SOUTHWEST STATE OF SOMALIA

Ministry of Livestock, Forestry and Range - SWS

Environmental and Social Management Plan (ESMP)

Rehabilitation of Hudur Livestock Veterinary Clinic Centre

Hudur District, Bakool Region, Southwest State of Somalia

Project	Somalia Food Systems Resilience Project (S-FSRP)
Subproject type	Rehabilitation of existing livestock veterinary clinic with minor new construction
Project location	Hudur District, Bakool Region, Southwest State of Somalia
Land ownership basis	Land Ownership Confirmation Letter, Ref: WXXDD/XAG/LOCL/201/2025, dated 31 December 2025. Attached to the ESMP
Date	June, 2026
Prepared by	Environmental Safeguard and Social Safeguard of the FSRP Project, SPCU Baidoa, SWS

June 2026

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Document Control

Item	**Details**
Document title	Environmental and Social Management Plan (ESMP) - Rehabilitation of Hudur Livestock Veterinary Clinic Centre
Location	Hudur District, Bakool Region, Southwest State of Somalia
Version	Draft 1.0
Prepared under	Somalia Food Systems Resilience Project (S-FSRP)
Land parcel used for this ESMP	45 metres by 36 metres (45m x 36m), following the Land Ownership Confirmation Letter.
Status	Draft for technical, safeguards and client review.
Prepared by	Environmental and Social Specialists for FSRP Project, SPCU Baidoa, SWS

List of Abbreviations and Acronyms

Abbreviation	Full meaning
C-ESMP	Contractor's Environmental and Social Management Plan
E&S	Environmental and Social
EHS	Environment, Health and Safety
EHSGs	Environmental, Health and Safety Guidelines
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
FAO	Food and Agriculture Organization of the United Nations
S-FSRP/FSRP	Somalia Food Systems Resilience Project/Food Systems Resilience Project
GBV	Gender-Based Violence
GIIP	Good International Industry Practice
GM	Grievance Mechanism
ILO	International Labour Organization
LMP	Labour Management Procedures
MoAI-SWS	Ministry of Agriculture & Irrigation, Southwest State of Somalia
MoLFR-SWS	Ministry of Livestock, Forestry and Range, Southwest State of Somalia
OHS	Occupational Health and Safety
OHSMP	Occupational Health and Safety Management Plan
PPE	Personal Protective Equipment
SEA/SH	Sexual Exploitation and Abuse / Sexual Harassment
SEP	Stakeholder Engagement Plan
SPCU/PIU	State Project Coordination Unit / Project Implementation Unit
TMP	Traffic Management Plan
WBG	World Bank Group
WMP	Waste Management Plan

Executive Summary

This Environmental and Social Management Plan (ESMP) has been prepared for the rehabilitation of the Hudur Livestock Veterinary Clinic Centre in Hudur District, Bakool Region, Southwest State of Somalia. The subproject is part of the Somalia Food Systems Resilience Project (S-FSRP) and is intended to restore, upgrade and strengthen an existing veterinary service facility serving pastoralist and agro-pastoral communities in Hudur and the wider Bakool Region.

The clinic is already used for livestock treatment, vaccination, disease monitoring and animal health advisory support. The site assessment found that the clinic remains operational but requires targeted rehabilitation and limited additional infrastructure. Key observed issues include faded paint, localised wall cracks, worn and damaged doors and windows, limited office and storage space, lack of shaded waiting areas for visitors, unreliable electricity, ageing livestock handling structures, no dedicated waste management area and rust on the steel frame supporting the water tank.

The proposed works include repainting and localised plaster repairs to existing rooms and toilets, replacement of all doors and windows, repair and refurbishment of the existing livestock restraint chute, rehabilitation of the boundary wall, treatment of the water tank support frame with anti-corrosion protection, construction of a staff office with shelves, construction of a large store, installation of a shaded visitor waiting area, installation of a solar power system with batteries and battery room, development of a controlled veterinary waste burn area or incinerator, and construction of a crowding pen to improve animal queuing and handling before treatment.

The ESMP follows the official land ownership confirmation letter, which states that the Ministry of Livestock, Forestry and Range of the Southwest State of Somalia is the lawful owner of the land on which the Veterinary Clinic Centre in Hudur District is located. The same letter records the designated land area as 45 metres by 36 metres (45m x 36m). This ESMP therefore uses 45m x 36m as the project land area for planning, construction controls, site access, waste management and grievance management. The report also recommends a final boundary verification survey before contractor mobilisation to align design drawings, work zones and site controls with the confirmed parcel.

The Environmental and Social Screening classified the subproject risk as Moderate. It concluded that the risks are localised, reversible and manageable through standard mitigation measures and that a full Environmental and Social Impact Assessment is not required. However, the screening identified the need for a detailed ESMP to manage rehabilitation and operational risks, including workers' health and safety, community health and safety, waste generation, hazardous and veterinary waste, dust, noise, vibration, traffic safety, possible vegetation disturbance, GBV/SEA/SH risks, labour risks and grievance risks.

The expected positive impacts include improved veterinary service delivery, better animal health support, safer animal handling, improved staff working conditions, increased reliability of clinic electricity supply, improved records and better vet medicine storage, better visitor comfort, safer management of veterinary waste and temporary local employment opportunities. The rehabilitation is also expected to strengthen household resilience because many local households rely on livestock for income, food security and savings.

The main adverse risks will occur during site preparation, rehabilitation, minor construction and installation activities. These include dust emissions from movement of materials and works, noise from tools and machinery, construction and packaging waste, paint and chemical handling risks, occupational accidents, slips and falls, struck-by-object hazards, temporary disruption to clinic access, traffic and road safety risks during material deliveries, and potential community concerns if information is not shared early. Operational risks include poor incinerator use, poor battery management, inadequate maintenance of solar equipment, animal handling incidents, and weak waste segregation if responsibilities are not clearly assigned.

This ESMP sets out mitigation, monitoring, reporting, consultation and institutional arrangements for the subproject. It must be included in the bidding documents and the contractor contract. The contractor must prepare and submit a site-specific Contractor ESMP (C-ESMP), Occupational Health and Safety Plan, Waste Management Plan, Traffic Management Plan, Labour Management Procedure, Emergency Preparedness and Response Procedure, Code of Conduct and SEA/SH prevention measures before works start. The contractor will also be required to prepare monthly contractor's report and submit to the E&S of SPCU/PIU. In addition, the SPCU/PIU and supervising engineer will verify implementation through routine site inspections, incident reporting, monitoring records and community feedback.

Executive Summary Table

Parameter	**Summary**
Subproject	Rehabilitation of Hudur Livestock Veterinary Clinic Centre
Location	Hudur District, Bakool Region, Southwest State of Somalia
Specific site	Bulay Village in Hudur Town; GPS: 4.12720117 N, 43.8919694 E
Land area used in this ESMP	45m x 36m based on official land ownership confirmation

Parameter	**Summary**
Land status	Government/Ministry-owned land under MoLFR-SWS authority and management
Risk classification	Category C / Moderate Risk
Main instrument required	Detailed ESMP. No full ESIA is required based on the screening outcome.
Main project benefits	Improved veterinary services, safer animal handling, better staff and visitor conditions, solar energy (clean), storage and waste management improvements.
Main risks	Dust, noise, waste, OHS, traffic, community safety, labour, SEA/SH, access disruption and operational waste/battery/incinerator risks.
Key implementation requirement	ESMP and C-ESMP requirements to be included in procurement and contractor obligations.

Introduction

1.1 Background

Livestock is central to livelihoods, food security and local economic resilience in Southwest State of Somalia, as it is in many parts of Somalia. For many pastoralist and agro-pastoral households in Bakool Region, animals are not only a source of food and income, but also a form of savings, insurance and social stability. When animal health services are weak, disease outbreaks, untreated injuries, poor vaccination coverage and delayed advice can directly reduce household income and increase vulnerability. The rehabilitation of livestock service infrastructure is therefore an important development intervention, particularly in areas where communities face climate stress, market shocks, recurrent drought and limited access to formal services.

Hudur District is an important service centre for communities in Bakool Region. The Hudur Livestock Veterinary Clinic Centre provides a practical point of access for livestock treatment, vaccination, disease monitoring and technical advice to livestock owners. The clinic contributes to early identification of animal health problems, supports disease prevention and improves the capacity of local communities to maintain productive herds. These services are closely linked to the wider goals of the Somalia Food Systems Resilience Project, which aims to strengthen food systems, improve institutional capacity and support resilient livelihoods.

The existing clinic facility has remained functional, but its physical condition and service support infrastructure have deteriorated through age, use and limited maintenance resources. The site assessment identified that the clinic buildings are generally structurally sound, but they require repainting, localised plaster repairs and complete replacement of worn doors and windows. External facilities also need attention, including repair of the livestock restraint chute, repainting and minor repair of the boundary wall, treatment of rust on the steel water tank support frame, and improved arrangement of animal queuing and handling. These works are necessary to protect staff, visitors and animals, while keeping the clinic suitable for public service delivery.

The clinic also has operational gaps that affect functionality and service quality. It lacks adequate office and storage space, a shaded waiting area for clients, reliable electricity and a dedicated veterinary waste management area. These gaps create practical risks. Poor storage may affect record management, veterinary medicine control and equipment safety. Lack of shade reduces comfort for livestock owners waiting at the clinic, particularly during hot periods. Unreliable electricity limits the ability of staff to operate equipment, lighting and administrative functions. Lack of a dedicated waste area increases the risk of poor disposal of veterinary and general waste.

The proposed rehabilitation responds to these issues through a balanced package of targeted restoration and limited new construction. Existing rooms and toilets will be repaired and repainted, all doors and windows will be replaced, and key external facilities will be restored. New additions will include a staff office with shelves, a large store, a shaded visitor waiting area, a controlled waste burn area or incinerator, a solar power system with battery room and a crowding pen for safe animal queuing before treatment. These interventions are intended to make the clinic safer, more functional, more durable and more responsive to the needs of staff and community users.

The land on which the clinic is located is confirmed as being owned by the Ministry of Livestock, Forestry and Range of the Southwest State of Somalia. The land ownership confirmation letter records the designated parcel as 45 metres by 36 metres. This ESMP follows that official land ownership record for all land-related analysis. As the works will be undertaken within an existing Ministry-managed veterinary clinic site, no land acquisition, physical displacement or livelihood displacement is expected. Nevertheless, the contractor must ensure that temporary work zones, material storage, access routes and waste handling areas remain within the confirmed site boundary and do not obstruct neighbouring land users.

The environmental and social risks associated with the subproject are, localised and reversable. . The works will be small to medium scale and will take place within an already developed clinic compound. However, the project still requires disciplined management because construction activities can create dust, noise, traffic risks, worker safety risks, waste management concerns, temporary access disruption and social risks if communication is weak. The operational phase also requires clear maintenance responsibilities for the solar system, battery room, incinerator, water tank support frame, animal handling structures and waste segregation system.

This ESMP has therefore been prepared as a practical implementation tool. It translates the findings of the inception report, site assessment, E&S Screening into mitigation measures, monitoring indicators, responsibilities, reporting arrangements and a grievance mechanism. It also aligns the subproject with the World Bank Environmental and Social Framework, relevant Somali national requirements, Southwest State institutional responsibilities and applicable good international industry practice. The ESMP must be read together with the project ESMF, Labour Management Procedures, Stakeholder Engagement Plan, SEA/SH prevention arrangements and contractor-specific plans to be prepared before works begin.

1.2 Project Goal

The goal of the subproject is to rehabilitate and upgrade the Hudur Livestock Veterinary Clinic Centre into a safer, more functional and more resilient veterinary service facility that supports improved animal

health services, disease prevention, livestock productivity and community livelihood resilience in Hudur District and the wider Bakool Region.

1.3 Purpose of the ESMP

The purpose of this ESMP is to identify, assess, minimize, mitigate, monitor and report the environmental and social risks and impacts associated with the rehabilitation and minor construction works at the Hudur Livestock Veterinary Clinic Centre. The ESMP provides a site-specific framework to protect the environment, safeguard workers and communities, support inclusive engagement and ensure that the contractor implements the required safeguards measures throughout pre-construction, construction and operation phases of the subproject.

1.4 General Objectives of the ESMP

- Identify the environmental and social risks and impacts associated with the proposed rehabilitation works and subsequent operation of the upgraded clinic.
- Define practical mitigation measures to avoid, minimize, reduce or manage adverse impacts.
- Establish monitoring indicators, inspection requirements, reporting arrangements and corrective action procedures.
- Clarify the roles and responsibilities of the SPCU/PIU, supervising engineer, contractor, Ministry authorities, district authorities and clinic management.
- Ensure that labour, OHS, community health and safety, waste management, SEA/SH prevention and grievance requirements are integrated into contractor obligations.
- Provide a basis for safeguards clearance, procurement clauses, site supervision and operational follow-up.

1.5 Specific Objectives of the ESMP

- Confirm the project land status and ensure that all works remain within the 45m x 36m Ministry-owned parcel.
- Assess baseline environmental and social conditions relevant to Hudur clinic rehabilitation.
- Provide a detailed legal, regulatory and institutional framework covering national, state, World Bank and international good practice requirements.
- Prepare mitigation measures for dust, noise, waste, soil disturbance, water pollution, vegetation protection, OHS, traffic, community safety, labour and SEA/SH risks.
- Set out operational safeguards for solar batteries, incinerator use, animal handling, water tank structure maintenance, hygiene and waste management.
- Provide consultation and grievance arrangements for community members, clinic users, workers and sensitive SEA/SH complaints.

- Define an indicative budget to support ESMP implementation.

1.6 Scope of the ESMP

The ESMP covers the full lifecycle of the Hudur clinic subproject, including pre-construction planning, site mobilisation, rehabilitation of existing structures, minor new construction and installation works, demobilisation and operation of the upgraded clinic. It applies to all contractor personnel, subcontractors, suppliers entering the site, supervising personnel and Ministry staff involved in implementation.

- Physical works: room repairs, repainting, door and window replacement, boundary wall repairs, water tank frame treatment, animal chute repair, crowding pen, office, store, visitor shade, incinerator, solar system and battery room.
- Environmental aspects: air quality, noise and vibration, waste, hazardous materials, wastewater, soil disturbance, drainage, vegetation and resource efficiency.
- Social aspects: access, labour, OHS, community health and safety, traffic, animal and user safety, stakeholder engagement, inclusion and grievance handling.
- Operational aspects: maintenance, waste segregation and disposal, incinerator operation, battery management, safe animal handling and reporting.

1.7 Methodology for ESMP Preparation

The ESMP was prepared using a structured approach combining review of project documentation, interpretation of the E&S Screening, use of the official land ownership confirmation, review of the inception and site assessment report, application of the sample ESMP structure and development of site-specific mitigation measures suitable for the Hudur clinic context.

Methodological step	**Description**
Document review	Review of the Hudur inception and site assessment report, E&S Screening, land ownership confirmation and MoLFR-SWS Baidoa ESMP sample.
Screening interpretation	Review of risk classification, applicable ESSs, identified risks and required instruments.
Site condition analysis	Review of existing buildings, rooms, toilets, boundary wall, livestock chutes, water tank structure, utilities and operational gaps.

Methodological step	**Description**
Risk identification	Identification of pre-construction, construction and operational risks based on project activities, receptors and baseline conditions.
Mitigation development	Preparation of control measures using the mitigation hierarchy and good international industry practice.
Institutional planning	Assignment of roles to the contractor, supervising engineer, SPCU/PIU, Ministry and clinic management.
Monitoring and reporting	Development of indicators, frequency, reporting lines and corrective action procedures.
Stakeholder engagement	Stakeholder engagement undertaken during ESMP preparation, including public consultation in Hudur District (interviews, question-and-answer sessions and focus group discussion with pastoralists, agro-pastoralists, livestock owners and community members) and institutional consultation with the responsible ministries, District Administration and clinic staff. Findings are integrated into the risk assessment and Chapter 8.

2. Sub-project Description

2.1. Project Location

The subproject is located at the existing Hudur Livestock Veterinary Clinic Centre in Hudur District, Bakool Region, Southwest State of Somalia. The E&S Screening identifies the site as being in Bulay Village in Hudur Town, with GPS coordinates 4.12720117 N and 43.8919694 E. The project location for this ESMP is Hudur, and all location references in this report have been aligned with Hudur District rather than Baidoa or any other location used in the sample document.

The clinic is located within a residential settlement context and serves livestock owners from Hudur and surrounding areas. The works will take place within an existing veterinary clinic compound on land under the ownership and management of the Ministry of Livestock, Forestry and Range of the Southwest State of Somalia. The land ownership confirmation letter records the land area as 45m x 36m. This is the land area adopted for this ESMP.

Item	Description
Project name	Rehabilitation of Hudur Livestock Veterinary Clinic Centre
Region	Bakool Region
District	Hudur District
Town/Village	Bulay Village in Hudur Town
Coordinates	4.12720117 N, 43.8919694 E
Land area	45m x 36m, following the land ownership confirmation letter
Land status	Ministry-owned land under MoLFR-SWS authority and management
Current use	Existing livestock veterinary clinic
Surrounding setting	Residential area with clinic users, local movement and community receptors
Subproject nature	Rehabilitation of existing facilities with limited new construction and installations

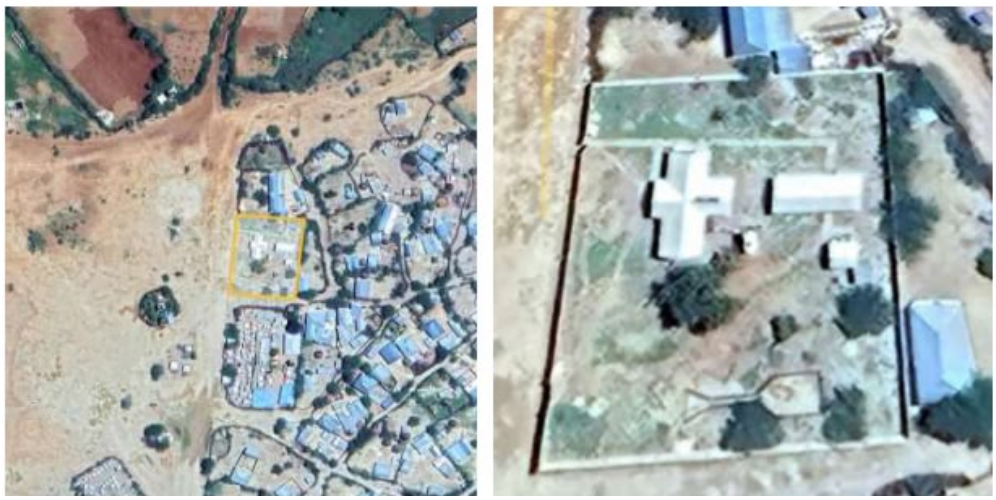


Figure 1: Hudur clinic site location and project cover information from the inception report.

2.2 Project Components and Activities

The subproject includes rehabilitation of existing clinic facilities and construction or installation of selected new support facilities. The works are intended to improve service safety, operational efficiency, animal handling, energy reliability, waste management and user comfort without changing the primary use of the site as a veterinary clinic.

Component	Main activities	Purpose
Existing rooms and reception	Repainting, localised plaster repair and surface finishing.	Restore safe, clean and professional spaces for veterinary service delivery.
Toilets	Repainting, minor plaster repair and replacement of doors and windows where required.	Maintain hygiene, privacy and user comfort.
Doors and windows	Complete replacement across existing buildings.	Improve security, ventilation, usability and building performance.
Boundary wall	Repainting and localised plaster repair on cracked or damaged sections.	Maintain site security and reduce unauthorised access.
Livestock restraint chute	Repair and refurbishment of worn parts.	Improve safe animal handling for staff, animals and owners.
Crowding pen/circular chute	New structure for controlled animal queuing before treatment.	Reduce unsafe animal crowding and improve workflow.

Component	Main activities	Purpose
Office with shelves	New staff office with built-in shelves.	Improve record keeping, administration and storage of small supplies.
Large store	New storage room for veterinary drugs, equipment and consumables.	Improve storage safety, stock control and security.
Visitor shade	Lightweight roofed waiting area.	Improve comfort and safety of livestock owners and visitors.
Solar power system	Photovoltaic system with inverter and batteries.	Provide reliable electricity and reduce reliance on unreliable supply.
Battery room	Secure and ventilated room for batteries and control equipment.	Improve safety of energy storage and equipment.
Incinerator/waste burn area	Controlled veterinary waste disposal area.	Improve management of contaminated veterinary waste and reduce open dumping/burning.
Water tank steel frame	Inspection, rust cleaning and anti-corrosion painting.	Protect the structure and reduce failure risk.

2.3 Construction Phasing and Operational Continuity

The clinic should remain operational where feasible during the works. The contractor must therefore prepare a phasing plan before mobilisation. Works should be organized so that active clinic operations, visitor access, animal handling and storage of veterinary supplies are separated from active construction areas. Where temporary closure of a room or external facility is necessary, clinic staff and users must be informed in advance and safe alternatives must be provided.

- Phase 1: site mobilisation, boundary verification, stakeholder notification, establishment of work zones and temporary access routes.
- Phase 2: rehabilitation of existing rooms, toilets, doors, windows, boundary wall, water tank frame and existing livestock chute.
- Phase 3: construction of new support facilities, including office, store, shade, battery room, incinerator and crowding pen.

- Phase 4: installation and testing of solar power system, demobilisation, clean-up, snagging and handover.
- Phase 5: operational training for clinic staff on maintenance, waste handling, incinerator use, battery safety and grievance records.

2.4 Required Contractor Site-Specific Plans

Plan/procedure	**Minimum requirement**
C-ESMP	Site-specific method statements, risk controls, monitoring forms and responsibilities.
OHS Plan	Task risk assessments, PPE, first aid, toolbox talks, incident reporting and emergency controls.
Waste Management Plan	Waste segregation, storage, disposal routes, veterinary waste controls and records.
Traffic Management Plan	Delivery routes, vehicle speed, banksmen, pedestrian/animal safety and signage.
Labour Management Procedure	Contracts, payment, working hours, worker GM, child/forced labour prohibition and Code of Conduct.
SEA/SH Action Measures	Worker Code of Conduct, awareness, confidential reporting and referral pathway.
Emergency Response Procedure	Fire, injury, spill, animal escape, battery incident and security response.
Stakeholder Communication Plan	Notification to clinic staff, nearby residents and livestock owners on works and service changes.

3. Environmental and Social Baseline Description

3.0 Introduction

This chapter presents the environmental and social baseline for the Hudur Livestock Veterinary Clinic Centre. The baseline is site-specific and focuses on conditions that may influence the design and implementation of mitigation measures. It draws on the inception and site assessment report, the E&S Screening, the land ownership confirmation and the nature of the proposed rehabilitation works.

The clinic is an existing developed facility, and the proposed works are rehabilitation and limited new construction. The baseline therefore concentrates on the existing clinic compound, sensitive receptors inside and around the site, current service delivery conditions, existing EHS gaps, and likely environmental and social pathways through which the works could create risk or benefit.

3.1 Site Setting, Land and Boundary

The clinic is located in Bulay Village in Hudur Town, Bakool Region, Southwest State of Somalia (GPS: 4.12720117 N, 43.8919694 E), within a residential area. It is an existing, developed and operational public veterinary facility. The official land ownership confirmation letter identifies the Ministry of Livestock, Forestry and Range of the Southwest State of Somalia as the lawful owner of the parcel and records the designated land area as 45m x 36m. The land is already in use for public veterinary and livestock extension services, and the site does not contain natural habitat or agricultural land.

3.2 Climate, Soil, Water and Drainage

Hudur has a hot, semi-arid climate typical of the Bakool Region, following the four Somali seasons: *Jiilaal* (approximately December to March), a prolonged hot and dry period; Gu' (approximately April to June), the main rainy season; *Xagaa* (approximately July to September), a dry and windy period; and *Deyr* (approximately October to November), the short rainy season. Rainfall is low, erratic and concentrated in the Gu' and *Deyr* seasons, often falling as short, intense showers, while the dry seasons are characterised by high temperatures, strong winds and airborne dust.

Soils in and around the site are sandy to sandy-loam soils typical of the semi-arid Bakool environment. The ground within the clinic compound is largely bare and compacted from long use, and no active gullies or significant erosion features were reported within the compound during the site assessment. In the wider area, exposed soils are subject to wind erosion during the dry seasons, driven by sparse vegetation cover and strong seasonal winds, and to localised surface wash during intense rainfall.

The E&S Screening did not identify potable water sources or surface water bodies near the site requiring special protection. Water for the clinic is stored in an elevated tank within the compound, supported by a steel frame. There is no formal storm drainage system at the site or in the surrounding neighbourhood;

rainwater drains by natural surface flow and infiltration, and standing water after rainfall is generally short-lived given the sandy soils and high temperatures.

3.3 Air Quality, Noise and Waste Management

Ambient air quality in Hudur Town is generally good, reflecting the absence of industrial activity. The main existing sources of emissions are dust from unpaved roads and exposed ground, smoke from domestic cooking fuels, and occasional vehicle movement. Airborne dust levels rise noticeably during the dry, windy seasons. Baseline noise levels at the site are moderate and are associated with everyday community movement, clinic visitors, vehicles and the presence of livestock; there are no significant fixed noise sources near the site.

There is no formal municipal solid waste collection or disposal service in the area, and the clinic itself has no dedicated waste management area. Households and facilities in the town commonly manage their own waste through on-site accumulation, informal dumping and open burning. At the clinic, waste generated from veterinary services is currently handled together with general refuse, without segregation and without a designated storage or disposal point.

3.4 Vegetation, Biodiversity and Existing Infrastructure

The E&S Screening indicates that the site is not located within or near an environmentally sensitive area, protected area or area of high ecological value. Vegetation is limited to scattered shade trees within and around the compound, and fauna is dominated by the livestock brought to the clinic for treatment, together with small birds and other species common in settled areas.

The clinic's existing infrastructure comprises the buildings and external facilities described in Section 3.5, an elevated water tank on a steel support frame that shows signs of rust, and an unreliable electricity supply. There is currently no on-site power generation system.

3.5 Built Environment and Existing Facilities

The clinic compound includes a veterinary service building, a service and meeting block, attached toilets, a boundary wall, a water tank with steel support and livestock restraint chutes. The buildings remain generally structurally sound but show signs of age and wear. The existing condition of the main facilities is summarised below.

Facility / baseline item	**Existing condition**
Reception area and rooms	Structurally sound but requiring repainting and localised plaster repair.
Rooms 1–5 and passage	Generally sound; repainting and minor repair needed.
Toilets	Functional and structurally adequate; light rehabilitation required.
Doors and windows	Many units worn or damaged; full replacement required.
Boundary wall	Structurally sound but needs repainting and localised crack repairs.
Existing livestock chute	Operational but worn; repair and refurbishment required.
Crowding pen	Absent; animals currently queue in an uncontrolled manner before treatment.

Facility / baseline item	Existing condition
Water tank support frame	Steel frame shows rust and requires inspection, cleaning and repainting.
Waste area	No dedicated veterinary waste management area exists.
Electricity	Supply is unreliable; no on-site generation or backup system.

3.6 Social Baseline

Livelihoods in Hudur and the surrounding areas are dominated by pastoral and agro-pastoral production, and livestock are a major source of household income, food security and savings. The clinic is the main public facility through which livestock owners access treatment, vaccination, disease monitoring and animal health advice, and its users include pastoralists, agro-pastoralists and livestock traders from the town and surrounding settlements.

The community around the site includes nearby residents, local leaders, women, youth, older persons and persons with disabilities. Women play an active role in small-stock ownership and management, although they, together with poorer households and people with limited mobility, generally have less access to information, transport and formal complaint channels. Labour in the area is largely informal; skilled and unskilled workers are available locally, and construction activity of this scale is normally staffed from the local labour market.

The inception report identifies regional insecurity and access constraints in parts of Bakool Region as a feature of the operating environment, although the E&S Screening did not identify a specific security threat to the site itself. Movement of goods and people to and from Hudur is influenced by the prevailing security situation and the condition of regional roads.

4. Legal, Regulatory and Institutional Framework

This chapter sets out the legal, regulatory, institutional and good practice framework applicable to the rehabilitation of the Hudur Livestock Veterinary Clinic Centre. It presents the relevant provisions of the Provisional Constitution, acts of parliament, subsidiary legislation and national policies, in that order, followed by the applicable Southwest State arrangements, the World Bank Environmental and Social Framework and the international conventions and good practice instruments adopted under the project ESMF.

4.1 National Legal and Policy Framework

4.1.1 The Provisional Constitution of the Federal Republic of Somalia (2012)

Several provisions of the Provisional Constitution are directly relevant to the subproject. Article 15 guarantees every person liberty and security of the person and prohibits all forms of violence and abuse; the subproject responds to this through its GBV/SEA/SH prevention and response measures. Article 24 guarantees fair labour relations, obliging the subproject to ensure equal employment opportunity, fair terms and a safe working environment. Article 25 establishes the right of every person to an environment that is not harmful to their health and wellbeing, which underpins the pollution prevention, waste management and community health measures in this ESMP. Article 26 guarantees the right to own, use, enjoy, sell and transfer property, and Article 43 recognises land as the primary resource of the country to be held and transacted only in accordance with the law; these provisions reinforce the requirement that all works remain strictly within the confirmed 45m x 36m Ministry-owned plot and do not encroach on neighbouring land. Article 32 establishes the right of access to information, under which project information will be disclosed to workers, clinic users and the community. Article 45 obliges the government and the public to give priority to the protection, conservation and preservation of the environment, which this ESMP operationalises at subproject level.

4.1.2 Acts of Parliament

Environmental Protection and Management Act (Law No. 22 of 2024). Ratified by the Federal Parliament and signed into law in February 2024, this Act establishes Somalia's core legal framework for environmental protection and sustainable development, and is the principal law governing the environmental aspects of the subproject. It guarantees every person's right to a clean, safe and healthy environment; embeds the precautionary, polluter-pays and sustainability principles; requires environmental and social assessment for projects with potential impacts; sets pollution control requirements for air, water, waste and hazardous substances; and empowers the Ministry of Environment and Climate Change, working with the State Ministries of Environment of the federal member states, to oversee compliance and enforcement. The waste management, pollution prevention and hazardous materials requirements of this ESMP give effect to the Act at subproject level.

Somali Labour Code (2025). The new Labour Code, signed into law in February 2025, repeals and replaces the former Labour Code (Law No. 65 of 18 October 1972) and aligns Somali labour law with International Labour Organization standards. It governs the labour aspects of the subproject, including written contracts of employment and clear terms and conditions, working hours and rest, timely and fair remuneration, occupational safety and health obligations of the employer, non-discrimination and equal opportunity, the prohibition of child labour and forced labour, and workers' rights to organise and to raise grievances. All contractors, subcontractors and service providers engaged for the works must comply with the Labour Code together with World Bank ESS2.

Somali Penal Code (Legislative Decree No. 5 of 16 December 1962). The Penal Code criminalises assault and sexual violence, including carnal violence (Article 398) and acts of lust committed with violence (Article 399). These provisions underpin the sanctions regime supporting the subproject's GBV/SEA/SH prevention measures.

The Somali Veterinary Code (2016). The Veterinary Code provides the legal and regulatory framework governing the establishment, licensing and operation of veterinary facilities. It sets standards for animal health service delivery, biosecurity, disease control and the safe handling and storage of veterinary medicines and vaccines. Compliance requires that the rehabilitated clinic incorporates appropriate treatment areas, hygienic waste management arrangements and secure medicine storage, which are reflected in the design of the works and the operational measures of this ESMP.

4.1.3 Subsidiary Legislation and Regulations

Environmental and Social Impact Assessment and Audit Regulations (2024). These Regulations operationalise the Environmental Protection and Management Act by detailing the procedures for environmental and social screening, impact assessment and audit, including public participation and mitigation planning. They govern the assessment process applied to this subproject: the E&S Screening carried out for the clinic concluded that the subproject is of moderate risk and requires a site-specific ESMP rather than a full ESIA. This ESMP, its disclosure and its monitoring records constitute the subproject's compliance instrument under the Regulations, and its requirements must be included in the bidding documents and works contract.

4.1.4 National Policies

Somalia National Climate Change Policy (updated February 2023). The Policy, led by the Ministry of Environment and Climate Change, provides the national strategic framework for climate adaptation and mitigation and emphasises resilience building in climate-sensitive sectors including livestock. The subproject supports the Policy's objectives through the solar photovoltaic system, which reduces reliance on unreliable and fuel-based electricity, and through climate-conscious scheduling and water-efficiency measures during construction.

National Gender Policy. The National Gender Policy provides the policy framework for gender equality and for the prevention of and response to gender-based violence. Consistent with the Policy and with the project SEA/SH requirements, the subproject applies a signed Code of Conduct for all workers, GBV/SEA/SH awareness measures, confidential grievance channels for sensitive complaints and survivor-centred referral arrangements.

4.1.5 Southwest State Framework

At state level, the Ministry of Environment and Climate Change of the Southwest State of Somalia (MOECC-SWS) is the principal state authority for environmental oversight, including monitoring compliance with requirements governing land use, pollution control and environmental assessment of development activities. The Ministry of Livestock, Forestry and Range of the Southwest State (MoLFR-SWS) is the lawful owner of the clinic land and the sector authority for veterinary services, and the Ministry of Agriculture and Irrigation of the Southwest State (MoAI-SWS) is the executing institution for the subproject. Before works begin, the implementing authorities and the contractor will confirm any state or district construction, waste, traffic or public health clearances required, and works will comply with municipal expectations for safe site management and public nuisance prevention. The institutional roles and responsibilities of the federal, state, district and project institutions are set out in Chapter 7 (Implementation Arrangements).

4.2 The World Bank Environmental and Social Framework

The World Bank Environmental and Social Framework (ESF) applies to the Somalia Food Systems Resilience Project and requires environmental and social risks to be identified, assessed, managed and monitored in a manner proportionate to the nature and scale of the subproject. The E&S Screening classified the subproject as Moderate Risk and required this ESMP. The ESF applies throughout the subproject lifecycle, from design and procurement through construction, handover and operation, and the ESMP must therefore be integrated into the bidding documents, the works contract, supervision requirements and operational responsibilities. The contractor is required to prepare a C-ESMP and related site-specific plans translating this ESMP into daily construction controls, and to submit monthly E&S reports. Where national provisions are general or do not set detailed standards, the more protective requirement from the ESF, the project ESMF and the World Bank Group EHS Guidelines applies. The Environmental and Social Standards relevant to this subproject are shown below; ESS7 and ESS9 are not relevant.

Standard	Description	Relevance to the subproject
ESS1	Assessment and Management of Environmental and Social Risks and Impacts	Core standard guiding this ESMP. The screening classified the subproject as Moderate Risk and required a site-specific ESMP through which risks are identified, mitigated and monitored.
ESS2	Labour and Working Conditions	Applicable to contractor and labour management, including OHS, fair terms, non-discrimination,

Standard	Description	Relevance to the subproject
		worker grievance arrangements and the prohibition of child and forced labour.
ESS3	Resource Efficiency and Pollution Prevention and Management	Relevant to dust, noise, construction and operational waste, hazardous materials, veterinary and battery waste, water use and pollution prevention.
ESS4	Community Health and Safety	Addresses risks to clinic users, residents and animals from works, traffic, communicable diseases, GBV/SEA/SH and emergency events.
ESS5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	No land acquisition or displacement: the site is Ministry-owned land of 45m x 36m. Boundary verification and access management remain necessary to avoid encroachment and temporary access restrictions.
ESS6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Limited relevance. No sensitive habitat is present; shade trees and vegetation within the compound are to be protected and disturbed areas restored.
ESS8	Cultural Heritage	Precautionary relevance through the Chance Finds Procedure applied to excavation and ground disturbance.
ESS10	Stakeholder Engagement and Information Disclosure	Strongly relevant. Requires consultation, disclosure of project information and an accessible grievance mechanism for clinic users and the community.

4.2.1 World Bank Group Environmental, Health and Safety Guidelines

The World Bank Group Environmental, Health and Safety Guidelines (EHSGs), as adopted under the project ESMF, provide the technical reference points for construction management, waste management, occupational safety, community health and safety, noise, air emissions, hazardous materials and emergency preparedness. They are applied by the contractor and supervising engineer wherever national standards are not sufficiently detailed, together with Good International Industry Practice (GIIP) for safe site layout, worker protection and pollution prevention.

4.2.2 Project-level ESMF, SEP, LMP and SEA/SH requirements

The project Environmental and Social Management Framework, Stakeholder Engagement Plan, Labour Management Procedures, SEA/SH prevention arrangements and the World Bank Good Practice Notes adopted under the ESMF (addressing SEA/SH in civil works, labour management and the use of security personnel) apply to this subproject. This ESMP is a site-specific instrument under those project-level frameworks and must be implemented together with them, including their reporting, incident notification and grievance requirements.

4.3 International Conventions and Treaties Ratified by Somalia

The following international instruments, consistent with the project ESMF, inform the implementation of the subproject. The Universal Declaration of Human Rights (1948) establishes fundamental rights including dignity, equality and safe working conditions, guiding humane treatment and non-discrimination during the works. The International Labour Organization fundamental conventions

address forced labour, child labour, discrimination, freedom of association and occupational safety, and directly support fair labour practices in the construction activities. The Convention on the Rights of the Child (1989) protects children from economic exploitation and hazardous work; the subproject aligns with it by prohibiting child labour and minimising construction-related risks to children in the surrounding community. The Convention on the Elimination of All Forms of Discrimination Against Women (1979) promotes gender equality and the protection of women's rights, supported through equal employment opportunity and GBV/SEA/SH prevention. The Convention on Biological Diversity (1992) promotes conservation and sustainable use of biological resources, applied through precautionary protection of vegetation at the site. The United Nations Framework Convention on Climate Change (1992) and the Paris Agreement (2015) encourage environmentally responsible, low-emission development, supported by the subproject's solar energy component and efficient resource use.

4.4 Gap Management Approach

Where there is a difference between national, state, World Bank and international good practice requirements, the subproject will apply the most stringent applicable requirement. The SPCU/PIU safeguards team will provide interpretation where there is uncertainty, and the contractor must raise any compliance conflict before starting the affected activity and must not proceed with work that creates unmanaged environmental, social, health or safety risk.

5. Environmental and Social Risks and Impacts - Overview

5.1. The Subproject's Positive Impacts

- Improved veterinary service delivery for livestock owners in Hudur and surrounding areas.
- Improved animal health, vaccination support, disease monitoring and advisory services.
- Reduced safety risks through repaired animal handling structures and a new crowding pen.
- Improved staff working conditions through better office space, storage, lighting and ventilation.
- Improved visitor experience through shaded waiting areas and clearer access arrangements.
- Improved waste management through a designated controlled veterinary waste area/incinerator.
- Improved electricity reliability through solar power and battery storage.
- Temporary local employment and skills opportunities during construction.
- Reduced long-term maintenance risks through anti-corrosion treatment and building repairs.

5.2. The Expected Negative Environmental and Social Risks and Impacts

The expected adverse risks are mostly temporary, site-specific and manageable through standard mitigation measures. The main construction risks include dust, noise, vibration, waste generation, minor soil disturbance, poor housekeeping, temporary service disruption, material delivery traffic, worker accidents and community safety risks. Operational risks include poor waste segregation, improper

incinerator use, unsafe battery storage, weak maintenance of solar equipment, animal handling incidents and inadequate grievance follow-up.

To avoid duplication and for brevity, the identified risks and impacts, together with their mitigation measures, monitoring indicators, responsibilities, monitoring frequency and estimated costs, are consolidated in the ESMP matrix in Chapter 6, organised by World Bank Environmental and Social Standard for both the construction and operation phases.

6. Environmental and Social Management Plan

The ESMP matrix below is organised by World Bank Environmental and Social Standard and by phase, following the structure agreed with the World Bank. Under each ESS, construction-phase risks are presented first, followed by the operation-phase risks arising under the same standard. The matrix converts the risks identified in Chapter 5 into mitigation, monitoring, responsibility, frequency and cost requirements. It must be included in the bidding documents and the works contract and implemented through the C-ESMP. The contractor is responsible for day-to-day implementation of construction-phase measures, clinic management and MoLFR-SWS for operation-phase measures, and the supervising engineer and SPCU/PIU for verification, reporting and corrective action follow-up.

Risks / Impacts	Mitigation measures	Monitoring indicators	Responsibility	Monitoring Frequency	Estimated Costs (USD)
Construction Phase					
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts					
Failure to properly assess and manage E&S risks.	Include this ESMP in the bidding documents and works contract; contractor prepares and submits a C-ESMP and method statements for approval before mobilisation; appoint a qualified ESHS focal person; induct all workers on ESMP requirements; SPCU/PIU and supervising engineer supervision with monthly contractor E&S reporting and corrective action follow-up.	Approved C-ESMP before works; ESHS focal person appointed; induction records; monthly E&S reports submitted.	Contractor; SPCU/PIU; Supervising Engineer	Before mobilisation; monthly thereafter	500
Working without required permits or clearances, or outside the approved scope.	Confirm any district or state construction, waste, traffic or public health clearances before works; confine all activities to the approved scope and the confirmed site.	Clearance records on file; no unapproved works.	Contractor; SPCU/PIU	Before mobilisation	300
ESS 2: Labour and Working Conditions					
Unfair and biased recruitment.	Transparent recruitment with local advertisement; equal opportunity including for women; non-discrimination; keep recruitment records.	Recruitment records; share of local hires; no verified recruitment complaints.	Contractor	Monthly	200
Delay or lack of payment of wages.	Agree rates and payment schedule in written terms; pay wages on time; maintain payment records; handle wage complaints through the workers' GRM.	Payment records up to date; no outstanding wage complaints.	Contractor; Supervising Engineer	Monthly	100

Risks / Impacts	Mitigation measures	Monitoring indicators	Responsibility	Monitoring Frequency	Estimated Costs (USD)
Absence or unclear contracts.	Provide every worker with written and documented terms of employment consistent with the project LMP before deployment.	Signed terms on file for all workers.	Contractor	Before deployment; monthly checks	100
Child / forced labour.	Prohibit child and forced labour; verify age using identification before engagement; no retention of worker documents; monitor the workforce.	Age verification records; zero cases of child or forced labour.	Contractor; SPCU/PIU	Continuous; monthly checks	100
Working during high heat.	Schedule heavy tasks in cooler hours; provide rest breaks, shaded rest areas and drinking water; monitor workers for heat stress.	Shade, water and rest arrangements in place; no heat-related illness.	Contractor	Daily	200
OHS risks including fire incidents, falls from height (water tank frame), trips, electrocution, tool injuries and emergency incidents (fire, spill, injury, animal escape or security incident).	Prepare and implement an OHS plan with task risk assessments; provide task-specific PPE; daily toolbox talks; inspect ladders and scaffolds and use harnesses for work at height; use qualified electricians with power isolation for electrical and solar works; provide first aid kit and trained first aider; fire extinguishers on site; emergency preparedness and response procedure with posted emergency contacts and spill response; report incidents within the required project timelines.	Toolbox and PPE records; equipment inspection records; emergency contacts posted; zero lost-time injuries; incidents reported on time.	Contractor; Supervising Engineer	Daily supervision; weekly documented inspection	2,000
Lack or ineffective workers' GRM.	Establish a workers' grievance channel explained at induction; maintain a log; resolve within agreed timelines; prohibit retaliation.	Workers' GRM log maintained; grievances resolved within timelines.	Contractor; SPCU/PIU	Continuous; monthly review	200
Operation phase					
Injuries to clinic staff from animal handling and sharps, and zoonotic exposure.	Apply safe animal handling procedures using the repaired chute and new crowding pen; provide PPE and puncture-proof sharps containers; train staff; maintain first aid provision and an operational emergency response procedure with serviced fire extinguishers and posted emergency contacts.	Training records; handling structures functional; extinguishers serviced; no serious staff injuries.	Clinic Management; MoLFR-SWS	Ongoing; quarterly review	400
ESS 3: Resource Efficiency and Pollution Prevention and Management					
Air and dust pollution.	Water exposed surfaces; cover dusty materials and loads; minimise drop heights; restrict vehicle speeds; suspend dusty works in strong winds.	Visible dust controlled; no unresolved dust complaints.	Contractor	Daily	500
Noise pollution.	Limit works to agreed daytime hours; maintain equipment; notify neighbours of noisy activities; avoid unnecessary idling.	Agreed hours observed; noise complaints recorded and addressed.	Contractor	Daily; weekly review	200

Risks / Impacts	Mitigation measures	Monitoring indicators	Responsibility	Monitoring Frequency	Estimated Costs (USD)
Failure to properly manage construction debris and waste.	Segregate waste at source; provide bins; reuse and recycle where feasible; remove waste to approved disposal locations with records; prohibit uncontrolled burning and dumping.	Clean site; disposal records; no open burning or dumping.	Contractor	Daily housekeeping; monthly records	1,000
Hazardous materials (paints, solvents, fuels, damaged batteries, and asbestos if encountered) causing soil or water contamination, worker exposure or fire.	Store paints, chemicals and fuels on bunded, impervious surfaces; provide spill kit and PPE; prohibit discharge to soil or water; dispose of containers safely; handle leaking or damaged batteries as hazardous waste; encapsulate or safely remove suspected asbestos using trained personnel only.	Storage inspections; spill kit present; no soil staining or uncontrolled discharge.	Contractor	Weekly	500
Excess or inefficient use of water.	Monitor water consumption; prevent leaks; reuse water where feasible; plan water-intensive tasks efficiently.	Consumption records; no visible wastage or leaks.	Contractor	Weekly	100
Operation phase					
Failure to properly manage animal waste (manure and carcasses).	Collect manure from handling areas daily; use a designated storage and disposal point away from service areas; clean and disinfect the chute, crowding pen and handling areas regularly; arrange safe disposal of carcasses.	Handling areas clean and disinfected; disposal point maintained; no waste accumulation.	Clinic Management	Daily; weekly check	300
Poor management of veterinary medical and pharmaceutical waste (sharps, contaminated waste, expired medicines).	Segregate veterinary waste at source; use puncture-proof sharps containers; store veterinary medicines securely and monitor expiry; dispose of expired medicines and contaminated waste only through the controlled incinerator/burn area operated by a trained operator; manage ash safely; keep disposal records.	Segregation practiced; secure medicine storage; disposal and ash records; no sharps injuries.	Clinic Management; MoLFR-SWS	Weekly; monthly records	500
Pollution of water and soil from operational waste and wastewater.	Prohibit discharge of wash water, effluent or contaminated runoff onto open ground; maintain drainage and housekeeping to prevent standing water; site and operate the incinerator away from water storage and clinic service areas.	No contaminated discharge; no standing water; incinerator siting confirmed.	Clinic Management	Weekly	200
Battery, solar panel and electronic waste.	Store used batteries in a secured, ventilated area; return end-of-life batteries, panels and components to the supplier or an approved handler; prohibit dumping or burning; keep handover and disposal records.	No batteries or panels dumped or burned; storage inspected; disposal records.	Clinic Management; MoLFR-SWS	As arising; annual check	400
ESS 4: Community Health and Safety					

Risks / Impacts	Mitigation measures	Monitoring indicators	Responsibility	Monitoring Frequency	Estimated Costs (USD)
Road traffic accidents from material deliveries and site vehicles.	Prepare and implement a traffic management plan; schedule deliveries; use a banksman; maintain low speeds; use only roadworthy vehicles with periodic inspection; avoid night deliveries; separate vehicle routes from pedestrian and animal routes.	TMP implemented; vehicle inspection records; zero traffic incidents.	Contractor	Daily during deliveries	500
Public exposure to work zones, materials and excavations.	Fence or demarcate work areas; post warning signage; cover or barricade excavations; maintain a safe pedestrian route to the clinic; supervise high-risk works.	Barriers and signage in place; safe clinic access maintained.	Contractor; Clinic Management	Daily	500
Spread of communicable diseases through worker–community interaction.	Worker awareness on hygiene and communicable diseases; provide sanitation and handwashing facilities; excuse sick workers from duty; enforce the Code of Conduct.	Awareness records; facilities available and functional.	Contractor	Weekly	200
GBV / SEA/SH cases.	All workers sign the Code of Conduct; conduct GBV/SEA/SH awareness and sensitisation; provide confidential reporting channels; apply a survivor-centred referral pathway; sanction breaches.	100% of workers with signed CoC; training records; confidential log operational.	Contractor; SPCU/PIU	Monthly	1,000
Insecurity within the project area affecting persons and assets.	Coordinate movements, deliveries and working schedules with the Ministry, district authority and community leadership; secure material storage; keep site security proportionate so that it does not intimidate clinic users or restrict access to services.	Coordination records; no security incidents affecting workers, assets or clinic users.	Contractor; MoLFR-SWS; District Administration	Continuous	300
Injury to clinic users, staff or animals from defects at handover (unfinished surfaces, loose fittings, exposed nails or sharp edges) and from residual construction waste.	Undertake a joint defects inspection; close the snag list before handover; remove all temporary materials and residual waste; reinstate disturbed areas; hand over O&M checklists and training.	Final inspection completed; snag list closed; site clean at handover.	Contractor; Supervising Engineer; MoLFR-SWS	At demobilisation	300
Operation phase					
Hygiene-related disease risk and nuisance at the clinic, including from animal waste in handling areas.	Maintain toilets and handwashing facilities; apply a routine cleaning and disinfection schedule including animal handling areas; operate the incinerator only through the trained operator and burn only approved waste.	Facilities functional; cleaning schedule followed; trained operator in place.	Clinic Management	Daily; weekly check	300

Risks / Impacts	Mitigation measures	Monitoring indicators	Responsibility	Monitoring Frequency	Estimated Costs (USD)
ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement					
Encroachment beyond the approved 45m x 36m Ministry-owned plot and disputes with neighbouring landholders.	Verify and mark the site boundary before mobilisation; prepare a site layout locating storage, waste, parking and worker areas within the approved land; prohibit off-site stockpiling or use of adjacent land without written permission.	Boundary verified and marked; layout approved; no encroachment complaints.	Contractor; MoLFR-SWS; Supervising Engineer	Before mobilisation; monthly	200
Temporary restriction of community access to clinic services during the works.	Phase the works to maintain veterinary services; provide a safe temporary access route; give advance notice of any short service interruptions.	Services maintained; access route in place; access complaints resolved.	Contractor; Clinic Management	Continuous	200
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources					
Damage to shade trees and vegetation within and around the compound.	Mark and protect trees; prohibit storage or vehicle movement in root zones; no cutting without approval; restore disturbed areas at completion.	Protected trees intact; restoration completed.	Contractor	Weekly	200
ESS 8: Cultural Heritage					
Damage to unknown cultural heritage encountered during excavation (chance finds).	Apply the Chance Finds Procedure (Annex 4): stop work at the find, protect the area and notify the supervising engineer, SPCU/PIU and relevant authorities before resuming.	Procedure included in contract; any finds reported and managed.	Contractor; SPCU/PIU	As arising	100
ESS 10: Stakeholder Engagement and Information Disclosure					
Lack of an accessible grievance redress mechanism.	Publicise the GM channels at the clinic and in the community; maintain a grievance log; acknowledge and resolve grievances within agreed timelines; provide a confidential channel for sensitive complaints.	GM publicised; log maintained; timelines met.	Contractor; SPCU/PIU; Clinic Management	Continuous; monthly review	300
Exclusion of vulnerable communities and persons.	Engage inclusively through the clinic, community focal points and local leaders; targeted outreach to women, older persons and persons with disabilities; use accessible channels and formats.	Participation of women and vulnerable groups documented in engagement records.	SPCU/PIU; Contractor; Clinic Management	Each engagement activity	200
Weak disclosure of project information.	Disclose the ESMP; post notices of the works schedule, noisy activities and temporary access changes; provide regular updates to clinic users and nearby residents.	Notices posted; disclosure records maintained.	SPCU/PIU; Contractor	Before and during works	200

7. IMPLEMENTATION ARRANGEMENTS

7.1 Introduction

Effective implementation of this Environmental and Social Management Plan (ESMP) requires clear institutional responsibilities, adequate supervision, timely reporting, and continuous coordination between the project implementing institutions, the contractor, the supervising engineer, local authorities, clinic management, workers and community stakeholders. The rehabilitation and upgrading of the Hudur Livestock Veterinary Clinic Centre will involve civil works, site preparation, building repairs, replacement of doors and windows, construction of additional facilities, installation of solar power and battery systems, improvement of animal handling areas, establishment of a controlled waste management area, and operation of the facility after completion. Each of these activities has environmental, social, occupational health and safety, and community health and safety implications that must be managed throughout the project cycle.

The Hudur site is located in a context where construction logistics, seasonal weather, local security conditions, community access, water availability, waste management and continuous operation of veterinary services are important implementation considerations. The implementation structure must therefore be practical, locally responsive and sufficiently flexible to address emerging issues during the works.

7.2 Institutional Responsibilities

The main institutions and actors responsible for ESMP implementation are:

1. The Project Coordination Unit / State Project Coordination Unit
2. Ministry of Agriculture and Irrigation, Southwest State
3. Ministry of Livestock, Forestry and Range, Southwest State
4. Hudur District Administration and relevant local authorities
5. Supervising Engineer / Technical Consultant
6. Contractor and sub-contractors
7. Clinic management and staff
8. Community representatives and project beneficiaries
9. Workers and site-level grievance focal persons

Each party has a distinct role in ensuring that the project is implemented safely, lawfully and in line with World Bank Environmental and Social Framework requirements, Somali national laws, Southwest State requirements and good international practice.

The institutions and authorities involved in the implementation of this ESMP, and their respective roles, are summarised below.

Institution / authority	**Role in Hudur clinic ESMP implementation**
Federal environmental and safeguards authorities	Provide overall environmental and social policy direction, ESMF compliance expectations and clearance where applicable.
S-FSRP SPCU/PIU	Overall safeguards oversight, review of the C-ESMP, monitoring, reporting, incident escalation and World Bank coordination.
Ministry of Livestock, Forestry and Range – SWS	Land owner and sector authority; confirms the site boundary, supports veterinary service continuity and takes operational responsibility after handover.
Ministry of Agriculture and Irrigation – SWS	Executing/client institution for the subproject; supports implementation, supervision and coordination.
Ministry of Environment and Climate Change – SWS	State-level environmental oversight, public health concerns and any applicable state clearance.
Hudur District administration / municipality	Local coordination, traffic and access arrangements, public communication, confirmation of waste disposal locations and grievance escalation.
Clinic management	Maintains services, supports phasing, communicates with users, records grievances and operates the improved facilities after handover.
Community leaders and local representatives	Support community information, conflict prevention and feedback on access, nuisance and service continuity.

7.3 Role of the Project Coordination Unit / State Project Coordination Unit

The Project Coordination Unit, including the safeguards team, shall have overall responsibility for ensuring that the ESMP is implemented in accordance with the project's Environmental and Social Management Framework, Labour Management Procedures, Stakeholder Engagement Plan, Security Management arrangements, GBV/SEA/SH risk management requirements and Grievance Mechanism.

The Project Coordination Unit shall:

- Ensure that the ESMP is disclosed to relevant stakeholders before commencement of works.
- Include ESMP requirements in bidding documents, technical specifications and contract conditions.
- Review and approve the contractor's C-ESMP before the contractor is allowed to mobilize fully.
- Ensure that the contractor prepares all required site-specific plans before starting high-risk activities.
- Monitor compliance with the ESMP through field visits, review of reports and coordination meetings.
- Provide technical support to the contractor, supervising engineer and local stakeholders.
- Ensure that incidents, accidents, complaints and non-compliance issues are reported, investigated and closed out.

- Coordinate with Hudur District Administration and local community representatives where community access, public safety or grievances arise.
- Report ESMP implementation progress to the relevant government authorities and the World Bank, as required.

The Project Coordination Unit shall also ensure that no works commence until the land ownership documentation has been verified, the site boundary has been confirmed, and there is no unresolved land dispute, access restriction or displacement issue.

7.4 Role of the Implementing Ministries

The Ministry of Agriculture and Irrigation and the Ministry of Livestock, Forestry and Range shall provide institutional oversight and technical direction for the sub-project. Since the facility is intended to improve livestock health services, disease prevention, veterinary service delivery and support to pastoralist communities, the ministries shall ensure that the rehabilitation works respond to operational needs and do not compromise the intended public service function of the clinic.

The ministries shall:

- Confirm the final scope of rehabilitation works and new installations.
- Support verification of land ownership and site boundaries.
- Assign focal persons to work with the Project Coordination Unit and contractor.
- Facilitate communication with clinic staff and local livestock service users.
- Ensure that the clinic remains functional as far as practicable during rehabilitation.
- Support arrangements for temporary service delivery if any section of the clinic must be restricted during works.
- Participate in monitoring visits and review of work progress.
- Ensure that operational-phase responsibilities are assigned after completion, including maintenance of buildings, solar systems, animal handling facilities, water systems and waste management areas.

7.5 Role of Hudur District Administration and Local Authorities

Hudur District Administration and local authorities shall support local coordination, community engagement, public safety, access control and resolution of local concerns. Their role is especially important because the project is located within a community setting and will serve pastoralists, agro-pastoralists and livestock owners in Hudur District and surrounding areas.

The local authorities shall:

- Support public communication before and during works.
- Facilitate consultation with community leaders, women, youth, persons with disabilities and livestock owners.
- Support the contractor in managing access routes, traffic movements and public safety.
- Assist in resolving community grievances where appropriate.
- Help manage any local disputes or misunderstandings related to the project.
- Support security coordination, where necessary, in line with project security procedures.

7.6 Role of the Supervising Engineer / Technical Consultant

The supervising engineer shall be responsible for day-to-day technical supervision of the contractor and verification that works are carried out in accordance with designs, specifications, the ESMP and approved C-ESMP. The supervising engineer shall also support the safeguards team by checking whether environmental, social, health and safety requirements are being followed on site.

The supervising engineer shall:

- Review contractor method statements before works begin.
- Confirm that environmental and social mitigation measures are included in daily work planning.
- Inspect site safety arrangements, including fencing, warning signs, PPE use and restricted areas.
- Verify that waste is collected, stored and disposed of safely.
- Check dust, noise, traffic and worker safety controls.
- Confirm that no unauthorised vegetation clearance, open dumping or uncontrolled burning takes place.
- Monitor the safe installation of solar panels, battery room systems, water storage and animal handling structures.
- Report non-compliance to the Project Coordination Unit and require corrective action.
- Keep written records of site inspections, instructions and corrective action follow-up.

The supervising engineer shall have authority to recommend suspension of specific activities where there is an immediate risk to workers, clinic users, livestock owners, children, nearby residents or the environment.

7.7 Role of the Contractor

The contractor shall have primary responsibility for implementing the ESMP at site level. This includes ensuring that all workers, sub-contractors, suppliers and visitors comply with environmental, social, health and safety requirements.

Before mobilisation, the contractor shall prepare and submit a Contractor's Environmental and Social Management Plan. The C-ESMP shall be reviewed and approved by the supervising engineer and safeguards team before major works begin.

The contractor shall prepare, as a minimum, the following site-specific plans and procedures:

- Occupational Health and Safety Plan
- Waste Management Plan
- Labour Management Plan for the site workforce
- Traffic and Access Management Plan
- Emergency Preparedness and Response Plan
- Community Health and Safety Plan
- Code of Conduct for workers
- SEA/SH Prevention and Response Measures
- Chance Finds Procedure
- Incident and Accident Reporting Procedure
- Site Security and Access Control Procedure
- Water, sanitation and hygiene arrangements for workers
- Method statements for specific works, including painting, plaster repairs, door and window replacement, solar installation, battery room works, livestock chute rehabilitation and waste burn area construction

The contractor shall:

- Appoint a qualified ESHS focal person for the site.
- Provide workers with appropriate PPE and ensure its correct use.
- Conduct daily toolbox talks and task-specific safety briefings.
- Ensure that child labour, forced labour, harassment, discrimination and SEA/SH are prohibited.
- Maintain attendance records, worker contracts, wage payment records and grievance records.
- Fence or cordon off hazardous work areas.
- Maintain safe access for clinic users and livestock owners.
- Prevent uncontrolled disposal of construction waste.

- Control dust through water spraying and careful material handling.
- Limit noisy activities to agreed working hours.
- Protect existing water points, storage tanks and drainage routes from contamination.
- Ensure safe storage and handling of paints, fuel, oils, solvents, cement and other materials.
- Report all incidents, accidents, near misses and grievances to the supervising engineer and Project Coordination Unit.

7.8 Role of Clinic Management and Staff

Clinic management and staff shall provide operational guidance during construction and ensure that rehabilitation works are planned in a way that minimises disruption to veterinary services. They shall help identify areas that must remain accessible, areas where temporary relocation of services may be required, and practical arrangements for managing livestock owners visiting the facility during works.

Clinic management shall:

- Coordinate daily access arrangements with the contractor.
- Inform livestock owners and community members about temporary access changes.
- Support separation of construction areas from service delivery areas.
- Keep records of any service disruption caused by construction.
- Participate in handover inspections before accepting completed works.
- Take responsibility for routine maintenance after completion.
- Maintain records for solar system maintenance, building repairs, water storage, waste management and animal handling facilities.

7.9 Worker Management

All workers engaged under the sub-project shall be managed in accordance with the project Labour Management Procedures, Somali labour requirements, ESS2 and the contractor's approved labour plan. Employment shall be based on clear terms and conditions, fair payment, safe working conditions and access to a worker grievance mechanism.

The contractor shall ensure that:

- Workers are of legal working age.
- No child labour or forced labour is used.
- Workers understand their duties, rights and payment arrangements.

- Workers receive induction on ESMP requirements, OHS, emergency response, Code of Conduct and SEA/SH prevention.
- Workers have access to clean drinking water, sanitation facilities, rest areas and first aid.
- Workers are paid on time and records are maintained.
- Workers can raise complaints confidentially and without retaliation.

7.10 Occupational Health and Safety Arrangements

The contractor shall implement an Occupational Health and Safety Plan covering all work activities. Key OHS risks include slips, trips and falls, falling objects, manual handling injuries, dust exposure, paint and chemical exposure, sharp objects, animal handling risks, welding or metalwork risks, working around solar electrical systems, heat stress and vehicle movement.

The following controls shall be applied:

- Mandatory use of PPE, including helmets, safety boots, gloves, reflective vests, eye protection and dust masks where required.
- Safe storage of tools, materials and chemicals.
- Clear demarcation of hazardous zones.
- Safe access routes for workers and clinic users.
- First aid kit and trained first aider on site.
- Fire extinguisher near fuel, paint, battery and electrical work areas.
- Safe lifting and manual handling procedures.
- Daily toolbox talks.
- Incident and near-miss reporting.
- Prohibition of alcohol and drugs on site.
- Emergency contact list displayed at the site.

7.11 Community Health and Safety Arrangements

The sub-project will be implemented in an area used by clinic staff, livestock owners, pastoralists, agro-pastoralists and community members. Community safety is therefore a major implementation requirement.

The contractor shall:

- Install warning signs in Somali and, where appropriate, simple visual signs.
- Cordon off active work areas.

- Prevent children and unauthorised persons from entering the work site.
- Maintain safe pedestrian access routes.
- Manage vehicle movements and material deliveries.
- Avoid blocking access to nearby homes, public routes or clinic services.
- Inform community members in advance of noisy or disruptive works.
- Control dust and avoid leaving sharp materials, nails, broken glass or debris exposed.
- Provide safe routes for animals entering or leaving the clinic where services continue during works.

7.12 Environmental Management During Construction

The contractor shall implement practical environmental controls to prevent pollution and site degradation. These shall include:

- Segregating construction waste, scrap metal, packaging, timber, broken doors/windows and general waste.
- Reusing suitable materials where safe and appropriate.
- Disposing of waste only at approved or agreed locations.
- Preventing dumping outside the clinic boundary.
- Avoiding uncontrolled open burning of construction waste.
- Managing veterinary-related waste separately from general construction waste where encountered.
- Storing paints, fuels, oils and chemicals on impermeable surfaces.
- Preventing spills into soil, drainage paths or water storage areas.
- Protecting shade trees and avoiding unnecessary vegetation clearance.
- Restoring disturbed areas after completion.

7.13 Reporting Requirements

The contractor shall submit regular environmental and social compliance reports to the supervising engineer and Project Coordination Unit. Reports shall be concise but must include enough information to verify compliance.

Minimum reporting requirements include:

Report / Record	Responsible Party	Frequency	Submitted To
C-ESMP and site-specific plans	Contractor	Before works commence	Supervising Engineer / PCU
Daily site inspection checklist	Contractor ESHS focal person	Daily	Contractor / Supervising Engineer
Toolbox talk records	Contractor	Daily or task-based	Supervising Engineer
PPE register	Contractor	Weekly update	Supervising Engineer
Waste tracking record	Contractor	Weekly	Supervising Engineer / PCU
Incident and accident reports	Contractor	Immediately, then written report within 24 hours	Supervising Engineer / PCU
Grievance register	Contractor and GM focal person	Continuous	PCU
Monthly E&S compliance report	Contractor	Monthly	Supervising Engineer / PCU
Supervision report	Supervising Engineer	Monthly	PCU
Completion and handover E&S checklist	Supervising Engineer / PCU	Before handover	Implementing Ministries

7.14 Non-Compliance and Corrective Action

Where the contractor fails to implement ESMP requirements, the supervising engineer shall issue a written instruction requiring corrective action within a specified timeframe. Serious or repeated non-compliance may lead to suspension of the affected activity, withholding of payments, replacement of responsible personnel, or other contractual remedies.

Examples of non-compliance include:

- Failure to provide PPE.
- Unsafe work practices.
- Uncontrolled dumping or burning of waste.
- Blocking community access without notice.
- Failure to manage dust or noise.

- Use of child labour or forced labour.
- Failure to report incidents.
- Failure to respond to grievances.
- Harassment, discrimination or SEA/SH-related misconduct.
- Unauthorised vegetation clearance.
- Poor storage of chemicals, fuel or waste.

7.15 Capacity Building and Training

All workers and relevant project actors shall receive training before and during implementation. Training shall be practical, site-specific and delivered in a language understood by participants.

Training topics shall include:

- ESMP requirements and worker responsibilities
- Occupational health and safety
- PPE use
- Waste management
- Dust and noise control
- Traffic and access management
- Emergency response and first aid
- Fire prevention
- Code of Conduct
- SEA/SH prevention
- Community health and safety
- Grievance reporting procedures
- Chance Finds Procedure
- Safe handling of paints, batteries and solar equipment

Refresher training shall be provided when new workers are recruited, when activities change, or where non-compliance is observed.

7.16 Handover and Operational Phase Responsibilities

Before the completed works are handed over, the supervising engineer, Project Coordination Unit, contractor, ministry representatives and clinic management shall carry out a joint inspection. The inspection shall confirm that:

- All rehabilitation works have been completed safely.
- Waste has been removed from the site.
- Solar system and battery room are safe and functional.
- Water storage structures are safe.
- Waste burn area or incinerator is completed and safely located.
- Animal handling facilities are safe for staff and livestock owners.
- Doors, windows, toilets, offices, store and visitor shade are functional.
- Any defects are recorded and corrected.
- Clinic staff understand maintenance requirements.

After handover, the ministry and clinic management shall assume responsibility for routine maintenance, safe operation of the facility, management of waste, upkeep of solar power systems, cleanliness of the compound, and continued operation of the grievance mechanism for service-related complaints.

8. PUBLIC CONSULTATION AND FEEDBACK

8.1 Introduction

Stakeholder engagement is a core requirement for the successful implementation of the Hudur Livestock Veterinary Clinic Centre rehabilitation project. The project is intended to improve veterinary service delivery, strengthen livestock health support, enhance animal disease prevention and control, and support the livelihoods of pastoralist and agro-pastoralist communities in Hudur District and the wider Bakool Region. Since the facility directly serves livestock owners, community users, veterinary staff and local institutions, consultation is essential to ensure that the project responds to real needs, and that potential environmental and social risks are identified early.

Public consultation also supports transparency, accountability and local ownership. It enables stakeholders to understand the proposed works, raise concerns, suggest improvements, identify operational priorities and agree on practical mitigation measures. Consultation is particularly important during rehabilitation works because the clinic may remain partly operational while works are ongoing. Community members and livestock owners therefore need to be informed about temporary changes to access, movement of animals, noise, dust, safety restrictions and service arrangements.

This chapter summarises the consultation approach, stakeholders consulted, key issues raised, agreed actions and arrangements for continued engagement during construction and operation.

8.2 Consultation Objectives

The objectives of the consultation process were to:

- Inform stakeholders about the proposed rehabilitation and upgrading works.
- Explain the purpose of the project and expected benefits.
- Identify community concerns and priorities.
- Understand the needs of pastoralists, agro-pastoralists and livestock owners.
- Identify potential environmental and social risks from the community perspective.
- Notify and explain to the stakeholders the proposed mitigation measures
- Discuss access, safety, service continuity and operational arrangements.
- Obtain stakeholder feedback on proposed mitigation measures.
- Ensure that women, vulnerable groups and community representatives are not excluded.
- Provide information on the Grievance Mechanism and disclosure processes.
- Build local support for the project.

8.3 Consultation Methodology

The consultation process used a participatory approach combining direct discussions, interviews, question-and-answer sessions and focus group discussion. The method was appropriate for the local context because it allowed stakeholders to raise issues openly and enabled facilitators to clarify the purpose and scope of the project.

The consultation documentation provided indicates that the consultation was conducted in Hudur District, Bakool Region, Southwest State of Somalia. The consultation method included interview, questions and focus group discussion. The consultation agenda covered construction and rehabilitation issues, upgrading of infrastructure and equipment, installation of solar systems, access to water, staffing, and additional community priorities.

Participants included community members and livestock-related stakeholders, including agro-pastoralists and pastoralists. The consultation form recorded no disagreement among participants. This indicates broad support for the proposed intervention, provided that the issues raised by the community are properly considered during design, construction and operation.

8.4 Stakeholder Groups Consulted

A public consultation was undertaken in Hudur District, Bakool Region during preparation of this ESMP, using interviews, question-and-answer sessions and a focus group discussion. The consultation

was attended by community members and livestock-related stakeholders, including pastoralists, agro-pastoralists and livestock owners, together with clinic staff and representatives of the local authorities, and the attendance record is kept in the consultation documentation. The following stakeholder groups were either consulted or should continue to be engaged during implementation:

Stakeholder Group	Interest in the Project	Engagement Method
Ministry of Agriculture and Irrigation	Project oversight and service delivery improvement	Institutional meetings and technical coordination
Ministry of Livestock, Forestry and Range	Veterinary service delivery, clinic ownership and operational responsibility	Institutional consultation and site coordination
Hudur District Administration	Local coordination, public safety and community support	Meetings and coordination
Clinic staff	Daily operation, service delivery and facility maintenance	Interviews and technical discussions
Pastoralists and agro-pastoralists	Main beneficiaries of veterinary services	Focus group discussion and public consultation
Livestock owners	Treatment, vaccination, disease control and animal handling services	Community consultation
Women and vulnerable groups	Access to services, safety and inclusion	Targeted consultation where possible
Local leaders and elders	Community acceptance and dispute resolution	Meetings and informal consultation
Contractor and workers	Implementation of works and ESMP compliance	Induction and site meetings
Nearby residents and road users	Dust, noise, access and public safety	Community notices and grievance channels

8.5 Institutional Consultations

,

Project Coordination Unit, Hudur District Administration and clinic management. This is to ensure that the project design, construction approach and operational arrangements remain aligned with the needs of the livestock sector and the community.

The institutional consultations should focus on:

- Confirmation of site ownership and boundaries.
- Confirmation of the final rehabilitation scope.
- Work scheduling to minimize service disruption.
- Contractor access and material delivery arrangements.
- Site security and public safety.
- Waste management and environmental controls.
- Solar system operation and maintenance.
- Staffing needs and future operational capacity.
- Grievance management and communication with the public.
- Handover and post-construction maintenance responsibilities.

Institutional stakeholders should meet before mobilisation, during construction and before handover. Meeting minutes should be recorded and kept as part of the ESMP implementation file.

8.6 Community Engagement

Community engagement is central to the success of the rehabilitation works because the clinic serves livestock owners and local households who depend on animal health services. The consultation record shows that the community raised practical service delivery priorities, including the need for construction and rehabilitation of the facility, upgrading of infrastructure and equipment, installation of solar power, access to water, adequate staffing and well-trained staff.

These issues are directly relevant to the environmental and social management of the project. Reliable electricity through solar power will improve service continuity and reduce dependence on informal or unreliable power sources. Improved access to water and water storage will support hygiene, cleaning, animal care and climate resilience. Adequate staffing and trained personnel will improve the long-term sustainability of the rehabilitated facility. A properly upgraded facility will also reduce crowding, improve safety and enhance the experience of livestock owners using the clinic.

Community engagement shall continue during construction through:

- Public notices before works start.
- Information sharing on construction schedules.
- Advance notice of any temporary access restrictions.
- Use of local leaders and clinic staff to communicate with livestock owners.
- Clear signs at the site.
- Regular consultation meetings, as requested by community participants.
- A functional grievance mechanism that is accessible to all.

8.7 Key Issues Raised During Consultation

The key issues raised during consultation are summarised below.

Issue Raised	**Stakeholder Concern / Priority**	**ESMP Response**
Construction / rehabilitation of the centre	Community supports improvement of the facility to strengthen services	Works to be implemented under ESMP controls, with safe access and phased construction
Renovation and upgrading of infrastructure and equipment	Existing facilities need improvement to provide better services	Rehabilitation scope includes building repairs, replacement of doors/windows, storage, office space and service improvements
Installation of solar system	Need for reliable electricity at the facility	Solar power system and battery room included in project scope
Access to water	Water availability is important for operation, hygiene and livestock service delivery	Water storage and water management to be considered in design and operation
Adequate staffing and trained staff	Infrastructure alone is not enough without capable personnel	Training and operational capacity measures recommended for the ministry and clinic management
Regular consultation meetings	Community wants continued engagement	Ongoing stakeholder engagement included in ESMP
Rainwater harvesting and water storage system	Community raised climate resilience and water storage needs	Recommended as an operational enhancement and design consideration
No disagreement recorded	Community appears supportive of the proposed intervention	Continue engagement to maintain acceptance and address issues early

8.8 Issues Agreed During Consultation

The consultation record indicates that the following issues were agreed:

- Construction / rehabilitation of the centre.

- Renovation and upgrading of infrastructure and equipment.
- Installation of a solar system.
- Improved access to water.
- Adequate staffing and well-trained staff.
- Continued consultation with the community.
- Consideration of rainwater harvesting and water storage.
- No disagreement was recorded.

These agreed issues should be reflected in design finalisation, contractor planning, supervision and operational planning. In particular, the project should not focus only on civil works, but should also consider the operational systems required to make the facility functional after completion.

8.9 Integration of Consultation Feedback into Project Design and ESMP

The consultation feedback has been integrated into the ESMP as follows:

1. Solar power and battery room
   The need for reliable electricity is addressed through the proposed installation of a solar photovoltaic system with battery storage.
2. Water access and storage
   Water availability is recognized as a key operational requirement. The design and operational arrangements should include safe water storage, protection from contamination, and routine maintenance.
3. Infrastructure upgrading
   Building rehabilitation, replacement of worn doors and windows, improvement of animal handling facilities, construction of office and storage space, visitor shade and waste management area are included in the proposed scope.
4. Staffing and training
   The ESMP recommends training for clinic staff in operation and maintenance, waste handling, use of equipment, animal handling safety and grievance management.
5. Community engagement
   Chapter 8 includes ongoing stakeholder engagement, while Chapter 9 establishes a grievance mechanism.
6. Public safety
   Community health and safety measures have been included to manage dust, noise, access restrictions, traffic, animal movement and site hazards.

8.10 Disclosure of Information

Project information shall be disclosed in a simple and understandable manner. Disclosure should include:

- Project name and purpose.
- Scope of rehabilitation works.
- Expected construction period.
- Possible temporary impacts, including dust, noise and access changes.
- Safety restrictions around the work site.
- Grievance channels and contact persons.
- Measures for managing SEA/SH and confidential complaints.
- Expected benefits after completion.

Information should be shared through community meetings, notices at the clinic, district administration channels, local leaders and direct communication with clinic users. Where literacy may be limited, verbal communication should be prioritised.

8.11 Ongoing Stakeholder Engagement

Stakeholder engagement shall continue throughout the project cycle. Engagement should not end after the initial consultation because new issues may arise during construction or operation.

The following engagement schedule is recommended:

	Engagement Activity	Responsible Party	Frequency
Pre-construction	Disclosure of project scope, ESMP measures and grievance channels	PCU / Ministries / District Administration	Before mobilisation
Mobilisation	Meeting with clinic staff, local leaders and contractor	PCU / Supervising Engineer / Contractor	Once before works
Construction	Community updates on progress, access changes and safety issues	Contractor / Clinic Management / District Administration	Monthly or as needed
Construction	Worker toolbox talks and Code of Conduct reminders	Contractor	Weekly or task-based

Construction	Grievance review and corrective action follow-up	PCU / Contractor / GM focal person	Continuous
Pre-handover	Consultation with clinic staff and ministry on completed works	PCU / Supervising Engineer	Before handover
Operation	Community feedback on service quality and facility use	Clinic Management / Ministry	Periodically

8.12 Documentation of Consultation

All consultation activities shall be documented. Records should include:

- Date and location of consultation.
- Purpose of consultation.
- Names or categories of participants.
- Sex-disaggregated participation where possible.
- Issues raised.
- Responses provided.
- Agreed actions.
- Any disagreement or unresolved issue.
- Photos where appropriate and consent is given.
- Attendance sheets.

The consultation form and attendance sheet shall be included in the annexes of this ESMP. Any future consultation records shall also be filed and made available during supervision.

9. GRIEVANCE MECHANISM

9.1 Introduction

A Grievance Mechanism shall be established and maintained for the Hudur Livestock Veterinary Clinic Centre rehabilitation project to allow community members, livestock owners, clinic users, workers and other stakeholders to raise concerns, complaints, suggestions or requests for clarification. The mechanism shall be accessible, transparent, culturally appropriate, confidential where required, and free from retaliation.

The Grievance Mechanism is an essential part of the ESMP because construction and rehabilitation works may cause temporary inconvenience or risks, including dust, noise, restricted access, disruption of services, traffic movement, worker behaviour concerns, waste management issues, safety hazards, delayed payments to workers or other social concerns. A clear and trusted complaint system helps resolve issues early before they escalate into disputes.

The mechanism shall be available throughout pre-construction, construction and operation. It shall include separate arrangements for community grievances and worker grievances, as well as safe and confidential channels for GBV/SEA/SH-related complaints.

9.2 Objectives of the Grievance Mechanism

The objectives of the Grievance Mechanism are to:

- Provide a clear channel for receiving and resolving complaints.
- Ensure that community concerns are addressed promptly and fairly.
- Allow workers to raise labour and safety concerns without fear of retaliation.
- Identify recurring environmental and social issues requiring corrective action.
- Strengthen accountability of the contractor and implementing institutions.
- Provide confidential handling of sensitive complaints, including SEA/SH.
- Reduce the risk of conflict between the project, workers and community members.
- Maintain trust between the project and stakeholders.

9.3 Principles of the Grievance Mechanism

The Grievance Mechanism shall be guided by the following principles:

1. Accessibility
   All stakeholders should be able to submit complaints easily, including women, youth, pastoralists, persons with disabilities, workers and vulnerable groups.
2. Transparency
   The process, timelines and responsible persons should be clearly explained to stakeholders.
3. Confidentiality
   Complainants must be able to request confidentiality, especially for sensitive matters.
4. Non-retaliation
   No person shall be punished, threatened or disadvantaged for raising a complaint.
5. Timeliness
   Complaints shall be acknowledged and resolved within clear timeframes.
6. Fairness
   Complaints shall be handled objectively and without discrimination.
7. Cultural appropriateness
   The mechanism shall respect local customs while remaining consistent with project safeguards requirements.
8. Documentation
   All complaints, actions and outcomes shall be recorded in a grievance register.

9.4 GM Structure and Responsibilities

The Grievance Mechanism shall operate at several levels to ensure that complaints can be resolved as close to the source as possible, while allowing escalation where needed.

Level 1: Site / Contractor Level

The contractor shall designate a site grievance focal person. This person shall receive complaints related to construction activities, worker behaviour, access restrictions, dust, noise, waste, traffic and immediate site safety concerns.

Responsibilities include:

- Receiving complaints from workers, clinic users and community members.
- Recording complaints in the grievance register.

- Informing the supervising engineer and PCU safeguards focal person.
- Taking immediate corrective action where possible.
- Providing feedback to the complainant.

Level 2: Clinic / Community Level

Clinic management and local community representatives may support receipt and resolution of complaints related to service continuity, livestock owner access, community safety and local concerns.

Responsibilities include:

- Receiving complaints from clinic users and livestock owners.
- Referring construction-related complaints to the contractor and PCU.
- Supporting communication with the complainant.
- Helping resolve minor access or service-related issues.

Level 3: Project Coordination Unit / Safeguards Team

The PCU safeguards team shall oversee the grievance system and handle complaints that cannot be resolved at site level.

Responsibilities include:

- Reviewing grievance records.
- Investigating serious or unresolved complaints.
- Ensuring corrective actions are implemented.
- Reporting significant grievances to project management and, where required, the World Bank.
- Ensuring sensitive complaints are handled through appropriate confidential channels.

Level 4: Appeal / Administrative or Legal Channels

If a complainant is not satisfied with the project-level response, they may escalate the matter through local administrative structures, relevant ministries, customary dispute resolution mechanisms where appropriate, or formal legal channels. Use of the project Grievance Mechanism does not remove the complainant's right to seek remedy through other lawful processes.

9.5 Grievance Uptake Channels

Complaints may be submitted through several channels to ensure accessibility.

Possible uptake channels include:

- Verbal complaint to the contractor's grievance focal person.
- Written complaint submitted at the clinic or site office.
- Complaint through clinic management.
- Complaint through Hudur District Administration or local leaders.
- Phone call to the designated project or contractor focal person.
- Suggestion / complaint box at the clinic, if feasible.
- Direct complaint to the PCU safeguards team.
- Confidential referral channel for GBV/SEA/SH complaints.

Information on grievance channels shall be displayed at the project site and communicated during consultation meetings.

9.6 Grievance Handling Process

The grievance process shall follow the steps below.

Step 1: Receipt of Complaint

A complaint may be received verbally or in writing. The receiving person shall record the complaint in the grievance register. Where the complainant is unable to write, the focal person shall record the complaint on their behalf.

The following information should be recorded where possible:

- Date of complaint.
- Name and contact of complainant, unless anonymous.
- Location of complaint.
- Description of complaint.
- Category of complaint.
- Preferred method of response.
- Person receiving the complaint.

Anonymous complaints shall also be accepted and investigated where enough information is provided.

Step 2: Acknowledgement

The complaint shall be acknowledged within 48 hours where contact details are available. The acknowledgement shall explain the next steps and expected timeline.

Step 3: Screening and Classification

The complaint shall be classified based on its nature and seriousness. Categories may include:

- Environmental complaint
- Community health and safety complaint
- Labour or worker complaint
- Access restriction complaint
- Service disruption complaint
- Waste management complaint
- Traffic or road safety complaint
- Contractor behaviour complaint
- SEA/SH or GBV-related complaint
- Land or boundary-related complaint
- Other

Urgent complaints involving serious injury, imminent danger, violence, SEA/SH, child protection, major pollution or security incidents shall be escalated immediately.

Step 4: Investigation

The responsible focal person shall investigate the complaint. Investigation may include site inspection, discussion with the complainant, interviews with workers or community members, review of records, and consultation with the supervising engineer or PCU safeguards team.

Step 5: Proposed Resolution

A proposed resolution shall be prepared based on the investigation findings. Possible actions may include:

- Correcting unsafe conditions.
- Removing waste or debris.
- Improving dust suppression.
- Repairing access routes.

- Changing delivery times.
- Disciplining workers for misconduct.
- Providing additional signage or fencing.
- Adjusting construction schedules.
- Providing explanation or clarification.
- Referring the complaint to a relevant authority or service provider.

Step 6: Communication of Decision

The complainant shall be informed of the proposed resolution. Where the complainant accepts the resolution, the action shall be implemented and recorded.

Step 7: Implementation of Corrective Action

The responsible party shall implement the corrective action within the agreed timeframe. The supervising engineer or PCU safeguards team shall verify completion where necessary.

Step 8: Closure

A complaint shall be closed only when the corrective action has been completed and the complainant has been informed. If the complainant cannot be contacted, the closure note shall explain the attempts made to provide feedback.

Step 9: Appeal

If the complainant is not satisfied, the complaint shall be escalated to the next level. The complainant shall be informed of available appeal options.

9.7 Grievance Resolution Timelines

The following timelines shall apply:

Step	Timeline
Receipt and registration	Same day received
Acknowledgement	Within 48 hours
Initial screening	Within 3 working days
Investigation of simple complaints	Within 7 working days
Resolution of simple complaints	Within 14 working days

Resolution of complex complaints	Within 30 working days
Urgent safety, SEA/SH or serious incident complaints	Immediate escalation
Appeal review	Within 14 working days after appeal

Where a complaint cannot be resolved within the expected timeline, the complainant shall be informed of the reason for delay and the revised timeframe.

9.8 Contractor-Level Grievances

The contractor shall establish a worker grievance mechanism separate from the community grievance process. This mechanism shall allow workers to raise concerns related to:

- Wages and delayed payments.
- Working hours.
- Unsafe working conditions.
- Lack of PPE.
- Harassment, discrimination or abuse.
- Poor sanitation or drinking water.
- Disciplinary actions.
- Conflict with supervisors or other workers.
- Accommodation issues, where relevant.
- Retaliation or unfair treatment.

Worker grievances shall be treated confidentially where requested. Workers shall be informed of the grievance mechanism during induction and through toolbox talks. The contractor shall report worker grievance trends to the supervising engineer and PCU without disclosing sensitive personal information.

9.9 GBV/SEA/SH Complaints

GBV, Sexual Exploitation and Abuse, and Sexual Harassment complaints require special handling. These complaints shall not be investigated through normal grievance committees in a way that exposes the survivor or causes harm. The approach shall be survivor-centred, confidential and based on informed consent.

The following principles shall apply:

- Confidentiality must be maintained at all times.
- The survivor shall decide whether and how to proceed.

- No pressure shall be placed on the survivor to provide details.
- Information shall be shared only with consent and only on a need-to-know basis.
- The complaint shall be referred to appropriate service providers where available.
- The alleged perpetrator shall not be involved in receiving or handling the complaint.
- Retaliation against the complainant or survivor is prohibited.
- The project shall record only non-identifying information for reporting purposes.

All workers shall sign a Code of Conduct that prohibits SEA/SH, sexual harassment, exploitation, abuse, discrimination and violence. Breach of the Code of Conduct may result in disciplinary action, dismissal and referral to authorities where appropriate.

9.10 Grievance Register

A grievance register shall be maintained by the contractor and reviewed by the supervising engineer and PCU safeguards team. The register shall include:

Ref. No.	Date Received	Complainant Details	Complaint Category	Description	Action Taken	Responsible Person	Status	Date Closed

For confidential or SEA/SH-related complaints, identifying details shall not be included in the general register. A separate confidential record shall be kept by the designated safeguards or GBV focal person.

9.11 Monitoring and Reporting of Grievances

The contractor shall include grievance information in monthly E&S reports. The report shall include:

- Number of grievances received.
- Number resolved.
- Number pending.
- Average resolution time.
- Main categories of complaints.
- Corrective actions taken.
- Repeated issues requiring management attention.
- Any serious or sensitive complaints, reported without personal details.

The PCU safeguards team shall review grievance trends and ensure that recurring problems are addressed through improved supervision, additional mitigation measures or contractor instructions.

9.12 Escalation to the World Bank

Serious incidents and significant grievances may require escalation to the World Bank through the agreed project reporting procedures. These may include:

- Fatality or serious injury.
- Major environmental pollution.
- Serious community conflict.
- Allegations of SEA/SH linked to the project.
- Child labour or forced labour.
- Significant security incident.
- Major unresolved grievance affecting project implementation.

The PCU shall notify the World Bank in accordance with project incident reporting requirements and shall prepare a follow-up report describing the incident, immediate actions taken, investigation findings and corrective measures.

9.13 Communication of the Grievance Mechanism

The grievance mechanism shall be explained to stakeholders before construction begins and throughout implementation. Communication shall include:

- Consultation meetings.
- Notice boards at the clinic.
- Verbal explanation by clinic staff and local leaders.
- Worker induction.
- Contractor toolbox talks.
- Community updates during construction.

The information provided shall include who to contact, how to submit a complaint, expected timelines, confidentiality options and assurance that complaints can be raised without retaliation.

9.14 Conclusion

The Grievance Mechanism provides a practical and transparent process for addressing complaints related to the Hudur Livestock Veterinary Clinic Centre rehabilitation project. It supports early resolution of issues, protects workers and community members, strengthens accountability and helps maintain positive relations between the project and the local community. Proper implementation of the

mechanism is mandatory for the contractor and shall be monitored throughout construction and operation.

10. ESMP Implementation Budget

The following indicative budget supports ESMP implementation. The line-item costs of the mitigation and monitoring measures are shown in the Estimated Costs column of the ESMP matrix in Chapter 6 and total USD 12,200; this chapter consolidates them with the supervision and contingency allowances. Costs should be reviewed and updated during procurement and contractor mobilisation. Measures assigned to the contractor in the matrix are contractor obligations to be included in the contract price, while supervision, operational and contingency items are borne by the project and the responsible institutions.

Budget item	**Indicative cost (USD)**	**Responsible party / note**
Implementation of ESMP matrix mitigation measures (Chapter 6 line items, construction and operation phases)	12,200	Contractor, Clinic Management, MoLFR-SWS and SPCU/PIU as assigned in the matrix
Environmental and social monitoring and supervision visits	1,500	SPCU/PIU / Supervising Engineer
Contingency for corrective actions	1,300	Project / contractor depending on cause
Total indicative ESMP budget	15,000	To be refined during procurement

11. Reference

- Hudur Inception and Site Assessment Report for the Rehabilitation of the Livestock Animals Clinic Centre, March 2026.
- Environmental and Social Screening for Rehabilitation of Hudur Livestock Clinic Centre, 30 November 2025.
- Land Ownership Confirmation Letter for the Veterinary Clinic Centre in Hudur District, Ref: WXXDD/XAG/LOCL/201/2025, dated 31 December 2025.
- Environmental and Social Management Plan (ESMP) for Demolition of Existing Structures and Construction of MoLFR-SWS Office Facility, Baidoa, April 2026.
- World Bank Environmental and Social Framework.
- World Bank Group General Environmental, Health and Safety Guidelines.

- Project Environmental and Social Management Framework, Labour Management Procedures and Stakeholder Engagement Plan, as applicable.

12:Annexes

Annex 1: Land Ownership Confirmation Letter

The land ownership confirmation letter is included below as the controlling land reference for this ESMP. The report follows the 45m x 36m designated land area recorded in the letter.

Annex 1: Land Ownership Confirmation Letter for Hudur Veterinary Clinic Centre.

Annex 2. Environment & Social Screening for Rehabilitation of Huddur Livestock Clinic Center.

Environmental and Social Screening for the Somali Food System Resilient Project

DOWLAD GOBOLEEDKA KOONFUR GALBEED EE SOOMAALIYA
WASAARADDA XANAANADAXOOLAHA, DHIRTA IYO DAAQA
XAFIISKA AGAASIMAHA GUUD

ولاية جنوب غرب الصومال
وزارة الثروة الحيوانيّة، الغابات والمراعي
مكتب المدير العام

SOUTHWEST STATE OF SOMALIA
MINISTRY OF LIVESTOCK, FORESTRY AND RANGE
OFFICE OF THE DIRECTOR GENERAL

REF: WXXDD/XAG/LOCL/201/2025 DATE: 31/12/2025

Subject: Land Ownership Confirmation Letter

To Whom It May Concern,

This is to officially certify that the Ministry of Livestock, Forestry and Range of the Southwest State of Somalia is the lawful owner of the parcel of land on which the Veterinary Clinic Center in Hudur District, Bakool Region is located.

The total area of the designated land measures 45 meters by 36 meters (45m × 36m). The property has been under the authority and management of the Ministry for the purpose of providing veterinary and livestock extension services to the communities in Hudur and the wider Bakool Region.

This confirmation is issued upon request to support ongoing and planned rehabilitation, upgrading, and development activities related to the Veterinary Clinic Center. Should you require any further verification or clarification, please do not hesitate to contact the Ministry.

Sincerely,

Omar Mohamed Abdullahi
Director General
Ministry of Livestock, Forestry and Range
Southwest State of Somalia

Contact: +252617537319 Email: dg@molfr.sw.so
Address: Opposite to UNICEF Complex Office, Baidoa, Somalia.

Environmental and Social Screening for the Somali Food System Resilient Project	
SECTION A: General Sub-Project Information	
Date of screening	30th of November 2025
Activity/Sub- project title	Environmental and Social Screening for the Somali Food System Resilient Project
Activity/Sub- project component	Livestock Infrastructure Rehabilitation
Proposed activity duration	Estimated 3_6 Months
ES Screening Team Leader and Contact Details	Jabir Mohamed Abdulkadir Aniso Abdullahi Ibrahim
Name of Executing Agent	**Ministry of Agriculture and Irrigation of South West State of Somalia.**
Site/Activity location (including GPS coordinates)	Bulay Village in Town, Hudur District. The site is located at **(4.12720117°N, 43.8919694°E)**
New/Rehabilitation project	Rehabilitation project.
Objective of the screening process	To assess the suitability of the proposed site for rehabilitation of construction the Livestock Veterinary Clinic Center in Hudur District. i. To determine the potential E&S risks and impacts and proposed mitigation measures for the proposed sub-project. ii. To determine the risk classification and E&S instrument to be prepared and implemented. iii. Ensure the mitigation measures identified in the matrix are translated to detailed mitigation measures in the environmental and social management plans for the sub-project. iv. Ensure the completed E&S screening outcome is integrated

E&S Framework and Overall Project Risk Classification	Moderate Risk (C)
Project Description. **Briefly describe the project activities**	This subproject involves the rehabilitation of a Livestock Veterinary Clinic Center in Hudur District. The sub-project aims to restore and upgrade essential veterinary facilities to improve animal health services, strengthen disease prevention and control, and support livestock productivity and the livelihoods of local communities.

Potential Environmental/Social Risks Impacts of Activities					
Risk Category *(Please check each line appropriately. At this stage, questions are answered without considering the magnitude of impact – only yes, no or I don't know are applicable answers)*	Yes	No	UNK	If these risks ('yes') are present, refer to:	Remarks
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts					
Is an Environmental and/or Social Assessment required where the project is undertaken?	Yes			ESMF	This project needs ESMP
Is there a risk of lack of monitoring of project activities due to remoteness of location and insecurity?		No		ESMP and C-ESMP	
Are there existing land uses on or around the location e.g. industry, commerce, recreation, which could be affected by the proposed project activities?		No		ESMP	No. The rehabilitation of the Livestock Veterinary Clinic Center in Hudur District is within a residential area and will not

					affect surrounding land uses.
Are there any plans for future land uses on or around the location which could be affected by the proposed project activities during the operational phase		No		ESMP	
Is there a risk that the activity will cause population influx from neighboring areas?		No		LMP	
Is there a risk that the selection of the activity location or beneficiaries will lead to conflict?		No		Stakeholder Engagement Plan (SEP) and Grievance Mechanism (GM) for the project	
ESS 2: Labor and Working Conditions					
Is the project likely to provide local employment opportunities, including employment opportunities for women?	Yes			Labor Management Procedures	Implement labor Management Procedures.
Does the activity have the potential to cause labor risks / ESS2 non-compliance risks (child and forced labor)?	Yes			Labor Management Procedures (LMP). Occupational Health and Safety Plan (OHS) GM	•
Does the activity include a construction/rehabilitation component?	Yes			LMP, C-ESMP Occupational Health and	

				Safety Management Plan (OHSMP)	
Will the project potentially involve an influx of workers to the project location?		No		Occupational Health and Safety Plan (OHS) C-ESMP	
Is there a security risk for project Workers?		No		LMP	Labor Management Procedures
Will there be any potential risk of OHS accidents during the construction, and operation phase of the project which could affect human health and the environment?	Yes			OHSMP: risks of OHS accidents including but not limited slip and falls, confined spaces and struck by objects.	
Is there a risk of delayed payment of workers?		No		LMP, GM implementation	Skilled and unskilled workers usually get paid on daily basis
Is there a risk that workers are underpaid?		No		LMP implementation	
ESS 3: Resource Efficiency and Pollution Prevention Management					
Will the construction or operation of the project use natural resources such as land, water, sand,	Yes			C-ESMP; ESMP	

materials or energy, especially any resources which are non-renewable or in short supply?					
Will the project involve use, storage, transport, handling or production of substances or materials that could be harmful to human health or the environment or raise concerns about actual or perceived risks to human health?		No		ESMF, GM, OHSMP, SEP	
Will the activity result in the production of solid waste (directly by the project or by the workforce) during construction, operation, or decommissioning?	Yes			ESMP to address its management	
Will the activity result in the production of toxic or hazardous waste? (e.g. used oils, inflammable products, pesticides, solvents, pharmaceutics, industrial chemicals, ozone depleting substances)	Yes			Waste Management Plan, based on WBG Environmental, Health, and Safety General Guidelines Pest Management Plan (PMP) C-ESMP	
Will the activity result in generation of dust and noise?	Yes			C-ESMP	
Will the activity result in soil erosion?	Yes			C-ESMP	
Will the activity produce effluents (wastewater)?	Yes			C-ESMP	
Are there nearby portable water sources that need to be protected?		No		ESMP	

Will the activity result in siltation and/or contamination of the water body?		No		C-ESMP	
Will the activity result in increased levels of vibration from construction machinery?	Yes			C-ESMP	
Will the project release pollutants or any other hazardous, toxic, or noxious substance to the air? (e.g. significant greenhouse gas emissions, dust emissions)	Yes			C-ESMP OHSMP	
Will the activity disturb any fauna and flora?	Yes			C-ESMP	It might impact some vegetation shade tree inside the compound
Will the activity result in irrigation water with high Total Dissolved Solids (TDS) with more than 1,500 ppm?		No		C-ESMP Waste Management Plan C-ESMP. Operational ESMP, Emergency Response Plans	
Can the project affect the surface or groundwater in quantity or quality? (e.g., discharges, leaking, leaching, boreholes, etc.)		No			
Will the project require use of chemicals? (e.g., fertilizers, pesticides, paints, etc.)	Yes				Paints will be used
Is there any risk of accidental spill or leakage of material?		No		ESMP	
ESS 4: Community Health and Safety					
Will the project interfere with the normal health and safety of the public?			Yes	ESMP, C-ESMP	
Are there any routes or facilities on or around the location which are used by the public for access to		No		GM	

recreation or other facilities, which could be affected by the project?					
Is there a risk of communal drinking water pollution through hazardous waste?		No		ESMP, (OHSMP and WMP)	
Is there a risk of increased GBV cases due to labor influx?	Yes			GM, LMP SEAH PRP	
Is there a risk of spreading communal diseases due to labor influx?	Yes			LMP, GM, C-ESMP	
Is there a security risk for the community triggered by project activities?		No		LMP	
Will the project interfere with the normal health and safety of the worker, employee or public?		Yes		ESMP, OHSP	
Does the activity have the potential to upset community dynamics during the construction and operation phase?	Yes			SEP; GM	
Will the activity expose community members to physical hazards on the project site?	Yes			C-ESMP; OHSMP	
Will the activity pose traffic and road safety concerns?	Yes			C-ESMP	
Is there a possibility that the activity contaminates open wells?		No		ESMP	
Is there a possibility that the activity spreads pathogens and other pollutants		No		Waste Management Plan	
ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement					

Will the project lead to the displacement of a population? (e.g. forceful relocation, relocation of the local community)		No		ESMP, GM, RPF	
Is the project located in a conflict area, or has the potential to cause social problems and exacerbate conflicts, for instance, related to land tenure and access to resources (e.g. a new road providing unequal access to disputed land)?		No		ESMP, GM, RPF	.
Is there a risk that the activity leads to loss of income, assets or means of livelihoods?		No		SEP, LMP, RPF	
Will the activity lead to disputes over landownership?		No		ESMP, GM, RPF	Public land. procedures and documentations were done
Will the activity lead to blocked access to the site by people in the area?	Yes			ESMP, GM and RPF	
Will the activity require acquisition of land or physical buildings or infrastructure?			No	RPF	
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources					
Will the project be located within, or near environmentally sensitive areas or areas of high ecological value?		No		ESMF	
Will the project require the conversion of land use of significant areas of land?		No		ESMF	
Can the project cause disruption of wildlife migratory routes		No		ESMP	
Will the project affect fragile, protected, or endangered ecosystems or species? (e.g., natural forests, wetlands, estuarine, coral reefs,		No		ESMP	.

mangroves, endemic species, endangered species etc.).					
Can the project impact ecosystems upon which communities rely for food, water, fibers, or other basic needs, including cultural and spiritual needs?		No		ESMP	
Are the needs of the project likely to exceed the capacity of existing water supply, sanitation systems, transport, or other infrastructure		No		ESMMP	
Will the project involve extraction, diversion or containment of surface or groundwater?		No		ESMP C-ESMP	
Will the activity impact sensitive areas?		No		ESMP	
Is there a risk that the activity will cause changes in landform and habitat, habitat fragmentation, blockage or migration routes, water consumption and contamination?		No		ESMP	
Is there a risk that the activity causes loss of precious ecological assets?		No		ESMP	
ESS 8: Cultural Heritage					
Will the project be in or close to a site of natural or cultural value?		No		ESMF and ESMP	
Is the project site known to have the potential for the presence of cultural and natural heritage remains?		No			
ESS 10: Stakeholder Engagement and Information Disclosure					
Is there a risk that the activity fails to incorporate measures to allow meaningful, effective and informed consultation of stakeholders, such as community engagement activities?		No		Stakeholder Engagement Plan (SEP)	

Is there a historical exclusion of disabled persons in the area?		No		Stakeholder Engagement Plan (SEP)	
Is there a lack of community consultations by the government generally?		No		Stakeholder Engagement Plan (SEP)	
Are women likely to participate in decision-making processes in regard to the activity?	Yes			Stakeholder Engagement Plan (SEP)	
Is there a risk that exclusion of beneficiaries leads to grievances?	yes			SEP; GM	

SUMMARY OF THE E&S SCREENING PROCESS

E&S Screening	**Results and Recommendation**		
Screening Results: Summary of Critical Risks and Impacts Identified	**Risk/Impact** **Moderate**	**Individual Risk/ Impact Rating** **C**	**Mitigation** At the end of the screen process, tabulate the mitigation measures in an ESMP Format (see below)
Is Additional Assessment Necessary? Evaluate the Risks/Impacts and reflect on options (see below)	**Screening Result** - Environmental and/or Social Assessment required where project is undertaken - Soil Erosion and Degradation - Community Health and Safety - Worker Health and Safety (OHS) - Noise from construction machinery may disturb nearby residents and workers and prolonged exposure		Mitigation measures will follow **CERC ESMF**: - SEP - GM - SMP - LMP - OHS - SMP - GBV Action Plan

could cause hearing issues for laborers

- Gender/social exclusion risks

No ESIA is required.

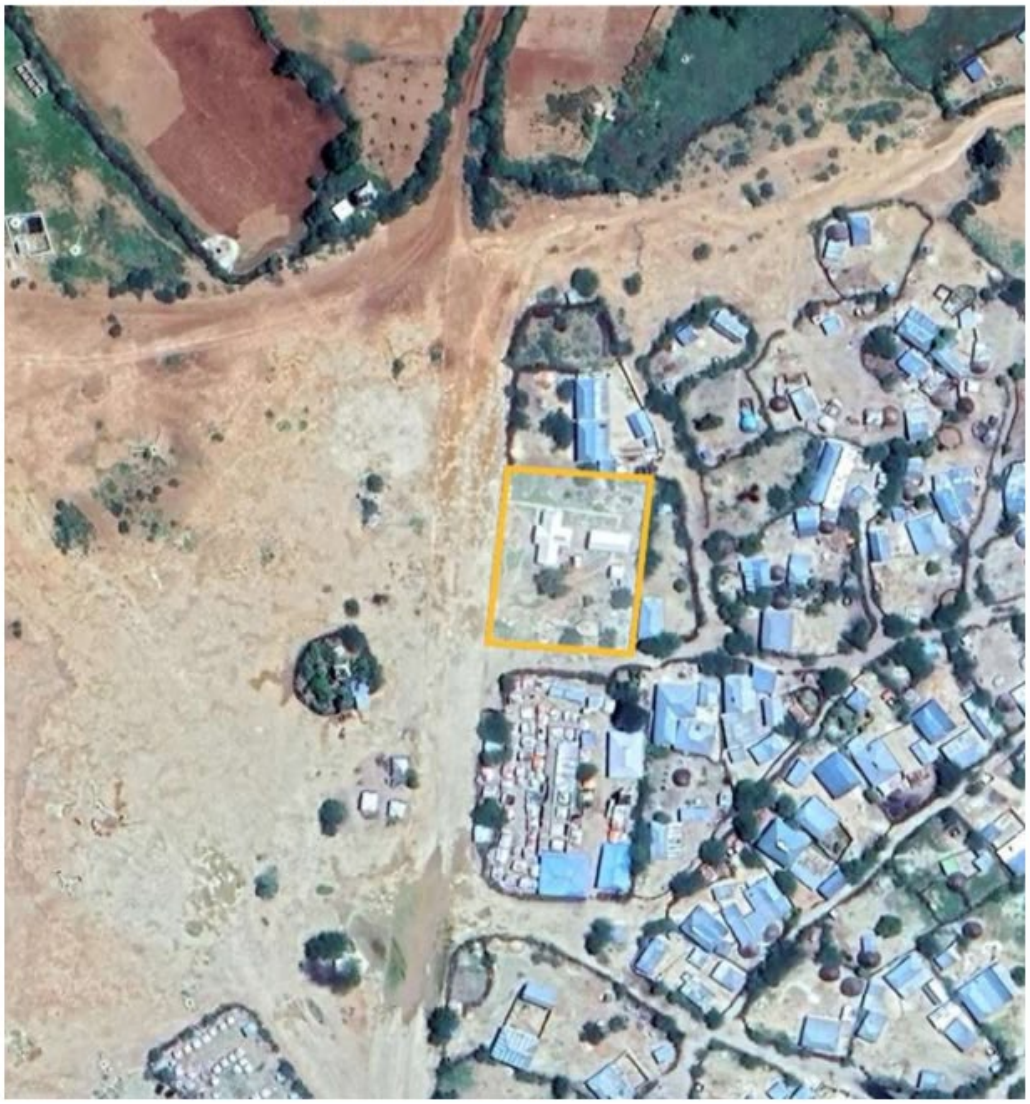
Summary of Screening Result Justification	The project has been appropriately classified as **Moderate Risk**. The screening process identified several foreseeable environmental and social risks under multiple Environmental and Social Standards (ESS 1, 2, 3, 4, 5, 6, 8, and 10), which are typical of a medium-scale construction activity. These impacts are localized, mostly reversible, and can be effectively addressed through standard mitigation measures. Accordingly, preparation of a detailed ESMP is required. As the project does not entail involuntary resettlement, no significant impacts on biodiversity, or effects on cultural heritage, a full ESIA is not warranted. The ESMP can be prepared internally by the SPCU in accordance with the project's ESMF**.**

Authorization

Approved by:	Approved by:
Aniso Ibrahim Abdullahi	Jabir Mohamed Abdulkadir
Safeguard specialist	Environmental Specialist
Signature……	Signature.
Date. 30/11/2025	Date. 30/11/2025

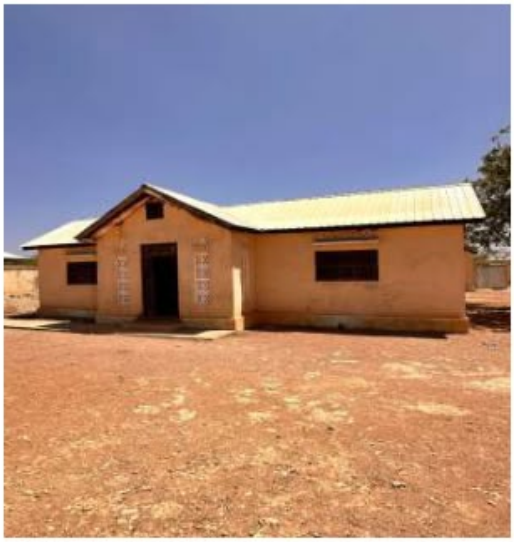
2: Environmental and Social Screening, page 10.

Annex 3: Site Location and Existing Facility Photos



Clinic Location - GPS Coordinates: Lat 4.12720117, Long 43.8919694

Annex 3: Hudur inception/site assessment visual information, page 16.



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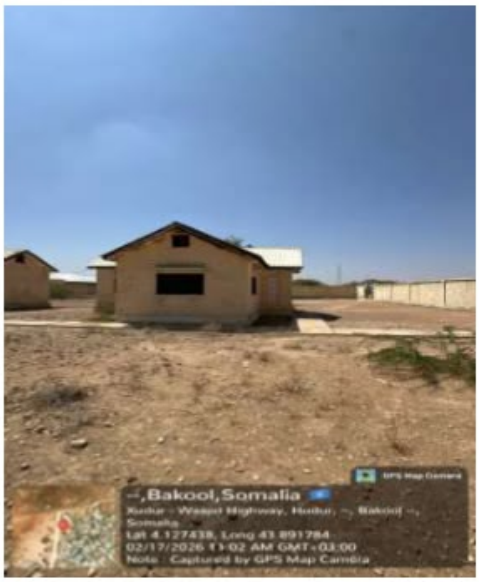
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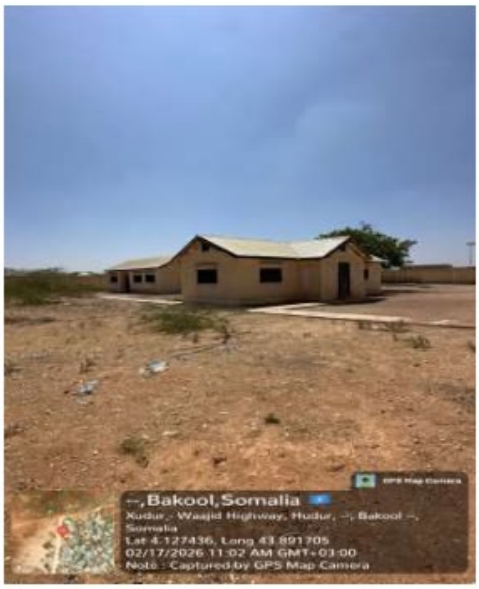
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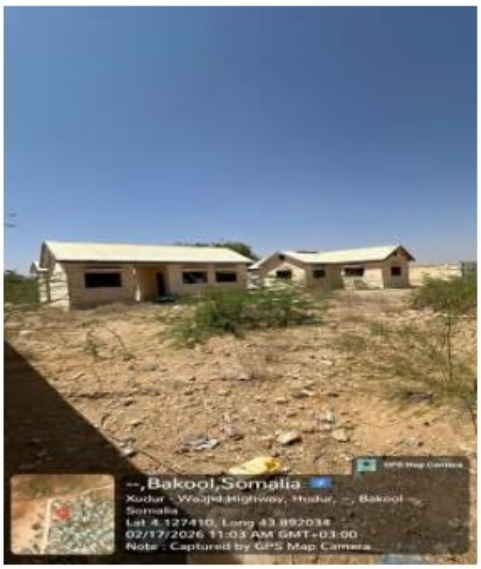
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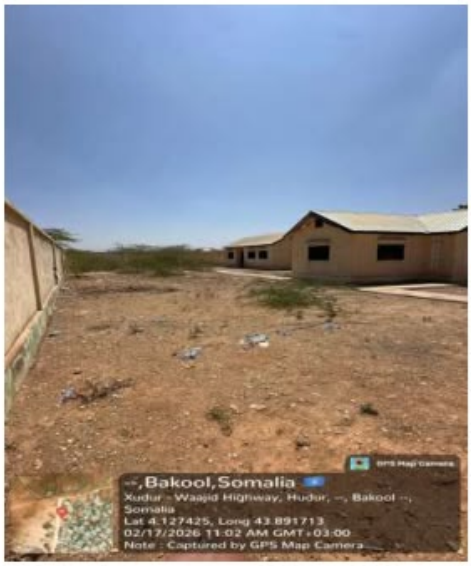
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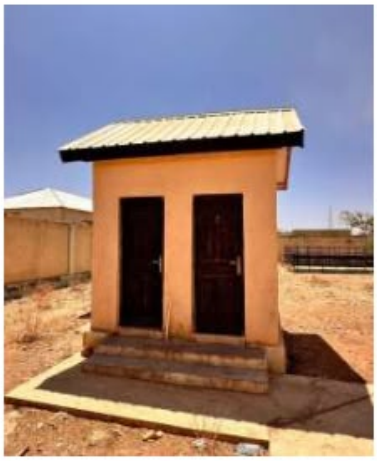

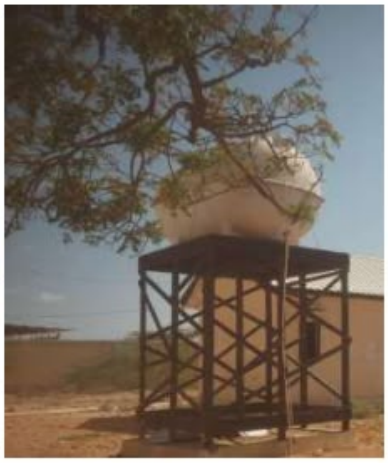

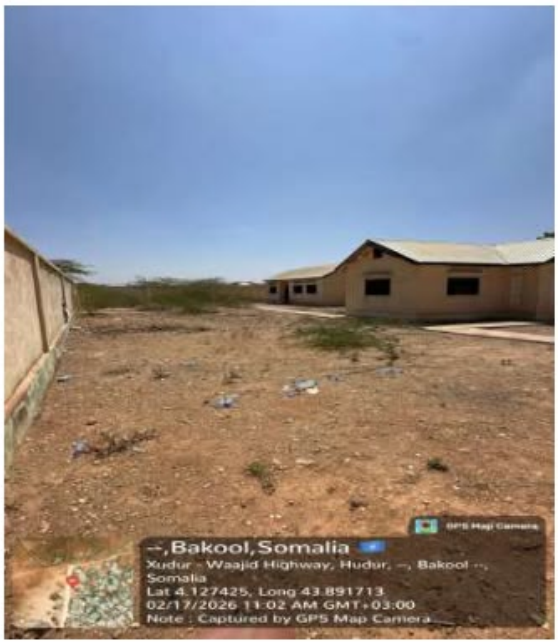
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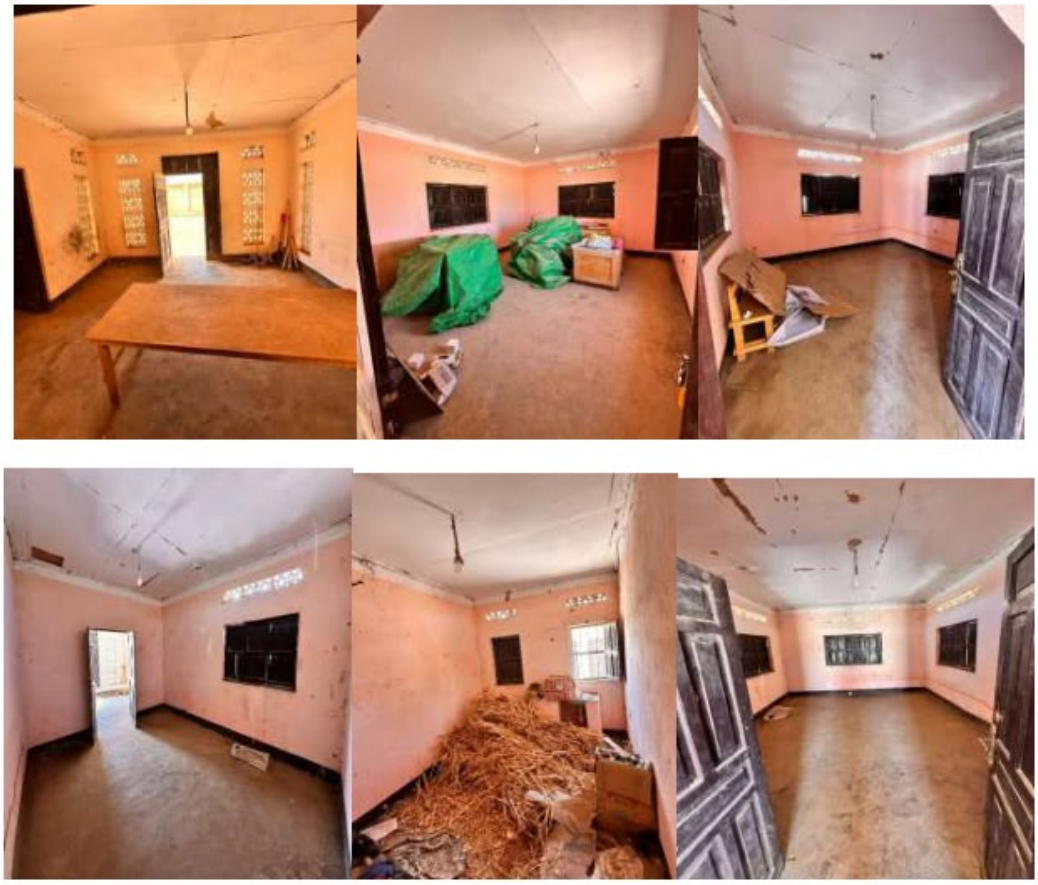


Annex 4: Chance Finds Procedure

1. Stop work immediately if any object, structure, burial, artefact or material of potential cultural, historical, archaeological or religious value is discovered.
2. Secure the area and prevent damage, removal or disturbance of the find.
3. Inform the supervising engineer, SPCU/PIU safeguards team and relevant local authority immediately.
4. Do not restart work in the affected area until written clearance or instruction is received from the authorised party.
5. Record the incident, location, date, persons involved and decision taken.
6. Include the chance find and response in the contractor E&S report.

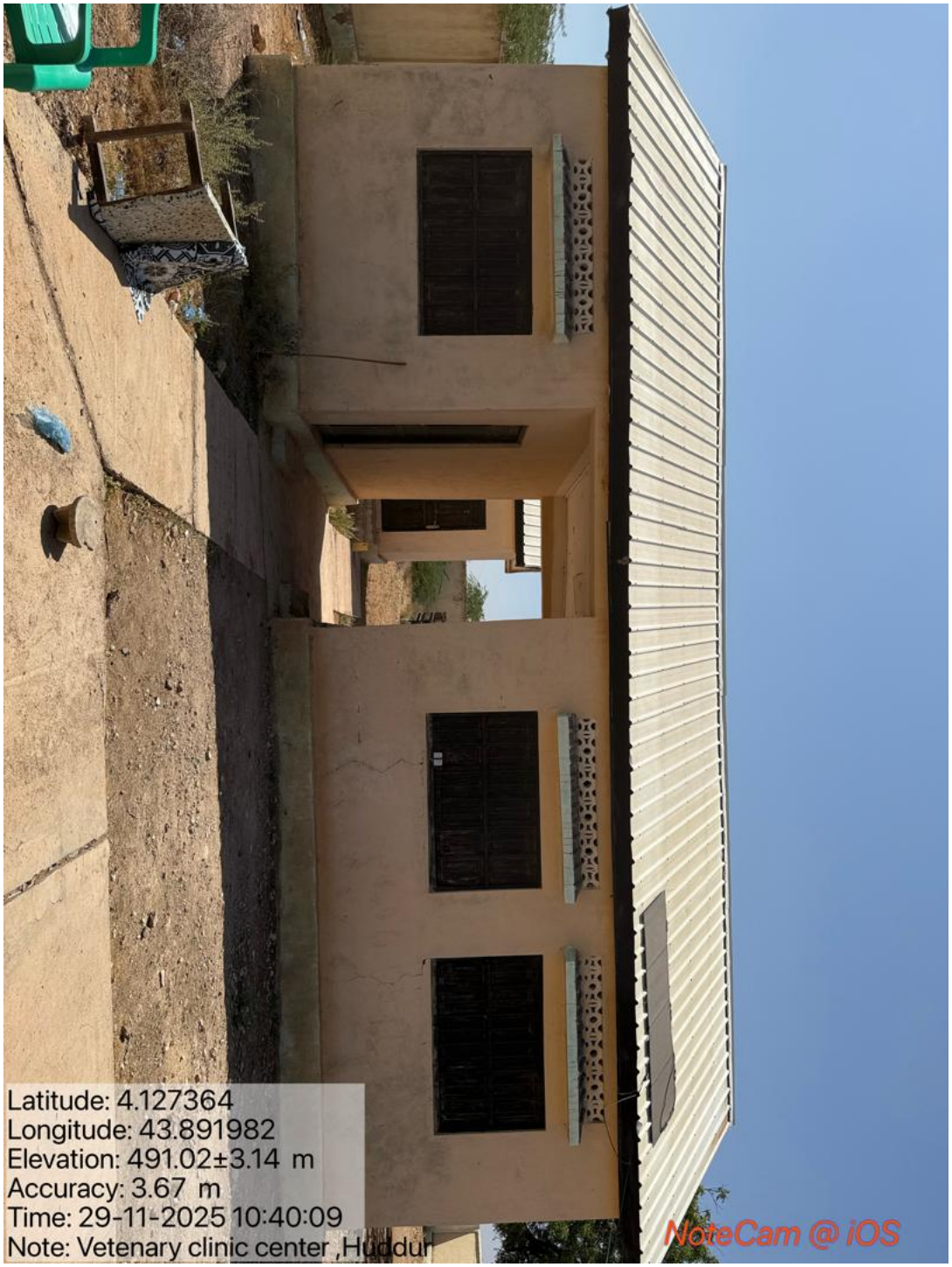
Annex 5: Minimum Contractor Code of Conduct Requirements

- Comply with Somali law, project safeguards requirements and site instructions.
- Respect community members, clinic users, women, children, elderly persons and persons with disabilities.
- Do not engage in SEA/SH, harassment, intimidation, discrimination, violence or exploitation.
- Do not employ children or forced labour.
- Use PPE and follow OHS instructions.
- Do not enter unauthorised clinic areas or community property.
- Do not dump waste, burn waste illegally or pollute soil or water.
- Report incidents, hazards, injuries and grievances immediately.
- Observe traffic controls, speed limits and animal safety arrangements.
- Understand that breach of the Code of Conduct may result in disciplinary action, removal from site or referral to authorities.

Annex 6: ESMP Monitoring Checklist

No.	Checklist item	Yes/No	Corrective action / remarks
1	45m x 36m site boundary marked and respected.		
2	GM information displayed at clinic.		
3	C-ESMP approved before works.		
4	Workers inducted and Code of Conduct signed.		
5	PPE available and used.		
6	First aid kit, fire extinguisher and spill kit available.		
7	Dust controlled and materials covered where needed.		
8	Waste segregated and site clean.		
9	No uncontrolled dumping or burning.		

No.	**Checklist item**	**Yes/No**	**Corrective action / remarks**
10	Safe access maintained for clinic users and animals.		
11	Traffic controls used during deliveries.		
12	No tree damage or unauthorised vegetation removal.		
13	Incidents and grievances recorded.		
14	Battery room ventilated and labelled.		
15	Incinerator/waste area operated by trained person after handover.		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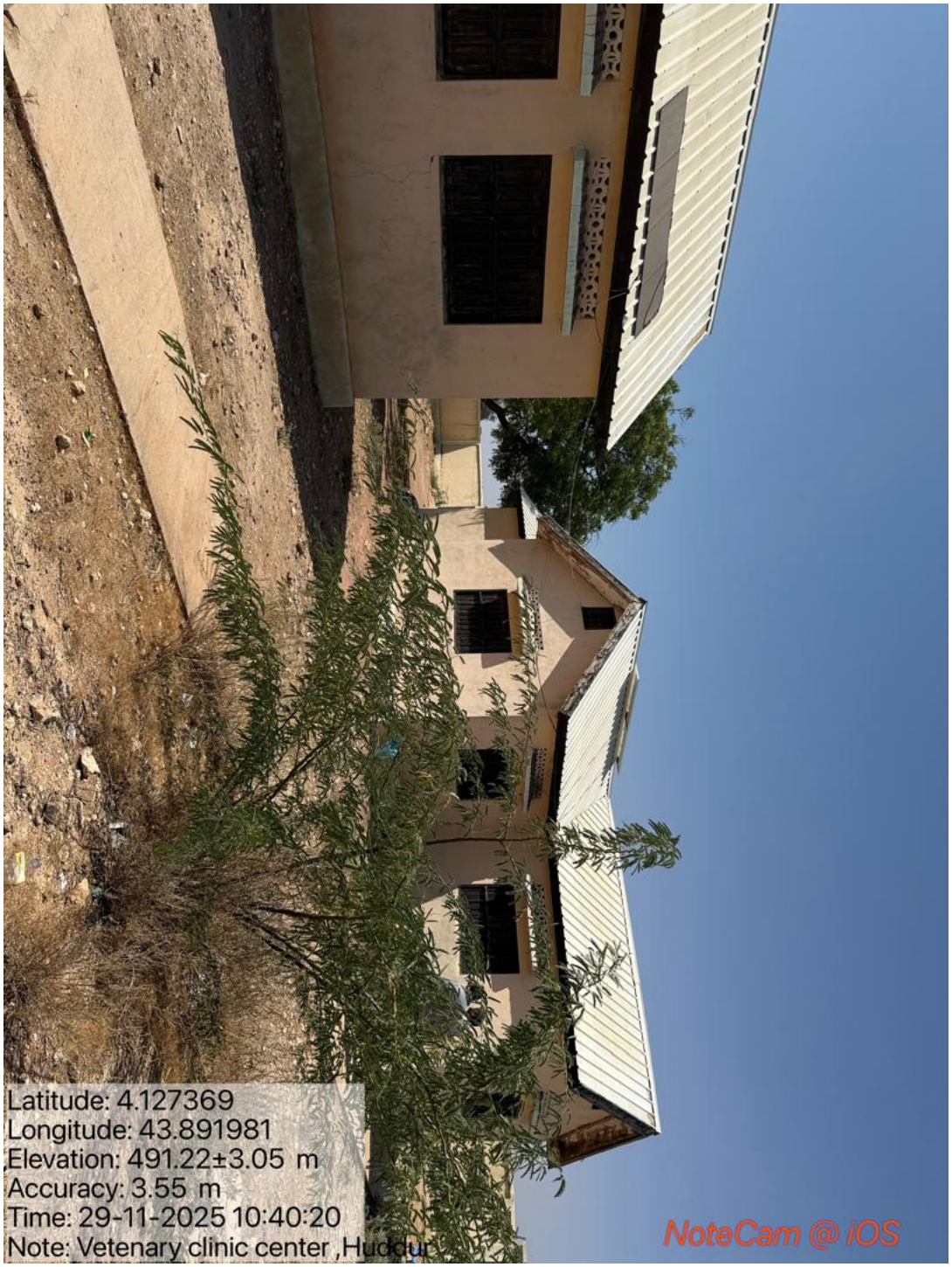
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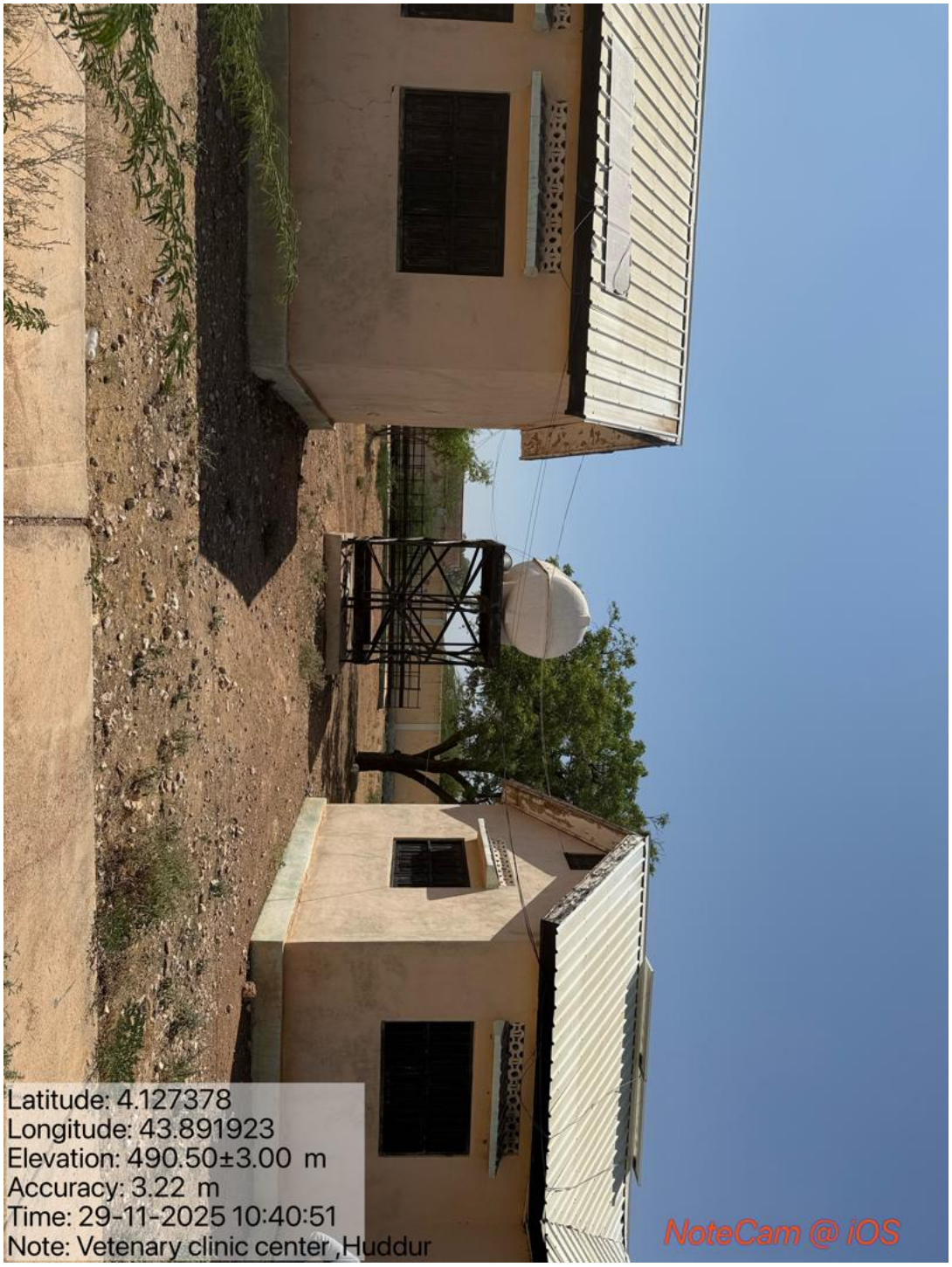
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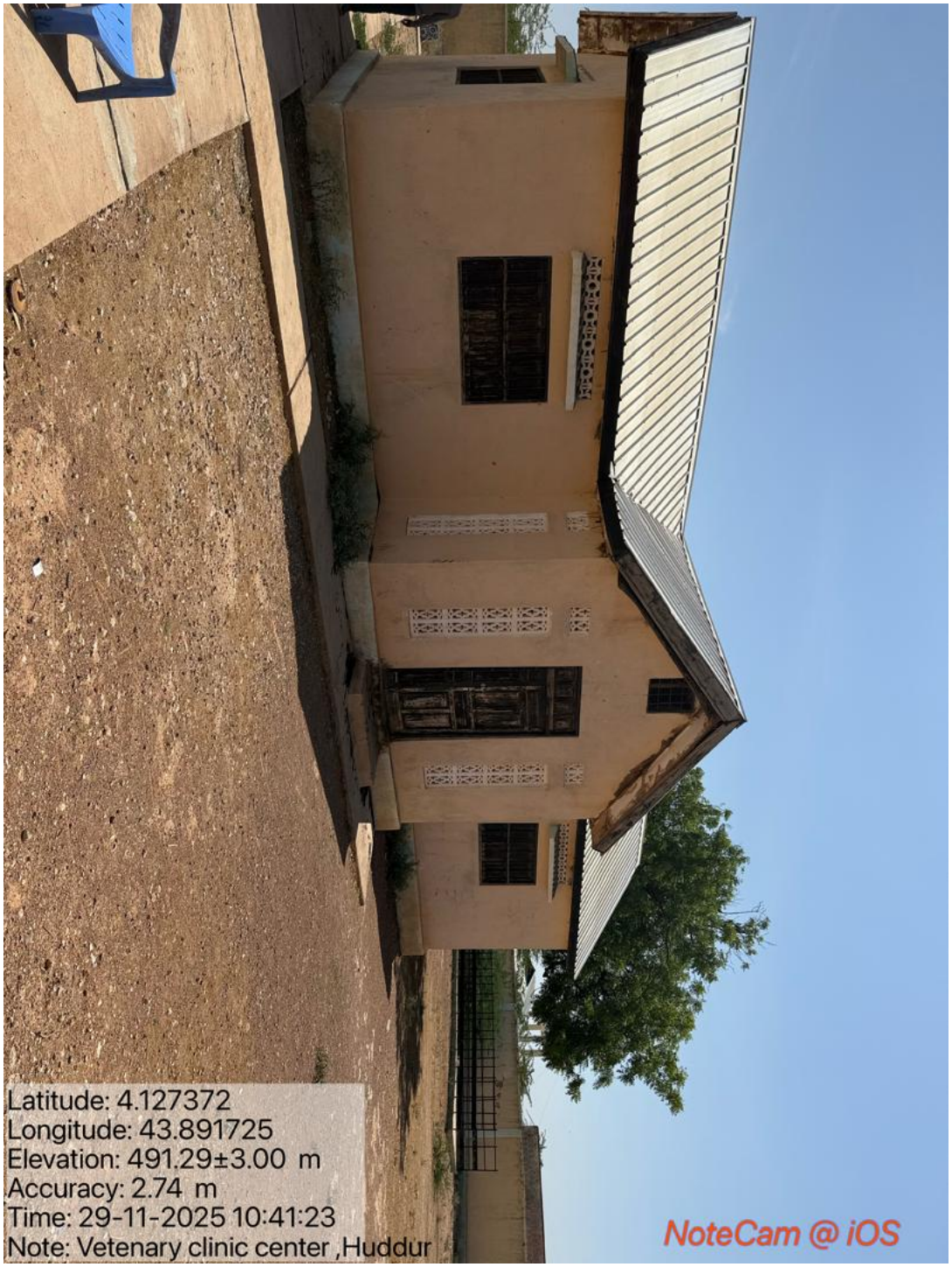
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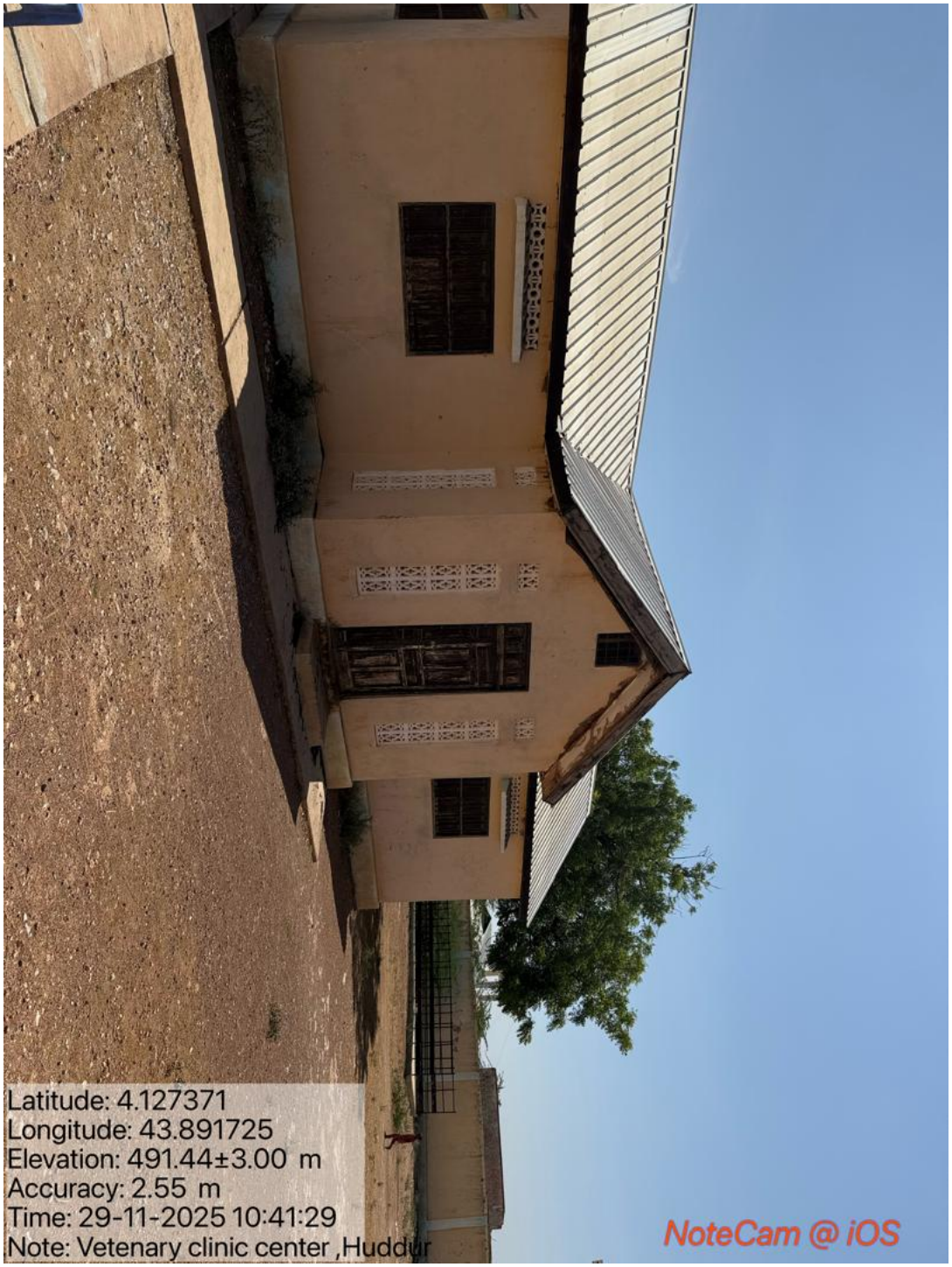
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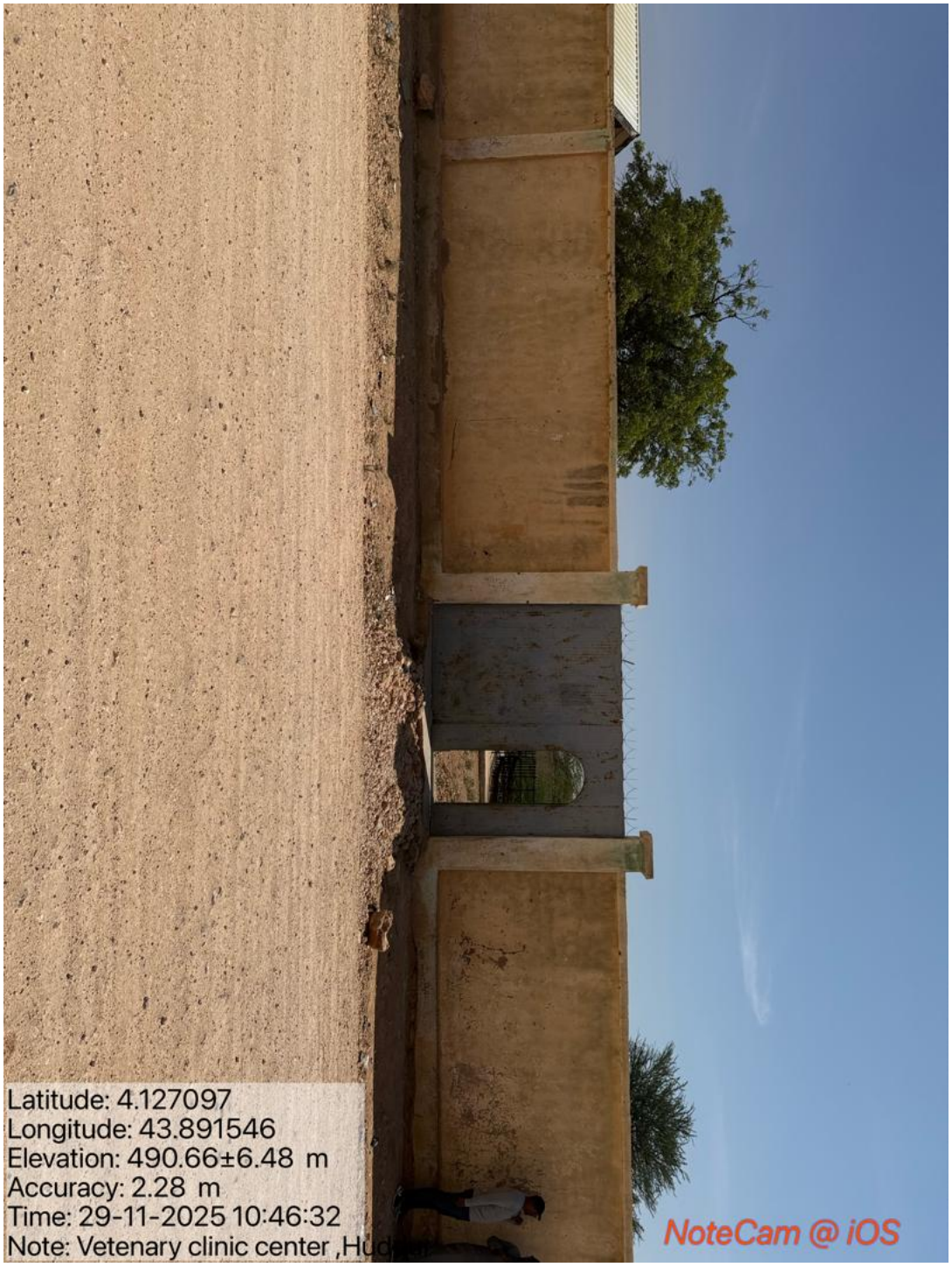
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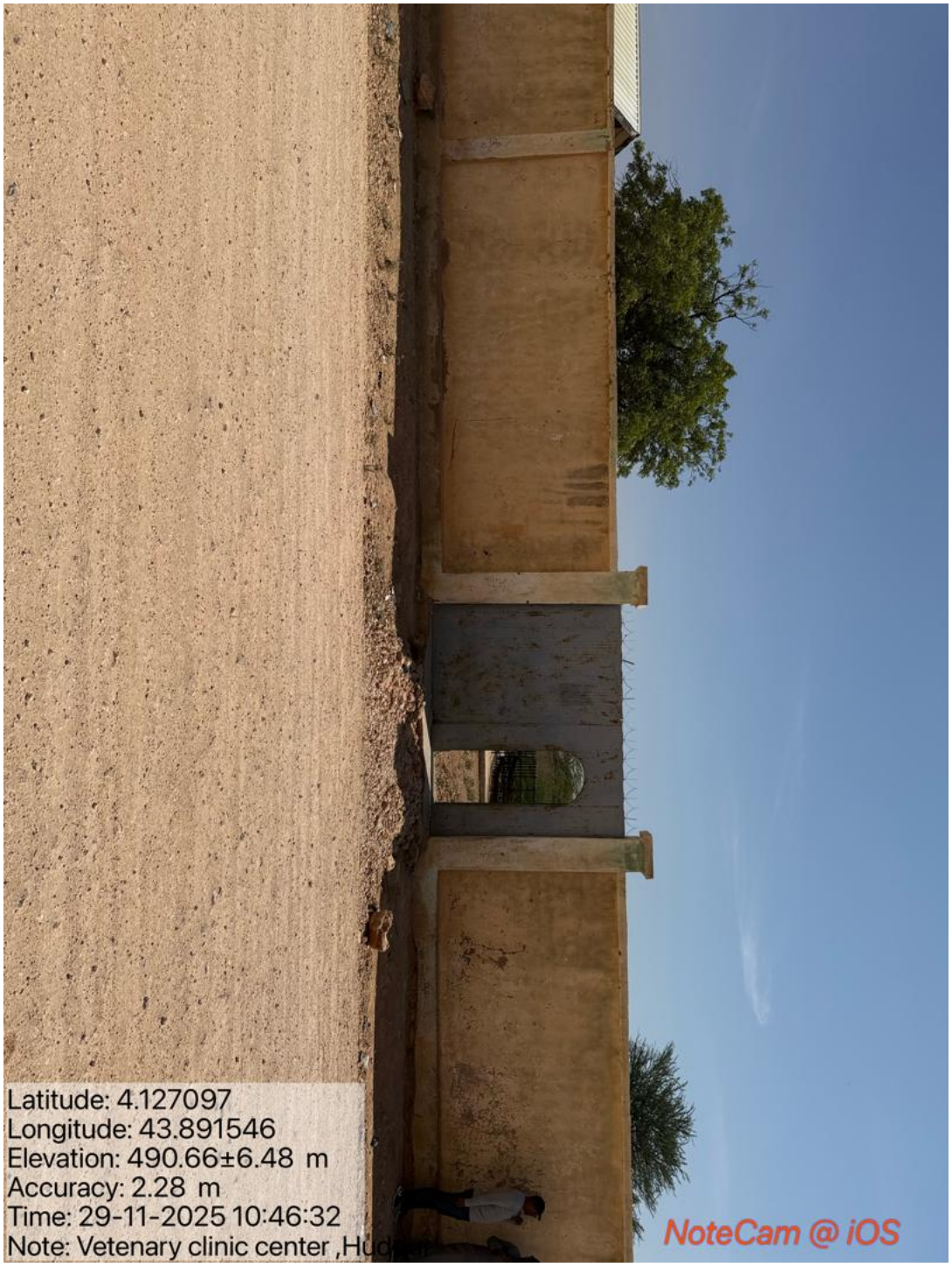
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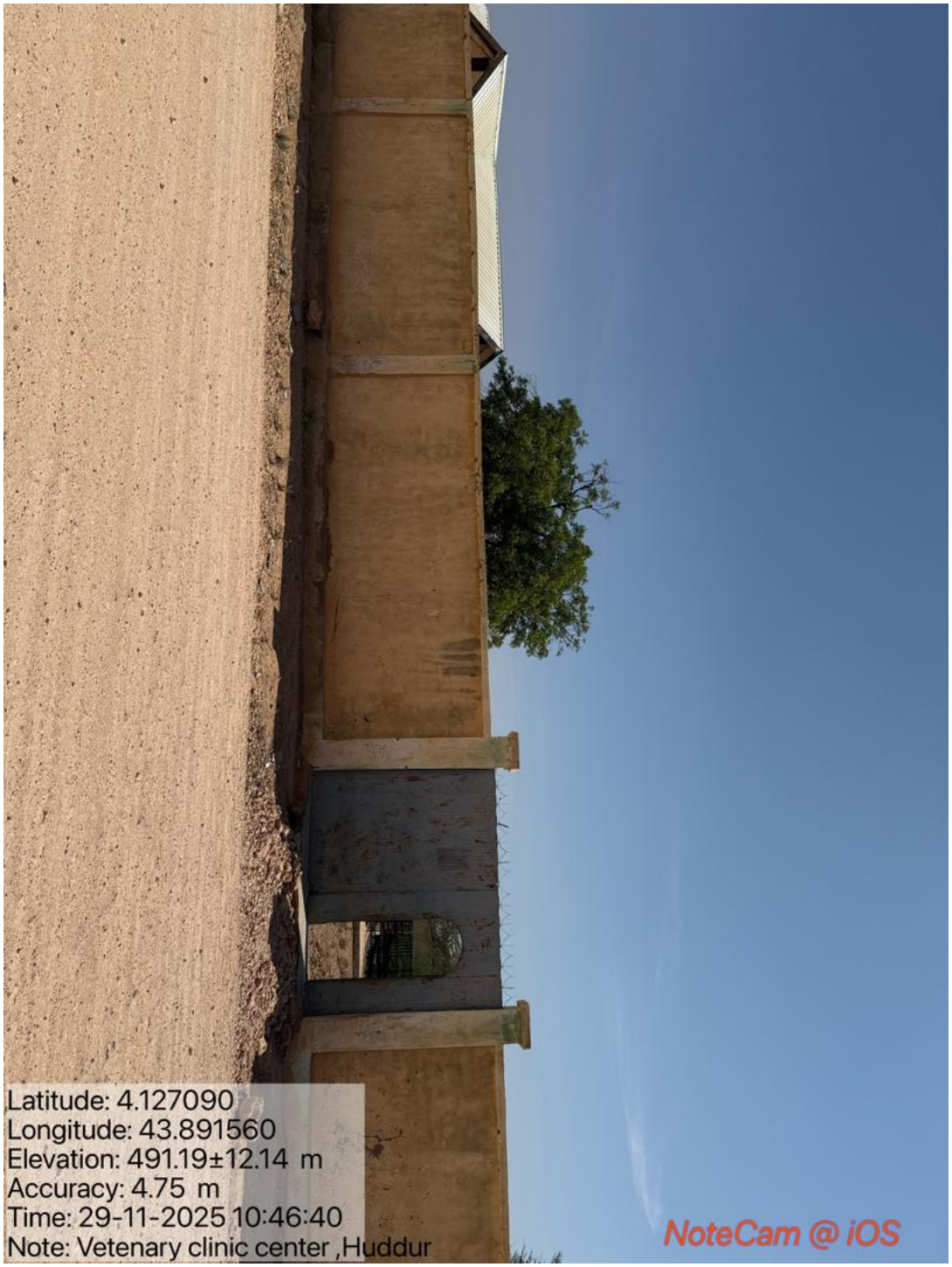
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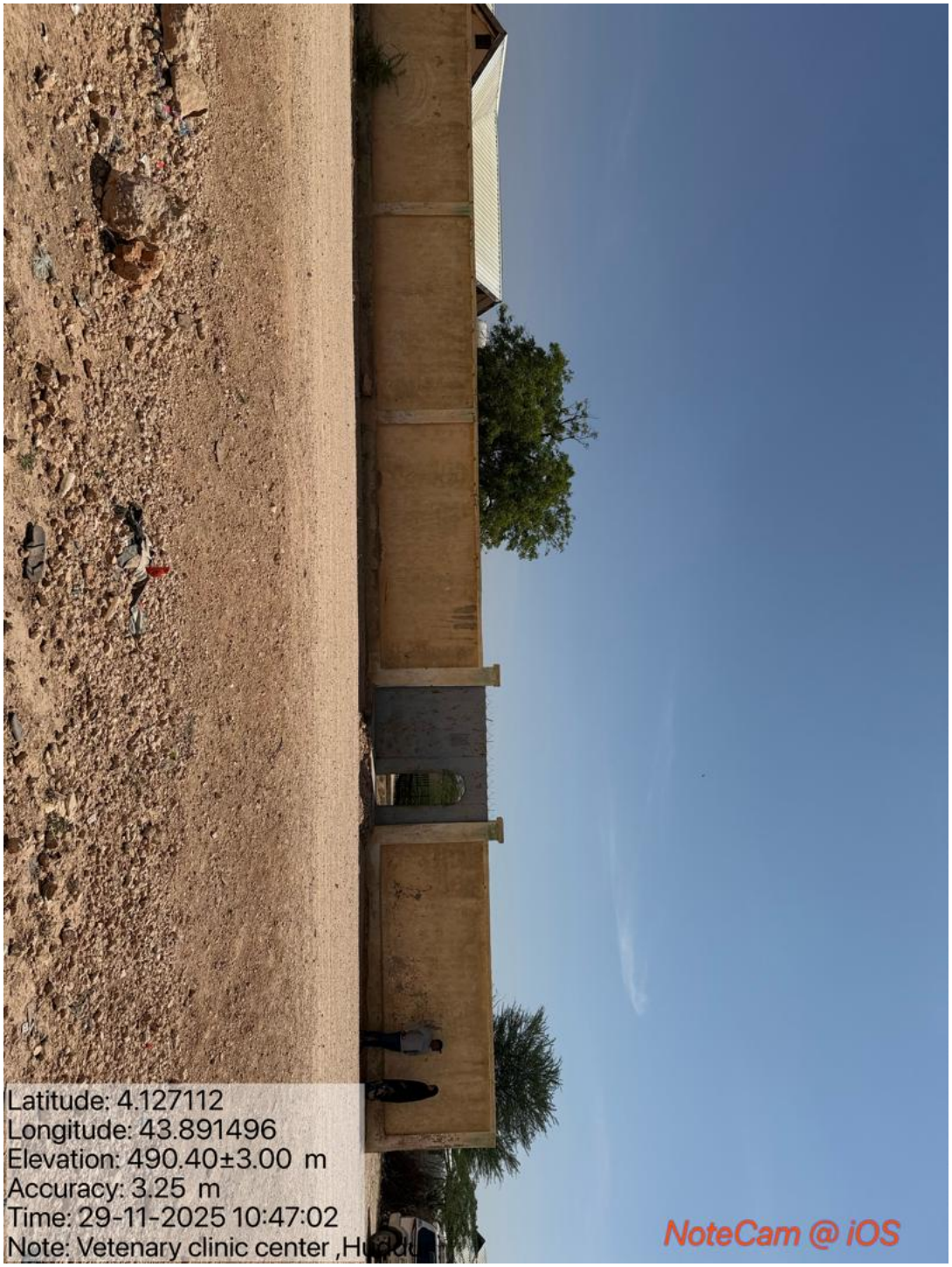
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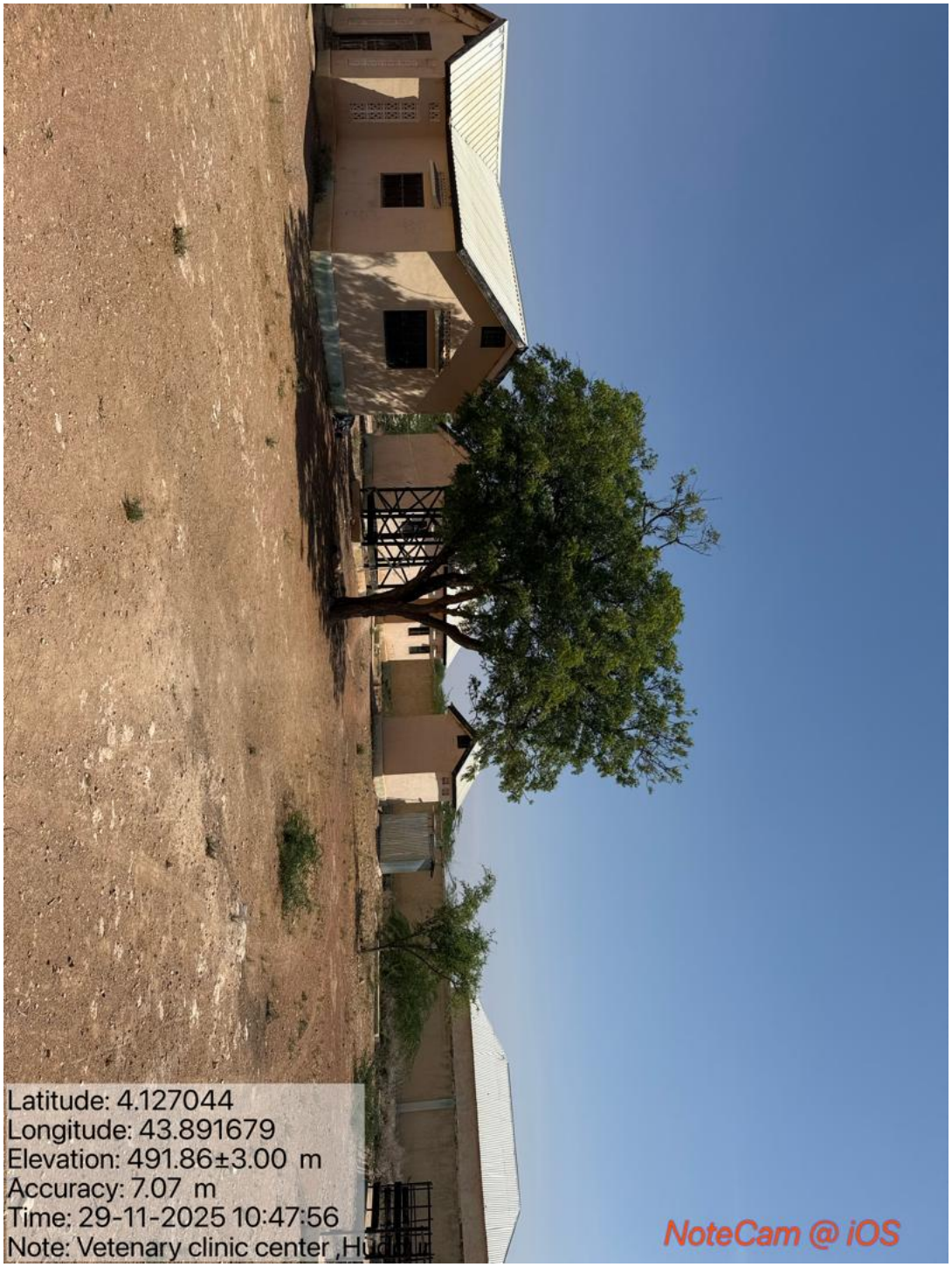
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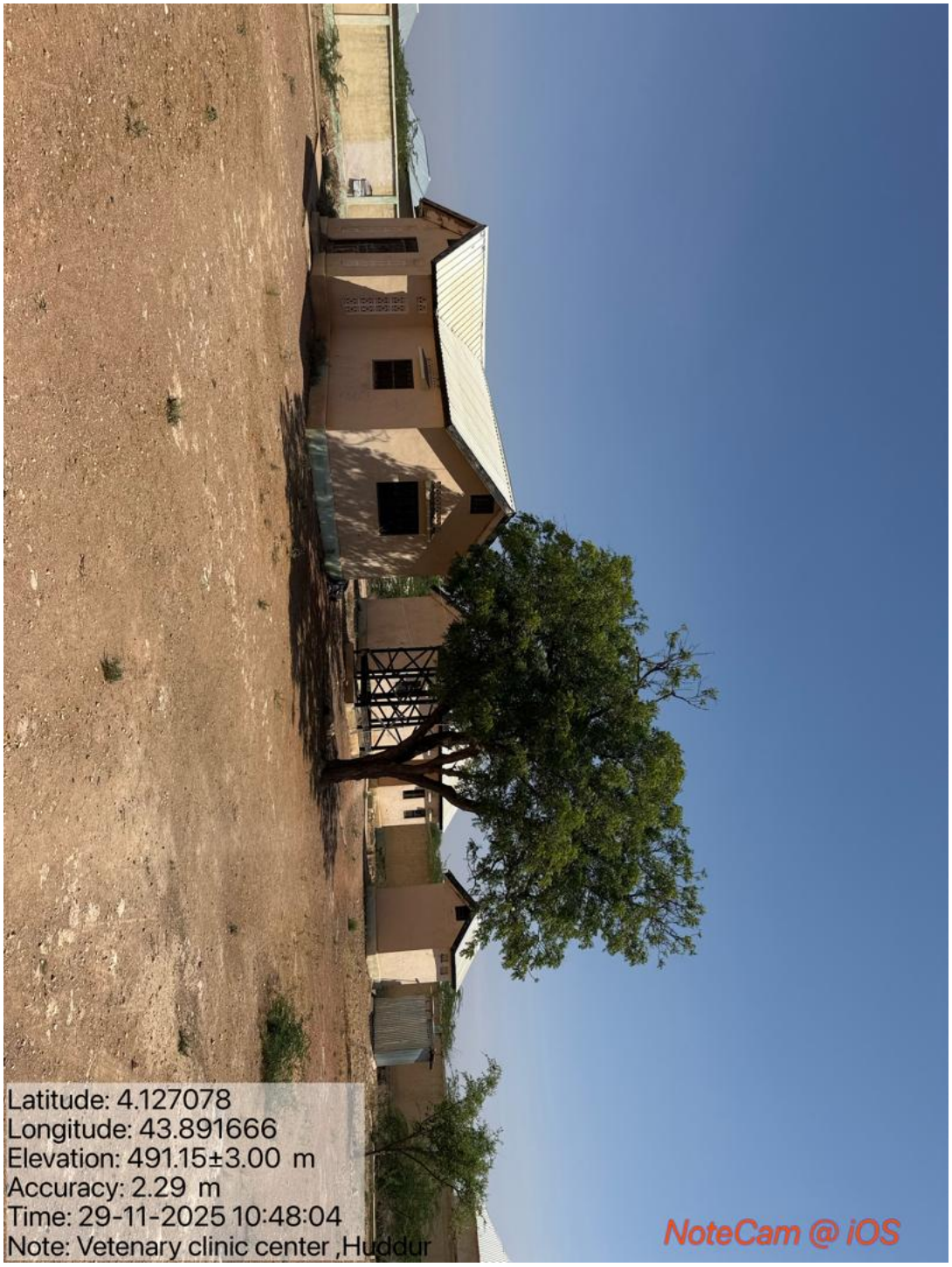
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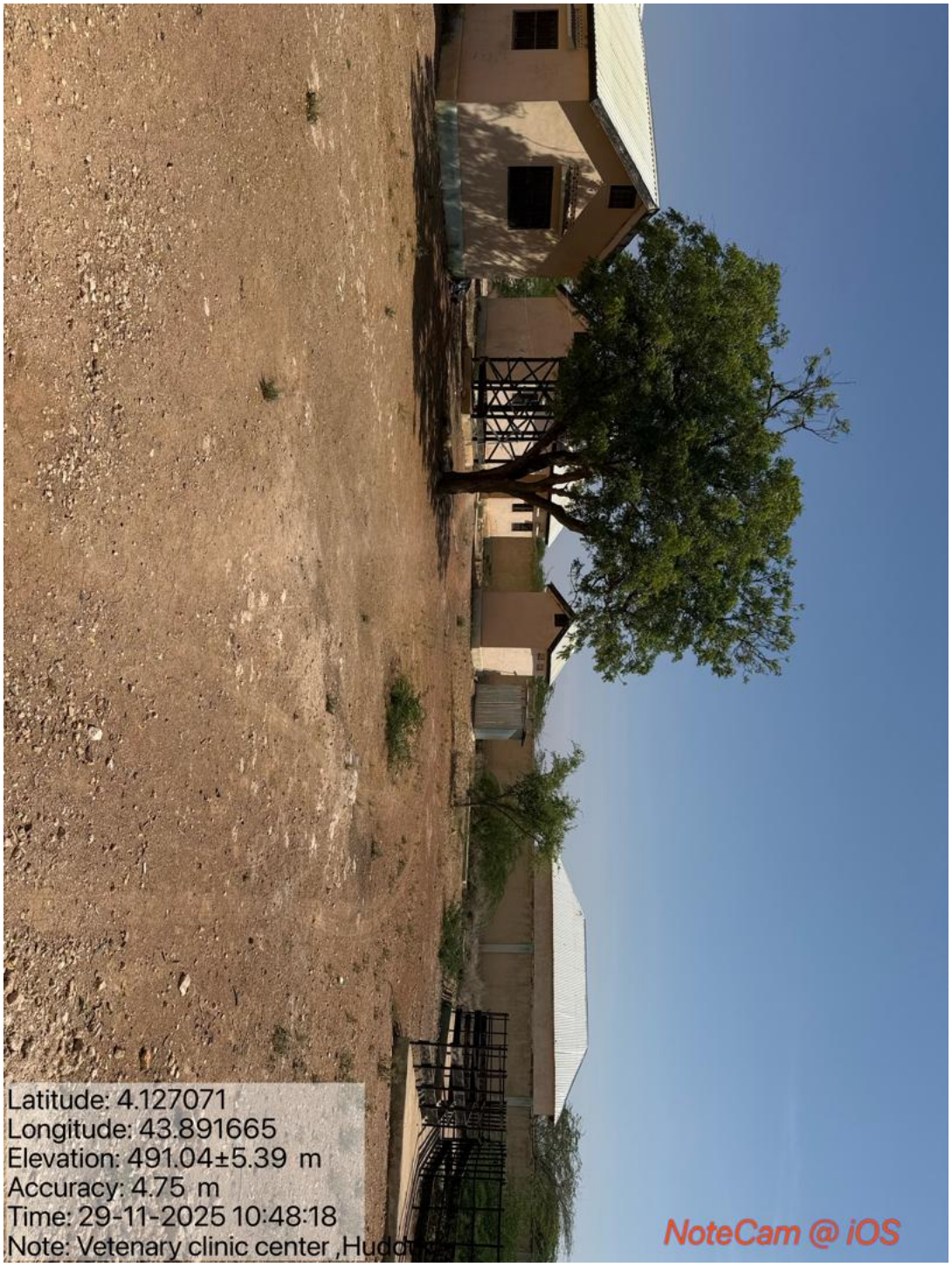
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COMMUNITY CONSULTATION MEETING ON THE REHABILITATION
AND UPGRADING OF THE VETERINARY CLINIC CENTER IN
HUDDUR FOR LIVESTOCK EXTENSION SERVICES
NOV 2025
FSRP
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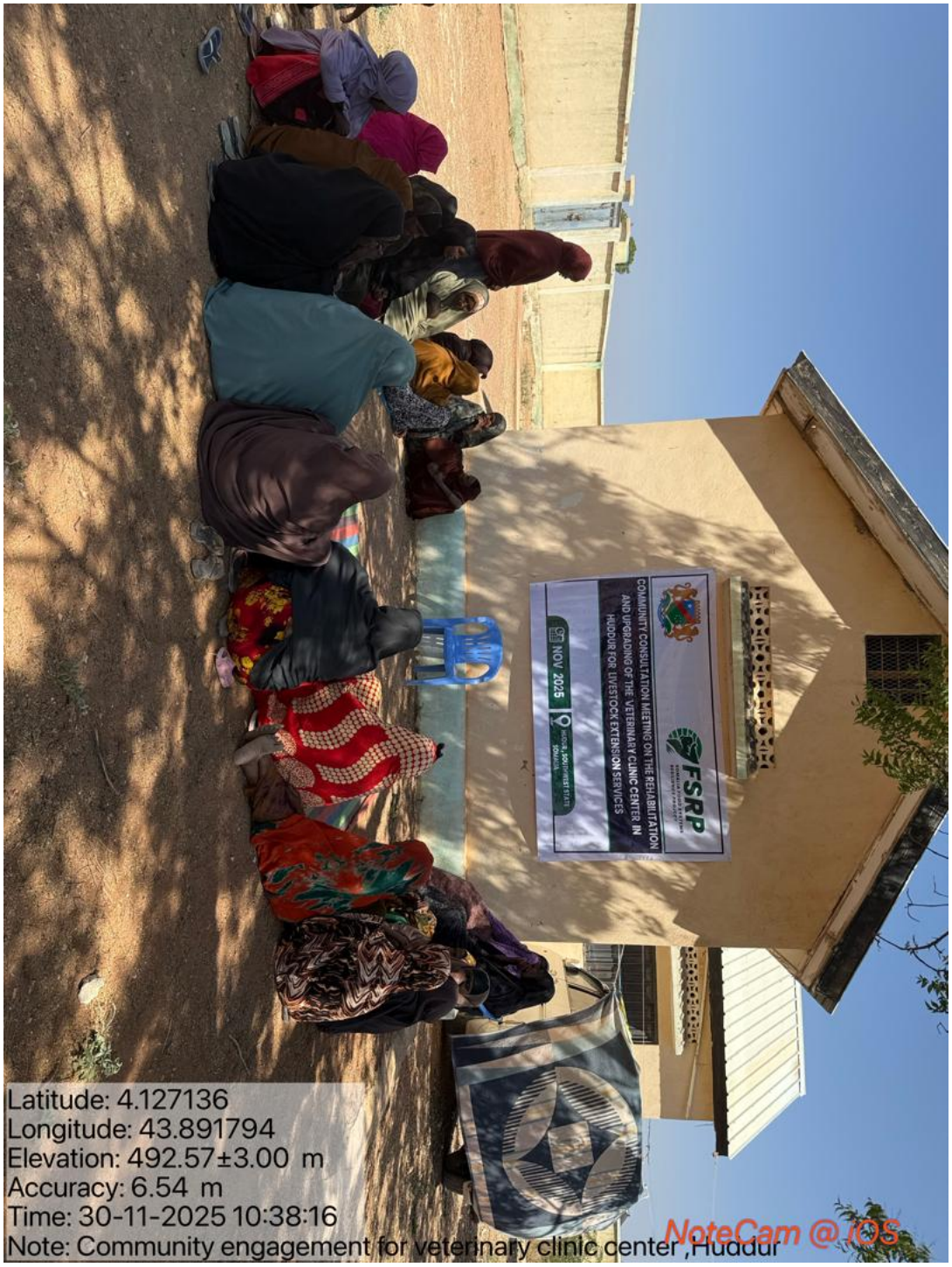
Note: Community engagement for veterinary clinic center ,Huddur
NoteCam @ iOS


COMMUNITY CONSULTATION MEETING ON THE REHABILITATION
AND UPGRADING OF THE VETERINARY CLINIC CENTER IN
HUDUR FOR LIVESTOCK EXTENSION SERVICES
NOV 2025
FSRP
Latitude: 4.127136
Longitude: 43.891794
Elevation: 492.57±3.00 m
Accuracy: 6.54 m
Time: 30-11-2025 10:38:16
Note: Community engagement for veterinary clinic center ,Huddur
NoteCam @ iOS


COMMUNITY CONSULTATION MEETING ON THE REHABILITATION
AND UPGRADING OF THE VETERINARY CLINIC CENTER IN
HUDUR FOR LIVESTOCK EXTENSION SERVICES
FSRP
NOV 2025
Latitude: 4.127123
Longitude: 43.891793
Elevation: 492.05±3.00 m
Accuracy: 3.32 m
Time: 30-11-2025 10:39:03
Note: Community engagement for veterinary clinic center ,Huddur
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Public Consultation Documentation Template/Form

1. Consultation Date: 30/11/2025
2. Sub-project Type: Agri-Livestock
3. Specific Name of the Project: Rehabilitation and upgrading The veterinary clinic Hu
4. Place of Consultation: State: SWS, Region: Bakool, District: Huddur, Village (Specific site): BmuLow
5. Purpose of Consultation: Rehabilitation and upgrading veterinary clinic, Huddur
6. Consultation Time Started: 9:00
7. Consultation Method: Interview, Questioner, Focus Group discussion
8. Consultation Agendas/ Issues:
   1. Rehabitation of veterinary clinic center in Huddur
   2. Renovation and upgrading The veterinary, infracture, equipments
   3. Installation of Sollar system and well staff trained
   4. Provition Livestock medical and vaccination service.
9. Additional Issues Raised During Consultation
- Provide Livestock medical and vaccination service
- Provide consistant access to clean water for Livestock clinic
- improve disease surveillance and responde.
- capacity Building training Livestock keeper on
- to improve animal health.

10. Agreed Agendas/ Issues
- Rehablitation of veterinary clinic center in Huduur.
- Renovate and upgrade the veterinary clinic infrastructure
- construct astandard incinerator for Environmental sound.
- Provide consistant access to clean water for vatinary.

11. Disagreed Agenda/issues including Reasons for Disagreement
- Construction of Vaterinary Hospital
- providing out reach service

12. Consultation Ended Time: 12:00 pm

Consultation Facilitators' Name: **Signature:**

1. Ahmed Ibrahim Abdiwali
2. Fabir Abdikadir
3. _____

Subproject's (IP) Seal: (optional) _____

13. **Consultation Attendants/ Participants:** Veterinary Clinic Center in Thuur

No.	Name of Participant	Age	Sex	Position	Phone Number	Signature
1.	Unsm Mamur Mohamed	60	F	Pastoiist	619922592	
2.	Kaltuma Abdulkhi Ali	55	F	Agro/Pastroiist	6168833302	
3.	Rahama Ahmed A/rahman	27	F	Agropastroiist	615337590	
4.	Xawa Aliyo Heydar	45	F	PastroList	6/95/8207	
5.	Iisha Mohamed A/rahman	36	F	farmmer	6694914	
6.	Maryan Macalin Ali	33	F	Agro/Pgstroiist	6161745	
7.	Gamarow Mamur Macalin	38	F	Animal trade	6162258	
8.	Dhawliira Ahmed Adan	25	F	Agro/pastroiist	6/7484406	
9.	Gibiba Adan A/rahman	38	F	Agro/Pastroiist	615719806	
10.	Fadumo Heydar Ibrahim	50	F	Pastroiist	619455484	
11.	Shamkaron Ali Hassan	33	F	Farmmer	6/617461	
12.	Hdima Adan Mumin	40	F	Animal trade	617488	
13.	Maryan Abdulkhi Mohamed	20	F	Animal trade	6/225/206	
14.	Bayhsmo Iman Nur	75	F	Agro/Pastroiist	614237389	
15.	Fadumo Ali Hussien	38	F	Agro/pastroiist	6160/925	
16.	Hdima Ibrahim Dhagle	55	F	Agropastroiist	6182627 20	
17.	Farhiya Isaak Ali	37	F	Pastroiist	617126/10	
18.	Samweyn Macalin Ibrahim	45	F	Pastroiist	6198163/6	
19.	Farhiya Mahamed Ali	36	F	Farmmer	6187976	
20.	Amina Mohamed A/rahman	60	F	Animal trade	6175343	
21.	Fadumo Nur Mukhtar	39	F	Pastroiist	617/04783	
22.	Sacdiyo Adan M/Nur	32	F	Pastro List	6153500 11	
23.	Hroney M/Nur Ibrahim	80	F	Agro/Pastroiist	N/A	
24.	Xabey Ameo Aliyo	66	F	Animal trade	619366488	
25.	Amin Hussien Mohamed	58	F	Agro/pastroiist	6/776026	
26.	Xabey Adan Dadow	60	F	Agro/pastroiist	6/8633893	
27.	Ali Macalin Ali	28	M	Agro/pastroiist	615692756	

28.	Mohamed Abdi Nur	60	M	Amina trade	6/6840429	
29.	Abdisalan Adan Mohamed	22	m	Amina trade	6/1330285	
30.	Ibrahim A/kadir Adan	35	m	Agro/Petrolist	6/612698	
31.	Mustaf A/rahman Ali	60	m	Agro Petrolist	6/64/2308	—
32.	Bashir Maalim Mohamed	35	m	Agropetrolist	6/6224855	—
33.	Mursal Hassan Abdi	47	m	Agro/Petrolist	6/672/663	—
34.	Fadumo Aliyow Mohamed	58	F	Agro Petrolist	6/2603026	
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