

MINISTRY OF HEALTH



ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

**HEALTH SYSTEM STRENGTHENING FOR HUMAN CAPITAL DEVELOPMENT IN
ESWATINI PROJECT**

P168564

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EXECUTIVE SUMMARY

Description of the Strengthening the Health System and Nutrition for Human Capital Development in Eswatini Project

The Government of the Kingdom of Eswatini is preparing a project, Health System Strengthening for Human Capital Development in Eswatini Project financed by an IBRD loan of US\$20 million, using an Investment Project Financing (IPF) instrument, over a five-year period. The Project Development Objective (PDO) is to improve the coverage and quality of key reproductive, maternal, neonatal, child and adolescent health (RMNCAH), nutrition and NCD services (hypertension and diabetes) in Eswatini. To address key sector challenges and support the achievement of the PDO, the proposed project will focus on strengthening the health system and ramping up investments in RMNCAH services as well as nutrition and non-communicable diseases (hypertension and diabetes) to address critical human capital challenges, including stunting and child and adult mortality, applying a life course approach.

The Ministry of Health will house the (PIU) the project implementing unit (PIU). The MOH will be supported by the Environmental Health Department (EHD) in the MOH.

Overview of Project Components

The project will be implemented through four components as follows:

Component 1: Improve health service delivery to increase the coverage and quality of health services to build human capital (US\$14.5 million)

This component will improve health service delivery to integrate and scale up nutrition and NCD services in Primary Health Care and improve the quality of RMNCAH services across the continuum of care. Under this component, the project will (i) build the capacity of health-care workers to deliver high-quality RMNCAH, nutrition and NCD services in PHC and higher-level care for continuity; (ii) increase the availability of drugs, commodities, functioning equipment and client data to support the delivery of these services through supply chain strengthening and investments in a digital health system; and (iii) strengthen the capacity of facilities, programs and regions to monitor quality of care, provide supportive supervision and implement a Quality Management Approach to ensure that the above inputs are translated into effective and high-quality service delivery.

Component 1.1 Build capacity of healthcare workers to deliver enhanced, high impact RMNCAH and nutrition and NCD services across the continuum of care (US\$3.0 million)

This sub-component will build the capacity of healthcare workers to deliver essential and high-quality RMNCAH, nutrition and NCD services across the continuum of care through trainings, the provision of digital decision support tools ('digital job aids'), and the creation of a Community of Practice for midwives as a platform for sharing best practices and creating new knowledge for continuous professional development.

Specifically, the following activities will be supported: (i) Competency-based and residential trainings for healthcare workers to deliver high-quality RMNCAH, nutrition and NCD services across the continuum of care. (ii) Technical assistance and procurement of tablets/technology to develop, test and scale-up provider digital decision support tools ('digital job aids') for RMNCAH to consolidate the trainings and ensure that competencies of healthcare workers are maintained for enhanced decision-making. (iii) Specialist training and mentorship to operationalize a 4-bed specialized neonatal unit in Mbabane Government Hospital, built and equipped through the previous World Bank-supported project. (iv) Creation of a Community of Practice (CoP) for Midwives to promote continuous professional development, intra-professional collaboration, and staff morale for improved maternal and neonatal outcomes.

Component 1.2 Increase the availability of drugs, commodities, functioning equipment and client data for high-quality health and nutrition service delivery in facilities (US\$9.5 million)

Specifically, the following activities will be supported: (i) Modernization and scale-up of an interoperable electronic record management system for service inputs (medical supplies, commodities, and equipment)⁴⁷ and service delivery and coverage (client records for clinical management) to strengthen evidence-based service planning and management. (ii) Construction of an Integrated Operations Centre with upgraded fleet. The project will construct and purchase related office equipment for an integrated Operations Centre to house the medical supply chain unit (managed by CMS), a medical equipment maintenance workshop (managed by Biomed) and a data warehouse for information technology (IT) support (managed by HMIS). (iii) Procurement of biomedical equipment and supplies for hygiene and sanitation to supplement COVID-19 healthcare readiness in hospitals and health facilities, including patient monitors, ICU beds, oxygen concentrators, waste skips, and disinfectant. Given that the aforementioned entities are servicing the same health facilities, this Integrated Operations Centre will allow effective and efficient support to health facilities by timely responding to equipment down-time notifications, drug ordering requests, and hardware repair or IT support requests submitted by facilities. The design will be prepared in a way to contribute to climate co-benefits, including the use of energy

efficient and sustainable technologies (e.g. solar panel, insulation, refrigeration system, LED lighting, etc.). The fleet will also be upgraded (including 2 larger trucks that have capacity to pool drugs, commodities, medical and IT equipment; and cars to serve the 4 regions) to allow for more efficient use of vehicles as the units will be able to coordinate routes through a joint fleet management system. The procurements are complementary to the Eswatini COVID-19 Emergency Response Project (P173883) to ensure medium-term system strengthening, the availability of essential inputs for sustained health care delivery, and the impact of future epidemics is mitigated.

Component 1.3. Strengthen the capacity of facilities, programs and regions to monitor quality of care, supervise and implement a Quality Management Approach in health facilities (US\$2.0 million)

Specifically, the project will finance technical assistance and operational support for programs to strengthen supportive supervision and mentorship for RMNCAH, nutrition and NCDs, and implement a continuous quality of care improvement process and externally validated through supervision by the Regional Health Management Teams.

Component 2. Increase community demand for RMNCAH, nutrition and NCD services (US\$2.0 million)

In addition to supply side constraints, utilization of RMNCAH, nutrition and NCD services is also affected by demand side constraints, including insufficient knowledge on prevention and care seeking and cultural barriers. This component will strengthen the Community Health Volunteers (CHV) program, conduct targeted Social Behavior Change Communication (SBCC) and develop client-based digital applications to address social and behavioral bottlenecks and generate demand for quality and service delivery uptake of RMNACH, nutrition, and NCD services. Specifically, the project will support: (i) Strengthening the Community Health Volunteers Program to conduct community sensitization and outreach. The project will finance the delivery of a comprehensive training package for CHVs in targeted areas and provide CHVs with tablets to facilitate service delivery, monitoring and supervision. (ii) Targeted Social Behavior Change Communication (SBCC). The project will provide technical and financial assistance to design and deliver SBCC tailored to the target groups (pregnant women/mothers, adolescents, at risk for NCDs) relevant to the Eswatini context. (iii) Design, develop and scale-up of client-based digital applications to help generate awareness, improve knowledge and boost uptake of services and adherence to appointments and treatment. These will also be tailored to adolescents. Innovative and successful tools will be explored, such as the ‘Mom Connect’ that has been successfully implemented in South Africa, to improve care seeking, health outcomes, and birth registration.⁴³ Digitalization and scale-up of the “Know your health numbers” NCD campaign will also be supported.

Component 3. Strengthen the MOH’s stewardship capacity to manage essential health and nutrition services and project activities (US\$3.5 million)

Specifically, the project will provide technical assistance to support the drafting of updated regulations, policies and strategies including for the draft Health Bill, professional regulatory bodies, National Quality of Care Framework, public-private partnerships, nutrition, health care waste management (HCWM), including the capture or combustion of fugitive methane emissions⁵² and health financing.⁵³ Technical assistance and training/ coaching for the MOH will also be provided on leadership and management to support modernization and organizational transformation of the MOH. This will be complemented with twinning arrangements, particularly relevant during the first 12-18 months of project implementation. To ensure effective and efficient project implementation, this component will also support the MOH with fiduciary aspects (financial management and procurement), project monitoring and evaluation, and environmental and social standards.

Component 4: Contingent emergency Response Component (CERC) (US\$ Zero).

The project includes a CERC in accordance with the World Bank Policy: Investment Project Financing, paragraph 12 and 13, for situations of urgent need and assistance. This component will allow for rapid reallocation of project proceeds in the event of a future natural or man-made disaster or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact during the life of the project.

Environmental and Social Standards Applicable to the Project

Strengthening the Health System and Nutrition for Human Capital Development in Eswatini Project seeks to partner with the World Bank in the development and implementation of its project. The proposed sub projects therefore must comply with the applicable WB Environmental and Social Standards. The following Environmental and Social Standards are applicable to the Project:

- ESS 1 – Assessment and Management of Environmental and Social Risks and Impacts;
- ESS 2 – Labour and Working Conditions;
- ESS 3 – Resource Efficiency and Pollution Prevention and Management;
- ESS 4 – Community Health and Safety;
- ESS 5 – Land Acquisition, Restrictions on Land use and Involuntary Resettlement;
- ESS 8 – Cultural Heritage; and

- ESS 10 – Stakeholder Engagement and Information Disclosure

Summary of Key Environmental and Social Standards Issues

The implementation of the proposed Project will enhance the health and socio-economic development of the country through the facilitation of improved health care services and access to all. Overall, the project's environmental and social risk ratings are classified as Moderate. The environmental and social risk classification of the project is Moderate under the World Bank's Environmental and Social Framework (ESF) based on the type and nature of the project that will support strengthening of health systems for human capital development in Eswatini. Project activities and interventions involving support to improving sector governance and performance (Component 3), health financing, service delivery, supply chain management, infrastructure and equipment maintenance, and health management information systems will require: i) procurement of equipment, including electronic equipment; and ii) capacity building and training in the application of analytical computing skills, setting up and use of various computer-based and other management systems, and the use and maintenance of infrastructure and equipment. The environmental impacts associated with these activities will result from the generation and disposal of electronic waste (e-waste) which is considered to have moderate environmental risk, and general waste (paper, packaging, redundant non-electronic equipment, food waste etc.) considered to have low risk.

The Operations Centre will be built on the premises of the existing Central Medical Stores site entailing very minor construction works. Support for hospital and health facility operations through the procurement and deployment of biomedical equipment and supplies for hygiene and sanitation is anticipated to result in risks and impacts related to the management and disposal of healthcare waste, occupational health and safety of health care workers; and community health and safety related to the operation of health facilities.

The operational support to hospitals and healthcare facilities through the procurement and deployment of this biomedical equipment will be implemented over a medium-term horizon to strengthen the health system. Therefore, while it may supplement COVID-19 healthcare readiness over the medium term, it will not be exclusive to COVID-19 treatment and will be for general healthcare services. As a result, attendant

adverse risks and impacts related to infection control and transmission are not anticipated to substantiate incremental risks.

The proposed technical assistance (Component 1) activities are anticipated to have generally positive environmental benefits related to HCWM and methane emissions control. Downstream Adverse risks and impact could be anticipated related to implementation of HCWM and emissions control measures, as well as proposed public-private partnership measures. This risks and impacts would be expected to be consistent with activities directly supported under the project and are therefore moderate.

However, since the design, scope and other details of construction will be available during project implementation, the key social concerns may include minimum land taking (since facilities expect to be established within the confines of the existing land boundaries), labour and working conditions (including minimal labour influx, gender-based violence and sexual exploitation and abuse), community health and safety (including workers' community interactions, etc.).

The other potential social risks that need to be addressed relate to the very low environmental and social risk management capacity at both national and local and health facility levels to implement and report on the relevant concerns, budget allocation for the implementation of environmental and social risk management measures and exclusion of disadvantaged and vulnerable groups of people and individuals.

The GBV risk associated with the project, given that it is implemented across the country (rural, peri-urban and urban health centers) and has limited labour influx and infrastructure development, is predicted to be moderate at this stage. This will be monitored and in case the risk increases, enhanced efforts will be made to manage the risk. For example, this could include the hiring of a GBV expert to the PIU team. As reflected in the Labour Management Procedures, the PIU will also ensure that contractors will include a code of conduct with GBV-sensitive behaviour standards in contracts and ensure that channels for making anonymous complaints are set up and effective. Trainings will be conducted for PIU-GRM staff on how to manage GBV complaints once the PIU is established.

The likely potential impacts associated with the Project activities can be managed and mitigated with the application of appropriate mitigation measures included in the ESF instruments such as the Labour Management Procedures (LMP) in Annex 7, the Stakeholder Engagement Plan (SEP) and the Grievance Redress Mechanism (GRM) set out in the SEP.

The Framework Approach

Given that environmental and social risks and impacts associated with the project and sub-projects cannot be determined at this stage of the project cycle, preparation of an Environmental and Social Management Framework (ESMF) is required to assess the environmental and social risks and impacts, and propose avoidance, mitigation and management measures across the project. The ESMF will set out principles, rules and guidelines and procedures to assess and manage expected environmental and social risks and impacts during project implementation. Subsequently, a site-specific ESMP will be prepared and implemented for the Operations Centre to manage any arising risks during construction and operation. The ESMF will also incorporate measures relevant to the CERC component. This ESMF also has a Labour Management Procedure (LMP) embedded in it as Annex 7. The LMP specifies terms and conditions for labour employment as well as how labour is managed in the project, including measures to prevent and address any potential incidents that are contrary to good practices. The ESMF will be guided by the World Bank ESF, WBG Group EHS Guidelines (EHSGs) on Healthcare Facilities and additional resources on good international industry practice (GIIP) found in these Guidelines. The ESMF will incorporate by reference and be complimented by the Infection Control and Waste Management Plan (ICWMP) prepared under the Eswatini COVID-19 Emergency Response Project (P173883).

Chapter 1 - PROJECT BACKGROUND

1.1. Introduction

Eswatini's health system has benefited from significant investment in infrastructure and programs; however, due to limited investment in system organization and modernization, the system has not been able to attain its potential in efficiency, quality and responsiveness to address population health needs due to challenges in three main areas: (i) Weak Sector Governance and Management; (ii) Misalignment of Budget and Results; and (iii) Service Delivery Challenges. To achieve the set goals of the National Health Sector Strategic Plan 2019-2023 (NHSSP III), the Ministry of Health (MOH) has decided to undertake strategic service delivery reorganization and purchasing reform to improve care quality and productivity. Accordingly, the MOH has identified the priority areas for the project based on their contribution to Vision 2022 and the Eswatini Strategic Road Map (2019-30).

The proposed project is aimed to build on the results, institutional foundations, project management and implementation experience, and partnership that was developed with the MOH under the Eswatini Health, HIV/AIDS and TB Project, completed in September 2018. The project will support: (i) the MOH in deepening implementation of UHC and re-profiling the health system to respond to the changing health and health service delivery needs of the country; (ii) assist MOH in meeting the strategic objective of the NHSSP III - "to build an efficient, equitable, client-centered health system for accelerated attainment of the highest standard of health for all people in Eswatini." and (iii) Eswatini's human capital agenda, its progress toward the stated sectoral objectives of the Vision 2022 and the related Eswatini Strategic Road Map (2019-2030).

The proposed project is fully aligned with the adjusted Country Partnership Strategy (CPS FY19-20): The proposed project will contribute to Pillar II (Strengthening State Capabilities) of the CPS, primarily through Objective 2 (Improved Social Services Delivery). In response to the Government's request to become an early adopter of the Human Capital Project (HCP), the project will also support Eswatini's progress in human capital formation, with focus on the health dimensions of the Human Capital Index.

1.2. Project Objective

The Project Development Objective (PDO) is to improve the coverage and quality of key RMNCAH, nutrition and NCD services (hypertension and diabetes) in Eswatini.

1.3 Project Components

The proposed project consists of four (4) distinct components (three technical components and an emergency response component):

Component 1: Improve health service delivery to increase the coverage and quality of health services to build human capital (US\$14.5 million)

This component will improve health service delivery to integrate and scale up nutrition and NCD services in Primary Health Care and improve the quality of RMNCAH services across the continuum of care. Under this component, the project will (i) build the capacity of health-care workers to deliver high-quality RMNCAH, nutrition and NCD services in PHC and higher-level care for continuity; (ii) increase the availability of drugs, commodities, functioning equipment and client data to support the delivery of these

services through supply chain strengthening and investments in a digital health system; and (iii) strengthen the capacity of facilities, programs and regions to monitor quality of care, provide supportive supervision and implement a Quality Management Approach to ensure that the above inputs are translated into effective and high-quality service delivery.

Component 1.1 Build capacity of healthcare workers to deliver enhanced, high impact RMNCAH and nutrition and NCD services across the continuum of care (US\$3.0 million)

This sub-component will build the capacity of healthcare workers to deliver essential and high-quality RMNCAH, nutrition and NCD services across the continuum of care through trainings, the provision of digital decision support tools ('digital job aids'), and the creation of a Community of Practice for midwives as a platform for sharing best practices and creating new knowledge for continuous professional development.

Specifically, the following activities will be supported: (i) Competency-based and residential trainings for healthcare workers to deliver high-quality RMNCAH, nutrition and NCD services across the continuum of care. (ii) Technical assistance and procurement of tablets/technology to develop, test and scale-up provider digital decision support tools ('digital job aids') for RMNCAH to consolidate the trainings and ensure that competencies of healthcare workers are maintained for enhanced decision-making. (iii) Specialist training and mentorship to operationalize a 4-bed specialized neonatal unit in Mbabane Government Hospital, built and equipped through the previous World Bank-supported project. (iv) Creation of a Community of Practice (CoP) for Midwives to promote continuous professional development, intra-professional collaboration, and staff morale for improved maternal and neonatal outcomes.

Component 1.2 Increase the availability of drugs, commodities, functioning equipment and client data for high-quality health and nutrition service delivery in facilities (US\$9.5 million)

Specifically, the following activities will be supported: (i) Modernization and scale-up of an interoperable electronic record management system for service inputs (medical supplies, commodities, and equipment)⁴⁷ and service delivery and coverage (client records for clinical management) to strengthen evidence-based service planning and management. (ii) Construction of an Integrated Operations Centre with upgraded fleet. The project will construct and purchase related office equipment for an integrated Operations Centre to house the medical supply chain unit (managed by CMS), a medical equipment maintenance workshop (managed by Biomed) and a data warehouse for information technology (IT) support (managed by HMIS). (iii) Procurement of biomedical equipment and supplies for hygiene and sanitation to supplement COVID-19 healthcare readiness in hospitals and health facilities, including patient monitors, ICU beds, oxygen concentrators, waste skips, and disinfectant. Given that the aforementioned entities are servicing the same health facilities, this Integrated Operations Centre will allow effective and efficient support to health facilities by timely responding to equipment down-time notifications, drug ordering requests, and hardware repair or IT support requests submitted by facilities. The design will be prepared in a way to contribute to climate co-benefits, including the use of energy efficient and sustainable technologies (e.g. solar panel, insulation, refrigeration system, LED lighting, etc.). The fleet will also be upgraded (including 2 larger trucks that have capacity to pool drugs, commodities, medical and IT equipment; and cars to serve the 4 regions) to allow for more efficient use of vehicles as the units will be able to coordinate routes through a joint fleet management system. The procurements are complementary to the Eswatini COVID-19 Emergency Response Project (P173883) to ensure medium-

term system strengthening, the availability of essential inputs for sustained health care delivery, and the impact of future epidemics is mitigated.

Component 1.3. Strengthen the capacity of facilities, programs and regions to monitor quality of care, supervise and implement a Quality Management Approach in health facilities (US\$2.0 million)

Specifically, the project will finance technical assistance and operational support for programs to strengthen supportive supervision and mentorship for RMNCAH, nutrition and NCDs, and implement a continuous quality of care improvement process and externally validated through supervision by the Regional Health Management Teams.

Component 2. Increase community demand for RMNCAH, nutrition and NCD services (US\$2.0 million)

In addition to supply side constraints, utilization of RMNCAH, nutrition and NCD services is also affected by demand side constraints, including insufficient knowledge on prevention and care seeking and cultural barriers. This component will strengthen the Community Health Volunteers (CHV) program, conduct targeted Social Behavior Change Communication (SBCC) and develop client-based digital applications to address social and behavioral bottlenecks and generate demand for quality and service delivery uptake of RMNACH, nutrition, and NCD services. Specifically, the project will support: (i) Strengthening the Community Health Volunteers Program to conduct community sensitization and outreach. The project will finance the delivery of a comprehensive training package for CHVs in targeted areas and provide CHVs with tablets to facilitate service delivery, monitoring and supervision. (ii) Targeted Social Behavior Change Communication (SBCC). The project will provide technical and financial assistance to design and deliver SBCC tailored to the target groups (pregnant women/mothers, adolescents, at risk for NCDs) relevant to the Eswatini context. (iii) Design, develop and scale-up of client-based digital applications to help generate awareness, improve knowledge and boost uptake of services and adherence to appointments and treatment. These will also be tailored to adolescents. Innovative and successful tools will be explored, such as the ‘Mom Connect’ that has been successfully implemented in South Africa, to improve care seeking, health outcomes, and birth registration.⁴³ Digitalization and scale-up of the “Know your health numbers” NCD campaign will also be supported.

Component 3. Strengthen the MOH’s stewardship capacity to manage essential health and nutrition services and project activities (US\$3.5 million)

Specifically, the project will provide technical assistance to support the drafting of updated regulations, policies and strategies including for the draft Health Bill, professional regulatory bodies, National Quality of Care Framework, public-private partnerships, nutrition, health care waste management (HCWM), including the capture or combustion of fugitive methane emissions⁵² and health financing.⁵³ Technical assistance and training/ coaching for the MOH will also be provided on leadership and management to support modernization and organizational transformation of the MOH. This will be complemented with twinning arrangements, particularly relevant during the first 12-18 months of project implementation. To ensure effective and efficient project implementation, this component will also support the MOH with fiduciary aspects (financial management and procurement), project monitoring and evaluation, and environmental and social standards.

Component 4: Contingent emergency Response Component (CERC) (US\$ Zero).

The project includes a CERC in accordance with the World Bank Policy: Investment Project Financing, paragraph 12 and 13, for situations of urgent need and assistance. This component will allow for rapid reallocation of project proceeds in the event of a future natural or man-made disaster or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact during the life of the project

1.4 Need for Environmental and Social Management Framework

Construction of an Integrated Operations Centre with upgraded fleet. The project will construct and purchase related office equipment for an integrated Operations Centre to house the medical supply chain unit (managed by CMS), a medical equipment maintenance workshop (managed by Biomed) and a data warehouse for information technology (IT) support (managed by HMIS). Given that the aforementioned entities are servicing the same health facilities, this Integrated Operations Centre will allow effective and efficient support to health facilities by timely responding to equipment down-time notifications, drug ordering requests, and hardware repair or IT support requests submitted by facilities. The fleet will also be upgraded (including 2 larger trucks that have capacity to pool drugs, commodities, medical and IT equipment; and cars to serve the 4 regions) to allow for more efficient use of vehicles as the units will be able to coordinate routes through a joint fleet management system.

For the construction of the Operations Centre and the proposed sanitation interventions, the main environmental and social risks are associated with construction activities such as excavation, repair, leveling and back-filling. These would give rise to dust emissions, noise, site hazards (such as open pits), construction traffic, occupational health and safety and community health and safety. Key issues related to the operations of the Operations Centre include: health care waste, e-waste, solid waste management; sewerage; water consumption; storm water management and energy use. The design of the Operations Centre will be prepared in a way to promote resource efficiency i.e. efficient water and energy use through the adoption of energy efficient and sustainable technologies (e.g., solar panel, insulation, refrigeration system, led lighting, etc.). Since the construction of the Operations Centre is expected to take place within the confines of existing facilities, land acquisition is not anticipated. And if this happens then the project Resettlement policy framework (RPF) will be applied.

Given that environmental and social risks and impacts associated with the project and sub-projects cannot be determined at this stage of the project cycle, preparation of an Environmental and Social Management Framework (ESMF) is required to assess the environmental and social risks and impacts, and propose avoidance, mitigation and management measures across the project. The ESMF will set out principles, rules and guidelines and procedures to assess and manage expected environmental and social risks and impacts during project implementation. Subsequently, a site-specific ESMP will be prepared and implemented for the Operations Centre to manage any arising risks during construction and operation. The ESMF will also incorporate measures relevant to the CERC component (See Annex 5). Additionally, the ESMF addresses pollution arising from the operation of hospital and health facilities, particularly medical waste management, through adopting and incorporating by reference the ICWMP prepared under the Eswatini COVID-19 Emergency Response Project (P173883). The ESMF will be guided by the World Bank ESF, WB Group EHS Guidelines (EHSGs) on healthcare facilities and additional resources on good international industry practice (GIIP) found in these Guidelines.

1.5 Purpose and Objective of Environmental and Social Management Framework

Good environmental and social management practices are essential and integral elements of sound project preparation and implementation. More specifically, the ESMF seeks to :

1. Establish clear procedures and methodologies for environmental and social planning, review, approval and implementation of subprojects to be financed under the Project.
2. To provide practical guidance for planning, designing and implementing the environmental and Social management measures.
3. Specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental and related social concerns of the sub-projects and;
4. Determine the institutional arrangements, including those related to training, capacity building and technical assistance (if required) needed to successfully implement the provisions of the ESMF.

The application and implementation of the ESMF therefore, will:

1. Support the integration of environmental and social aspects into the decision-making process at all stages related to planning, design, execution, operation and maintenance of sub-projects, by identifying, avoiding and/or minimizing adverse environmental and social impacts early-on in the project cycle.
2. Enhance the positive/sustainable environmental and social outcomes through improved/sensitive planning, design and implementation of sub-activities.
3. Minimize environmental degradation as a result of either individual sub-projects or through their indirect, induced and cumulative effects, as much as possible.
4. Avoid or minimize negative social impacts including impacts from land acquisition, or restriction to land use, labour influx to community health and safety to protecting and including in project benefits vulnerable and marginalized groups such as women, children, elderly and disabled persons in order to enhance social inclusion – for all groups of people.
5. Minimize impacts on cultural heritage both tangible and intangible.

The use / implementation of the ESMF will also support the achievement of compliance with applicable laws and regulations as well as with the requirements of relevant Bank standards on environment and social aspects.

1.6 Key Contents of the Environmental and Social Management Framework

The framework describes the principles, objectives and approach to be followed for selecting, avoiding, minimizing and/or mitigating the adverse environmental and social impacts that are likely to arise due to the project. The framework details out the various policies, standards, guidelines and procedures that need to be integrated during the planning, design and implementation cycle of the Bank-funded project. It also outlines the indicative management measures required to effectively address or deal with the key issues that have been identified. The required institutional arrangements for effective environment management have also been outlined as a part of this framework.

Specifically, the Environmental and Social Management Framework includes the following:

- Information on Government of Eswatini 's environmental legislations, standards and policies and the World Bank Environmental and Social Standards that are applicable to the overall project context.
- Process to be followed for environmental screening to guide decision-making about proposed sub-projects
- Steps and process to be followed for conducting environmental and social assessment and preparation of Environmental and Social Management Plans for selected sub-projects
- Preliminary assessment of anticipated environmental and social impacts in the context of broad/known project interventions.
- Generic environment and social management measures to avoid, minimize and mitigate anticipated impacts
- Institutional arrangements for environment and social management, including monitoring and reporting.

1.7. Application of the ESMF

The ESMF needs to be integrated into the preparation and implementation stages of the various project components. It is an essential ingredient aligned with the project/subproject activities and is to be followed through the entire project cycle from planning, including site identification; design; implementation and operation/maintenance to attain the above outlined purpose and objectives.

1.8. Revision/Modification of the ESMF

The ESMF will be an "up-to-date" or a "living document" enabling revision, when and where necessary. Unexpected situations and/or changes in the project or sub-component design would therefore be assessed and appropriate management measures will be incorporated by updating the ESMF. Such revisions will also cover and update any changes/modifications introduced in the legal/regulatory regime of the country/ state. Also, based on the experience of application and implementation of this framework, the provisions and procedures would be updated, as appropriate in consultation with the World Bank and the implementing agencies/departments.

1.9 Activities Excluded from Strengthening the Health System and Nutrition for Human Capital Development in Eswatini Project

The following lists the activities that cannot be supported under the Project

1. Any activity within the protected area/UNESCO declared heritage site;
2. Any activity located within forested areas or plantations;
3. Any activity involving procurement of pesticides or fertilizers and/or with the potential to lead to increased use of pesticides or fertilizers;
4. Protected area or critical natural habitat is excluded;
5. Sub-projects that trigger OP/BP 4.37 - Safety of Dams will not be eligible for funding under this project; and
6. Sub-projects that trigger OP/BP 7.50 - International Waterways .

Chapter 2 - REGULATORY FRAMEWORK

This section is provided as a reminder that all activities under the proposed project must be consistent with all applicable laws, regulations, notifications that are relevant in the context of the proposed project interventions. It is the responsibility of the MoH to ensure that proposed activities are consistent with the regulatory/legal framework, whether national or regional. Additionally, it is also to be ensured that activities are consistent with the applicable World Bank's environmental and social standards and guidelines. This section is not a legal opinion on the applicability of the law but serves as guidance in the application of the law to the current project context.

2.1. Key Applicable National Laws, Policies and Regulation

The following paragraphs highlight some salient features of select laws, which have a particularly important bearing on the design and implementation of the proposed project.

- a. **National Health Sector Policy (2016-2026)** - The National Health Sector Policy embodies the vision and mission of the Ministry of Health essentially as to ensure a healthy and productive Eswatini population that lives longer, fulfilling and responsible lives, by building an efficient, equitable, client-centered health system for accelerated attainment of the highest standard of health for the people of in the Kingdom of Eswatini (MoH, 2016).
- b. **National Health Care Waste Management Policy (2018)** - The National Health Care Waste Management Policy expresses the commitment of the Ministry of Health in ensuring that all waste generated within the health sector is handled and managed in a manner that it has not adverse effects on human health and the environment.
- c. **Public Health Regulations (1935)** - These regulations aim to prevent the spread of plague, cholera, yellow fever, smallpox and venereal diseases (sexually transmitted infections). Medical health facilities, by virtue of dealing with people affected by infections of all kinds, are obligated to ensure that infectious and venereal diseases are treated and controlled appropriately to prevent epidemics and thus promote compliance with these regulations.
- d. **The Environmental Audit, Assessment and Review Regulations (2000)** - The regulations give guidance on the actual implementation of projects and the attendant environmental considerations. The Regulations outline how projects are to be categorized according to the extent and significance of the likely impacts and define the processes and procedures to be followed in generating environmental assessment documents. The Regulations also provide guidelines on the time limits for each stage of the project.
- e. **The Waste Regulation (2000)** - The Regulations standardize the management of solid waste and liquid wastes disposed on land and are binding also on the states. The Waste Regulation provides definitions of the different classes of waste including the minimum requirements for the management of each type of waste. They provide guidelines for the management of waste in urban areas, in waste control areas, the construction and operation of waste disposal facilities, recovery of waste, and many other aspects related to waste handling and disposal.
- f. **The Eswatini Environmental Management Act (2003)** - The Act establishes the Eswatini Environmental Authority (EEA) formerly known as the Swaziland Environmental Authority (SEA) as a corporate body and promotes the enhancement, protection and conservation of the country's natural resources. It outlines the EEA's powers, functions, principles, regulations,

strategies, and practices with regard to environmental assessment, compliance issues and promotes integrated environmental management.

- g. Occupational Health and Safety Act (OHS) (2001)** - This Act provides for the safety and health of persons at work and at workplaces and the protection of persons other than workers against hazards to safety and health arising from activities in the workplace. It also outlines duties of the employer in ensuring the safety of all persons in the workplace including work done outside the employer's premises as long as it is based on the employer's instruction.
- h. Conveyance and Burial of Dead Bodies Act (1970)** - This Act makes provision for the conveyance of dead bodies, their burial and incidental or connected matters; removal of bodies of persons who died of infectious diseases; and the keeping of dead bodies pending burial.
- i. The Public Health Act, No.5 (1969)** - The Public Health Act makes provisions for public health and incidental or connected matters. It details what diseases are termed as communicable diseases, the management procedures of any related incident, and the responsibilities of public individuals and officers in public health matters. The Act also covers the definition and examples of nuisances, relevant procedures relating to nuisances, and general provisions relating to buildings used for storage of food and powers given to public officials.
- j. The Water Act (2003)** - Establishes a National Water Authority, whose function covers the preparation of a Master Plan that advocates for fair and equitable use of water and regulates water pricing. All facilities that use water or draw water from natural sources are supposed to comply with the requirements of this law.
- k. The Flora Protection Act (1958)** - This Act promotes the conservation and protection of certain plants, through the use of a Schedule, trees, shrubs and vegetation and any living or dead portion of plants from destruction. If any protected flora exists in the project area and is likely to be cut or uprooted, this requires a permit from the Ministry of Agriculture and Co-operatives (MOAC). Very few protected plants or trees will be affected by the project, and every measure should be undertaken to protect these plants if possible.
- l. Urban Government Act (1969)** - This Act provides the basis for the establishment of local authorities in Eswatini as a primary legal instrument defining the parameters under which city councils conduct their affairs. The act outlines the duties and powers of Councils; makes provision for meetings of Councils and Committees, Management Committees and staff; designates towns, land, streets and public places; and the administration and audit of Council accounts.
- m. Factories, Machinery and Construction Works Act of 1972** - The act deals with the regulation of working conditions and the use of machinery at factories and construction sites. Section 19 requires the reporting of accidents in the workplace and therefore any accident during the project is to be formally reported. Section 20 requires that safety devices not be interfered with, that employees shall use safety equipment provided and that no persons shall do anything that places their own safety and that of others at risk.
- n. Workmen's Compensation Act of 1983** - The Act provides for the compensation and medical treatment of workmen who suffer injury or contract work-related diseases in the course of their employment. Relevant to this project is section 25 which requires the employer to be insured against liability for work-related injuries.

A full list of laws and regulations relevant to labor and employment is available in the Labour Management Procedures (See annex 7).

- o. **The Constitution of 2005** - Chapter 13 of the new constitution requires the establishment within five years of a single countrywide system of local government, to allow people at sub-national and local level to progressively take control of their own affairs. Local governments shall be organized and administered through democratic means. The introduction of the new constitution coincides with the government's decentralization policy and implementation strategy. The new constitution specifically articulates its position on property and compensation in Section 19 (1) states that "a person has the right to own property alone or in association with others." Furthermore, the in 19(2b) the constitution states that no one should be deprived of property ownership and in cases of public interest or safety owners shall be duly compensated
- p. **The Acquisition of property Act of 1961** - This Act provides the authorization and procedures for compulsory real property acquisition for public purposes and provides for settlement of compensation through the establishment of a Board of Assessment. The Act states that structures affected by acquisition identified by the Ministry of Housing and Urban Development (MHUD). After identification of the properties, an independent valuation is sought then based upon the outcome, residents in affected areas are invited to negotiate with the GoKE on an individual basis. Once agreement is reached the residents are compensated prior to relocation.
A full list of laws and regulations relevant to land use and land acquisition and resettlement are available in the Resettlement Policy Framework.

2.2. Institutional Framework

2.2.1. Eswatini Environmental Authority (EEA)

The Swaziland Environment Management Act 2003 establishes the Eswatini Environmental Authority (EEA), formerly known as Swaziland Environmental Authority (SEA), as a corporate body whose principal responsibility is coordination, monitoring and supervision of environmental conservation activities. EEA is under the Ministry of Environment but has a cross-sectoral mandate to oversee the conduct of EIAs through issuance of guidelines, regulations and registration of practitioners. It reviews and approves environmental impact statements in consultation with any relevant lead agencies.

2.2.2. Ministry of Health (MoH)

The proposed project will be executed by the MoH which undertakes policy formulation, quality assurance, coordination, monitoring and evaluation of health service delivery in Eswatini.

The Occupational Health and Safety (OHS) unit in the MoH and Ministry of Labour and Social Security is responsible for inspection and monitoring of occupational safety in workplaces and this could be during project construction and operation of the healthcare facilities. MoH must ensure that all its operations and those of its contractors conform to relevant and applicable environmental requirements as outlined in this ESMF, throughout the project implementation.

The Environmental Health Department in the MOH is responsible for health care waste management and environmental inspections. This unit will be responsible for ensuring that the recommendations of the ESMF are implemented throughout the project implementation.

2.2.3. Regional Local Administration

The proposed project will be implemented in all the four regions of the country. Various regional offices whose functions would be relevant to the project include offices of Natural Resources/Environment, Regional Health Inspector, Regional Planner, Community Development Officer, Regional Health Administrator, Land Officer, Regional Water Officer, Town Council and Regional Engineer. Equally important are community-level local leadership. Leaders at these levels of local administration are closer to residents and therefore important in effective community mobilization, sensitization and dispute resolution. The consultations should deliberately target the local leadership.

2.3. World Bank Environmental and Social Standards

The Strengthening the Health System and Nutrition for Human Capital Development in Eswatini Project seeks to partner with the World Bank in the development and implementation of its project. The proposed sub-projects therefore have to comply with the applicable WB Environmental and Social Standards. Consistent with the World Bank's Environmental and Social Standards, the preliminary screening of the proposed project indicated that the environment and social risks and impacts rating is determined to be 'Moderate'.

Specific environmental impacts associated with project activities and interventions involving support to improve sector governance and performance, health financing, service delivery, supply chain management, infrastructure and equipment maintenance, and health management information systems are expected to result from the generation and disposal of electronic waste (e-waste) which is considered to have moderate environmental risk. The Operations Centre will be built on the premises of existing Central Medical Stores site entailing very minor construction works. These activities are expected to have low to moderate environmental risks and impacts. Also, the promulgation of the National Health Care Waste Management Regulations, as well as the development of the Health Care Waste Management Strategy and standard operating procedures. The support for hospital and health facility operations through the procurement and deployment of biomedical equipment and supplies for hygiene and sanitation is anticipated to result in risks and impacts related to the management and disposal of healthcare waste, occupational health and safety of health care workers; and community health and safety related to the operation of health facilities.

The social risk rating is considered to be moderate as the project is not anticipated to cause significant social impacts that could harm communities and individuals as well as their livelihoods. The project footprint is relatively small with limited amount of labor and construction activities (wastewater

treatment and disposal facilities) will be undertaken in land already owned by benefiting institutions as project beneficiaries (e.g., clinics, hospital, etc.). However, for the centralized treatment and disposal facility, key social concerns include possible land acquisition/ restricted land use or access to land, labor and working conditions (including minimal labor influx, gender-based violence and sexual exploitation), community health and safety (including workers’ community interactions, movement of chemicals, health waste).

The likely potential environmental and social impacts associated with the project activities can be managed and mitigated with the application of appropriate mitigation measures.

The World Bank Environmental and Social Standards and their respective applicability to the proposed project are presented in the following paragraphs.

2.3.1. *The World Bank Environmental and Social Standards*

Projects supported by the World Bank through Investment Project Financing are required to meet the ten (10) Environmental and Social Standards, which it uses to examine potential environmental risks and benefits associated with the Bank lending operations. The standards that are applicable to the proposed Health System Strengthening for Human Capital Development in Eswatini Project are presented in the table below:

Table 2.0 – Applicable World Bank Environmental and Social Standards

ESS	Description	Applicability
ESS 1.	<p>Assessment and Management of Environmental and Social Risks and Impacts. This establishes the importance of integrated assessment to identify the social and environmental impacts, risks, and opportunities in the project's area of influence. This standard requires that social and environmental assessment and management systems are in place for managing social and environmental performance throughout the project life cycle. Its main elements include: (i) social and environmental assessment; (ii) management program; (iii) organizational capacity; (iv) training; (v) community engagement; (vi) monitoring; and (vii) reporting.</p>	<p>Applicable because the construction works could lead to social and environmental impacts, risks, and opportunities in the project's area of influence which need to be identified and managed throughout the project life cycle.</p>
ESS 2.	<p>Labor and Working Conditions. Requires that the worker-management relationship is established and maintained; compliance with national labor and employment laws and safe and healthy working conditions are ensured for the project workers.</p>	<p>Applicable because labor is required for the project construction works.</p>
ESS 3.	<p>Resource Efficiency and Pollution Prevention and Management. This gives an approach to pollution prevention and abatement in line with Internationally accepted</p>	<p>Applicable – When consideration is made to the extent that construction equipment, wastewater treatment facility,</p>

	<p>technologies and practices with objectives to a) avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing pollution from activities; and b) promote the reduction of emissions that contribute to climate change. Under this standard, a project is required to avoid, minimize, or reduce adverse impacts on human health and the environment by avoiding or minimizing pollution from project activities.</p>	<p>biohazard waste treatment technology (Incineration) and electronic waste could be sources of air emissions and leach into the ground.</p>
ESS 4.	<p><u>Community Health and Safety.</u> It outlines the responsibility to be undertaken by the client to avoid or minimize the risks and impacts to the community's health, safety and security that may arise from project activities.</p>	<p><u>Applicable</u> – Construction and rehabilitation works lead to community health and safety risks.</p>
ESS 5.	<p><u>Land Acquisition, Restrictions on Land Use and Involuntary Resettlement.</u> This standard requires that project does not result in involuntary resettlement or at least if unavoidable it is minimized by exploring alternative project designs. It also requires that the project ensures that social and economic impacts from land acquisition or restrictions on affected persons' use of land are mitigated.</p>	<p><u>Applicable</u> - The construction of the wastewater treatment facilities and biohazard waste treatment technology option infrastructures may lead to land acquisition or restrictions on land use and involuntary resettlement. The potential sites for the infrastructure are health facility premises (wastewater treatment facilities), municipalities (biohazard waste treatment selected option) and health facilities, and individual residential houses.</p>
ESS 6.	<p><u>Biodiversity Conservation and Sustainable Management of Living Natural Resources.</u> This standard aims to protect and conserve biodiversity, the variety of life in all its forms, including genera, species and ecosystem diversity and its ability to change and evolve; which is fundamental to sustainable development.</p>	<p><u>Not Applicable</u> – The project presents no anticipated risks or impacts to biodiversity or living natural resources. In cases where the project finds issues of biodiversity conservation and living natural resources importance, notification procedures will have to be followed to ensure their protection and management</p>
ESS 7.	<p><u>Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities-</u> It recognizes the possibility of vulnerability of indigenous people owing to their culture, beliefs, institutions and living standards and that it may</p>	<p><u>Not Applicable.</u> The country does not have undeserved traditional local communities, and as such the application of this standard is not relevant.</p>

	<p>further get compromised by one or other project activity throughout the life cycle of the project. This standard underscores the requirement of minimizing adverse impacts on indigenous people in the project area, respecting the local culture and customs, fostering good relationship and ensuring that development benefits are provided to improve their standard of living and livelihoods.</p>	
ESS 8.	<p><u>Cultural Heritage</u> It aims to protect the irreplaceable cultural heritage and to guide project proponents on protecting cultural heritage in the course of project operations.</p>	<p><u>Applicable.</u> In cases where the project finds items of cultural importance, notification procedures will have to be followed to ensure protection of cultural heritage of the area and the country.</p>
ESS 9.	<p><u>Financial Intermediaries (FIs)</u> This ESS identifies that strong domestic capital and financial markets and access to finance are important for economic development, growth and poverty reduction. FIs are required to monitor and manage the environmental and social risks and impacts of their portfolio and FIs subprojects. They also develop and maintain, in the form of an Environmental and Social Management System (ESMS), effective environmental and social systems, procedures and capacity for assessing, managing, and monitoring risks and impacts of subprojects, as well as managing overall portfolio risk in a responsible manner.</p>	<p><u>Not Applicable.</u> There are no Financial Intermediaries in this project.</p>
ESS 10.	<p><u>Stakeholder Engagement and Information Disclosure.</u> This ESS recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.</p>	<p><u>Applicable.</u> The proposed project will require extensive stakeholder engagement because its success will depend on how it is received by the communities. In addition, its design will have to be informed by the involvement of the affected communities and other stakeholders.</p>

2.3.2. Specific Applicability of the World Banks Environmental and Social Standards to the Project

ESS 1 – Assessment and Management of Environmental and Social Risks and Impact

The construction of the Operations Centre and proposed under the project present construction phase risks and impacts such as excavation, repair, leveling and back-filling. These would give rise to

dust emissions, noise, site hazards (such as open pits), construction traffic, occupational health and safety and community health and safety. During operation the main risks could include, for example, energy use, and water use, all of which can be addressed through having sustainable buildings design and appropriate maintenance. The ESMF will cover construction of the Operations Centre and will set out principles, rules and guidelines and procedures to assess and manage expected environmental and social risks and impacts during project implementation. Subsequently, a site-specific ESMP will be prepared and implemented for the Operations Centre to manage any arising risks during construction and operation. In addition, the ESMF addresses pollution arising from the operation of hospital and health facilities, particularly medical waste management, through adopting and incorporating by reference the ICWMP prepared under the Eswatini COVID-19 Emergency Response Project (P173883). The ESMF will also incorporate measures relevant to the CERC component.

The MOH has developed a robust Stakeholder Engagement Plan including a Grievance Redress Mechanism ensuring inclusion and non-discrimination of vulnerable groups. Furthermore, given that the details and scope of civil works (rehabilitation of existing sanitation systems/septic tank) for the six selected health centers; construction of the Operations Centre and the design options for the centralized facility are not yet known and will be elaborated during project implementation, a Resettlement Policy Framework (RPF) has been prepared for the project in the event that land acquisition becomes necessary in the project implementation phase. The RPF sets out principles, rules and guidelines and procedures to assess and manage expected social risks and impacts during project implementation. The RPF guides the preparation of a RAP(s).

Labor Management Procedures (LMP) integrating project workers' GRM for construction of the Operations Centre and rehabilitation of septic tanks and waste skips, is developed as part of this ESMF (see Annex 7). The project will have limited and manageable impacts on community health and safety and sector specific EHS Guidelines will be followed. Community health and safety awareness will be undertaken in these health facilities and surrounding communities. Although labor influx is not anticipated, the project ESMF as well as the LMP will include clauses to avoid, minimize, manage and mitigate any gender based violence (GBV) / sexual exploitation and abuse (SEA) risks. Additionally, GBV/SEA, HIV risks will be monitored throughout the project cycle.

ESS10 – Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a principal tool for environmental and social risk management and successful implementation of the project. An inclusive draft Stakeholder Engagement Plan (SEP) is required (including a GRM ensuring inclusion and non-discrimination of vulnerable groups). The SEP shall identify all key existing and potential stakeholders, and will describe, among others, their level of interest, influence and support to the project and in its planning and implementation. It describes means, timelines and frequency of communication with each stakeholder/stakeholder group, grievance mechanisms to be deployed, monitoring and reporting. The SEP shall be disclosed prior to project appraisal. The stakeholders will be provided with accessible and inclusive GRM to raise issues and grievances, that will allow MOH to receive, respond to, facilitate resolution of concerns and manage grievances. The MOH will ensure that all stakeholder consultations are accessible and inclusive (in format and location), and that these consultations will be appropriate for the local context. The MOH will provide stakeholders with timely, relevant and understandable information in a culturally appropriate format. As part of the environmental and social assessment, the MOH will

maintain and disclose documentation of stakeholder engagements, which will describe the stakeholders consulted, summary of issues discussed and their responses.

ESS2 – Labor and Working Conditions

The majority project's labor footprint will comprise the already existing health facilities and Central Medical Stores with the exception of skilled and unskilled local contract workers who might be required for the construction of the Operations Centre. Labor camps are not anticipated as the project is likely to involve limited civil works and the workers are expected to be residing in their homes at the relevant project location. A Labor Management Procedure (LMP), which illustrates types of workers to be engaged and their management in line with ESS2 and national labor laws and regulations, has been developed as part of this ESMF (see Annex 7). Although labor influx is not anticipated, social risks such as GBV, sexual exploitation and abuse within the project workforce are envisaged as a possibility. A GBV risk assessment will be conducted in line with World Bank's approach for addressing GBV risks (initial screening to be done prior to appraisal). Additional assessments can be done during implementation as needed and management and mitigation of GBV/SEA risks will be integrated in the project ESMF. The LMP is also integrating worker specific GRM (for direct and contract workers) will be disclosed prior to appraisal. Contractors' contracts will include specific clauses of prioritizing recruitment of unskilled local labor and take into account social and environmental mitigation measures. Any civil works contracts will include the EHSGs, GIIP, and industry standard Codes of Conduct that address OHS risks and measures to prevent GBV/SEA.

ESS3 – Resource Efficiency and Pollution Prevention and Management

The ESMF includes guidance with regards to waste management, water use, energy use, air quality, water quality, contamination of land and soil, and other risks associated with the construction and operation of the Operations Centre. A waste management plan and standard operating procedures will be prepared to address the treatment and disposal of solid waste, e-wastes and management of emissions, effluents and leachates, and recommend how these will be applied and monitored. In addition, the design of the Operations Centre will be prepared in a way to contribute to climate co-benefits, including use of energy efficient and sustainable technologies (e.g., solar panels, insulation, refrigeration system, LED lighting, etc.).

A site-specific ESMP and standard operating procedures will be prepared to guide the operation and maintenance of the Operations Centre during implementation and Operations and Maintenance (O&M) phases.

The ESMF addresses pollution arising from the operation of hospital and health facilities, particularly medical waste management, through adopting and incorporating by reference the ICWMP prepared under the Eswatini COVID-19 Emergency Response Project (P173883).

ESS4 – Community Health and Safety

While the anticipated construction works of the Operations Centre have a small footprint, the incremental risks to the public health and safety and potential exposure to operational accidents will be considered. As there might be minimal construction works, labor influx is not anticipated; however,

the ESMF will include clauses to avoid, minimize, manage and mitigate any SEA and GBV risks. Additionally, GBV/SEA risk will be monitored throughout the project cycle. Construction of the Operations Centre may expose neighboring communities to noise and dust pollution, increased traffic and road accidents (if there are unusual movement of transport of materials) as well as impacts on community workers. It is anticipated that inadequacies in the management of health care waste might pose a risk to community health and safety. To mitigate this impact, ongoing monitoring of handling of health care waste streams will be in place during project implementation. This risk will be mitigated through the implementation of the Infection Control and Waste Management Plan (ICWMP) to be prepared under the Eswatini COVID-19 Emergency Response Project (P173883). As part of sub-project specific ESMP(s), the Project will evaluate site specific community risks and impacts to the affected communities during the project life-cycle and will establish preventive and mitigation measures. The ESMF (incorporating the Labor Management Procedures) prepared prior to Appraisal will help in the management of these risks.

ESS5 – Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The project will involve the rehabilitation of sanitation systems at selected health care facilities (HCFs) and construction of the operations centre and rehabilitation of waste management and sanitation facilities. These will be built on existing land owned by the HCFs or the municipalities and it is expected that there may be minimal and mostly temporary impacts (restricted land use and access). Such sites will be screened by the environmental and social specialists to ensure that negative impacts are minimized and that alternatives are considered. However, given that at this stage of the project, the design, type and, scale of the centralized waste treatment disposal facility (the construction of which will not be financed under the project) is not yet determined—and other details related to the scope of civil works (rehabilitation of existing sanitation systems/septic tank) for the six selected health centers and the design options for the centralized facility are not yet known and will be elaborated during project implementation—a Resettlement Policy Framework (RPF) developed for the project spells out the overall principles and objectives of ESS5, and provides guidance on how to manage land acquisition or potential restriction of access. The project is not expected to displace people or their assets. The RPF will therefore, guide the necessary steps for screening and preparing RAP(s) where and if required. The commitment to prepare subsequent RAP(s) where impacts cannot be avoided will be included in the ESCP. When negative impacts resulting from restrictions and land uses are unavoidable, potential project affected persons (PAPs) will be consulted throughout the project cycle and shall be informed about their choices and rights. The RPF will include a GRM. The GRM will consider existing community, traditional dispute settlement mechanisms and availability of judicial systems.

ESS8 – Cultural Heritage

The Operations Centre will be built within the confines of already existing site of the Central Medical Stores and its specific siting will be done in consultation with communities residing within the localities of the proposed site. It is therefore unlikely that tangible or intangible cultural heritage will be affected. Nevertheless, this ESMF will identify measures to address risks and impacts on cultural heritage and develop a chance finds procedure – where applicable – to be implemented during installation/construction of infrastructure. Nonetheless, all construction contracts will incorporate a

“chance find” clause which will require contractors to stop works if any cultural properties are encountered during construction (See Annex 6).

2.3.3. *World Bank Group EHS Guidelines*

Under its “General Environmental Health and Safety (EHS) Guidelines (April 30, 2007)”, the World Bank Group has several guidelines, many of which are applicable to components 2 of the proposed Project namely:

- i) air emissions from onsite waste combustion units (“incinerators”)
- ii) hazardous waste management;
- iii) noise;
- iv) occupational health and safety (against biological and radiological hazards), and
- v) community health and safety including traffic safety such as during project construction or disease prevention (where incinerators emission waft into and affect not only local communities but also patients visiting healthcare facilities).

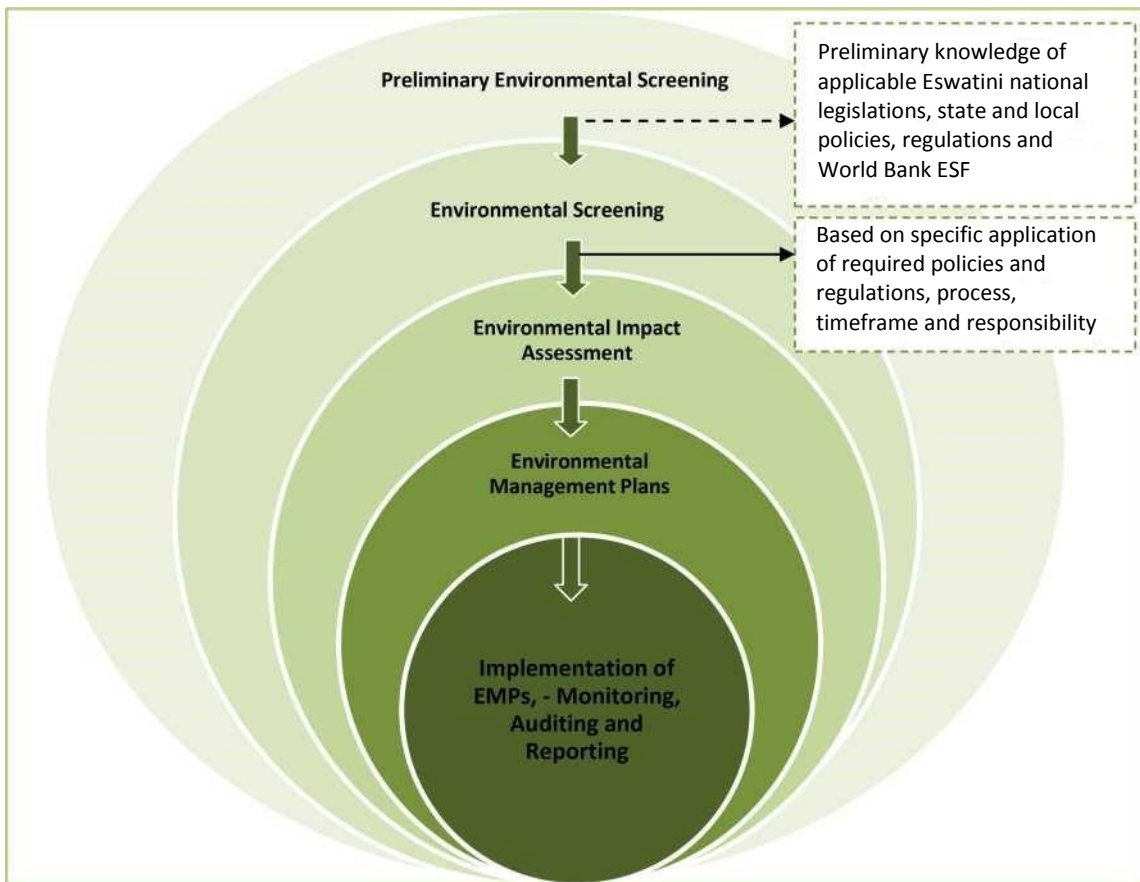
Chapter 3 - ENVIRONMENTAL AND SOCIAL MANAGEMENT - APPROACH AND TOOLS

The Chapter describes the principles and approach to be followed for selecting, avoiding, minimizing and/or mitigating the adverse environmental and social impacts that are likely to arise as a result of the project. Each of the sub-projects proposed under the project will follow the approach suggested here to achieve the objectives of environmental and social management.

3.1. Key Steps to be Followed

A comprehensive environmental management approach for the project will involve the following key steps and processes:

1. Preliminary Environmental and Social Screening
2. Detailed Environmental and Social Screening
3. Environmental and Social Impact Assessment (if required)
4. Environmental and Social Management Plans
5. Environmental and Social Monitoring (including Audits) and Reporting



This section will describe the environment management approach and tools to evaluate the potential impacts from the proposed project interventions. The Environment Management tools will offer support

at the early stages of planning and decision-making and selection of environmental measures including mitigation/technologies based on the nature and scale of identified potential impacts.

Step 1: Preliminary Environmental and Social Screening

This step will involve an initial desk review of the available information about the project and the sub-project areas. A preliminary environment and social screening format would be filled-up using such available information. Field visits would be undertaken to understand the general overview in the context of the scope of the proposed operation. The exercise will help in identifying the key/significant potential environmental impacts and in determining the project specific context and the focus required for carrying out the detailed environmental screening exercise. Without narrowing the focus of the detailed field investigations/assessments, having this knowledge provides an early sense on the spatial and temporal dimension about the likely issues on-hand.

Step 2: Environmental and Social Screening

Detailed screening exercise is the second step in the ESMF process. The purpose of environmental and social screening is to get an overview of the nature, scale and magnitude of the issues in order to determine the project feasibility and further if findings permit. It allows for proper scoping of detailed ESIA/ESMPs that would be subsequently carried out. After identifying key issues, the applicability of the Bank's Environmental and Social Standards will be established along with Government of Eswatini's regulatory requirements. Subsequently, boundaries and focus areas for the detailed ESIA/ESMPs along with the use of specific instruments would be determined (See Annex 3).

The key sub-steps involved in the screening exercise are outlined below:

- i. Ascertain presence of any environmental/social sensitive areas (as detailed in screening checklist) through primary/secondary information.
- ii. Confirm applicability of regulation, policies and standards in context of broad sub-project interventions.
- iii. Conduct reconnaissance site visits for ground truthing and incorporate required/additional information in the screening format.
- iv. Obtain details about land availability and broad categories of ownership (forest/govt./private)
- v. Preparation of a screening report.

The outcome of the screening process will help select and/or prioritize the various investments and where required, start the clearance process in a timely manner.

The Bank's ESS screening usually consist of checking and identifying environmental and social risks, impacts and opportunities and the requisite measures that are applicable within the local context for addressing them. Findings from the screening will be used to determine the ecological as well as social and economic viability of the various sub-projects.

To ensure well targeted field assessment during the screening process, the World Bank's Environmental and Social Framework (ESF) establishes a set of Guidance Notes that outlines the steps and key data that is to be collected for determining the feasibility of the sub-project from an environmental and social standpoint. The guidance notes provide detailed guidelines for collecting information on environmental, natural, biological, physical and socio-economic conditions without which it becomes cumbersome to

determine the likely potential impacts that may result from the project interventions. The process enables proper targeting of issues requiring further technical research and in-depth assessments during the ESIA preparation. Without proper screening, deficient planning and engineering design of sub-projects using unreliable information can result in weak arrangements to conserve critical natural ecosystems and may result in creating adverse environmental impacts.

Key outputs of detailed environmental and social screening would include:

- a. Determination of all national and local regulations and policies that will apply to the sub-projects,
- b. Preliminary judgment on the sub-project environmental and social category per the country context,
- c. Decision on the environmental and social risks and impacts rating (High, Substantial, Moderate or Low) in line with the Bank's ESS1 standard, and
- d. Process, timeframe and responsibilities for securing the requisite clearances and permissions per Government of Eswatini and World Bank guidelines.

It is critical at this stage to review the list of applicable legislations, standards, polices and regulations with the project proponent and the World Bank to first diffuse inconsistencies in understanding, and to mobilize assistance both at the national and local levels to facilitate applications process.

Based on the screening results, a decision can be made as to whether the sub-projects would require further field assessments and studies. The Guidance note also gives an outline for presenting data with necessary explanation for recording likely environmental and social impacts.

The screening process enhances implementation by screening out or enhancing acceptability of sub-project proposals on the basis of environmental criteria. Apart from the screening of sub-project for proposed inclusion in the project, the results/findings from this exercise would be used to determine the scope of Environmental and Social Impact Assessment requirements.

Step 3: Environmental and Social Impact Assessment

An ESIA consists of a comprehensive study that involves thorough documentation of existing conditions, and identification of impacts with a comparison of alternative project design options, including "without the project" option. If implemented early, the ESIA can be an excellent preventative tool. Usually, ESIA has three principal objectives: a) assist decision makers in getting a clear picture of the potential impacts on the overall environmental and social quality; b) provision of impact prevention and enhancement of benefits and minimization of impacts in the long term, and c) provide a forum that allows direct input from stakeholders in the design of the project.

An ESIA should have:

- An executive summary concisely discussing significant findings and recommended actions;
- Analysis of legal and institutional framework for the project, within which the environmental and social assessment is carried out, including comparison of Eswatini's existing environmental and social framework and the ESSs and identification of gaps between them;
- A general information on the MoH Health Strengthening Systems project, requisite environmental clearance processes and a list of the project components;

- The locations of the subprojects with maps and topographical sheets, including the potential benefits and need for the project, description of options, implementation schedule and the projected costs for the project;
- Characterize the relevant features of the current (“baseline”) state of the receiving environment biological, physical and socio-economic description of the subproject areas and the region, including description of the potential interactions between the intervention and the baseline environment;
- The project/subproject environmental and social risks and impacts as identified in the Bank’s ESS2-8, including any other risks and impacts arising as a consequence of specific nature and context of the project;
- Measures to avoid, mitigate, compensate and monitor any potentially significant adverse impacts and cost of management measures in an Environmental and Social Management Plan;
- Analysis of alternatives with particular reference to location of project and the applicable engineering technologies;
- Summarize significant concerns and recommend needed actions to address such concerns;
- Design measures, which sets out the basis for selecting the particular project design proposed and the applicable EHSGs. Where EHSGs are inapplicable, justification for recommended emission levels and approaches to pollution prevention and abatement that are consistent with GIIP;
- Summary of key measures and actions and the timeframe required for the project to meet the requirements of the ESSs. This will be used in finalizing the Environmental and Social Commitment Plan (ESCP);
- Conclusion – stating that either (a) the ESIA/ESMP is the completed environmental assessment for the intervention or (b) further assessment work is required and will be incorporated in a revised ESIA. For example, a subproject that would need a follow-up biodiversity assessment to track changes will be stated in the ESIA;
- Disclosure of the ESIA in line with Eswatini and the World Bank’s requirements.

The following is the recommended table of contents of an ESIA:

- Executive summary
- Policy, legal and institutional framework
- Project description
- Status of the environment (baseline data)
- Environmental impacts
- Analysis of alternatives
- Additional studies (if applicable)
- Project Benefits
- Environmental Management Plan
- Stakeholder consultations
- Summary and recommendations
- Conclusions
- Annexes

The above model outline does not explicitly provide section/subsection headings for many of ESIA activities. Therefore, the ESIA consultants will create their own customized outline from this model that provides sections/subsections for ESIA activity undertaken for the sub-project under consideration.

Step 4: Preparation of Environmental and Social Management Plan (ESMP)

ESMP is the next step in the ESA process after identifying potential impacts. It involves the identification and development of measures aimed at avoiding, mitigating, offsetting and/or reducing impacts to levels that are environmentally and socially acceptable during implementation and operation of the proposed Health Strengthening Systems project. ESMPs provide an essential link between the impacts predicted and mitigation measures specified within the ESIA and implementation and operation activities.

Certain activities/interventions will have an impact on the natural environment, the scale of which would depend on the existing baseline conditions along the project zones of impacts and thus would require a specific plan to institute and monitor mitigation measures and take desired actions in a timely manner. An ESMP must be sub-project specific, clearly describing adverse impacts and mitigation actions to be taken. The magnitude and temporal scale of the various subprojects will determine the contents/coverage of the ESMP. Depending on extent of issues that are to be avoided, minimized and/or mitigated, the ESMP will have concrete/specific mitigation actions, timelines and responsible persons.

For each subproject activity, an ESMP should address the following:

- Mitigation, enhancement, protection and compensation measures for each phase including design pre-construction, construction, operation and maintenance;
- Mitigation performance monitoring (i.e. monitoring the operation and maintenance of mitigation measures and their targeted impacts);
- Project Affected People (PAP) participation arrangements by project development phase;
- Disaster management contingency plan where applicable especially in areas with potential flooding, earthquake zones;
- Capacity development and training requirements, including institutional arrangements for implementation, monitoring and reporting;
- Cost estimates for all ESMP activities;
- Integration of the ESMP with the project's overall planning, designing, budget and implementation, and
- Standard construction environmental safeguards clauses for engineering and civil works.

In developing the ESMP, the consultant will consider findings from the stakeholder/public consultation process, including suggestions from MoH, PAP (to include vulnerable people). For Substantial Risk subproject, the Bank's ESF guidelines require the development of a detailed standalone ESMP.

Below are the proposed elements of an ESMP:

Identification of Impacts and Description of Mitigation Measures: Under this sub-heading, the ESMP will describe the identified impacts that may result from the project interventions. With reference to each impact, it will describe feasible and cost-effective measures to minimize impacts to acceptable levels. This section will also provide details on the conditions under which the mitigation measures will be implemented whether as a routine or in the event of contingencies. The ESMP will also distinguish between type of solution proposed and the phase in which it should become operable.

Enhancement Plans: Positive impacts or opportunities arising out of the project will be identified during the ESIA process. Some of these opportunities can be further developed to draw environmental and social benefits to local communities within the project zone of impact. The ESMP will identify such opportunities and develop a plan to systematically harness any such benefit.

Monitoring Plan: In order to ensure that the proposed mitigation measures have the intended results and comply with national and World Bank requirements, an environmental and social performance monitoring program will be included in the ESMP with the following suggested details:

- Monitoring indicators to be measured for evaluating the performance of each mitigation measure.
- Monitoring mechanisms and methodologies
- Monitoring frequency
- Monitoring locations
- Expected cost of monitoring
- Responsibility

Institutional Arrangements: Institutions/parties responsible for implementing mitigation measures and for monitoring their performances will be clearly identified along with any legal instruments that define their obligations. Where necessary, mechanisms for institutional co-ordination will be identified as monitoring tends to involve more than one institution.

Implementation Schedules: Timing, frequency and duration of mitigation measures with links to overall implementation schedule of the project will be specified.

Reporting Procedures: Feedback mechanisms to inform the relevant parties on the progress and effectiveness of the mitigation measures and monitoring will be specified. Guidelines on the type of information wanted and the presentation of feedback information will also be highlighted.

Cost Estimation: Implementation of mitigation measures presented in the ESMP will involve an initial investment cost as well as recurrent costs. The ESMP should include costs estimates for each measure and also identify sources of funding.

3.2. Key Principles for Subproject Engineering Design

In order to avoid and minimize adverse environmental and social impacts at sub-project level, key findings from the environmental and social screening report should provide the basis for developing sub-project engineering designs. In situations where results from the field assessments are not duly factored into the sub-project design, ecological footprints that could result from such proposed engineering designs could be found to be significant. To eliminate such complexities, project contractors will work hand in hand with the respective Environmental and Social experts to ensure that the proposed designs are environmentally, socially and economically viable. Until the ESIA/ESMPs are publicly disclosed and approved, engineering drawings would undergo a series of changes to incorporate all recommendations from the environmental and social standpoint.

3.3. Consultation and Disclosure Requirements

Consultation with project affected people, subject-matter experts and NGOs in preparing the ESIA/ESMPs is critical for Substantial Risk project/subproject. For all such project/sub-projects, MoH is expected to consult project-affected groups and local nongovernmental organizations (NGOs) about the project's environmental and social aspects and take their views into consideration. MoH organized and successfully conducted two strategic consultations at the preparatory stage of the project, summary of the consultations is articulated in ANNEX 1 and the consultation will continue in each stage of the project cycle. The disclosure of documents shall be as per requirements of Eswatini national and World Bank procedures.

3.4. Integration of ESMP into Bidding Documents

Relevant sections of the construction stage of the project/subproject will be integrated into the Bid Documents and the ESCP (See Annex 4). Contract documents will need to be incorporated with clauses directly linked to the implementation of environmental and social risks and impacts management measures. Mechanisms such as linking the payment schedules to implementation of the said clauses need to be explored and implemented, as appropriate.

Chapter 4 - POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS

Overall, the project’s environmental and social risk ratings are classified as Moderate. This is based on the review of findings from the initial preliminary screening exercises.

The first stage of the preliminary assessment was the identification of the project activities that have potential social, human and ecological health impacts at the Health facilities. This was followed by the identification of receptors to further assess possible pathways and receptors sensitivity to change. This was done through a comprehensive stakeholder consultation exercise that was carried out at a representative sample of the health care facilities in the country (see Annex 1 for stakeholders consulted and proof of public consultation).

The implementation of the proposed Project will enhance the health and socio-economic development of the country through the facilitation of improved health care services and access to all. Table 4.1 below gives an overview of the major environmental impacts resulting from the construction` and operation of the Operations Centre.

Table 4.1: Major Environmental and Social Impacts Resulting from the Construction and Rehabilitation

S/N	ENVIRONMENTAL PARAMETER	DESCRIPTIONS
1	AIR POLLUTION AND QUALITY	<ul style="list-style-type: none"> ▪ Air pollution may arise from the indiscriminate open air burning of plastics and other wastes generated during and from the construction works. ▪ Air pollution could also occur from using diesel powered generator sets and vehicles with poor or high emission rates. All these activities would negatively affect air quality.
2	GROUNDWATER AND SURFACE WATER CONTAMINATION	<ul style="list-style-type: none"> ▪ Improper waste management could lead to leachate produced flowing into surface waters and contamination could occurs ▪ Infiltration of solid and liquid wastes such as contaminated swabs, expired drugs, can find their way into surface water drainages causing contamination.
3	PUBLIC HEALTH HAZARDS	<ul style="list-style-type: none"> ▪ Increase in generation wastes such as expired pharmaceuticals and hazardous health waste generated by Central Medical Stores if not managed properly could accumulate, produce foul smells, and attract insects and rodents which inevitably would have health implications on the general public. ▪ There is also risk associated with these wastes if not handled properly and kept away from the public. Such risk could come from open burning of HCW
4	PUBLIC SAFETY	<ul style="list-style-type: none"> ▪ Public access to HCW could pose hazards to the public as such areas could possess toxic / corrosive waste substances and other rendered absolute medical chemicals
5	OCCUPATIONAL HEALTH & SAFETY	<ul style="list-style-type: none"> ▪ Construction risks and impacts from limited civil works. ▪ Staff handling and use of dangerous substances and wastes and inhaling fumes will expose the workers to occupational health risks.

		<ul style="list-style-type: none"> Medical personnel and waste handlers are exposed to dangerous and infectious HCW as they collect and transport HCW
6	SOCIAL ACTIVITIES	<ul style="list-style-type: none"> There is a potential for petty crime and other social vices like GBV, SEA or Vulnerable children abuse to increase in proposed sub project areas as influx of people increases Potential disruption of livelihoods in the event of land acquisition for project activities
7	WASTE MANAGEMENT	<ul style="list-style-type: none"> There is an expected increase in waste generated from the Operations Centre/Central Medical Stores. If not managed properly, could be harmful to the public and in extreme cases hazardous waste could lead to disease outbreak Waste generated on site if not managed properly could accumulate and become unpleasant sights to the area. Waste dumped besides roads may intrude onto the roads causing vehicular hold ups and accidents. Management and disposal of Medical waste generated from the operation of hospitals and healthcare facilities

The adjoining sections details possible environmental and social risks and impacts that could arise from the project implementation.

4.1. Potential Environmental Risks and Impacts

4.1.1. Planning Phase:

- *Physical Restrictions on Building Space* - The size of the Operations Centre premises is rather too small, with little room to expand outwards with high erosion potentials.

4.1.2. Construction Phase

- *Flora and Fauna* - The construction of the Operations Centre could result in clearing and depletion of vegetation that will result in: a) loss of plant cover, b) disturbance and loss of fauna habitats, c) weakening and degradation of soils, d) disturbance of the natural landscape, and e) disfiguring of the natural morphology.
- *Soil and Land Degradation* - Earth-moving equipment such as excavators will be used in the construction work. Such equipment will expose the soil to severe erosion, including potential breakdown of the soil structure due to compaction, which could potentially cause decrease in the drainage areas. Furthermore, the risk of accidental discharge of hazardous products, leakage of hydrocarbons, oils or grease from construction equipment could also constitute potential sources of soils and water pollution. Additionally, high demand on water resources can cause potential conflicts, particularly during the dry seasons, especially in certain localities that are already struggling with high water scarcity.

- *Vehicular Traffic* - Construction works will result in high traffic volume around the Central Medical Stores and within the communities. The transportation of raw materials will introduce a number of heavy trucks on the access road and this could increase the risk of vehicular accidents.
- *Waste Management* - Activities at construction sites will produce construction wastes such as excavated soils and cement bags, paint drums, brick and concrete rubble, metal, broken glass, timber waste and debris. Excavated wastes could obstruct the general public, the movement of the workers and vehicles as well as affect the aesthetics of the environment.
- *Ambient Air Quality* - Air Quality will be impacted by emissions from vehicles, earthmoving equipment and released particulate matters. Demolition of built environment due to the planned construction will lead to considerable levels of cement dust which can affect workers. Deteriorated indoor air quality will be of critical effect to especially asthmatic construction workers and health workers, with either minor or severe health impact depending on level and duration of exposure.
- *Water Quality* - Water quality will be impacted by wastewater discharges from construction activities. These will include discharges from onsite sewage system and rainwater run-off from the developed areas such as workshops etc. The discharge of this wastewater into surface waters will impact water quality by causing changes to its physical, chemical and biological properties. Given the high anticipated volume of waste/spoil that will be generated, it is likely that the waste will be stockpiled on roadsides. If it is not properly contained, rains could carry it along with runoff into other surface waters, leading to increased turbidity and siltation. This could affect aquatic resources such as fisheries and aquatic invertebrates.
- *Temporary Visual Intrusion* - Construction activities will require material, equipment and cordons at healthcare facilities. Since facilities under renovation/construction would not be closed from access by the public, these activities and materials thereof will cause temporary visual intrusion at all sites. This may be exacerbated by the contractor setting up camp on site.

4.1.3. *Operation Phase:*

- *Increased generation of Health Care waste* - The sub-project activities will potentially increase the generation of Health care waste such as sharps, infectious and noninfectious waste due to: the deployment and operation of biomedical equipment and supplies for hygiene and sanitation to supplement COVID-19 healthcare readiness in hospitals and health facilities, including patient monitors, ICU beds, oxygen concentrators, waste skips, and disinfectant. Increased referrals to Health centers resulting in increased utilization of the Health centers with concomitant generation of more health care waste. These will need to be managed carefully to prevent public health risk and environmental impacts. An ICWMP will be prepared under the Eswatini COVID-19 Emergency Response Project (P173883) that will be applied to manage risks under this project.

- *Risks to the Health and Safety of Healthcare Workers:* The deployment and operation of biomedical equipment and supplies for healthcare services is anticipated to generate risks and impacts to the occupational health and safety (OHS) of healthcare workers, including patient handling, falls, sharps injuries, infection, security and violence, exposure to hazardous drugs, environmental hazards, and ergonomics. These will need to be managed carefully to support the wellbeing of healthcare workers in hospitals and health facilities.

4.2. Potential Social Risks and Impacts

4.2.1. Planning Phase

- *Anxiety and Anticipation* - The planning stage of the project brought about a lot of anxiety and anticipation as both staff and management do not know exactly which facilities are involved, what civil works will take place, and when they will happen. As a result, management might temporarily stop various programs whilst waiting for the promised construction. The Central Medical Stores cannot do much work until there is a clear agreement on when and how the promised construction will be undertaken.
- *Poor Participation by Stakeholders* - Despite various efforts (e.g., newspaper notices, bulletins at the potential sites, announcement at various local meetings) to reach out to people affected by the project, there has been relatively low participation of communities, staff members and other stakeholders during project planning and designing. There is a risk that, despite this low participation, people will start complaining about being left out, once the project is under way.

4.2.2. Construction Phase

- *Disruption of Utilities Service* - The excavation and cutting during construction may cause temporary disruptions of utility services such as electricity, communication and water.
- *Disruption of livelihoods or physical displacement* – Since construction of the Operations Centre is expected to take place within the confines of an existing facility, land acquisition is not anticipated. In case land is acquired for the Operations Center supported under this project, mitigation measures are covered in a Resettlement policy framework (RPF) which will become applicable. Until project details are finalized, social risks remain that physical or economic displacement could occur once construction activities begin. In this case the RPF will become applicable.
- *Temporary disruption of healthcare services* - Since facilities under renovation will not be closed, they may experience shortages of working space. Modifications of buildings in which medical supplies are stored may entail moving workers or equipment from one area or room to another. This may cause temporary disruption in delivery of services during the construction period.
- *Occupational and Community Safety and Health* - The safety of the local population and workforce may be at risk during construction activities. The movement of trucks to and from the site, the operation of various equipment and machinery and the actual construction activities will expose

the workers to work-related accidents and injuries. Pollutants such as dust and noise could also have negative implications for the health of workers and near-by communities.

- *Impacts of construction activities on Central Medical Stores staff and other stakeholders* – Construction and refurbishment works undertaken in the same buildings having workers has potential to cause injuries to workers. At the Central Medical Stores site, construction/renovation works will have the following potential hazards to staff:
 - Exposure to asbestos containing materials. (Old Buildings with asbestos roofs).
 - Falling from tripping on building materials.
 - Noise and vibrations during demolition
 - Injury from falling or flying debris when demolishing walls
 - Cracking of existing structures from vibrations
 - Spillages and dust during transportation of materials
- *Noise* - Noise and vibration caused by machines, site vehicles, pneumatic drills etc. will be commonplace during construction activities. These impacts can affect the quietness of the communities and provoke irritation and anger.
- *Traffic* - Communities around the construction site will experience heavier human and vehicular traffic. Construction related activities will be a nuisance to road users e.g. storage of construction stones by the roadside.
- *Social Misdemeanors by Construction Workers*, sexual exploitation, abuse and gender-based violence, and vulnerable child abuse- While most workers may originate from the local community where they have families, there might be others from distant places and working away from their families. And even then, as soon as local workers have money in their pockets social dynamics may change. Contractors might be lionized as being wealthy by local people especially for the Operations Centre in trading centers. With some disposable income to spend, this might induce illicit sexual behaviors, with attendant high risk for Gender based violence or sexual exploitation and abuse (GBV/ SEA) as well as the spread of HIV/AIDS. Also, other criminal activities may increase at the Central Medical Stores due to the high population.
- *Income to Material/ Equipment Suppliers and Contractors* - The proposed construction of the Operations Centre will necessitate the procurement of equipment, construction materials and services, providing income to suppliers and contractors. This is a positive but short-term and reversible impact. Considering that construction labor would be local, or national; however, medical equipment will be procured internationally. This impact has local, national and international spatial extent.

4.2.3. Operation Phase

- *Employment Opportunities* - Equipping the Operations Center/Central Medical Stores with modern equipment, enabling provision of new healthcare services and resultant increase in services provided by the Central Medical Stores may create additional long-term technical and non-technical job opportunities for medical professionals, janitors, security guards, etc.

- *Road Accidents* - The improvement of Central Medical Stores and quality of services will translate into a higher pedestrian traffic (staff). This could increase the likelihood of road accidents.
- *Increase in the availability of drugs, commodities, functioning equipment and client data for high-quality health and nutrition service delivery* - The project will construct and purchase related office equipment for an integrated Operations Centre to house the medical supply chain unit (managed by CMS), a medical equipment maintenance workshop (managed by Biomed) and a data warehouse for information technology (IT) support (managed by HMIS). Given that the aforementioned entities are servicing the same health facilities, this Integrated Operations Centre will allow effective and efficient support to health facilities by timely responding to equipment down-time notifications, drug ordering requests, and hardware repair or IT support requests submitted by facilities. The design will be prepared in a way to contribute to climate co-benefits, including the use of energy efficient and sustainable technologies (e.g. solar panel, insulation, refrigeration system, LED lighting, etc.). The fleet will also be upgraded (including 2 larger trucks that have capacity to pool drugs, commodities, medical and IT equipment; and cars to serve the 4 regions) to allow for more efficient use of vehicles as the units will be able to coordinate routes through a joint fleet management system. This is a long-term secondary benefit.
- *Improvement in Livelihoods and Local Economies* - Improved healthcare will reduce morbidity; improve labor productivity and household incomes leading to the long-term benefit of improved local economies.
- *Reduced Public Risks due to Improvement in Healthcare, Solid Waste Management and e-waste* - Proper management of waste streams involve segregation of hazardous from nonhazardous streams and proper disposal would mitigate existing public health risk associated with improper disposal of healthcare and solid wastes. Properly designed solid and healthcare waste management system would reduce health risks and impacts associated with health care waste and e-wastes.
- *Improved Aesthetics and Life of Healthcare Facilities* – Construction/renovation will improve aesthetics of the Central Medical Stores facilities which, in present state, look dilapidated. Some buildings currently under use, have been condemned as unfit for occupation. Construction/renovation will also give Central Medical Stores buildings and equipment extended life.
- *Air Pollution from Onsite Incinerators* - Incineration of the increased amounts of Healthcare waste if carried out in inappropriate manner could result into localized pollution of air with pollutants such as respirable ash, furans and dioxins. Dioxins are known to promote cancers in humans. Downwash of incinerator emissions has potential to degrade indoor air quality of healthcare buildings or those of nearby offsite buildings.
- *Community Health Risk due to Improper Waste Management* - Improper infectious waste disposal can cause public health risks due to environmental pollution: impaired air quality, wastewater/sewage handling, storm water contamination of water courses or when adults and children rummage through raw waste stockpiles.

- *Occupational Health and Safety Risks* - Medical Stores are potential sources of infectious waste in gaseous, liquid or solid forms. These could pose unsafe conditions for healthcare staff. Of particular concern are janitors handling infectious waste (including sharps) without adequate protective gear, storage of sharps in containers that are not puncture-proof and management of radioactive waste at healthcare facilities where x-ray equipment will be installed. While some OHS risks will be borne by new equipment or services introduced after renovation or upgrade of facilities, most other effects are existing (hence cumulative) and would only be exacerbated by increased scale of healthcare services.
- *Fire Extinguishers are either not Serviced or Non-existent in most of the Facilities* - Without adequate provisions for fire safety, a fire outbreak at the Central Medical Stores could result in endangering life and/or financial loss. Fires can start from ignitable materials in laboratories, cigarette smoking in non-designated places or old electrical connections.
- *Misuse or Inability to use Installed Equipment* - Healthcare staff must have the requisite training and skill to use installed equipment for improved service delivery. Lack of this training will have a significant, negative medium-term but reversible impact. Maintenance of newly constructed Operation Centre facilities/technologies might be a challenge due to lack of resources (financial and human). A comprehensive or robust Service and maintenance program will be required

Chapter 5 - STAKEHOLDER CONSULTATION

Stakeholder consultations form a very crucial part of all development projects and are usually carried out as a continuous process throughout the project cycle. Public and stakeholder consultations and workshops during the design and project planning stages provide the medium for sharing information about the project objectives and scope, alternative design options, and stakeholder perceptions regarding proposed investment plans. Ensuring an open and transparent information exchange about the project at this stage, lays a good foundation for an inclusive and participatory implementation process.

In view of the scope of interventions along with provisions under the Bank's ESS1 requirements, the proposed project's inherent environmental and social risks and impact is rated Moderate. As such, an inclusive draft Stakeholder Engagement Plan (SEP) has been prepared. The SEP includes a Grievance Redress Mechanism (GRM) to ensure the inclusion and non-discrimination of vulnerable group.

The SEP will form part of the ESIA/ESMPs and will be applicable to the three categories of healthcare centers. The SEP shall identify all key existing and potential stakeholders, and will describe, among others, their level of interest, influence and support to the project and in its planning and implementation. It describes means, timelines and frequency of communication with each stakeholder/stakeholder group, grievance mechanisms to be deployed, monitoring and reporting. The SEP shall be disclosed in-country and at the Bank prior to project Appraisal.

The project will ensure meaningful consultations with various stakeholders (including health workers, project affected communities, women and youth groups, NGOs, patients, line ministries, community-based groups and Disabled People's Organizations (DPOs) and other vulnerable and disadvantaged members of the communities) throughout the project life cycle. Stakeholders will be provided with accessible and inclusive GRM to raise issues and grievances, that will allow MOH to receive, respond to, facilitate resolution of concerns and manage grievances. The MOH will ensure that all stakeholder consultations are accessible and inclusive (in format and location), and that these consultations will be appropriate for the local context. Such stakeholders will be provided with timely, relevant and understandable information in a culturally appropriate format.

As part of the environmental and social assessment the MoH will maintain and disclose documentation of stakeholder engagements, which will describe the stakeholders consulted, summary of issues discussed and their responses. Two successful stakeholder engagements were conducted and participants voiced their concerns and inputs, responses presented by the Ministry of Health officials. The stakeholders were further promised that such engagements will continue throughout the project process. ANNEX 1, presents a summary of the stakeholder engagement that had been carried on so far.

To ensure that the consultations are useful to the PAP, MoH will ensure an environment where participants, irrespective of social status, would be able to express their opinions and preferences freely. MoH will provide relevant material in a timely manner prior to the consultations in a form and language that are comprehensible and accessible to the groups that are participating in the consultations.

Over-all, the consultations would help:

- Learn about the community needs and preferences with respect to the project objectives;
- Identify and agree on options that have relatively lesser impact on affected people

- Discuss the environmental and social risks and impacts that might be associated with the suggested options, along with the impact mitigation guidelines and measures adopted in the ESMF;
- Where voluntary lands are involved, identify the donors;
- Discuss compensation plans;
- Have the community identify grievance redress mechanisms for resolving project design and implementation concerns;
- Determine the main pillars of a communication/consultation strategy that will be adopted throughout the project phases, and
- Determine options for engaging local community and NGOs in the operation.

Chapter 6 - INSTITUTIONAL ARRANGMENTS FOR ENVIRONMENTAL AND SOCIAL MANAGEMENT

The Environment and Social Management Framework needs to be applied and implemented at all stages of the project. This requires an institutional mechanism to deal with various processes and issues.

6.1. Project Implementation Structure

6.1.1. *National and Regional Level*

The project will be implemented by the MOH with support of a PIU. To enhance coordination and ownership, the PIU will be housed within the MOH and integrated in the MOH's operational and management structure. The PIU will report to the Principal Secretary (PS). The primary functions of the PIU will be to coordinate effective implementation of the project and serve as the vehicle for capacity building and skills transfer to MOH staff in the areas of Financial Management (FM), Procurement, Environmental and Social (E&S) Risk Management, and M&E. The PIU will consist of at least seven full time MOH staff (i.e. Financial Controller, Principal Accountant, Senior Procurement Officer, M&E Officer, E&S Officers, and Secretary) and 8 technical staff to be hired under the project (i.e. Human Capital Liaison (1), Project Officer (1), Senior FM Specialist (1), Procurement Officer (1), Senior Evaluation Officer (1), E&S Officers (2), and Oversight Project Engineer (1)). The technical support on FM and M&E is for the duration of the Project. The Human Capital Liaison would support the MOH for the first 24 months of the operation; a critical time for cross-sectoral coordination and operational planning. For Procurement and E&S, support is anticipated to be for the first 24 months of project implementation to accelerate implementation and provide sustainable knowledge transfer to MOH staff. To support the environmental and social development agendas in a sustainable manner, E&S will be integrated at the regional and community levels, using the existing platforms and cadres (e.g. Regional Health Inspectors, Community Health Volunteers, Social Accountability Officers). The PIU will be headed by a Project Officer, who will facilitate integrated implementation between project components and the activities of MOH. The Project Officer will support harmonized policy, strategy, and operational processes that span departments/functional areas.

The MoH will be supported by the Environmental Health Department (EHD) in the MoH. At the national level the MoH will designate focal persons to coordinate (i) environmental matters including health care waste management (HCWM) and (ii) social issues who will be embedded in the Project Implementation Unit (PIU). At hospital facility level, each institution will designate a responsible officer to implement and monitor the proper management of environment, social, health and safety activities/ interventions and coordinate the same at health centers and community clinics.

The EHD will collaborate closely with the Eswatini Environmental Authority (EEA) on HCWM. Other government entities that the MOH will collaborate with are the municipal and local authorities, for example, to ensure the collection of solid waste from the Operations Center. The MOH will collaborate with the Ministry of Public Works and Transport for certain maintenance requirements for the Operations Centre buildings, and with the Ministry of Public Services and Ministry of Education to develop human resources and capacity.

MOH must ensure that a social focal person is assigned to the project. This focal person will be responsible for implementing the Resettlement Policy Framework and its subsequent site-specific RAPs (RPF/RAP)

where applicable, Labor Management Procedures (LMP), Stakeholder Engagement Plan (SEP), and GBV/SEA risk mitigation measures and the operation of the Grievance Redress Mechanism (GRM).

EHD is currently staffed with officers that have experience in implementing World Bank projects under the Bank's safeguards policies. However, they have no experience in applying the Environmental and Social Framework, and they will therefore need training in the World Bank Environmental and Social Standards (ESSs). The EHD officers will require training to be able to implement the ESCP; similarly, the facility management will also have to be sensitized to appreciate the need for complying with the ESCP, and supporting actions proposed for preventing or mitigating any adverse environmental, social and health and safety occurrences.

A further assessment may be required to determine if there are any actions needed to strengthen borrower's capacity in order that they are able to adequately implement the project in line with the ESF objectives.

MoH, working together with the social and environmental experts will:

- Ensure integration of the ESIA/ESMP into the project design and implementation plans (contract documents);
- Monitor implementation of the mitigation measures by the contractors;
- Assist contractors by providing appropriate environmental advice, and developing/revising environmental mitigation measures for the sub-projects;
- Assist the PIU to carry out participatory consultation during planning, design and implementation of sub-project;
- Document experiences associated with and lessons learned from environmental mitigation and prepare useful training materials for both internal and external capacity building; and
- Prepare regular or periodic progress reports on the implementation of the ESMPs throughout project implementation process.

6.1.2. Project Level

Actual construction work will be carried out by the Consultants/Contractors under the direct supervision of Supervision Consultants/Supervising Firms. The Environmental and social experts on both the Contractor and MoH teams will ensure strict compliance with the environmental and contractual clauses in the Bid documents and the ESCP and will report on progress accordingly.

For operational efficiency, the Project Implementation Unit's (PIU) technical roles (fiduciary, M&E, environmental and social) are shared between this project and the project implementation team for the Eswatini COVID-19 Emergency Response Project (P173883). Sharing MOH staff and technical consultants will improve the strategic scope while reducing the overhead costs across the two projects. Tapping into technical surge capacity early on will accelerate effectiveness. The Coordinators for the two projects (P173883; P168564) will ensure that the project implementation responsibilities are organized in a way to harness operational benefits and reduce operating costs.

6.2. Monitoring Arrangement for Effective Environmental and Social Management

In order to ensure that the proposed mitigation measures have the intended results and complies with the World Bank requirements, an environmental and social performance monitoring program would be carried out. This could be achieved through daily and more sequenced monitoring by the environmental and social experts on the contractor and MoH.

- **Construction Phase** – In selecting the monitoring parameters, care must be taken to choose parameters according to the characteristic features of the existing environmental and social baseline conditions ensuring that parameters are both cost effective and viable for identifying changes that deviate from predetermined impacts. The plan will be designed on the premise that the facilities rehabilitation work and other related activities will have relatively less significant effects on existing conditions and residual impacts will be controlled using the ESMP.
- **Operation Phase Monitoring** - It is envisaged that operations phase of the proposed project and subproject will present certain measures of environmental and social risks and impacts as presented in Section 4 above. Accordingly, monitoring indicators for the operation phase will be based on feedback from local surveys and from planned social responsibility/peripheral development activities. Monitoring during the operational phase will be carried out more frequently especially during the first year of operation to ensure that any complaints about the rehabilitated facilities is readily captured and resolved.

6.3. Auditing

A Third-Party Audit will review the effectiveness of the implementation of environmental and social management plans. Primarily the auditing exercise will determine whether the project/subprojects comply with all environmental and social regulatory performance standards in addition to any Eswatini stipulated healthcare construction and operation standards. Auditing process will test the accuracy of reports from field assessments and cost effectiveness of management measures. It entails a systematic, documented and periodic review of project implementation and could be a very useful tool to improve project management performance.

Instituted environmental audits at the construction/rehabilitation level and at the overall operation level is critical for an operation of this dimension. In this regard, the operation will incorporate a series of independent verification and audit mechanisms both at design and implementation phases. At the preparation phase, the project will launch a onetime independent technical audit of the ESMF and the ESIA/ESMPs. During the construction phase, MoH will contract a qualified firm to conduct performance audit that will include financial management, procurement and applicable ESSs compliance requirements. As Integrated Environmental and Social Performance Auditor, the firm will review all project documents and visit a representative sample of the project for validation of environmental and social compliance. These will complement system enhancements that are aimed at monitoring efficiency and quality of expenditure.

With respect to environmental and social issues, the performance audits will:

- a. Collect, analyze and interpret monitoring results to detect changes related to implementation and operation of specific activities;

- b. Verify if monitoring parameters are in compliance with national set standards compare the predicted impacts with actual impacts and evaluate the accuracy of predictions in view of proposed mitigation measures;
- c. Evaluate the effectiveness of implementation of the ESMPs and the ICWMP;
- d. Loop back into the ESMP, any short comings identified from the auditing; and
- e. Identify and report if there is non-compliance with the ESMP and where applicable, identify replicable lessons from the monitoring.

To facilitate auditing process, auditors may first develop a structured questionnaire based on the ESMP and this can be administered to MoH officers involved in the project, contractors, PAP, etc. Depending on specific characteristics of the project/sub-project, audits can be carried out at regular intervals or on ad hoc basis or when mitigation is not carried out as defined by the ESMP leading to public concern.

6.4. Measures to Introduce/Strengthen Institutional Capacity

To meet the varied nature of environment and social risks and impacts identified in Section 4 above, capacity needs assessment and capacity enhancement measure will be built at the national, regional and project levels. In this respect, MoH will initiate some key activities as enumerated below:

- a. *Capacity Building and Mainstreaming Environmental and Social Dimensions in the Technical Standards:* The existing limited implementation capacity of MoH can affect environmental and social outcomes despite the Bank's ESF provisions. This dearth in capacity will be addressed through the enhanced technical assistance (TA) and training, including sharing of environmental and social lessons from the previous healthcare project in the country. As such, the Project will support the development of a waste management plan and a study to identify viable and appropriate disposal of solid and healthcare waste (including hazardous waste such as e-waste) based on the volumes and types of wastes generated by the Operations Center, establish costs, assess practicalities, propose modalities for monitoring, identify available service providers, and establish national capacity to deal with HCW and expired medical drugs.
- b. *Integration of Environmental Aspects in the Operations Manual:* The Operations Manual (OM) of MoH (a key document that lays out the detailed procedures) will be prepared to reflect the environmental and social management procedure that will govern the project operation.
- c. *Integration of Occupational and Community Health and Safety requirements in the Standard Bidding Document:* Unsuitable construction practices can cause adverse occupational and community health and safety (OHS/CHS) risks and impacts, especially from the improper scheduling of works, unsafe handling of hazardous materials and haphazard disposal of medical wastes. To ensure improved environmental and social management during the construction stage, a section clearly specifying preventive and mitigation measures to be taken by the contractors will be introduced into the Standard Bidding Document (SBD). Compliance with these specifications will be supervised as part of project technical supervision.

6.5. ESMP Implementation Cost/Budget

In view of the environmental management measures suggested above and factoring in the limited implementation capacity of the MoH, necessary budgetary provisions should be made for project. Accordingly, for all three aspects (mitigation, monitoring, and capacity development), the ESMP shall provide (a) an implementation schedule for measures that must be carried out as part of the project, showing phasing and coordination with overall project implementation plans; and (b) the capital and

recurrent cost estimates and sources of funds for implementing the ESMP. These figures should be integrated into the total project cost tables.

6.5. Integration of ESMP with Project

Each of the measures and actions to be implemented will be clearly specified, including the individual mitigation and monitoring measures and actions and the institutional responsibilities relating to each, and the costs of so doing will be integrated into the project's overall planning, design, budget, and implementation (See Annex 4).

6.6. Integration of ICWMP with Project

Each of the measures and actions to be implemented to appropriately manage the proper handling and disposal of healthcare waste will be clearly specified and elaborated in the ICWMP that will be prepared under the Eswatini COVID-19 Emergency Response Project (P173883). Through the joint PIU, that document will also be adopted and implemented for this project through reference.

ANNEX 1 – Stakeholders’ Consultations Outcomes and Agreed Actions

Eswatini Health System Strengthening Project

Discussions – The objectives and activities of the EHSS Project, Environmental and Social Impacts and Suggested mitigation and compensation measures (ESMF & Resettlement Policy Framework)

Type of Stakeholder(s): Health Facilities staff, Health Committees, Regional Health Administrators and Environmental Health Officers__

Location: _Manzini_____

Date: _____12 Dec 2019_____

Time: 10:00 am __ - 13:00 _____

Consultation method(s): Workshop discussions_____

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
Implementation arrangements	<ol style="list-style-type: none"> 1. How will project funds be protected from being diverted to other demands/pressing matters of the Ministry of Health? 2. When will the project start? Will there be mid-term reviews for the project to allow corrective actions? 	<ol style="list-style-type: none"> 1. Protection of WB funds: there will be appointed staff on the financial management to ensure that expenditures are only for the project in accordance with WB standards and requirements. 2. There are still ongoing activities which include currently costing every activity then subjected to internal WB processes and expected start date will be sometime in 2020; <ol style="list-style-type: none"> a. There will be ongoing monitoring and reporting activities related to the project implementation which will help guide corrective measures b. Also, the WB has integrated structures to monitor the loan and to safeguard from unscrupulous use. 	
Project components	<ol style="list-style-type: none"> 3. Referral system: can you look-into the issue of the effectiveness of referral system particularly in HCs as this is causing a 	<ol style="list-style-type: none"> 3. The project will bring in support for reorganization of services from the tertiary to low levels of primary care. This will include an assessment that will establish 	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	<p>significant number of maternal and child health issues e.g. Caesarean sections can be done at HCs.</p>	<p>what services are provided at which levels, the current gaps and how clients can be better referred to higher levels of care. This will include trainings that are targeting improving the quality of care by health workers.</p>	
<p>Waste management</p>	<p>4. Can the government ensure that when the projects are introduced to communities, it is not only the chief and his inner council that are consulted in closed sessions where the rest of the community members end up not being consulted for their views?</p> <p>5. Can the framework also investigate general waste in addition to the healthcare waste in facilities as this is becoming an issue as there is a fine (E5000) by the EEA for burning general waste in health facilities. This also, includes the overgrowth of vegetation in facilities and if the framework can investigate how this could be dealt with.</p>	<p>4. This is well noted, and it is for this purpose that the current consultations are being undertaken. It is expected that when additional consultations during project implementation are taken to the communities where the affected facilities are located, this will be addressed as it is a then the relevant stakeholders including the communities will be provided with an opportunity to voice their views on any of the proposed WB project activities in their localities.</p> <p>5. a. The project provides for an assessment of how the ministry can better dispose of all waste generated in the health facilities. This will include the development of plans for waste management. However, the Ministry is encouraging the facilities to start developing such plans on their own as the waste generated will accumulate if they are to wait for this WB project support.</p> <p>b. Regarding the overgrowth and solid waste: this is a health facility management issue where the overgrowths should be addressed. However, the project will also ensure that a comprehensive and site specific</p>	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	<p>6. Is there a way the framework can address issues of ongoing collaboration between environmental officers and facility management to advise on how to dispose of waste? e.g. solid waste as old equipment, furniture etc. this is accumulating at Mankayane and not complying with waste management procedures</p>	<p>environmental and social impact assessment is conducted in the facilities concerned and this will include all waste management issues and all other environmental issues in facilities. This will then help to chart concrete plans to address the identified environmental risks.</p> <p>6. This will be handled by the environmental health team as it makes better use of available skills and resources to collaborate in management of waste generated in facilities, the assessment to be done under the project will detail how this can be further strengthened.</p>	
Protection of Vulnerable groups against land dispositions	<p>7. The framework touches on land dispositions assessments and that there will be needed to ascertain fair considerations to affected communities, how will the affected parties be compensated should the need to move people from their lands occur?</p>	<p>7. While the framework is touching on these issues and emphasizing that due processes be followed as laid out by the country's legal system regarding loss of land during development, this is a less likely event under the project as the affected areas are all government facilities and no construction is envisaged to fall on communal land. However, in the event that any project activity requires land outside the gazetted facility land then the Resettlement policy framework will help guide process of acquiring this land. The framework follows both KoE laws and the World Bank procedures on land acquisition of which consulting the affected is a priority.</p>	<p>Communities and their leaders will be engaged at all stages of project implementation to ensure that their concerns are listed, and satisfactory actions taken to allay the fears in case land is required for any project activity.</p> <p>Apply the RPF if land is required.</p>
Additional issues raised	<p>8. As a caution, we are urging this project team to be more engaging and obtain views from everyone affected when about to commence with</p>	<p>8. This is well received, the frameworks presented in fact call for full stakeholder consultations and engagements at design, during implementation as well as at the end of the projects thus the team will</p>	<p>Follow the guidance provided by the SEP both in process and content.</p>

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	<p>the work in the affected areas, history has taught us that whenever the project is introduced to the chiefs and the councils while community members are sidelined.</p>	<p>comply with the recommendation being made. This is well outlined in the Stakeholder engagement Plan (SEP) prepared by this project.</p>	

The second consultation meeting on the **Health System Strengthening for Human Capital Development in Eswatini Project** took place on the 17th of December 2019 in Manzini (at the George Hotel). The key stakeholders that were present for the meeting with the Ministry of Health included representatives from the Ministry of Public Works & Transport, NGOs in the health sector and those that advocate for persons living with disabilities and the Police.

Discussions – Objectives and activities of EHSSP, Environmental and Social Impacts (ESMF and the Resettlement Policy Framework)

Type of Stakeholder (s): Ministry of Health, Ministry of Public Works & Transport, NGOs, and the Police

Location: Manzini

Date: 17 Dec 2019

Time: 11:00 am - 14:00

Consultation method(s): Discussions

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
Project Implementation	<p>What is the modality of waste management?</p> <p>Is waste from a TB Centre treated differently from other health care centres?</p>	<p>Currently waste is treated through incinerators (thermal treatment).</p> <p>A technical study will be conducted to assess the country's capacity to deal with waste management, the study will inform how infectious waste can be treated accordingly.</p>	
	<p>Clarification on key activities under each component of the project.</p> <p>What are the activities that will revamp the primary health care facilities?</p>	<p>Currently the activities are not in detail but under broad categories. However, the MoH will provide for the details in the Project Appraisal Document currently being worked on. Further this will be supported by an organisational structure that will promote linkages with key stakeholders as well as a health services delivery model.</p> <p>The local health care system faces many challenges and therefore key priority areas have been selected and this includes activities that will help improve health sector governance, management and performance, the quality of health service delivery, etc.</p>	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	How will the Project be monitored?	<p>The project will prepare and submit quarterly progress reports to both the Bank and GoE, as well as mid-term reviews, steering committee and other relevant reports. The World Bank will also undertake regular project implementation support missions as well as closely monitor in terms of expenditure.</p> <p>Monitoring and evaluation processes:</p> <p>The project has a results framework that will also be implemented and monitored regularly.</p>	
	Will the money set aside for the Project not be disrupted by existing issues within the Ministry?	The fund will not be disrupted by the issues that the Ministry is facing, it will solely work for the Project and the team from the Finance department will make sure that the money is utilised for the project.	
	National or regional project?	This is a Nation-wide project	
	When will the Project start/Project lifecycle?	Preparations for the Project started some time ago and are ongoing. Processes to ensure compliance are currently being done. The projected start of the Project is in 2020 after the appraisal documents have gone through the relevant authorities and the project has been taken to the World Bank Board. Then KoE Parliament will discuss and approve the project before the funds can flow (project effectiveness). The duration of the project is 5 years.	
	Which health care facilities are being targeted?	Six health care facilities are being targeted in different regions of the country. These are: Matsanjani Health Centre, Mankayane Hospital, Dvokolwako Health Centre, Mkhuzweni Health Centre, Good Shepherd Hospital, and Sithobela Health Centre	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	With regards to revamping the system, is the MoH open to implementing tools and systems delivered by the World Bank?	The Project will apply both GoE as well as World Bank procedures.	
Environmental and Social Processes Management	Treatment and disposal of waste water from HC facilities Waste water not properly managed Pharmaceutical waste not properly managed	Some HC facilities are not linked to the main municipal system. A technical study will be conducted to assess the best (and most cost-effective) options to manage these polluting entities.	
	Social and environmental impacts (both positive and negative) that are generated by the Project Are there any proactive measures in place to engage community members so as to counter social effects that arise due to project activities, such as employment opportunities, increase levels of STIs, HIV, crime, etc.	The expected impacts have all been identified in the Environmental and Social Management Framework as well as the Resettlement Policy framework. Site specific plans that may include assessments will be prepared during project implementation and measures will be suggested and implemented during the project period. Implement processes and assessments to evaluate these social issues. Engage with the various community chiefdoms to determine social issues and plan interventions accordingly	Develop an Environmental and Social Assessment Management plan
	Sanitation concerns	Sanitation technology to mitigate waste and pollution generated by the Project. This has been highlighted in the ESMF.	
	Occupational health and safety	Labour Management Plan will be implemented to manage the safety of construction workers, community members, and health care workers.	Labour Management Plan which will have all the governance and legislative processes in place.
	Emergency response to unforeseen occurrences.	An emergency response plan will be implemented to effectively and quickly respond to unforeseen occurrences, e.g. spillages. This is included in the ESMF.	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
	Who is responsible for the maintenance of infrastructure built for the Project?	<p>This is an issue that will be highly considered during the course of the project. The government is responsible for maintaining structures, however at times there is no finance in place to undertake timely maintenance.</p> <p>This is a big challenge, as in the past government has built structures but issues were not addressed in a timely manner.</p>	<p>The project team will be engaged on how best the infrastructure will be maintained.</p> <p>Maintenance Policy is needed and will be prepared for the rehabilitated facilities.</p>
	Is it possible to engage existing organisations to help manage waste in non-urban areas?	Concern needs to be addressed by EWSC. A study needs to determine how the MoH can engage such entities. This could be part of the TA studies.	
	Consideration for how syringes used for treating diabetic people will be disposed as some community members might reuse them.	<p>Packaging of syringes needs to be improved.</p> <p>Issue of the disposal of syringes needs to be addressed.</p>	
Resettlement Policy	Legislation for Resettlement not mentioned in the RPF presentation.	The RPF is informed by current legislation in the country.	
Vulnerable Groups of people	How will the issue of abandoned homes (homes in the community that do not have family members due to the issue of child-headed families) be tackled?	<p>Consultation with relevant stakeholders (community leaders) as they are normally aware of what's happening in their communities, also these homes are still registered within the local chiefdom.</p> <p>Household belonging to the disadvantaged and vulnerable will be considered.</p> <p>Encourage participation from the members of the community and advocacy groups to help in handling such issues and pointing out areas of</p>	

Consultation Topic (s)	Issues Raised by Stakeholder(s)	Response (s) Given	Action (s) Agreed
		<p>concern so as to enhance project structures.</p> <p>This is important as the Project is there to improve the lives of the people and not leave them worse off by any means.</p>	
Additional issues raised	How will the MoH ensure synergy between the different ministries?	Sub-committees with key stakeholders will be formed.	
	This is a cross cutting project which touches on different Ministries. Will the Project be funded at the MoH or will the fund also be allocated to other ministries?	The fund is for the strengthening of health systems and therefore it is funded at the MoH.	
	<p>Has the Project taken into consideration the unique needs of persons living with disabilities, such as their access to buildings?</p> <p>Also, consideration needed for how they will be affected by pollution generated by the Project</p>	The needs of persons living with disabilities will be taken into consideration and their concerns addressed during the rehabilitation of the health facilities. This is included in the ESMF and its ESMP.	
	Are the incinerators ozone friendly?	The MoH is assessing all technologies that are available and will take into consideration the impact of these waste management systems.	

ANNEX 2 - Generic Terms of Reference for Conducting an ESIA/ESMP

Environment and Social Impact Assessment (ESIA) is a decision support mechanism to ensure that the project design and implementation are environmentally and socially sound and sustainable. During the preparation phase, the objective of the ESIA is to provide inputs to the selection of sub-projects, feasibility study; preliminary and detailed design as well as assist development of a holistic development of the project package. During the implementation phase, environmental and social management plans (developed as a part of the EA during the preparation phase) are to be used for executing the environmental mitigation, enhancement and monitoring measures.

Objectives of ESA

In the preparation phase, the ESIA shall achieve the following objectives:

1. Establish the environmental and social baseline in the study area;
2. Identify and analyze upstream environmental and social issues that may affect the project and the sector;
3. Identify any potential environmental and social issues (direct/indirect/induced/cumulative) caused from the project activities;
4. Assess impacts of the project and provide for measures to address the adverse impacts by the provision of the requisite avoidance, mitigation and compensation measures;
5. Integrate the environmental and social issues in the project planning and design, and
6. Develop appropriate management plans for implementing, monitoring and reporting of the suggested environmental and social mitigation and enhancement measures.

The environmental and social assessment studies and reporting requirements to be undertaken under these TOR must conform to eSwatini regulations and the Bank Environmental and Social Standards and guidelines.

Description of the Project

(Include description of the project; covering geographical location, type of development envisaged, including a description of project activities. Also include current status of the project. Provide brief information on any other study already completed/on-going or proposed) ... to be added by Client.

Scope of Work

The ESIA comprises the following 3 components: (i) Environmental and Social screening for the entire project; (ii) Environmental and Social Impact Assessment (ESIA) for the individual project/sub-projects, as may be required; and (c) Environmental and Social Management Plans (ESMPs) for the individual project/sub-projects.

The following paragraphs give the detailed scope of work in each of these stages.

Inception

The Consultants shall use the inception period to familiarize with the project details. The Consultants shall recognize that the remaining aspects of the project, such as engineering and social, would be studied in parallel, and it is important that all these aspects be integrated into the final project design to facilitate

their successful project implementation. The Consultants should also recognize that due care and diligence planned during the inception stage helps in improving the timing and quality of the ESA reports.

During the inception period the Consultants shall: (a) study the project information to appreciate the context within which the ESA has to be carried-out; (b) identify the sources of secondary information on the project, on similar projects and on the project area; (c) carry out a reconnaissance survey and (d) undertake preliminary consultations with selected stakeholders.

Following the site visits and stakeholder consultations, as well as a review of the conditions of contract with the Client, the consultant shall analyze the adequacy of the allocated manpower, time and budget and shall clearly bring out deviations, if any. The Consultant shall study the various available surveys, techniques, models and software in order to determine what would be the most appropriate in the context of this project.

The Consultant shall interact with the engineering and E&S consultants to determine how the ESIA work fits into the over-all project preparation cycle; how overlapping areas are to be jointly addressed; and to appropriately plan the timing of the deliverables of the ESIA process. These shall be succinctly documented in the Inception Report.

Environmental and Social Screening

Consultants shall summarize the known sub-project/s into environmental and social risks and impact consistent with the Bank's ESS1 requirements that relate to the magnitude potential environmental and social risks and impacts. During such determination, consideration shall be paid to: (i) location of sub-project with respect to environmental and social sensitive areas; and (ii) volume, nature and technology of construction. The screening parameters should be such that their identification and measurement is easy and does not involve detailed studies. The screening criteria shall also contain exclusion criteria, for sub-projects, which should not be taken up due to potential significant environmental and social impacts that cannot be mitigated (including, but not limited to, permanent obstruction to wildlife corridors, or opening up increased access to threatened biodiversity resource hotspots, or construction on top of eroded and vulnerable flood embankments)

Environmental and Social Scoping

Based on result of the environmental and social screening exercise, consultants shall suggest the scope of Environmental and Social Assessment to be undertaken. It shall include a listing of other environment and social issues that do not deserve a detailed examination in the project ESA (covering, for example, induced impacts that may be outside the purview of the client) along with a justification. The scoping needs to identify and describe the specific deviations or inclusions vis-à-vis the ESA ToR provided, if any, along with a justification; modify this ToR for the sub-project ESA, if required; and recommend studies that need to be conducted in parallel but are outside the ESA process.

Baseline

All regionally or nationally recognized environmental and social resources and features within the project's influence area shall be clearly identified and studied in relation to activities proposed under the project. These will include all protected areas (such as national parks, wildlife sanctuaries, reserved forests, RAMSAR sites, biosphere reserves, wilderness zones), unprotected and community forests and

forest patches, wetlands of local/regional importance not yet notified, rivers, rivulets and other surface water bodies and sensitive environmental features such as wildlife corridors, biodiversity hotspots, meandering rivers, flood prone areas, areas of severe river erosion, flood embankments (some of which are also used as roads). Consultants shall consolidate all this information in a map of adequate scale.

Stakeholder Identification and Consultation

Consultation with the stakeholders shall be used to improve the plan and design of the project rather than merely having project information dissemination sessions. The consultants shall carry out consultations with Experts, NGOs, concerned government agencies and other stakeholders to: (a) collect baseline information; (b) obtain a better understanding of the potential impacts; (c) appreciate the perspectives/concerns of the stakeholders; and (d) secure their active involvement during subsequent stages of the project.

Consultations shall be preceded by a systematic stakeholder analysis, which would: (a) identify the individual or stakeholder groups relevant to the project and to environmental and social issues; (b) include expert opinion and inputs; (c) determine the nature and scope of consultation with each type of stakeholders; and (d) determine the tools to be used in contacting and consulting each type of stakeholder group. A systematic consultation plan with attendant schedules will be prepared for subsequent stages of project preparation as well as implementation and operation, as required.

Identification of Relevant Macro/Regional Level Environmental and Social Issues

Consultants shall determine the Valued Environment and Social Components (VESC) considering the baseline information (from both secondary and primary sources), the preliminary understanding of the activities proposed in the project and, most importantly, the stakeholder (and expert) consultations, which would need to be carefully documented. Use of iterative Delphi techniques is recommended. Based on the identification of VESCs, consultants shall identify information gaps to be filled, and conduct additional baseline surveys, including primary surveys. The consultants shall conduct a preliminary analysis of the nature, scale and magnitude of the impacts that the project is likely to cause on the environment, especially on the identified VESCs, and classify the same using established methods. For the negative impacts identified, alternative mitigation/management options shall be examined, and the most appropriate strategy/technique should be suggested. The preliminary assessment should clearly identify aspects where the consultants shall also analyze indirect and cumulative impacts during all phases and activities of the project. For the positive measures identified, alternative and preferred enhancement measures shall be proposed.

Environmental and Social Assessment

The Consultants shall undertake necessary impact analysis on the basis of primary and secondary information and outputs from the stakeholder consultation process. In the cases of very significant environmental losses or benefits, the consultants shall estimate the economic/financial costs of environment damage and the economic/financial benefits the project is likely to cause. In the cases, the impacts or benefits are not too significant, qualitative methods could be used. In addition, wherever economic and financial costs of the environmental impacts cannot be satisfactorily estimated, or in the cases of significant irreversible environmental and social impacts, the consultants shall make recommendations to avoid generating such impacts.

Environmental and Social Management Plan

The consultants shall prepare an ESMP to address identified planning, design, construction and operation stage issues. For each issue, the consultants shall prepare a menu of alternative avoidance, mitigation, compensation, enhancement and/or mitigation measures, as required/necessary. Consultants shall provide robust estimates of costs for environmental and social management measures. These costs shall be verified for common works items in line with the rate analysis for other works. The consultants shall organize consultations with line departments and will finalize the ESMP.

Environmental and Social Inputs to Feasibility Study and Preliminary Project Design

The ESA consultants shall make design recommendations, related to alignment, cross-sections, construction material use, and mitigation and enhancement measures. The ESA consultants shall interact regularly with MoH and familiarize themselves with the Project's over-all feasibility analyses models, so that the ESA inputs are in conformity to the needs of the over-all feasibility study.

Building and Training Plan Preparation

Based on the preliminary findings of the environmental screening, stakeholder consultations and institutional analysis of the implementing agency's capacity to manage environmental and social issues, the consultants shall prepare a Capacity Building Plan to mainstream environmental and social management in the implementing agency's activities by the end of project implementation period. Earmarking staff for environmental and social management and improving their skill sets would be simultaneously pursued during project preparation and implementation. In addition, recommendations should be made concerning any changes to guidelines, standards and regulations, which would improve medium- and long-term environmental and social management in the line departments works.

A detailed training plan shall be prepared to develop and strengthen environmental and social capacities of the client and other associated agencies/departments. The strategy should include a mix of hands-on training for key staff involved in project preparation, site visits to similar projects, and whenever required, full-fledged academic programs on environmental and social management at well-recognized institutions.

The consultants shall conduct orientation training for the key client, early in the assignment. Periodic training at various levels should continue during project preparation to ensure that the knowledge, skills and perspectives gained during the ESA assignment are transferred to the Client and are utilized effectively during project implementation.

Mechanisms for improved co-ordination between Client and Line departments

The consultants shall examine the various options available for improved and timely coordination between various state government departments. These could take the form of written MoUs for specific activities, apex co-ordination committee of top bureaucrats, or any such mechanism that can be effective in reducing delays in ancillary activities such as, but not limited to, shifting of utilities and obtaining required regulatory permissions.

Co-ordination among Engineering, Social, Environment and Other Studies

The consultants, with assistance from the Client, shall establish a strong co-ordination with the other project-preparation studies – engineering, social and/or institutional development. The consultants shall

keep in mind the specific requirements of the project in general, and the engineering/design studies in particular, and shall plan their outputs accordingly. It is recommended that some of the consultation sessions may be organized in co-ordination with the social and engineering consultants, as feasible, and when the stakeholders consulted are the same.

The consultant shall review the contract documents – technical specifications, and rate analysis, to ensure that there are minimal conflicts between the ESMP stipulations and specifications governing the execution of works under the project.

Public Disclosure

The consultants shall prepare a non-technical ESIA summary report for public disclosure and will provide support to the client in meeting the disclosure requirements, which at the minimum shall meet the World Bank's standard on Public Disclosure. The consultants will prepare a plan for in-country disclosure, specifying the timing and locations; translate the key documents (including executive summary of ESIA/ESMPs) in local language; draft the newspaper announcements for disclosure; and help the client to place all the ESA reports in the client's website.

Consultant's Inputs

The Consultants are free to employ resources as they see fit. Additional expertise shall be provided as demanded by the context of the project. The consultants are encouraged to visit the project area and familiarize themselves, at their own cost, before submitting the proposal; and propose an adequate number and skill set for the senior specialists and technical support staff for the ESA assignment. Further, the consultant will allocate adequate number of field surveyors, distinct from the technical support staff, to complete the study in time. Timing is an important essence for any ESA study, which shall be closely coordinated with the works of the engineering and social teams, simultaneously involved in preparation of the project.

The consultants shall provide for all tools, models, software, hardware and supplies, as required to complete the assignment satisfactorily. These should be widely recognized or accepted. Any new model or tool or software employed should be field-tested before use or the purpose of this ESA.

The consultants shall make formal presentations, coordinated by the client, at key milestones on the (a) proposed work plan after submitting the Inception Report; (b) recommendations from the environmental screening; and (c) ESA findings, design and ESMP recommendations. All supporting information gathered by the consultant in undertaking these terms of reference would be made available to the client.

Consultant's Outputs

The consultant is expected to provide the following outputs, as per the schedule given in the ToR. The Consultants are expected to allocate resources, such as for surveys, keeping this output schedule in mind.

ANNEX 3 - Detailed Environment and Social Screening Guidance Note

A. Purpose/Objectives of Environment and Social Screening

The environmental and social screening exercise is undertaken to determine the key environmental and social issues/concerns and the nature and magnitude of the potential environmental and social risks and impacts that are likely to arise on account of proposed project/sub-project interventions. The key environmental and social issues to be identified will be determined by the type, location, sensitivity and scale of the project/sub-project. The results/findings from this exercise are/will be used to determine:

- The extent and type of ESIA/ESMPs required
- The environmental and social risks and impacts rating of the project/sub-project

The screening result will also be an important input for analyzing the 'feasibility' of the project/sub-project along with engineering/economics and social criteria.

B. Environmental and Social Screening - Report Structure

The table of contents/presentation structure of the Environment and Social Screening Report has been mentioned below:

- **Table of Contents**
- **Executive Summary**
- **Chapter 1: Introduction**
 - Project Description
 - Project Proponent
 - Description of the sub-project (including its location, proposed start and end points, regional setting, scale and size)
 - Over-view of major key sub-project activities
 - Need for the sub-project
 - Expected benefits from the sub-project
 - Various studies/reports being prepared for the project and how the environment screening study relates to/feeds into the over-all project preparation
- **Chapter 2: Methodology Adopted for Environment and Social Screening Exercise**
 - Purpose/Objectives of the Environment Screening Exercise
 - Methodology (step-by-step process) adopted for Environmental and Social Screening Exercise
 - Project Influence Area (mention the direct and indirect spatial zone considered for the environment screening study)
 - Types and sources of data collection
 - Weightage/ranking system used (kindly refer annex 1)
 - Data gaps/constraints, if any
- **Chapter 3: Baseline Environmental and Social Conditions**
 - Natural Environment
 - Over-all environmental setting of the project (including topography)
 - Natural resource availability

- Natural hazards and vulnerability of the sub-project area
 - Air Quality
 - Water availability and quality (include both surface and ground water sources)
 - Drainage conditions/issues
 - Slope stability (soil type/s; erosion; landslide/landslip problems, if any)
 - Visual resources (if any)
 - Biological Environment
 - Protected Natural Habitats (Biosphere Reserves; National Parks and Sanctuaries)
 - Wildlife Habitats (outside designated protected areas) (including bird habitats, aquatic habitats, as relevant)
 - Presence of Forest (Reserved, Protected or of any other category)
 - Flora/vegetation (general) (include a broad estimate of trees (no.) that may get affected)
 - Presence of vulnerable, threatened and/or endangered species of flora and fauna, if any
 - Physical and Socio-economic Environment
 - Land-use
 - Socio-economic characteristics of the project influence area (including transportation network; existing economic/ employment base)
 - Cultural resources (archeological heritage; religious structures; local built heritage and art forms)
 - Safety
 - Presence of sensitive receptors such as schools/colleges/health centers/hospitals
 - Local level features and issues (features such as presence of markets or pastures and issues like noise, vibration, congestion, waste dumping along the road, presence of contaminated sites)
- **Chapter 4: Stakeholder Consultation**
 - Definition of stakeholder
 - Types/categories of stakeholders consulted for the Feasibility/Screening studies
 - Details about the consultations conducted
 - Provide summary in the chapter and supporting details in the annex.
 - In the summary, kindly mention when, where, how many people attended, key topics discussed, and information shared.
 - Clearly list out findings including areas/issues that are of concern to the stakeholders and need attention.
- **Chapter 5: Regulatory and Institutional Regime**
 - Environmental and social policies and their implications/application in the sub-project context
 - Environmental and Social Acts and their implications/application in the sub-project context
 - Environmental and Social Risks and Impact Rating
 - International conventions and their implications/application in the subproject context
 - Environmental and social permits/approvals that will be required for the sub-project (include specific local requirements, if any)

- Existing institutional arrangements/set-up (both in terms of environmental and social regulatory agencies and project proponent set-up)
- **Chapter 6: Assessment of Key Environmental and Social Impacts**
 - Link-up existing environmental and social conditions with proposed project intervention/s and identify/assess the potential environmental risks and impacts on natural, biological and physical environmental attributes that may result in this process.
 - Look at the key issues that may result purely on account of proposed project intervention/s (such as safety issues; drainage alterations)
 - Analyze/propose alternative options that can avoid and/or reduce the identified potential impacts
- **Chapter 7: Findings/Recommendations of Environmental and Social Screening Exercise**
 - Summary of results (weighted) from the environment and social screening exercise
 - Key issues/concerns identified
 - Summary of key benefits from the sub-project/project intervention
 - Key recommendations from the stakeholder consultation exercise
 - Summary - opportunities and constraints at the sub-project level
 - Scoping (focus) of the ESA (mention specific areas/aspects that need to be studied in detail)
 - Recommendation(s)/conclusion
- **References**
- **Annexes**
 - Names and contact details of key staff involved in the Feasibility (including Environment and Social Screening exercise)
 - Stakeholder consultation details
 - Details of the data collected

Note

- This is a typical or generic reporting structure, kindly do include any specific environmental and social feature/issue that is unique to the sub-project and has not been mentioned here. This can/should also include any specific local regulatory requirement.
- Use 'weighted matrix' for presenting results. This will help in making a more objective comparison between various sub-projects. The environmental sensitivity or ranking will clearly emerge through this and will influence decision-making at the project level. However, for meaningful and factual analysis, consultants must ensure that the information is clearly captured/presented in the Environmental and Social Screening Report, including a clear mention about data gaps/constraints, if any. Not doing so can otherwise lead to erroneous decisions and affect project planning and delivery at a later date, requiring mid-course correction. An objective screening process is an attempt to avoid/minimize such unwarranted situation/s.
- Ensure that any map/cross-section/photographs provided in the report are legible and correctly labeled.

Environment and Social Screening Methodology – Tabulating Screening Results

Use the format given below to tabulate the result of the environmental screening exercise. It will provide inputs for the feasibility study and will give direction to the scoping exercise for the ESIA/ESMPs.

1. Natural Environment

S/No	Environmental Attribute	Total Weight	Score
1	Topography	4	
2	Vulnerability to natural hazards	4	
3	Surface water resources	5	
4	Drainage Conditions	5	
5	Ground water resources	4	
6	Materials Availability	4	
7	Soil Erosion	4	
Total		30	

2. Biological Environment

S/No	Environmental Attribute	Total Weight	Score
1	Designated Protected Areas	10	
2	Wildlife habitat/s (outside designated PAs)	6	
3	Migratory route/crossing of wild animals and birds (outside designated PAs)	6	
4	Reserved Forests (RFs)	5	
5	Protected or Other Forest/s	5	
6	Green Tunnels	4	
7	Road-side Trees	4	
Total		40	

3. Physical and Socio-Economic Environment

S/No	Environmental Attribute	Total Weight	Score
1	Settlements	5	
2	Sensitive Receptors	5	
3	Drinking Water Sources	4	
4	Religious Structures	4	
5	Cultural Properties	4	
6	Market Places	4	
7	Common Properties Resources	4	
Total		30	

ANNEX 4 - Guidance Note for Incorporation of Environment and Social Management Plan into Contract Documents

The purpose of the annex is to provide some guidance on the integration of the ESMPs into the contract documents of the Project/Subproject.

Environment and Social requirements in the Pre-bid Documents

1. The PIU (MoH) issues the pre-bid documents to shortlist a few contractors, based on their expression of interest and capability. While details on environmental and social requirements may not be required in the pre-bid stage, it is useful to mention that the contractor is expected to have good environmental and social management capability or experience.

Incorporating ESMP in the Bid Document

2. The PIU (MoH) issues the bid documents to the pre-qualified contractors. There are two kinds of bid documents: International Competitive Bids (ICB) and National Competitive Bids (NCB). In World Bank projects, these documents are prepared based on templates (separate for ICB and NCB) provided by the Bank. The ICB documents are based on the FIDIC (International Institute of Consulting Engineers) guidelines, while the NCB is closer to the national contracting procedures. The bid documents contain separate volumes. For instance, a typical ICB document contains:(i) General Conditions of Contract, which is based on the FIDIC; (ii) Technical Specifications, which is based on the applicable specifications in Eswatini for similar related works; (iii) Bill of Quantities and (iv) Drawings.
3. The ESMP parts/sections should be included in the relevant locations of the bid documents in the following way:
 - a. *Mitigation/enhancement measures & monitoring requirements tables* - The cross-reference to these tables should be included in the “conditions of particular application (COPA)”, which is a part of the General Conditions of Contract. As a standard practice, there is an over-all reference to the laws that have to be followed in this section/item. The relevant laws need to be mentioned here. In addition, the adherence to the mitigation/enhancement measures and table on monitoring requirements should be included. The two tables will have to be added as Annexes or the entire ESMP (without cost and drawings) as a whole should be attached. Either the Annexes or the appropriate section in the ESMP should be cross-referred in the description of this item.
 - b. *Modifications/additions to the technical specifications* - Due to the mitigation/enhancement measures included in the ESMP, there may be (a) additions/alterations required to the applicable specifications and/or (b) there may be a need to add new specification/s. These are to be referred in the section on “Supplementary Specifications” in the Technical Specifications Volume of the bid document. However, changes and additions to these specifications may be made through the inclusion of a section “Supplementary Specifications.” This section should also include additional technical specifications related to the ESMP or should provide a cross-reference to the specific section of the ESMP.
 - c. *Cost table* - All the items in the ESMP cost table relevant to the contractor have to be referred in the Bill of Quantities (BoQ) table, which is a separate volume of the bid documents. It is to be noted that the BoQ table in the bid document includes the various

tasks to be done by the contractor under difference environmental and social risks and impacts rating. Against each task, the contractor will have to indicate a unit rate while completing the bid documents.

- d. *Drawings* - All ESMP drawings are to be reflected in the “Drawings” volume of the Bid document. If the drawings are included in the ESMP, then a cross-reference should be provided in the Drawings Volume.

Developing the ESMP to suit the bid/contract document

4. As one of the intentions is to integrate the ESMP requirements into the bid documents/contract Agreement, the ESMP should be developed keeping the following in mind:
 - a. *Mitigation/enhancement measures*: In the Mitigation/Enhancement Measure table, the text describing each measure should not include/repeat what is already covered under the technical specification/s, and this should only be cross-referenced. The text should be short, clear and succinct. The description should focus on ‘what’ and ‘where’ of the mitigation / enhancement measure as the ‘how’ of the measure is covered under the specification.
 - b. *Monitoring requirements table*: There are certain monitoring requirements for the contractor. While developing the Monitoring Requirement table, those that pertain to the contractor should be clearly mentioned.
 - c. *Technical specifications*: The modifications to the specifications and the additional specifications should be separately listed. These should be included as an Annex in the ESMP. The (added or modified) technical specifications should be adequately detailed to avoid problems (including that of interpretations) at site.
 - d. *Drawings*: The modifications to the drawings and the additional drawings should be included as an Annex in the ESMP. It is important to note that all drawings included/ added should be ‘execution drawings’ detailed as per requirement of the particular item so as to execute at site with adequate quality control and workmanship. Also, it is important to note that the quality of BoQ [or cost estimate] and technical specifications part of the contract document depends on the degree of detailing in the drawings.
 - e. *Cost table*: The items pertaining to the contractor should be clearly separated from the expenditures that are to be incurred by the MoH, supervision consultant and/or any other agency/organization.
 - f. *Timing for finalizing ESMP*: It is best to finalize the ESMP before the finalizing the bid documents. This is required to fully reflect the sections of the ESMP relevant to the contractor in the bid document and to ensure its proper integration.

Other Notes

Once the completed bids have been received from prospective contractors, the MoH takes a decision based on the costs and the technical merit of the bids. Following the decision, the implementing agency and the chosen contractor sign and countersign the completed bid documents. It becomes the contract agreement thereafter. If issues have been missed in the bid documents, it cannot be amended at the time of signing the contract agreement stage unless there is a really strong justification for the same. If there is an ESMP cost item that is not reflected in the BoQ of the signed contract agreement, the supervision consultant/engineer may issue a variation order, if such case has merit. Contractor will quote a rate and

the task gets done. This issue of variation orders is a standard practice and can be used, if found necessary. However, the intent of the good contracting practices should be to minimize variation orders and therefore ESMP should be carefully prepared and integrated in the bid document.

ANNEX 5 – Contingency Emergency Response Component (CERC)

The Contingent Emergency Response Component (CERC) enables the project to provide a swift response in the event of an Eligible Crisis or Emergency.¹ This is done by redirecting a portion of the undisbursed project resources, from other components of the project to address immediate post-crisis and emergency financing needs (World Bank, 2017). The implementing agency for the CERC will be the Project-PIU.

In the event of an emergency, it is not anticipated that a reallocation of project funds will cause serious disruption to project implementation. The CERC is activated without needing to first restructure the original project, thus facilitating rapid implementation. Once the requirements for activating the CERC are met, uncommitted funds from the project are reallocated to the CERC and made available for crisis or emergency response. To facilitate a rapid response, formal restructuring is deferred to within three months after the CERC is activated.

Activities under this Component will be governed by the World Bank Directive *Contingent Emergency Response Components (CERC)* (October 2017) (World Bank, 2017). Disbursement of emergency financing under the CERC will be contingent upon:

- a) the recipient establishing a nexus between the disaster event and the need to access funds to support recovery and reconstruction activities (an “eligible event”); and
- b) submission to and no objection granted by the World Bank of an Emergency Action Plan (EAP). The EAP will include a list of activities, procurement methodology and safeguards procedures.

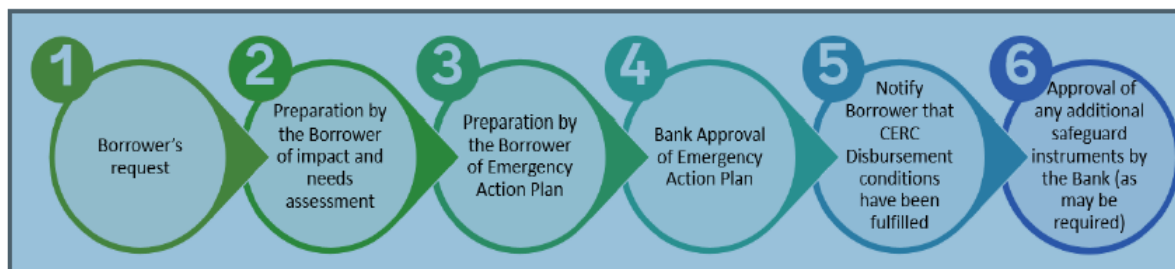
The preparation of the Emergency Action Plan (EAP) will have to take into consideration the current ESMF and any additional safeguard instruments. The additional safeguard instruments will require World Bank approval prior to commencement of activities. Importantly, the EAP will need to include procedures for:

- Consultation and disclosure;
- Integration of mitigation measures and performance standards into contracts; and
- Supervision/monitoring and reporting measures to ensure compliance.

Activating the CERC.

The sequence for activation of the CERC includes the following steps as outlined in the figure below:

¹ This is an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact associated with natural or man-made crises or disasters, (OP/BP 8.00, *Rapid Response to Crises and Emergencies.*)



CERC activation sequence

The formal restructuring of the original project is not a pre-requisite for activating a CERC (World Bank, 2017).

Environmental and Social Standards (ESSs)

All activities financed through the CERC are subject to World Bank ESSs. The CERC will rely as much as possible on the original Project’s social and environmental assessments and safeguard instruments, ensuring that as much as possible is known regarding risks and management measures in anticipation of an emergency response.

The EAP will require consideration of safeguard implications for any proposed emergency supplies procurement or reconstruction activities. The World Bank, through the no objection process, will closely examine the nature of the proposed activities, particularly those involving civil works, to ensure that:

- i. they are not prohibited under the negative list and
- ii. the recipient is aware of the required safeguard compliance documentation before initiating the process by which the proposed works will be prepared and implemented.

Emergency activities financed under the CERC will involve financing provision of critical goods or emergency recovery and reconstruction works and it is likely these will fall into the “Moderate Risk” or “Low Risk” Category. Activities that fall under “Low Risk” could involve procurement of emergency supplies such as medicine and water and do not require the application of safeguard instruments, post-screening or assessment. Other emergency supplies, such as fuel products, will require safeguard instruments (such as Environmental Codes of Practice or EMPs) to ensure procurement, storage and dispensing procedures are adequate.

The implementing agency, i.e., the Project - PIU will have to consider the following safeguards elements of the CERC before commencement of implementation:

- a) Confirming which activities can proceed on the basis of the provisions of the CERC-ESMF, with no additional environmental or social assessment, and which ones require assessment (and at what level) prior to being initiated.
- b) Rapidly assessing the environmental and social baseline of the planned CERC activities and locations based on readily available information.
- c) Determining the sequencing and implementation plan for:

- Mobilizing technical assistance and funding to prepare any additional safeguard instruments, e.g., Environmental and Social Management Plan, Resettlement Action Plan, etc.
- Preparing the safeguards instruments and carrying out their Bank review, revisions, clearance, and approval.
- Consultations and disclosure.
- Establishing roles and responsibilities for safeguards implementation, and monitoring.
- Estimating the costs for safeguards preparation and implementation.

In order to ensure that CERC sub-project activities comply with the requirements of the Bank's environmental and social framework, a positive and negative list has been developed to provide guidance on critical supplies and/or for emergency works, goods or services which may be eligible for financing.

4.6.3 CERC Negative List

Sub-projects with the following potential impacts will not be eligible for financing under the CERC component or the parent project:

- cause, or have the potential to result in, permanent and/or significant damage to nonreplicable cultural property, irreplaceable cultural relics, historical buildings and/or archaeological sites;
- will negatively affect rare or endangered species;
- do not meet minimum design standards with poor design or construction quality, particularly if located in the Health Care Centers;
- Involve sand mining or land reclamation;
- Require a higher proportion of funding than is available;
- Require acquisition of land and physical or economic displacement of people;
- Block the access to or use of land, water points and other livelihood resources used by others; and
- Encroach onto fragile ecosystems, marginal lands or important natural habitats (e.g. ecologically-sensitive ecosystems; protected areas; natural habitat areas, forests and forest reserves, wetlands, national parks or game reserve; any other environmentally sensitive areas).

4.6.4 CERC Positive List

The purpose of the positive list is to indicate the types of critical supplies and emergency works following a loss and needs assessment that would be acceptable to the Bank to be financed under this CERC. Project

funds allocated to the CERC Disbursement Category may be used to finance any expenditure that is consistent with the Framework Agreement (FA) provisions.

The following sub-projects or activities will be deemed eligible under the CERC:

a) Critical Supplies:

Eligible expenditures on critical supplies required by the public/private sectors under the CERC include:

- Construction materials, equipment and industrial machinery.
- Water, air, land transport equipment, including spare parts.
- Purchase of petroleum and other fuel products.
- Any other item agreed to between the World Bank and the Recipient (as documented in an Aide-Memoire or other appropriate Project document).

b) Emergency Sub-projects:

Eligible expenditures for emergency sub-projects initiated following the Declaration of a National Emergency/Disaster in response to damage, losses and needs caused by an event are as follows:

- Repair or reconstruction of streets, roads, bridges, transportation and other infrastructure;
- Reestablishment of communications infrastructure;
- Reestablishment of drainage systems;
- Removal and disposal of debris associated with any eligible activity;
- Stabilization of heavy erosion or unstable embankments and slopes;
- Replacement of vegetation destroyed by the event using native (not invasive) species;
- repair/mitigate damage caused by the event to a protected area or buffer zone (such as mangroves).

4.6.5 Monitoring and Evaluation.

In crisis/emergency response projects, effective monitoring is essential for providing performance feedback during implementation, and data on results are vital for learning and managing post-disaster recovery and reconstruction efforts. However, in such a situation, monitoring and evaluation is often severely constrained by many factors. The following monitoring modalities will be applicable for this project:

i. ***Data for M&E.***

As CERCs are event-driven and rapidly mobilized, M&E rely mainly on secondary data and qualitative information that is easily obtainable, such as from social assessments. Thus, the Project will target the

collection of secondary data. Primary data collection may be used in selected situations when resources and time permit.

ii. ***Implementation monitoring***

This will focus on planned vs. actual types, numbers, locations, costs, and starting/completion times of activities undertaken.

iii. ***Performance monitoring***

Performance monitoring will rely on:

- field visits by the staff of the implementing agency,
- reports from supervision consultants,
- meetings with beneficiaries and local communities, and,
- where deemed necessary, technical inspections by third parties of selected CERC-financed activities.

ANNEX 6 – Archaeological Chance Finds Procedure

1.0 INTRODUCTION

The purpose of the Archaeological Chance Finds Procedure is to address the possibility of archaeological deposits, finds and features becoming exposed during earthmoving and ground altering activities that will be associated with the Project and to provide procedures to follow in the event of a chance archaeological find.

The objectives of these procedures are to identify and promote the preservation and recording of any archaeological material that may be discovered and notify the relevant authority and the EEA to resolve any archaeological issue that may arise.

2.0 ARCHAEOLOGICAL CHANCE FINDS PROCEDURE

During the project induction meeting/training, all contractors/construction teams will be made aware of the need to be on the lookout for objects of archaeological interest as they carry out their earthmoving and excavation activities.

Generally, the following procedure is to be executed in the event that archaeological material is discovered:

- All construction activity in the vicinity of the find/feature/site will cease immediately.
- The discovered find/ feature/ site will be delineated immediately.
- Record the find location, and make sure all remains are left in place.
- Secure the area to prevent any damage or loss of removable objects.
- Contact, inform and notify the EEA immediately.
- The Authorities so notified will avail an archaeologist.
- The archaeologist will assess record and photograph the find/feature/ site.
- The archaeologist will undertake the inspection process in accordance with all project health and safety protocols under direction of the EEA.
- In consultation with the EEA authorities, the Archaeologist will determine the appropriate course of action to take.
- Finds retrieval strategy: All investigation of archaeological soils will be undertaken by hand, all finds, osteological remains and samples will be kept and submitted to the National Museum as required. In the event that any artefacts need to be conserved, the relevant license will be sought from the EEA.
- An on-site office and finds storage area will be provided, allowing storage of any artefacts or other archaeological material recovered during the monitoring process.
- In the case of human remains, in addition to the above, the Local Leadership will be contacted and the guidelines for the treatment of human remains will be adhered to. If skeletal remains are identified, an osteoarcheologist will be available to examine the remains.
- Conservation: A conservator should be made available to the project, if required.
- The on-site archaeologist will complete a report on the findings as part of the licensing agreement in place with the EEA.

- Once authorization has been given by the responsible statutory authorities, the client will be informed when works can resume.

ANNEX 7- LABOR MANAGEMENT PLAN

List of Abbreviations

CoC	Code of Conduct
CMAC	Conciliation, Mediation and Arbitration Commission
EHO	Environmental Health Office
ESMF	Environmental and Social Management Framework
GBV	Gender Based Violence
GOs	Eswatini Government General Orders
GRM	Grievance Redress Mechanism
HCWM	Healthcare Waste Management
HIRA	Hazard Identification and Risk Assessment
ICWMP	Infection Control and Medical Waste Management Plan
ILO	The International Labour Organization
LMP	Labour Management Procedures
MCH	Maternal Child Health
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
NCDs	Non-Communicable Diseases
OH&S	Occupational Health and Safety
PIU	Project Implementation Unit
PMT	Project Management Unit
SEA	Sexual Exploitation and Assault
SHE	Safety, Health and Environment
SHEQ	Safety, Health, Environment and Quality

1. INTRODUCTION

This Labour Management Procedures (LMP) was developed by the Eswatini Ministry of Health to manage risks under the *Health System Strengthening for Human Capital Development in Eswatini Project* (P168564) funded by the World Bank.

Project Development Objective (PDO). The PDO is to improve the coverage and quality of key reproductive, maternal, neonatal, child and adolescent health (RMNCAH)², nutrition and NCD services (hypertension and diabetes) in Eswatini.

Currently, the key challenges facing the health sector include: 1) The current system is not aligned with population health needs and related health service needs. Patient satisfaction is low. (2) The sector is overcentralized and fragmented, with weak institutions, policy and health financing instruments. (3) Service delivery has been dominated by communicable disease programs, skewed to higher levels of care, and focus on access rather than service organization for quality and efficiency. (4) The workforce is not aligned with health service needs and modernization efforts due to institutional rigidities and capacity in HR planning, training, and performance management. (5) The upgrade and scale-up of tools to improve service coverage, quality and efficiency requires further technical support and funding.

The new project will support the MOH and the Government of Eswatini (GOE) to MOH and the GOE to (a) progress with the implementation of NHSSP II (2019–23), which promises all Emaswati UHC,³ (b) improve service delivery, and (c) advance Eswatini’s human capital agenda,⁴ including through the health and nutrition components of the HCI and cross-sectoral engagement. The project will complement and support significant government investments in these areas.

Project Summary: To address key sector challenges and support the achievement of the PDO, the proposed project would be financed by an IBRD loan of US\$20 million, using an Investment Project Financing (IPF) instrument, over a five-year period. The project will focus on strengthening the health system and ramping up investments in RMNCAH services as well as nutrition and NCDs (hypertension and diabetes) to address critical human capital challenges, including stunting and child and adult mortality, applying a life course approach. The project includes the following components.

Component 1: Improve the Coverage and Quality of Health Services to Build Human Capital

To build and maintain human capital, Component 1 will focus on: (1) improving the coverage and quality of an expanded package of Primary Health Care services; and (2) increasing the quality of

² RMNCAH is a package of services that is managed by the MOH Sexual Reproductive Health Unit.

³ “to build an efficient, equitable, client-centered health system for accelerated attainment of the highest standard of health for all people in Eswatini.”

⁴ Linked to the sectoral objectives of the Vision 2022 and the related Eswatini Strategic Road Map (2019-2023)

secondary and tertiary-level care. At both levels of care, the focus will be on RMNCAH-N and non-communicable diseases (NCDs).

Component 2: Investing in Quality and People-centered Health Systems

People-centered health systems are defined as systems where people are both participants and beneficiaries of trusted health systems that provide high-quality care and respond to their needs during their life-course. Component 2 will focus on solidifying the foundations of a quality and people-centered health system with greater integration through: (1) investing in tools and capital infrastructure to improve service quality and coverage; and (2) supporting the capacity of the MOH and regions for quality service delivery.

Under this component, the Investments in Infrastructure will be directed at maximizing opportunities for integration, efficiency and streamlined delivery of support for health facilities. The project will finance the construction of an integrated Operations Centre at the Central Medical Store (CMS) premises; which will include; (1) a call center (to service all units); (2) office space for the integrated medical supply chain unit (to be managed by CMS); (3) medical equipment maintenance workshop (to be managed by Biomed); and (4) office space for information technology (IT) support and a data warehouse (to be managed by HMIS). Given that all three entities are servicing the same health facilities, this Operations Centre will allow effective support to health facilities by timely responding to equipment down-time notifications, drug ordering requests, and hardware repair or IT support requests submitted by facilities. The design will be prepared in a way to contribute to climate co-benefits, including use of energy efficient and sustainable technologies (e.g. solar panel, insulation, refrigeration system, led lighting, etc.).

The project will finance upgrading the fleet (i.e. larger trucks that have capacity to pool drugs, commodities, medical and IT equipment) to allow for more efficient use of vehicles as the units will be able to coordinate routes through a joint fleet management system. Improved fleet management and distribution means more efficient use of fuel and reduced carbon emission, therefore a contribution to climate co-benefits.

Integration aims to achieve efficiencies in warehousing, distribution and inventory management of essential medicines, commodities, IT, and medical equipment service capacity. An integrated Operations Center has important benefits for the government and the population at large (derived from economies of scope and scale); notably, savings on leased space, reduced staffing costs, and efficiencies in the distribution of health products.

Last, in the area of environmental health, the project will support the provision of TA on facility sanitation options for selected six sites, of which two health facilities will benefit from introducing sanitation solutions. Further, the project will provide TA to prepare an assessment with options and recommendation for a centralized health care waste management (HCWM) solution. These

activities will reduce biohazards related to the health facilities and contribute to environmental safety.

Component 3: Project Management and Evaluation

To ensure effective and efficient implementation, the project will support the MOH with fiduciary aspects (financial management and procurement), project evaluation, and environmental and social safeguards. This component will ensure the timely management of procurement of goods and services, financial reporting and audits, consistent and quality data flows for the Results Framework and operational research purposes, compliance with environmental and social requirements and the Environmental and Social Commitment Plan (ESCP). This component will support the functions of the Project Implementation Unit (PIU) which will move toward integrated project management. The component will also support the relevant functions of the inter-ministerial technical committee and the inter-ministerial policy advisory group as they relate to the implementation of the project.

Component 4. Contingent Emergency Response (CERC). The CERC is included under the project in accordance with Bank Policy: Investment Project Financing (paragraphs 12-13), for situations of urgent need of assistance. This will allow for rapid reallocation of project proceeds in the event of a future natural or man-made disaster or crisis.

2. OVERVIEW OF LABOUR USE IN THE PROJECT

The Eswatini Health Systems Strengthening project seeks to improve the quality and efficiency of health service delivery, with a focus on MCH and NCDs. It covers all four regions of the country.

The implementation of the project will involve engagement of health care workers in the MoH and its related agencies as well for the rehabilitation of the health facilities including their sanitation. The project workers may vary from skilled, semi-skilled and unskilled labor. The skilled and semi- skilled may come from within the country or outside the country but the unskilled will be hired from within the country and preferably from the host communities of the project.

The LMP applies to all Project workers whether full-time, part-time, temporary, seasonal or migrant workers. The LMP is applicable, as per ESS2 to the Project in the following manner:⁵

1. People employed or engaged directly by Eswatini Ministry of Health to work specifically on the Project, including healthcare workers within hospitals and healthcare facilities supported under the project;⁶

⁵ The project will not engage community labor or security forces. Government civil servants, who may provide support to the Project, will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement.

⁶ Eswatini Ministry of Health staff, including Project staff and consultants, will remain subject to the terms and conditions of currently in place laws of Eswatini. These conditions are outlined in the LMP.

2. People employed or engaged by contractors to perform work related to core function of the project, regardless of location;
3. People employed or engaged by the Eswatini Ministry of Health primary suppliers.

The Eswatini Ministry of Health will establish a Project Implementing Unit that will be integrated into the operations of the Ministry, to oversee the Project. The project will be implemented by the MOH with support of an agile Project Implementation Unit (PIU). To enhance coordination and ownership, the PIU will be housed within the MOH and integrated in the MOH's operational and management structure. The PIU will report to the Principal Secretary (PS).

The primary functions of the PIU will be to coordinate effective implementation of the project and serve as the vehicle for capacity building and skills transfer to MOH staff in the areas of Financial Management (FM), Procurement, Environmental and Social (E&S) Risk Management, and M&E. The PIU will consist of at least seven full time MOH staff (Project Coordinator, Financial Controller, Principal Accountant, Senior Procurement Officer, M&E Officer, E&S Officers, and Secretary) and seven technical staff to be hired under the project (i.e. Human Capital Liaison (1), Senior FM Specialist (1), Procurement Officer (1), Senior Evaluation Officer (1), E&S Officers (2), and Oversight Project Engineer (1)). The technical support on FM and M&E is for the duration of the project. The Human Capital Liaison would support the MOH for the first 24 months of the operation; a critical time for cross-sectoral coordination and operational planning. The Liaison will provide interface between the key human capital components, assuring cohesion with education, social protection and health.

For Procurement and E&S, support is anticipated to be for the first 18-24 months of project implementation to accelerate implementation and provide sustainable knowledge transfer to MOH staff. To support the environmental and social development agendas in a sustainable manner, E&S will be integrated at the regional and community levels, using the existing platforms and cadres (e.g. Regional Health Inspectors, Community Health Volunteers, Social Accountability Officers). The PIU will be headed by a Project Coordinator, who will facilitate integrated implementation between project components and the activities of the MOH. The Project Coordinator will support harmonized policy, strategy, and operational processes that span departments/functional areas.

Number of Project Workers:

The specific number of project workers will be determined by the construction companies. However, the estimated workers will include:

Biomed Workshop Refurbishment

- Project manager - 1
- Clerk of works - 1
- Site Foreman - 1
- Electrician - 1

- Brick/Block Layer - 4
- Plumber - 1
- Carpenter – 2
- Laborers - 6

Waste Water Treatment Facility Construction

- Managerial Level - 4
- Technical Staff - 7
- Skilled Staff – 12
- Laborers – 15

Health Care Waste Treatment Facility Construction

- Site Manager
- Clerk of Works
- Technicians
- Brick/Block Layers
- Heavy plant Operator
- Laborers

At the national level, the MoH/EHD will designate a national focal person(s) to coordinate, manage and monitor all environmental and social risks in the health sector, including HCWM and risks to health care workers and the public. The designated focal person(s) will liaise with the PIU on matters related to this project.

In terms of labor requirements, the MoH and/or contractors engaged by MoH, will identify relevant staff needs as per the components of the project as specific activities are identified and clarified. This LMP will be updated accordingly. Currently, the following labor needs are identified as reflected below:

Labour Requirements: Incinerator Staff (Mbabane - Matsapha) Corridor

Based on prior experience, the Eswatini Ministry of Health estimates that two incinerator personnel would be required under this component of the Project. At least two of the incinerator operators that are currently working for the referral hospital can be utilized, although they are not formally employed as incinerator operators, but are orderlies trained on the job.

The location of the incinerator is not yet clear and will be determined during project implementation. However, this does not affect the employment of the incinerator operators as required.

Labour Requirements: Construction of Integrated Operation Center

The project will cater for the construction of an integrated Operations Centre to house the medical supply chain unit (managed by the CMS), a medical equipment maintenance workshop (managed by Biomed), and a data warehouse for information technology (IT) support (managed by the Health Management Information System unit [HMIS]). Given that the entities are servicing the same health facilities, this Integrated Operations Centre will allow effective and efficient support to health facilities by timely response to equipment downtime notifications, drug ordering requests, and hardware repair or IT support requests submitted by facilities.

The Biomed services have to be decentralized to the two regions, in order to improve service delivery. The construction company will be procured through a tendering process.

Eswatini Ministry of Health estimates that a number of construction workers will be involved through engagement of contractors for the construction of the Integrated Operation Center.

Labour Requirements: Rehabilitation of Health Facilities and Clinics

The project includes rehabilitation of health facilities. Rehabilitation works will include rehabilitation of existing sanitation systems/waste water treatment and health care waste disposal facilities such as waste skips for general waste that will be placed at existing health facilities to support collection by the local municipalities/councils. It will also include storage facilities for health care waste to be built on clinic sites entailing very minor construction works.

The Eswatini Ministry of Health has identified six facilities for the Waste Water Management sub-project and of these only two priority facilities will be selected for this project:

- Matsanjeni Health Centre
- Mankayane Hospital
- Dvokolwako Health Centre
- Mkhuzweni Health Centre
- Good Shepherd Hospital
- Sithobela Health Centre

Labour Requirements: Operation of Health Facilities and Clinics

The project includes support for the operation of health facilities through the deployment and operation of biomedical equipment and supplies for hygiene and sanitation to supplement COVID-19 healthcare readiness in hospitals and health facilities, including patient monitors, ICU beds, oxygen concentrators, waste skips, and disinfectant. Healthcare services to deploy this biomedical equipment and supplies will be conducted by healthcare workers at hospitals and healthcare facilities.

The hospitals and facilities where this equipment will be deployed include: Lubombo referral hospital designated for the treatment of covid-19 patients, Mbabane government hospital, Pigg'sPeak government hospital, Mankayane government hospital, TB government hospital and various Health Centres and community clinics in the four regions.

These facilities are staffed by an estimated 4778 healthcare workers, including: medical doctors, nurses, allied health workers and administration staff, and cleaners and/or and medical waste handlers.

3. ASSESSMENT OF KEY POTENTIAL LABOUR RISKS

The main labour risks associated with the project are assessed to be related to worker health and safety due to health and safety risks to healthcare workers and the potentially hazardous work environment and the associated risk of accidents for construction works. The MOH has developed this LMP as part of the ESMF which will illustrate the types of workers to be engaged and their management in line with ESS2 and national labour laws and regulations. Even though labour influx is not anticipated, social impacts such as GBV, sexual exploitation and communicable diseases for local communities cannot be ruled out. Prior to construction of the sanitation systems, a GBV risk assessment using Bank's GBV risk screening tool was conducted and found to be moderate for this project. Management and mitigation of GBV/SEA risks were integrated in both the stakeholder engagement and LMP.

The ESMP will include labour related clauses, GBV risk management measures and preventive health measures. The contractors' contracts will include specific clauses prioritizing recruitment of unskilled local labour and will take into account social and environmental mitigation measures (making reference to the ESMPs and the WBG EHSs). Any civil works contracts will include the EHSs, GIIP, and industry standard Codes of Conduct that address OHS risks and include measures to prevent GBV/SEA. The LMP also includes guidance on the worker specific GRM (for direct and contract workers).

Based on current conditions in the sector, it is assessed that the risk of child or forced labour is negligible, and already managed through national legislation and Eswatini Government General Orders (GOs).

Community Health and Safety: While the anticipated construction works (rehabilitation of waste water facilities, sanitation) has a small footprint, the MOH will consider the incremental risks of the public's health and safety and potential exposure to operational accidents. As there might be minimal construction works, labour influx is not anticipated, the Project ESMF as well as the

LMP includes clauses to avoid, minimize, manage and mitigate any SEA and GBV risks. Additionally, the MOH recognises its responsibility to monitor Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risk throughout the project cycle.

Should there be any rehabilitation of waste management and sanitation facilities, these may expose neighbouring communities to noise and dust pollution, increased traffic and road accidents (if there is unusual movement of transport of materials). However, the ESMF and its associated ESMP, will provide guidance on how impacts on the community will be managed. While the construction works will take place in an existing footprint, the MOH will pursue preventative safety measures through risk assessment and strive to reduce occupational accidents on a continual basis.

Labour Influx: The Project footprint is relatively small and not likely to engage a significant amount of labour. The majority of labour will be already existing health workers in health facilities with the exception of skilled local contract workers who might be required for the rehabilitation of the sanitation systems at the six selected health facilities. Hence, labour camps are not anticipated. The Eswatini Ministry of Health's existing operational procedure is to mandate and localize the economic benefits and only allow for outside, including expatriate labour where there is a requirement for special skills. External workers, which will be few in number, will be accommodated at existing housing in the area which has been prior practice by the Eswatini Ministry of Health in similar projects.

4. OVERVIEW OF LABOUR LEGISLATION: TERMS AND CONDITIONS

There are three main pieces of legislation in Eswatini which regulate the terms and conditions of employment, namely: The Employment Act 5, 1980; The Industrial Relations Act 2000 (as amended); and the Wages Act 16, 1964. For all civil servants, the code of conduct is enshrined in the Eswatini General Orders of April 1973, the Civil Service regulations Act, Occupational Health and Safety Act of 2001, Public Service Act 1963 and the Public Health Act of 1969.

The Employment Act provides for the basic conditions of employment with a view of improving the status of employees in Eswatini. The Act makes it mandatory for employers to furnish employees with written particulars of employment stating hours of work, wages, leave entitlements, job description, grievance procedure, benefits if any, etc. It further mandates the Ministry responsible to issue Wage Regulations on a regular basis which deal with worker's terms and conditions for each particular industry. It is in this legislation where you will find provisions regulating;

- Contracts of employment
- Leave entitlements, i.e., annual leave, sick leave, maternity leave and compassionate leave
- The protection of wages (prohibition against unlawful deductions)

- Retrenchment procedures
- Fair and unfair reasons for termination of employment

The Industrial Relations Act 2000 (as amended) is the main Act which provides for the collective negotiation of terms and conditions of employment in the workplace (i.e., negotiations between employers and trade unions, and the dispute resolution mechanism). There are three specialized forums for dealing specifically with labor issues in Eswatini: The Conciliation Mediation and Arbitration Commission (CMAC), The Industrial Court and the Industrial Court of Appeal.

The Wages Act 16, 1980, deals specifically with the minimum wages and basic terms and conditions of employment in virtually all sections of economic activity in Eswatini, be it in retail, manufacturing, agriculture or building and construction industry. Eswatini Ministry of Health requires Contractors to comply with the most current Wages Regulations Order for Building and Construction as issued by the Minister from time to time.

The Public Service Act of 1963 (part V) deals with all disciplinary control and proceedings for Civil Servants. The Public Health Act, 1969 provides for the establishment of processes to ensure public health at all phases of a project. It also provides for steps to take should there be any incident from the project affecting the public and lays out responsibilities for actions to be taken. The Occupational Health and Safety Act 2001, is an Act to provide for the safety and health of persons at work and at the workplace and for the protection of persons other than persons at the workplace against hazards to safety and health arising out of or in connection with the activities of persons in the workplace and to provide for other matters incidental thereto.

5. OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health and Safety Act 9, 2001 provides for the safety and health of persons at work and at the workplace and for the protection of persons other than persons at the workplace against hazards to safety and health arising out of, or in connection with, the activities of persons in the workplace and to provide for other matters incidental thereto. This Act obligates the employer to ensure the safety and health of all its employees, and also to mitigate risks of exposure to any hazards in the workplace. The legislation makes it mandatory for employers to provide personal protective clothing or equipment to employees exposed to wet, dusty, noisy or any conditions that might expose the employees to harsh or dangerous conditions. Employees are to be trained to perform their work in order to avoid exposure to danger or injury and to be informed of any known hazards or diseases. The Eswatini Ministry of Health is committed to:

1. Complying with legislation and other applicable requirements which relate to the company's occupational health and safety hazards.
2. Enabling active participation in OH&S risks elimination through promotion of appropriate skills, knowledge and attitudes towards hazards.

3. Continually improving the OH&S management system and performance.
4. Communicating this policy statement to all persons working under the control of Eswatini Ministry of Health with emphasis on individual OH&S responsibilities.
5. Availing this policy statement to all interested parties at all MoH facilities and sites.⁷

Under current Occupational Health and Safety Act (2001), any contractor is required to have at least one Safety, Health and Environmental Representative for the workplace or a section of the workplace for an agreed period in accordance with Section 14 of the Eswatini Occupational Safety and Health Act (2001). At a minimum, the Representative must:

- a) Identify potential hazards;
- b) In collaboration with the employer, investigate the cause of accidents at the workplace;
- c) Inspect the workplace including plant, machinery, substance, with a view to ascertaining the safety and health of employees provided that the employer is informed about the purpose of the inspection;
- d) Accompany an inspector whilst that inspector is carrying out the inspector's duties in the workplace;
- e) Attend meetings of the safety and health committee to which that safety and health representative is a member;
- f) Subject to (g), make recommendations to the employer in respect of safety and health matters affecting employees, through a safety and health committee; and
- g) Where there is no safety and health committee, the safety and health representatives shall make recommendations directly to the employer in respect of any safety and health matters affecting the employees.

Eswatini Ministry of Health further has specific requirements related to first aid provisions. The required provisions are set out in Appendix 3 and 4 of this document. In accordance with these provisions, and to avoid work related accidents and injuries, the contractor will:

- Provide occupational health and safety training to all employees involved in works. Provide protective masks, helmet, overall and safety shoes, and safety goggles, as appropriate.
- Provide workers in high noise areas with earplugs or earmuffs.
- Ensure availability of first aid box.
- Provide employees with access to toilets and potable drinking water.

⁷ ESWATINI MINISTRY OF HEALTH's S-S-SH-D-01_Occupational Health and Safety Policy Statement (1)

- Provide safety and occupational safety measures to workers with Personal Protection Equipment PPE when installing pumps to prevent accidents during replacement and installation and follow safety measures in installing submersible pump and cleaning the raiser pipes.
- Properly dispose of solid waste at designated permitted sites at the landfill allocated by the local authorities and cleaning funds; and attach the receipt of waste from the relevant landfill authority.
- Carry out all procedures to prevent leakage of generator oil into the site.
- Ensure that the head of the well is covered tightly.
- Provide secondary tank for oil and grease to avoid spills.

Further to enforcing the compliance of environmental management, contractors are responsible and liable of safety of site equipment, labors and daily workers attending to the construction site and safety of citizens for each subproject with the work they do.

Responsible Staff and Procedures

The overview of responsible staff and oversight mechanisms will be described in further detail in the Project ESMP which is currently being drafted.

The Eswatini Ministry of Health's Project Management Unit has the overall responsibility to oversee all aspects of the implementation of the LMP, in particular to ensure contractor compliance. The Eswatini Ministry of Health will address all LMP aspects as part of procurement for works as well as during contractor induction. The contractor is subsequently responsible for management of labor issues in accordance with contract specific Labor Management Plans, implementation of which will be supervised by the Eswatini Ministry of Health's Project Management Unit on a monthly basis or at shorter intervals as defined by specific Plans. The detailed approach is described in the following sections.

Healthcare Worker Occupational Health and Safety.

The Ministry must deploy one Environmental Health Officer in each regional hospital, amongst his/ her responsibilities will be to ensure the implementation and compliance to occupational health and safety requirements. The healthcare facilities must formulate comprehensive OHS programs, establish safety representatives for day-to-day monitoring of safety requirements, recording and reporting all incidents accordingly to the Ministry.

Healthcare Worker Labor and Working Conditions.

Government civil servants, who may provide support to the Project, will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement

(General Orders). In addition to these the Coronavirus (COVID – 19) regulations 2020 will also apply. This is detailed in the Overview of Labour Legislation in number 4 above.

Contractors Occupational Health and Safety. Contractors must engage a minimum of one safety representative. Smaller contracts may permit for the safety representative to carry out other assignments as well. The safety representative ensures the day-to-day compliance with specified safety measures and records of any incidents. Minor incidents are reported to the Eswatini Ministry of Health on a monthly basis; serious incidents are reported immediately. Minor incidents are reflected in the quarterly reports to the World Bank; major issues are flagged to the World Bank immediately.

Contractor Labor and Working Conditions. Contractors will keep records in accordance with specifications set out in this LMP. The Eswatini Ministry of Health may at any time require records to ensure that labor conditions are met. The Project Management Unit will review records against actuals at a minimum on a monthly basis and can require immediate remedial actions if warranted. A summary of issues and remedial actions will be included in quarterly reports to the World Bank.

Worker Grievances. The Eswatini Ministry of Health’s procedures currently in place will remain for Project staff. Contractors will be required to present a worker grievance redress mechanism which responds to the minimum requirements in this LMP. The Project Management Unit’s Social Officer will review records on a monthly basis. Where worker concerns are not resolved, the national system will be used as set out in the section, but the Project Management Unit will keep abreast of resolutions and reflect them in quarterly reports to the World Bank.

Additional Training. Contractors are required to, at all times, have a qualified safety officer on board. If training is required, this will be the contractor’s responsibility. The safety officer will provide instructions to contractor staff. Eswatini Ministry of Health will procure for training to address risks associated with labor influx and will provide a schedule for trainings required. The contractor will be obligated to make staff available for this training, as well as any additional mandatory trainings required by Eswatini Ministry of Health, as specified by the contract.

6. POLICIES AND PROCEDURES

Most environmental and social impacts of subprojects resulting from activities directly under the control of contractors will be mitigated directly by the same contractors. As a consequence, ensuring that contractors effectively mitigate project activities related impacts is the core of the Project’s approach. The Eswatini Ministry of Health will incorporate standardized environmental and social clauses in the tender and contract documents in order for potential bidders to be aware of environmental and social performance requirements that will be expected from them and are able to reflect that in their bids and required to implement the clauses for the duration

of the contract. The Eswatini Ministry of Health will enforce compliance by contractors with these clauses.

As a core contractual requirement, the contractor is required to ensure all documentation related to environmental and social management, including the LMP, is available for inspection at any time by the Eswatini Ministry of Health or the Eswatini Ministry of Health appointed agents. The contractual arrangements with each project worker must be clearly defined in accordance with Eswatini law. A full set of contractual requirements related to environmental and social risk and impact management will be provided in the Projects' Environmental and Social Impact Assessment. All environmental and social requirements will be included in the bidding documents and contracts in addition to any additional clauses, which are contained, in the Projects environmental and social instruments.

Under no circumstances will the Ministry, Contractors, suppliers or sub-contractors engage forced labor. Forced labor includes bonded labor (working against an impossible debt), excessive limitations of freedom of movement, excessive notice periods, retaining the worker's identity or other government-issued documents or personal belonging, imposition of recruitment or employment fees payable at the commencement of employment, loss or delay of wages that impede the workers' right to end employment within their legal rights, substantial or inappropriate fines, physical punishment, use of security or other personnel to force or extract work from project workers, or other restrictions that compel a project worker to work on a non-voluntary basis.

Labor Influx and Gender Based Violence

Contractors will need to maintain labor relations with local communities through a code of conduct (CoC). The CoC commits all persons engaged by the contractor, including sub-contractors and suppliers, to acceptable standards of behavior. The CoC must include sanctions for non-compliance, including non-compliance with specific policies related to gender-based violence, sexual exploitation and sexual harassment (e.g., termination). The CoC should be written in plain language and signed by each worker to indicate that they have:

- Received a copy of the CoC as part of their contract;
- Had the CoC explained to them as part of induction process;
- Acknowledged that adherence to this CoC is a mandatory condition of employment;
- Understood that violations of the CoC can result in serious consequences, up to and including dismissal, or referral to legal authorities.

A copy of the CoC shall be displayed in a location easily accessible to the community and project affected people. It shall be provided in English and SiSwati.

Contractors must address the risk of gender-based violence, through:

- Mandatory training and awareness raising for the workforce about refraining from unacceptable conduct toward local community members, specifically women. Training may be repeated;
- Informing workers about national laws that make sexual harassment and gender-based violence a punishable offence which is prosecuted;
- Adopting a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence;
- Developing a system to capture gender-based violence, sexual exploitation and workplace sexual harassment related complaints/issues.

This process will be under the portfolio of the Social Standards Officer to be recruited under the PIU and shall identify and engage the relevant stakeholders on GBV and HIV and Aids related issues.

7. AGE OF EMPLOYMENT

The Country ratified both the ILO Minimum of Age Convention (C138) and the ILO Worst Forms of Child Labour Convention (C182) in 2002. It also signed the African Charter on the Rights and Welfare of the Child in 1992 but has not yet ratified it. Section 97 of the Employment Act applies minimum age protections to children working in industrial undertakings, but it does not cover children working in domestic and agricultural work. Similarly, Section 246 of the **Children's Protection and Welfare Act 6, 2012** prohibits hazardous work for children under the age of 18 in industrial undertakings, including in mining, manufacturing, and electrical work.

The minimum age of employment for this project shall be 18 years and to ensure compliance, all employees will be required to produce National Identification Cards as proof of their identity and age which is the national identification document required for employment.

If any contractor employs a person under the age of 18 years, that contractor's will not only be terminated by Eswatini Ministry of Health but also be reported to the authorities. Section 248 of the **Children's Protection and Welfare Act** states that any person who employs under age children will be liable on conviction to a minimum fine of E100, 000.00 or 5 years' imprisonment or both for a first offender. For a second offender, it is imprisonment of not less than 10 years.

8. TERMS AND CONDITIONS

As stated in section 3 of this LMP the terms and conditions of employment in Eswatini are governed by the provisions of **The Employment Act 5, 1980**. Section 22 of the Act makes it mandatory for employers to give its employees a copy of the written particulars of employment (Appendix 2), signed by both parties within six weeks of employment. This requirement however is not applicable to employees engaged for a fixed period of less than six weeks or anyone

expected to work less than 21 hours per week. For this project, contractors will be required to provide all its employees with written particular of employment, including those excluded by the provision of S.22 and casual employees.

Contractors will also be required to comply with the most current Regulation of Wages Order for the Building and Construction Industry which is issued by the Government and reviewed on a regular basis. The Wages Order specifies the minimum wages, hours of work, overtime pay, leave entitlements, travelling and subsistence allowances, and the issue of protective clothing.

Section 136 of the Act states that before a contractor is awarded a public contract, that contractor is required to certify in writing that the wages, hour and conditions of work or persons to be employed by him on the contract are not less favorable than those contained in the most current wages regulation issued by the Labour Commissioner. Where a contractor fails to comply with this requirement, Section 143 states that the contract with the contractor may be withdrawn as an approved contractor upon recommendations of the Labour Commissioner. In ensuring full compliance with the law in this regard, contractors will be required to furnish the Eswatini Ministry of Health with copies of the Written Particulars of Employment or copies of the contract of all its workforce. Contractors will not be allowed to deploy any employee to work in the project if such copy of employment of that employee has not been given to the Eswatini Ministry of Health.

As a monitoring mechanism, Section 139 of the Act provides that a contractor shall not be entitled to any payment unless he has filed, together with his claim for payment, a certificate: a) stating whether any wages due to employees are in arrears; b) stating that all employment conditions of the contract are being complied with. Section 141 authorizes the office of the Labour Commissioner to intervene if the contractor defaults in the payment of wages due to any of its employees by arranging for the payment of the wages to the employee out of the sum payable to the contractor. However, for this project, it will be a material term of the contract to allow the Eswatini Ministry of Health to withhold payment from the contractor should the contractor not fulfill their payment obligation to their workers.

Worker's Organization

The country has ratified the numerous ILO Conventions aimed at ensuring that member states protect the notion of collective bargaining. These Conventions include: ILO Convention 87 on Freedom of Association and Protection of the Right to Organize and ILO Convention 98 on the Right to Organize and Collective Bargaining. Section 32 (2) of The Constitution of Swaziland, 2005 on the Rights of Workers, guarantees all workers of their right to freely form, join or not join a trade union for the promotion and protection of the economic interest of that worker; and collective bargaining and representation. The Industrial Relations Act 2000 (as amended) was

enacted to give effect to the collective bargaining, amongst other purposes. Section 4 (c) to (e) of the act allows for the collective negotiation of terms and conditions of employment.

The Eswatini Ministry of Health provides employees with the right to join and form an organization for purpose of labor representation. Presently the Eswatini Ministry of Health has signed Recognition Agreements with the National Public Services and Allied Workers Union (NAPSAWU) and the Eswatini Nursing Association (ENA).

9. DISCIPLINARY PROCEDURES AND GRIEVANCE MECHANISM

In any working environment it is essential for both employers and employees to be fully conversant with all aspects of disciplinary processes, the grievance handling procedures and the legal requirements and rights involved. In implementing an effective dispute management system consideration must be given to the disputes resulting from the following:

- Disciplinary action
- Individual grievances
- Collective grievances and negotiation of collective grievances
- Gender-based violence, sexual exploitation and workplace sexual harassment

Disciplinary Procedure

The starting point for all disciplinary action is rules. These rules may be implied or explicit and will vary from workplace to workplace. Some rules are implied in the contract of employment (e.g. rule against stealing from the employer), however it is advisable that even implied rules be included in the disciplinary code or schedule of offences. In an organized workplace these rules ideally are negotiated with the trade union and are often included in the Recognition Agreements signed by the employer and trade union.

In terms of Clause 6 of the Code of Good Practice: Termination of Employment, these workplace rules must be:

- Valid or reasonable;
- Clear and unambiguous;
- The employee is aware, or could reasonably be aware of the rule or standard; and
- The procedure to be applied in the event the employee contravenes any of these rules

The Code of Good Practice: Resolution of Disputes at the Workplace which, in terms of S.109 of The Industrial Relations Act 2000 (as amended) at Clause 4.2, requires employers to establish a fair and effective disciplinary procedure in the workplace, which should be in line with Clause 11 (Fair Procedure). The procedure is as follows: -

- a) Conduct an investigation to determine whether there are grounds for a hearing to be held;
- b) If a hearing is to be held, the employer is to notify the employee of the allegations using a form and language that the employee can understand;
- c) The employee is to be given reasonable time to prepare for the hearing and to be represented by a fellow employee or a union representative;
- d) The employee must be given an opportunity to respond to the allegations, question the witnesses of the employer and to lead witnesses;
- e) If an employee fails to attend the hearing the employer may proceed with the hearing in the absence of the employee;
- f) The hearing must be held and concluded within a reasonable time and is to be chaired by an impartial representative;
- g) If an employee is dismissed, he/she must be given the reasons for dismissal and the right to refer the dispute concerning the fairness of the dismissal to the Conciliation, Mediation and Arbitration Commission (CMAC).

Therefore, it is incumbent upon the Contractors to ensure that they have a disciplinary procedure and Code and standards which the employees are aware of. Each contractor will be required to produce this procedure to ensure that employees are not treated unfairly.

Individual Grievance Procedure

Clause 4.3 of the Code of Good Practice: Termination of Employment requires every employer, including contractors, to have a Formal Grievance Procedure which should be known and explained to the employee.

The Code recommends that such procedure should at least:

- a) Specify to whom the employee should lodge the grievance;
- b) Refer to time frames to allow the grievance to be dealt with expeditiously;
- c) Allow the person to refer the grievance to a more senior level within the organization, if it is not resolved at the lowest level;
- d) If a grievance is not resolved the employee has the right to lodge a dispute with CMAC.

All the contractors who will be engaged for the project will be required to produce their grievance procedure as a requirement for tender which at a minimum comply with these requirements. In addition, good international practice recommends that the procedures be transparent, is confidential, adheres to non-retribution practices and includes the right to representation. After they are engaged, they will be required to produce proof that each employee has been inducted and signed that they have been inducted on the procedure.

Collective Grievances and Disputes Resulting from the Negotiations of Collective Agreements

Where a trade union is recognized, it is entitled to negotiate on a regular basis with the employer over terms and conditions existing at the workplace and the employer is obliged to negotiate with it. The procedures followed in such instances is usually contained in the Recognition Agreement, which states how the issues are raised, the procedure for negotiations, the composition of the parties involved in the negotiation and the procedure to deal with issues that are not resolved through consensus. Clauses 4.4 and 4.5 of the Code deals with the handling of collective grievances as raised by the employees.

In the type of disputes, if the dispute is not resolved at the workplace, the parties to the dispute can utilize the dispute resolutions mechanisms provided for in the labour legislation.

For civil servants, the Public Service Act of 1963 (Part V (B)) which deals with disciplinary proceedings is also included.

Gender-based Violence, Sexual Exploitation and Workplace Sexual Harassment

Violence and harassment in the work world deprives people of their dignity, is incompatible with decent work, and a threat to equal opportunities and to safe, healthy, and productive working environments. It remains a widespread phenomenon, present in all countries and disregarding sectors, occupations and workplace arrangements. Convention No. 190 and Recommendation No. 206 recognizes the right of everyone to a world of work free from violence and harassment, including gender-based violence and harassment.

10. CONTRACTOR MANAGEMENT

The Eswatini Ministry of Health requires that contractors monitor, keep records and report on terms and conditions related to labor management. The contractor must provide workers with evidence of all payments made, including social security benefits, pension contributions or other entitlements regardless of the worker being engaged on a fixed term contract, full-time, part-time or temporarily. The application of this requirement will be proportionate to the activities and to the size of the contract, in a manner acceptable to the Eswatini Ministry of Health and the World Bank:

- **Labor conditions:** records of workers engaged under the Project, including contracts (see Appendix 2 for Eswatini requirements), registry of induction of workers including CoC (see section 6.2), hours worked, remuneration and deductions (including overtime), collective bargaining agreements.
- **Safety:** recordable incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and

preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, and so forth).

- **Workers:** number of workers, indication of origin (expatriate, local, nonlocal nationals), gender, age with evidence that no child labor is involved, and skill level (unskilled, skilled, supervisory, professional, management).
- **Training/induction:** dates, number of trainees, and topics.
- **Details of any security risks:** details of risks the contractor may be exposed to while performing its work—the threats may come from third parties external to the project.
- **Worker grievances:** details including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken—grievances listed should include those received since the preceding report and those that were unresolved at the time of that report.

Every Safety File is 'site-specific'. It will be compiled following the client's and the site's safety specifications. The overall information requirements remain the same, and the site-specific documents will be added. When Health and Safety File is set up, it will consist of the following Documents:

- Contractor appointment letter. (Construction Regulation 5(3)(f) of the OHS A) 37(2) Agreement between client and contractor
- Notification of Construction Work
- Copy of the OHS Act
- Occupational Health and Safety Management Plan
- Company Occupational Health and Safety Policy
- Letter of Good Standing
- Material Safety Data Sheets for hazardous materials used (if required)
- Tax Clearance Certificate
- Risk Assessments
- Safe work procedures (Site Specific)
- Fall Protection Plan (if required)
- Legal appointment with proof of training (Ex. Chief Executive Officer, Risk Assessor, First Aider, etc.)
- Incident Reporting Procedures
- Incident Reports (General Administrative Regulation 9 (3) – Annexure 1)
- Incident Registers
- Reports of Accidents
- Emergency Preparedness Documents
- First Aid Documents
- Induction Records

- Medical Surveillance Records
- Safety Communication (e.g. Toolbox talks)
- Minutes of Safety Meetings
- Inspection Registers

11. COMMUNITY WORKERS

The project will not engage community workers. Community workers are not currently used by the Eswatini Ministry of Health in any projects due to the specialized labor needs required.

12. PRIMARY SUPPLY WORKERS

This section addresses labor management risk associated with people employed or engaged by Eswatini Ministry of Health's primary suppliers. Primary suppliers are suppliers who, on an ongoing basis, provide goods or materials directly to the Project.

The project will require procurement of a substantial amount of materials, include protection and control equipment, power-poles, steel products, etc. The risk associated with primary supply associated with the Project is assessed below. All primary suppliers are formal businesses who are required to procure and produce materials subject to high standards.

Appendix 1: Comparative Table of ESF and National Objectives and Requirements (General orders)

ESF Objectives	National Requirements	Recommended Actions
ESS 2 Labor and Working Conditions		
<p>☐ To provide every employee with written particulars of employment</p>	<p>The Employment Act 5, 1980</p> <p>S.22 – makes it mandatory for the employer to give each of its employees a copy of the written particulars of employment, signed by both parties within six weeks of commencement of employment. This requirement is not applicable to employees engaged for a fixed period of less than six weeks or anyone expected to work less than 21 hours per week.</p> <p>S.30 – makes it an offence to provide an employee with such form with fine of not more than E3, 000.00 or imprisonment of not more than 1 year or both.</p> <p>S.136 – requires that before a contractor is awarded a public contract, that contractor is required to certify in writing that the wages, hour and conditions of work or persons to be employed by him on the contract are not less favourable than those contained in the most current wages regulation issued by the Labour Commissioner.</p> <p>S.143 - states that the contract with the contractor may be withdrawn as an approved contractor upon recommendations of the Labour Commissioner.</p>	<ul style="list-style-type: none"> • Post award, the contractors will be required to furnish MoH PIU with copies of the Written Particulars of all its employees or Contracts of employment including those who work below 21 hours a week and casual employees. • The contract employment shall at least have the information contained in the prescribed template of the Form Contained in the Second Schedule as can be seen in Appendix 1 • Each contractor will be required to provide MoH PIU with such information as required in terms of S.136 as part of the tendering process.

ESF Objectives	National Requirements	Recommended Actions
<p>☑ To promote safety and health at work.</p>	<p>The Occupational Safety and Health Act 9, 2001</p> <ul style="list-style-type: none"> - This Act provide for the safety and health of persons at work and at the workplace and for the protection of persons other than persons at the workplace against hazards to safety and health arising out of or in connection with the activities of persons in the workplace and to provide for other matters incidental thereto. - S.9 – entrusts the employer to ensure the safety and health of all its employees, and also to; - Mitigate risks of exposure to danger of its workforce; - Provide personal protective clothing or equipment to employees exposed to wet, dusty, noisy or any conditions that might expose the employees to harsh or dangerous conditions; - To train its workers to perform their work in order to avoid exposure to danger or injury; and - to inform employees of any known hazards or disease associated with the work. <p>The Factories, Machinery and Construction Works Act 17, 1972</p> <ul style="list-style-type: none"> - This legislation provides for the registration of factories and the regulations of working conditions and the use of machinery at factories, construction works and other premises and for matters incidental thereto 	<ul style="list-style-type: none"> • Each contractor will be required to have a SHEQ Officer and First Aider • Contractors required to keep logs of incidents and should be reported and investigated timeously.

ESF Objectives	National Requirements	Recommended Actions
	<ul style="list-style-type: none"> - The Act mandates the office of the Labour Commissioner to monitor and inspect any working environment or structure to determine its suitability. - The office of the Labour Commissioner is also required to investigate incident or accident involving any person injured in connection with the activities of the employer. 	
<p>☑ The contractor will conduct induction talks to workers and contractors weekly</p>	<p>The Workman’s Compensation Act 7, 1983</p> <ul style="list-style-type: none"> - it provides for the compensation and medical treatment of workmen who suffer injury or contract diseases in the course of their employment. - The scope of its application extends to not an injury or accident that occurs within the workplace but also while the employee is travelling by reasonable means and within any reasonable route between the workplace and his place of residence <p>In terms of the Act, Workman is any person who has entered into the works under the contract of service or of apprenticeship or of traineeship whether the contract is express or implied, is oral or in writing whether the remuneration is calculated by time or work done.</p>	

ESF Objectives	National Requirements	Recommended Actions
<p>☒ To promote the fair treatment, nondiscrimination and equal opportunity of project workers.</p>	<p>The Employment Act 5/1980</p> <p>S.29 – prohibits employers from discriminating against any person on grounds of race, colour, religion, marital status, sex, national origin, tribal or clan extraction, political affiliation or social status</p> <p>S.30 – makes it an offence to discriminate against any person as envisaged in S.29. Such employer if found guilty shall be liable on conviction to a fine not exceeding E3,000.00 or imprisonment not exceeding 1 year or both.</p> <p>S.96 – mandates employers to accord female employees the same treatment as their male counterparts in the workplace and also pay them ‘equal pay for equal work’.</p>	<ul style="list-style-type: none"> • Contractors will be required to comply with national legislation when recruiting
<p>☒ To prevent the use of all forms of forced labor</p>	<p>The Employment Act 5, 1980</p> <p>(Part XIV) – Forced Labour</p> <p>S.144 – prohibits all works or service which is extracted from any person under the threat of any penalty and for which the said person has not offered himself voluntarily.</p> <p>S.147 – states that, if any person acting in an official capacity coerces any person under his charge, that person shall be held</p>	<ul style="list-style-type: none"> • Contractors will be required to comply with national legislation and as precautionary measure the contractor will conduct an induction • Random inspection will be done on a regular basis to ensure compliance

ESF Objectives	National Requirements	Recommended Actions
	personally liable and shall be liable to a fine not exceeding E3,000.00, or imprisonment not exceeding one year or both.	
<p>☐ To prevent the use of all forms of child labour</p>	<p>The Country ratified both the ILO Minimum of Age Convention (C138) and the ILO Worst Forms of Child Labour Convention (C182) in 2002. It also signed the African Charter on the Rights and Welfare of the Child in 1992 but has not yet ratified it.</p> <p>The Employment Act 1980</p> <p>S.97 – Prohibits the employment of children below the age of 15.</p> <p>The Children’s Protection and welfare Act 6, 2012</p> <p>S.234 – Minimum age of engagement for children is 15</p> <p>S.236 – children below the age of 18 cannot be engaged in any form of hazardous employment</p> <p>S.248 – any person who employs under age children I liable on conviction to a minimum fine of E100, 000.00 or 5 years’ imprisonment or both for a first offender. For a second offender, it is imprisonment of not less than 10 years.</p>	<ul style="list-style-type: none"> • Contractor will be prohibited to employ anyone under the age of 18 years. • Monitoring will be done through the National ID system which every employee is required to produce on employment. • If a contractor is found to have engaged under age kids for the project: - a formal case will be reported to the police and the contract will be terminated.
<p>☐ To support the principles of freedom of association and collective bargaining of project workers in a</p>	<p>The country has ratified the numerous ILO Conventions aimed at ensuring that member states do protect the notion of collective bargaining. These Conventions include; ILO Convention 87 on Freedom of Association and Protection of the Right to Organize and the ILO Convention 98 on the Right to Organize and Collective Bargaining. Section 32 (2) of The</p>	<ul style="list-style-type: none"> • The constructors have recognized unions, i.e. NESMASA and SESMAWU • Contractors need to inform their workers of their right to organize.

ESF Objectives	National Requirements	Recommended Actions
<p>manner consistent with national law.</p>	<p>Constitution of Eswatini, 2005 on the Rights of Workers, guarantees all workers of their right to freely form, join or not join a trade union for the promotion and protection of the economic interest of that worker; and collective bargaining and representation. The Industrial Relations Act 2000 (as amended) was enacted to give effect to the collective bargaining, amongst other purposes. Section 4 (c) to (e) of the Act allows for the collective negotiation of terms and conditions of employment.</p> <p>Part 4 of The Industrial Relations Act 2000 (as amended) deals with the registration and/or formation of Employee, Staff and Employer Organizations, Federations and International Organizations. In terms of S. 26 (3) of the Act a minimum of six employees can form a trade union by obtaining a Certificate of Registration through the office of the Labour Commissioner (S.27). Once registered, a trade union can recruit any employees who falls within its bargaining unit with that particular employer. S.42 (9) states that once the union has recruited more than fifty percent of the employees in respect of which it seeks recognition, the union can then apply for recognition with the employer. The employer is obliged to recognize the trade union if it meets the required threshold. If, however the union membership is below the threshold the employer is not obliged to recognize the union but can exercise its discretion. Once a union is recognized, it</p>	<ul style="list-style-type: none"> • The Written Particulars of Employment as prescribed by S.22 of the Employment Act 1980 allows employee to state the trade union they are affiliated to on employment.

ESF Objectives	National Requirements	Recommended Actions
	has the right to bargain or negotiate for and on behalf of its members and also to represent them at the workplace.	

ESF Objectives	National Requirements	Recommended Actions
<p>☒ To provide project workers with accessible means to raise workplace concerns.</p>	<p>e) If an employee fails to attend the hearing the employer may proceed in with the hearing in the absence of the employee;</p> <p>f) The hearing must be held and concluded within a reasonable time and is to be chaired by an impartial representative;</p> <p>g) A dismissed employee must be given the reasons for dismissal and the right to refer the dispute concerning the fairness of the dismissal to the Conciliation, Mediation and Arbitration Commission (CMAC).</p> <p>1. <u>Individual Grievance Procedure</u></p> <p>Clause 4.3 requires every employer to have a Formal Grievance Procedure which should be known and explained to the employee.</p> <p>The Code recommends that such procedure should at least:</p> <p>a) Specify to whom the employee should lodge the grievance.</p> <p>b) Make reference to time frames to allow the grievance to be dealt with expeditiously.</p> <p>c) Allow the person to refer the grievance to a more senior level within the organization, if it is not resolved at the lowest level.</p> <p>d) If a grievance is not resolved, the employee has the right to lodge a complaint with the CMAC.</p> <p>2. <u>Collective Grievances and Disputes resulting from the negotiations of Collective agreements</u></p>	<p>☒ Contractors will be required to comply with national legislation in this regard. Contractors will be required to have a grievance procedure</p> <ul style="list-style-type: none"> • MoH PIU will require contractors to log worker’s grievances in monthly reports. • Make reference to time frames to allow the grievance to be dealt with expeditiously.

ESF Objectives	National Requirements	Recommended Actions
	<p>Clauses 4.4 and 4.5 of the Code deal with the handling of collective grievances as raised by the employees. This procedure is usually contained in the Recognition Agreement the parties sign from the onset.</p> <p>What is common to these disputes is that in the event the parties fail to resolve the dispute, either can lodge a dispute with CMAC and subsequently the Industrial Court.</p>	

ESF Objectives	National Requirements	Recommended Actions
<p>☒ To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate.</p>	<ul style="list-style-type: none"> • S.20 of the Constitution guarantees citizens the right to equality before the law in all spheres and it further affirms that a person shall not be discriminated against on the grounds of gender, race, color, ethnic origin, tribe, birth, creed or religion, or social or economic standing, political opinion, age or disability. • S.29 of The Employment Act 1980 states that, no employer shall discriminate against any person or between employees on grounds of race, color, religion marital status, sex national origin, tribal or clan extraction, political affiliation or social status. • Community Workers are not used by MoH and will not be used for this project. • Rights of woman – S28(1) of The Constitution guarantees the rights of woman to equal treatment with men including equal opportunities in political economic and social activities. S.96(1) of The Employment Act 1980 also requires employers not to discriminate between male and female employees by failing to pay equal pay for equal work. • Primary Supply Workers - Registered suppliers are subject to regular review in accordance with the Procurement Act. 	<ul style="list-style-type: none"> • Allow the person to refer the grievance to a more senior level within the organization, if it is not resolved at the lowest level.

ESF Objectives	National Requirements	Recommended Actions
	<p>S.2 read with S.16 (7) of The Industrial Relations Act 2000 states that where it is found that the reason for the termination of an employee's services is that the employer discriminated against an employee directly or indirectly, that employee shall be awarded compensation of not more than 24 months' remuneration calculated at the rate of the employee's rate of remuneration at the time of dismissal. This compensation serves as a deterrent as is it double the amount of compensation awarded to any other form of compensation.</p>	<p>If a grievance is not resolved the employee has the right to lode a dispute with CMAC.</p> <ul style="list-style-type: none"> •

ESS 4 Community Health and Safety		
<p>☒ To anticipate and avoid adverse impacts on the health and safety of project-affected communities during the project lifecycle from both routine and non-routine circumstances.</p> <p>☒ To promote quality and safety, and considerations relating to climate change, in the design and construction of infrastructure, including dams.</p> <p>☒ To avoid or minimize community exposure to project-related traffic and road safety risks, diseases and hazardous materials.</p> <p>☒ To have in place effective measures to address emergency events.</p> <p>☒ To ensure that the safeguarding of</p> <p>☒ Personnel and property is carried out in a manner that avoids or minimizes risks to the project-affected communities.</p>	<ol style="list-style-type: none"> 1. The Public Health Act, 1969 This Act provides for the establishment of processes to ensure public health at all phases of a project. It also provides for steps to take should there be any incident from the project affecting the public and lays out responsibilities for actions to be taken. 2. The Occupational Health and Safety Act, 2001: This Act provides for the safety and health of both employees and the public, especially during the construction phase of proposed projects, and specifies processes to be undertaken in order to ensure that safe and health practices are adhered to and implemented at work. 3. The Road Traffic Act, 2007: This Act provides for the compliance of all roads users and for those organizations such as EEC conducting works on and/or along public roads. 4. EEC Hazard Identification, Risk Assessment and Determining Control Procedure (S-S-SHP-01, REV 3): This procedure ensures that EEC has an on-going hazard identification, risk assessment and management process, necessary for all its operations. 	<p>National requirements and ESF objectives are aligned. No significant gaps are noted. It is recommended that both World Bank ESF objectives and National Requirements apply to the project.</p>

	<p>5. Emergency Preparedness Response Plan (SS-SH-M-01, REV 1): This document provides processes for when there are emergency situations at EEC and surrounding areas. It details procedures, and responsibilities.</p> <p>6. EEC Occupational Health and Safety Implementation Plan (S-S-SH-D-04, REV 1): This document provides for the management and control of EEC's significant health and safety hazards, with an overall objective to ensure the effective implementation and management of health and safety issues.</p> <p>7. EEC Occupational Health and Safety Policy Statement (S-S-SH-D-01, REV 5): This document underlines EEC's commitment to the prevention of work-related injury and ill-health associated with the company's activities.</p>	
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Appendix 3: Written Particulars of Employment

As required by Section 22 of the Swaziland Employment Act.

SECOND SCHEDULE

(WRITTEN PARTICULARS OF EMPLOYMENT)

(Regulation)

- 1. Name of Employer
- 2. Name of Employee
- 3. Date Employment began
- 4. Wage and Method of Calculation
.....
- 5. Interval at which wages are paid
.....
- 6. Normal Hours of work
- 7. Short description of employee’s work
.....
- 8. Probation Period
- 9. Annual Holiday Entitlement
- 10. Paid Public Holiday
- 11. Payment during sickness
- 12. Maternity Leave (if employee female)
.....
- 13. Nursing Break Entitlement (for female employee)
- 14. Notice employee entitled to receive
.....
- 15. Notice employer required to give
.....
- 16. Pension Schedule, Provident Fund Gratuity Schedule etc. (if any, other than SNPF)
- 17. Any other matter either party wishes to include

Notes:

(a) An employee is free to join a trade union or staff association, which is recognized by the undertaking. The address of the Trade Union or Staff Association is:

.....

Appendix 4: Contractors SHE File Monitoring Form (ECC)

Contractor Name.....

Depot.....

Instructions: Tick (v) if available, put a cross(X) if unavailable. Tick (v) if there was activity, put a cross(X) if there was no activity. Tick (v) if there’s evidence, put a cross(X) if there’s no evidence. Make a Comment according to the changes that have taken place as reflected by availability, activity and evidence on each SHE item.

#	Monthly Checklist: SHE items	Available	Activity	Evidence	Comment
1	Exposure to MoH IMS Policies,				
2	Valid Working Contract,				
3	Current Employee List (Q-S-OS-P-01-F-05),				
4	Confirmation Letter Inc. copy of ID (per employee),				
5	Understanding of Resources, roles, responsibilities & authority,				
6	Inductions - all contractor staff				
7	HIRA & Reporting; Incidents, accidents & near misses				
8	Appointment letters; for # 9, 10, 11 below				
9	SHE Certificates; Safety Rep				
10	SHE Certificates; 1st Aider				
11	Mandatory Qualifications – as per the evaluation form				

12	Vehicles; Bluebook, Daily inspection sheet, Driver Permit				
13	Current Evaluation form,				
14	PPE: Branded & Properly worn at all times,				
15	Internal Communication; minutes showing meetings,				
16	NCR's Received and closed,				
17	Environment Management Aspects (the 8 elements),				
18	First Aid Kit: availability and usage of the form,				
19	Fire extinguisher; valid				
20	Any other				

SEC SHE Rep

Signature

Date compiled

Contractor SHE Rep

Signature

Date compiled

Appendix 5: First Aid Box Contents Checklist⁸

Checked by:

PF #:

Month and year:

Work Station:

#	ITEM	Quantity Specified	Quantity Present in Box	Comment
1.	Adhesive elastic plasters assorted 20's	1 Box		
2.	Roller bandages-conforming 100mm	4 Rolls		
3.	Roller bandages-conforming 75mm	4 Rolls		
4.	CPR Mouthpieces	2		
5.	Cotton wool 50 gram	2 Rolls		
6.	Fabric roll plaster 25mm x3M	1 Roll		
7.	First Aid dressing No 3 75x 100mm	4		
8.	First Aid dressing No 4 150x 200mm	4		
9.	Forceps- 10cm	1		
10.	Gauze swabs 75mm x 75mm 100's	1 Packet		
11.	Gauze swabs 75mmx75mm Sterile 5's	2 Packets		
12.	Gloves-Latex Large	2 Pairs		
13.	Gloves-Latex Medium	2 Pairs		
14.	Hypoallergenic Adhesive Tape 25mm x 3M	1 Roll		
15.	Safety Pins Bunch of 12	1 Bunch		
16.	Scissors- 10cm	1		
17.	Splints-Straight	2		
18.	Triangular Bandages	4		
19.	Wound Cleaner- CENTRIMIDE 1% 100ml	1 Bottle		

⁸ S-S-SH-P-03-F-05_First Aid Box Contents Checklist (1).

- 1. Items in the first aid box are minimum contents as per the South African Occupational Health and Safety Act 85 of 1993. Checklist must be completed every month to ensure compliance with the law.**
- 2. Contents should be regularly replenished by respective department**
- 3. Any deficiencies should be reported to the Safety Officer or SHERQ Representative**