedback and/or express grievances related to project supported activities. By increasing transparency and accountability, the GRM aims to reduce the risk of the project inadvertently affecting citizens/beneficiaries and serves as an important feedback and learning mechanism that can help improve the project impacts.

The GRM will be operated in addition to a specific workers' GRM, which is laid out in the Labor Management Procedures (LMP).

The GRM is designed to ensure that grievances and perceived injustices are handled by the project, and that the project helps mitigate general conflict stresses by channeling grievances that occur between people, groups, communities, beneficiaries, project staff, NGOs, CSOs or suppliers. Aggrieved parties need to be able to refer to institutions, instruments, methods and processes by which a resolution to a grievance is sought and provided. The GRM therefore provides an effective avenue for expressing concerns, providing redress, and allowing for general feedback from community members.

The GRM aims to address project-related concerns in a timely and transparent manner and effectively. Information on the GRM will be readily available to all project-affected parties. The GRM is designed in a culturally appropriate way and is able to respond to all needs and concerns of project-affected parties. The availability of these GRMs does not prevent recourse to judicial and administrative resolution mechanisms.

IP-level Grievance Redress Mechanism

UNOPS requires its IPs to establish, maintain and report on a GRM in their respective area of operation. The mechanism should be accessible and available throughout the project period from inception to closure for affected communities. This includes both communities targeted to benefit from project activities as well as those in the same geographic area that are not covered by the project.

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[6] World Bank, Environmental and Social Framework, 2018.

[7] Under ESS 2 (Labor and Working Conditions), a grievance mechanism for all direct or contracted workers is prescribed, which is laid out in the Labor Management Plan (LMP). The World Bank's Good Practice Note on 'Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works' spells out requirements for a GBV grievance redress mechanism, which is laid out in a separate GBV/SEA and Child Protection Risks Action Plan.

[8] World Bank, 2018, p. 131.

IPs will establish intake mechanisms in the locality. During outreach sessions, community meetings and discussions at service point delivery they will ensure community awareness of the GRM. Health facilities and mobile clinics will include posters and flyers with concrete instructions of the GRM.

Step 1 Grievance intake: The IPs and will provide intake channels for the grievances. These will at the minimum include a) a suggestion box at the site, and b) any project staff at the site can be approached and will be trained to intake grievances. Where possible, IPs should also provide hotlines and suitable digital channels for grievances:

Drop boxes: IPs will provide boxes placed in strategic places of the service delivery site or the mobile clinic. In these places a responsible person will be identified, who must be fluent in local languages, and should be able to do the registration of grievances or complaints into the logbook. The person will regularly open the drop box and file the grievances in a logbook.

In Person, through project staff on site. All project staff on site will be trained to register grievances if they are approached. The first point of contact for all potential grievances from community members may be the staff of the IP. Such personnel will be required to accept the formal grievances; or they can point to a person responsible for GRM, which has been appointed by the IP. Each relevant staff will be trained by the PIU in: a) the registration of a grievance; b) the interaction with complainants; c) appropriate responses to SEA/SH related grievances; and d) workers' GRM. The staff will be trained by the PIU and will be in direct contact with the PIU for any assistance. The registration will be done immediately, the day the complaint is received. The registration of complaints will be done in a grievance log created for this purpose. Where possible, focal persons will further be assigned to collect feedback through participatory learning approaches, focus group discussions, or insight interviews. These records from the field will be forwarded and registered in the feedback register of the implementing partner.

Hotlines/digital channels: Where feasible in line with local customs, sensitivities, and safety and security considerations, IP will set up hotlines, social media and messenger channels, other web forms and email addresses to receive grievances. The IP/contractor will monitor complaints coming in through these channels and will file them in the grievance logbook.

While grievances can be submitted anonymously, the more information is made available, the better the project can respond to the grievances, investigate the matter where necessary, or provide feedback to the aggrieved party. The minimum information that should be made available is the following (except for SEA/SH cases, which follow a different process as described below):

Table 3 Grievance Log

1) Name of complainant / Code number or Nickname to reduce sensitivity	

2) Information on whether the identity of the complainant should remain confidential or can be made available where necessary	
3) Contact details: physical address, telephone number, email address where applicable	
4) Details of the grievance: - What happened - How happened(To tell with more details) - Where did it happen - Parties involved - Time when it happened - Description of the case - Supporting documents if available.	

Submission of incomplete information for a grievance may not allow a case to be investigated or may delay investigations.

SEA/SH Complaints: Given the sensitive nature of SEA/SH complaints, all grievance uptake channels can be used to report on SEA/SH-related grievances. No grievance uptake mechanism can reject such grievances, and all personnel directly receiving grievances will be trained in the handling and processing of SEA/SH-related grievances. Information on relevant legislation will be delivered to survivors prior to any disclosure of case details, for example through initial awareness raising sessions on the GRM. This will allow protection of the survivor-centered approach from mandatory reporting.

All recipients of the report should – with the survivor's informed consent – report the case to any one of the designated UNOPS focal points and intake channels listed below within a maximum of 48 hours of receiving the report.

- Relevant Fund/Programme Director
- Relevant Programme Focal
- Head of Programme Management Office (PMO) of UNOPS Myanmar
- UNOPS Myanmar PSEA Focals
- internalgrievance@unops.org,
- iaig.admin@unops.org,
- ethicsofficer@unops.org,
- UNOPS speak up hotline portal: link

A survivor can ask someone else to act as a survivor advocate and report on her/his behalf. The PIU will instantly work with the person reporting the case and other personnel as required while maintaining confidentiality and sharing information only on a need-to-know basis to provide the victim with referral

services, and will follow further reporting requirements as per agreement with the WB. Project-related SEA cases are handled and investigated by UNOPS' Internal Audit and Investigation Group (IAIG).

All potential first recipients of SEA/SH cases will be trained in the guidelines for empathetic, non-judgmental listening to a survivor when recording a complaint.

Confidentiality: All grievance recipients and anyone handling the GBV/SEA/SH-related grievance must maintain absolute confidentiality in regards to the case. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. There are exceptions under distinct circumstances, for example a) if the survivor is an adult who threatens his or her own life or who is directly threatening the safety of others, in which case referrals to lifesaving services should be sought; b) if the survivor is a child and there are concerns for the child's health and safety. The survivors need to be informed about these exceptions.

Informed Consent: The survivor can only give approval to the processing of a case when he or she has been fully informed about all relevant facts. The survivor must fully understand the consequences of actions when providing informed consent for a case to be taken up. Asking for Consent means asking the permission of the survivor to share information about him/her with others (for instance, with referral services and/or IPs), and/or to undertake any action (for instance investigation of the case). Under no circumstances should the survivor be pressured to consent to any conversation, assessment, investigation or other intervention with which she does not feel comfortable. A survivor can also at any time decide to stop consent.

Step 2 Sort and Process: All registered grievances will be transferred to a designated person who is a staff of the IP. This person will categorize the complaint. The designated person will determine the most competent and effective level for redress or response. This can include passing the grievance to a grievance redress committee within the IP, or the option of handing the grievance to UNOPS. The designated person will further assign timelines for follow-up steps based on the priority of the grievance, and make a judgment and reassign the grievance to the appropriate staff. The person will exclude grievances that are handled elsewhere, for example at the judiciary level. The designated should acknowledge the receipt of the grievance within 2 working days.

The designated person will also transfer the grievance information into a more comprehensive grievance register. All IPs must maintain a grievance register. The format should be similar for ease of reporting to the PIU. Reports from the grievance redress committee will be included in this register.

The grievance register will be made available to UNOPS on a quarterly basis. The information will include the status of each grievance and how grievances have been resolved. Based on this information, the designated UNOPS focal person will categorize grievances based on the taxonomy outlined below for monitoring and reporting purposes. The focal person will also compile the indicators described in the section on Monitoring of the GRM below for reporting to the World Bank.

All IPs and contractors will be trained in the identification of incidents or accidents with significant effects on the environment and society, and will report such according to the reporting requirements vis-a-vis UNOPS (within 48 hours of learning of the incident).

Step 3: Acknowledgement and Follow-Up: The respective IP and their designated person will decide whether a grievance can be solved locally, through the GRM Committee, or whether it has to be passed to UNOPS, and whether an investigation is required. The first ports of call will have in-depth knowledge of communal socio- political structures and will therefore be able to recommend the appropriate individuals that could be addressed with the case, if the case can be solved at the IP level.

At all times, the IP will provide feedback promptly to the aggrieved party (unless the case was filed anonymously), within 5 working days after the grievance is filed. Feedback will be provided through the channel preferred by the aggrieved party, including by phone, in writing, in person or relevant digital channels. Where feedback concerns a larger group of people, feedback is also communicated through stakeholder meetings and beneficiary meetings during project activities. For sensitive issues, feedback is given to the concerned persons bilaterally. All feedback is documented and categorized for reporting and/ or follow-up if necessary.

Step 4: Verify, Investigate and Act: The IP, will then undertake activity-related steps in a timely manner. The activities will include: verifying, investigating, redressing action and plan.

Verification

  Ø Check for eligibility (objectively based on set standards and criteria) of complaint in terms of relevance to the project. Refer to the project PAD, POM, ESMF, ESMPs/ESIAs, sub-project agreements or other documentation to determine the validity of the grievance
  Ø Escalate outright grievances that require high level interventions to the PIU
  Ø Refer outright grievances that are outside the IP jurisdiction (e.g. refer to PIU or relevant external institution)

Investigation:

  Ø GRM Focal Point to appoint an independent grievance committee who is neutral with no stake in the outcome of the investigation;
  Ø Collect basic information (reports, interviews with other stakeholders while ensuring triangulation of information, photos, videos);
  Ø Collect and preserve evidence; and
  Ø Analyze to establish facts and compile a report.

Grievance Action Plan

  Ø Based on the findings, determine the next steps and make recommendations: (i) direct comprehensive response and details of redress action; (ii) referral to the appropriate institution to handle the grievance, where the IP has no jurisdiction;
  Ø Undertake mutually agreed follow-actions;
  Ø Update of complainant through IP; and

Ø Provide users with a grievance redress status update and outcome at each stage of redress, update the IP team on grievance redress across the GRM value chain.

Solution

Ø In the event of a solution, a formal notification will be made to the complainant. The IP's designated person will be responsible for ensuring the proper implementation and monitoring of the proposed solution(s) and will report on progress to the project to ensure that the agreed upon measures are implemented within a reasonable time frame;

Ø The timeline to communicate the solution to the claimant will be within 20 working days upon reception of the complaint;

Ø The complainant to sign an agreement accepting the solution proposed. If the solution is refused, the complainant will be able to take the complaint at the third level, the judiciary system;

Ø The designated person to take the necessary actions to implement the solution within 15 working days of signing the agreement with the complainant; and

Ø For solutions that are complex and that require more time or multiple activities, the agreement includes an action plan with a timeline. The agreement must also indicate the budget necessary for its implementation and the actors responsible for each activity.

Monitor Evaluate and Provide Feedback: The GRM Focal Point will provide feedback to GRM users and the public at large about:

Ø results of investigations;

Ø actions taken;

Ø why GRM is important;

Ø enhance the visibility of the GRM among beneficiaries; and

Ø increase in users' trust in the GRM

The IP will report on the GRM to the PIU on a quarterly basis. Quarterly reporting to the PIU should provide information on the grievance and how it was handled as well as all information from the grievance register. However, it can omit the names of the aggrieved parties where necessary.

Step 5: Closure of complaint. For eligible grievances within the jurisdiction of the project, once the solution has been implemented and the complainant is satisfied with the outcomes, the complaint will be closed. For complainants who proceed their complaints to the PIU or the judiciary level following refusal of a solution proposed by the IP, the complaint will be closed the day the solution is rejected. A note to the file will be made to state that the complaint is now following an independent legal system. For complaints outside of the jurisdiction of the project, complainants will be referred to relevant entities at the appropriate level and then the complaint will be closed.

SEA/SH Complaints: If the grievance received concerns a potential SEA issue, it will be verified, followed up on and monitored by the UNOPS Myanmar PSEA team. At the same time, the case will be escalated to UNOPS' IAIG and processed in line with UNOPS protocols. Following receipt of the investigation report from the IP, the PSEA team will follow up with the IP to carry out appropriate response measures including, if required, the development action plans. Progress on implementing response measures and action plans will be monitored in monthly follow-up meetings with the IP. If the IP does not adhere to its obligations,

UNOPS will take necessary measures, including contract termination. The PSEA team will carry out monitoring checks with IPs at least once over the period of the grant and provide yearly performance reports with recommendations. IPs will be required to implement annual compliance requirements.

Budget for local-level GRM:

The project will budget for required human resources, training, and set-up and running costs of GRM intake channels throughout the project at the IP level. These funds will be made available to IPs as part of the larger funding provided for implementation of activities under the project.

PIU-level Grievance Redress Mechanism

Some grievances may either require a higher level of attention or aggrieved parties may wish to report grievances directly to UNOPS. The UNOPS Project Implementation Unit (PIU) will provide a second-level GRM for complainants who are not satisfied with the resolution provided by the IP's grievance mechanism or who prefer to report directly to UNOPS. This mechanism will be accessible to all stakeholders, including community members, project beneficiaries, and IP staff. IPs will pass on unresolved grievances to the UNOPS Social Focal Point at the PIU, or they provide the following intake channels to the person who wishes to report directly to UNOPS.

Mechanisms for Grievance Intake:

- UNOPS-managed webform Project Website: A dedicated webform will be available for submitting grievances directly to UNOPS.
- Hotline: A hotline number will be established, allowing individuals to report grievances by phone.
- Email address: A designated email address will be established for receipt of grievances by email.

Designated UNOPS Staff: The Social Focal Point of UNOPS will be designated as focal points for receiving grievances.

Grievance Handling Process:

- Receipt and Acknowledgement: All grievances received through any of the above channels will be promptly acknowledged to the complainant within 2 working days.
- Categorization and Assessment: The grievance will be registered, categorized and assessed to determine whether it is related to the Project.
- UNOPS Review: Grievances will be reviewed by a designated UNOPS grievance committee, consisting of relevant staff members, including the Social Focal Point and the Project Manager. Additional personnel may be included as needed.
- Investigation: If necessary, an investigation will be conducted to gather information and determine the facts of the case. In line with UNOPS policies, any grievances that require the involvement of IAIG will be forwarded accordingly and complainants will be informed about this.

- **Resolution:** Based on the investigation findings, the grievance committee will recommend a solution.
- **Feedback:** The complainant will be provided with feedback on the status of their grievance and the outcome of the investigation promptly within 5 working days of filing the complaint or according to a schedule that will be developed in the beginning of the project implementation.

GRM Awareness: UNOPS will ensure that all stakeholders are informed about the availability of the second-level grievance mechanism through various means:

- **Bidding and call for proposal documents:** Information about the GRM, including reporting details grievance filing procedures, will be included in procurement/call for proposal document packages.
- **Contracts:** Information about the GRM, including intake channels of the second-level grievance redress mechanism, will be included in contracts with implementing partners and contractors. Implementing partners and contractors will be required to include this same information in their contracts with sub-implementing partners and sub-contractors.
- **Project Implementation Sites:** Information about the GRM, including reporting details and grievance filing procedures, will be posted prominently at all project implementation sites.
- **Outreach Materials:** Information about the GRM, including intake channels of the second-level grievance redress mechanism, will be included in project outreach materials, such as posters, flyers, and brochures, distributed in communities and at project sites as well as digital communication about the project.

Note: This procedure is adapted specifically to the context in Myanmar and the risks the context brings for beneficiaries, implementing partner personnel, and UNOPS personnel, as well as implementing partners and UNOPS organizationally. One consequence of this is, for example, that no names and contact information of GRM focal persons are listed and publicly shared, as would be best practice.

Sample IEC one-pager to be translated into relevant local languages and then adapted and used by IPs; information in red is mandatory and cannot be deleted.

Your Voice Matters: How to Share Your Concerns with the Myanmar Health Assistance and Nutrition Support Project

We are here to listen and help!

The Myanmar Health Assistance and Nutrition Support Project is committed to providing quality healthcare services to everyone in our communities. We want to hear from you about your experiences with the project and any concerns you may have.

How to Share Your Concerns:

1. Talk to Project Staff:

> · If you have a concern about the project, you can talk to any member of the project staff at the [Name of Health Facility/Mobile Clinic/Service Delivery Point].
> · They are trained to listen to your concerns and help you find a solution.

2. Use the Grievance Box:

> · You can find a special box at the [Name of Health Facility/Mobile Clinic/Service Delivery Point] where you can write down your concerns and drop it in the box.
> · A trusted person will collect the concerns and make sure they are addressed.

3. Contact the [Implementing Partner Name] Grievance Redress Mechanism (GRM):

> · You can contact the [Implementing Partner Name] GRM.
> · You can find information on how to contact the GRM at [Name of Health Facility/Mobile Clinic/Service Delivery Point] or by asking project staff.

4. Contact the Project Grievance Redress Mechanism (GRM):

> · If you are not satisfied with the resolution provided by the [Implementing Partner Name] GRM, or if you prefer to complain directly to the Project, you can contact the Project GRM.
> · You can contact the Project GRM through the following ways:
>> o Website: [Project Website URL]
>> o Hotline: [Hotline Number]
>> o Email: [Email address]

What to Include in Your Report:

> · Your name (optional, you can remain anonymous)
> · Your contact information (optional, you can remain anonymous)
> · A clear description of your concern, including:
>> o What happened
>> o When it happened
>> o Where it happened
>> o Who was involved
> · Any supporting documents you may have and wish to share

Your Concerns Matter:

We want to make sure that everyone has access to quality healthcare services and that all concerns are addressed fairly and promptly. By sharing your concerns, you are helping us to improve the project and make it better for everyone.

Together, we can make a difference!
[Project Logo]
Myanmar Health Assistance and Nutrition Support Project
[Contact Information]
[Website URL]
[Social Media Links]

· Community Meetings: IP staff will actively promote the GRM, including the second level, during community meetings and outreach sessions, explaining the process for filing grievances and the types of issues that can be addressed.

· Training: Implementing partner staff will be trained on the UNOPS GRM, ensuring they are aware of the process and can direct complainants to the appropriate channels.

Monitoring of GRM

The PIU will be responsible for the monitoring of the GRM. The below indicators will be used for monitoring of the performance of the GRM. They will be also used for regular reporting to the World Bank

SEP Performance questions	SEP Performance questions	Indicators	Data Collection Method
GRM. To what extent have stakeholders been provided with accessible and inclusive means to raise issues and grievances? Has the IP/contractor responded to and managed such grievances?	Are stakeholders raising issues and grievances? How quickly/effectively are the grievances resolved? Are grievances resolved according to the processing and resolution time?	# of requests for information on Project activities received. # of feedback received through the various input channels % of complaints resolved in 30 days or less through GRM. # of SEA/SH cases reported in the project areas, which were referred to health, social, legal and security support according to the referral process in place. # of grievances that have been (i) opened, (ii) opened for more than 30 days, (iii) resolved, (iv) closed, and (v) number of responses that satisfied the complainants, during the reporting period disaggregated by category	GRM records

		of grievance, gender, age, and location of complainant.	

11.   Capacity Development and Training Schedule

Capacity building and training will be provided to the PIU and the UNOPS Project team, and IPs. Capacity assessments of IPs will be undertaken and the capacity building activities will be adjusted to the results. The below Table lists the general capacity building activities planned at this point.

Table 5 Capacity development and training plan

Objectives	Issues for engagement	Method of engagement	Stakeholders/target population and area	Responsible entity	Time frame	Budget in USD
WB ESF/ESS	ESF/ESS	Training	PIU staff	WB	At commencement of activities	WB staff time
Stakeholder mapping and engagement	SEP	Meeting	PIU staff IPs	PIU E&S Focal Point	Prior to commencement of sub-projects	E&S Focal Point staff time Meeting costs
The ESMF and specific aspects of environmental and social assessment including simplified ESMPs, labor management and working conditions, SEA/SH prevention and response, security risk management, Medical Waste Management Plan, workers' GRM	ESMF and E&S processes	Training	IPs	PIU E&S Focal Point s	Prior to commencement of sub-projects	E&S Focal Point s staff time Meeting costs
Community Health and Safety and OHS	OHS/Community Health and Safety	Meeting at sub-project site	IPs	PIU E&S Focal Points s	prior to construction works	E&S Focal Points staff time Meeting costs Staff travel costs
GRM	GRM	Meeting: Plenary discussion with questions and answers, information materials, website	IPs Communities All stakeholders	PIU Social Focal Points	Continuous	E&S Focal Points staff time Meeting costs Staff travel costs

12.   Resources and Budget

The below table presents the estimated costs for the implementation of the ESMF. It excludes costs of the stakeholder engagement plan.

Table 6 Estimated Costs of ESMF implementation

	Required Resources	USD
	Risk Management Unit / PIU – Monitoring of E&S	
1.	Human Resources:	
	1 E&S Adviser	Incl. in PIU staff costs
	1 Social Focal Point	Incl. in PIU staff costs
	1 Environmental Focal Point (shared with SCORE)	Incl. in PIU staff costs
	GBV and Gender Specialist	Incl. in PIU staff costs
2.	Logistics / Travel for monitoring and supervision	150,000
	Grievance Redress Mechanism	
3.	Outreach material	70,000
	Travel costs	60,000
	Meeting costs	70,000
	Implementation of Risk Mitigation Measures	
4.	IP E&S Focal Points	Incl. in IP budget
5.	Risk Mitigation Measures (e.g. costs of PPE, waste management measures, etc…)	800,000 incl in IP budgets
6.	Training and Capacity Building	250,000
7.	SEA/SH Action Plan (e.g. costs of service mapping, provision of referral services, GRM etc…)	200,000
	TOTAL	**1,600,000**

ANNEX 1: Environmental and Social Screening Report

The objective of this E&S screening is to assist in the evaluation of planned activities. The form is designed to place information in the hands of implementers and reviewers so that impacts and their mitigation measures, if any, can be identified.

The form contains information that will allow reviewers to determine the characterization of the prevailing local bio-physical and social environment with the aim to assess the potential impacts of the activities on this environment.

The form is completed by the PIU E&S Focal Points s in coordination with IPs after field visits and consultations with local communities at the respective subproject sites.

IDENTIFICATION OF THE SUB-PROJECT
Name of sub-project_____
Name of the region/community in which the subproject takes place
_____
IP name: _____

Name, job title, and contact details of the person responsible for filling out this form:
Name: _____
Job title: _____
Telephone numbers: _____
E-mail address: _____
Date: _____
Signature: _____

PART A: BRIEF OVERVIEW OF THE PROPOSED ACTIVITIES
Please provide information on the type and scale of the activity

_____
_____

PART B: QUESTIONNAIRE

	Yes	No	Additional comments (if yes, also indicate which WB ESS is applicable)
ESS2: Labor and working conditions			
Does the IP have sufficient capacity to implement the E&S mitigation measures?			
Is appropriate PPE available for health workers?			

Are there significant OHS risks for health workers?			
Is there a risk of infection for health workers and handlers?			
Are there risks related to electrical and explosive hazards, fire, chemical use, ergonomic hazards, radioactive hazards?			
Is there a security risk for project workers at the site?			
Is there a risk that the implementer violates labor and working conditions?			
Is there a risk of SEA/SH among project workers and vis-a-vis community members?			
ESS3: Pollution and Resource Management			
Does the health care facility operate an incinerator?			
Will the activity generate solid waste?			
Will the activity generate medical waste?			
ESS4: Community Health and Safety and ESS 7: Indegenous People/Historically Underserved Traditional Local Communities			
Could the activity lead to discrimination of certain societal groups?			
Could the subproject lead to conflicts between social groups?			
ESS10: Stakeholder engagement and Information Disclosure			
Has input from community members and those who may be affected by the works or any other project activities been sought?			
Has the subproject received overall stakeholder support including from vulnerable individuals and marginalized groups?			
Has the stakeholder engagement process considered vulnerable individuals and marginalized groups?			
Can the GRM be rolled out for all local stakeholders in the given context?			
Can all ethnic groups participate in the consultations?			

Will the GRM be accessible for ethnic peoples?			

PART D : MITIGATION MEASURES, DETERMINATION OF E&S INSTRUMENT
For all "Yes" responses, describe briefly the measures taken to this effect. Once the E&S Screening Form is completed it is analyzed by the E&S Focal Points s at the PIU.

Based on the answers provided, the risk rating of the sub-project (High, Substantial, Moderate or Low) will be assessed - according to the WB Environmental and Social Policy for Investment Project Financing, dispositions for *projects involving multiple small subprojects.* Sub-projects assessed 'moderate' will apply the simplified ESMP. High-risk or substantial risk environmental sub-projects will not be financed.

ANNEX 2: Social Assessment

ESS7 - Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities (SSAHUTLC) applies to distinct social and cultural groups. The terminology used for such groups varies from country to country, and often reflects national considerations. ESS7 uses the term "Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities," recognizing that groups may be referred to in different countries by different terms. Such terms include "Sub-Saharan African historically underserved traditional local communities," "indigenous ethnic minorities," "aboriginals," "hill tribes," "vulnerable and marginalized groups," "minority nationalities," "scheduled tribes," "first nations" or "tribal groups."

ESS7 contributes to poverty reduction and sustainable development by ensuring that projects supported by the Bank enhance opportunities for IP/SSAHUTLC to participate in, and benefit from, the development process in ways that do not threaten their unique cultural identities and well-being.

Key requirements under ESS7 include that the World Bank determines whether IP/SSAHUTLC are present in, or have collective attachment to the project area; and that the borrower develops a rigorous consultation strategy and identifies means through which the borrower undertakes effective consultation with people identified for purposes of ESS7 on the project design and implementation.

Most of the communities meet the criteria of IP/SSAHUTLC, as they have distinct identities and aspirations and are often disadvantaged by traditional models of development.

While FPIC is not required, UNOPS will hold free, prior and informed consultations as appropriate and feasible.

Annex 3 SEA/SH Action Plan

This SEA/SH Action Plan details an assessment of risks, the operational measures and protocols that will be put in place to address SEA/SH and other forms of GBV related to the project and how they will be integrated into project implementation. This includes how to address any SEA/SH allegations that may arise and procedures for preventing and responding to SEA/SH. The Action Plan also details how allegations of SEA/SH will be handled (investigation procedures) and disciplinary action for violation of the CoC by project workers.

Definition: The Inter-Agency Standing Committee (IASC) defines Gender-Based Violence as "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. GBV broadly encompasses physical, sexual, economic, psychological/emotional abuse/violence including threats and coercion, and harmful practices occurring between individuals, within families and in the community, at large. These include sexual violence, domestic or intimate partner violence (IPV), trafficking, forced and/or early marriage, and other traditional practices that cause harm.

The United Nations[9] define "sexual exploitation" as any actual or attempted abuse of a 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. Sexual abuse on the other hand is "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. "SEA" is therefore a form of gender-based violence and generally refers to acts perpetrated against beneficiaries of a project by staff, consultants, workers, and Partners.

Sexual harassment[10] is defined as any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation to another, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile or offensive work environment. It occurs between personnel/staff and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature.

The WB Guidance Note defines four key areas of GBV/SEA risks:

- SEA - exploitation of a vulnerable position, use of differential power for sexual purpose, actual or threatened sexual physical intrusion;
- Workplace sexual harassment - unwanted sexual advances; requests for sexual favors, sexual physical contact;
- Human trafficking - sexual slavery, coerced transactional sex, illegal transnational people movement; and
- Non-SEA - physical assault, psychological or physical abuse, denial of resources, opportunities, or services and IPV[11].

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[9] UN (2020) United Nations protocol on allegations of sexual exploitation and abuse involving implementing partners, page 1-2.

[10] WB (2020) Good Practice Note on Addressing Gender Based Violence in Investment Project Financing involving Major Civil Works.

[11] WB 2018, p.3

The deployment of project workers could expose other project workers or workers at the health facilities or communities to increased risks of SEA/SH.

In response to the potential risks implied in the discussion of the concepts above, the Project has prepared this SEA/SH Action Plan. The Plan details the operational measures that will be put in place to mitigate the risks of SEA/SH that are project-related, including ensuring that a project GRM is in place to receive SEA/SH reports, handle them appropriately and refer survivors to further services.

World Bank Group Policies and Guidance on Addressing GBV

- The World Bank Group Gender Strategy FY16–23 provides a framework to expand equal opportunities for women and girls through investments and policy reform and addresses GBV issues.
- The WB ESF sets out the WB's commitment to sustainable development through a Bank Policy and a set of environmental and social standards that are designed to support borrower's projects with the aim of ending extreme poverty and promoting shared prosperity. Ensuring safety of communities including addressing GBV in the implementation of world bank financed projects is key.
- The WB Good Practice Note assists Task Teams in identifying risks of SEA/SH that can emerge in IPF involving major civil works contracts – and to advise Borrowers on how to best manage such risks.
- GM for sexual exploitation and abuse and sexual harassment in World Bank financed projects. This note provides World Bank task teams with information about SEA/SH GMs so they can then effectively advise Borrowers in setting up or adapting grievance mechanisms to cater to the safe and ethical uptake of SEA/SH allegations.

Contextual Risks in Myanmar:

Contextual risks related to the SEA/SH and GBV in Myanmar arise from a combination of political instability, socio-economic challenges, and cultural dynamics. Limited oversight, overcrowding, and lack of protection mechanisms in these settings increase risks of SEA/SH. Further, humanitarian and development actors often work in contexts where beneficiaries depend heavily on aid for survival. This dependency can exacerbate power imbalances, creating opportunities for exploitation. Poverty and limited livelihood opportunities, especially among women and children, heighten susceptibility to exploitation, as individuals may be coerced into exploitative situations for survival.

SEA/SH RISKS MITIGATION MEASURES, PREVENTION/RESPONSE MECHANISMS AND ACTIONS

Screening for SEA/SH Risks in the Project: It is imperative for the Project to proactively plan to combat GBV of all kinds that may emerge as a result of activities. Screening for the specific and applicable SEA/SH risks in the subprojects is included in the above E&S Screening form

Some of the factors that contribute to vulnerability of women and girls to SEA/SH in the project areas include:

- Widespread poverty and inequality that invariably leads to desperation and a situation where some women and girls may be vulnerable to SEA/SH during their interaction with project staff who share

benefits. Average poverty levels are not uniform, but there are pockets of extreme poverty in each of the areas selected which exacerbates vulnerability to SEA/SH.

- Women and girls are at high risk of SEA/SH because of <u>societal norms that perpetuate power differences between men and women,</u> and support or condone violence against women and girls.
- <u>Contracting of project workers</u> might create a power differential between project workers and project beneficiaries that may subject women to SEA/SH.
- <u>Cumulative and/or more severe impacts</u> are faced by other vulnerable groups such as women-headed households, elderly population, people with disabilities .
- <u>Myanmar GBV services</u> (health, legal, psychosocial, support and care) are not fully accessible in all project locations. This is partly due to third party implementation/service provision for some of the services e.g. health and inaccessibility of these partners to certain project locations due to their geographical locations and floods.

The activities will present a formal work environment that comes with SH risks to local women and girls. SH is a risk in any work environment, particularly those that are stringently hierarchal, give significant and/or undue power to management, and that do not promote and reflect female leadership.

Other risk factors for SH include female workers working alongside male workers without adequate supervision, without separate washrooms for males and females; and without specific feedback mechanisms for females to share concerns about their working environments, including concerns about SH.

Prevention and response to project-related risks of SEA/SH requires concerted and multifaceted efforts bringing together all actors. The project will coordinate with these actors in creating awareness in the communities and among project staff to reduce any need for response efforts.

Existing Support Services

The Project will liaison with service providers supporting GBV survivors, and refer survivors there. It is in the interest of the project to identify the services in the respective geographical areas prior to commencement of activities and establish cooperation.

The Project will be responsible through the GBV Specialist to disseminate information in the project sites on the referral options for GBV victims that may be accessible to people around her various activity sites.

GRIEVANCE REDRESS MECHANISM (GRM)

The detailed GRM for the project with its pathways for SEA/SH grievances is included above in the ESMF (see above).

The project GRM will implement a survivor-centered approach to managing SEA/SH complaints. The only information to be collected from the person reporting will be on:

- demographic data, such as age and gender;
- the nature of the complaint (what the complainant says in her/his own words);
- whether the complainant believes the perpetrator was related to the project; and
- Whether they received or were offered referral to services.

The project will put in place the necessary mechanisms to address SEA/SH. The proposed mitigation measures as per the risk level in the current project is as follows:

- ***Define SEA/SH requirements and expectations*** included in the contractual obligations for IPs and reinforce CoCs that address SEA/SH in the project locations to foster an environment free from SEA/SH as well as regular dissemination of PSEA training and core principles to health workers;
- ***Ensure a GBV specialist is in place in the PIU*** to support SEA/SH risk management measures;
- ***Develop and deliver information, education, and communication materials*** for stakeholders to indicate that the project and/area is a SEA/SH free zone, as well as provide information on SEA/SH referral services (such as hotline numbers and where to seek assistance when needed). Other information to be highlighted include:
  - No sexual or other favors can be requested in exchange for services;
  - Project staff are prohibited from engaging in SEA/SH and this information should be clearly spelt out during training and other forms of communication to the staff;
  - Any case or suspicion of SEA/SH should be reported to the GRM mechanism
  - Information on protection of whistleblowers; and
  - The range of services available for survivors including healthcare, protection and psychosocial care.
- Adopt ***SEA/S/SH prevention policy and response procedures*** that outline key requirements for reporting cases if they arise, measures to enable safe, ethical, survivor-centered response and disciplinary processes;
- ***Train all project staff and workers*** (where feasible) and integrate understanding PSEA and the core principles, SEA/SH as well as accountability and response framework including the referral processes, responsibilities and reporting in other trainings; and
- Refer to GBV services in the selected areas of Project implementation ***Utilizing the Project GRM*** developed with a separate channel to manage SEA/SH-related complaints to enable reporting in a safe, confidential survivor-centric manner. Cases of SEA/SH can be reported through the general Project GRM. The project GRM will ensure all incidents of SEA/SH are reported to the Bank within 48 hours of the PIU becoming aware of the case.
- ***Community engagement***: To ensure inclusivity of communities and stakeholders, communities will be engaged throughout the project implementation and monitoring. The engagement will include dialogues on SEA/SH, reporting on SEA/SH, engaging community on information on available services, reporting and GRM. The project will ensure that information is meaningful, timely, and accessible to all affected stakeholders, including usage of different languages, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. The project will ensure that all process of information disclosure and consultation area ensure that all sections of the affected communities will benefit from the project, and women and other vulnerable groups are not excluded. The project will further ensure that information disclosure takes place in an on-going and satisfactory manner and in a culturally appropriate manner.
- ***Sensitization of project management and workers***: Project management and workers will be sensitized on policy and legal provisions on prevention of SEA/SH including roles and responsibilities in addressing SEA/SH, CoC, reporting, GRM and available services.

Accountability and Response Framework

Table 7 SEA/SH Matrix

Mitigation measures	Responsibility	Timeline	Budget	Indicators	Responsible for monitoring and reporting
RISK ASSESSMENT					
Carry out an assessment of the project's underlying SEA/SH risks and ensure SEA/SH risks are adequately reflected in the ESMF Plan for and update assessment as part of stakeholder engagement during project implementation	UNOPS GBV Specialist	Prior to preparation of E&S instruments and throughout project implementation	Staff costs	SEA/SH risks integrated in ESMF (Y/N)	UNOPS PIU
Carry out consultations with women and girls and other groups at risks, including on SEA/SH, as part of the project SEP to keep them informed about the project, get their feedback on project design, SEA/SH knowledge and efficacy of mitigation measures, etc. Identify groups particularly at risks of SEA/SH Establish methodology and approaches to consult with the most vulnerable Carry out consultations in a safe and enabling manner, with facilitator of the same sex and with the right expertise and culturally sensitive approaches	UNOPS GBV Specialist	Prior to activity implementation	Staff costs, travel costs, consultation costs	# women and girls involved in consultations/total number of community members consulted with	UNOPS PIU
BEHAVIORAL STANDARDS					

Establish mandatorily enforceable codes of conduct for each category of project workers Integrate requirements on CoC in all contracts Roll-out codes of conduct to ensure they are in place before workers start project-related activities (i.e. have workers sign them individually or as part of training, ensuring that they are aware/trained and that CoC are enforceable)	UNOPS GBV Specialist and Social Specialist	Prior to commencement of IP activities	Staff costs	Availability of CoC % of contracts including CoC # training sessions carried out for project workers on CoC	UNOPS PIU
Train project workers on expected behaviors and prohibitions related to SEA/SH, GRM and support services, ways to file a complaint, etc. Identify proportional training/sensitization solutions for each category of project workers Ensure that requirement and expectations on training are included in contracts with IP Training all project workers before they start activities	UNOPS GBV Specialist			# of project actors trained % of contracts containing requirements	Supervising engineer, all project consultants and contractors, GBV service providers (if relevant)
GRIEVANCE MECHANISM AND INCIDENT RESPONSE					
Establish SEA/SH pathways in GRM (community-based and for workers) and capacity to safely and ethically receive and respond to SEA/SH cases Develop survivor-centered SOPs to receive and response to SEA/SH complaints	UNOPS Social Specialist	Prior to commencement of activities and throughout project implementation	GRM costs	SEA/SH sensitive SOPs in place as part of broader GRM SOPs Availability of intake forms Availability of training plans	UNOPS PIU

				# of GRM training sessions held	
Develop intake forms, referral protocols, information sharing tools, etc. Develop training plans for all stakeholders involved in management of SEA/SH complaints Carry out GRM training plans Roll out SEA/SH sensitive GRM Reflect key elements of the GM in Project Operations Manual (POM)					
Respond to SEA/SH incidents reported to the project in line with a survivor-centered approach Offer referral to GBV services based on mapping and referral protocols Verify and take action, prioritizing survivors' rights and wishes Identify and implement corrective actions Refer to the disqualification mechanism as needed	UNOPS Social Specialist	Throughout Project implementation	Staff costs	% of SEA/SH cases where survivors were connected to services (disaggregated by services)	UNOPS PIU
Raise community awareness on SEA/SH, standards of conduct, GRM and GBV services available: Develop plan for mobilization	UNOPS GBV Specialist	Throughout project implementation	Staff costs Costs of community awareness sessions	# of community members targeted by awareness raising (disaggregated by sex)	UNOPS PIU

Develop and review awareness materials, messages, IEC, etc. regularly, based on community's feedbacks, consultations and evolving understanding of risks					
MOBILIZATION OF TECHNICAL EXPERTISE					
Mobilize GBV Specialist in the PIU Reflect requirement for GBV Specialist in PIU and allocate funding Plan to mobilize adequate expertise during preparation Develop TOR and recruit	UNOPS	Prior to commencement of activities	Staff costs	GBV specialist in place (Y/N)	UNOPS PIU
Clearly define the SEA/SH requirements and expectations, including on CoC, in bid documents and contracts: Include requirements on CoC, workers training, SEA/SH reporting, etc. in the bidding documents, based on SEA/SH action plan Explain SEA/SH requirements to bidders. Disqualification mechanisms integrated in contracts.	UNOPS Social Specialist	Throughout Project implementation	Staff costs	SEA/SH requirements and expectations are clearly defined in the bid documents (Y/N) # of contracts with disqualification mechanism integrated	UNOPS PIU
M&E					
Undertake regular M&E of progress on SEA/SH prevention and response activities, including	UNOPS Social Specialist	Throughout Project	Staff costs	Protocol for M&E of the project is in place (Y/N)	UNOPS PIU

reassessment of risks as appropriate. Integrate advancement of SEA/SH action plan implementation in E&S reporting (all stakeholders) and reports on ESCP implementation Update the ESCP and/or the relevant E&S management tools to incorporate necessary corrective and preventive actions.	implementation	E&S instruments are updated throughout the life span of the project if necessary (Y/N)	

Annex 4: Medical Waste Management Plan

The safe and sustainable management of medical waste is a public health imperative and a responsibility of IPs working in the health sector. Improper management of medical waste poses a significant risk to patients, healthcare workers, the community and the environment. The effective management of medical waste is an integral part of healthcare. A holistic approach to medical waste management should include a clear delineation of responsibilities, occupational health and safety, waste minimization and segregation, the development and adoption of safe and environmentally-sound technologies, and capacity building. Medical waste refers to the entirety of waste generated by healthcare and laboratories. Though only 10-25 percent of medical waste is considered hazardous, posing various health and environmental risks, it is essential that a comprehensive plan be developed to prevent and mitigate these risks.[12]

Best practices for safely managing healthcare waste should be followed in all healthcare facilities and mobile clinics, which includes assigning responsibility and sufficient human and material resources to segregate and dispose of waste safely.

Objective

The plan's overall objective is to prevent and/or mitigate the negative effects of medical waste on human health and the environment. This must be managed in a safe manner to prevent the spread of infection and reduce the exposure of health workers, patients and the public to the risks from medical waste. The plan includes advocacy for good practices in medical waste management and is to be used by health, sanitary and cleaning workers who manage medical waste in mobile and fixed units, as well as health centers that are included in the project. All the health facilities and health services supported through the project are to have appropriate procedures and capacities in place to manage medical waste.

Approaches and key activities

1.1 Assessment of current practices

Since the project implementing partners have different levels of capacities and various practices in infection control and medical waste management, the project will initiate a quick assessment based on the WHO-recommended tools. The tools will focus on the assessment of existing systems and practices, resources available, and needs of the health providers and facilities.

1.2 Development and implementation of an operational plan

After that, an operational plan which is quality-oriented, context-specific and needs-based will be developed to uphold the standards and norms as well as to adapt to the existing operating environment in Myanmar. The plan will make sure to build the governance structures for overseeing the infection control and medical waste management in the project as well as capacity development of the service

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[12] Yves Chartier, Jorge Emmanuel, Ute Pieper, Annette Prüss, Philip Rushbrook, Ruth Stringer, William Townend, Susan Wilburn,
Raki Zghondi, eds, Safe management of wastes from health-care activities (Malta: World Health Organization, 2014), page 3.

providers and network of health facilities to establish a proper system and maintain the standards. As such, the following interventions will be prioritized in the operation plan depending on the operational feasibility.

(c) Medical Waste Generation, Segregation, Collection, and Transport

Waste generated from the health care facilities will be classified and placed in the designated bags and containers based on their hazard levels. Infectious and/or hazardous wastes will be identified and segregated according to their category using a color-coded system. Waste buckets will be transported with their lids securely in place to prevent spillage. Packaging sharp objects will be in leak and puncture-resistant containers. Designated locations for the storage which are accessible, secure, well-ventilated, hygienic, and sanitary will be set up in the health facilities as relevant.

All those who handle healthcare waste will wear appropriate PPE (long-sleeved gown, heavy-duty gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it. Sanitary workers and cleaners will be made aware of waste collection and transportation measures. Immunization for staff members who have exposure to medical waste products will be provided (e.g. vaccination for hepatitis B virus, tetanus immunization).

(d) Disposal of Contaminated Waste

In the secondary health facility, a fully functional waste zone should have the following components:

- An incinerator or burner for treatment of soft waste. (In facilities with no incinerators, wastes will be properly collected and safely transported to bigger facilities with incinerators.)
- An ash pit for disposal of residues from the incinerator or burner and a covered pit with a hatch lid.
- A sharps pit for disposal of sharps containers. A sealed, covered pit with a 1m length of pipe incorporated in the top to prevent access to the contents.
- An organics pit for disposal of human tissue and other biological waste.
- An infiltration facility or sewer for the disposal of liquids.
- The waste zone should be kept locked at all times.

If the primary or secondary health facilities in the project have the existing functioning practice of safe transportation to the higher waste management facilities for the disposal of biomedical waste, the project will access it and it will be continued if it meets national and international standards.

c) Waste Minimization, Reuse, and Recycling

Health facilities should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations, including:

Source reduction measures:
- Consider options for product/material substitution to avoid products containing hazardous materials that require the product to be disposed of as hazardous or special waste (e.g. mercury or aerosol cans), and prefer products with less packaging or products that weigh less than comparable products that perform the same function
- Use of physical rather than chemical cleaning practices (e.g. using microfiber mops and cloths), where such practices do not affect disinfection and meet relevant standards for hygiene and patient safety.
- Use of efficient stock management practices and monitoring (e.g. for chemical and pharmaceutical stocks), including:
  o Small/frequent orders for products that spoil quickly and strict monitoring of expiry dates
  o Complete use of old product before new stock is used

d) Emergency Preparedness and Response

Since the project will be implemented in crisis and conflict-affected contexts, emergency preparedness and response procedures will be set up. Potential emergency incidents occurring in health facilities may include occupational exposure to infectious materials, accidental releases of infectious or hazardous substances to the environment, damage to the medical equipment, and waste management and treatment facilities, and fire. These emergency events are likely to seriously affect healthcare workers, communities, the health facilities' operations, and the environment.

Exposure to risks and safety of healthcare workers, cleaners, waste handlers, and maintenance workers will be monitored continuously to ensure that correct handling, treatment, storage, and disposal procedures will be followed. The following measures will be implemented:

- proper training of healthcare workers for emergency response;
- provision of equipment and clothing for personal protection;
- establishment of an effective occupational health program that includes immunization, post-exposure prophylactic treatment, and medical surveillance.

Training in health and safety is part of the capacity building program to ensure all facility staff know and understand the potential risks associated with healthcare waste and the importance of consistent use of PPE.

A dedicated team or person in the health facility will be designated as responsible for the handling of emergencies, including coordination of actions, reporting to managers and regulators, and liaising with emergency services. Written procedures and a response plan for the different types of emergencies including exposure to hazardous substances and injury will be prepared. If an incident or accident occurs, it shall be reported to the World Bank within 48 hours after UNOPS has received the incident reports from the implementing partner organizations.

1.3 Establishment of Structures and Institutions

Though healthcare workers are responsible for managing waste, for ensuring optimal waste management, it is essential to establish structures to oversee and steer the proper biomedical waste management system and practice in the project implementing health facilities and units. A Medical Waste Management Coordination Committee will be formed at the project level to coordinate the medical waste management activities among the implementing partner organizations and health facilities as well as monitor the progress. The Committee will be composed of representatives from UNOPS and implementing partner organizations. Members of this coordination committee will provide technical and management support to the focal waste management teams/persons in the health facilities. The Medical Waste Management Coordination Committee at the project level will also track the progress of the waste management system of health facilities according to the operation plan developed. In addition, the roles and responsibilities of key personnel engaged in waste management activities should be defined during all phases (i.e. generation, segregation, transportation, final disposal and emergency response).

Biomedical waste management/infection control teams will be formed at the hospitals/health facilities. A sample committee composition for a secondary hospital is provided below. However, this will depend on the health facility's existing structure:

1. Director of the hospital
2. Nursing Supervisor,
3. Senior Pharmacist,
4. Lab technician
5. Ward master,
6. Sanitary supervisor,
7. In charge Medical ICU,
8. Registrar Medicine / Surgery / Radiology / Gynecology and Obstetrics.

This team will be responsible for efficiently conducting healthcare waste management activities and dealing with infection control at the facility. This team is also responsible for dealing with incidents and accidents resulting from waste management risks. If an incident/accident occurs at a site, it will be immediately reported to the team. Immediate consultations will be held among the waste management/infection control team and steps will be taken to immediately control and manage the incident and report to the Project's Medical Waste Coordination Committee and UNOPS.

1.4 Awareness Raising and Capacity Building

Healthcare workers will be trained and made aware of good practices and procedures of waste management and infection control in the operation plan. Such practices and procedures should be disseminated to the health care units/facilities to be implemented as part of the project activities through the following:

- Capacity development of designated team members of health facilities, by providing training on good practices and procedures of infection control and medical waste management and emergency preparedness and response to healthcare workers, waste management workers, and cleaners on the management of generated waste
- Printing leaflets and booklets of good practices/procedures for waste management and distributing these materials to the health units/facilities

2) Monitoring Progress

Monitoring is required to follow up on decisions made to intervene in various activities of medical waste management to protect human health and the environment. This can be achieved through periodic internal and external processes of monitoring and evaluation on a continuous basis at all institutional levels.

The implementation plan should be monitored jointly by the implementing partner organizations and UNOPS through the project-level coordination committee to ensure proper waste management at health units and facilities.

The monitoring aims to establish appropriate criteria to assess good practices, challenges, and lessons learned to ensure that the operation plan is on track. Specific objectives of the monitoring plan are to:

- demonstrate that the medical waste management system is being implemented according to plan and existing regulatory procedures,
- identify any deviation from the initial plan that needs modifications to the operational activities where necessary, and
- document the progress of the implementation plan and report to the World Bank.

Monitoring Indicators

Considering that the type of interventions implemented by this project are expected to have limited, site-specific impacts, the following will be used to monitor progress in implementing the medical waste management plan:

- Existence of human resource capacity in health care units and facilities with basic knowledge to deal with medical waste;
- Existence of records on waste generation and disposal; and
- Development of mechanisms for proper and safe medical waste management and disposal.

The monitoring of environmental effects is necessary to ensure that predicted impacts are addressed effectively and efficiently through the mitigation measures indicated. Specific monitoring indicators for consideration include the following:

- Internal Packaging and Storage
  - o Separation of waste (at point of generation)
  - o Storage bins/bags
  - o Frequency of removal
  - o External Packaging and Storage
  - o Segregation of waste
  - o Storage area
  - o Frequency of waste removal
- Amount of waste generated per day
- Transportation (if required)
- Identification of waste management contractor (accredited or certified)
- Conditions for transportation
- Equipment/vehicles (to prevent scattering, spillage, odor nuisance, and leakage).
- Treatment and Disposal
  - o Incineration
  - o Sterilization by Heat
  - o Sanitary Landfill
  - o Administration

To ensure effective record keeping, each health institution shall keep records on:

- The type and volume or weight of waste generated
- The means of transportation, type, and volume transported
- Commissioned waste contractor (company name, treatment and disposal).
- Disposal method - volume incinerated, volume treated and disposed

Annex 5: Incident Report Form

The following report form is to be completed by the PIU within 48 hours of the PIU learning of a severe incident/accident:

Table 11 Incident report form

B1: Incident Details			
Date of Incident:	Time:	Date Reported to PIU:	Date Reported to WB:
Reported to PIU by:	Reported to WB by:	Notification Type: Email/'phone call/media notice/other	
Full Name of Main Contractor:		Full Name of Subcontractor:	

B2: Type of incident (please check all that apply)[1]

Fatality ☐ Lost Time Injury ☐ Displacement Without Due Process ☐ Child Labor ☐ Acts of Violence/Protest ☐ Disease Outbreaks ☐ Forced Labor ☐ Unexpected impacts on heritage resources ☐ Unexpected impacts on biodiversity resources ☐ Environmental pollution incident ☐ Dam failure ☐ Other ☐

See Annex for definitions

B3: Description/Narrative of Incident

For example:

    I.   *What is the incident?*

    II.   *What were the conditions or circumstances under which the incident occurred (if known)?*

    III.   *Are the basic facts of the incident clear and uncontested, or are there conflicting versions? What are those versions?*

    IV.   *Is the incident still ongoing or is it contained?*

    V.   *Have any relevant authorities been informed?*

B4: Actions taken to contain the incident

Short Description of Action	Responsible Party	Expected Date	Status

For incidents involving a contractor:
Have the works been suspended under Contract GCC8.9? Yes ☐; No ☐;
Name of Contractor:

B5: What support has been provided to affected people

The following report form will be completed by the PCU following investigations into an incident:

Table 12 Incident form to be completed after investigation

C3a: Fatality/Lost time Injury information

Cause of fatality/injury for worker or member of the public (please check all that apply):

1. Caught in or between objects ☐   2. Struck by falling objects ☐   3. Stepping on, striking against, or struck by objects ☐
4. Drowning ☐   5. Chemical, biochemical, material exposure ☐   6. Falls, trips, slips ☐   7. Fire & explosion ☐
8. Electrocution ☐ 9. Homicide ☐ 10. Medical Issue ☐ 11. Suicide ☐ 12. Others ☐
Vehicle Traffic: 13. Project Vehicle Work Travel ☐ 14. Non-project Vehicle Work Travel ☐ 15. Project Vehicle Commuting ☐
16. Non-project Vehicle Commuting ☐ 17.Vehicle Traffic Accident (Members of Public Only) ☐

Name	Age/DOB	Date of Death/Injury	Gender	Nationality	Cause of Fatality/Injury	Worker (Employer)/Public

C3b: Financial Support/Compensation Types (To be fully described in Corrective Action Plan template)

1. Contractor Direct ☐   2. Contractor Insurance ☐   3. Workman's Compensation/National Insurance ☐
4. Court Determined Judicial Process ☐   5. Other ☐   6. No Compensation Required ☐

Name	Compensation Type	Amount (US$)	Responsible Party

C4: Supplementary Narrative

C1: Investigation Findings

For example:

I. where and when the incident took place

II. who was involved, and how many people/households were affected

III. what happened and what conditions and actions influenced the incident

IV. what were the expected working procedures and were they followed

V. did the organization or arrangement of the work influence the incident

VI. were there adequate training/competent persons for the job, and was necessary and suitable equipment available

VII. what were the underlying causes; where there any absent risk control measures or any system failures

C2: Corrective Actions from the investigation to be implemented (To be fully described in Corrective Action Plan)

Action	Responsible Party	Expected Date

The following incident form will be completed by the PCU in the case of SEA/SH cases, within 48 hours of the PIU learning of the case:

Table 13 Incident Report Form for SEA/SH cases

B1: Incident Details		
Date of incident intake by the project/GM: **Reported to project/GM by:** ☐ Survivor ☐ Third party ☐ Other: ———— **Is a record of this incident in GM?** Yes ☐ No ☐	**Date Reported to PIU:** **Reported to PIU by:** ☐ GM operator ☐ Directly, by Survivor ☐ Directly, by third party ☐ Other: ————	**Date Reported to WBG:** **Reported to WBG by:** ☐ PIU ☐ Directly, by Survivor ☐ Directly, by third party ☐ Other: ————

B2: Incident type (please check all that apply) See Appendix 1 for definitions
Sexual exploitation ☐   **Sexual abuse** ☐   **Sexual harassment** ☐

B3: Provide the following details from the GM record	
Age of survivor (if recorded in GM):	Have the national legislation or mandatory reporting requirements been followed? Yes ☐ No ☐
Sex of survivor (if recorded in GM): Male ☐ Female ☐ Other ☐	Was the survivor referred to service provision?[29] Yes ☐ No ☐
Is the survivor employed by the project (as indicated by the survivor or complainant and reported in the GM)? Yes ☐ No ☐	Is the alleged perpetrator employed by the project (as indicated by the survivor or complainant and reported in the GM)? Yes ☐ No ☐

B4: Basis for further action	
a. Has the complainant provided informed consent to lodge a formal complaint? Yes ☐ No ☐	c. Has the survivor provided informed consent to be part of an investigation into misconduct? Yes ☐ No ☐
b. Does the employer have a suitable administrative process and capacity in place to investigate misconduct relating to SEA/SH in a survivor-centered way? Yes ☐ No ☐	d. Has the complaint been filed anonymously or through a third party? Yes ☐ No ☐
If the answer to any of these questions is no, has the GM assessed the risks and benefits of carrying out an investigation into the alleged misconduct, taking into account the survivor's safety and wellbeing? Yes ☐ No ☐	
Will an investigation into misconduct be undertaken in addition to an investigation into adequacy of project systems, processes or procedures? Yes ☐ No ☐	

The following form will be completed by the PCU in case of SEA/SH cases – following investigations:

Table 14 SEA/SH incident report form after investigations

C1: Findings of the investigation	
Have sanctions against a perpetrator been recommended as part of an investigation into misconduct? Yes ☐ No ☐	Has an investigation into adequacy of project systems, processes or procedures been undertaken? Yes ☐ No ☐

C2: Corrective actions to be implemented (To be fully described in Corrective Action Plan)		
Short Description of Action (SEA/SH examples)	**Responsible Party**	**Timeline for completion/Status**
Referral of Survivor to holistic care services		
Undertake disciplinary investigation in accordance with GM timelines and confirmed process		
Disciplinary actions, including sanctions, to be applied following misconduct investigation by Employer		
Increased training on Codes of Conduct (CoC)		
Audit of implementation of SEA/SH safety mitigation		
Strengthened awareness training on project-related risks, CoC and how to report incidents for project-affected community		
Training for project supervisors on the need to follow guidelines of behaviour in CoC and their supervisory responsibilities		
Plan to improve coverage/quality of service provision		
Any other system strengthening measures or corrections for system failures that are necessary		

C3: For incidents involving a Contractor:
Has the incident been referred to the DAAB? Yes ☐   No ☐

Annex 6: Quarterly E&S Reporting Template

This annex provides a semiannual E&S Reporting Format that can be used for reporting on E&S issues.

Summary of Key E&S Aspects during the Reporting Period

Project Status, E&S Incidents, E&S Changes, E&S Initiatives

E&S Incidents

Please provide a summary of all the notifiable E&S incidents or accidents

Date	Incident description	Class	Reports sent to lenders	Corrective actions / Remedial plan

E&S Changes

Please provide a summary of all the notifiable E&S changes.

Date	Change description	Reports sent to lenders	Implementation status

Improvements/initiatives regarding E&S performance

Briefly describe improvements/initiatives implemented during the reporting period on management of E&S aspects

ESS1: Assessment and Management of Environmental and Social Risks and Impacts

E&S Impact / Risk Assessment

Have any supplemental environmental, social, health and safety impact/risk assessments been conducted during the reporting period? (Please provide copies)

Compliance with simplified Environmental and Social Management Plans (ESMPs)
The status of the ESMP implementation should be described and any issues that remain outstanding should be detailed.

ESS2. Labor and Working Conditions

Human Resources Management

Have IPs changed/updated their Human Resource (HR) policy and procedures, HR manual, and Health & Safety procedures, during the reporting period?

☐ Yes

☐No

If yes, please provide details.

List the worker-related grievances or court cases and describe their status.

Occupational Health and Safety

Describe the main changes implemented in terms of Occupational Health and Safety (OHS) during the reporting period, e.g. revision of the OHS management procedures, action plans for technical improvements, leading/lagging indicators used/introduced, identification of hazards, new controls, etc.

Accident Statistics Monitoring

Provide details for the non-fatal lost time injuries during this reporting period.

Implementing Partner/ Subcontractor employees?	Total workdays lost	Description of injury	Cause of accident	Corrective measures to prevent reoccurrence

Provide details for fatal accidents during this reporting period, if any, (and provide copies of accident investigation and respective corrective plan).

Date of Accident	Type of Accident	Description of Accident	# of Fatalities	Preventive measures taken after the incident

OHS Training

Describe Health and Safety training programs carried out in the reporting period.

ESS3. Resource Efficiency and Pollution Prevention

Environmental Monitoring

Provide copy of environmental monitoring data reports for this reporting period, collected consistent with the simplified ESMPs for the activities.

Briefly describe environmental mitigation measures implemented during the reporting period to comply with E&S requirements.

Medical Waste Management

Provide details on the implementation of the MWMPs, where applicable.

ESS4 Community Health, Safety and Security

Community Health and Safety

Please list and describe any initiatives implemented in relation to community health and safety during the reporting period.

Please provide the list and description of the actions, the expected or actual dates of implementation, progress/status, results obtained. You can use a tabular format (as below) or provide the information as an attachment of the report.

Security Management Measures

Summarize security management measures undertaken by IPs

Accident Reporting

Provide details for the non-fatal casualties, involving third parties, during this reporting period.

Date of Accident	Type of Accident	Description of Accident	# of People Injured	Preventive measures taken after the incident

Provide details for fatal accidents during this reporting period (and provide copies of accident investigation and respective corrective plan).

Date of Accident	Type of Accident	Description of Accident	# of Fatalities	Preventive measures taken after the incident

SEA/SH Action Plan

Please provide an update on the status and progress of the actions as defined in the SEA/SH Action Plan. You may attach relevant monitoring reports.

ESS 10 Stakeholder Engagement and Information Disclosure

Stakeholder Engagement, Public Consultation and Disclosure

List any stakeholder engagement events, including public hearing, consultation and disclosure, liaison with non-governmental organizations, civil society, local communities on E&S.

Date	Participant(s)	Formats of Interaction	Issues Discussed	Response/ Agreement reached (attach minutes if any)	Actions Taken (if any)/ Remarks

Describe culturally appropriate engagement with minority groups

Grievance Mechanism

Report the number and type of requests and/or grievances received from project affected people / local communities / local organizations.

How many have been resolved and how many are pending? (Please attach a log of the grievance redress registry.

Report the number and type of court cases on E&S grounds, if any (Please attach a log of all court cases and their status)

Annex 7: Labor Management Procedures

In accordance with the requirements of ESS2 on Labor and Working Conditions, this LMP has been developed for the Project. The LMP set out the ways in which UNOPS will manage all project workers in relation to the associated risks and impacts.

The objectives of the LMP are to identify the different types of project workers that are likely to be involved in the project; identify, analyze and evaluate the labor-related risks and impacts for project activities; provide procedures to meet the requirements of ESS2 on Labor and Working Conditions, ESS 4 on Community Health and Safety and the Values for Civil Service Personnel (2021) of The Republic of the Union of Myanmar.

The LMP apply to all project workers, irrespective of contracts being full-time, part-time, temporary or casual. The types of workers that will be included in the project are as follows:

1) <u>Direct workers</u> – workers employed directly by UNOPS to work specifically in relation to the project.
2) <u>Contracted workers</u> – workers engaged through third parties to perform work related to the core functions of the project, regardless of location. Personnel recruited through Implementing Partners are included in this category.
3) <u>Primary supply workers</u> – people engaged by UNOPS, IPs as primary suppliers.
4) Community workers - community members assisting the IP as volunteers.

Labor Risks

The following potential labor risks are identified under the project:

- Violations of labor and working conditions
- Violations of labor and working conditions at supplier
- Risk of Child labor at supplier
- Risk of Forced Labor at supplier
- SEA/SH for project workers
- Lack of safety and security for project workers, project-affected persons and assets
- Occupational Health and Safety risks for healthcare providers
- OHS risks emanating from physical hazards (for example, handling of sharp objects)
- Lack of understanding of EHS risks and impacts and of mitigation measures leads to accidents and health impacts
- Inadequate PPE
- Risk of infection of health workers
- Risk of infection to the handlers
- OHS risks from Electrical and explosive hazards; fire; chemical use; ergonomic hazard; radioactive hazard
- Risk of medical wastes, wastewater and air emissions leading to the contamination of workers
- OHS risks during production of commodities

Relevant Myanmar Labor Legislation

The 2008 Constitution states that discrimination by the union against any citizen is prohibited on grounds of race, birth, religion, official position, status, culture, gender, and wealth; however, this is not always consistent in the legal framework.

Labor Organization Law (2011) gives workers the right to organize into associations and conduct collective bargaining with employers.

Child Labor: Laws on child labor are not entirely consistent in the legal framework, the minimum working age for children is 14 years in factories and shops. For those under 18 years, night work and hazardous work are prohibited, and other specific requirements apply.

Forced Labor: The 2008 Constitution states that forced labor is prohibited, except for prison labor, labor required by the union government in states of emergency and humanitarian crisis, and labor under compulsory military service. The *Penal Code* (1974) and the *Anti-Trafficking in Persons Act* (2005) state that coercing anyone into forced labor, slavery, servitude, and debt-bondage is an act punishable by law. No person under the age of 18 or forced labor, under any circumstance, will be allowed to work for this Project.

OHS: Standards for occupational health and safety are scattered across various laws that govern fire and building safety, workspace safety, air and heating, lighting, sanitation, dangerous substances, dangerous operations, and women's workers' rights. However, the new The *Settlement of Labor Disputes Law* (2012) provides the basis for workplace dispute resolution, where workers can take grievances to the Workplace Coordinating Committee and appeal for arbitration at the state/region level.

Remuneration: There are a number of other laws and regulations that relate to labor to an extent, including the *Payment of Wages Act* (2016) and *Minimum Wages Act and Rules* (2013). Myanmar has also ratified a number of ILO labor-related conventions, including on forced labor, freedom of association and child labor; however, other key conventions, such as on equal remuneration and discrimination, have not been ratified.

Occupational Safety and Health Law (2019) promotes safe and secure working environments for laborers and workers. Any work beyond a 44-hour workweek constitutes overtime in Myanmar and requires overtime payment. Depending on sectors, overtime cannot exceed 16 to 20 hours. Working on public holidays qualifies for overtime. Among the laws, there are standards for paid medical leave, 14 weeks of maternal leave, and 3 weeks of paternal leave.

General Applicable Procedures

Under the Project the following applies when dealing with workers:
-
  - There will be no discrimination with respect to any aspects of the employment relationship, such as: recruitment and hiring; compensation (including wages and benefits; working conditions and terms of employment; access to training; job assignment; promotion; termination of employment or retirement; or disciplinary practices.

- Harassment, intimidation and/or exploitation will be prevented or addressed appropriately.
- Special measures of protection and assistance to remedy discrimination or selection for a particular job will not be deemed as discrimination.
- Vulnerable project workers will be provided with special protection.
- Workers will be provided with job / employment contracts with clear terms and conditions including rights related to hours of work, wages, overtime, compensation and benefits, annual holiday and sick leave, maternity leave and family leave. A Codes of Conduct will be applicable for all project workers.
- UNOPS will ensure compliance with a defined Codes of Conduct including providing training/awareness raising on the Codes.
- UNOPS, IPsand suppliers will ensure compliance with OHS procedures, including that the workers are properly trained in application of the standards that are relevant to the work.
- UNOPS, IPsand suppliers will have due diligence systems in place to ensure that there will be no child labor under the project.
- Workers shall be recruited voluntarily, and no worker is forced or coerced into work.
- All workers will be made aware of the worker grievance mechanism available to which they can submit work-related complaints.

Occupational Health and Safety (OHS) Procedures

The objective of the procedure is to achieve and maintain a healthy and safe work environment for all project workers and communities.

- On procurement of IPs, UNOPS will avail the ESMF to the IPs so that they include the budgetary requirements for OHS and community health and safety measures in their respective bids or proposals.
- The IP will develop and maintain an OHS management system that is consistent with the scope of work, duration of contract and this LMP, and based on the mitigation measures presented in the ESMF.
- IP will adopt all E&S risk mitigation measures proposed for the subproject.
- IP provides preventive and protective measures, including modification, substitution, or elimination of hazardous conditions or substances informed by assessment and plan.
- IP provides for appropriate training/induction of project workers and maintenance of training records on OHS subjects.
- IP documents and reports on occupational incidents and accidents as per ESMF guidance.
- IP provides emergency prevention and preparedness and response arrangements to emergency situations including and not limited to workplace accidents, workplace illnesses, flooding, fire outbreak, disease outbreak, labor unrest and security.
- IP shall maintain all such records for activities related to the safety and health and environmental management for inspection by UNOPS or the World Bank.

IP Management Procedures

The objective of this procedure is to ensure that UNOPS has contractual power to administer oversight and action against IPs for non-compliance with the LMP.

- UNOPS will make available relevant documentation to inform the IP about requirements for effective implementation of the LMP.
- Before submitting a bid or proposal for any sub-contract, the IP shall incorporate the requirements of the ESMP, including the LMP.
- IP will ensure that all workers are aware of the respective Code and Conduct for workers.
- IP will show evidence of OHS and Emergency Preparedness procedures.
- Where mitigation or corrective measures are required to ensure compliance with ESMP and LMP, the IP will submit the progress reports on the implementation of the mitigation measures, including those of the LMP.
- UNOPS may withhold IP payment until corrective actions have been undertaken on significant non-compliance with the LMP, such as failure of notifying UNOPS of incidents and accidents.

Procedures for Primary Suppliers

The objective of the procedure is to ensure that labor-related risks, especially child and forced labor as well as serious health and safety issues for primary supply workers are managed. UNOPS, IPs will undertake the following measures:
- Procure supplies from legally constituted suppliers.
- To the extent feasible, conduct due diligence to ensure that primary suppliers conduct age verifications, employ workers without any force or coercion, and maintain basic OHS systems.

Procedures for Community Workers

The objective of the procedure is to ensure that labor-related risks, as well as serious health and safety issues for community workers are managed. IPs will undertake the following measures:
- Provide awareness to community workers on potential OHS risks and mitigation measures; as well as on the Code of Conduct; and the workers' GRM.
- All community workers will sign a CoC.
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Institutional Arrangement for Implementation of the LMP

The UNOPS PIU, especially the Social Specialist will be mainly responsibility for the implementation and monitoring of the LMP. The PIU will identify project activities, prepare bidding/legal documents or calls for proposals, as well as select IPs. UNOPS will be responsible for site supervision, quality assurance, certification, and payment of works. UNOPS will ensure that LMP are integrated into the procurement of contracts and bidding processes.

Workers' Grievance Mechanism

The nature of workplace concerns of workers is usually different from general project-related grievances. For example, typical workplace grievances include demand for employment opportunities; labor wages rates and delays of payment; disagreement over working conditions; and health and safety concerns in the work environment. Therefore, a separate grievance mechanism will be established for project workers (direct workers, contracted workers and suppliers), as required by ESS2. Handling of grievances should be objective, prompt and responsive to the needs and concerns of the aggrieved workers.

Different ways in which workers can submit their grievances are allowed, such as submissions in person, by phone, text message, mail and email. The grievance raised should be recorded and acknowledged within one day. While the timeframe for redress will depend on the nature of the grievance, health and safety concerns in the work environment or any other urgent issues should be addressed immediately. Where the grievance cannot be addressed within a reasonable timeframe, the aggrieved worker should be informed in writing, so that the worker can consider proceeding to the national appeal process. The mechanism will also allow for anonymous complaints to be raised and addressed. Individuals who submit their comments or grievances may request that their name be kept confidential.

Direct Workers: Considering the limited number of direct workers, the project will have a compact but effective grievance system for direct workers. The PIU, where all the direct workers are concentrated, will hold periodic team meetings to discuss any workplace concerns. The grievance raised by workers will be recorded with the actions taken by PIU. The summary of grievance cases will be reported to the World Bank as part of the regular reporting. Where the aggrieved direct worker wishes to escalate their issue or raise their concerns anonymously and/or to a person other than their immediate supervisor/hiring unit, the worker may raise the issue with responsible authorities, where relevant. UNOPS has its own existing grievance system in place, its direct workers should use the mechanism.

Contracted Workers: The HR officer (or any other appropriate officers) of the IPs will be requested to hold monthly team meetings with all present contracted workers at site to discuss any workplace grievances. Any grievances raised will be recorded with the actions taken by the IP. The summary of grievance cases will be reported to the PIU as part of the IP periodic report. Where appropriate and available, the contracted workers should be allowed to utilize an existing grievance mechanism within the IP. Where the aggrieved workers wish to escalate their issue or raise their concerns anonymously and/or to a person other than their immediate supervisor, the workers may raise their issue with the PIU. The contracted workers will be informed of the grievance mechanism at the induction training session prior to the commencement of work. The contact information of the PIU's Social Focal Point will be shared with contracted workers.

Primary suppliers will be required contractually to set up a workers GRM similar to the one requested from IPs.

National Appeals Process: As per the Labour Law Code, any individual labor dispute can be submitted by any of the parties to the competent district labor inspector for conciliation, where such labor inspector is available. The inspector is mandated to attempt to settle the dispute within 14 days of its submission.

Annex 8: Security Management Plan

UNOPS diligently monitors risks to staff, IPs and beneficiaries, adapting operations as necessary to address changing environments. Operating within the UN Security Management System (UNSMS), UNOPS proactively identifies threats and manages risks, allowing for operation in complex and volatile security landscapes.

Security Architecture: UNOPS and its personnel fall under the UN Security Management System (UNSMS). The UNSMS operates under a 'Framework of Accountability for the United Nations Security Management System' that provides guidance for the various security actors and mechanisms in a country. The Designated Official (DO) is the highest ranking official in a given area. He/she is supported by a Security Management Team (SMT) – which is usually constituted by the heads of all UN agencies and UN Security Professionals. The UNSMS policies and procedures apply universally to all UN personnel, regardless of contract type or whether they are local or international. All policies apply to all UNOPS personnel or individual consultants/contractors who are contracted to work on the project whilst they are in the respective country.

The UNOPS Myanmar Office has established a security team to oversee the security arrangements for the entire UNOPS portfolio in Myanmar. This team coordinates closely with UNDSS which has employs security advisors, who are highly trained and have significant experience in the development of Security Risk Management Systems and detailed Security Plans that include all types of workers and spell out the particular local facilities.

UNOPS, as part of the UNSMS, requires Security Assessments to be conducted for all areas in which it operates. Security Risk Management (SRM) is a UNSMS tool to identify, analyze and manage security risks to UN personnel, assets and operations. The process is guided by the UNSMS policy, providing guidance to personnel on the ground. The UNSMS is risk-based and not threat-based. Decisions are taken on the basis of risks.

Not covered by UNSMS policies are contracted IPs under this Project. This section speaks directly to how these companies will be managed and their duties and responsibilities in the security context.

Project Security Infrastructure: The strategic direction for security management is set by the UNOPS Country Management. The Country Management is informed by the United Nations Department for Security and Safety (UNDSS) and advised by the UNOPS FSA.

The PIU is headed by the Project Manager (PM), and the PM implements the Country Management's strategic direction and sets the specific risk mitigation strategies and approves, from an SRM perspective, project activities of IPs. The PM is assisted by the UNOPS security team. In addition, the PIU, will be responsible for the monitoring of all IPs in their compliance with the SMP.