



Draft

**ENVIRONMENTAL and SOCIAL
COMMITMENT PLAN (ESCP)**

for

Additional Financing to Uganda
COVID-19 Response and Emergency
Preparedness Project (P177273)

November 2021

ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN

1. The Republic of Uganda (the **Recipient**) through Ministry of Health will implement the Additional Financing (AF) to the Uganda COVID-19 Response and Emergency Preparedness Project (the **Project**) financed by the International Development Association (the **Association**).
2. The Recipient shall carry out the Project in accordance with the Environmental and Social Standards (ESSs). To this end, this Environmental and Social Commitment Plan (ESCP) sets out material measures and actions to be carried out or caused to be carried out by the Recipient, including the timeframes of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, grievance management and the environmental and social assessments and instruments to be prepared or updated, disclosed, consulted upon, adopted and implemented under the ESCP and the ESSs, all in a manner acceptable to the Association.
3. The Recipient will be responsible for compliance with all requirements of the ESCP even when implementation of specific measures and actions are conducted by the Ministry referenced in 1. above.
4. Implementation of the material measures and actions set out in this ESCP will be monitored and reported to the Association by the Recipient as required by the ESCP and the conditions of the legal agreement, and the Association will monitor and assess progress and completion of the material measures and actions throughout implementation of the Project.
5. As agreed by the Association and the Recipient, this ESCP may be revised from time to time during Project implementation, to reflect adaptive management of Project changes and unforeseen circumstances or in response to assessment of Project performance conducted under the ESCP itself. In such circumstances, the Recipient through its delegated representatives will agree to the changes with the Association and will update the ESCP to reflect such changes. Agreement on changes to the ESCP will be documented through the exchange of letters signed between the Association and the Recipient. Thereafter the Recipient will promptly disclose the updated ESCP.
6. Where Project changes, unforeseen circumstances, or Project performance result in changes to the risks and impacts during Project implementation, the Recipient shall provide additional funds, if needed, to implement actions and measures to address such risks and impacts.

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY
MONITORING AND REPORTING			
A	REGULAR REPORTING: Prepare and submit to the Bank regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to (i) stakeholder engagement activities and grievances mechanism, (ii) conditions, if any, which interfere or threaten to interfere with the implementation of the ESCP; and (iii) corrective and preventive measures taken or required to be taken to address such conditions.	Starting from the effective date, quarterly reports shall be submitted no later than 10 days after the end of each reporting period, throughout Project implementation.	Ministry of Health
B	INCIDENTS AND ACCIDENTS NOTIFICATION: Promptly notify the Association of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers , including, inter alia, any COVID outbreak in the Project area. Provide sufficient detail regarding the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and supervising entity, as appropriate. Subsequently, as per the Association’s request, prepare a report on the incident or accident and propose any measures to prevent its recurrence.	Notify the Association within 48 hours after learning of the incident or accident. <i>The detailed report shall be provided by the Recipient within 7 (seven) working days following the incident/accident. It shall be also reflected in the quarterly reports.</i> <i>Notification/reporting system shall be in place throughout the Project implementation.</i>	Ministry of Health
C	International Alignment. MoH will review the Project’s implementation, monitoring, and reporting on environmental and social matters under the Project in line with WHO updated guidance on COVID-19 to capture new and emerging issues.	Reporting quarterly throughout the Project implementation period.	Ministry of Health
ESS 1: ASSESSMENT AND MANAGEMENT OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS			

<p>1.1</p>	<p>ORGANIZATIONAL STRUCTURE: MoH has established and shall maintain a Project Implementation Unit (PIU) with qualified staff and resources to support management of ESHS risks and impacts of the Project including qualified environmental and social risk management specialists.</p> <p>The Ministry currently has two Safeguards Specialists (Environmental and Social specialists) supporting the implementation of another World Bank supported project (URMCHIP) approved under safeguards policies who will provide support to the project in terms of preparation and implementation of required instruments. In addition, the safeguards team may also be enhanced with additional training in the ESF. Upon the closure of URMCHIP, the emoluments of the safeguards team shall be carried by this project.</p> <p>This PIU will be enhanced to accommodate the expanded scope and coverage of the AF through: (i) <u>recruiting</u> a full-time/dedicated Project Accountant and Procurement Specialist to support implementation; and (ii) <u>appointment of component leads</u> to oversee activities under each of the four components, against the approved work plan.</p> <p>In addition, the PIU will work with the Expanded Program for Immunization (EPI) to appoint a liaison from EPI who will work with the PIU on coordinating the vaccine-related activities.</p> <p>Furthermore, all other technical specialists for coordination of activities related to continuity of essential health services and RHDs/refugees will be appointed.including (i) strengthening collaboration across the different departments within the MoH and with OPM and UNHCR for refugee issues; (ii) enhancing supervision of the various components through component leads; for areas like vaccine acquisition and deployment, as well as for the refugee-specific activities and (iii) <u>strengthening stakeholder engagement</u> with development partners and civil society organizations. In addition, the MoH will work closely with other sectors to implement proposed interventions, some of which go beyond the health sector—such as those on gender.</p> <p>The Ministry has further enhanced institutional and coordination arrangements for the immunization program to incorporate COVID-19 vaccination requirements. Specifically the following structures have been</p>	<p>The MOH must maintain a PIU with project staff including E&S specialists throughout the project implementation.</p> <p>The MOH shall maintain specialists in environment, social development and communication (at least one each) throughout the implementation of the Project.</p> <p>Before effective date of the AF and maintained throughout project implementation.</p> <p>Other required technical specialists will be appointed within 3-months of project effective date.</p> <p>Verify, demonstrate that the structure is in place by providing the names of the members and ToRs of committees; and maintain the structure throughout project implementation.</p>	<p>Ministry of Health</p> <p>Ministry of Health</p>
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MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
<p>set up or strengthened to provide oversight and technical leadership of the vaccination campaign, under the overall leadership of the National COVID-19 Response Task Force. These structures are: (i) National Vaccine Advisory Committee (VAC); (ii) Strategic Committee of the Ministry of Health; (iii) COVID-19 Incidence Management Team; (iv) National Coordination Committee; and (iv) National Immunization Technical Advisory Committee.</p> <p>MoH shall coordinate both directly and indirectly with National Environment Management Authority (NEMA) and Ministry of Gender Labour and Social Development (MGLSD) who by virtue of their statutory mandate shall continue to provide operational guidance on management of environmental, social, and Occupational-Health-Safety (OHS) aspects. The direct coordination is at the top policy-level of the Ministry, while the indirect coordination is through the sub-national local government structures already in existence, which come into play whenever there are civil works to be undertaken for health facilities.</p>	<p>Throughout project implementation period.</p>	

<p>1.2</p>	<p>ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/ CONTRACTORS</p> <p>a. Update, publicly disclose, consult upon and adopt the parent project Environmental and Social Management Framework (ESMF) to cater for the expanded scope and coverage for Additional Financing (AF and ensure compliance of the project activities). The updated ESMF will include Labor Management Procedures (LMP) including a reflection of all social risks identified in the ESRS in addition to enhancement of the PIU and a template for Infection Control and Waste Management Plan (ICWMP) based on the existing ICWMP as well as a template for Environmental and Social Management Plan (ESMP) as necessary for all the civil works to be undertaken (upgrade/renovation of selected health facilities; upgrade of two regional blood bank serving catchment populations in RHDs and refugee settlements; and renovation of isolation facilities located near points of entry (borders)). The updated ESMF must also clearly provide for the retention and ToR of a GBV/SEA Service Provider.</p> <p>b. Assess environmental and social risks and impacts of the proposed subprojects under AF activities - including ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable like refugees and Indigenous Peoples (IPs), have access to the development benefits resulting from the Project - in accordance with ESSs and the ESMF.</p> <p>c. Prepare, publicly consult, disclose, adopt, and implement Infection Control and Waste Management Plans, Environmental and Social Management Plans, Stakeholder Engagement Plan and/or other instruments, if required for the respective Subproject activities based on the screening and assessment process, in accordance with the ESSs, the ESMF, the EHSs and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines related to COVID-19, in a manner acceptable to the Bank.</p> <p>d. Incorporate relevant aspects of this ESCP, including any Environmental and Social Management Plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and</p>	<p>a. The ESMF shall be updated to include all components of Additional financing, then publicly disclosed, consulted upon and adopted prior to effective date of the AF.</p> <p>b. Assessment shall be conducted at the launching of vaccination campaigns, selection of deployment sites or other relevant reference points under the subproject activities.</p> <p>c. Plans/instruments shall be prepared based on proper screening of relevant subproject activities, disclosed, consulted and adopted before carrying out such activities, and thereafter implementation and monitoring throughout subproject activities cycle.</p> <p>d. The relevant ESHS measures shall be incorporated into the bidding documents before launching the procurement process for the relevant activities and thereafter</p>	<p>Ministry of Health</p>
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MATERIAL MEASURES AND ACTIONS	TIMEFRAME	RESPONSIBLE ENTITY
<p>supervising firms. Thereafter ensure that all contractors and supervising firms comply with ESHS requirements of their respective contracts.</p> <p>e. Regularly update Environmental and Social Management Plans, and Infection Control and Waste Management Plans, Stakeholder Engagement Plan or other instruments based on updated guidance by WHO on COVID19.</p>	<p>throughout the carrying out of such activities.</p>	

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
1.3	<p>EXCLUSIONS: Exclude the following type of activities as ineligible for financing under the Project:</p> <ul style="list-style-type: none"> • Activities that may cause long-term, permanent and/or irreversible (e.g. loss of major natural habitat) impacts • Activities that have high probability of causing serious adverse effects to human health and/or the environment • Activities that may have adverse social impacts and may give rise to significant social conflict • Activities that may involve permanent resettlement or land acquisition, impacts on cultural heritage • All the other excluded activities set out in the ESMF of the Project. 	During assessment process conducted under action 1.2.a. above.	Ministry of Health
ESS 2: LABOR AND WORKING CONDITIONS			
2.1	<p>LABOR MANAGEMENT: The Project shall be carried out in accordance with applicable requirements of ESS2, in a manner acceptable to the Bank, including among others, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance management arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.</p>	<p>Labor Management Procedures shall be updated, disclosed, and adopted before AF effective date.</p> <p>All contractors for civil works will prepare Labor Management Plans acceptable to the Client and the Bank prior to carrying out any civil works or other project activities.</p> <p>All these shall be implemented throughout the Project implementation period.</p>	Ministry of Health through the appointed contractors for civil works and other project activities
2.2	<p>OCCUPATIONAL HEALTH AND SAFETY (OHS) MEASURES: Adopt, implement and update the Occupational Health and Safety (OHS) measures in line with the LMP, Infectious Control and Waste Management Plan (ICWMP) and WHO guidelines on COVID-19 in a manner acceptable to the Association.</p>	<p>The ICWMP will be prepared, disclosed and adopted before carrying out of the relevant subproject activities.</p> <p>All measures specified in this action 2.2 shall be implemented throughout the Project implementation period.</p>	Ministry of Health

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
2.3	WORKER CODE OF CONDUCT: Ensure that all workers including health professionals that will be involved in vaccine administration adhere to the WHO Code of Ethics and Professional conduct. Provisions to prevent Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) shall be included in the Code of Conduct (CoC) for PIU’s staff and for contracted workers in line with relevant national laws and legislation , ESS4 and GIIP, and adopted and applied under the Project	All workers will sign a code of conduct prior to engagement and MoH and Contractors will ensure it is adhered to throughout the project implementation	Ministry of Health and Contractors
2.4	GRIEVANCE MECHANISM FOR PROJECT WORKERS: The Project shall update, consult upon and adopt the parent project grievance redress mechanism for project workers, affected communities, people to be vaccinated including vulnerable and marginalized groups as described in the Labor Management Procedures (LMP) for project workers and in the project GRM for other affected groups, and consistent with ESS2, with focal points to address these grievances established within MoH.	Update, consult upon, adopt, and implement the Grievance Redress Mechanism to include activities within the AF prior to AF effective date. This will be implemented throughout Project Implementation phase.	Ministry of health
ESS 3: RESOURCE EFFICIENCY AND POLLUTION PREVENTION AND MANAGEMENT			
3.1	Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, inter alia, measures to: carry out the purchase, storage, transportation and handling of vaccines in a safe manner and in accordance with the EHSGs, and other relevant GIIP including relevant WHO guidelines; and adequately manage and dispose of health care wastes (including, vaccines) and other types of hazardous and non-hazardous wastes and use of resources in a sustainable manner. Use of resources (water, air, etc.) shall follow relevant WHO guidelines for medical facilities.	As part of the ESMF and Throughout Project implementation.	Ministry of Health
ESS 4: COMMUNITY HEALTH AND SAFETY			

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
4.1	<p>COMMUNITY HEALTH AND SAFETY: Relevant aspects of this standard shall be considered, as needed, under action 1.2 above. These will include among others measures to; minimize the potential for community exposure to communicable and infectious diseases; ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the Project; manage the risks of the use of security personnel and/or the military as health service support provider; manage the risks of labor influx; and prevent and respond to any gender-based violence and stigma around COVID-19 vaccine and vaccinations due to misinformation; sexual exploitation and abuse; and sexual harassment; and also manage the risk related to transporting of vaccines to different parts of the country, construction materials and workers' transport to subproject activities.</p> <p>There is no mandatory nor forced vaccination in Uganda. If such case arise because emergency health law enforcement against general pandemic, by GoU, it will require to take the following due process protocol to 1) obtain consent; 2) enable affected persons to seek justified exceptions; 3) differentiate between mandatory schemes (allowed with due process) and forced vaccination (not allowed).</p>	<p>As part of ESMF and Throughout Project implementation.</p> <p>Throughout the entire implementation process.</p>	Ministry of Health

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
4.2	<p>USE OF MILITARY OR SECURITY PERSONNEL</p> <p>The military is expected to partner with MoH in their capacity as health professionals in military hospitals vaccinating eligible persons in their catchment areas such as barracks and detachments. Additionally, due to the scarcity and uncertainty of global vaccine stocks, increased demand for vaccination services has led to increased security around vaccination, such as vaccines have to be escorted by security personnel to ensure their safe delivery. The eventual use of the military and/or the security forces in the vaccination program will be reassessed as part of updating the ESMF and the existing MoU protocol will be reviewed and updated as needed to be in line with the vaccine administration activities. The updated MoU shall comply with the country laws and ESF GRM standards in terms of GRS mitigation measures implemented consistent with ESS4 and associated Bank guidance.</p>	Prior to the implementation MoH will reassess the MoU between MoD as part of updating the ESMF.	Ministry of Health
ESS 5: LAND ACQUISITION, RESTRICTIONS ON LAND USE AND INVOLUNTARY RESETTLEMENT			
5.1	Not applicable as there will be no land acquisition or involuntary resettlements. All the subproject activities under civil works shall be at already existing health facilities or hospitals or government land which are free from encumbrances.	Evidence of land titles for the health facilities to be upgraded/renovated will be provided before any civil works commence.	Ministry of Health
ESS 6: BIODIVERSITY CONSERVATION AND SUSTAINABLE MANAGEMENT OF LIVING NATURAL RESOURCES			
	Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	Throughout Project implementation.	Ministry of Health
ESS 7: INDIGENOUS PEOPLES/SUB-SAHARAN AFRICAN HISTORICALLY UNDERSERVED TRADITIONAL LOCAL COMMUNITIES			

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
7.1	<p>Relevant aspects of this standard shall be updated to include all subproject activities in the AF and as needed, under action 1.2 above and in the SEP to provide the specific measures on consultations with IPs to ensure they benefit from the project. Arrangements under the parent project to target the IPs included sensitizations about the COVID-19 and the use of Standard Operating Procedures (SOPs) to prevent infections from the disease. AF shall deliberately target the Indigenous Peoples (IPs) not only with the vaccination campaign messages to mobilize them but also enabling them to access vaccines and actually be voluntarily vaccinated. Indigenous Peoples will be engaged through their traditional structures, clans, and their community-based organizations. The following measures shall be undertaken to ensure IPs such as the Batwa, Ik, Benets and Tepeths benefit from the project; i) targeted vaccination outreaches shall be conducted within IPs communities since most of these are remote and hard to reach areas - the districts have already mapped out these IP communities and need to share with the district health teams to plan these outreaches in a deliberate manner; ii) vaccination campaign messages to reach the IPs and other VMGs shall be made in their appropriate local language(s) - this means these messages need to be translated into the vernacular that can be understood by the IPs be it IEC materials or radio/TV or social media messages; iii) IPs have their own leadership structures which should be the main avenues to reach out to them for mobilizing them for the vaccination campaign - the IPs have clan leaderships and representatives, and also have community-based organizations and lobby groups that are very instrumental in mobilizing the IPs; and iv) the expansion of the designated vaccination sites under the AF shall focus on targeting specific IP communities. These should have volunteers/ VHTs and health workers from within the IP communities. This would encourage and increase the uptake of vaccines among the IPs.</p>	<p>ESMF and SEP to be updated, publicly disclosed, consulted upon and adopted prior to AF effective date and thereafter relevant measures implemented throughout Project implementation.</p>	<p>Ministry of Health</p>

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
7.2	<p>The Borrower will ensure that all marginalized communities including refugees and IPs are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner in accordance with ESS7. All eligible persons in marginalized communities including refugees and IPs shall be given a priority during vaccination and shall not be deprived of that right to health because of their economic and social status. These aspects will be included in the updating of ESMF and SEP. However, it is important to note that the risk of refugee exclusion under UCREPP AF is low as they have been comprehensively integrated at the policy, planning, coordination and implementation levels of COVID-19 vaccine deployment and health service delivery in Uganda. Refugees are fully integrated within health and COVID-19 policies and planning. They are included in the National COVID-19 Vaccine Deployment Plan (NVDP). In addition, the integration of refugees and host communities are outlined under the Health Sector Integrated Refugee Response Plan. UNHCR co-chairs the Health Development Partner Group and has a close working relationship with MoH in response to COVID-19 and refugee inclusion. At the sub-national level there is close collaboration between district officials, OPM, MoH, UNHCR and NGOs within refugee settlements on COVID-19 response and prevention. Evidence of the strong collaboration is the higher rate of refugee COVID-19 vaccination than nationals. Furthermore, UCREPP AF has clearly attributable project targets for refugees under the results framework which will ensure WHR resources will finance refugees and host community members as agreed.</p>	Throughout Project implementation.	Ministry of Health
7.3	<p>In case any marginalized communities would be affected by any of the subproject activities under Additional Financing, site-specific approaches shall be prepared to ensure adequate consideration of their specific cultural needs in accordance with ESS7, to the satisfaction of the Bank.</p>	Throughout Project implementation.	Ministry of Health
ESS 8: CULTURAL HERITAGE			

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
	Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	As part of ESMF and Throughout Project implementation.	Ministry of Health
ESS 9: FINANCIAL INTERMEDIARIES			
	Not relevant to this project		
ESS 10: STAKEHOLDER ENGAGEMENT AND INFORMATION DISCLOSURE			
10.1	STAKEHOLDER ENGAGEMENT PLAN: Stakeholder Engagement Plan (SEP) has been updated to cater for all activities under Additional Financing consistent with ESS10, in a manner acceptable to the Bank. However, the SEP will require consultations to provide further specificity with respect to VMGs/IPs after which it will be adopted and publicly disclosed again following approval from the Bank.	The updated SEP will be revised, publicly disclosed and adopted prior to AF effective date.	Ministry of Health
10.2	UPDATE SEP: Update the SEP, with the inclusion of a risk communication and community engagement (RCCE) strategy in line with WHO guidance on “Risk communication and community engagement (RCCE) readiness and response to Covid19 in a manner acceptable to the Bank. The guidelines for monitoring and reporting of the SEP implementation enshrined in the updated SEP will be further confirmed, developed and updated for cover additional financing.	The currently updated SEP will be revised further, adopted and publicly disclosed and prior to AF effective date.	Ministry of Health
10.3	STAKEHOLDER ENGAGEMENT AND INFORMATION DISCLOSURE: Implement the updated Stakeholder Engagement Plan (SEP) consistent with ESS10, including the use of different, culturally appropriate communication approaches to ensure communication also with the most vulnerable, including refugees, IPs, illiterate and people with disabilities and hard to reach communities. In addition stakeholder engagement with representative groups will be undertaken while updating the ESMF as well as the SEP.	Throughout Project implementation. The ESMF and the SEP will be updated, consulted upon, adopted and publicly disclosed prior to AF effective date.	Ministry of Health

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
10.4	<p>CASE MANAGEMENT: In line with the SEP, the Project will ensure systematic case management, allowing communication between quarantined people, those under ICUs or HDUs and their relatives.</p>	Throughout Project implementation.	Ministry of Health
10.5	<p>GRIEVANCE MECHANISM: Update grievance redress mechanism in relation to the subprojects under AF, consistent with ESS10, in a manner acceptable to the Bank. The GRM under the parent project will be updated to cater for subproject activities under AF. In addition the MoU between the MoH and MoD/VA will be reviewed and revised to include grievance management considering the role of the military as health professionals in their areas of jurisdiction.</p> <p>In addition, MoH will prepare ToR of GBV/SEA Service Provider and ensure the retention of the Service Provider throughout project implementation.</p>	<p>An update to GRM in relation to all activities under AF required prior to AF effective date. In the meantime, the existing GRM can be used.</p> <p>Throughout project implementation</p>	Ministry of Health
CAPACITY SUPPORT (TRAINING)			

MATERIAL MEASURES AND ACTIONS		TIMEFRAME	RESPONSIBLE ENTITY/AUTHORITY
CS1	<p>Project Management Unit and other relevant implementing support staff responsible for the Project to receive training on the Project's ESHS plans and instruments, fair, equitable and inclusive access and allocation of Project benefits [including with regards to vaccines], and the roles and responsibilities of different key agencies in the ESF implementation. Training topics for personnel involved in Project implementation will among others include:</p> <ul style="list-style-type: none"> • Implementation and adoption of World Bank's ESS • Environmental and Social screening of different subprojects • Legal, environmental and other regulatory requirements • ESHS requirements of different subprojects including safety concerns during vaccine deployment • Risk communication and community engagement including security management plan • Management of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) • Grievance redress mechanisms • WHO and Africa CDC guidelines on quarantine including case management • Infection Control and Waste Management Plan (ICWMP) • Social Inclusion 	No later than 30 days after the AF Effective Date and periodically with the addition of new Project team members join the Project throughout implementation.	Ministry of Health