THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

MINISTRY OF HEALTH AND ETHIOPIAN PUBLIC HEALTH INSTITUTE

THIRD ADDITIONAL FINANCING FOR ETHIOPIAN COVID-19 EMERGENCY RESPONSE PROJECT (P173750)

SECURITY MANAGEMENT PLAN (SMP) FIRST DRAFT

OCTOBER , 2022

ADDIS ABABA, ETHIOPIA

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Abbreviations and Acronyms

AEFI	Adverse Event Following Immunization
AF	Additional Financing
CoC	Code of Conduct
Covid-19	Corona virus disease – 2019
EFDA	Ethiopian Food and Drug Administration
EHS	Environmental Health and Safety
E & S	Environment and Social
EOC	Emergency Operations Center
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
EPHI	Ethiopia Public Health Institute
FCV	Conflict and Violence
FTCF	Fast Track COVID-19 Facility
PIU	Project Implementation Unit
FDRE	Federal Democratic Republic of Ethiopia
GBV	Gender Based Violence
GFP	Grievance Focal Point
GoE	Government of Ethiopia
GFP	Grievance Focal Person
GMU	Grants Management Unit
GRM	Grievance Redress Mechanism
HR	Human Resource
IA	Implementing Agencies
ICoCA	International Code of Conduct Association
ILO	International Labour Organization
M & E	Monitoring and Evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
MoLSA	Ministry of Labour and Social Affairs
MPA	Multiphase Programmatic Approach
NGO	Non-Governmental Organization
OHS	Occupational Health and Safety
PDO	Project Development Objective
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PPA	Project Preparation Advance

PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
RHB	Regional Health Bureau
RRT	Rapid Response Team
SA	Social Assessment
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholders Engagement Plan
SOP	Standard Operation Protocols
SPRP	Strategic Preparedness and Response Plan
WB	World Bank
WBG	World Bank Group
WGM	Worker Grievance Mechanism
WGRM	Worker Grievance Redress Mechanism
WHO	World Health Organization

Executive Summary

Project Description: This Project is the Third Additional Financing for the Ethiopia COVID 19 Emergency response project (P173750). It will support the costs of expanding activities of the Ethiopia COVID-19 Emergency Response Project under the COVID-19 Strategic Preparedness and Response Plan (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, the AF to the SPRP approved on October 13, 2020 and the second AF effective on March 1, 2022. The primary objective of the AF is to provide upfront financing for vaccine acquisition and deployment to enable affordable and equitable access to COVID vaccines and effective vaccine deployment in Ethiopia, including strengthening the vaccination system and further strengthening preparedness and response activities under the parent project.

The Project has the following components:

Component 1: Medical Supplies and Equipment finances the procurement of (i) drugs and medical supplies for case management and infection prevention, including production of hand sanitizers; and (ii) equipment, reagents, testing kits, and consumable supplies for laboratories.

Component 2: Preparedness, Capacity Building and Training finances (i) coordination at the national, subnational and regional/cross-country levels, which will require substantial strengthening to prepare for and effectively manage the roll out of vaccines; (ii) Emergency Operations Center (EOC) functionalization (including sub-national coordination and support for preparedness, training, and supervision) (iii) deployment of health workers and other personnel required for COVID-19 preparedness and response, human resources for supportive supervision and subnational support, including logistics management, delivery and supervision and monitoring; (iv) operating costs for Public Health Emergency Management (PHEM) and Incident Management functions; (v) screening at designated points of entry; (vi) strengthening call/hotline centers; (vii) strengthening PHEM and community- and event-based surveillance for COVID-19; and (viii) building diagnostic capacity for COVID-19 at the subnational (regional/state) level, including preparation of guidelines and standard operating procedures (SOPs).

Component 3: Community Discussions and Information Outreach include: (i) risk communication and community engagement; (ii) behavioral and sociocultural risk factors

assessments; (iii) production of a Risk Communication and Community Engagement (RCCE) strategy to address the key gaps for the expected behavioral change for COVID-19 response; (iv) production of communication materials; (v) establishing a production center for information and communication tools to support media and community engagement; and (vi) monitoring and evidence generation; and (vii) human resources for risk communication.

Component 4: Quarantine, Isolation and Treatment Centers: through the rehabilitation of existing facilities and setting up temporary structures, establishes and equips quarantine, isolation, and treatment centers; provision of nutrition and dignity kits.

Component 5: Project Implementation and Monitoring includes: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) recruitment and training of GMU and EPHI staff and technical consultants; and (iii) operating costs specifically for the project staff under the GMU and COVID-19 hazard pay /risk allowance for staffs who will be involved in COVID-19 response at different levels.

Objectives and Approach of SMP: The SMP provides a framework for general identification of potential security risks and mitigation measures with the view to preventing negative impacts resulting from insecurity to the project workers, communities, commodities and equipment. The objective of the SMP is to provide for the protection of employees, equipment, supplies and information from internal and external security threats. Workplace security is necessitated by increased insecurity incidences, hence, the need for background inquiries and monitoring of prospective and current employees, ensuring technology-based security protection, safety of equipment, and prevention/mitigation of potential threats. The Plan it intended to protect community members from security risks in their areas of residency and as they interact with the project activities. The actions proposed in this Plan are aimed at reducing economic, social and or legal liability to the project by taking reasonable measures to safeguard the workplace, workers and clients from threats.

The project will utilize existing security arrangements within healthcare facilities including the additional measures proposed in this Plan for vaccine deployment and contractor works. Screening and assessment of subproject sites, to be conducted by the PMU, will identify existing security gaps and put in place appropriate mitigation measures. The project will recommend to the

facilities being supported by the project treatment/isolation/quarantine centers, laboratories, vaccination centers and waste management facilities, to put in place security measures. Where possible the project will strengthen the security of the facility/subproject mainly within the scope of funding support based on regional evidence which will be generated through assessment or via different documents that may be availed from credible resources.

Relevant stakeholders will be consulted on possible security risks and measures. The grievance redress mechanism (GRM) developed for the project, will be utilized by workers, communities and other stakeholders to raise any security concerns affecting the various subproject sites. Safeguards will be put in place to protect any of the complainants on security matters from potential retaliation by public security forces. The SMP should be updated or reviewed whenever there are new security events or threats, but at least periodically on an annual basis.

Policy, Legislative Context and Good International Practice: Being a World Bank financed Project; the project will thereby adhere to the World Bank's Environmental and Social Framework (ESF). For this purpose, the project has undergone an initial screening against the Environmental and Social Standards (ESS $_{1-10}$) that are defined in the ESF. According to the screening, Environmental and Social overall risks and impacts have been found substantial, and thus, respective assessments and plans will be developed, in the context of this report, a Security Management Plan (SMPs) according to the requirements of Environmental and Social Standards (ESSs) 1, 2 and 4 which indicate the need for security protection of the work environment including the requirement to manage risks emanating from engagement of security personnel in the project. Besides, the Ethiopian Labor Proclamation that has a provision requires the employer to have an obligation to safeguard workers from accidents and injuries. The relevant provisions of the *Labour Proclamation* No. 377/2003, Part 7 provides a framework for the conditions of employment in workplaces security. ESS4 addresses the health, safety, and security risks and impacts on project-affected communities. Under this, the Ministry is responsible for ensuring that risks and associated impacts to personnel and property are avoided or minimized with particular attention to people who, because of their particular circumstances, may be vulnerable. There is need to assess risks posed by these security arrangements to those within and outside the project sites as guided by the principles of proportionality and GIIP, and by applicable laws, in relation to hiring, rules of conduct, training, equipping, and monitoring of such security workers.

The sanctioning of any use of force by direct or contracted workers in providing security is discouraged except when used for preventive and defensive purposes in proportion to the nature and extent of the threat.

Overview of Security Situations: Workplaces present different levels of risks based on the security contexts and the extent of security management measures in place. It is important to undertake security risk assessments to inform mitigation measures. The purpose of security risk assessment is to determine and assess areas of exposure to insecurity in the workplace. For this project, risk assessments will be undertaken by a security expert together with the project M & E officer, who has been assigned to oversee the SMP activities.

Based on the lesson learnt from parent project some of the potential security risk vulnerabilities within COVID-19 Emergency Response Project include:

- ☞ Lack of adequate security personnel to guard the facilities, to protect workers and equipment;
- ☞ Lack of or inadequate fencing (securing of the facilities);
- ☞ Demand for HCF medicines (including vaccinations) and resultant increased potential for theft;
- ☞ Vulnerabilities resulting from having healthcare facilities within communities susceptible to ethnic clashes coupled with poor transport and communication infrastructure;
- ☞ Vulnerabilities due to conflict in Tigray, Amhara, Afar, Oromia and Benishangul regions which will damage of healthcare facilities (hospitals, health center & health posts) again.
- ☞ Inadequate workplace security policies and awareness about the workplace security solutions and procedures;
- ☞ Inadequate security response structures; and
- ☞ Lapses in proper monitoring of the workplace environment, staff and visitors, etc.

With regard to security of regions supported by the Project, there have been insecurity incidences in the recent past, as reported through the media, e.g. according to MoH, by the end of 2021, there are 25 hospitals, 320 Health centers, and 1451 health posts which have been made damaged due to conflict in Tigray, Amhara, Afar, Oromia and Benishangul regions which needs to be renovated and made functional for the delivery of essential healthcare services and integrated COVID-19 response including COVID-19 vaccine deployment.

Exhaustive identification of security threats/risks in a project is a critical step towards prevention, management and mitigation against any potential risks. If not addressed, security risks can potentially prevent the project from achieving its objectives. The PMU will support regions to ensure identification of subproject based security risks and oversee implementation of the identified security management measures and controls in line with the World Bank provisions as contained in the World Bank's Good Practice Note: Assessing and Managing the Risks and Impacts of the Use of Security Personnel.

Security threats can either be external or internal. Internal threats are those caused by workers in an organization or those that occur within a workplace and may include theft, sabotage, and destruction of equipment, labor unrest, and conflicts between workers, among others. External threats refer to risks of somebody or a group from the outside of an organization to covertly or overtly force or silently exploit system vulnerabilities by acquiring property illegally or harm persons or equipment in the organization such as common criminal activity; disruption of the project for economic, political, or social objectives; and other deliberate actions that have a negative impact on the effective, efficient, and safe operation of the project.

Security measures are designed to shield people and property from prospective hazards, including crime, sabotage, agitation and attack. Different systems are designed to protect different types of targets. Some of the sub-projects are located in areas with a history of insecurity such as Tigray, Amhara, Afar, Oromia and Benishangul gumuz regions. The MoH will work closely with the Federal police, Regional Police and Ministry of defense to ensure the security of project workers and the facilities involved in COVID-19 response (vaccine deployment).

Security Supervision and Control: Security supervision and control will happen at different levels. This may be at the national, regional, Zonal, Woreda, healthcare facility/subproject sites and at the contractor levels. The responsibility for overseeing security management will be vested in the COVID-19 Emergency Response Project Coordinator. The COVID-19 Emergency Response Project Coordinator will be responsible for coordinating the overall implementation of the SMP, on behalf of the PMU, including compliance with security safeguards requirements. The MoH will work closely with the regional Governments, the healthcare facilities supported by the project, relevant Departments and other relevant stakeholders to ensure proper management

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of project security issues.

Grievance Redress Mechanism: GRM for direct workers will provide avenues for workers to channel complaints, including security related complaints. Each project entity, e.g. PMU, field staff, consultants and contractor workers will be required to hold periodic team discussion meetings. Grievances raised by workers will be recorded with the actions taken by each unit. The summary of grievance cases will be reported to the World Bank as part of the regular reporting. Where the aggrieved direct workers wish to escalate their issues or raise their concerns anonymously and/or to a person other than their immediate supervisor/hiring unit, they should be allowed to do so. The workers may raise the issues with the World Bank task team in case of a serious occupational issue or non-compliance to the Bank safeguards requirements in line with the incidence reporting protocols. Where consultants/contractors have an existing grievance system, their direct workers should use such mechanism. Project GRM will also establish complaint and feedback mechanisms in the quarantine, treatment and isolation and vaccination centers on any issues including reporting SEA and quality of services. Hotline services for complaint handling has been established and adequately communicated to the public including people in the treatment, isolation and quarantine centers. The national and local call centers have been established and running the national toll-free numbers # 8335, and #953. Eleven health bureaus and city administrations also have local call centers. Further, the MoH, EPHI and professional societies have launched Covid-19 messaging groups on web pages. Further, Grievances will be handled at the Woreda level by the Woreda Grievance Office and on the regional level by BoH and national level by MoH.

Monitoring and Reporting: The Project will track the implementation of the SMP activities using the potential key stakeholders shown in Table 2. The M & E Officer will collate and submit the information to the PMU on a monthly basis. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions on security provisions will be collated by responsible staff and referred to the PMU. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the project's ability to address those in a timely and effective manner.

1. Introduction

1.1. Health Situation

An outbreak of coronavirus disease (COVID-19) caused by the novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China, reaching 218 countries and territories. As of the end of November 2020, globally, the outbreak has already resulted in 62.8 million confirmed cases and nearly 1.5 million deaths.1 In Ethiopia, the total number of cases confirmed positive for COVID-19 has reached more than 110,000 with 1,700 deaths as of the end of November 2020.

The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. The outbreak has already caused significant loss of life, disruptions in global supply chains, and economic losses in both developed and developing countries. Economic activity has fallen in the past months and is expected to remain depressed for months. It is expected that the impacts of the pandemic will last long. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the length and location(s) of the outbreak, as well as on whether there are concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

1.2. The parent project

The This Project is an Additional Financing (AF) and restructuring of the Ethiopia COVID-19 Emergency Response Project (P173750). The AF would support the costs of expanding activities of the Ethiopia COVID-19 Emergency Response Project under the COVID-19 Strategic Preparedness and Response Plan (SPRP) using the Multiphase Programmatic Approach (MPA),

approved by the Board on April 2, 2020, the 1st AF to the SPRP approved on October 13, 2020[1], and the 2nd AF effective on March 1, 2022. The primary objective of the AF is to provide upfront financing for vaccine acquisition and deployment to enable affordable and equitable access to COVID 19 vaccines. Furthermore, to expand the vaccine access through a campaign modality and strengthen existing systems including establishing vaccine manufacturing plant. Further strengthening preparedness and response activities under the parent project are also major priorities under the 3rd AF. The proposed additional financing will help deliver more than 45 M doses. The World Bank (WB) financing for the COVID-19 vaccines and deployment will follow World Bank's Vaccine Approval Criteria (VAC).

The proposed 3rd AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the GoE. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Ethiopia.

Critically, the additional financing seeks to enable the acquisition of vaccines from a range of sources to support Ethiopia's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time, among other key features). The COVAX facility has put in place a framework that will anchor the GoE strategy and access to vaccines. On GoE is currently reviewing an agreement with COVAX to procure and ship the vaccines[2]. The Bank is supporting the country to source through COVAX as a priority, and to also support the country in accessing vaccines beyond COVAX as necessary. The proposed IDA financing will build on this to expand Ethiopia's effort to deliver the vaccines.

This 3rd AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale. To this end, the AF is geared to assist the GoE, working with WBG, WHO, UNICEF and other development partners, to overcome bottlenecks in the area of planning and management, supply and

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[1] The World Bank approved a US$12 billion WBG Fast Track COVID-19 Facility (FTCF or "the Facility") to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US$6 billion came from IBRD/IDA ("the Bank") and US$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US$8 billion, bringing the FTCF total to US$14 billion. The Additional Financing of US$12 billion was approved on October 13, 2020 to support the purchase and deployment of vaccines as well as strengthening the related immunization and health care delivery system.;

[2] In fact, on 07 March 2021 Ethiopia has received 2.184 million doses of the Astra Zeneca COVID-19 vaccine via the COVAX Facility. https://www.afro.who.int/news/22-million-covid-19-vaccines-allocated-covax-facility-arrive-ethiopia-marking-start-countrys

distribution, program delivery, systems and infrastructure as identified in the COVID-19 vaccine readiness assessment in the country.

The 3rd AF entails expanding the scope of activities in the Ethiopia COVID-19 Emergency Response Parent Project and adjusting its overall design. As the proposed activities to be funded under the 3rd AF are aligned with the original PDO of the parent project (Ethiopia COVID-19 Emergency Response - P173750), the PDO would remain unchanged: 'To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness'.

Being a World Bank financed Project; the project will thereby adhere to the World Bank's Environmental and Social Framework (ESF). For this purpose, the project has undergone an initial screening against the Environmental and Social Standards (ESS $_{1-10}$) that are defined in the ESF. According to the screening, Environmental and Social overall risks and impacts have been found substantial, and thus, respective assessments and plans will be developed, in the context of this report, a Security Management Plan (SMPs) according to the requirements of Environmental and Social Standards (ESSs) 1, 2 and 4 which indicate the need for security protection of the work environment including the requirement to manage risks emanating from engagement of security personnel in the project. The Good International Industry Practice (GIIP) for private security personnel is that they are from a company that is a member of the International Code of Conduct Association (ICoCA). However, considering that the existing security providers for healthcare facilities may not be members of ICoCA, it is recommended that the MoH and its partners should be encouraged and actively follow the security providers' to follow the provisions of ICoCA's code; https://icoca.ch/the-code/. In addition, as per ESS4 Guidance Note for Borrowers, rules on the use of force should be tied to the contract between private security companies and their engaging parties.

1.3. Project Components

The Project Development Objective (PDO) of the Parent Project, and this AF, is to prevent, detect, and respond to the threat posed by COVID-19, and strengthen national systems for public health preparedness in Ethiopia. This AF has five project components, which will be briefly

presented here under.[3]

Component 1: Medical Supplies and Equipment finances the procurement of (i) drugs and medical supplies for case management and infection prevention, including production of hand sanitizers; and (ii) equipment, reagents, testing kits, and consumable supplies for laboratories.

Component 2: Preparedness, Capacity Building and Training finances (i) coordination at the national, subnational and regional/cross-country levels, which will require substantial strengthening to prepare for and effectively manage the roll out of vaccines; (ii) Emergency Operations Center (EOC) functionalization (including sub-national coordination and support for preparedness, training, and supervision) (iii) deployment of health workers and other personnel required for COVID-19 preparedness and response, human resources for supportive supervision and subnational support, including logistics management, delivery and supervision and monitoring; (iv) operating costs for Public Health Emergency Management (PHEM) and Incident Management functions; (v) screening at designated points of entry; (vi) strengthening call/hotline centers; (vii) strengthening PHEM and community- and event-based surveillance for COVID-19; and (viii) building diagnostic capacity for COVID-19 at the subnational (regional/state) level, including preparation of guidelines and standard operating procedures (SOPs).

Component 3: Community Discussions and Information Outreach include: (i) risk communication and community engagement; (ii) behavioral and sociocultural risk factors assessments; (iii) production of a Risk Communication and Community Engagement (RCCE) strategy to address the key gaps for the expected behavioral change for COVID-19 response; (iv) production of communication materials; (v) establishing a production center for information and communication tools to support media and community engagement; and (vi) monitoring and evidence generation; and (vii) human resources for risk communication.

Component 4: Quarantine, Isolation and Treatment Centers: through the rehabilitation of existing facilities and setting up temporary structures, establishes and equips quarantine, isolation, and treatment centers; provision of nutrition and dignity kits.

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[3] FDRE, FOR AN ADDITIONAL FINANCING FOR THE ETHIOPIA COVID-19 EMERGENCY RESPONSE PROJECT, MARCH 4, 2021.

Component 5: Project Implementation and Monitoring includes: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) recruitment and training of GMU and EPHI staff and technical consultants; and (iii) operating costs specifically for the project staff under the GMU and COVID-19 hazard pay /risk allowance for staffs who will be involved in COVID-19 response at different levels.

2. Objectives and Approach of SMP

The SMP provides a framework for general identification of potential security risks and mitigation measures with the view to preventing negative impacts resulting from insecurity to the project workers, communities, commodities and equipment.

The objective of the SMP is to provide for the protection of employees, equipment, supplies and information from internal and external security threats. Workplace security is necessitated by increased insecurity incidences, hence, the need for background inquiries and monitoring of prospective and current employees, ensuring technology-based security protection, safety of equipment, and prevention/mitigation of potential threats. The Plan it intended to protect community members from security risks in their areas of residency and as they interact with the project activities. The actions proposed in this Plan are aimed at reducing economic, social and or legal liability to the project by taking reasonable measures to safeguard the workplace, workers and clients from threats.

The project will utilize existing security arrangements within healthcare facilities including the additional measures proposed in this Plan for contractor works. Screening and assessment of subproject sites, to be conducted by the PMU, will identify existing security gaps and put in place appropriate mitigation measures. The project will recommend to the facilities being supported by the project treatment/isolation/quarantine centers, laboratories, vaccination centers and waste management facilities, to put in place security measures. Where possible the project will strengthen the security of the facility/subproject mainly within the scope of funding support.

Relevant stakeholders will be consulted on possible security risks and measures. The grievance redress mechanism (GRM) developed for the project, will be utilized by workers, communities and other stakeholders to raise any security concerns affecting the various subproject

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sites. Safeguards will be put in place to protect any of the complainants on security matters from potential retaliation by public security forces. The SMP should be updated or reviewed whenever there are new security events or threats, but at least periodically on an annual basis.

3. Policy, Legislative Context and Good International Practice

The Ethiopian Labor Proclamation has a provision requires the employer to have an obligation to safeguard workers from accidents and injuries. The relevant provisions of the *Labour Proclamation* No. 377/2003, Part 7 provides a framework for the conditions of employment in workplaces security.

The ESF of the World Bank governs the management of environmental and social (E & S) risks for projects financed by the Bank. ESS 1 (Assessment and Management of Environmental and Social Risks and Impacts) of the ESF requires clients to better assess and manage E & S risks and impacts for improvement of financed development outcomes. These include management of threats to human security through personal, communal or interstate conflict, crime or violence.

The World Bank's Environmental and Social Management Framework also provides for the need for social and conflict analysis aimed at assessing the degree to which the project may: (i) exacerbate existing tensions and inequality within society (both within the communities affected by the project and between these communities and others); (ii) have a negative effect on stability and human security; and (iii) be negatively affected by existing tensions, conflict and instability, particularly in circumstances of war, insurrection and civil unrest.

ESS 2 (Labor and Working Conditions): The AF project will engage public workers, workers hired by the project (direct workers such as consultants, technical experts in GMU and other workers), and workers hired by contractors under the project. Most activities supported by the project are going to be conducted by health and laboratory workers, i.e. civil servants employed by the Government of Ethiopia. Activities to be carried encompass treatment of patients as well as assessment of samples and provision of vaccines. The key risk is contamination with COVID 19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immunes system), which can lead to illness and death of workers. The project may outsource minor works to contractors. The envisaged works

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will be of minor scale and thus pose limited risks. Also, no large-scale labor influx is expected due to the same circumstance. Thus, ESS2 remains relevant and is triggered by the AF project

The project will ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues via MoH. The Labor Management Procedures (LMP) has prepared for the Project. It has detailed information on the work terms and conditions; provided procedures to address workers grievances.

ESS4 (Community Health and Safety) addresses the health, safety, and security risks and impacts on project-affected communities. Under this, the Ministry is responsible for ensuring that risks and associated impacts to personnel and property are avoided or minimized with particular attention to people who, because of their particular circumstances, may be vulnerable. There is need to assess risks posed by these security arrangements to those within and outside the project sites as guided by the principles of proportionality and GIIP, and by applicable laws, in relation to hiring, rules of conduct, training, equipping, and monitoring of such security workers. The sanctioning of any use of force by direct or contracted workers in providing security is discouraged except when used for preventive and defensive purposes in proportion to the nature and extent of the threat. Therefore, potential impacts resulting from engagement of security personnel needs to be assessed and management measures identified in accordance with the mitigation hierarchy.

4. Organizational structure and governance for SMP Implementation

In the context of safety and security the strategic direction for security management is set by the National Steering Committee (NSC). The Project Management Unit (PMU) implements the NSC strategic direction and sets the specific risk mitigation strategies and approves, from project activities of Implementing Partners (IP). Ultimately the PMU Project Co-coordinator will have the overall responsibility for security risk management. Project implementing facility head is assisted by the health facility project implementing unit who will maintain the day-to-day management of security risk management for the project and will monitor and supervise the implementation of all security requirements by all involved governmental agencies and other Implementing Partners. The project implementing unit will further handle all security reporting, prepare updates of security risk assessments, and liaise closely with all relevant authorities. In addition, the PMU risk management team, specifically the Social Safeguards Specialist, will be

responsible for the monitoring of all implementing partners in their compliance with the SMP.
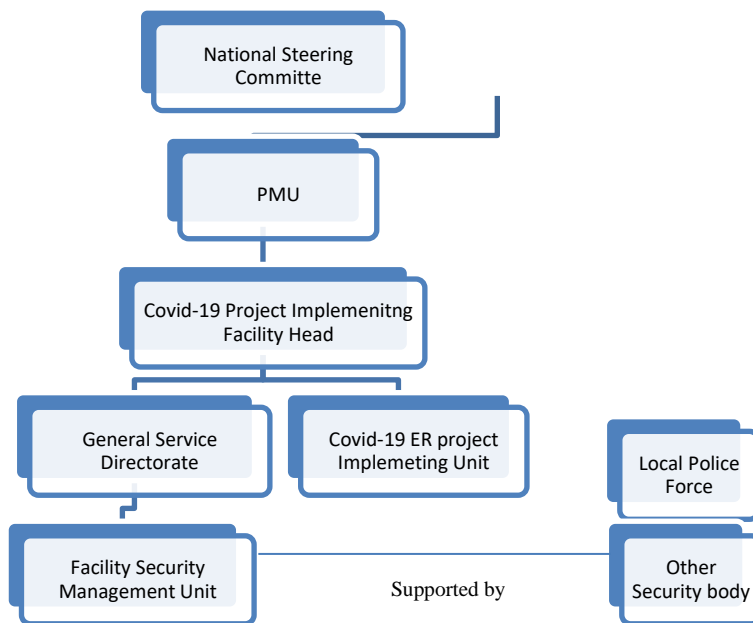

Figure 1: Project Security Structure

All health facilities and health system structure in Ethiopia has a general service directorate, under it there facility security management structure which is working for the safeguards of the facility. Those facilities are working with local security system (police forces and local security sector) to keep the peace and safeguards of the facilities compounds and workers safety. To be efficient in the project implementations the project will utilize existing health facilities and local government security arrangements in additions to additional measures proposed in this Plan (for more detail, see section 5.4 Security arrangement).

5. Security Management Plan

5.1. Security Risks Assessment

Even if, the project will utilize existing security arrangements within healthcare facilities including the additional measures proposed in this Plan, details the existing security arrangements and its gaps are needs continues site-specific security risk assessments. The Project Security Risk Assessment will provides an overview of the level of risk to project affected personnel across the regions within which project activity is set to occur. Specifically, it provides

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an in depth summary of the security environment across the regions including recent history in the security context, summary of main protagonists, local factors that drive conflict, current security situation, threat mapping and a list of all prevalent threats to project personnel.

The Project Security Risk Assessment will also compile every security threat to project personnel and lists them. It then will scores each threat scenario in terms of likelihood in each district within which project activity is likely to occur. This is derived from a literature of previous security incidents and analysis of the current security situation in the district. The likelihood scoring system can be seen in Table 1. This Security risk screening and assessments of subproject sites will be conducted by the regional health bureau and MOH/PMU.

Table 1: Threat Likelihood Scores and their definitions

Likelihood Score	Likelihood	Definition
1	IMPROBABLE	The risk will occur only in the most exceptional circumstances
2	LOW	The risk is not expected to occur in most circumstances
3	MEDIUM	The risk will occur in some circumstances
4	PROBABLE	The risk will occur in most circumstances
5	FREQUENT	The risk will occur in just about all circumstances

The total likelihood score of all threat scenarios in a district is added together to give the risk likelihood score for each district. Dependent on the likelihood score the district is categorized as Unacceptable, High, Substantial, Moderate and Low. Then analyses of the risk mitigation measures needs to be provided by security forces in the project implementing area, for each threat mitigation measures will be identified to detect or defend against the event.

5.2. Overview of project implementing Area Security Situation

Workplaces present different levels of risks based on the security contexts and the extent of security management measures in place. It is important to undertake security risk assessments to inform mitigation measures. The purpose of security risk assessment is to determine and assess areas of exposure to insecurity in the workplace. It is critical to recognize the root causes of these risks, whether they are covert or certain, and address them efficiently and effectively. For this

project, these assessments will be undertaken by a security expert together with the project M & E officer, who has been assigned to oversee the SMP activities.

Based on the lesson learnt from parent project some of the potential security risk vulnerabilities within COVID-19 Emergency Response Project include:

☞ Lack of adequate security personnel to guard the facilities, to protect workers and equipment;

☞ Lack of or inadequate fencing (securing of the facilities);

☞ Demand for HCF medicines (including vaccinations) and resultant increased potential for theft;

☞ Vulnerabilities resulting from having healthcare facilities within communities susceptible to ethnic clashes coupled with poor transport and communication infrastructure;

☞ Vulnerabilities due to conflict in Tigray, Amhara, Afar, Oromia and Benishangul regions which will damage of healthcare facilities (hospitals, health center & health posts) again.

☞ Inadequate workplace security policies and awareness about the workplace security solutions and procedures;

☞ Inadequate security response structures; and

☞ Lapses in proper monitoring of the workplace environment, staff and visitors, etc.

With regard to security of regions supported by the Project, there have been insecurity incidences in the recent past, as reported through the media, e.g. according to MoH, by the end of 2021, there are 25 hospitals, 320 Health centers, and 1451 health posts which have been made damaged due to conflict in Tigray, Amhara, Afar, Oromia and Benishangul regions which needs to be renovated and made functional for the delivery of essential healthcare services and integrated COVID-19 response including COVID-19 vaccine deployment.

These examples illustrate the need for attention and measures at the project level to ensure that project staffs are not exposed to insecurity by purposing to militate against inherent security risks. This can be achieved by adequately documenting the potential security risks and building the capacity of regions to identify and mitigate such risks. Measures to address these risks would include avoiding or delaying visits to insecure sites until the situation is considered stable and safe by GoE for the people and equipment/materials. Additionally, permission from concerned government officials and security personnel engagement will be granted so that they accompany

the MoH teams, PMU members, consultants and contractors who have to visit or work in some of the areas assessed as insecure, as per the risk assessment conducted for this SMP and monitoring reports.

Within COVID-19 Emergency Response Project there are areas susceptible to insecurity incidences, which may have direct impact on the safety of project workers as described in the Project Labor Management Procedures (LMP) namely the PMU, MOH staff, RHB staff, consultants, temporary staff, contractors and contractor workers, primary supply workers, community volunteers and security personnel who may be deployed to provide security services to the project. Other key areas include safety of equipment and commodities in offices, on transit, in the facilities where they are installed and stored, and even to communities due to conflicts that may emanate from project interventions.

It is foreseen that the project may not have major security involvement over and above the ongoing arrangements. The major scenarios that may require security involvement are: for supported sites with ongoing contractor works, the contractor workers may include security personnel (recruited by the contractors); and during scale-up of vaccination and mostly where vaccines are deployed through outreaches, especially in insecure locations. Contractors and subcontractors will understand the requirements of ESF and EES4. This could be achieved by incorporating the requirements in the bid documents and contractual agreements, and will be strictly supervised during construction phase. In such situations it would be imperative to have the presence of security personnel, most likely to be arranged by the regional Government. In addition, transit of project equipment/staff in and through insecure regions may require the support of the Federal police, regional police and Ministry of defense to facilitate security of the people and goods which going to be qualified when regional evidence is generated through assessment

Below is a brief analysis of the exposure to insecurity by the project workers and beneficiaries.

☛ *MoH staff and Project Management Unit*: Relevant MoH and RHB staff and PMU will be involved in various activities that may include field visits to monitor progress, safeguards due diligence, distribution of supplies, capacity building activities, among others. Further,

potential security incidences may emanate during transit to regions for field assignments. e.g. in Afar, Amhara, Oromia, Tigray and Benishangul gumuz,, which have experienced insecurity incidences in the recent past.

☞ *Temporary Staff*: The Project is financing the recruitment of a number of surge capacity staff to support COVID-19 testing, treatment and management in healthcare facilities across the country. Some of these staff has been posted to border points among others, which are generally considered insecure. It is important to take note of the security risks posed to them and establish a project-based system for managing and militating against such risks.

☞ *Project Contractor and Contractor Workers*: Contractors will be engaged in the civil works in relation to refurbishment of laboratories, and treatment/quarantine/isolation centers supported by COVID-19 Emergency Response Project. These workers may be vulnerable to community conflicts resulting from dissatisfaction by communities, for instance, due to noise pollution, unfair recruitment of contractor workers, general community conflicts, political conflicts due to political campaigns, among others. Contractors and subcontractors should understand the requirements of ESF and act accordingly with regards to community health and provisions for GBV. This could be achieved by incorporating the requirements in the bid documents and contractual agreements and will be strictly supervised during construction phase.

☞ *Primary supply workers and contracted technicians*: Medical supplies are procured for isolation centers, Regional health facilities, laboratories, hospitals. Some of these require the suppliers and technicians to install equipment on site. The security risks posed to this category of workers include potential theft of equipment during transit and threat to life from possible roadside attacks and banditry. The equipment could also be stolen during installation and use.

☞ *Community Health Volunteers:* The Project will engage community health volunteers to undertake community based surveillance, mobilization and sensitization of communities on COVID-19 protocols. It will be important for regional departments for health engaging community volunteers to work closely with the government security offices to ensure protection of community volunteers while performing project tasks.

☞ *Project equipment*: Medical equipment acquired through the project need to be secured

and protected. These include: ventilators, laboratory equipment, oxygen plants, test kits, vaccines and related commodities, hand-washing stations, incinerators and waste management microwaves, construction materials for waste management facilities and treatment centers, tablets for COVID-19 case management, hired ambulances and vehicles for rapid response teams and any other within or outside the healthcare premises.

☞ *Security offices and Personnel*: The Project will engage a security personnel and government security offices while performing and implementing the project tasks.

There are potential insecurity risks for communities that may emerge due to conflict over service access, labor recruitment by contractors and the government, and limited access to services. The community members could also fall victim to violence while they are accessing services at the health facilities and/or as they transit from their homes to the health facilities.

Exhaustive identification of potential security threats/risks in a project is a critical step towards prevention, management and mitigation against any potential risks. If not addressed, security risks can potentially prevent the project from achieving its objectives. Potential risks of the project and as they are going to be qualified when regional evidence is generated through assessment or via different documents that may be availed from the Bank or other credible resources. The potential risks will be assessed at each project implementing areas within two months after approval this plan. The PMU will support regions to ensure identification of subproject based security risks and oversee implementation of the identified security management measures and controls in line with the World Bank provisions as contained in the WorldBank's Good Practice Note: Assessing and Managing the Risks and Impacts of the Use of Security Personnel.

Security threats can either be external or internal. Internal threats are those caused by workers in an organization or those that occur within a workplace and may include theft, sabotage, and destruction of equipment, labor unrest, and conflicts between workers, among others. External threats refer to risks of somebody or a group from the outside of an organization to covertly or overtly force or silently exploit system vulnerabilities by acquiring property illegally or harm persons or equipment in the organization such as common criminal activity; disruption of the project for economic, political, or social objectives; and other deliberate actions that have a negative impact on the effective, efficient, and safe operation of the project.

Even if the potential security risks are vary in subproject implementing areas (regions), based on lesson learnt from parent project generally some of the potential security risks posed to the project in the country include the following:

- ☞ **Theft of equipment:** Theft cases may be perpetrated by employees through stealing, pilferage, use or misuse of organization's assets without permission. On the other hand, a trespasser may enter a building intending to steal, inflict grievous bodily harm or do unlawful damage; or having entered as a trespasser steals or attempts to steal, or inflicts or attempts to inflict grievous bodily harm to the people in the facility, e.g. patients, clients or workers.

- ☞ **Burglary:** Illegal entry of a building with intent to commit a crime, especially theft. It involves breaking and entering the premises. This can be done by staff or outsiders.

- ☞ **Clashes within work environment:** whilst research has shown that functional and shared spaces like hospitals can bring different warring clans together and may foster unity, healthcare services can equally be disrupted by clashes. This may be detrimental to the welfare of the patients/clients, staff and equipment within the affected facilities.

- ☞ **Banditry/Roadside attacks on workers during transit**: The project can be susceptible to attacks while transporting equipment and materials to the regions or to project workers when travelling for field activities.

- ☞ **Violence in workplace**: All employees are entitled to a safe and violence-free workplace. If an employee knows of a potential security concern or the need to report an incident, he/she should contact his/her supervisor or human resource offices of the respective facilities, regions and report in a timely manner.

- ☞ **Community unrest due dissatisfaction or concerns on health and other services:** Dissatisfaction with healthcare services, including hazards at the workplace can be a cause of conflict between healthcare facilities and the communities from within. The triggers for such conflicts may include: poor waste disposal; dissatisfaction of healthcare services, e.g. a failed or unwelcome immunization/vaccination exercise, among others.

- ☞ **Risks from Employee industrial action and disruption of services**: Likely cause for labor disputes include demand for limited employment opportunities; labor wages/rates and delays of payment; disagreement over working conditions (particularly overtime

payments and adequate rest breaks); and health and safety concerns in the work environment. Further, there is a risk that employers may retaliate against workers for demanding legitimate working conditions, or raising concerns regarding unsafe or unhealthy work situations, or any grievances raised, and such situations could lead to labor unrest and work stoppage

☛ **Armed conflict in Tigray region and some part of Afar, Amhara, Oromia and Benishangul regions:** While armed conflict is not prevalent in most parts of the country, a few areas, e.g. the Tigray region, some part of Afar, Amhara, Oromia and Benishangul regions, present a considerable risk emanating from the acts of armed conflict which in the past resulted in destruction of health facilities and displacement of workers including health professionals working for Government institutions. The ripple effect to this security concern is the negative impact it can have to healthcare facilities in terms of not attracting adequate healthcare capacity to provide basic health services. This further puts healthcare workers in a state of fear, sometimes psychosocial trauma and loss of lives.

☛ **Gender-based violence/sexual exploitation and abuse (SEA)**: This becomes a security issue when GBV/SEA is perpetrated by project workers or is meted to or by a worker or patient. Examples include committing a GBV/SEA act by security personnel within conflict affected work environment or within the healthcare facilities they are expected to provide COVID-19 services and vice versa. It can also occur during community unrest and actions of clan/ethnic conflicts within the work environment. Further, intruders can pose a GBV/SEA risk to the workers and/or clients at a facility.

☛ **Risks emanating from the use of security personnel**: Use of security personnel may exacerbate tensions. Security personnel can be private (employees of a private security company or individuals recruited to provide security) or public (such as police or military personnel). Security personnel can be engaged by the project contractor or by the MoH. Their presence can pose risks to, and have unintended impacts on, both project workers and local communities. For example, the way in which security personnel interact with communities and project workers may appear threatening to them or may lead to conflict and sometimes loss of life. Sensitization and use of clear Code of Conduct (CoC) for the project workers, including security personnel, can help mitigate these risks by specifying what constitutes unacceptable behavior. Separately, a binding agreement with security

personnel will require, among other matters that use of force is in accordance with the national laws.

5.3. Proposed Security Risk Mitigation Measures

Security measures are designed to shield people and property from prospective hazards, including crime, sabotage, agitation and attack. Different systems are designed to protect different types of targets. Some of the sub-projects are located in areas with a history of insecurity. The MoH will work closely with the Federal police, Regional Police and Ministry of defense to ensure the security of project workers and the facilities involved in COVID-19 response.

It is essential to align potential project security incidences to responsive measures with a view to minimizing and preventing security risks and impacts. Detail security risk mitigation measures will be proposed based on local security risk assessment (as depicted in section 4.1). However, a list of potential security risks and recommended mitigation measures is provided for the security risks identified during parent project in Table 1.

Table 2: Generic Potential Security Risks Management Measures of Ethiopia COVID-19 project

Potential SecurityRisk	Risk rating	Prevention and mitigation measures	Responsible Body
a) Theft of equipment, materials & pilferage of commodities	Substantial	Supported healthcare facilities and treatment/quarantine/isolation centers and contractors engaged by the project should put in place security measures to ensure protection of equipment, commodities and personnel. These measure should include but not limited to: ☞ Implementing access control system - secure and monitor entrance and outlet points of the workplace, proper badge and visitor card system, etc. ☞ Maintain and up-grade access control and surveillance systems as necessary ☞ Assess/screen the workplace vulnerabilities and compile a list for implementation of gaps ☞ Not leaving visitors unattended in the workplace ☞ Ensuring proper security lighting ☞ Where possible, put in place CCTV	PMU; Project Implementing Facility

		surveillance system ☞ Where necessary, recruit and retain well trained security guards and train them on the security response system, among other project instituted measures ☞ Maintain a properly executed inventory system ☞ Use of commodity consumption registers	
b) Burglary and vandalism	High	☞ Maintenance and up-grading of access control and surveillance systems ☞ Install security lights to ensure visibility of the facilities ☞ Ensure proper fencing that is responsive to different security contexts ☞ Have full time security personnel at the facility ☞ Fence the facility including provision of proper shed in waste management equipment sites	NSC; PMU; Project Implementing Facility
c) Clashes and conflicts within work environment	Medium	☞ Conduct regular training and security awareness programs for staff ☞ Raise awareness to all officers on how to behave in the midst of insecurity concerns emanating from community conflicts including providing work offs where such cases exist	NSC; PMU; Project Implementing Facility
d) Insecurity during transit	Medium (buthigh in some counties)	There is a risk of vehicles being ambushed while transporting staff, equipmentand materials to project sites. This can be prevented/mitigated by: ☞ Obtaining intelligence information regarding vulnerable routes and avoiding travels during risk periods ☞ Transport goods and workers during the day to reduce the risk of attack ☞ Where dangers are observed to be likely and manageable, work closely with the Federal police, Regional Police and Ministry of defense for security escort services	PMU; Project Implementing Facility

e) Violence in workplace	High	☞ The project will ensure that Ethiopian Labour laws are complied with and a worker's GRM will be ensured ☞ The employer payments need to be implemented in compliance with national laws as well as support his employees with necessary health care, among other measures. ☞ Applying safe working practices, engaging trained workers, and using enough and suitable personal protective equipment. ☞ Maintain the working environment safe and impalement infection prevention and control measures in the workplace ☞ Ensure operational GRM that workers can use to raise their dissatisfaction and ensure that workers concerns are addressed in a timely manner ☞ Ensure operational Labor Management Plan	PMU; Project Implementing Facility
f) Community unrest due to dissatisfactio n or concerns on health services	Low	☞ Ensure operational GRM that communities can use to raise their dissatisfaction and ensure that community concerns are addressed in a timely manner e.g. issues raised regarding failed vaccinations, noise and dust pollution, unfair treatment at the supported facilities, among others.	NSC; PMU; Project Implementing Facility
		☞ Undertake stakeholder engagement and community dialogues to get the views of communities on service provision and obtain information that can guide improvement in programming	
f) Risks from Employee industrial action & Disruption of Services	Medium	☞ Ensure all statutory duties are met ☞ Reallocating work to other groups of staff ☞ Train workers on safety measures at the workplace ☞ Identify safe spaces for staff and sensitize them on the safety measures ☞ Any deployment to the risk areas will be preceded by a timely and specific risk assessment.	PMU; Project Implementing Facility
g) Armed conflict in Tigray region and some part of Afar, Amhara, Oromia and	High	Some of the mitigation measures include but not limited to: ☞ Not leaving unattended items/assets in the workplace ☞ Access control should not be	NSC;

Benishangul regions		☞ overruled by exceptions ☞ Strengthening of access control and surveillance systems ☞ Ensure security of communication devices and cables are in place and functional ☞ Train workers on safety measures at the workplace and provide a Hostile Environment Awareness Training (HEAT) for personnel deploying to these areas ☞ Identify safe spaces for staff and sensitize them on the safety measures ☞ Any deployment to the high-risk areas will be preceded by a timely and specific risk assessment. ☞ The physical security measures will need to be met prior to any deployment. If the risk cannot be reduced to an acceptable level, a decision will be made not to deploy. ☞ Tried and tested Emergency Response Plan will be in place for emergency evacuation	PMU
h) GBV/SEA	Medium	☞ Induct security personnel on the project's CoC ☞ Ensure contracted security personnel sign the CoC ☞ Strengthen treatment and referral pathways for GBV/SEA survivors ☞ Raise awareness on GBV/SEA protocols for the Project in line with LMP and World Bank Policy ☞ Provide separate ablution facilities for men and women at the workplace ☞ Ensure proper lighting on the compounds ☞ Broadly share information on GBV (one-pager) and GRM (one-pager) in all project supported facilities ☞ Fully implement sanctions contained in the GBV Action Plan	PMU; Project Implementing Facility
i) Risks emanating from use of security personnel	Medium	The Project will be guided by the National Laws while addressing security Concerns. The World Bank's ESF provides for possible mitigation measures forsecurity personnel engaged in Bank financed projects which include the following. ☞ The project will monitor risks resulting from acts of security personnel manning sub-project sites	PMU; Project Implementing Facility

		☞ The Project should make reasonable inquiries to verify that the direct or contracted workers providing security are not implicated in past abuses ☞ Raise awareness to contracted security personnel or determine that they are properly trained in the use of force and appropriate conduct towards workers and affected communities ☞ Require security personnel to act within the applicable law and any requirements set out in the project Environmental and Social Commitment Plan (ESCP) ☞ Review allegations of unlawful or abusive acts of security personnel and where appropriate take action or urge appropriate parties to take action to prevent recurrence and, where necessary, report unlawful and abusive acts to the relevant authorities ☞ Ensure security personnel contracted under the project are inducted on and sign the CoC ☞ Include contractual provisions and procedures for managing and monitoring the performance of security issues among contractors (such as those constructing or refurbishing isolation/quarantine/treatment centers, installation of waste management, hand-washing stations, oxygen plants, blood centers and delivery of communication materials at the community level, etc.)	
		☞	
Note: It is important to have a solution for each security risk for the project at the present time and improve the systems for the future			

The PMU will organize training for security personnel on potential risks and emergency procedures related to the HCF hazardous materials (flammable, toxic) storage and use. This will include increasing their appreciation and understanding of the risks and measures to take in case

of an emergency situation at the workplace or on transit.

5.4. Security Arrangements

Most of the sub-project sites are manned by facility security head (which is under the department of General Service). It is however notable that since the existing security arrangements for healthcare facilities may not be worked under the principle ICoCA, the MoH and respective healthcare facilities will encouraged and actively follow the security department to follow the provisions of ICoCA's code; https://icoca.ch/the-code/. The Regional Health Bureaus are also following similar arrangements. The Head of security management unit shall report directly to the General directorate head and shall be responsible for overseeing the overall security situation within the facility jurisdiction and implementation of this project. The Head of security will provide advice to the facility head on the overall security plan and related operational issues. The project implementing health care facilities may have different security arrangements based on their security management modalities. So, details of existing security arrangements of project implementing facilities needs continue security risk assessments and planned to be conducted. While preparing for deployment of health workers and equipment's make the following activities

    i.   Security Risk Information Gathering and Assessment

    ii.   Preventive Risk Security Management

    iii.   Security Incidence Management

Security Risk Information Gathering and Assessment
- ☛ Identify and report the presence of potential security hazards
- ☛ Establish close liaison with the woreda local security coordinator and such other agencies such as local police authorities, as required.
- ☛ Establish and maintain local security risk information network
- ☛ Contribute local security situation information.
- ☛ Distribute local security warnings and advice, as required.
- ☛ Provide advice or briefings to travelers prior to all internal travel.

Preventive Risk Security Management
- ☛ Develop and maintain updates on detailed instructions on precautions that should be taken on the applicable area of jurisdiction.
- ☛ Provide relevant briefings and advice when situations arise or as required.

- ☛ Management and maintenance of assets within the relevant areas of responsibility
- ☛ Conduct security surveys
- ☛ Implementing and monitoring compliance with security systems of project implementing area
- ☛ Close cooperation on security matters with the woreda, local law enforcement agencies and others.
- ☛ Evaluation and monitoring of security services.
- ☛ Preparation and obtaining travel arrangements relevant to Covid-19 vaccine deployment.
- ☛ Coordinate security escorts, armed or unarmed, as required by the situation.
- ☛ Provide security awareness meetings for vaccine deployment and Contractor's and subcontractors' staff as requested.
- ☛ Updating and testing the crisis action plan, as requested.

Security Incidence Management
- ☛ Report actual security incidents
- ☛ Provide advice and be the security focal point within the area of responsibility when an incident occurs.

5.4.1. Physical Security

Healthcare Facilities are at different levels with regard to existing overall security management systems including security barriers (fences, gates, locks, guard posts, surveillance). The health facilities should have a physical security arrangements which in most cases encompass a mix of public and private security providers, a fit-for-purpose surveillance system (CCTV cameras), clear check in and check out for staff (e.g. parking stickers, visitors and staff cards) and perimeter walls, gates etc.

The physical security parameters reduce at the lower level facilities and differ from facility to facility within the same level. Physical security measures will also be guided by location-specific security risk assessments which are going to be qualified when regional evidence is generated through assessment or via different documents that may be availed from the Bank or other credible resources. Firstly, the type of fencing varies: a few have perimeter walls, majority with chain-link fences; a few has a mixture of live and iron sheet fences. The facilities are manned by contracted security guards with a few supplemented with police. Some waste management

equipment sites do not have sheds and are not well fenced. Therefore, there will be need to assess the gaps and where necessary, secure the waste management equipment to be financed under the project.

5.4.2. Private Security Management

The role of private security is to provide preventive and defensive services, protect users, workers, facilities, equipment, and operations wherever they are located. Private security personnel have no law enforcement authority and will not encroach on the duties, responsibilities, and prerogatives reserved for public security forces. The provisions below guide the work of private security companies.

Provision and Composition of the Private Security Personnel: Most of the healthcare facilities consulted noted that private security personnel are deployed by Security Firms contracted by the Governments. The security personnel report to the healthcare facility in-charge. The hospital administration undertakes day-to-day supervision including maintaining a rotational duty roster to ensure the presence of security personnel day and night. The number of security personnel varies from one facility to another depending on the security strategic points and how busy the facility is.

Contract Provisions: In the case of security contracted by the project contractors, the contract provisions include agreed CoC, and terms of engagement and implications for breach of contract. Security personnel currently working in project sites have signed contracts with the respective Governments offices and will be sensitized on the project CoC.

Active Oversight of Contractor Performance: To ensure proper performance, the project will undertake audits, assist with training, inquire into any credible allegations of abuse or wrongdoing, and monitor site performance on an ongoing basis.

*Security Personnel Background Screening***:** The project will perform and/or require its security provider to perform valid background checks on potential security personnel to screen for any allegations of past abuses, inappropriate use of force, or other criminal activity and wrongdoing. No individual for whom there is credible negative information from these checks will serve on the project. These checks will be documented and maintained in individual personnel records, which are subject to review by the project and during project supervision.

Security Personnel Equipment: In Ethiopia, private security is often not allowed to use firearms, ammunitions or other lethal weapons, thus facilitation of equipment by contractors or security firms should comply with the Laws governing the provision and use of weapons by private security. The kind of equipment to be provided may include radio calls and other non-lethal security assortments approved for use by private security.

Use of Force by Security Personnel*:* there are different types of force that can be used by the personnel including the use of physical force (including use of batons, hands and legs) but the threat of brute force is reduced since the law does not allow them to use firearms or any form of force. Contracted security personnel will be sensitized on the project requirements regarding the use of force according to the national security laws, GIIP and the ESF.

Security Personnel Training: Training responsibilities of security personnel will rest with the contractor and/or the security provider/firm (as agreed between the Security Firm and the Contractor). The training will be in line with the curriculum for training private security guards. The project will be responsible for sensitizing the private security on the project CoC.

5.4.3. Public Security

The physical security measures will be guided by project implemented location specific security risk assessment. In few of the subproject sites with public police, the role of public security personnel is to supplement the efforts of contracted security personnel especially in facilities with high human traffic and those assessed to be vulnerable to insecurity incidences. In other instances, public police are called from the nearest Police stations to militate against a reported/witnessed security threat or incidence. This need is triggered by the Health Facility Management to the nearest police station (Officer Commanding Station) to respond and manage an insecurity situation. The Police service is also responsible for prosecuting such cases in the court of law, if cases are escalated to the court.

There is limited control of Government entities that provide security to the public. The MoH administration and a few public security personnel consulted noted that public security command system takes precedence in the supervision of security personnel with their records remaining at their respective stations. The Administration Liaison (at the Ministry entity or the Health facilities) oversees their day-to-day activities.

*Security Personnel Background Screening***:** Currently, it is a requirement among both public and private security to obtain a certificate of Good Conduct before employment. The project will continuously monitor the conduct of public security personnel at the subproject sites and liaise with the local police commander where necessary.

*Security Personnel Equipment***:** Provision of security equipment will continue to be done by the Public Security Management. This may include: uniforms; vehicles; radios; nonlethal weapons; and any firearms and ammunition. Where appropriate, the management of subproject sites may facilitate support of non-lethal equipment, e.g. vehicles during incidence response.

*Security Use of Force***:** Public security personnel providing security to the project will be sensitized on the project's principles regarding use of force and will continue to be guided by the national security laws with regard to the use of force.

Security Personnel Training: The responsibility for technical training will rest with Ethiopian Federal Police. Moreover, it will be the responsibility of the Project to sensitize the security personnel regarding the project CoC, health and safety requirements that relate to the project, and the public and worker GRM. Training records will be kept that indicate the names and the type of training provided to the security personnel.

5.5. Security Operating Procedures

This section highlights the security procedures in place to ensure security within subproject sites and proposals on how the existing arrangements can be strengthened.

Facility Security: The boundary security in healthcare facilities is marked by security walls made of different materials. Facilities earmarked for substantial Covid-19 Emergency Response Project support, e.g. those that will receive incinerators, oxygen plants, refurbishment to COVID-19 treatment and isolation centers, etc. will be required to ensure that security walls are reinforced where there is a weakness or where they are non-existent. There should be regular surveillance by security personnel to ensure that the facilities' boundaries are not predisposed to insecurity incidences.

Access-Point Operations: Visitors and staff access health facilities through designated gates.

Few facilities have separate entry and exit gates while majority have one gate for both entry and exit. The levels of vigilance at the gates are varied. In some, searches are done to walk-ins and vehicles while there is a level of reluctance in a few especially areas with limited insecurity incidences. Facilities receiving substantial Covid-19 Emergency Response Project support will be required to ensure that there is clear check-in and check-out arrangements and where possible ensure separate entry and exit gates. There should be a 24-hour presence of security personnel to ensure proper security checks at access points. Facilities should learn from best practices and put up a robust access point security system that accounts for all persons, equipment and vehicles in the facilities at any given time.

Incident Response: The PMU, supported health facilities and contractors will use reporting protocols as guided in the relevant national and regions-based security laws, policies and guidelines. Presently, insecurity cases, e.g. theft, vandalism, intrusion, burglary, patient- health worker conflicts etc. are reported by either staff or contracted security personnel to the facility in-charge. The facility in-charge reports the case to the nearest police post which investigates and prosecutes where necessary. Security incidence reporting will continue to follow the existing arrangements. The Project Manager should be notified (within 24 hours) of any security incidence directly affecting project staff, equipment and communities as a result of Covid-19 Emergency Response Project interventions.

In the event of a serious insecurity occurrence, the COVID-19 ERP Coordinator shall report to the World Bank as soon as it becomes aware of such incidents (within 24 hours) and inform the MoH in accordance with national reporting requirements. Corrective actions shall be implemented in response to project-related incidents or accidents in line with the World Banks's Incidents Management and Reporting Processes in Figure 1. The PMU or, where relevant a consultant, may conduct a root cause analysis for designing and implementing further corrective actions.

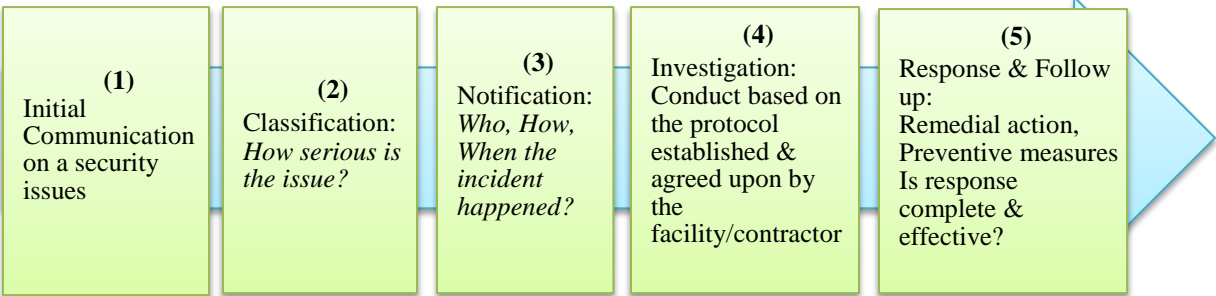| (1) Initial Communication on a security issues	(2) Classification: *How serious is the issue?*	(3) Notification: *Who, How, When the incident happened?*	(4) Investigation: Conduct based on the protocol established & agreed upon by the facility/contractor	(5) Response & Follow up: Remedial action, Preventive measures Is response complete & effective?

Figure 2: Incident Management and Reporting Process

Security Patrols: Security patrols will continue to be done by the security personnel within the facility. Where subprojects are assessed and found to be located in areas with high potential insecurity incidence, security will be required to be beefed up including the option to use public police services. The M & E officer, who is the focal person for this SMP, will ensure that these provisions are implemented and provide the oversight on behalf of the MoH.

Travel Security: Travel security will be relevant where commodities, equipment and staff are transiting through volatile zones. This will be critical in situations where movement of staff, commodities or equipment cannot be postponed. In this case, the Ministry will write to the Federal Police and/or Ministry of defense for facilitation of security personnel from within the project administrative boundaries. Staff travel to such volatile zones will be via air and the subject will deal a case-by-case security risk assessment depending on the situation of security risks. The arrangement for travel security will be coordinated by the MoH.

Materials Storage and Control: Storage of project materials will be done in accordance with appropriate national laws, regulations and relevant GIIPs, including the World Bank Group EHSG. Inventory records will be maintained right from receipt of materials to utilization. Management of supplies in government is guided by the Federal Public Procurement and Property Administration Agency. There is a clear procedure of supply management from the time they are ordered, received, quality assurance done and redistributed to end users. Materials supplied for project use will be monitored to ensure that the laid down procedures have been complied with to the latter and that material quantities purchased are in line with the quantities received. The contractor should have a mechanism for managing the procured materials under the project and ensure that materials and equipment are adequately secured.

Information and Communication: All project workers must ensure security of sensitive information. Ideally, all project information is classified information unless it has been approved to be made public by the relevant authorities (see the communication matrix in the SEP for this project). All project workers should therefore ensure safety and privacy of project information. Project workers should adhere to this by securing their computers and laptops and ensuring that any project information to the public is approved by the MoH and where relevant the World

Bank.

Special Situations: There may be instances where large-scale events (e.g., criminal activity, demonstrations, civil disorder, war etc.) require interventions by public security which is not specifically associated with the project but affects the safety and operations of the project. In such instances, the project, at all levels (national, regional or facility) will use the existing security incidence reporting protocols. At either level, national and health facility levels, the internal security will notify the Administration who will then report the case to the nearest Police Station for further action. The Project Manager should be notified at the onset of such circumstances and should report to the World Bank for further guidance as soon as possible.

5.6.Security Supervision and Control

Security supervision and control will happen at different levels. This may be at the national, regional, Zonal, Woreda, healthcare facility/subproject sites and at the contractor levels. The responsibility for overseeing security management will be vested in the COVID-19 ERP Coordinator while day-to-day oversight and implementation may be delegated based on the situations. He/She will be responsible for coordinating the overall implementation of the SMP, on behalf of the PMU, including compliance with security safeguards requirements. The MoH will work closely with the regional Governments, the healthcare facilities supported by the project, relevant Departments and other relevant stakeholders to ensure proper management of project security issues. Specifically, the COVID-19 ERP Coordinator will be responsible for:

- ☛ Overseeing the overall implementation of this SMP;
- ☛ As part of sub-project screening, undertake security risk assessments and recommendmitigation measures;
- ☛ Ensure that security mitigation measures are included in sub-project ESMPs;
- ☛ Monitor potential security risks on subproject sites together with project beneficiaries;
- ☛ Together with the social specialists, provide training to mitigate social risks of projectworkers and equipment including security risks;
- ☛ Ensure that the GRM for the project workers is established and implemented and thatproject workers are informed about it;
- ☛ Monitor the implementation of the workers' CoC for contracted security personnel; and
- ☛ Report to the World Bank on the implementation of the SMP.

Health Facility Security: Consultation with a number of healthcare facilities established that the overall security management is vested in the facility in-charge assisted by the hospital administrative Officer. The facility assesses security needs and requests for procurement or deployment of security personnel. The hospital management is responsible for the day-to-day supervision of the overall security arrangements and systems in the facility including security personnel's. It monitors the behavior of the security personnel and resolves minor issues like lateness with the affected security personnel. Where a security incidence of criminal nature occurs, the facility in-charge reports the case to the Police and notifies the regional Health Bureau.

The Health Facility Management Team will be sensitized on the Project CoC and will be required to cascade the same to the security personnel guarding the subproject sites. Project Contractors who will be procured to undertake civil works and related activities in the various subproject sites will employ security personnel to take care of project equipment and materials during the subproject contract phases. Management of contractor security workers should be clearly articulated in the works contract between the MoH and the contractors who should also sign the CoC.

Key Security Management Stakeholders

Table 2 presents a list of potential key stakeholders that will need to be consulted and engaged for successful implementation of this Plan.

Table 3: Potential key stakeholders for the SMP

No	Stakeholder Name	Description of stakeholders	Role

1.	MOH Staff and Project Management Unit	The relevant MOH staff, Regional Health bureau staffs, Zonal, Woreda Health office, health facility workers & PMU workers involved in Covid-19 ER	MOH staff and PMU workers
			 • All PMU members will be sensitized on the SMP in order to support implementation within respective components
			 • The COVID-19 ERP Coordinator will lead on the implementation of the SMP and will undertake the following:
			     o Raise awareness about the project and the security measures (limited
			     o information should be shared since this a security plan)
			     o Monitor implementation of the SMP
			     o Where needed facilitate security of project workers
			 Regional Health Bureau, Zonal and Woreda Health Office
			 • Undertake Security Risk Assessments and where warranted,

		project implementation	• put in place mechanisms toprevent and mitigate the risks • Request for security reinforcement of public security, as necessary • GRM Focal Persons at the regional & woreda level (will support the project in monitoringand reporting on security risks • Report incidences of insecurity in the subproject sites to the PMU
2	Temporary Staff	All temporary project workers of Ethiopian Covid-19 ER projects includes temporary staff, engaged in Covid-19 isolation, quarantine	• Implement appropriate security measures • Report any security complaint affecting their work environment
3	Project Contractors and Contractor Workers	Contractors contracted for civil works of Covid-19 ER project activities and its workers	• Responsible for ensuring safety of workers and equipment • Contract security personnel to ensure security of the works, equipment and materials • Ensure security personnel contracted under the project sign the project CoC • Raise awareness to stakeholders and communities about the scope of project support
4	Primary Supply Workers and Contracted technicians	These are medical suppliers and technicians contracted for supply and install equipment's for Ethiopian Covid-19 ER projects	• Responsible for ensuring safety of workers and supplies • Contract technicians to ensure the safety of equipment and supplies • Provide security services in accordance with the terms of reference and respective CoCs • Implement appropriate security measures to ensure the safe delivery of the supplies and equipment's
5	Community Health Volunteers	Community health volunteers engaged in the projects	• Raise alarm on impending security issues • Report security incidences within or around the facility • Provide mechanisms for channeling complaints adressing • Implement appropriate security measures • Report any security complaint affecting their work environment
6.	Health care Facilities	All the Covid-19 ER project implementing health facilities (Hospitals, Health centers, Isolation Centers, Quarantine centers, treatment centers etc)	• Assess and monitor security risks, recommend and implement security measures within the facilities • Prioritize resourcing of security needs within health facilities • Sensitize facility staff on managing work related risks including security and the project CoC • Notify the regional Health bureau of any security concerns and request for capacity where applicable • Raise awareness to stakeholders and communities about the scope of project support • Resolve any security related complaints
7.	Security Offices and Personnel	These offices are the federal and regional police offices; Minster of defense, local	Where appropriate: • Facilitate provision of security to project workers, equipment and affected communities • Provide security for health and other supported facilities • Facilitate resolution of any disputes between work contexts and

		security management offices and personnel working the security of the projects	communities • Support health facilities and affected parties in maintaining law and order • Provide security to project workers, equipment and commodities on transit • Oversee security cases escalated to them
8	Contracted security companies and guards	These are security providing companies and individual guards contracted in Covid-19 ER projects	• Provide security services in accordance with the terms of reference and respective CoCs • Carry out investigative functions where crime is suspected to have been committed
9	Communities from surroundingsub-project sites	Communities: include local communities, community members and other parties that may be subject to the Project.	• Raise alarm on impending security issues • Raise complaints or report security incidences within or around the facility • Responsible entities should provide mechanisms for channeling complaints and ensure that such complaints are adequately addressed to avoid escalation of feuds

Monitoring security performance and reporting: The COVID-19 ERP Coordinator, in liaison with the RHB /health facility management and contracted security firms, will closely monitor security risks alongside other labor performance of the project and report to the World Bank on a quarterly basis as indicated in the Project LMP. The team may, among other actions, undertake subproject site spot checks to assess the implementation of the various security measures and parameters, which may include: (i) type of security incidence prevalent in the subproject site; (ii) security incidences reported in the last 3 months; (iii) security mitigation measures in place type of security arrangement in the sub-project area, situation of fencing, check in and check out arrangements etc.); (iv) any training provided to security personnel; (v) security response system; and (vi) monitoring the conduct of security personnel, among others.

GBV/SEA incidents: GBV/SEA is possible in contexts of conflict or insecurity. To promote support seeking behavior and avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism will have a different and sensitive approach to GBV/SEA-related cases and ensure that such cases are dealt with according to the complainant's informed consent. Where such a case is reported, the complainant should be provided with information about the available services including: confidential

appropriate medical and psychological support; emergency accommodation; and any other necessary services as appropriate including legal assistance. Staff should immediately inform the survivor/complainant to go to a health facility which specializes in post-rape health support. It is important to create awareness in communities that survivors of GBV/SEA should seek support in a health facility within 72 hours of the incident.

All staff in the project, including security personnel, will be informed of the procedures totake in case a GBV/SEA case is reported to them or if they are survivors of the same. They shouldseek healthcare services within 72 hours and immediately report to the GRM Focal Person at the facility, in the region or at the national level. The case should be treated with confidentiality and the name of the survivor should not be recorded in the GRM register. If a project worker is involved, the incident should be immediately reported to the Program Manager who will provide further guidance after consulting with the World Bank.

Confidentiality and anonymity will be extended to any complainants where issues arising from the use of public security are involved, to protect the victim(s) from potential retaliation. Information on the management of complaints will be shared with all the workers, facility users and the community members served with the facility.

6. Grievance Redress Mechanism (GRM)

GRM for direct workers: This mechanism will provide avenues for workers to channel complaints, including security related complaints. Each project entity, e.g. PMU staff, field staff, consultants and contractor workers will be required to hold periodic team discussion meetings. Grievances raised by workers will be recorded with the actions taken by each unit. The summary of grievance cases will be reported to the World Bank as part of the regular reporting. Where the aggrieved direct workers wish to escalate their issues or raise their concerns anonymously and/or to a person other than their immediate supervisor/hiring unit, they should be allowed to do so. The workers may raise the issues with the World Bank task team in case of a serious occupational issue or non-compliance to the Bank safeguards requirements in line with the incidence reporting protocols. Where consultants/contractors have an existing grievance system, their direct workers should use such mechanism.

Project GRM: The project will also establish complaint and feedback mechanisms in the quarantine, treatment and isolation and vaccination centres on any issues including reporting SEA and quality of services. Hotline services for complaint handling has been established and adequately communicated to the public including people in the treatment, isolation and quarantine centres. The national and local call centres have been established and running the national toll-free numbers # 8335, and #953. Eleven health bureaus and city administrations also have local call centres. Further, the MoH, EPHI and professional societies have launched Covid-19 messaging groups on web pages. Further, Grievances will be handled at the Woreda level by the Woreda Grievance Office and on the regional level by RHB and national level by MoH. The GRM will also be used by volunteers who will be involved in the implementation of the risk communication and citizen engagement strategy as well as this SEP and contractors' workers that might be engaged for rehabilitation of health facilities including quarantine and treatment centres (if any). All other workers including health professionals and workers at MoH, EPHI, regional and woreda level are civil servants, whose salaries are financed through government funds and for whom the Ethiopian regulations for civil servants apply. As such, only the provisions on Occupational Health and Safety as well as protection in the work force (child and forced labor prohibition) apply which both requirements are adequately provided in the project ESMF.

The GRM will include the following steps:

       Step 0: Grievance discussed with the respective health facility

       Step 1: Grievance raised with the Woreda Grievance Office

       Step 2: Appeal to the Regional (or, where available, Zonal) Grievance Office

       Step 3: Appeal to the Ethiopia Independent Ombudsman and/or the Ministry of Health

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse. In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

Educational materials are produced by MOH and professional societies and translated in four local languages (Amharic, Tigrigna, Oromiffa and Somali) and further translation will be provided on the ground to people not able to speak those languages. Additionally, the Minister and other Authorities periodically share updates to the wider public including using sign languages to reach to people with hearing limitation.

The MOH Directorate reviews public feedback and grievances shared on social media and use the social media analysis to inform content messaging. Additionally, MOH has launched a dedicated toll free call centre/hotline established for Covid-19 response. The public has access to call centres at central/Federal, and regional levels and free of charge. Stakeholders, primarily the Ministry, Media and the EOC currently promote use of the call centre and publicised the telephone numbers dedicated for this purpose.

Complaints regarding GBV/SEA should be kept confidential. The name of the complainant should not to be recorded, only information on the age and gender of the complainant, whether a project worker was involved is sent directly to the PM who should immediately notify the World Bank. All complaints related to security personnel should also be kept confidential. Such complaints should be reported directly to the Project Manager for immediate action. No disciplinary or legal action will be taken against anyone raising a complaint in good faith. The practical steps to be used in addressing grievances at the workplace are presented in Figure 2. The chart illustrates the grievance resolution process and provides guidance on actionable steps to be undertaken from when a complaint is received to the time it is closed. It also stipulates the required action timelines.
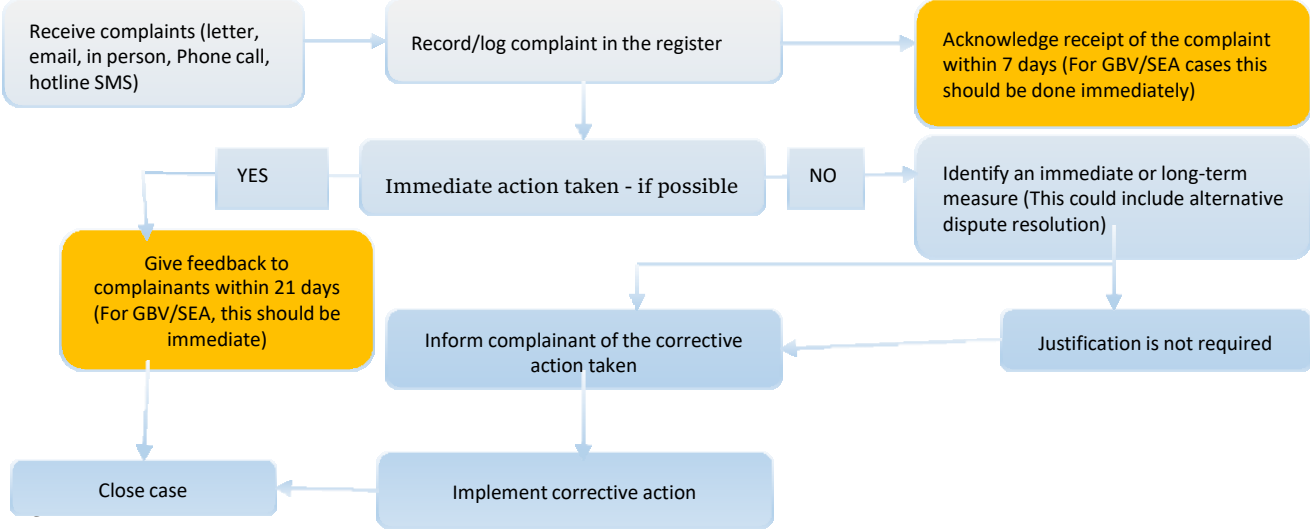
Figure 3: Practical steps to be used in addressing grievances at the workplace

7. Monitoring and Reporting

The Project will track the implementation of the SMP activities using the potential key stakeholders shown in Table 2. The M & E Officer will collate and submit the information to the PMU on a mothly basis. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions on security provisions will be collated by responsible staff (Environmental and Social Focal Person) and referred to the COVID-19 ERP Coordinator (PMU). The quarterly SMP implementation report will be compiled at each facility level by Environmental and Social focal person and reported to PMU with other Covid-19 ERP activities. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the project's ability to address those in a timely and effective manner. The PMU will follow the implementation and timely reporting of SMP activities. The following Key Performance Indicators (KPIs) will be monitored by the project on a regular basis:

- ☞ No. of allegations of unlawful or abusive acts of security personnel;
- ☞ Type/nature of the security related complaints;
- ☞ Distribution of the complaints by type and location;
- ☞ Mitigation measures deployed;
- ☞ No. of security complaints reported; and
- ☞ No. of security incidents resolved.

The COVID-19 ERP Coordinator will closely monitor security issues and incidents and take remedial actions in a timely manner. Security assessments will be conducted, especially in high risk areas, and the reports used to determine the deployment of project personnel and resources. The COVID-19 ERP Coordinator will provide oversight over all aspects of the implementation of the SMP. The SMP will be periodically revised and updated as necessary in order to ensure that the information and operations remain appropriate and effective in relation to the project context. The SMP will be an internal document and will not be disclosed. Table 4 provides a tentative budget for the implementation of the Security ManagementPlan.

Table 4: Estimated budget for the SMP

No	ACTIVITY	Timeline	(Approx. USD)	Responsible
1	Undertake sensitization of the SMP to GRM Focal Persons, Healthcare management, security personnel and stakeholders	Annually	40,000	MoH
2.	Sensitize contractors and sub-contractors (security workers) on the SMP requirements and the need to sign the project CoC	On need basis	5,000	MoH
3	Undertake security risk assessment in sub- project sites	During sub-project Screening & as necessary	80,000	MoH
4	Recruitment, Training and Deployment of Security Personnel at necessary project sites	During sub-project screening & as necessary	15,000	MoH & RHB
5	Security risk information gathering and assessment	On need basis	15,000	MoH & Project Implementing facilities
6	Preventive risk security management	On need basis	22,000	MoH & Project Implementing facilities
7	Physical security implementation of health facilities	On need basis	35,000	MoH & Project Implementing facilities
8	GRM Implementation	On need basis	35,000	MoH & Project Implementing facilities
9	Use of security personnel to escort personnel to high- risk project sites	On need basis	25,000	MoH & Project Implementing facilities
10	Provide a Hostile Environment Awareness Training (HEAT) for personnel deploying to these areas	During COVID-19 Vaccine campaign mobilization	15,00	MoH & Project Implementing facilities
11	Monitoring of security risks	Half yearly	28,000	MoH & RHB
	Total		**300,000**	
	Contingency funds (5%) to address any shortfall		**15,000**	
	Grand total		**315,000**	

Annex 1: Code of Conduct for Contracted Security Personnel

Government security workers will continue to be guided by the codes of conduct (CoCs) in their respective workplaces and as guided by the relevant Government policies and laws. However, the project will purpose to sensitize all engaged security personnel on the Security Management Plan and World Bank policy requirements on the management of security risks in Bank financed projects. Contracted security personnel will be required to sign the project CoC in line with the SMP and therefore the recruiting entities with support of the project safeguards officers will use the following guidelines in drafting the CoCs.

Workers' Obligations

This will encompass a list of obligations with regard to:

- ☛ Complying with applicable laws, rules, and regulations of guiding employment in Ethiopia
- ☛ Comply with applicable health and safety requirements including wearing prescribed personal protective equipment, preventing avoidable accidents and a duty to report conditions or practices that pose a safety hazard or threaten the environment;
- ☛ Not use illegal substances (such as alcohol and narcotics) during working hours;
- ☛ Not discriminate anyone on the basis of family status, ethnicity, race, gender, religion, language, marital status, birth, age, disability, or political conviction, among others;
- ☛ Treat all community members with dignity and convey an attitude of respect and non-discrimination;
- ☛ Not sexually harass anyone and is prohibited from the use of language or behavior, in particular towards women or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate;
- ☛ Not use exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior;
- ☛ Protect children from any form of abuse including prohibitions against abuse, defilement, or otherwise unacceptable behavior with children, limiting interactions with children, and ensuring their safety in project areas;
- ☛ Not engage in any activities that expose him/her or the employer to conflict of interest (such that benefits, contracts, or employment, or any sort of preferential treatment or favors, are not provided to any person with whom there is a financial, family, or personal

connection);

- ☞ Respect reasonable work instructions including environmental and social norms;
- ☞ Protect and properly use property – the employee shall not steal, waste or use property carelessly;
- ☞ Be obligated to report on violations to the CoC;
- ☞ There shall be no retaliation against any worker that reports violations of the CoC, if that report is made in good faith; and
- ☞ Not use force while addressing security concerns unless appropriate as guided by the law.

Covid-19 Related Obligations

All employees shall:

- ☞ Wash hands, sanitize and observe social distancing at all times and follow WHO and GoE updated guidelines;
- ☞ Take care of PPEs and materials used for protection (including gloves, masks) and ensure their safe disposal;
- ☞ Seek healthcare if they experience any of the following symptoms (while at home or work): cough, fever and shortness of breath; and
- ☞ Stay at home and report immediately to the supervisor if a family member or he/s comes into contact with someone who has been reported to have COVID-19.

Disciplinary actions: such actions may be taken against those who repeatedly or intentionally fail to follow the CoC. The disciplinary actions will vary depending on the violation and as guided by the labor laws and public service regulations. Possible consequences include: demotion; reprimand; suspension or termination for more serious offenses; and detraction of benefits for a definite or indefinite time.

Legal action: The Ministry will take legal action in cases of corruption, theft, embezzlement or other unlawful behavior.

Employers' Obligation

The Ministry of Health is obligated to:

- ☞ Provide relevant structures to minimize contact between patients and other persons in the facility - healthcare professionals should be the only persons having contact with patients

and this should be restricted to essential personnel only;

☛ Train cleaning staff on most effective process for cleaning the facility - use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.;

☛ Establish procedures for managing, monitoring, and training visitors;

☛ Require all visitors to follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed;

☛ Provide workers' remuneration in accordance to the terms of services;

☛ Provide mechanisms for handling workers' grievances in a timely and objective manner without any risks of retribution;

☛ Uphold confidentiality of workers' information including where a worker has raised a complaint; and

☛ Resource security related measures and activities.

This part will be printed as a poster for placing in all project supported sites.

DO's

- ☛ Wash hands, sanitize and observe social distancing at all times and follow WHO and GoE updated guidelines.
- ☛ Seek healthcare if you experience any of the following symptoms (while at home or work): cough, fever and shortness of breath.
- ☛ Prevent avoidable accidents and report conditions or practices that pose a safety hazard or threaten the environment.
- ☛ Treat women, children and men with respect regardless of race, color, language, religion, or other status.
- ☛ Report any violations of this code of conduct to workers' representative, HR or grievance redress committee. No employee who reports a violation of this code of conduct in good faith will be punished in any way.
- ☛ Comply with all Ethiopia laws.

DON'Ts

- ☛ Expose other people to the risk of infection in any form.
- ☛ Leave personal protective equipment lying around.
- ☛ Come to work if you or any of your family members has any symptoms of COVID-19 (cough, fever and shortness of breath). Report immediately to your supervisor if you or family member has any of these signs.
- ☛ Make unwelcome sexual advances to any person including children in any form in the workplace.
- ☛ Use alcohol or narcotics during working hours.

Annex 3: Complaints Register Format

	Regional Department for Health_____									
	Complaints Register for_____									
N o .	Date Received	Name and Address of thecomplainant (Optional -Not mandatory for anonymous complaint)	Contact of the Complainant	Com plaint Issue	Complain Channel	Date of acknowle dge(Resp onse)	Action Taken	Complain status	Time taken to address complaints	Satisfaction of Complainant with the result (Yes/No)

Annex 4: Complaints Summary Reporting Format

Complaints category/type (e.g service related, GBV/SEA, OSH, etc.	No. of complaints received	Main mode complaint lodged	Status/ actions taken	Time taken to address complaints	No. of complaints resolved	No. of complaints pending	Satisfaction of Complainant with the result (Yes/No)
	Recommendations for system improvement 1…………………………………………………………………. 2…………………………………………………………………. 3………………………………………………………………….						