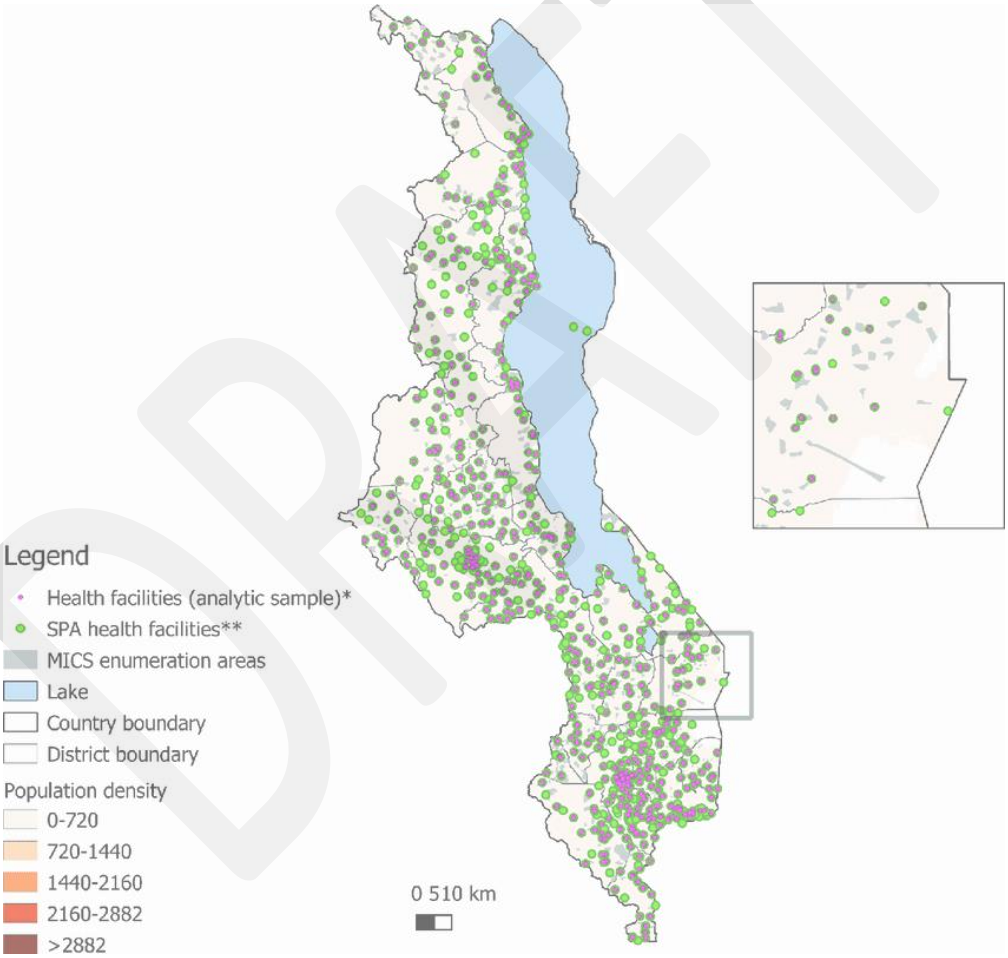
THE MINISTRY OF HEALTH

MALAWI EMERGENCY PROJECT TO PROTECT ESSENTIAL HEALTH SERVICES

PROJECT NO: P180231



February, 2023

EXECUTIVE SUMMARY

The Government of Malawi, through the Ministry of Finance and Economic Affairs (MoFEA) will implement the Malawi Emergency Project to Protect Essential Health Services (P180231) (the Project), with the involvement of the Ministry of Health, as set out in the Financing Agreement. The International Development Association (the Association) has agreed to provide financing for the Project, as set out in the referred agreement(s).

The emergency Project to protect essential health services is important for the nation as inadequate stocks of essential medicines and inadequate and unmotivated health care workers contribute significantly to the burden of responding to health emergencies as evidenced in the response to the Cholera outbreak which has so far claimed more than 1,300 lives since its resurgence in the year 2022 (as of February 10, 2023).

With an estimated 30% in losses of the national annual drug budget to pilferage of essential drugs and materials, Malawi stands to benefit from the emergency Project. A Due Diligence review of Environmental, Social and Quality Management systems (ESQMS) of procurement and distribution of medicines and pharmaceuticals for Health Care Facilities (HCF) (District and Faith-based), Central Medical Stores Trust (CMST), and Disaster Management systems in Malawi will be undertaken to identify gaps and make recommendations for implementation for improvement, Project hence improving availability of essential medicines.

In consideration of the potential risks and impacts of the project on the environment and the communities around the project public health facilities in Malawi; an Environmental and Social Management Plan (ESMP) was prepared. The ESMP for the implementation of the emergency Project is essential for the successful management of environmental and social risks and impacts of the proposed Project activities per the Environmental and Social Commitment Plan which is part of the financing agreement. The interventions in the ESMP will comply to applicable national laws and policies of Malawi, and World Bank Environmental and Social Standards (ESS) as well as World Bank Environmental, Health, Safety guidelines

The ESMP will apply to all project activities in all 29 health districts expected to benefit from the emergency operation, as a management plan to identify potential risks and impacts and the measures proposed to avoid, reduce, and mitigate these to acceptable levels, in line with World Bank's ESF, World Bank Group ESHG Guidelines, and Best Practice.

Considering the nature of the project activities we anticipate a number of environmental and social risks that are prevalent in the health sector. Of importance are environmental issues to do with medical waste management. The project has developed an Infection Control and waste management plan (ICWMP) to support infection prevention and control, and waste management supplies and operational maintenance including provision of appropriate personal protective equipment.

The project also anticipates social risks in the area of lack of transparency in paying health workers, working and labor conditions in health facilities, gender-based violence, sexual harassment and exploitation that is mostly associated with the health sector.

LIST OF ACRONYMS

AM Accountability Mechanism

CCDR Climate Change and Development Report

CHAM Christian Hospitals Association of Malawi

CHE Current Health Expenditure

CMST Central Medical Stores Trust

DC District Commissioners

DEHO District Environmental Health Officer

DHMT District Health Management Team

DHRMD Department for Human Resource Management and Development

DHSS Director of Health and Social Services

DSWO District Social Welfare Officer

EDO District Environmental Officer

EHP Essential Health Package

EHS Essential Health Services

ESCP Environment and Social Commitment Plan

ESMF Environmental and Social Management Framework

ESMP Environmental and Social Management Plan

GBV Gender Based Violence

GDP Gross Domestic Product

GoM Government of Malawi

GRM Grievance Redress Mechanism

GRS Grievance Redress Service

HDG Health Donor Group

HIV/AIDS Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

HMIS Health Management Information System

HRM Human Resource Management

HRMIS Human Resource Management Information System

HSA Health Surveillance Assistant

HSSP Health Sector Strategic Plan

ICWMP Infection Control and Waste Management Plan

IVA Independent Verification Agent

LMIS Logistics Management Information

MDA Ministries Departments and Agencies

MCERHSPP Malawi COVID-19 Emergency Response and Health Systems Preparedness Project

MoFEA Ministry of Finance and Economic Affairs

MoH Ministry of Health

MoLG Ministry of Local Government

MoU Memorandum of Understanding

NGO Non-governmental Organization

OHS Occupational Health and Safety

OPC Office of President and Cabinet

ORT Other Recurrent Transactions

PBC Performance Based Condition

PDO Project Development Objective

PFP Private for Profit

PNFP Private Not for Profit

PIC Project Implementation Committee

PIM Project Implementation Manual

PIU Project Implementation Unit

PSC Project Steering Committee

RBM Reserve Bank of Malawi

SATPBHSSP Southern Africa Tuberculosis and Health Services Support Project

SEA/SH Sexual Exploitation and Abuse/Sexual Harassment

ToR Terms of Reference

TPM Third Party Monitoring

UN United Nations

UNICEF United Nations Children's Fund

WHO World Health Organization

Contents

LIST OF TABLES

LIST OF FIGURES

1. INTRODUCTION AND BACKGROUND OF THE PROJECT

1.1 Background

Malawi's economy remains weak following numerous external and domestic shocks. The COVID-19 pandemic hit at a time when the economy was vulnerable due to sustained macroeconomic imbalances and the impact of two cyclones in 2019. Climate-related shocks, including cyclones, floods and prolonged dry spells in 2018-2020 contributed to subdued economic growth.

According to the new Malawi Climate Change and Development Report (CCDR), climate change could reduce Gross Domestic Product (GDP) by 3-9 percent in 2030 and push an additional 2 million people into poverty if Malawi stays on its current low-growth trajectory.[1] Following the emergence of the COVID-19 pandemic in 2020, the government implemented mobility restrictions to contain the spread of the virus. The impact of this on the domestic economy and trade resulted in economic growth falling below 1 percent in 2020.

At the onset of the recovery process, Tropical Storm Ana and Tropical Cyclone Gombe hit the economy in early 2022, with substantial damage to farmland and infrastructure, disrupting agriculture activity and mobility. The destruction of the Kapichira dam on the Shire River resulted in the loss of one third of Malawi's electricity supply, affecting all sectors of the economy but particularly manufacturing and services.

The war in Ukraine has now introduced an additional supply constraint and the subsequent terms of trade shock has aggravated vulnerabilities in the economy. In turn, GDP per capita is projected to contract by over 1 percent in 2022, with only a tepid recovery expected in 2023. In sum, these shocks halved 2022 growth projections over the past year from 3 percent down to 1.5 percent.

Health emergency shocks such as the covid-19 pandemic and cholera outbreak continue to negatively affect the Malawi economy and its health service delivery system. Health facilities in Malawi continue to face acute shortage of essential medicines, putting many poor and marginalized groups such as women and children at risk of dying from curable diseases. A 2021 study on the Malawi essential medicines situation by the Universal Health Coverage Coalition (UHCC), showed that the stockouts of essential medicines for non-communicable diseases such as High Blood Pressure has always been worrisome in the country.

The Government of Malawi, through the Ministry of Finance and Economic Affairs will implement the Malawi Emergency Project to Protect Essential Health Services (P180231) (the Project), with the involvement of the Ministry of Health, as set out in the Financing Agreement. The International Development Association (the Association) has agreed to provide financing for the Project, as set out in the referred agreement(s).

The emergency Project to protect essential health services is important for the nation as inadequate stocks of essential medicines and inadequate and unmotivated health care workers contribute significantly to the burden of responding to health emergencies as evidenced in the response to the Cholera outbreak which has by end of January 2023claimed over 1000 lives since its resurgence in the year 2022.

With an estimated 30% in losses of the national annual drug budget to pilferage of essential drugs and materials, Malawi stands to benefit from the emergency Project. A Due Diligence review of Environmental, Social and Quality Management systems (ESQMS) of procurement and distribution of medicines and pharmaceuticals for Health Care Facilities (HCF) (District and Faith-based), Central Medical Stores Trust (CMST), and Disaster Management systems

1 World Bank, 2022. Malawi Country Climate and Development Report (CCDR), https://openknowledge.worldbank.org/bitstream/handle/10986/38217/P1772201ced75ce9182e7142761bde013662bca4fe42.pdf?sequence=1&isAllowed=y

in Malawi will be undertaken to identify gaps and make recommendations for implementation for improvement, hence improving availability of essential medicines.

In consideration of the potential risks and impacts of the project on the environment and the communities around the project public health facilities in Malawi; an Environmental and Social Management Plan (ESMP) was prepared. The ESMP for the emergency Project is essential for the successful management of environmental and social risks and impacts management of the proposed Project activities per the financing agreement. The ESMP interventions will comply to the World Bank Safeguard Standards, WBG Environmental, Health. and Safety Guidelines (EHSG), and national laws and regulations.

As stipulated in the Environment and Social Commitment Plan (ESCP), The Government of Malawi (the Recipient), through the Ministry of Finance with the involvement of the Ministry of Health is responsible for the implementation of the ESMP and therefore required to develop and implement the environmental and social management plan (ESMP), which aligns with the commitments of the Financing agreement and guided by the World Bank's Environmental and Social Framework (ESF).

This ESMP is the main tool for identifying, eliminating, and managing potential environmental and social risks and impacts, including health and safety issues, and also possible benefits during implementation of all the activities proposed in the Project. The ESMP includes identification of measures to eliminate, reduce, mitigate or where these are not available compensation for adverse environmental and social risks and impacts, setting out who is responsible for implementation of these different measures.

1.2 Nature and Scope of the Project

The Malawi Emergency Project to Protect Essential Health Services provides emergency support in the context of an economy significantly weakened by a series of exogenous shocks and persistent macro-fiscal imbalances. As a part of the broader World Bank response to the compounding health, climate, and macroeconomic crises, the project will provide the necessary financing for the Government of Malawi (GoM) to enable the sufficient and timely resources that will allow the health sector to provide critical front-line health services and procure and deliver essential medicines .

The Project will provide further additionality by incentivizing efficiency and accountability in health expenditure across levels of government through performance based grants, while concurrently aiming to increase trust and strengthen controls for consolidated spending through government systems. This will enable the health sector to regain credibility and gradually improve its ability to plan, coordinate and utilize resources for service delivery aligned to its sector strategic plan priorities.

The proposed Project will provide emergency support and enable the continued delivery of essential health services to the most vulnerable populations in the midst of crisis response. The proposed project in the amount of US$100 million (IDA grant) will:

Component 1.1: Support to frontline health workers (US$75 million)

- This subcomponent will cater for salaries of frontline health workers providing primary health care services at the district level, who are already on the payroll of the MoH.

Component 1.2: Support to frontline health facilities (US$7 million)

- This subcomponent will ensure health facilities remain functional by increasing by 25 percent the financing available for essential and eligible non-wage operating costs.

Component 2: Provision of essential medicines (US$13 million)

- This component will support the MoH to address the issue of severe drug and medical supply shortage that Malawi is experiencing

Component 3: Enhancing the efficiency and accountability of public spending in the health sector (US$4 million)

- This component will strengthen core institutional systems that relate to efficient service delivery and accountability in the health sector. TA will be provided to strengthen processes and systems for more efficient resource management and expenditure control.

Component 4: Project management (US$1 million)

- This component will finance the operational costs of project implementation which will be prioritized around the emergency nature of the response.

Component 5: Contingent Emergency Response Component (US$0.0 million)

- This un-costed component will allow for rapid reallocation of uncommitted funds in the event of an eligible emergency as defined in OP 8.00.

1.3 Project Organization

Table 1 summarizes the project setup in terms of the proponent entities which are Ministry of Finance and Economic Affairs, and the Ministry of Health in Malawi.

Table 1: Brief details of the Malawi Emergency Project to Protect Essential Health Services

Name of Project	The Malawi Emergency Project to Protect Essential Health Services
Project Number	P180231
Location	Malawi-National (All public health facilities)
Commencement Date	February 1, 2023
Completion Date	December 31, 2024

The project will be managed by the Project Implementation Team (PIT) housed in the Department of Policy and Planning Development (DPPD) of the MoH Malawi. The figure below illustrates the PIT's structure. These core positions with their functions defined in the ToR will be filled by a combination of (i) secondment of existing GoM staff, (ii) hiring of project staff, and (iii) drawing on project staff from ongoing World Bank operations within the MoH wherever possible.

1.4 Project Location

The proposed emergency project will be implemented across all Malawi public health facilities. Table 2 below summarizes health facilities in all the 29 Health districts of Malawi.

Table 2: Number of Health facilities per Health District

	DISTRICT	**NUMBER OF HEALTH CENTRES**
1	Ntcheu	40
2	Mchinji	19
3	Dowa	25
4	Machinga	23
5	Mwanza	4
6	Mzimba	33
	Mzimba South	
7	Ntchisi	17
8	Rumphi	20
9	Nkhotakota	21
10	Nsanje	15
11	Chiladzulu	15
12	Blantyre	39
13	Chitipa	14
14	Mulanje	23
15	Likoma	4
16	Mzimba North	31
17	Neno	14
18	Phalombe	16
19	Zomba	48
20	Dedza	36
21	Lilongwe	61
22	Chikwawa	32
23	Kasungu	36
24	Mangochi	49
25	Karonga	22
26	Thyolo	42
27	Nkhatabay	18
28	Balaka	17
	TOTAL	**734**

1.5 Purpose and Objective of the ESMP

The purpose of this ESMP is to identify and assess environmental, social, health and safety risks and impacts and propose appropriate and proportionate mitigation and management measures during implementation of project and its ancillary activities specifically to ensure that environmental and social impacts identified during the project development, are properly managed and that controls are put in place to alleviate any anticipated impacts on the surrounding biophysical and human environment.

The objectives of this ESMP are as follows:

a) To identify, assess and mitigate significant potential environmental and social risks and impacts associated with activities envisioned in the Emergency Project to Protect Essential Health Services and ensure their effective management
b) To achieve compliance to the project's environmental and social commitments and to comply with World Bank Environmental and Social Framework and EHS guidelines in order to ensure sound environmental, health, safety and social management.
c) To ensure compliance with international and National legal and regulatory ESHS requirements and management systems applicable to activities under this project.
d) To provide guidance and procedures for management of safeguards issues throughout the project's life cycle;
e) To identify and recommend measures with which to anticipate and avoid, minimize and reduce or mitigate the negative environmental and social impacts in accordance with the mitigation hierarchy and enhance the positive impacts.
f) To outline an independent and accessible grievance redress mechanism to receive and handle grievances from the community members, project workers and other stakeholders
g) To outline clear roles and responsibilities for key stakeholders and institutional arrangements to ensure effective implementation of the ESMP
h) To prepare an estimated budget for the implementation of the ESMP

Compliance with the ESMP, procedures, work practices and controls will be mandatory and must be adhered to by all, MoH personnel, suppliers, and consultants employed at any stage of the project cycle.

The key elements of this ESMP include:

i. Brief overview of the Proposed project activities;

ii. Relevant National legislation and regulations, and World Bank Standards;

iii. Summary of adverse environmental and social risks and impacts, including potential ESHS risks and impacts.

iv. Summary of mitigation and management measures to eliminate adverse environmental and social risks and impacts, reduce, mitigate or offset them as appropriate, Monitoring requirements and institutional responsibilities for implementation of the proposed mitigation measures.

1.6 Methodology for Preparation of the ESMP

The assessment of potential environmental effects resulting from project-related activities was carried out in accordance with EMA (2017) and the projects ESCP. Desk study reviews and stakeholder consultations were the main methods utilised. Field reports from the ongoing two world bank funded projects; MCERHSPP and SATPBHSSP also formed part of the due diligence to understand the situation in health facilities.

1.6.1 Desk Study

Source of information included national documents, policies, and pieces of legislation. The reviewed documents included the project's Environmental and Social Commitment plan and the World Bank Environmental and Social

Framework. This review also focused on pertinent information from TB and COVID 19 Projects relevant to the study.

1.6.2 Consultations

Health workers in health facilities and senior management were consulted on the prevailing issues around the quality of essential health services in Malawi and the associated environmental and social concerns in the delivery of the services amid the health emergency shocks of cholera and Covid-19 outbreaks.

2. DESCRIPTION OF PROJECT ACTIVITIES

2.1 Description of Project activities

The project will provide the necessary financing for the Government of Malawi (GoM) to enable the sufficient and timely resources that will allow the health sector to provide critical front-line health services and procure and deliver essential medicines[2]. The Project will provide further additionality by incentivizing efficiency and accountability in health expenditure across levels of government while concurrently aiming to increase trust and strengthen controls for consolidated spending through government systems. This will enable the health sector to regain credibility and gradually improve its ability to plan, coordinate and utilize resources for service delivery aligned to its sector strategic plan priorities.

2.1.1 Project Development Objective

To provide emergency support and enable the continued delivery of essential health services in Malawi.

2.1.2 Key Results

a) Women with live births that received antenatal care (ANC) four or more times (percentage)

b) Under one-year-old children fully immunized (percentage)

c) Facilities reporting stock-outs of essential tracer medicines (percentage)51

d) Client satisfaction (disaggregated by gender) with availability and adequacy of primary health care services

2.2. Project Components

Specifically, the Project will:

(i) protect the provision of resources for payment of front-line health service providers and timely access to essential operating expenditures (Component 1);

(ii) provide bolstered provision of essential medicines to health facilities while investing in increasing confidence in systems for procurement and last-mile distribution to health facilities (Component 2); and

(iii) strengthen core HRM, PFM, and accountability systems in the health sector (Component 3).

The project funds will be used by the GoM to finance crucial expenditures related to Emergency Health Services (EHS) delivery. Estimations made based on the recurrent cost budget for the public health sector for the past three years show that the proposed project would finance approximately 22.8 percent of the MoH's recurrent cost budget for districts for FY22/23 and less than 20 percent respectively for both FY23/24 and FY24/25. The proposed project will not finance wages of the central MoH administrative staff, CHAM payroll, or contractual staff hired by various health facilities who are paid by a facility's own-source revenues and/or other development partners. The project also aims to enhance the efficiency and accountability of the health sector through support to PFM systems and to ensure efficiency and transparency of the procurement and distribution of essential medicines through CMST.

Component 1: Protecting provision of frontline health service delivery (US$82 million)

This component will provide emergency financing to support the government to protect and sustain delivery of EHS. The bulk financing will support wages and salaries of frontline health workers already on the payroll of the MoH that are providing primary health care services at the frontlines of service delivery in health facilities particularly in vulnerable communities, including in climate vulnerable areas. It will also provide additional 'surge financing' for essential operating expenditure that ensures health facilities remain functional, provide EHS, and remain resilient to current and future pandemics and other crises.

Subcomponent 1.1: Support to frontline health workers (US$75 million)

This subcomponent will cater for wages and salaries of frontline health workers providing primary health care services at the district level, who are already on the payroll of the MoH.

The wage bill for the entire Malawi public health sector is US$152 million in FY22/23 and comprises of 34,308 workers spread across District Health Facilities, Central Hospitals, MoH headquarters, and representation in other select MDAs. Of these, frontline health workers and HSAs form the largest number – totaling 67 percent of the entire health sector labor force (24,410 workers) and tending to patients at the point of service delivery in facilities across Malawi.

Subcomponent 1.2: Support to frontline health facilities (US$7 million)

This subcomponent will ensure health facilities remain functional by increasing by 25 percent the financing available for essential and eligible non-wage operating costs. The annual MoH budget allocated to the prioritized list of essential recurrent expenditures to maintain health services is US$14 million. This allocated budget is insufficient, given the increasing demand for services with growing population, ranging from maternal, neonatal, child health and nutrition services, family planning, infectious disease control and treatment and treatment of injuries, to managing chronic diseases. The situation is exacerbated by the frequent and prolonged power outages Malawi has been experiencing, which affect service delivery. Health facilities are therefore faced with constant and increasing demand for fuel to run generators to minimize disruption.

Component 2: Provision of essential medicines (US$13 million)

The emergency financing under this component will support the MoH to address the issue of severe drug and medical supply shortage that Malawi is experiencing. The Project will ensure additional surge financing to support increased procurement and delivery of essential medicines to central and district-level health facilities to meet urgent needs. As 90 percent of essential medicines are imported, the Project Steering Committee (PSC) co-chair (Secretary to Treasury) in collaboration with the Reserve Bank Governor will undertake foreign exchange tracking of allocation towards essential medicines which will be reported upon at every PSC meeting. *Procurement* of essential medicines is anticipated to follow two modalities; first by UNICEF as the supplier contracted by

Government and eventually by CMST procuring through the open market, the decision of which will be guided by assessments and system strengthening interventions supported by the Project. In both modalities, *distribution* of essential medicines will be undertaken by CMST through its central and zonal warehouses and network of distribution system.

Component 3: Enhancing the efficiency and accountability of public spending in the health sector (US$4 million)

This component will strengthen core institutional systems that relate to efficient service delivery and accountability in the health sector. Efficiency in service delivery has suffered from continued build-up of arrears, which has created uncertainty for suppliers and therefore higher prices. Quality of service delivery has suffered from insufficient budgets and the ever-present risk of delayed budget releases and funding; and inadequate payroll management has led to accountability concerns and efficiency losses. Addressing these issues is paramount in Malawi's fiscally constrained environment to allow for better resource utilization to maintain service delivery standards. In addition to the PBCs already identified in Component 1, this component will provide targeted technical assistance (TA) to the CMST. This component will also use innovative technology such as using Malawi's drone deliver program to delivers essential medicines to far or hard to reach facilities.

Component 4: Project management (US$1 million)

This component will finance the operational costs of project implementation which will be prioritized around the emergency nature of the response. The component will provide support for the array of project management functions to be undertaken with leadership by MoH as implementing agent. The component will support the institutionalization of functions for project implementation in a streamlined fashion within MoH and prioritize building on existing capacities.

3. REVIEW OF RELEVANT POLICIES, LEGISLATION AND REGULATORY REQUIREMENTS AND INSTITUTIONAL FRAMEWORK

3.1 Policies and Legal Framework

This ESMP has been prepared with adherence to National legislation and World Bank Environmental and Social Standards, and associated guidelines. These standards, legislations and guidelines will be adhered to by MoH during any activities throughout the project life cycle. The Table 3 below summarizes the relevance of these policies and legislations and how the project will ensure compliance.

Table 3 Summary of relevant National and World Bank Policies and legislations

Policy Frameworks	Relevance to the Project
National Policies	
The National Environmental Policy, 2004	The overall policy goal is to promote sustainable social and economic development through sound management of the environment. The policy calls for the integration of environmental concerns into national, district and community level planning processes. Some of the high priority areas of this policy include efficient utilization and management of natural resources, promotion of public participation, enhancement of public awareness and cooperation with other institutions. In line with this policy, the project has incorporated environmental concerns, public awareness and cooperation with other institutions into the development of the project. The Emergency Health Project will ensure that implementation of the project activities is done in a sustainable manner and has provided for regular monitoring by the project implementation Unit.
National Health Policy, 2017	Aims at overcoming challenges of sub-optimal healthcare service provision; as such it singles out provision of adequate health care, commensurate with the health needs of Malawian society and international standards of health care" as its main objective. The Policy provides policy direction on key issues that are central to the development and functioning of the health system in Malawi with a purpose to provide a unified guiding framework for achieving the health sector goals of the country through addressing the identified key challenges and their root causes, thereby improving the functioning of the Malawi Health System. The Emergency Health project activities will address some challenges identified and will support the attainment of Health policy priorities mainly priority one to ensure universal health coverage of essential health care services, especially to vulnerable populations thereby improving the functioning of the Malawi Health system.
National Sanitation Policy, 2006	The National Sanitation Policy provides a vehicle to transform the hygiene and sanitation situation in Malawi. One of the policy objectives as highlighted in section 3.1.1 is the improvement of hygiene, sanitation and management of wastes in the country. It provides guidelines and an action plan for access to improved sanitation, safe hygienic behavior, recycling of solid and liquid waste practices for healthier living and better environment. The Emergency Health project will have to ensure that liquid and solid waste management is given full consideration complying with the provisions of the policy.

National Water Policy (2005)	The overall goal of the National Water Policy 2005 is to provide an enabling framework for sustainable management and utilization of water resources; to provide water of acceptable quality and in sufficient quantities; and to ensure availability of efficient and effective water and sanitation services for every Malawian. In line with this policy, the emergency Health Project must advocate for clean water provision to workers; ensure and promote proper management and disposal of waste; and properly dispose project materials that can pollute water resources as well as compromise public health and hygiene for the health workers and communities.
The National Gender Policy (2015)	The National Gender Policy provides for gender mainstreaming in the planning and implementation of projects to ensure that the needs of different groups of people affected by a project are taken care of in a manner that promotes equity. The Emergency Health Project should ensure that principles that promote equity among different gender groups are applied and adhered to in line with the policy
Infection Prevention and Control Policy (2006)	Under the Infection Prevention Control (IPC) section, the policy stipulates that all health care facilities (public and private) in Malawi shall have an active IPC program in place; aimed at promoting IPC practices and surveillance focusing on clients, patients, health care personnel and the environment. as such the Health Facilities will also have an IPC program.
Legislation Frameworks	
The Constitution of Malawi ,1995	The Constitution of the Republic of Malawi of 1995 sets out a broad framework for sustainable environment management at various levels in Malawi. Among other issues, Section 13 (d) provides for prudent management of the environment and accords future generations their full rights to the environment. The constitution aspires to prevent degradation of the environment, provide healthy living and working environment, ensure intergenerational equity through environmental protection and sustainable development of natural resources. The Emergency Health Project has the responsibility to ensure that implementation of the project is environmentally sustainable and does not compromise the socioeconomic setting and values.
Pharmacy, Medicines and Poisons Act (2014)	An Act that provides for the establishment of the Pharmacy, Medicines and Poisons Board, the registration and disciplining of pharmacists, pharmacy technologists and pharmacy assistants, the training within Malawi of pharmacists, pharmacy technologists and pharmacy assistants, the licensing of traders in medicines and poisons and generally for the control and regulation of the profession of pharmacy in Malawi and for matters incidental to or connected therewith. The project will ensure compliance to this act to implement component 2 activities to address the issue of severe drug and medical supply shortage to health centers. The project will ensure health workers mainly pharmacists comply to the provisions under this act. The health facilities will require approval to handle and distribute medicines to the community as per the requirements.

Aviation (remotely piloted aircraft) Regulations, 2020	The Regulations under Aviation Act regulates the use of remotely piloted aircrafts which includes drones. The regulations requires that use of remote aircrafts complies with the provisions in the regulations which include seeking approval, registration and obtaining licence to operate. The Emergency Health project plans to use drones for effective delivery of essential medicines to health centres and use of these should follow the requirements stipulated in these regulations under the Aviation Act.
The Environment Management Act, 2017	The Environment Management Act, 2017 has provisions for the protection and management of the environment, the conservation and sustainable utilization of natural resources and for related matters. Part II, Section 3 of the Act recognizes the need for preparation of an Environmental and Social Impact Assessments, prior to project implementation, for all proposed projects which may significantly affect the environment or use of natural resources. The Act states that a developer shall take all reasonable measures for mitigating any undesirable effects on the environment; arising from the implementation of a project, which could not reasonably be foreseen in the process of conducting an Environmental and Social Impact Assessment. In line with this Act, the Emergency Health Project has prepared this Environmental and Social Management Plan identifying project risks and putting in place mitigation measures as per the requirements of the Act. The Health facilities will require licences for storage and handling of hazardous waste as per the provision of the Act.
Environment Management (Chemicals and Toxic Substances Management) Regulations, 2008	The regulations apply to any person in Malawi whose undertaking involves or includes the manufacturing, repackaging, importation, exportation, transportation, distribution, sale or other mode of handling toxic substances and chemicals and in respect of any activity in relation to toxic substances and chemicals which involves a risk of harm to human health or the environment. Part II of the regulations stipulate the management of chemicals and toxic substances. Section 26 stipulates regulations regarding treating of chemical wastes and requires that no industry shall discharge any chemical wastes in any state into the environment unless such wastes have been treated in accordance with acceptable international methods that are approved by the Director in consultation with the relevant local authority. Some chemicals under the activities of the Emergency Health Project could be toxic in nature. To comply to this, the emergency Health Project will need to obtain handling and storage licence of chemical and toxic substances from MEPA and proper disposal of chemical wastes.
National Local Government Act, 1998	The act mandates local governments to regulate planning and development within their jurisdiction and empowers them to have by-laws that specify among other issues, how development projects should minimize or avoid environmental degradation. District offices with the respective relevant officers e.g. Director of Health and Social Services (DHSS), District Environmental officers should ensure the MoH complies with standards that minimizes environmental degradation. The Act also devolves decision-making authority from central government to local authorities, through the process of decentralization. The Act has concrete provisions for participation of communities in development planning, implementation and monitoring. The Emergency Health Project should adhere to the requirements of the Act by fully involving the District Councils and ensuring that any by-laws set by the council are followed throughout the

	project. The project should also ensure participation of communities in planning and implementation activities through stakeholder engagement.
Occupational Health and Welfare Act, 1997	The Act regulates working conditions with respect to safety, health and welfare of workers. It seeks to ensure that work places are safe and that the welfare of workers is protected. The Act also requires that workers should be provided with appropriate protective equipment (PPE) to ensure that they are safe while they are working. The Emergency Health Project should ensure that workers are provided with appropriate PPE to ensure the workers are comfortable and safe from occupational health and safety hazards. The Act requires that workplaces are registered and obtain a workplace license.
Gender Equality Act, 2013	The Act seeks to promote gender equality, equal integration, influence, empowerment, dignity and opportunities for men and women in all functions of society; to prohibit and provide redress for sex discrimination, harmful practices and sexual harassment; to provide public awareness on promotion of gender equality. MOH and its MoHs and suppliers will ensure that it promotes a workplace free of sexual harassment and provide public awareness on promotion of gender equality
Public Health Act, 1948	The Act creates the legal framework for the protection of public health in Malawi and for this purpose provides for powers of the administration to regulate and control among others handling of water supply, sewerage, etc. with respect to preventing diseases. The Emergency Health Project is a multi-disciplinary project involving the medicines supply chain as well as the health care workers welfare and the public health care service delivery quality. As such this act will assist in regulating processes and peoples conduct so as to safeguard the public health of Malawians.
Environment Management (Waste Management & Sanitation) Regulations, 2008	The regulations apply to the management of general and municipal waste in Malawi. Part III of the regulations has provisions on management of general or municipal solid waste with Section 7(1) regulating that any person who generates solid waste shall sort out the waste by separating hazardous waste from the general or municipal solid waste. To comply to this, the emergency Health Project has developed the Waste management plan with mitigation measures to manage wastes from the project.
Malawi Standards (MS) 615: 2005: Waste within health-care facilities, handling and disposal (code of practice)	The standard provides criteria for segregation, collection, movement, storage and on-site disposal of waste within health-care units. The standards will be observed at all health facilities in the management of healthcare waste (liquid and solid). The project will ensure that all waste management infrastructure and equipment meet the acceptable standards.
World Bank Environmental and Social Standards The World Bank Environmental and Social Framework (ESF) is a set of environmental and social standards (ESS) that guide the Bank's lending and investment operations. The ESF is designed to ensure that development projects funded by the Bank are sustainable and that their environmental and social impacts are carefully considered. Relevant ESS's are listed below:	

Environmental and Social Standard 1 (ESS1)	This ESS sets out the PIU responsibility to assess, manage and monitor environmental and social risks and impacts associated with each stage of the project. The project has developed an Environmental and Social Commitment plan, ESMP, LMP, SEA/SH Action Plan and an infection control and waste management plan consistent with this standard.
ESS 2: Labour and Working Conditions	ESS2 recognises importance of employment creation and income generation in pursuit of poverty reduction and guides institutions to promote sound worker management to enhance project benefits by treating project workers fairly and providing safe and healthy working conditions. ESS2 requires that the project complies with relevant national and international labor laws and standards, and that workers have access to safe and healthy working conditions, fair wages, and accessible means to raise concerns. This project has developed a Labour Management Plan (LMP) that will ensure that health workers are treated in respect of the provisions in this standard and ensuring a functional grievance redress mechanism to raise worker concerns is available
ESS 3: Resource Efficiency and Pollution Prevention and Management)	ESS 3 sets out requirements to address resource efficiency and pollution prevention and management throughout the project life cycle. The objectives of the ESS is to avoid or minimize pollution from project activities to avoid or minimize adverse impacts on human health and environment as well as minimizing generation of hazardous and non- hazardous wastes. To comply to this standard the project has developed an Infection Control and Waste Management Plan (ICWMP) to ensure the safe management and disposal of medical, including provisions on management and disposal of medical wastes and other types of hazardous, and non-hazardous, wastes and manage/mitigate the potential impacts of pollution to the air, water and land through the management plans set out in the project ESMP.
ESS 4: Community Health and Safety	ESS4 addresses the health, safety and security risks and impacts on project affected communities and responsibility of the PIU to avoid or minimise these risks with particular attention to vulnerable people. The Project will assess and manage specific risks and impacts to the community arising from Project activities, and are included in this ESMP including infection control, the potential for community, water resources, biodiversity and natural resources exposure to contamination including from incinerator emissions or open burning, indiscriminate dumping of wastes and/or sludge, and illegal/non-compliant wastewater discharge.
ESS 10: Stakeholder Engagement and Information Disclosure	ESS10 recognises that effective stakeholder engagement can improve the environmental and social sustainability of projects and enhance project acceptance. In line with this standard the project has developed a Stakeholder Engagement Plan (SEP) to cover activities under this Project, consistent with ESS10, which shall include measures to, inter alia, provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation. The project will utilize the GRM established for the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project maintain, and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances in relation to the Project, promptly and

	effectively, in a transparent manner that is culturally appropriate and readily accessible to all Project-affected parties.

3.2 Institutional Framework

The MoH will be the implementing agency, responsible for the overall coordination, planning, implementation, and monitoring of the project. It is responsible for delivering EHS and ensuring achievement of results, working in close collaboration with other key agencies including the MoFEA, CMST, DHRMD, and the MoLG. Implementation of the project will be mainstreamed to the existing institutional arrangements of the MoH to ensure ownership and sustainability; no parallel structures will be developed for the purpose of this project. Figure 1 illustrates the institutional arrangements for the implementation of the project.

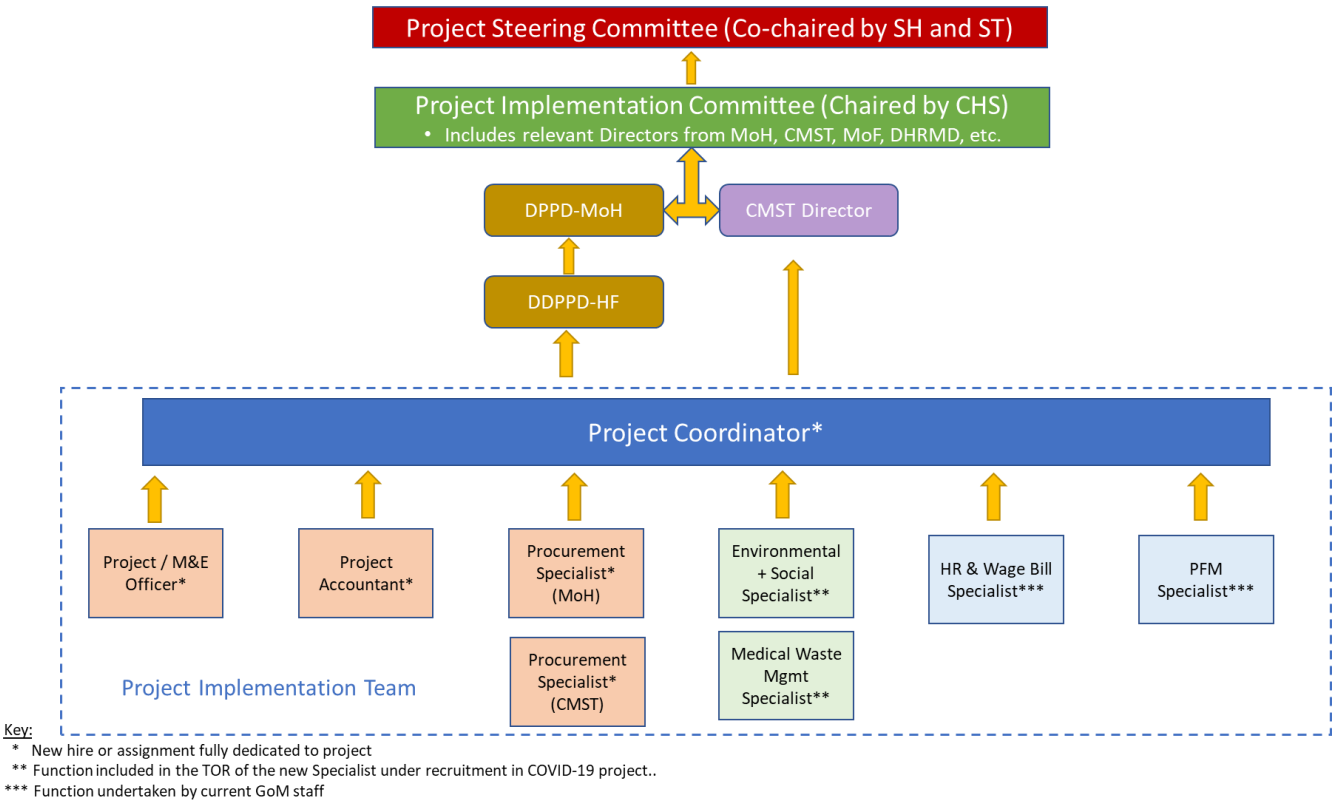


Figure 1: Institutional arrangement for the project

3.2.1 The Ministry of Health (MoH)

The MoH will be the implementing agency, responsible for the overall coordination, planning, implementation, and monitoring of the project. It is responsible for delivering ESHS and ensuring achievement of results, working in close collaboration with other key agencies including the MoFEA, CMST, DHRMD, and the Ministry of Local Government (MoLG). Implementation of the proposed project will be mainstreamed to the existing institutional arrangements of the MoH to ensure ownership and sustainability; no parallel structures will be developed for the purpose of this project.

The project implementation structure reflects the emergency nature of the Project. The functions of project implementation including managing the day-to-day operations of the project will be housed in the Department of Policy and Planning Development (DPPD) of the MoH. These core functions will be undertaken by existing GoM staff and project staff from ongoing World Bank Projects within the MoH wherever possible. Any new recruitments will be undertaken under World Bank emergency procurement procedures allowing for streamlined, direct selection in line with qualifications set out in Terms of Reference (ToRs).

The MoH will hire/appoint a full-time, dedicated Project Coordinator with primary responsibility for working across MDAs on implementation of the Project – with a particular focus on coordination between MoH, MoFEA, DHRMD, and CMST. Additional positions that will be hired/appointed with sole dedication to the Project will be: (i) Project Officer; (ii) Financial Management Specialist; and (iii) Procurement Specialists (one in MoH and one in CMST). The Environmental and Social Safeguard Specialist, and Waste Management Specialist functions will be performed by individual consultants available under the COVID-19 Project.

Finally, functions around (i) Monitoring and Evaluation (M&E), (ii) Human Resource/Wage Bill Management, and (iii) Public Financial Management will be undertaken by existing MoH, DHRMD, and MoFEA staff who will provide contributions to the project as part of their ongoing responsibilities. Detailed ToRs for the dedicated project implementation positions will be captured in the PIM. Where necessary, the team will be supported by additional consultants financed by the project. Other agencies involved in project implementation (including CMST; DHRMD; MoFEA – Budget Division, Cash Management Division, PFM Division, AGD; MoLG) will appoint focal persons who will serve as the link with the project team. The project implementation functions of this project and the Project Implementation Unit (PIU) of the COVID-19 Project will be linked and coordinated through the PIC.

3.2.2 Malawi Environment Protection Authority (MEPA)

The MEPA is responsible for the determination of the level of environmental assessment a project is to undergo and the provision of environmental certification of development project. The MEPA also has inspectors who will inspect the project for compliance to Environmental Standards in accordance with the Environmental Management Act.

3.2.3 District Councils

The District Councils through the environment, labor, and gender, social welfare and public operation offices will also be responsible for monitoring of the project activities during implementation including monitoring of Healthcare waste handling and medical stocks for the health facilities in the district. The district councils have a

District Environmental Sub-Committee (DESC) which has the responsibility for appraising projects, environmental management plans and monitoring. District Labor Officers must also work with District Health Office in implementing the LMP and monitoring the project activities. The District Social Welfare Officer (DSWO) and the District Gender Officer (DGO) will be involved in the implementation, monitoring and follow up of any GBV, sexual abuse and exploitation and any child welfare issues related to the project. Furthermore, the districts have the District Environmental Health Officers (DEHO) and District Environmental Officers (EDO) who will support environmental compliance of the project.

4. ENVIRONMENTAL AND SOCIAL BASELINE

4.1 Characteristics of the Country

Malawi is a landlocked country with a surface area of 118,484 km^2 of which 94,276 km^2 is land and the rest is water. Administratively, the country is divided into three regions, namely the northern, central and southern regions. The country has 28 districts, which are further divided into traditional authorities (TA) ruled by chiefs. The Traditional Authorities are sub-divided into villages, which form the smallest administrative units. Politically, each district is divided into constituencies that are represented by Members of Parliament (MPs) in the National Assembly and constituencies are divided into wards, which are represented by local councilors in District Councils.

The country has an estimated population of 17.4 million people in 2017 with an average annual growth rate of 2.7%, giving an estimated population of 20.4 million people by 2022. An estimated 84% of the population lives in the rural areas as compared to 16% in urban centres. Malawi is predicted to experience an average annual urban population growth rate of 4.2% from 2013 to 2030, which will result in an increase in urbanization. Malawi has a young population with 64% of the total population under the age of 15, 18% under the age of 5 and only 3% above 65 years. Life expectancy at birth is estimated at 63.9 for both sexes in 2017.

Malawi's Gross Domestic Product (GDP) per capita in 2015 was estimated at USD381. Real GDP growth for Malawi was reported as 2.9% in 2016. The economy is predominantly agrobased, with agriculture and forestry and fishing contributing to 28% of GDP. Informal employment is higher than formal employment, estimated at 89% and 11% respectively. The mean and median earnings per month for the total economically active population were estimated at USD114 and USD37, respectively. Development aid plays a key role in the economy and in the health sector it accounts for on average 62% of total funding. In addition, diaspora remittances increasingly contribute to the country's economy, estimated at USD34 million in 2015.

Literacy is higher among men (83%) than women (72%). The median number of schooling years completed has increased significantly over time; in 1992 it was estimated at 0.4 years for women and 4.3 years for men compared with 5.6 years for women and 6.6 years for men. This shows that Malawi has also made significant strides in narrowing gender disparities in education. The 2015-16 Malawi Demographic and Health Survey has demonstrated increased women empowerment over time by various attributes. For example, the percentage of women involved in decisions about their health care increased from 55% in 2010 to 68% in 2015-16 and women's involvement in decisions about major household purchases increased from 30% to 55% over the same period.

4.1.1 The Malawi Health Care System

Health services in Malawi are provided by public, private for profit (PFP) and private not for profit (PNFP) sectors. The public sector includes all health facilities under the Ministry of Health (MOH), district, town and city councils, (Ministry of Health, 2008). Public provision of health care is enshrined in the republican constitution which states that the State is obliged "to provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care" (Ministry of Justice, 2006). Health services in the public sector are free-of-charge at the point of use. The PFP sector consists

of private hospitals, clinics, laboratories and pharmacies. Traditional healers are also prominent and would be classified as PFP. The PNFP sector comprises of religious institutions, nongovernmental organisations (NGOs), statutory corporations and companies. The major religious provider is the Christian Health Association of Malawi (CHAM) which provides approximately 29% of all health services in Malawi (MSPA 2014). Most private and private-not-for-profit providers charge user fees for their services.

Malawi's health system is organized at four levels namely: community, primary, secondary and tertiary. These different levels are linked to each other through an established referral system. Community, Primary and Secondary level care falls under district councils. The Director of Health and Social Services (DHSS) is the head of the district health care system and reports to the District Commissioner (DC) who is the Controlling Officer of public institutions at district level.

4.1.1.1 Community Level

At community level, health services are provided by health surveillance assistants (HSAs), health posts, dispensaries, village clinics, and maternity clinics. Each HSA is meant to be responsible for a catchment area of 1,000 and there are currently 7,932 HSAs supported by 1,282 Senior HSAs. HSAs mainly promote and provide preventive health care through door-to-door visitations, village and outreach clinics and mobile clinics.

4.1.1.2 Primary Level

At primary level, health services are provided by health centres and community hospitals. Health centres offer outpatient and maternity services and are meant to serve a population of 10,000. Community hospitals are larger than health centres. They offer outpatient and inpatient services and conduct minor procedures. Their bed capacity can reach up to 250 beds.

4.1.1.3 Secondary Level

The secondary level of care consists of district hospitals and CHAM hospitals of equivalent capacity. Secondary level health care facilities account for 9.5% of all health care facilities. They provide referral services to health centres and community hospitals and also provide their surrounding populations with both outpatient and inpatient services.

4.1.1.4 Tertiary Level

The tertiary level consists of central hospitals. They ideally provide specialist health services at regional level and also provide referral services to district hospitals within their region. In practice, however, around 70% of the services they provide are either primary or secondary services due to lack of a gate-keeping system.

4.1.2 Current Health Status in Malawi

Malawi has made great strides in improving health outcomes over the past decade. The maternal mortality ratio (MMR) declined from 984 per 100,000 live births in 2004 to 439 per 100,000 live births in 2016 while the infant mortality rate (IMR) decreased from 104 deaths per 1,000 live births in the year

2000 to 42 per 1,000 live births in 2016. Neonatal mortality rate has gone down from 42 deaths per 1,000 live births in the year 2000 to 27 deaths per 1,000 live births in 2016. Child mortality rate has decreased from 95 deaths per 1,000 live births in the year 2000 to 23 deaths per 1,000 live births in 2016, while the under-five mortality rate has gone down from 189 deaths per 1,000 live births in the year 2000 to 64 deaths per 1,000 live births in 2016.

There has also been remarkable progress in the fight against Tuberculosis, and HIV and AIDS. Between 2015 and 2021, Tuberculosis incidence has reduced by 43% and mortality rate has reduced by 31%. On the other hand, HIV prevalence decreasing from 16.4% in 1999 to 10% in 2013, as well as scaling up Prevention of Mother to Child Transmission (PMTCT) through Option B+ from 44% in 2010 to 72% in 2014. The malaria related deaths have declined from a peak of 8,802 deaths in 2009 to 3,723 deaths in 2013. These improvements in health outcomes have been attributed to huge investments in addressing access, such as construction of new health facilities particularly in rural areas, training of additional health workers, and improvements in the availability of essential medicines and equipment. Consequently, access to and utilization of health services increased. Despite these achievements, the health sector still faces many challenges.

Mortality and morbidity for mothers and children is still unacceptably high; about 3 million Malawians are estimated to be living outside 8 km radius of a public or CHAM health facility; per capita health sector expenditure was at US$39.2 in 2015 which was less than half of what the WHO recommends for countries like Malawi; and the proportion of health care expenditure incurred outside of the health sector plans has increased exponentially and has caused coordination challenges on the health system. The available investment and capacity in human resources, infrastructure, equipment, and supplies has failed to keep pace with the increased access and demand for health services due to a very high population growth rate which have in turn led to a decline in quality of care.

Based on the 2016 situation analysis of the health sector and a series of stakeholder engagement workshops done by the MoH, the following were identified as the main challenges negatively impacting the quality of healthcare in Malawi:

- **Weak leadership, governance, and social accountability:** due to inadequate management skills, lack of mentorship due to high turnover of managers, weak accountability mechanisms between stakeholders, a lack of accountability between providers and users, a weak regulatory framework, inadequate coordination of partners, and a lack of a national QM framework;
- **Weak human resource capacity:** due to insufficient funds, low staffing levels, uncoordinated capacity development, inadequate HR skills and knowledge, poor motivation of workforce, complex employment procedures, weak regulation of staff, lack of systematic staff performance appraisals, and no clear link between workload and establishment;
- **Poor clinical practices:** due to a lack of diagnostic facilities leading to overdependence on presumptive diagnosis and treatment, inadequate documentation and record keeping, long waiting times, a lack of clinical competencies, and inadequate use of standard operating procedures, protocols, and guidelines amongst service providers;
- **Inadequate client safety mechanisms:** due to a lack of systematic recognition and management of medical errors, risky infrastructure and equipment, missing danger alert signs, poor management of medicines, inadequate infection prevention, and poor waste management practices;

- **Insufficient people-centred care:** due to inadequate communication between providers and clients, inconsistent use of charters with the rights and responsibilities for the providers and clients, inadequate client feedback mechanisms, and limited client participation in their care;
- **Weak health systems:** due to frequent stock outs of essential commodities arising from a weak supply chain system, poor management of medical equipment and infrastructure, weak referral system, weak financial management systems, and weak procurement systems;
- **Inadequate research and monitoring/evaluation capacity:** due to a limited capacity to conduct relevant research, poor quality and utilization of generated data, lack of evidence-based decision making, weak administrative data systems, and ample shortfalls due to paper-based reporting.

4.1.3 The Current State of Essential Health Services in Malawi

The state of essential health services in Malawi is a complex issue, with both progress and challenges in improving access and quality of health services for the population. Notably, the state of essential health services in Malawi can be summarized as below:

1. Progress in health outcomes: Malawi has made progress in improving some health outcomes, such as reducing child mortality and improving maternal health. For example, between 2010 and 2019, the under-five mortality rate decreased from 71 to 51 deaths per 1,000 live births, while the maternal mortality ratio decreased from 675 to 405 deaths per 100,000 live births.
2. Shortages of health workers: Malawi faces a critical shortage of health workers, particularly in rural areas. In 2018, the doctor to population ratio was only 1 to 74,725, and the nurse to population ratio was 1 to 4,215.
3. Limited access to essential health services: Access to essential health services remains a challenge in Malawi, particularly for people living in rural areas. For example, in 2018, only 51% of births were attended by a skilled health worker, and only 63% of children under 5 years of age with fever received appropriate treatment.
4. Quality of health services: The quality of health services in Malawi varies, with some facilities providing high-quality care while others face challenges in terms of infrastructure, equipment, and human resources. For example, in 2018, only 65% of health facilities had access to basic amenities such as electricity and water.
5. Health financing: Malawi's health system is primarily financed through government funding, external aid, and out-of-pocket payments. In 2018, the government allocated 7.3% of its total budget to health, which is below the Abuja Declaration target of allocating at least 15% of the national budget to health.

Overall, while progress has been made in improving some health outcomes in Malawi, significant challenges remain in terms of access to and quality of essential health services, as well as shortages of health workers and inadequate health financing.

4.2 Social Determinants of Health in Malawi

The high burden of disease responsible for the high premature loss of life arises largely because of the conditions in which people are born, grow, live, work and age. A significant proportion of Malawi's population suffers from extreme and persistent poverty. 68.8% of the population lives below USD1.25 and 81.4% below USD2.00. Household income is not only very low, then, but the distribution is also relatively flat with only a small proportion of households possessing significant spending power. A substantial proportion of Malawi's working population operates in the informal sector. Figure 2 shows key risk factors and their contribution to the burden of disease based on 2015 burden of disease analysis for Malawi.

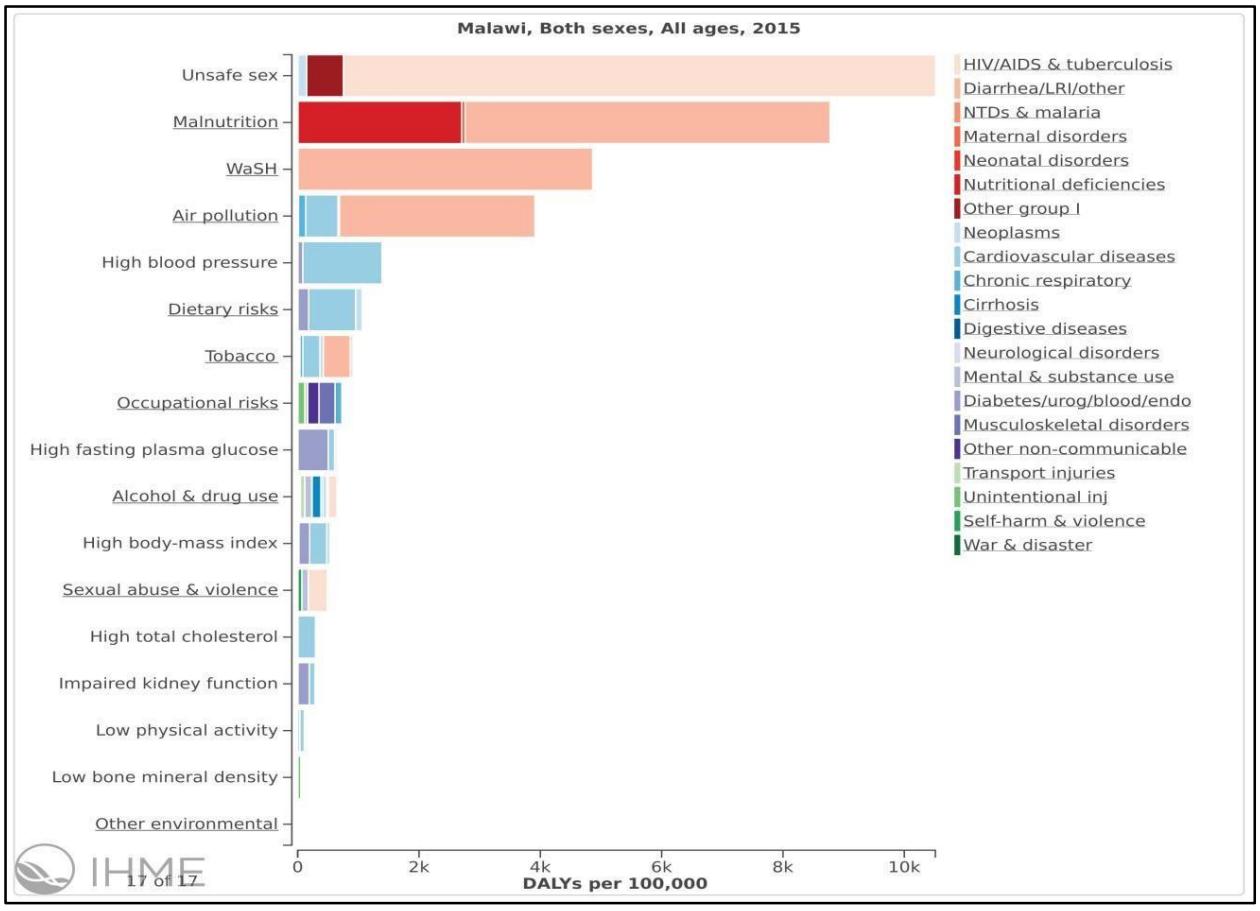


Figure 2: major risk factors and their contribution to burden of disease (*Source: Institute for Health Metrics and Evaluation*)

One of the leading determinants of health is the level of education. Education influences almost all the risk factors in Figure 2. National surveys show that health indicators are worse among people who have no or little education than those who have received secondary education or higher. For example, the 2016 MDHS shows that more than 4 in 10 children born to mothers with no education (43%) are stunted compared with 38% of children born to mothers with primary education, 30% of children whose mothers have a secondary education and 12% of children born to mothers with more than a secondary education.

Living conditions is also another key determinant of health. The proportion of households who obtain drinking water from an improved source has increased from 80% in 2010 to 87% in 2016. 52% of households usually use an improved and not shared toilet facility and proportion of households with no toilet facility at all has decreased from 13.5% in 2008 to 6% in 2016. Household access to safe water and use of toilet are key in the control of water borne diseases. The majority of households in 2016 were using solid fuels (96%) which puts children at higher risk of respiratory infections if the rooms are not well ventilated.

Road traffic related injuries and death is becoming a big public health problem in Malawi. The total number of road traffic accidents increased by 11 percent from 7,390 in 2013/14 to 8,194 in 2015/16 and the number of people seriously injured and killed increased by 8% and 9% respectively. Road traffic fatality rate in Malawi is 35 deaths per 100,000 population, which is above the African regional average of 26.6 deaths per 100,000 population, and twice the global average of 17.4 deaths per 100,000 population. The majority of the road traffic accident (RTA) victims are pedestrians and cyclists due to mainly to poor visibility on roads and lack of use of reflector jackets.

4.3 Status of HCWM in Malawi

It is acknowledged in the HCWM Strategic Plan of Action (2003-2008) that there is no policy document or formal management procedures for health-care wastes in Malawi. Some of the important policies of sound management of health-care related waste include:

a) assignment of legal responsibility for safe management of waste disposal to the waste producers; and
b) high level of awareness on proper waste disposal among all health workers and general public and limited level of awareness of proper waste disposal among health workers and general public.

To this effect, the Ministry of Health (MoH) is, currently, in the process of finalising the draft Health- Care Waste Management Policy. Development and finalisation of this policy has been stimulated by the need for improving healthcare waste management in Malawi. Two assessments (2002 and 2007) on Health-Care Waste Management in health facilities (encompassing public, private, CHAM, and training institutions) identified key problems existing in the health-care system of Malawi. These include:

i. Deficient institutional and legal framework;
ii. Mediocre behaviour and practices of health-care workers and waste handlers;
iii. Insufficient financial resource allocation towards HCWM;
iv. Inexistence of private agencies that deal with health-care waste collection and treatment;
v. Lack of clarity given to HCWM in the National Health Policy; and
vi. Non-performing organizational structure and equipment within the health care system.

Similarly, other documents such as the Health-Care Waste Management Plan (2012) on HIV and AIDS project indicate many gaps in implementation of sound Health-Care Waste Management (HCWM) practices in the country. For example, the latter document noted that the majority of Health Facilities (HFs) were found to have no storage areas for HCW and 92% of health facilities were observed to dispose HCWs on-site.

5. ENVIRONMENTAL AND SOCIAL RISK AND IMPACT IDENTIFICATION AND ASSESSMENT

5.1 Environmental and Social Risk Classification

This ESMP provides for initial risk assessment and classification based on the available documentation and data. Implementation of the project activities will be positive and urgently needed as this project will predominantly finance salaries and recurrent expenses, and the procurement of drugs, supplies and medical equipment to aid in the current fiscal crisis and cholera epidemic. The main environmental risks emanate from the ongoing health care activities including waste from health care facilities. operation of the laboratories, and quarantine and isolation centres. The scale of impact is a result of compliance by health care facilities and workers to the infection control and medical waste management plan. Although Malawi has extensive experience with infectious illness, it has limited capacity in managing highly infectious medical wastes.

5.2 Environment and Social Risks and Impacts

The project will have both positive and negatives environmental and social impacts, in so far as it would continue essential health services delivery in the country, in doing so also continue the generation of medical waste. Both the environmental and social risks are considered 'Moderate'. The project interventions are expected to take place in existing health facilities; therefore, they will be mostly contained activities and environmental issues (and impacts thereof). Potential impacts would be experienced by health care workers themselves, and where procedures are not complied with potentially immediate adjacent communities. The risk analysis below will guide the prioritization of risks and their impacts.

5.3 Potential Negative Impacts

The Emergency Health Project will generally provide benefits in the areas of continued health care at central, district and community level. Positive and negative environmental and social impacts are also expected from implementation of the project activities (e.g. supply of essential medicines). Negative impacts are likely going to be minor, short term and localised while positive impacts will be major and long term. The generic impacts are expected to include the following:

5.3.1. Weak compliance with the precaution measures for infection prevention and control

Weak compliance with the precaution measures in isolation and treatment, especially of contagious illness cases spreads infections in healthcare facilities and may lead to transmission to health workers and other patients.

Mitigation Measures: The PIU and HCF will ensure the following:

i. Establishment and implementation of Standard precautions and Transmission based precautions, as per project ICWMP, should be in line with National guidelines for IPC in healthcare facilities and take into account guidance from WHO and/or CDC on infection control;
ii. Health facilities should establish and apply Standard Precautions including:

    a. Hand Hygiene (HH);

b. Respiratory hygiene/cough etiquette.

c. Use of personal protective equipment (PPE);

d. Handling of patient care equipment, and soiled linen;

e. Environmental cleaning;

f. Prevention of needle-stick/sharp injuries; and

g. Appropriate Health Care Waste Management.

iii. Health facilities should establish and apply Transmission based precautions (contact, droplet, and airborne precautions) as well as specific procedures for managing patients in isolation room/unit;

iv. Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.;

v. Ensure protocols for regular disinfection of public rooms, wards, ICUs, equipment, tools, ambulances and waste are in place and followed;

vi. Ensure handwashing and other sanitary stations are always supplied with clean water, soap, and disinfectant;

vii. Ensure equipment such as autoclaves are in working order; and

vii. Provide regular testing to healthcare workers routinely in contact with contagious patients.

5.3.2. Poor Management of Medical Waste

Medical waste is considered contaminated. Improper collection, transport, treatment and disposal of infectious waste becomes a vector for the spread of the bacteria and viruses. The risk from wastes generated during emergency campaigns will likely increase especially when temporary sites are opened in communities.

Mitigation Measures: The PIU and HCF will ensure the following:

i. Each HCF is operated in accordance with the ICWMP prepared for the project;

ii. All waste generated at service delivery points, especially temporary sites opened in communities, must be properly collected and transported to district hospitals for disposal by incineration;

iii. Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the facility specific ICWMP and WHO Guidelines;

a. Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICWMP conducted on a weekly basis;

b. The PIU will audit any off-site waste disposal required on a monthly basis and institute any remedial measures required to ensure compliance;

iv. The treatment of healthcare waste produced during the care of contagious patients should be collected safely in designated containers and bags, treated and then safely disposed;

v. Open burning and incineration of medical wastes can result in emission of dioxins, furans and particulate matter, and result in unacceptable cancer risks under medium (two hours per week) or higher usage;

vi. Waste generation, minimization, reuse and recycling are practiced where practical.

5.3.3. Poor storage of medical waste

The improper storage of medical wastes and disposed medicines while waiting incineration and disposal can cause leachate to contaminate the land and water resources (including runoff and groundwater). Especially in Malawi with high rainfall, the accumulation of rainfall in open waste storage areas will cause the generation and leakage of leachate both on the storage site but also into adjacent land and water resources.

Also, unsecure storage areas may result in *pickers (scrap collectors)* and children accessing the storage areas, increasing the risk of injury and/or exposure to contaminated waste.

Mitigation measures: The PIU and HCF will ensure the following:

i. Waste storage areas are appropriately secured to prevent illegal access.
ii. Open air waste storage units will be securely covered to prevent the accumulation of rainwater and reduce development of leachate.
iii. Open air waste storage units will be correctly bunded to prevent leachate leaking into land or water resources.
iv. Waste storage and incinerator areas will have closed stormwater system to prevent contamination to water resources, and lined evaporation pond to reduce contamination to groundwater.

5.3.4. Poor sanitation and improper management of wastewater

Poor sanitation and improper management of wastewater, especially related to cholera treatment services transmit diseases to communities and pollute environment.

Mitigation Measures: The MoH and HCF will ensure the following:

i. Health facilities shall ensure the provision of safe water, sanitation, and hygienic conditions, which is essential to protecting human health during all infectious disease outbreaks, including cholera; and

ii. Health facilities shall establish and apply good practices line with WHO guidance on water, sanitation and waste management and National guidelines for Infection Prevention and Control healthcare facilities, especially for the onsite treatment of water used to clean HCFs especially in isolation wards.

5.3.5 Poor handling and Management of Hazardous Materials and Medicines

Hazardous materials and medicines used and generated during the provision of health care and epidemic treatment may include small volumes of laboratory reagents, chemicals, solvents, medicinal gases, as well large volumes of chemicals e.g. for safe treatment of water or disinfection, including chlorine, ethanol, ammonium, etc. and hazardous substances e.g. petro-chemicals for ongoing operation of generators and

ambulances. Hazardous substance in themselves pose a safety and health risk and must be handled, stored, transported, disposed, and emergency response procedures for spills/fires according to their safety classification.

Mitigation Measures: The HCF will ensure the following:

i. Incompliance with National regulations for chemical and hazardous substances, and Medicines legislation, they develop a hazardous material management procedure that defines:

a. inventory of medicines and hazardous materials in the health care facilities;

b. proper labelling of medicines and hazardous materials including necessary safety warnings;

c. safe handling, storage and use of hazardous materials;

d. use of protective equipment procedure for managing spill, exposures and other

incidents, including emergency response procedures for evacuation and fire;

e. procedure for reporting of incidents; and

Safe disposal of expired medicines and containers of hazardous substances.

ii. Medicines and Hazardous materials should be handled in accordance with the accepted practices.

iii. Only trained personnel should handle the materials and precautions taken when handling materials by using required protection equipment such as ventilation hoods, aspirators, face shields and masks, gloves, and other personal protective equipment.

5.3.6 Continued risks of Sexual Exploitation and Abuse (SEA) and Harassment (SH)

In general, crises exacerbate social risks, including the risks of Sexual Exploitation, Harassment, and Abuse. Although the project is supporting ongoing activities, these risks already exist and will continue to occur.

Mitigation Measures: The MoH, PIU, HCF shall take the following measures:

i. Implement SEA/SH plan included in the ESMP, Annexure 3.

ii. Provide GBV/SEA requirements in contractor agreements and bid documents and all workers signing and adherence to Workers' Code of Conduct;

iii. Establish and operationalize GRM whose approach is sensitive to issues of GBV and SEA;

iv. Map out GBV/SEA service providers in the HCF areas;

v. Community engagement and consultation to include GBV/SEA sensitization.

vi. Project's activities will take into account gender considerations as needed. Actions to be taken include:

a. messaging incorporating gender considerations; and

b. female participation in training activities as well as female representation in emergency management groups and decision-making committees. In addition, project indicators will be disaggregated by gender, where feasible.

5.3.7 Continued stigmatization of patients:

Patients who receive treatment for certain health conditions may face stigmatization, particularly if the community surrounding the facility does not understand their condition. This can impact the mental health and well-being of patients.

Mitigation measures: PIU and HCF shall take the following measures:

i. Health facilities should engage with the surrounding community to address concerns, build trust, and promote collaboration.

ii. Health facilities can address stigmatization by promoting awareness and education about different health conditions including mental health

5.3.8 Continued limited access to health care:

Health facilities located in areas with limited transportation or inadequate infrastructure may prevent some individuals from accessing health care. This can disproportionately impact low-income and marginalized populations.

Mitigation measures: PIU and HCFs shall take the following measures:

i. Improving access to care: Health facilities can improve access to care by providing transportation services, offering telehealth services, or partnering with community organizations to provide/access health care.

By addressing these social risks, health facilities can promote the well-being of their communities and workers, as well as their patients.

5.4 Potential Positive risks and Impacts

The project will positively impact on the health of the Malawians through:

i. Payment of salaries: this will ensure ongoing services by health care workers, as well as create motivation and creation of employment opportunities for the health workers.
ii. Continued supply of essential medical supplies: will contribute to continued availability of essential health care and medical interventions to improve the quality of life for communities.
iii. Strengthened infection control and waste management will reduce environmental pollution through implementation of the Infection Control and Waste Management Plan will result improved waste management. This will contribute to reduction in air, land and water pollution.
iv. Ongoing and improved occupational health and safety as well as community health, will contribute to reduced spread of infection and injury with contaminated waste.

5.5 Residual Impacts

Without mainstreaming infection control and waste management into regular health care facility operations and budgeting, implementation of ICWMPs will be limited to piece-meal funding by donor

projects, resulting in inconsistence implementation of infection control and waste management procedures.

5.6 Cumulative Impacts

Accumulation of HCF waste coupled with impacts from general waste within the area of the HCF, may result in a pollution/contamination threshold being reached resulting in toxic levels of pollution to land, air, and water resources, including groundwater, of the area.

Table 4: Summary Assessment of Negative Risks and Impacts

Risk	Impacts	Who impacted	Likelihood	Severity	Risk Rating	Mitigation
Weak compliance with precaution measures for infection prevention and control (ESS2, ESS4)	Transmission of contagious diseases to health workers and other patients.	Health workers Other patients	Very likely	Moderate	Moderate	▪ Implement Project ICWMP ▪ Establishment and implementation of Standard precautions and Transmission based precautions ▪ Provision of PPE ▪ Training of health workers on health and safety. ▪ Conduct regular health monitoring (Screening of health workers)
Poor management of medical waste (ESS3, ESS4)	Waste is a vector for the spread of the bacteria and viruses.	Health workers Surrounding communities	Very likely	Very Serious	Moderate	▪ Implement Project ICWMP ▪ Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the facility specific ICWMP and WHO Guidelines ▪ Provision of waste management equipment like bins or skips and storage areas for expired medicines ▪ Training of staff on safe storage and disposal of waste. ▪ Having functional incineration facilities ▪ Proper disposal of wastes in designated areas
Poor storage of medical waste (ESS3, ESS4, ESS6)	Leachate from wastes contaminate the land and water resources	Surrounding communities	Very likely	Serious	Moderate	▪ Implement Project ICWMP ▪ Ensure waste stored in appropriate bunds. ▪ Open air waste to be covered to prevent accumulation of rain. ▪ Implement dirty water segregation in waste storage areas. ▪ Line stormwater retention pond to prevent groundwater contamination

Risk	Impacts	Who impacted	Likelihood	Severity	Risk Rating	Mitigation
Continued…	Risk of injury and/or exposure to contaminated waste in unsecured storage areas	Surrounding communities especially waste pickers and children	Very likely	Very Serious	Moderate	▪ Assess and secure waste storage areas.
Poor sanitation and improper management of wastewater (ESS3, ESS4, ESS6)	Transmit diseases to communities including cholera and pollute environment.	Health workers Surrounding communities	Very likely	Serious	Moderate	▪ Apply good practices line with WHO guidance on water, sanitation and waste management
Poor handling and management of hazardous materials (ESS2, ESS3, ESS4)	Chemicals, hazardous substances, and some medicines pose safety and health risks themselves e.g. burns, fires, explosion, poisoning, etc.	Health workers Surrounding communities	Likely	Very Serious	Moderate	▪ Obtain necessary permits under National Hazardous Substances and Medicines Regulations respectively. ▪ Develop and implement appropriate procedures for handling, storage, transportation, disposal, and appropriate emergency response procedures e.g. for spills/fires according to their safety classification. ▪ Training of staff on safe use of chemicals and hazardous materials.
Continued risks of Sexual Exploitation and Assessment, and Harassment (ESS2, ESS4)	Sexual exploitation and abuse, sexual harassment, Gender Based Violence	Health workers Patients Surround community (Especially women and girls)	Very likely	Very Serious	High Risk	• Implement SEA/SH Plan in the ESMP • Communicate anti-SEA/SH messages to staff. • Strengthen the grievance redress mechanism. • Engage with local communities to raise awareness of GBV/SEA/SH and encourage reporting • Establish referral systems to ensure that survivors of GBV/SEA receive appropriate medical, psychosocial, and legal support

Risk	Impacts	Who impacted	Likelihood	Severity	Risk Rating	Mitigation
Continued stigmatization of patients	Discriminated health care access and services	Surrounding community Patients Especially vulnerable and disabled	Likely	Serious	Moderate	• Worker and Community sensitization to address concerns, build trust, and promote collaboration. • Worker and Community sensitization against stigmatization by promoting awareness and education about different health conditions including mental health
Continued limited access to health care	Limited transportation or inadequate infrastructure causing barrier to accessing health care	Surrounding communities, especially vulnerable, marginalized, and disabled	Likely	Serious	Moderate	• Continue to improve access to health care by providing transportation services, offering telehealth services, partnering with community organizations to provide/access health care. • Raise worker and community awareness about other mechanisms (above) to access health care.
Residual Impacts: Not mainstreaming ICWM into regular HCF operations and budgeting (ESS2, ESS3, ESS4)	Inconsistence infection control and waste management	Health workers Other patients Surrounding community	Very likely	Serious	Moderate	▪ Continued effort to mainstream ICWM in HCF operations
Cumulative Impacts: Cumulative impact of pollution and contamination (ESS3, ESS4, ESS6)	Threshold reached resulting in toxic levels of pollution/ contamination	Surrounding community Surrounding environmental resources (water, land)	Likely	Very Serious	Moderate	▪ Districts to carry out periodic monitoring on land and water quality to monitor cumulative contamination

5.7 Environmental and Social Management Plan

The Environmental and Social Management Plan (ESMP) outlines how the mitigation measures are going to be managed and assigns implementation responsibilities to stakeholders within a given timeframe and estimates costs of implementing the proposed mitigation measures and as presented in Table 5.

As the project is applied across the country the responsibilities and costs are indicative as a lump activity. Some areas may require more or less based on their specific context.

Table 5: Environmental and Social Management Plan

#	MITIGATION	RESPONSIBLE ENTITY	INDICATOR	TIMEFRAME	COST
1	Implement Project ICWMP, including: ▪ Establishment and implementation of Standard precautions and Transmission based precautions ▪ Provision of PPE ▪ Provision of waste management equipment ▪ Secured access to waste storage areas ▪ Bunds and cover of outdoor waste storage units ▪ Runoff management in waste storage areas ▪ Incinerator repair and maintenance ▪ Ash dump management ▪ Training of workers in ICWMP	MoH, HCFs	▪ Availability of waste management equipment including PPE ▪ Number, record, and attendance of training in ICWMP	Ongoing	Recurring Expense of HCFs (initial $1,000,000)
2	Conduct regular health monitoring (Screening of health workers)	MoH, HCFs	▪ Baseline health of workers	Ongoing	Recurring Expense of HCFs
3	Safe Chemicals and Hazardous substances management: ▪ Obtain necessary permits under National Hazardous Substances and Medicines Regulations respectively. ▪ Develop and implement appropriate procedures for handling, storage, transportation, disposal, and appropriate emergency response procedures e.g. for spills/fires according to their safety classification. ▪ Training of staff on safe use of chemicals and hazardous materials.	MoH, HCF, MEPA	▪ Necessary permits in place and complied with ▪ Appropriate management plans and procedures in place	Ongoing	Recurring Expense of HCFs (initial $250,000)
4	▪ Apply good practices line with WHO guidance on water, sanitation and waste management	MoH, HCFs	▪ Appropriate sanitation facilities available and safe ▪ Availability of safe water	Ongoing	Recurring expense of HCFs

#	MITIGATION	RESPONSIBLE ENTITY	INDICATOR	TIMEFRAME	COST
5	Worker and Community Sensitization, including on: ▪ Safety around health care waste ▪ Anti-SEA/SH/GBV ▪ Promoting awareness and education about different health conditions including mental health to prevent stigmatization ▪ Alternative options to access to health care e.g. telehealth services, partnering with community organizations to provide/access health care.	PIU, MOH, HCF, DHPO	▪ Awareness materials ▪ Number, attendance of training and awareness sessions	Ongoing with SEP	Recurrent cost
6	Implement mechanisms to address SEA/SH: ▪ Implement SEA/SH Plan in the ESMP ▪ Communicate anti-SEA/SH messages to staff. ▪ Strengthen the grievance redress mechanism. ▪ Establish referral systems to ensure that survivors of GBV/SEA receive appropriate medical, psychosocial, and legal support	PIU, MOH, HCF	▪ Number of SEA/SH cases	Ongoing	Recurrent expense
7	▪ Continued effort to mainstream ICWM in HCF operations	MOFEA, MoH, HCFs	▪ ICWMP operational line item in HCF Operational costs	Ongoing	Recurrent expense
8	▪ Districts to carry out periodic monitoring on land and water quality to monitor cumulative contamination	EDO, DEHO, MEPA	▪ Baseline samples ▪ Pollution tracking	Minimum Annual	$10,000.00
				Indicative total	**$1,350,000.00**

6. STAKEHOLDERS ENGAGEMENT

6.1 Overview

In order to ensure effective implementation of the ESMP it's important to have adequate participation of the stakeholders and surrounding communities to help in identifying potential negative and positive impacts associated with the project and suggesting suitable mitigation and enhancement measures. Hence the need for continuous public and stakeholder consultations before and during Project. In compliance with Environmental and Social Standard (ESS) 10, a Stakeholder Engagement Plan (SEP) has been developed for the project, to ensure adequate participation of relevant stakeholders, MOH and all implementing stakeholders will ensure that the local communities are informed at an early stage and before commencement of the Project. All stakeholder engagement and communication, including for this ESMP, will be carried out in compliance with the project SEP. The information that will be shared will include timelines, expected impacts, communication channels and the role of the established grievance management mechanisms that receive, communicate, manage and document all grievances.

Health promotion officers with support from the health education services will use the prepared document as guidance to meet and involve the different stakeholders in resolving complaints raised through organizing public meetings to discuss all matters affecting essential health services delivery.

7. CAPACITY DEVELOPMENT, TRAINING AND REPORTING

7.1 Technical Assistance support for the implementation of safeguards

The success of effective implementation of the Environmental and Social Management Plan (ESMP) will rest on the ability and availability of technically competent staff and other relevant implementing parties. Therefore, capacity building and training of institutions is required. This effective capacity building program could be through availing of the required resources and training of staff and all other parties involved in this ESMP implementation, including contractors and suppliers. Project implementing bodies need to understand inherent social and environmental issues and values of the Emergency Project to Protect Essential Health Services project and be able to identify and manage impacts.

To better achieve effective safeguards capacity building for the health facilities, a training needs assessment that will focus on institutional safeguards knowledge and attitudes shall be undertaken. The findings will help PIU draw a training plan and schedule to better address the knowledge gap and capacity areas.

Given the limited capacity of staff from District level Health Offices and other relevant institution directly and/or indirectly engaged in the implementation of the Emergency Project to Protect Essential Health Services on World Bank safeguards requirements as well as implementation of environmental and social safeguards management, it is inevitable to capacitate them and address their demand to fulfil the required knowledge and skill gaps through planning and implementation of project capacity building program. Therefore, it is proposed to provide capacity building through technical assistance that will support the PIU and other relevant institutions during the implementation of this ESMP and other safeguards requirements over the project period. The technical assistance will provide the necessary technical support to the PIU in its work with the MoHs as well as other entities involved in the implementation of the ESMP.

7.2 Reporting Requirements

The ESMP implementation progress reports will be prepared to summarize the results of all monitoring actions. The reports will give monitoring data in a standard format. Reports should emphasize any significant failure to implement requirements of the ESMP. Any significant incidents of environmental non- compliance should be summarized, along with actions taken to mitigate these and to prevent reoccurrence. Progress Reports will be submitted to MOH, World Bank and other relevant institutions periodically during project implementation and in compliance with the ESCP.

All accidents and incidents will be reported immediately, and notification will be given by MoH to the World Bank within 48 hours of occurrence. Incidents to be reported will include but not limited to

- near misses
- fatality
- lost time injury
- Disease outbreak
- Spillage

Accidents shall be reported using the available World Bank templates.

Subsequently at the Bank's request, prepare an Incident investigation Report including Root Cause Analysis on the incident or accident and propose any corrective measures to address it and prevent and/or minimize its recurrence.

SEA/SH incidences should also be reported to the Bank but the information shared should be limited to the following to protect the confidentiality of the survivor: where/to whom the incident was reported, if the alleged perpetrator is employed by the Project, what type of incident has been reported and whether the person who experienced the alleged incident was referred to appropriate services. Investigations should not be undertaken by the PIU or Bank.

8. MANAGEMENT STRATEGY IMPLEMENTATION PLANS (MSIPS)

The Preparation of Management Strategies and Implementation plans (MSIPs) is part of MoH's obligation to foster compliance to best practices in risk management for sound project implementation. The management strategies and implementation plans listed below attached as annexures to this ESMP:

1) Infection Control and Waste Management Plan (Annex 1)
2) Labour Management Plan (Annex 2)
3) SEA /SH Action Plan (Annex 3)

9. CONCLUSION AND RECOMMENDATIONS

MOH recognizes the importance of the project for the nation and the immediate surrounding communities. In this respect, it is conceivable that such importance could be undermined if the implementation of the project activities is coupled with the generation of negative impacts.

The ESMP describes the range of environmental and social issues associated with the emergency health project and outlines corresponding management measures that will be employed to mitigate the potential adverse environmental and social impacts. The project should therefore comply with all local laws and regulations and World Bank Standards, which seek to ensure that the project is implemented in an environmentally sound manner while

safeguarding the safety and health of the workers and the surrounding community. The following recommendations should be integrated in the project design and implementation:

1. Conduct a due diligence on the entire Malawi health system's capacity to safeguard the approved support under this project to ensure overall reforms in the provision of EHS
2. Integration of mitigation measures into project design and implementation to ensure compliance with ESMP.
3. Training of workers on the ESMP implementation
4. Implementation of and compliance to the Infection Control and Waste Management Plan and mitigation measures as per the plan.
5. Provision of appropriate PPE
6. Reporting of all environmental, health, safety and social incidents on the project

REFERENCES

Dang, Hai-Anh H.; Dabalen, Andrew L. 2017. Is Poverty in Africa Mostly Chronic or Transient? Evidence from Synthetic Panel

Government of Malawi (2016), The Constitution of the Republic of Malawi, Office of President and Cabinet;

Government of Malawi (1998) National Decentralization Policy, Ministry of Local Government and Rural Development;

Government of Malawi (2004), National Environment Policy, Ministry of Natural Resources, Energy and Mining;

Government of Malawi (2007), Forestry Act, Ministry of Natural Resources, Energy and Mining;

Government of Malawi (1998), Local Government Act, Ministry of Local Government, Lilongwe;

Government of Malawi (2017), Local Government (Amendment) Act, Ministry of Local Government, Lilongwe;

Government of Malawi (1948), Public Health Act, Ministry of Health;

Government of Malawi (1997), Occupational Safety, Health, and Welfare Act, Ministry of Labour,

Government of Malawi (2012), Gender Equality Act, Ministry of Gender, Children, Disability and Social Welfare;

Management Global Practice. Washington DC, World Bank.

National Statistical Office, 2008. Population and Household Survey

World Bank (2017) data base.

World Bank (2016); Malawi Economic Monitor: Absorbing Shocks, Building Resilience. Macroeconomics and Fiscal

World Bank Environmental and Social Framework

Environmental and Social Commitment Plan

ANNEXURES

ANNEX 1: INFECTION CONTROL AND WASTE MANAGEMENT PLAN

ANNEX 2: LABOUR MANAGEMENT PLAN

ANNEX 3. SEXUAL EXPLOITATION AND ABUSE/ SEXUAL HARASSMENT (SEA/SH) PREVENTION AND RESPONSE PLAN

Introduction

GBV is a term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed gender differences. This includes acts that inflict physical, mental, sexual harm or suffering; threats of such acts; and coercion and other deprivations of liberty, whether occurring in public or in private life.

SEA/SH comprise actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

MoH will not tolerate any GBV related issues throughout project implementation hence the development of this GBV prevention plan.

Purpose

This SEA/SH prevention and response plan is developed to provide necessary protocols and mechanisms to addressing SEA/SH risks by putting efforts for preventing and responding to SEA/SH issues that may arise. The implementation of this plan will result in the protection of those might be vulnerable to SEA/SH and this will also achieve the improvement of workers' physical and emotional wellbeing and strengthens occupational health and safety. In a bigger picture this will contribute to the bigger fight against GBV that is going on in Malawi.

Scope

This Plan describes SEA/SH risk factors, prevention and response measures, and it also describes monitoring indicators, responsible persons, and timelines for implementing the mitigation measures.

Objectives

- To increase awareness and knowledge about GBV and SEA/SH to MoH employees and surrounding communities;
- To provide channels for reporting SEA/SH incidences that are connected to the Project;
- To provide a platform for addressing any SEA/SH issues that may arise in the course of the project and ensure the issue is properly referred to the law enforcers in line with the wishes of the survivor;
- Conducting sensitization meetings on GBV (SEA/SH) to employees and the surrounding communities
- Training or orienting employees in GBV (SEA/SH);
- Distribution of information, education and communication (IEC) materials; on GBV and SEA/SH at facilities and surrounding communities.

Risks

The following are some of the risks factors that increase the potential for SEA/SH in the project:

- Lack/ inadequate information on GBV;

- Lack/ inadequate access to GBV service providers;
- Interaction of workers with women that may result in GBV;
- Male workers transporting goods (e.g. essential medicine), who can perpetrate GBV on routes and at truck stops associated with the project, even if not on the project site.
- Informal workers, whose informality means they may either be more vulnerable to GBV due to lack of contracts or that potential perpetrators may go unidentified due to lack of information about them.
- Income-earning opportunities for women through direct employment in Projects, or indirect employment (e.g. catering, traders), which may also increase household tension and create community backlash against women in areas where the perception is that they should not work outside the home or that a woman cannot earn more money than the man.

Mitigation Measures

To address the SEA/SH risks and any incidents that may arise MOH will;

- MoH shall put up information, education and communication (IEC) materials; on GBV and SAE at facilities and surrounding communities.
- All worker shall be orientated on the Code of Conduct and then sign it;
- The MoH will have a zero tolerance to GBV; one offence of GBV shall invite disciplinary measures in accordance with the code of conduct depending on the degree of the offence;
- The MoH shall make sure that GR Committees are active and accessible to people from the community and workers.
- When a case comes through the health facility it shall be reported through the GRM and as appropriate keeping survivor information confidential and anonymous.
- Cases brought through the GRM will be documented.
- MoH will place suggestion boxes on at facilities for those that do not wish to register their grievance through the GRC. A mobile phone number will be provided for community members to lodge their complaints.
- MoH shall work closely with the social welfare, gender office, police VSU and community police to prevent incidents of GBV by monitoring and assess potential risks and being proactive by sensitizing the community about a potential risk.

Table 1: of Annex 6 Key Terms and Definitions

Violence against women and girls (VAWG)	The 1993 UN Declaration on the Elimination of Violence against Women defined violence against women and girls as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (Article 1). Violence against women and girls shall be understood to encompass, but not be limited to, the following: • Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; • Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced sex work; • Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs (Article 2). Violence against women and girls is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women.
Gender based violence (GBV)	Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private (IASC 2015). Women and girls are disproportionately affected by GBV across the globe.
Sexual harassment (SH)	Unwelcome sexual advances, requests for sexual favors, and other unwanted verbal or physical conduct of a sexual nature. SH differs from SEA in that it occurs between personnel/staff working on the project, and not between staff and project beneficiaries or communities. The distinction between SEA and SH is important so that agency policies and staff training can include specific instructions on the procedures to report each. Both women and men can experience SH.
Sexual Abuse and Exploitation (SAE)	Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Sexual abuse is further defined as "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions." Women, girls, boys and men can experience SAE. In the context of World Bank supported projects, project beneficiaries or members of project-affected communities may experience SAE.

Child/ Forced early Marriage	Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions (IASC 2015).
Human Trafficking	The recruitment, transportation, transfer, harboring or receipt of persons, by means of force, the threat of force, other forms of coercion, abduction, fraud, deception, of the abuse of power, or of a position of vulnerability, or giving or receiving of payments or benefits to achieve the consent of a person, having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, the exploitation of the sex work of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs (United Nations 2000. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children).

Table 2 of Annex 6: GBV PREVENTION PLAN

No.	Risk	Potential mitigation measures	Output Indicators	Target	Responsible person	Implementation Timeframe	Cost (MKW)
1	Money motivated illicit behaviors/poor code of conduct which may result in GBV incidences;	Sensitization meetings with the community (including hospital personnel and guardians) and employees once every month, All working at site shall sign and adhere to the Code of Conduct.	Sensitization meetings done every quarter. All employee signed and adhering to CoC.	All workers (including hospital personnel and guardians) Community	MOH	Ongoing	Covered in Table 4 of the ESMP in Chapter 8
2	Lack/ inadequate information on GBV;	Sensitization meetings with the community (including hospital personnel and guardians) and employees once every month, All working at site shall sign and adhere to the Code of Conduct.	Sensitization meetings done every quarter. All employee signed and adhering to CoC.	All workers (including hospital personnel and guardians) Community	MOH	Ongoing	
3	Lack/ inadequate access to GBV service providers	Talks during staff meetings, shall Identify and engage district social welfare office and district gender office to connect survivors to GBV service providers	The availability and accessibility of a GBV service provider to the project and project area.	All workers (including hospital personnel and guardians) Community	MOH	Ongoing	
4	Drivers, who can perpetrate GBV on routes and at truck stops	The MoH transporting drivers shall sign and adhere to the Code of Conduct even when they are off-site. For drivers of temporarily hired transporting vehicles; the MoH shall	All drivers signed and adhering to CoC. Presence of signed copies of a special CoC for drivers of	Drivers of vehicles	MOH The owners of the hired vehicle	Ongoing	

		include a statement of Code of Conduct and induction training for the drivers of the hired vehicle to sign and adhere to during the period of the assignment. This shall be done for every new arrangement or assignment.	temporary hired vehicles.			
5	Cultural perceptions that may result into GBV due to income-earning opportunities for women through direct employment	Sensitization meetings with the community and employees once every quarter, Safe and easy access to the GRC by ensuring confidentiality and by being available and reachable.	• Sensitization meetings done every quarter. • GBV cases being received, addressed and recorded by the GRC in a confidential manner	All workers (including hospital personnel and guardians) Community	MOH	Ongoing