



**THE NATIONAL TUBERCULOSIS AND LEPROSY ELIMINATION PROGRAMME
(NTLEP)**

SOUTHERN AFRICA TB AND HEALTH SYSTEMS SUPPORT PROJECT

PROJECT NO: P155658

ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

Executive Summary

The Government of Malawi through the National Tuberculosis and Leprosy Elimination Programme (NTLEP), with support from World Bank, is implementing the Southern Africa Tuberculosis and Health Systems Support Project (SATBHSSP). Malawi is one of the four participating countries and the others are Lesotho, Mozambique and Zambia. The project is important for the region as Southern Africa contributes significantly to the global burden of TB. A highly preventable and curable disease, the communicable disease is claiming a lot of lives.

Southern Africa also has some of the highest TB/HIV co-infection rates in the world, which is tricky to treat; and there is an increasing threat of the Multidrug-resistant TB (MDR-TB) to the sub-region's health and development gains. In addition, the region faces the challenges of a disease burden tied to movement within and across borders among miners. Drivers of TB in mining among others include poor accommodation facilities, poor nutrition, poor ventilation and dust in the mines.

There are four Ministries that are collaborating in the execution of the Project. The Ministry of Health is coordinating overall implementation through the National TB Control Program (NTP); Ministry of Finance and Economic Affairs; Ministry of Labor, the Department of Mines in the Ministry of Mining complete the implementation arrangement. The NTP being the overall coordinator houses the Project Implementation Unit (PIU).

Implementation is in 15 Districts across the 3 regions of Malawi. In the Northern Region the Project is in Karonga; Mzimba North; Mzimba South; and Rumphi; In the Central Region the project is in Kasungu, Dedza, Ntcheu and Lilongwe; In the Southern Region the Project is in Mangochi, Machinga, Zomba, Balaka; Blantyre Chiladzulu; and Nsanje.

Nine districts out of the fifteen are benefiting from the construction of MDR-TB wards. These are Karonga, Rumphi, Mzimba South, Kasungu, Lilongwe (KCH), Balaka, Blantyre (QECH) and Nsanje. These districts will rely on this ESMP as a guide that seeks to highlight the associated risks of the civil works including the threat of Cholera that has hit Malawi and their mitigation measures in line with the project's ESMF.

Objectives of the ESMP

- a) To identify, assess and mitigate significant risks and impacts for the sustainability of the project.
- b) To achieve compliance to the project's environmental and social commitments;
- c) To ensure compliance with international and local ESHS best practices and management systems;

- d) To ensure legal and contractual compliance;
- e) To provide guidance and procedures for management of ESHS issues during the project life-cycle.

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List of Acronyms

C-ESMP	Contractor Environmental and Social Management Plan
ESHS	Environmental Social Health and Safety
ESMP	Environmental and Social Management Plan
EIA	Environmental Impact Assessment
HMC	Hospital Management Committee
DGO	District Gender Officer
DHSS	Director of Health and Social Services
DSWO	District Social Welfare Officer
EDO	District Environmental Officer
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
GRMC	Grievance Redress Mechanism Committee
HAC	Hospital Advisory Committee
HIV/AIDS Syndrome	Human Immunodeficiency Virus/ Acquired Immuno Deficiency Syndrome
HR	Human Resources
MDR-TB	Multi-Drug Resistant Tuberculosis
MSIP?	

NTLEP	National Tuberculosis and Leprosy Elimination Programme
OHS	Occupational Health and Safety
OPD	Outpatient Department
PIU	Project Implementation Unit
SAE	Sexual Abuse and Exploitation
SATBHSSP	Southern Africa Tuberculosis and Health System Support Project
SHE	Safety Health and Environment
WB	World Bank

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Chapter 1: Introduction

1 INTRODUCTION

1.1 Background

The Government of Malawi through the National Tuberculosis and Leprosy Elimination Programme (NTLEP), with support from World Bank, is implementing the Southern Africa Tuberculosis and Health Systems Support Project (SATBHSSP). Malawi is one of the four participating countries and the others are Lesotho, Mozambique and Zambia. The project is important for the region as Southern Africa contributes significantly to the global burden of TB. A highly preventable and curable disease, the communicable disease is claiming a lot of lives. One of the components in the project is the construction of MDR-TB Isolation wards.

In consideration of the potential risks and impacts of the project on the environment and the communities around the project areas (Nsanje, Blantyre, Zomba, Balaka, Lilongwe, Kasungu, Mzimba, Rumphi and Karonga); which are the district hospitals and central hospitals premises and their surrounding areas, an Environmental and Social Management Plan (ESMP) was prepared. The ESMP for the construction of the MDR-TB Wards is essential for the successful management of environmental and social risks and impacts management of the proposed Project civil works and all project operations. The ESMP is prepared based on the international standards and national laws and regulations.

As stipulated in the ESMF, NTLEP is responsible for the implementation of the ESMP and therefore required to develop and implement the Contractor environmental and social management plan (C-ESMP), which aligns with the ESMP to ensure sound implementation of environmental and social management during construction.

This ESMP is the main tool for managing potential environmental and social risks including health and safety issues, and also possible benefits during implementation of the Project. The ESMP will serve as a framework for identifying environmental and social aspects and impacts associated with the construction phase and it will also instruct the environmental and social controls and processes implemented by the contractor, sub-contractors and consultants in carrying out their respective responsibilities in the Project.

1.2 Project Summary and Rationale

The SATBHSSP is one of the projects that are supporting the fight against the burden of tuberculosis in Malawi. Malawi is one of the four participating countries and the others are Lesotho, Mozambique and Zambia. The project is important for the region as Southern Africa contributes significantly to the global burden of TB. A highly preventable and curable disease, the communicable disease is claiming a lot of lives. The objectives of the Project are:

- (i) To improve coverage and quality of TB control and occupational lung disease services in targeted geographical areas of the participating countries; and
- (ii) To strengthen the regional capacity to manage the burden of TB and occupational lung diseases.

There are four Ministries that are collaborating in the execution of the Project. The Ministry of Health is coordinating overall implementation through the National TB Control Program (NTP); Ministry of Finance, and Economic Affairs; Ministry of Labor, the Department of Mines in the Ministry of Mining complete the implementation arrangement. The NTP being the overall coordinator houses the Project Implementation Unit (PIU).

The proposed project works includes the construction of six 4-roomed self-contained isolation wards and three 8-roomed self-contained rooms. The wards will also have an arrival lounge, nurses' station, store rooms, Wash Up Area, Pop Room, Dressing Room, Sluice/ WC and Linen Room. The main Building which will comprise MDR-TB Wards will occupy a floor space of 174.285m² for the 4 roomed wards and floor area of 301.73m² for the 8-roomed wards. The project will also construct a new drainage system to handle wastewater from the MDR-TB Wards to the existing drainage systems.

1.3 Civil Works Project Organization

Brief details of the proposed MDR-TB wards construction project are presented in Table 1 below.

Table 1: Brief details of the MDR-TB Wards Construction Project

Name of Project	The Southern Africa Tuberculosis and Health System Support Project
Project Number	P155658

Location	Nsanje, Blantyre, Zomba, Balaka, Lilongwe, Kasungu, Mzimba, Rumphu and Karonga
Commencement Date	March, 2023
Completion Date	May, 2023
Client	The National Tuberculosis and Leprosy Elimination Programme

1.4 Project Location

The proposed MDR-TB Wards will be constructed at 6 district hospitals of Nsanje, Balaka, Kasungu, Mzimba, Rumphu and Karonga, and three central hospitals of Queen Elizabeth, Zomba and Kamuzu in Lilongwe. Below is a summary table of the designated project sites.

Table 2. Project Locations

Facility	Location
Nsanje	Latitude -16.91832 and Longitude: 35.25975
QECH - Blantyre	Latitude -15.8021067 and Longitude: 35.0236867
Zomba Central Hospital	Latitude -15.39943, and Longitude: 35.31408
KCH - Lilongwe	Latitude -13.98026 and Longitude: 33.78708
Balaka	Latitude -14.98390 and Longitude: 34.94996
Kasungu	Latitude -13.03558 and Longitude: 33.47921
Mzimba	Latitude: -11.899275 and Longitude: 33.584602.
Rumphu	Latitude: -11.01967 and Longitude: 33.85422.
Karonga	Latitude -9.95479, and Longitude: 33.91137

1.5 ESMP Scope

The scope of this ESMP defines the approach to environmental, social, health and safety risk and impact management during implementation of project core and ancillary activities in the life-cycle of the project. Compliance with the ESMP, procedures, work practices and controls will be mandatory and must be adhered to by all contractor's personnel, and sub-contractors employed during the construction phase of the proposed project.

The key elements of this ESMP include:

- a) Brief overview of the Proposed MDR-TB Wards project, and various construction activities;
- b) Compliance with all relevant conditions attached to the National and World Bank Policies and regulation;
- c) Summary of key sensitive receptors and potential ESHS risks and impacts identified.
- d) Providing a basis for achieving and implementing the construction related ESHS enhancement and mitigation measures identified
- e) Monitoring requirements and individuals and parties responsible for implementation of the proposed enhancement and mitigation measures; and
- f) identifying the project management structure and clearly identify the roles and responsibilities with regard to managing and reporting on the construction phase's environmental and social management aspects;

In summary, this ESMP identifies how risks identified in the ESMF will be translated into management actions on site during the project life cycle and includes a schedule for implementing the actions through allocation of key roles and responsibilities. It also sets out objectives and targets for the project that are realistic and relevant for maintaining or improving ESHS risk management, monitoring, reporting and auditing as per the Contract and national and international ESHS best practices.

1.6 Purpose of the ESMP

The potential environmental and social impacts that may arise during construction of the proposed project were identified through the Environmental and Social (E&S) Management Plan (ESMP) which was done to properly understand and carry out a detailed assessment of the physical, biological and socio-economic characteristics of the project specific areas, identify the negative and positive environmental and social impacts and to provide mitigation and enhancement measures. This ESMP collates the mitigation measures identified in the ESMP and describes how the project activities will be managed to avoid or minimize potential adverse environmental and social impacts. The purpose of the ESMP is to:

- a) Identify and assess site specific risks and impacts for each site, considering both the impact of the environment onto the project site/activities, and the impact of the project activities onto the environment.
- b) Provide effective, site-specific procedures and mitigation measures to monitor and control environmental and social impacts associated with the proposed project throughout the construction phase.
- c) Ensure that construction activities do not adversely impact the biophysical and socioeconomic environment of the area, including amenity, traffic, or the sensitive habitat, etc. in the surrounding area; and
- d) Ensure that environmental and social impacts identified during the project's ESMP, are properly managed and that controls are put in place to alleviate any anticipated impacts on the surrounding biophysical and human environment during the construction phase.

1.7 Objectives of the ESMP

The general objective of this ESMP is to provide a consolidated summary of all the environmental, social, and health and safety (ESHS) commitments relevant for the construction phase of the project aimed at addressing potential ESHS risks. This ESMP also gives an overview of the ESHS Management System that will be adopted to ensure systematic and effective execution of these commitments, including roles and responsibilities between the Client (NTLEP), supervising Engineer and the contractor.

The specific objectives of this ESMP are as follows:

- f) To achieve compliance to the project's environmental and social commitments;
- g) To ensure compliance with international and local ESHS best practices and management systems;
- h) To ensure legal and contractual compliance;
- i) To provide guidance and procedures for management of ESHS issues during the construction phase;
- j) To provide guidance on the records to be maintained by the contractor as one way of demonstrating compliance with the C-ESMP and Project's Contract and Project's ESMP.

Incorporated annexes

Providing a summarized description of all contract deliverables including:

- ES Management Strategies & Implementation Plans
- Traffic Management Plan
- GBV and SAE Prevention plan
- Wastes Management Plan
-

1.8 Methodology for Preparation of the ESMP

The preparation of the ESMP was guided by the following:

- a) The recommendations of the ESMF prepared for this project which was accepted by the World Bank and approved by Environmental Affairs Department;
- b) The recommendations of the Design Reports; and the provisions of the clauses in the Project Contract Document.
- c) Agreements arrived through consultations with various stakeholders.
- d) Field investigations were undertaken to confirm the status of issues anticipated from all sites;

2 DESCRIPTION OF PROJECT ACTIVITIES

2.1 Scope of Works/Project activities

The proposed project includes the construction of three 8-roomed wards and six 4-roomed self-contained wards. The wards will also have an arrival lounge, nurses' station, storerooms, Wash Up Area, Donning Room, Dressing Room, Sluice/ WC, Linen Room and doffing room. The project will also construct a new drainage system to handle wastewater from the MDR-TB Wards to the existing drainage systems. All central hospitals will utilize the existing sewer pipe systems provided for by the city councils. Provisions were made for the six districts wards to have septic tanks and storm water will mostly be linked to main water outlets for the supported health facilities.

2.2 Planning and Design Phase

The activities in this phase include site risk assessment, planning and designing of the project works and activities. This includes site assessments, land surveying, technical feasibility and environmental assessment studies, establishment and training of the hospital management committee (HMC), procurement of local contractor by the PIU, resource mobilization and tendering of the works. This also includes preparation of construction designs, orienting the hospital representative on the structures that will be constructed, processing of applicable authorizations and approvals from relevant authorities, preliminary consultations and land use planning.

The Hospital Management Committee is a key supervising entity at facility level that will be handling all issues emerging from the hospital pertaining to construction. Availability of the committee will also instil a sense of ownership of the project as key selected people from the hospital will be part and parcel of the construction process. To make this possible, the committee will require pre-construction training as one way of making them understand issues surrounding construction hence making them able to follow the whole construction process.

2.3 Construction Phase

The main activities to be undertaken during this phase of the project are clearing and construction of the infrastructure for the TB isolation wards within the project sites. The following sections provide an insight on some of the activities which will be undertaken.

2.4.1 Identification of Underground Services

These should be identified so as to facilitate their relocation before any other activity in the site. The services may include, water, electricity, telecommunication lines and sewer services.

2.4.2 Land Clearing and Levelling

Land clearing of the proposed project sites will be the initial groundwork during the construction phase. Land clearing will be done in readiness of construction works. With some sites hosting trees, underground sewer, telecommunications, electrical and water services, re-routing will be the primary activity. The activities envisaged during site preparation are:

- Removal of existing vegetation, trees and re-routing of underground services;
- Preparation of the land to required levels and falls, which this will entail some topsoil removal and disposal
- Removal from site of some construction rubble, excess soil, stones and rock if present.

Securing the site? E.g. hoarding/fencing to prevent public wandering into the construction site area.

2.4.3 Construction of buildings and associated external works

The activities envisaged during construction are:

- Excavation of trenches for the building's foundations;
- General construction works, earthworks, and soil sealing (where necessary);
- Form and concrete works in foundations for buildings;
- Rainwater drainage, pipe/conveyance systems for waste, septic tank, etc.
- Cement block's work for building walls;
- Carpentry works for scaffolding and roofing;
- Disposal of rubble and other waste from the construction site; and
- Soft landscape to restore beauty to original or better quality.
- Planting 10 trees per 1 tree that is cut as one way of compensating the trees that may have destroyed as a result of the project.

2.4.3 Construction Material and Equipment

The main raw materials for construction are cement blocks, quarry stone timber and steel. A summary of construction material and equipment for construction phase has been provided in Table below.

Table 2.1: Summary of construction material and equipment

S N	Raw Material	Source	Mode of Delivery
1	Cement blocks, cement, aggregates, sand	Local approved suppliers	Road truck
2	Diesel (for operation of the generator and machinery)	Local approved suppliers	Road truck
3	Construction and drinking Water	Existing water sources at project sites.	N/A
5	General building materials	Locally approved suppliers.	Road truck
6	Equipment and machinery (lorries, scaffolding materials, hoes, shovels, and wheelbarrows and hand tools)	Contractor	Road truck

2.5 Operation and Maintenance Phase

After the finalisation of the construction works it is expected that project beneficiaries will be using these facilities. During this time, the surrounding communities will benefit from modern infrastructures that will be constructed. The operation activities will mainly involve use of the new side wards and sanitary facilities. This will ensure provision of good welfare for TB patients so that they have a conducive curative environment through the provision of sanitary facilities and side wards for the patient in the community around the project site.

On the other hand, Occupational diseases and accidents are significant risks faced by workers in health facilities. Considering that the isolation wards will have a number of hazardous services such as oxygen support cylinders, safety will be prioritized. Here are some strategies that we will implement to mitigate the risks of occupational diseases and accidents:

Conduct risk assessments: Health facilities will conduct risk assessments to identify potential hazards and risks in the workplace. This includes

identifying physical hazards, such as slips and falls, as well as biological hazards, such as exposure to infectious agents.

Implement safety protocols: Health facilities will implement safety protocols and guidelines to protect workers from hazards and risks. This includes providing personal protective equipment, such as gloves, masks, and goggles, as well as ensuring proper training on how to use and dispose of such equipment.

Provide training: Health facilities will provide training to their employees on how to recognize and prevent hazards in the workplace. This includes providing training on proper lifting techniques, handling hazardous materials, and preventing slips, trips, and falls.

Provide health monitoring: Health facilities should provide regular health monitoring to employees who may be at risk for occupational diseases. This includes monitoring for infectious diseases, such as tuberculosis and hepatitis, as well as monitoring for exposure to hazardous chemicals.

Promote a culture of safety: Health facilities will promote a culture of safety by encouraging employees to report hazards and near-misses, providing incentives for safe behavior, and regularly communicating about safety issues.

By taking these steps, health facilities can mitigate the risks of occupational diseases and accidents, and create a safer and healthier workplace for their employees. It is important for health facilities to prioritize the health and safety of their employees as part of their overall mission to promote public health.

On the other hand the building will contribute stormwater, and waste (human and medical). Thus sewer capacity assessments will regularly be made to ensure that all liquid waste does not find its way out to surface water sources before treatment.

Furthermore, Pulmonary infections like TB are mostly characterized by oxygen deficiencies in the patients thus requiring oxygen support mechanisms. Fire safety is an important consideration in hospital wards that use oxygen. Oxygen is a highly combustible gas, and if not handled properly, it can increase the risk of fire in hospital settings.

To ensure fire safety in hospital wards that use oxygen, several measures should be taken:

1. **Educate staff and patients:** Hospital staff should receive proper training on the safe handling and use of oxygen. Patients should also be educated on the potential hazards of oxygen use, such as the risk of fire.

2. Use fire-resistant materials: Hospital wards that use oxygen should be constructed with fire-resistant materials. These materials can help prevent the spread of fire in the event of an oxygen-related incident.
3. Store oxygen properly: Oxygen cylinders should be stored in a designated area that is free from potential ignition sources, such as open flames or electrical equipment. The storage area should be well-ventilated and have clear signage indicating the presence of oxygen.
4. Control potential ignition sources: To minimize the risk of fire, potential ignition sources should be controlled. This includes prohibiting smoking in hospital wards and ensuring that electrical equipment is properly maintained.
5. Have an emergency plan: In the event of a fire, hospital staff should have an emergency plan in place. This plan should include procedures for evacuating patients, shutting off the oxygen supply, and contacting the fire department.

By taking these measures, hospital wards that use oxygen can minimize the risk of fire and ensure the safety of staff and patients.

2.6 Decommissioning Phase

It is not envisaged that the infrastructures for the side ward will cease to be offered at a certain point in time in the future. Since, the time frame is unknown and practically a long period of time to come, it might not be practical to predict what will happen during that time. During demobilisation, the contractor will ensure that all temporary structures are removed and the sites properly rehabilitated.

Table 2: Summary list of activities and proposed infrastructure under each project phase

No.	Project Phase	Infrastructure to be built	Activities
1	Designing/ Planning		<ul style="list-style-type: none"> • Obtaining of permits (workplace, building materials, planning etc) • Conducting feasibility studies, detailed engineering designs and preparation of this ESMP

2	Construction	MDR-TB Wards	Isolation	<ul style="list-style-type: none"> • site establishment and mobilization of workers; • transportation of equipment
				<ul style="list-style-type: none"> • land clearing and scaping within the project area • Cordoning and fencing of the area, • Construction of the MDR-TB Wards building
3	Operation and Maintenance			<ul style="list-style-type: none"> • Commissioning, operation and regular maintenance of the unit • Management of medical waste from the MDR-TB Wards

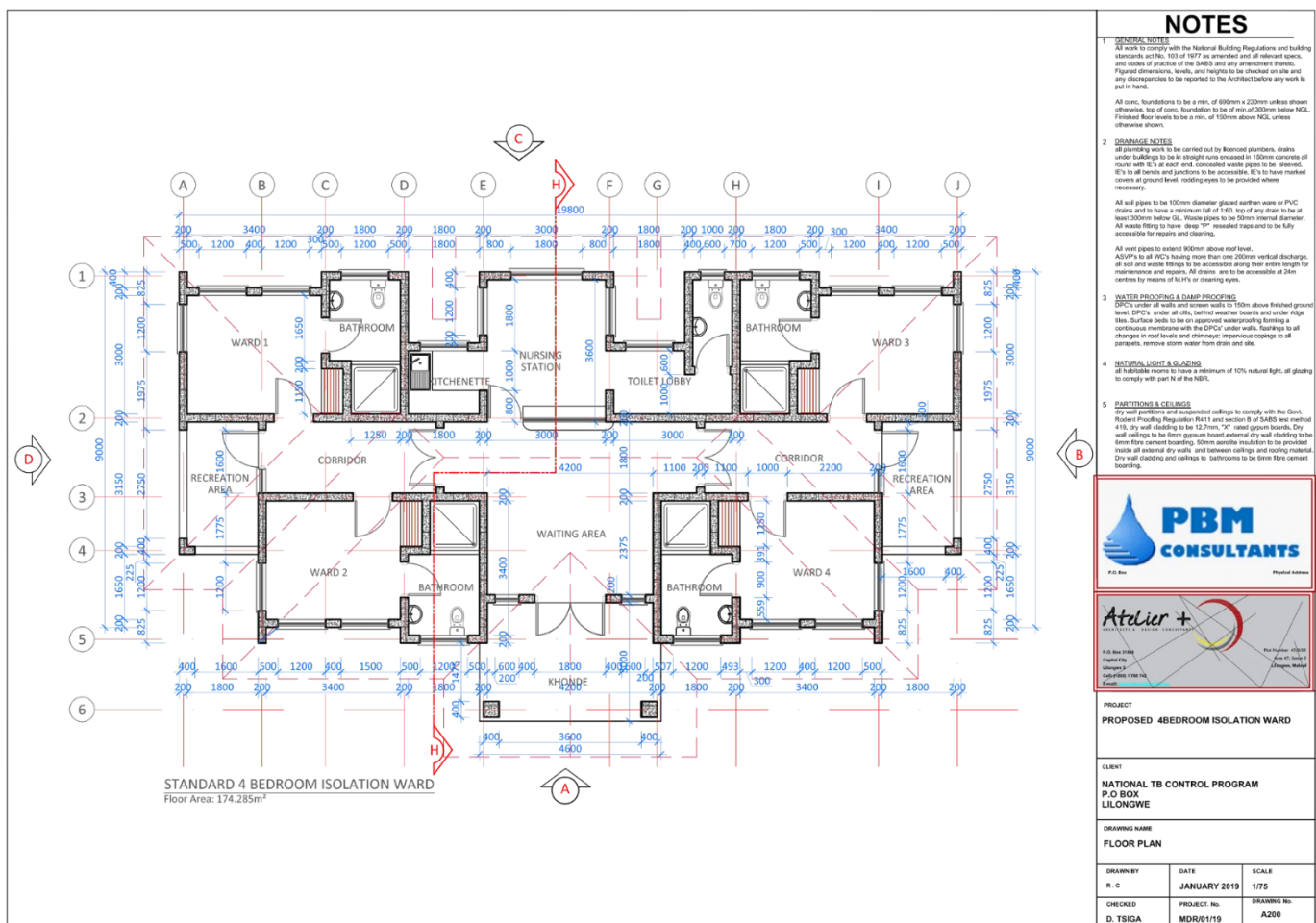


Figure 2: Site plan of the proposed 4-roomed MDR-TB Isolation Wards

Figure 3: Site plan of the proposed 8-roomed MDR-TB Isolation Wards

NOTES

1. GENERAL NOTES:
 - a. All dimensions are in millimeters unless otherwise stated.
 - b. All work shall be in accordance with the latest edition of the SANS 10400 series of standards.
 - c. All work shall be in accordance with the latest edition of the SANS 10400 series of standards.
 - d. All work shall be in accordance with the latest edition of the SANS 10400 series of standards.
2. MATERIALS AND WORKMANSHIP:
 - a. All materials shall be of the highest quality and shall be in accordance with the latest edition of the SANS 10400 series of standards.
 - b. All workmanship shall be of the highest quality and shall be in accordance with the latest edition of the SANS 10400 series of standards.
3. FINISHES:
 - a. All finishes shall be in accordance with the latest edition of the SANS 10400 series of standards.
4. ELECTRICAL:
 - a. All electrical work shall be in accordance with the latest edition of the SANS 10400 series of standards.
5. PLUMBING:
 - a. All plumbing work shall be in accordance with the latest edition of the SANS 10400 series of standards.

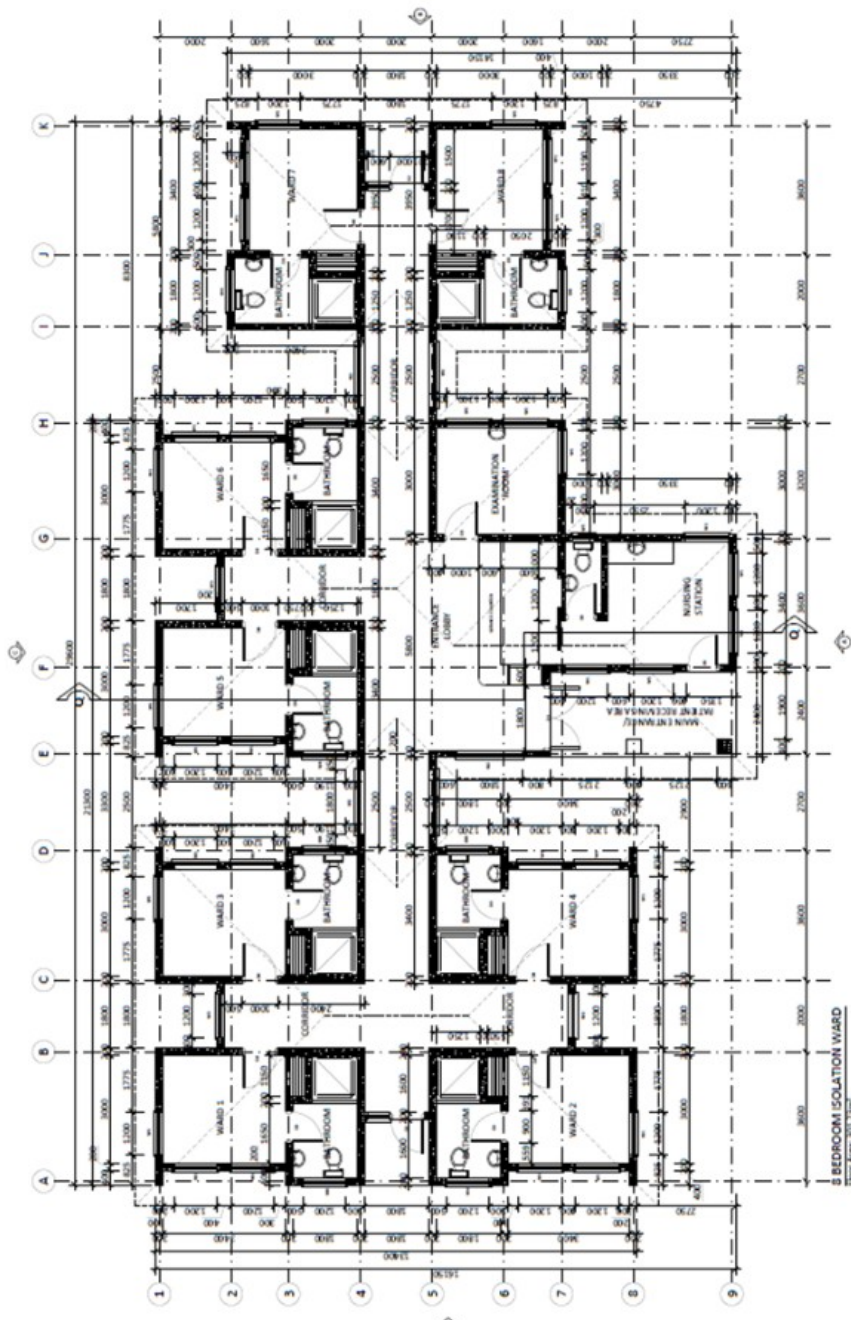


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PROJECT		PROPOSED STANDARD MIB TB WARD 8 BEDROOM WARD BLANTYRE
CLIENT		NATIONAL TB CONTROL PROGRAM PRIVATE BAG 65 LECHORRE
DRAWING NAME		PROPOSED MIB TB 8 BEDROOM WARD FLOOR PLAN
DRAWN BY	DATE	SCALE
R. S. CHIRIANGA	JANUARY 2019	1:100
CHECKED	PROJECT NO.	DRAWING NO.
D. TROSA	MOR05118	A100



FLOOR PLAN SCALE 1:100

3. POLICIES, LEGAL AND INSTITUTIONAL FRAMEWORK

3.1 Policies and Legal Framework

This ESMP has been prepared with adherence to the provisions of the policies and laws governing the implementation of this project in National and World Bank environmental and social safeguards policies, legislations and guidelines. These safeguards policies, legislations and guidelines will be adhered to by NTLEP during any activities throughout the construction phase. 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

Regulatory Frameworks	Relevance to the Project
National Policies	
The National Environmental Policy, 2004	<p>□ Promotes adherence to sound management of the environment and natural resources through promotion of sustainable social economic development against sound management of the environment and natural resources such as water, soil, flora and fauna. This project will not be implemented on sensitive areas with vast natural resources, however, where applicable, restoration, maintenance and enhancement of natural resources should be considered by NTLEP and all contractors.</p>
The Malawi National Land Policy, 2002	<ul style="list-style-type: none"> • This is the principal policy that guides the land management and administration issues in Malawi. The policy introduces major reforms intended in land planning, use, management and tenure. It provides clear definition of land ownership categories (Section 4), and addresses the issue of compensation payment for land (Section 4.6). • The policy also has provisions for environmental management covering issues related to both urban and rural management of solid and liquid waste, protection of sensitive areas, agricultural resource conservation and land use, community forests and woodland management, over-dependence on fuel wood, forest programs, co-ordination of multiple land use, water resources and wetlands, lakeshore environmental management and mining and minerals. Of particular importance is Section 9.8.1 (c) which states that development activities in fragile ecosystems such as wetlands,

	game reserves, forest reserves and critical habitats will only be permitted after the appropriate authority has conducted an environmental impact assessment.
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	The proposed project will be implemented on land that belongs to the Government of Malawi, therefore no compensations issues will arise.
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 mentions “Medical Equipment and Infrastructure” as among priority areas. This project will involve health infrastructure development; hence this policy requirements have to apply.
National Sanitation Policy, 2006	□ 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 proposed project will have to ensure that liquid and solid waste management is given full consideration complying with the provisions of the policy.
National Forestry Policy (2016)	<ul style="list-style-type: none"> • The policy (Government, National Forestry Policy, 2016) aims at promoting sustainable contribution of national forests, woodlands and trees towards improvement of quality of life in the country by conserving the resources for the benefit of the nation and to the satisfaction of diverse and changing needs of Malawi population, particularly the rural communities. The policy prevents unnecessary changes in land-use that promote deforestation or endanger the protection of the forests, which have cultural, biodiversity or water catchment values. It also discourages development activities in gazette forests unless proven environmentally friendly for which suitable inter-sectoral. • The developer and the contractor therefore will be required to take advantage of provisions under this policy to prevent unnecessary destruction of trees at the project area. During construction, the clearance of the affected area will potentially lead to the destruction of minor vegetation and loss of scenic beauty and enhancement of soil erosion. The grass on the project site will be cleared during the implementation of the

	project. There are 10 trees noticed to be taken down.
National Water Policy, 2004	□ The protection and use of water resources has been accorded the highest priority over other uses by this policy. Water is one of the highest required material in this project
National Constitution of	□ Advocates for involvement of decentralized structures at district and local levels in implementation of public related activities of the project such as managing infrastructure which will be developed by this project

Decentralization Policy, 1998	
The National Gender Policy (2015)	□ To strengthen gender mainstreaming and women empowerment at all levels in order to facilitate attainment of gender equality and equity in Malawi. The project will ensure that it also provides employment opportunities to capable women
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 MDR-TB Wards will also have an IPC program.
National Legislations	
The Environment Management Act, 2017	□ Ensures clean and healthy living environment for the project implementers, and the surrounding environment in which the project is being implemented. Underscores adherence to the principle outlined in the approved ESIA
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. District Health Officer, District Environmental officers should ensure the contractor complies with standards that minimizes environmental degradation.

Water Resources Act, 2013	<p>□ The Act provides for the control, conservation, apportionment and use of water resources. NTLEP should consider applying for water rights for use of water during construction of the project.</p>
Forestry Act, 2017	<p>a. One of the purposes of this Act is to augment, protect and manage trees and forest on customary land in order to meet basic fuelwood and forest produce needs of local communities and for the conservation of soil and water;</p> <p>b. promote conservation of trees and protected forest areas in accordance with the provisions of this Act;</p> <p>□ The project will involve clearing of the projects site which result into cutting down of trees and loss of biodiversity. Therefore, to comply with the requirement of this act construction works will be limited to areas where structures will be located and where possible trees will be planted during land scaping.</p>
Land Act, 2016	<p>□ The Land Act, 2016, which repealed the Land Act of 1965, is the principal legislation dealing with land tenure, land use and land transfer. The Commissioner of Lands is responsible for the administration of the Act. Section 7 of the Act recognizes two categories of land namely; public land and private land. Public land is where the project area belongs and is defined as land as held in trust for the people of Malawi and managed by Government, a local government authority and a Traditional Authority. Private land is defined as all land, which is owned, held or occupied under a freehold title, leasehold title or as a customary estate or which is registered as private land under the Registered Land Act.</p> <p>NTLEP and its contractors will work closely with District Councils, the local leaders, to obtain consent to use the land for gravel excavations.</p>
The Public Roads Act, 2017	<ul style="list-style-type: none"> • In this Act the highway authority is assigned responsibilities for the construction, care and maintenance of any road or class of road in accordance with the Act. • The Act provides for road standards, safety and classification. The proposed project will construct access roads, which will fully comply with the provisions of the Act by ensuring that appropriate infrastructure for public safety are considered. Such infrastructure includes road signage, drainage systems

	and others.
NTLEP Act (1997).	□ The purpose of the Act is to ensure that public roads are maintained, always rehabilitated; raise funds for maintenance and rehabilitation of public roads; and advise the minister and, where appropriate, the Minister responsible for local government and the Minister responsible for transport on the preparation and the efficient and effective implementation of the annual national roads programme referred in section 25; and the control and overloading on vehicles on public roads
Occupational Health and Welfare Act, 1997	□ The Act regulates the requirements for adequate environmental health and safety measures within workplaces. This Act applies to this project because it will engage the contractor who will employ people and the act stipulates that it is the duty of every employer to ensure the safety, health and welfare at work of all employees.
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. NTLEP and its contractors will ensure that it promotes a workplace free of sexual harassment and provide public awareness on promotion of gender equality

ENVIRONMENTAL MANAGEMENT (CHEMICALS AND TOXIC SUBSTANCES MANAGEMENT) REGULATIONS, 2008	<ul style="list-style-type: none"> • The Environmental Management (Chemicals and Toxic Substances Management) Regulations, 2008 is a set of regulations that were introduced in Malawi to govern the management and use of chemicals and toxic substances in the country. The regulations were developed in accordance with the Environmental Management Act of 1996, which provides for the sustainable management of the environment in Malawi. The aim of the regulations is to ensure that chemicals and toxic substances are used and managed in a way that does not harm the environment or human health. The regulations cover a wide range of areas, including the importation, storage, transportation, and disposal of chemicals and toxic substances.
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

	<p>others handling of water supply, sewerage, etc. with respect to preventing diseases. This is a construction project as such, it will have an impact on water access and use at the health facility including sewerage system. NTLEP and the district hospital management should work together to make sure construction doesn't negatively affect water supply and sewerage systems at the facility.</p>
National Construction Industry Act, 1996	<p>The NCIC is responsible for regulating the construction industry in Malawi through among others: registering consultants and construction firms, promoting research and development, encouraging competitions; and standardizing quality control, contract documentation, codes of practice, procurement process; and legal contractual procedures in liaison with other organization. In accordance with the Act, the NCIC must be involved in identifying the contractors, ensuring that a quality contract is in place, resolving conflicts between the contractor and client and ensuring that quality structures are developed.</p>
Environment Management (Waste Management & Sanitation) Regulations, 2008	<p>□ 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.</p>
Malawi Standards (MS) 615: 2005: Waste within health-care facilities, handling and disposal (code of practice)	<p>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 the MDR-TB Wards in the management of healthcare waste (liquid and solid). The project will ensure that the newly installed incinerator and the construction of the new septic tank meets the standard.</p>
disposal (code of practice)	

3.2 Institutional Framework

The implementation of the project and this ESMP will be by the contractors with direct oversight by NTLEP and other key institutions.

3.2.1 The National TB and Leprosy Elimination Programme

The National TB and Leprosy Elimination Programme (NTLEP) is responsible for the environmental and social management of the proposed project. NTLEP ensures the environmental and social compliance with national environmental and social law and the World Bank Safeguard Policies. Specifically, the responsibility for environmental and social management of the proposed project in the NTLEP rests with the PIU Environment and **Social Safeguards specialists**.

3.2.2 Ministry of Health

The Ministry of Health is custodian of all hospitals in Malawi and therefore will be responsible for ensuring that the MDR-TB Wards is adequately equipped and well-staffed for the project to realize its objective of care provision for MDR-TB patients in the beneficiary districts. The Ministry will also have an oversight role during the construction and operation of the MDR-TB Wards.

3.2.3 Malawi Environment Protection Authority (MEPA)

The Malawi Environment Protection Authority (MEPA) is a government agency in Malawi that is responsible for promoting and enforcing environmental protection and conservation in the country. MEPA was established in 2018 under the Environmental Management Act of 2017, which repealed and replaced the Environmental Management Act of 1996.

MEPA's main function is to implement policies and regulations that promote sustainable development and protect the environment in Malawi. The agency is responsible for:

1. Developing environmental policies and regulations that promote sustainable development and protect the environment.
2. Enforcing environmental laws and regulations to ensure compliance.
3. Conducting environmental impact assessments (EIAs) to evaluate the potential impact of development projects on the environment.
4. Monitoring the quality of air, water, and soil to ensure that they meet national and international standards.
5. Promoting public awareness and education on environmental issues.

MEPA is also responsible for coordinating with other government agencies, non-governmental organizations, and international organizations to promote environmental protection and conservation in Malawi. MEPA will thus be key in providing compliance checks to the environmental protection commitments made under this ESMP.

3.2.4 District Councils

The District Councils through the environment, labor, and gender, social welfare and public works offices will also be responsible for monitoring of the activities both during construction and implementation of the MDR-TB Isolation Wards including monitoring of Healthcare waste handling. The district councils have a District Environmental Sub-Committee (DESC) which has the responsibility for appraising projects, environmental management plans and monitoring. Therefore, all reports from the DEHO, the contractor and HAC will be reviewed by the DESC. District Councils' Environmental District Officer (EDO) and Engineers must also work with District Health Office in implementing the ESMP 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.

3.2.5 Supervising Engineer (SE) for the construction of the MDR-TB Wards

PBM Construction CO. Ltd will supervise the implementation of the project. The supervising engineers have Environmental, Social, OHS, GBV/SEA and HIV/AIDS specialists to ensure that all requirements of this ESMP are fully implemented. The SE will also be responsible for monitoring of the activities of the contractor and implementation of this ESMP. Specifically, the SE will be responsible for:

- Monitoring and verifying that the ESMP and Contract Conditions are adhered to at all times and act if specifications are not followed;
- Monitoring and verifying that ESHS impacts are prevented or kept to a minimum.
- Reviewing and approving method statements, in order to ensure that the ESHS specifications contained within this ESMP, Project ESMP and the Contract are adhered to;
- Inspecting the site and surrounding areas on a regular basis with regards to compliance with the ESMP, Project ESMP and Contract.
- Reporting all incidences of ESHS non-compliance to the Management of NTLEP.

- Recommending additional ESHS risk protection measures should it be necessary to do so;
- Providing feedback on any ESHS risk issues at site meetings; Compiling Monthly, Quarterly and End of the Project ESHS Reports.

3.2.6 Contractors

Contractors are responsible for the development of contractor ESMPs and implementation of this ESMP to ensure sound implementation of environmental and social management during construction. The contractors just like the SE will have environmental and social specialists who will be responsible for the implementation of the mitigation measures proposed in this ESMP. Specifically, the contractor will be:

- Planning construction works in a manner that avoids or minimizes impact to environment;
- Ensuring that construction personnel manage construction works in accordance with statutory and approval requirements and within occupational health and safety regulations;
- Ensuring that environmental management procedures and protection measures are implemented;
- Ensuring that all project personnel attend an induction prior to commencing works;
- Ensuring that all project personnel sign a code of ethical conduct before commencing works
- Ensuring that construction works in the Project complies with relevant legislation and conditions of this ESMP; and
- Ensuring that the safety requirements of the project are met;
- Ensuring the adoption and formulation of safe standards, practices and procedures including the development of safe operating procedures;
- Promoting and encouraging a high degree of safety awareness among staff;
- Acting as point of contact for consultation and feedback to stakeholders and the public (stakeholder engagement);

Ensuring the preparation and implementation of training plan for construction workers to raise awareness in the field of E&S topics and in general implementation of this ESMP.

4. SIGNIFICANT POTENTIAL POSITIVE AND NEGATIVE ENVIRONMENTAL AND SOCIAL IMPACTS DURING

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4.1 Potential Negative Impacts

Significant negative environmental and social impacts that will emanate from construction works of the proposed project “MDR-TB Wards” include: **4.1.1 Increased risk of Gender based violence and SEA**

The construction industry can be a high-risk environment for gender-based violence (GBV) and sexual exploitation and abuse (SEA), especially in areas where there is a lack of effective protection and control mechanisms.

- There are several factors that contribute to this increased risk, including:
- Power imbalances: Construction worksites are typically male-dominated, with few women in positions of authority or decision-making power. This power imbalance can make it easier for men to engage in GBV and SEA.
- Temporary and transient workforce: Construction workers are often employed on a temporary or casual basis, which can make it difficult for them to access support services and protection mechanisms.

- Isolated and remote locations: Construction sites are often located in isolated or remote areas, making it more difficult for workers to seek help if they experience GBV or SEA.
- Lack of awareness and training: Many construction workers are not aware of their rights or the risks of GBV and SEA, and may not have received training on how to prevent or respond to such incidents.

To address this issue, the PIU will take several measures to prevent GBV and SEA in the workplace, including:

- Developing and implementing a code of conduct that explicitly prohibits GBV and SEA, and establishing mechanisms for reporting and addressing incidents.
- Providing training to workers and managers on how to prevent and respond to GBV and SEA, as well as on workers' rights and responsibilities.
- Increasing the representation of women in the workforce and in positions of authority, to help address power imbalances.
- Providing access to support services and protection mechanisms, such as counseling, legal aid, and safe accommodation.
- Conducting regular monitoring and evaluation to identify and address any issues or gaps in the prevention and response to GBV and SEA.

By taking these measures, the PIU and contractors will help to create a safe and inclusive workplace for all workers, and help to prevent GBV and SEA in the construction industry.

4.1.2 Increased risk of child marriages and early pregnancies due to interaction with the construction workers.

The interaction between construction workers and communities can increase the risk of child marriages and early pregnancies, particularly in areas where child marriage and teenage pregnancy rates are already high. This risk is often higher in communities where poverty, lack of education, and limited access to healthcare and social services are prevalent.

There are several factors that contribute to this increased risk, including:

- Social norms and expectations: In some communities, early marriage and childbearing are considered socially acceptable or even expected, particularly for girls. Construction workers may also bring with them

different cultural practices and values that can increase the risk of child marriage and early pregnancy.

- Economic incentives: In some cases, families may see marrying off their daughters as a way to reduce the financial burden on the household or to gain economic benefits, such as through dowries or other forms of compensation.
- Lack of access to education: Girls who drop out of school or have limited access to education are more likely to marry early or become pregnant. Construction activities can disrupt access to education and limit opportunities for girls to attend school.

To address this issue, PIU will take several measures to mitigate the risk of child marriages and early pregnancies, including:

- Engaging with communities and local stakeholders to raise awareness about the risks of child marriage and early pregnancy and to promote positive attitudes towards education, gender equality, and reproductive health.
- Providing support for education and training programs that empower girls and young women, including initiatives to increase access to schooling and vocational training.
- Working with local partners to provide access to health services, including family planning, maternal health, and sexual and reproductive health services.
- Ensuring that their construction activities do not disrupt access to education, health services, or other social services that are important for children and young people.

4.1.3 Risk of spread of HIV/AIDS and other sexually transmitted diseases;

Construction sites can be high-risk environments for the spread of HIV/AIDS and other sexually transmitted infections (STIs) due to a variety of factors, including:

- High mobility and turnover of workers: Construction workers may travel frequently between different sites and may work for short periods of time at each location. This can lead to high turnover of workers and a lack of continuity in sexual partnerships, which can increase the risk of HIV/AIDS and STI transmission.
- Poor working and living conditions: Construction sites may lack basic facilities such as toilets, clean water, and appropriate accommodation, which can increase the risk of poor hygiene and transmission of infections.

- Stigma and discrimination: Stigma and discrimination related to HIV/AIDS and STIs can create barriers to prevention and treatment services for construction workers, and can discourage workers from seeking out these services.

To mitigate the risk of HIV/AIDS and other STI transmission in construction sites, the PIU and contractors will take several measures, including:

- Providing education and awareness-raising campaigns to workers about the risks of HIV/AIDS and STIs, and how to prevent transmission.
- Ensuring access to basic facilities such as clean water, toilets, and appropriate accommodation, which can improve hygiene and reduce the risk of transmission.
- Providing access to HIV/AIDS and STI testing, treatment, and counseling services, and ensuring that these services are confidential and non-discriminatory.

4.1.4 Occupational safety and health risks

Construction sites pose a number of occupational safety and health risks to workers due to the nature of the works involved, as well as the use of heavy machinery, hazardous materials, and other equipment. Some of the main risks include:

- Falls: Workers may fall from heights, such as scaffolding or ladders, or may fall into excavations or holes.
- Struck-by accidents: Workers may be struck by falling objects, such as tools, materials, or debris.
- Electrical hazards: Workers may come into contact with live electrical wires or equipment, leading to electrocution or shock.
- Hazardous materials: Construction workers may be exposed to hazardous materials such as asbestos, lead, or silica, which can cause serious health problems.
- Heavy machinery: The use of heavy machinery such as cranes, bulldozers, and excavators can pose a risk of accidents and injuries.
- Noise: Construction sites can be loud, and workers may be exposed to high levels of noise, leading to hearing loss or other hearing-related problems.
- Heat and cold stress: Workers may be exposed to extreme temperatures, which can lead to heat exhaustion, heat stroke, or hypothermia.

To mitigate these risks, the PIU will take several measures, including:

- Providing appropriate training and personal protective equipment (PPE) to workers to minimize the risk of accidents and injuries.
- Conducting regular safety inspections and hazard assessments to identify and address potential risks and hazards.
- Ensuring that all machinery and equipment is properly maintained and inspected regularly.
- Providing appropriate signage, barriers, and other safety measures to warn workers of potential hazards and prevent accidents.
- Developing and implementing a comprehensive safety and health program, which includes policies and procedures for identifying and addressing hazards, training workers, and responding to accidents and emergencies.

By taking these measures, construction companies and organizations can help to ensure the safety and health of their workers, reduce the risk of accidents and injuries, and promote a culture of safety on construction sites.

4.1.5 Increased risk of child labour

Construction sites can be a high-risk environment for child labor due to a variety of factors, including:

- Lack of education and economic opportunities: Children who do not have access to education or economic opportunities may be more likely to seek employment in the construction industry.
- Poverty and migration: Construction sites may attract workers and their families who are migrating from other areas in search of work. Children of these families may be at risk of being drawn into work on construction sites due to poverty and lack of opportunities.
- Informal work arrangements: Many construction sites operate informally, without proper documentation or oversight, which can make it easier for children to be employed illegally.
- Lack of awareness and enforcement: In some cases, employers and workers may not be aware of child labor laws and regulations, or may ignore them due to a lack of enforcement.

To mitigate the risk of child labor in construction sites, the PIU will take several measures, including:

- Providing education and awareness-raising campaigns to workers and their families about the risks of child labor and the importance of education.

- Ensuring that all workers on construction sites are of legal working age, and that children are not employed in any capacity.
- Conducting regular inspections and monitoring to ensure that child labor is not occurring on construction sites.

4.1.6 Increased noise from construction equipment

Construction equipment can generate high levels of noise, which can be a concern for hospitals located near construction sites. Prolonged exposure to loud noise can lead to several negative health effects, including hearing loss, stress, and disruption of sleep patterns. For patients in hospitals, exposure to loud noise can also impact their recovery and overall well-being.

To mitigate the impact of construction noise on patients in hospitals, the PIU and contractors will take several measures, including:

- Scheduling construction activities outside of peak hours for hospital activity, such as at night or during weekends.
- Installing noise barriers or soundproofing materials around construction sites to minimize the impact of noise on nearby buildings, including hospitals.
- Using equipment with lower noise emissions, and maintaining equipment to ensure that it operates as quietly as possible.
- Providing regular updates and communication to hospital staff and patients about construction activities, including information about any noise impacts and anticipated timelines.
- Adhering to local noise ordinances and regulations to ensure that noise levels do not exceed allowable limits.

By taking these measures, the PIU help to minimize the impact of construction noise on patients in nearby hospitals, promote a culture of respect for the surrounding community, and ensure compliance with applicable laws and regulations.

4.1.7 Potential conflict on use of hospital utilities

During construction activities within hospital premises, there may be a potential conflict on the use of hospital utilities, such as water and electricity, that are needed for patient care and treatment. The construction activities may require the temporary interruption or redirection of these utilities, which can affect the hospital's ability to provide critical services.

To minimize potential conflicts on the use of hospital utilities during construction, the PIU and contractors will take several measures, including:

- Collaborating with hospital staff to identify the location of utilities and develop a plan for managing their use during construction.
- Conducting a thorough assessment of the potential impact of construction activities on hospital utilities, and identifying any risks or potential disruptions.
- Providing advanced notice to hospital staff about any planned disruptions or changes to utilities, including timelines and expected duration of interruptions.
- Developing a contingency plan for emergency situations, such as power outages or water shortages, that may arise during construction.
- Conducting regular communication and coordination meetings with hospital staff to ensure that any issues or concerns are addressed in a timely manner.

4.1.8. Increased dust emissions

These emissions can pose a significant threat to human health, the environment, and adjacent properties.

The dust is created when construction activities disturb the soil, such as excavation, grading, or demolition. The dust particles, which are small enough to be inhaled, can cause respiratory problems, aggravate existing health conditions, and cause eye irritation.

To mitigate the dust emissions from construction sites, there are various measures that will be taken. For example, wetting down the construction site, using dust screens or barriers, and limiting the amount of uncovered soil. Additionally, the use of eco-friendly equipment and materials that generate less dust, use of low-emission engines, and maintenance of equipment to reduce emissions.

4.1.9 Environmental degradation due to land clearing and from sourcing of construction materials

Environmental degradation due to land clearing and sourcing of construction materials is a significant problem that has far-reaching impacts on the environment. Land clearing involves the removal of vegetation and other natural features from an area to create space for construction activities, such as building homes, roads, and other infrastructure. This process can lead to

soil erosion, loss of biodiversity, and the release of carbon dioxide into the atmosphere.

Additionally, sourcing construction materials, such as timber, concrete, and steel, can have negative environmental impacts. For example, the extraction of raw materials used in construction can lead to deforestation, soil degradation, and water pollution. The production and transportation of these materials also contribute to greenhouse gas emissions, which contribute to climate change.

To mitigate the negative impacts of land clearing and sourcing of construction materials, there are several strategies that can be employed. For example, using sustainable construction materials, such as bamboo, recycled materials, or sustainably harvested timber, can reduce the impact of sourcing materials. Additionally, using green building practices, such as designing buildings that use renewable energy sources, can help reduce the environmental impact of construction.

4.1.10 Risk of injuries on patients

Construction projects within healthcare facilities can pose a risk of injury to patients. Patients are often already vulnerable due to their medical conditions, and exposure to construction-related hazards can exacerbate their risk of injury or illness. **4.1.11 Risk of spread of COVID-19**

Construction sites can pose a risk for the spread of COVID-19 due to the close proximity of workers, shared tools and equipment, and common areas such as break rooms and restrooms. The virus can spread through respiratory droplets when an infected person talks, coughs, or sneezes, and these droplets can contaminate surfaces and objects, potentially infecting others who come into contact with them.

4.1.12 Increased waste and waste water generation

Construction activities in hospitals can generate increased amounts of waste and wastewater. The construction process can generate various types of waste, including construction debris, packaging materials, and excess materials. Wastewater can also be generated from activities such as cleaning, concrete mixing, and equipment washing.

To manage the increased waste and wastewater generated during construction in hospitals, the following strategies will be employed:

- Develop a comprehensive waste management plan: This plan includes strategies for waste reduction, recycling, and proper disposal of all types of waste generated during construction activities.

- Use sustainable construction practices: Sustainable construction practices, such as using materials made from recycled or renewable sources, help to reduce the amount of waste generated during construction.

Implement water conservation measures: Water conservation measures, such as using low-flow fixtures and reusing wastewater for non-potable purposes, can reduce the amount of wastewater generated during construction.

4.2 Potential Positive Impacts

The proposed works will bring a number of positive impacts on the project affected communities as well as the staff members. Below are some of the notable positive impacts;

- Reliable and conducive isolation environment for MDR-TB patients.
- The project will provide direct employment of people from surrounding communities as labourers. This will, therefore, facilitate the restoration of livelihoods by providing household income.
- Skills transfer to those who will be involved in the project.
- Increase in number of health workers to man the isolation wards thus employment opportunity for medical staff.

Reduced risk of transmission through appropriate isolation.

5 STAKEHOLDERS ENGAGEMENT

5.1 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 positive and negative impacts associated with the project and suggesting suitable enhancement and mitigation measures. Hence the need for public and stakeholder consultations before and during construction works; during the preparation of the project's ESMP and this ESMP these consultations were done and annex 11 lists findings of the consultations. To ensure adequate participation of relevant stakeholders, NTLEP and all contractors will ensure that the local communities are informed at an early stage and before commencement of civil works. The information that will be shared will include timelines, expected impacts, communication channels and the role of the established grievance management committees that receive, communicate, manage and document all grievances.

Contractors will use the prepared document as guidance to meet and involve the different mentioned stakeholders in resolving site complaints raised through organizing public meetings to discuss public welfare and addressing issues regarding the project, holding workshops and organizing awareness meetings.

This section of the ESMP provides an overview of the contractors' plans and commitments to provide on-going opportunities for stakeholder and community engagement during implementation of the MDR-TB Wards project. It also advances sustainability initiatives during project construction, operation and decommissioning phases. The plan and commitment will be consistent with the contractors' commitment to working hand in hand with the public, stakeholder groups and communities to fully achieve the objects of this ESMP.

The objective of the contractors' stakeholder's engagement is to:

- identify parties with an interest in the project, understand their interests and concerns, and ensure opportunities for their participation;
- build long-term and mutually-beneficial relationships; establish effective communication processes;
- Allow for meaningful input into the project planning, design and development activities

5.2 Engagement Program during Project Construction

5.2.1 Objectives

During construction phase, NTLEP will continue engaging with the public, stakeholder groups, communities, and affected/project beneficiaries. Key objectives of the on-going engagement program during this phase are:

- to ensure transparency and accountability about the company's environmental management and social responsibility performance; and
- to ensure there are continuing opportunities to discuss interests and concerns, and to resolve issues, related to the Project.

5.2.2 Engagement Dimensions

There will be a number of dimensions to the contractors' engagement program as described below. The contractors is willing to modify or expand these as may be required to effectively ensure that the engagement objectives are met.

The availability of the contractors' Environmental and Social Experts

A key component of the contractors' engagement program will be the Environmental and Social Experts who will collaborate with nearby communities, hospital staff, local authorities, and other stakeholder groups to establish and maintain good community relations throughout the project implementation phase.

The contractors Offices

Furthermore, during the construction phase, NTLEP will establish a site office that will provide information on the Project, answer questions, and collect any comments or questions from members of the public.

Presentations and Meetings

The contractors will be active in meeting and presenting the Project and updates to a number of individuals, stakeholder groups, individuals representing stakeholder groups, and district, sector officials, as required.

E-mail and Phone Calls

The contractors will explore the possibility of creating project email and provide phone numbers that can be used by stakeholders express their views, concerns and request information.

6 ENVIRONMENTAL AND SOCIAL IMPACT MANAGEMENT AND MITIGATION PLAN

6.1 Environmental and Social Management Plan

The Environmental and Social Management Plan (ESMP) outlines how the environmental, health, safety and social impacts of a proposed project are going to be managed, enhanced, minimized and/or mitigated. The ESMP also assigns implementation responsibilities to stakeholders within a given timeframe and estimates costs of implementing the proposed enhancement and mitigation measures and as presented in Table 4

Table 4: Environmental and Social Management Plan

Item		Recommended Enhancement/Mitigation Measures	Responsible Authority	Estimated Costs (\$)
POSITIVE IMPACTS				
1	Reliable and conducive isolation environment for MDR-TB patients	<ul style="list-style-type: none"> Regular maintenance of the MDR-TB Wards Provision of appropriate and adequate equipment, good quality construction materials and medical staff for the MDR-TB Wards 	NTLEP, NTLEP and MoH	Project costs
2	Creation of employment and business opportunities for restoration/ improvement of livelihoods	<ul style="list-style-type: none"> NTLEP in liaison with traditional leaders should: <ul style="list-style-type: none"> Employ more people from communities surrounding the project area and consider equal opportunities for women and youth Purchase materials and supplies from local communities 	NTLEP	N/A
3	Skills transfer to	<ul style="list-style-type: none"> In liaison with traditional leaders in the project area 	NTLEP	5000

	those who will be involved in the project.	<p>employ people as much as possible from communities surrounding the project area.</p> <ul style="list-style-type: none"> • providing necessary training to ensure skill transfer and capacity building; and 		
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		<input type="checkbox"/> Give women equal employment and training opportunities.		
4	Employment opportunity for medical staff. due to requirement of additional staff for the MDR-TB Wards	<input type="checkbox"/> Employ more health workers for the MDR-TB Wards, as required	MoH	

NEGATIVE IMPACTS

CONSTRUCTION

1	Environmental degradation due to land clearing from sourcing of	<input type="checkbox"/> the contractors will source materials from already licenced sources.	Contractors	9000
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	construction materials			
2	Disruption of traffic at the Hospital especially ambulances movement	<ul style="list-style-type: none"> □ Develop and implement a traffic management plan □ Provide a clear unobstructed alternative route for ambulances □ Provide alternative parking spaces for vehicles □ Schedule traffic activities to avoid peak hours on local roads, if feasible. □ Ensure safe driving by Project personnel (e.g. through training/induction). 	Contractors, DHO	4,000
3.	Blocking of access routes (foot paths) for hospital staff and patients and other people	<ul style="list-style-type: none"> • Develop and implement a traffic management plan • Cordon off the project site and provide well labelled alternative routes • Placing of awareness and warning sign at applicable site • Provide regular awareness for patients, guardians and other pedestrian 	Contractors, DHO	5,000

4	Increased noise emission and vibration	<p>The contractors will:</p> <ul style="list-style-type: none"> • Service machinery so that they can always be in good condition; • As feasible, use of state-of-the-art technology and limit the number of machines operated simultaneously. • Develop and implement a strategy to prevent/minimise noise and vibrations. • Use ear protective equipment for workers conducting noisy activities. • Ensure vehicles and equipment are switched off when not in use. • Limits for construction equipment used in this Project (measured at one meter from the edge of equipment in the free field) such as compactors, rollers, front loaders, concrete mixers, cranes (moveable), vibrators and saws as specified in the EHS Guidelines. 	Contractors	2,000
5	Dust emissions (especially in dry conditions) on construction site and borrow sites	<ul style="list-style-type: none"> • Spray water on construction site and borrow areas twice a day • Ensure watering of transportation roads during dry and windy conditions. • Ensure optimal traffic routes within the hospital. • Ensure appropriate stockpile management (friable materials) to minimise dust blow. • Minimise drop heights for material transfer activities 	Contractors	9000

		such as unloading of friable materials.		
6	Increase risk of GBV, SAE	<ul style="list-style-type: none"> • The Contractors will employ a Social expert to manage GBV and SAE issues • Employ people from the surrounding areas to reduce the number of migrant workers; • Sensitize workers and the community members on GBV/SEA; 	Contractors	18,000

		<ul style="list-style-type: none"> • Put in place a functional GRM with multiple channels. (use the existing structures) • Develop and implement a GBV/SEA prevention plan • Ensure workers sign and adhere to a code of conduct • Put up signage on the site regarding GBV and SAE 		
7	Increased risk of HIV/ AIDS	<ul style="list-style-type: none"> • The Contractors will employ a Social Specialist to manage HIV/AIDS issues • Employ people from the surrounding areas to reduce the number of migrant workers; • Sensitize workers and the community members on HIV/AIDS; • Ensure workers sign and adhere to a code of conduct 	Contractors	9000

8	Increased solid and liquid wastes generation, including medical wastes	<p>Contractors will:</p> <ul style="list-style-type: none"> • Develop and implement a general waste management plan • Collect and segregate wastes and ensure safe storage and in line with legal requirements. • Final disposal of waste should be done on designated sites, authorized by local authority in charge of environmental protection • Install or maintain well designed and adequate septic tanks and incinerators in the site • Should risk management actions be warranted, the assessment approach (as outlined in the IFC EHG Guidelines) are to be applied (establish whether the three risk factors of 'Contaminants', 'Receptors', and 'Exposure Pathways' co-exist, or are likely to co-exist) and put in place permanent risk reduction measures. 	Contractors	10,000
9	Spills/accidents and contaminated land	<p>☐ Fuels, oils and chemicals will be stored on an impervious base protected by bunds. Drip trays will be used for fuelling mobile equipment.</p>	Contractors	9000
		<p>☐ Any spillages from handling fuel and liquids will be immediately contained on site and the contaminated soil removed from the site for suitable treatment and disposal.</p>		

- Spoil and other surplus material arising from the works which is classed as “acceptable fill” shall, wherever practicable, be recovered and used in the construction works. Relevant authorities shall be consulted to ensure the re-use of waste materials is acceptable.
- All the contractorss and sub-contractorss will be required to report any incidents and these will be subject to investigation and remedial and preventive actions will be taken as needed.
- Appropriate spill response kits including absorbent materials will be present on site. These will be kept at designated areas with specific instructions for their use. Site staff will be trained on the use of spill kits.
- An Emergency Preparedness and Response Plan will provide for mitigation of spills from hazardous materials during construction.
- Response to the spill will be made as fast as possible.
- Contaminated materials will be collected and sent to appropriate disposal facilities.
- Operation of a closed drainage system and implementation of Emergency Preparedness and Response Plan in the event of spills, fire etc. will prevent significant impacts on soils during construction and operation

		□ As required, establish permanent and/or temporary spill containment structure in the site		
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10	Occupational safety and health risks	<ul style="list-style-type: none"> the contractors will: Develop and implement an Occupational Health and Safety Management Plan (OHSMP) Apply the hierarchy hazard control (Eliminate risks, Control - by substitution, engineering solutions, administrative solutions and finally by PPE) when planning work to avoid/reduce risks. Develop and implement a grievance redress mechanism for workers Train workers in occupational health and safety measures and ensure that well-trained workers will be engaged for the various sensitive construction roles. Ensure site premises are provided with appropriate fencing (where applicable) and lighting. Use hazard notices/signs/barriers to prevent access to dangerous areas. Provide training in first-aid and firefighting to workers and site engineer 	Contractors	18000
11	Increased risk of child labour	The contractors will:	MoH, NTLEP, Contractors	3000

		<ul style="list-style-type: none"> • Ensure to not employ people who are under 18 • Ensure that workers have access to and are aware about the Grievance Mechanism • Ensure minimum legal labour standards as per national and ILO regulations (child/forced labour, no discrimination, working hours, minimum wages) are met • Provide hygienic, adequate facilities for workers, ensuring toilets and changing rooms are separated to male and female employees. 		
		<ul style="list-style-type: none"> • Ensure the workforce has access to primary healthcare on site, providing prescriptions. • Sensitize communities on child labour • Ensure that project staff sign and adhere to code of conduct • Put up signs warning against child labour 		
12	Increased pressure on hospital utilities, such as water, electricity	<p>The contractors will have their own source of water and electricity during construction phase.</p> <p>☐ Provide solar back up power for the MDR-TB Wards</p>	Contractors	5000

13	Community Health, Safety, and security: Exposure to hazards at construction Site	<ul style="list-style-type: none"> • Include measures on public health and safety risk management under the project HSE plan. • Develop and implement Traffic management plan that consider the management of traffic safety risk of the public • The working area should be properly screened off by a barrier fence • provide adequate signage and warning signs for hospital staff and patients in local language • Sensitize communities including all hospital personnel and patients of the project. • Implement risk management strategies to protect the community from physical, chemical, or other hazards 		18000
14	Increased theft and general crime	<ul style="list-style-type: none"> • Sensitize the community on the importance of the project to their community • Orient the GRMC on their role in preventing theft • Employ more people from the community to enhance ownership of the project • Prepare and implement the contractorss Code of Conduct 	Contractors, MoH	9000

		□ Increase security of the hospital in terms of personnel during the construction period.		
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15	Increased risk of contracting COVID 19	<ul style="list-style-type: none"> <input type="checkbox"/> Adopt the NTLEP COVID 19 prevention guidelines <input type="checkbox"/> Control access and movement of people in and out of the construction area- measure the temperature of workers and visitors entering the construction area <input type="checkbox"/> Adopt the WB's COVID-19 Considerations in Construction/Civil Works Projects <input type="checkbox"/> Making wearing of masks mandatory on work sites and observe physical distances and practice personal hygiene at the construction site <input type="checkbox"/> Require workers to self-isolate if they have Covid 19 symptoms <input type="checkbox"/> Put up signage with Covid 19 awareness messages of prevention measures 	Contractors	9000
OPERATION PHASE				
16	Land and water contamination due to poor Healthcare waste management	<ul style="list-style-type: none"> <input type="checkbox"/> Develop Infection prevention and Control (IPC) Plans for the MDR-TB Wards <input type="checkbox"/> Develop a Health Care waste management Plan for the MDR-TB Wards in line with WBG EHS Guidelines: <input type="checkbox"/> Healthcare facilities <input type="checkbox"/> Regularly monitor the management of Healthcare wastes to ensure safe transport, disposal, and incineration function <input type="checkbox"/> Regular supervision and maintenance of the septic 	MoH/DHO	Operational Budget

		tanks and incinerator Provision of waste bins within the MDR-TB Wards		
		<ul style="list-style-type: none"> • Segregate wastes at generation site and safely transport to their respective disposal site • Establish and implement appropriate disposal of wastes by their types i.e Healthcare waste to be incinerated and general waste to be disposed at designated dumping site by the . District Councils. 		
17	Air pollution due to improper operation of Incinerator	<ul style="list-style-type: none"> • Install a high temperature, mechanical incinerator as specified for the trauma Centre and in accordance with the International Finance Corporation's environmental, health, and safety technical (EHS) guidelines for Health Care waste facilities; • Ensure that good international industry practices related to hazardous waste incineration are followed in accordance with the International Finance Corporation's environmental, health, and safety technical (EHS) guidelines for Health Care Waste facilities. • Sensitize and train staff to adequately segregate the waste from the point of generation; to ensure only combustible waste goes into incinerators; • Adequately budget for fuel for the incinerators; • Regularly maintain the incinerators to ensure they are working properly; and 	MoH	Operational Budget

		• Train staff on how to operate the incinerators		
TOTAL				142,000.00

6.2 Environmental and Social Monitoring Plans

The environmental and social monitoring program is a vital tool and process in environmental and social management as it provides the basis for rational management decisions regarding impact control. For the project, the environmental and social monitoring plan will help to ensure that the proposed mitigation measures for identified impacts and risks; are being implemented effectively to fix the issues they have been designed for. The monitoring program for the present project will be undertaken to meet the following objectives:

- To monitor the changes in the environmental conditions by the construction and operation of the MDR-TB Wards project.
- To check on whether mitigation and benefit enhancement measures have actually been adopted, and are proving effective in practice.
- To provide a means whereby any impacts which were subject to uncertainty at the time of preparation of the ESIA, or which were unforeseen, can be identified, and to provide a basis for formulating appropriate additional impact control measures.
- To provide information on the actual nature and extent of key impacts and the effectiveness of mitigation and benefit enhancement measures which, through a feedback mechanism, can improve the planning and execution of future, similar projects.

Environmental monitoring during the construction phase will comprise two principal groups of activities:

- Review of the contractors' plans, method statements, temporary works designs, and arrangements relating to obtaining necessary approvals from the Engineer, so as to ensure that environmental protection measures specified in the contract documents are adopted, and that the contractors' proposals provide an acceptable level of impact control, and
- Systematic observation on a day-to-day basis of all site activities and the contractors' offsite facilities/activities including other associated facilities, as a check that the contract requirements relating to environmental matters are in fact being complied with, and that no impacts foreseen and unforeseen are occurring.

These activities will be fully integrated with other construction supervision and monitoring activities carried out by the construction supervision consultant. Primary responsibility for ensuring that an adequate level of environmental and social monitoring is carried out will lie with the Supervising Engineer (RE), as part of their duties connected with general site supervision. Actual monitoring on a

day-to-day basis will be carried out by the site staff from the construction supervision consultant, under the direction

Table 5: Environmental and Social Monitoring Plan

Potential impact	Mitigation measure	Monitoring Indicators	Frequency of Monitoring	Responsible for Institution Monitoring	Estimated Cost (USD)/ Year
NEGATIVE IMPACTS					
CONSTRUCTION AND OPERATIONAL PHASE					
Disruption of traffic at the Hospital especially ambulances movement	Develop and implement traffic management plan	Traffic management plan in place Designated walking pathways away from construction areas, New unobstructed route and parking space in place and presence of warning signs.	Development at the beginning of the works and implementation daily.	Resident Engineer / . DHO	9,000
Blocking of access routes (foot paths)	Provide well labelled alternative routes	Well labelled alternative routes in place	During and after construction phase	Resident engineer/ . DHO	5,000

Increase risk of GBV/SAE due to workers interacting with guardians	Sensitize workers and the community members on GBV and HIV/AIDS issues;	Number of new infections recorded; Number of cases of GBV/SAE reported	Quarterly	District Gender Officer District Social Welfare Officer	5,000
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Potential impact	Mitigation measure	Monitoring Indicators	Frequency of Monitoring	Responsible Institution for Monitoring	Estimated Cost (USD)/ Year
	Put in place GRM with multiple channels.	GBV plan in place GRM channels in place		District Health Office	

Increased waste generation including medical waste	Develop and implement waste management plan ensure use of segregated bins wastes; construct a septic tank to reduce pressure on the existing one	Waste management plan in place Number of waste bins New septic tank facilities	Quarterly	Resident Engineer/ Ministry of Health/. DHO	9,000
Community health and safety risks	Sensitize and provide safety awareness to patients and community members Put in place a functional GRM to	Number of patients and community members sensitized and attended awareness creation event Functional GRM in place	quarterly	Resident Engineer/ . District, NTLEP	9,000

Potential impact	Mitigation measure	Monitoring Indicators	Frequency of Monitoring	Responsible Institution for Monitoring	Estimated Cost (USD)/
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					Year
	resolve community grievances				
Occupational health and Safety risks	Develop and implement an Occupational Health and Safety (OHS) Plan Train workers in OHS	OHS plan developed No. of Occupational safety and health risk cases reported Number of workers trained	once per year Quarterly	Resident Engineer/ District Labour Officer	9,000
Increased risk of child labour	Sensitize communities on child labour Ensure workers sign and adhere to code of conduct Not employ any person under the age of 18 Put up signs warning against child labour	Child protection plan in place Number of underage children employed Number of signs against child labour put up Signed forms of workers code of conduct available	During construction	District Labour Officer/ Resident Engineer	9,000

Potential impact	Mitigation measure	Monitoring Indicators	Frequency of Monitoring	Responsible Institution for Monitoring	Estimated Cost (USD)/ Year
Increased pressure on hospital utilities	Have own source of water and electricity during construction phase	the contractors own water source and electricity separate from the hospital, available	During Construction	Resident Engineer/ . DHO	Project costs
Air pollution due to improper operation of Incinerator	Install a high temperature, medical grade	Incinerator Installed	Once	DHO, NTLEP SE	
Increased water demand	The project will install a water tank for water storage.	Water tank Installed	Once	DHO, MoH	
	Incorporate comprehensive soft and hard landscaping of the project site after construction	Landscaping done	Once	DHO, MoH	

	works				
Increased Run off	Regularly maintain the MDR-TB Wards' drainage system	frequency of maintenance	Once a year	DHO, MoH	
	Carefully design and construct the	Drainage system constructed	Once	DHO, MoH	

Potential impact	Mitigation measure	Monitoring Indicators	Frequency of Monitoring	Responsible for Institution Monitoring	Estimated Cost (USD)/ Year
	drainage for the MDR-TB Wards.				
TOTAL					55,000.00
Potential impact	Mitigation measure	Monitoring Indicators	Frequency of Monitoring	Responsible for Institution Monitoring	Estimated Cost (USD)/ Year
POSITIVE IMPACTS					

Reliable and conducive isolation environment for MDR-TB patients	Regular maintenance of the MDR-TB Wards	Frequency of maintenance	One a year	Buildings Department	Operational costs
Creation of employment And business opportunities for restoration/ improvement of livelihoods	Employ more people from communities surrounding the project area and consider equal opportunities for women and youth	Number of local s employed	Once a Year	Labor	under OHS monitoring budget
Skills transfer to those who will be involved in the project.	In liaison with traditional leaders in the project area employ people as much as possible from communities surrounding the project area.	Number of locals employed	once a year	Labour	under OHS monitoring budget

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 availability of technical equipped staffs and other relevant implementing parties. Thus, the design and implementation of technical capacity building program for implementing districts with the right skills and knowledge is unavoidable. 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 the contractors and all sub the contractors. Project implementing bodies need to understand inherent social and environmental issues and values of the proposed MDR-TB Wards project and be able to identify and manage.

This is in recognition of the knowledge gaps that exist in government on the safeguards provisions of the World Bank's ESF of 2018. 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 contractors as well as other entities involved in the implementation of the ESMP.

7.2 Reporting Requirements

The supervising engineers' ESHS experts will submit monthly reports to the PIU and PIU will submit quarterly reports of ESMP implementation progress reports which will be prepared to summarize the results of all monitoring. The reports will give monitoring data in a standard format to the Bank's safeguards team. Reports will emphasize any significant violations of contract provisions by the contractors or any failure to implement requirements of the ESMP. Any significant incidents of environmental contamination should be summarized, along with actions taken to mitigate these and to prevent reoccurrence. Progress Reports will be submitted to NTLEP, World Bank and other relevant institutions periodically during construction.

All accidents and incidents will be reported immediately notification will be given by the contractors/Supervising Engineers to NTLEP who will report it 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
- Environmental incidents such as Spillage
- GBV/SAE incidents

The Incident report shall include

- Date, time and place of the incident
- Description of the incident
- Type of injury or damage sustained
- Person involved
- Based on information received the Bank will request a root cause analysis, and investigation report, and based on findings a corrective action plan.

8. MANAGEMENT STRATEGY IMPLEMENTATION PLANS (MSIPS)

The Preparation of Management Strategies and Implementation plans (MSIPs) is part of contractual agreement between the contractors and NTLEP, within this Environmental and Social Management Plan (ESMP). Relevant MSIPs for specific concern which are applicable to this project have been prepared by the contractors. These MSIPs are attached as annex to this ESMP and the summary of each MSIPS are discussed in the section below.

The following are the prepared Management Strategies and Implementation Plan:

1. Traffic Management Plan
2. GBV Prevention plan
3. Wastes Management Plan
4. Occupational health and safety management plan

The Preparation of the MSIPs is contractual between the contractors and client (NTLEP).

8.1 Objectives

The objective of the preparation MSIPs apart of ESMP is to communicate key project environmental, social, health and risks and impacts management obligations that apply to the contractors and its sub-

contractors and employees while carrying out any form of construction activity under the construction of the works in project Districts. In addition, it aimed also to show the processes and procedures that describe the actions to be taken and control measures to be applied, in order to reduce risk to health and welfare of project personnel and other stakeholders, resulting from construction activities to all levels, are developed and reviewed as necessary, to meet both legal and employer contract specific ESMP requirement.

8.2 Summary of MSIPs

The summaries of the various MSIPs are provided in the following section below.

8.2.1 Waste Management Plan

Throughout implementation of this project at district hospitals, NTLEP will institute a waste management system for each of the sites. All wastes shall be disposed of offsite at a designated dumping site in consultation with the District Councils. Burning of any waste on any construction site is forbidden the contractors shall supply waste bins throughout the site at locations where construction personnel are working.

The bins shall be provided with lids and an external closing mechanism to prevent their contents from being blown out and shall be scavenger-proof to keep out other animals that may be attracted due to availability of waste and the project site the contractors shall ensure that all personnel immediately deposit all wastes in the waste bins for removal. Bins shall be emptied daily and waste removed to a restricted temporary waste storage yard/site where the waste shall be properly contained until final disposal.

The bins shall be colour-coded and will not be used for any other purposes other than waste storage. The contractors will ensure that there is no emissions of noxious or offensive substances into the air, land and water. Among others, the contractors shall, comply with the Waste Management Regulations 2008 and local by-laws for disposal of empty cement bags, construction/demolition wastes, combustion products, dust, metals, rubble and timber. Refer to Annex 3 for more details.

8.2.3 Traffic Management Plan

The construction of the MDR-TB Wards will require movement of traffic to facilitate haulage of materials, movement of equipment, and deployment of project personnel from one point to the other to undertake various project related tasks and removal of waste from construction sites to designated disposal sites. To facilitate these functions, project traffic has to utilize public roads, open access routes, hospital roads and paths for movement. In so doing, there is potentially dangerous interaction between project vehicles and regular traffic and communities. Annex 1 provides the project's Traffic Management Plan that will establish safety of hospital personnel, patients and guardians, communities, workers and automobiles.

8.2.4 Labor Influx Management Plan

The project will involve civil works for which the required labour force and associated goods and services will not be fully supplied locally due to unavailability and lack of technical skills and capacity. In this case, the labour force especially skilled labour will need to be brought in from outside the project area. This influx may be compounded by an influx of other people ("followers") who follow the incoming workforce to sell goods and services, or in pursuit of job or business opportunities.

These can bring several negative impacts such as increased demand and competition for local social and healthcare services and goods and services which can lead to price hikes and crowding out of local consumers, increased volume of traffic and a higher risk of accidents, increased demands on the ecosystem and natural resources, social conflicts within and between communities, increased risk of gender-based violence, sexual abuse and exploitation, the spread of communicable diseases, and increased rates of illicit behaviour and crime. Annex 2 provide mitigation measures for such impacts.

9. CONCLUSIONS

NTLEP recognize 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. Construction projects like the proposed MDR-TB isolation wards by nature, involve the extraction of materials from the natural environment. Over and above these, the nature of works poses a huge environmental, health, safety and social risk.

In this case, the project is expected by law to meet all requirements in terms of design, space and all the ESHS considerations. Though the project has some negative impacts, these are considered as manageable and as such avoidable. The proposed development is a timely venture and will supplement considerably to the Government's economic development policy.

It is therefore NTLEP's commitment to go ahead with strict implementation of the enhancement and mitigation measures provided to both maximize and minimize anticipated positive and negative ESHS impacts respectively. More focus shall be put to minimize the occurrence of impacts that would degrade the environment while maximizing on those impacts that are positive. Finally, NTLEP also commits to work closely with Government ESHS experts, residents, and local authority to address all issues that touch on environment and social livelihood such as water supply, effluent disposal, solid waste management, air pollution, public health, and safety. This will ensure that environmental and social concerns are integrated into the processes of constructing the MDR-TB isolation Wards.

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ANNEXES

ANNEX 1: TRAFFIC MANAGEMENT PLAN

Introduction

The construction of the MDR-TB Wards project will require movement of traffic to facilitate haulage of materials, movement of equipment, and deployment of project personnel from one point to the other to undertake various project related tasks and removal of waste from construction sites to designated disposal sites.

To facilitate these functions, project traffic must utilize public roads, open access routes, hospital roads and paths for movement. In so doing, there is potentially dangerous interaction between project vehicles, regular traffic, people within the hospital premises and general communities. There is also a need for controlled traffic movements inside the construction site. This calls for proper planning and control of the project transport fleet and other moving machines as a primary guarantee for the safety of construction workers, people within the hospital premises and the public.

Scope

This Plan describes what would be the traffic issues/risks or adverse impacts and mitigation measures. It also describes monitoring indicators, responsible persons, and timeline for implementing the mitigation measures.

Objectives

- To protect workers, people within the hospital premises, and surrounding access roads from material collection points and the public from traffic hazards that may arise because of the construction activity.
- To prevent potential adverse impacts on traffic flows including pedestrians
- To instill discipline in operators and drivers.

- To ensure all automobiles are in good working order and protect the environment from pollution through oil spillages and gaseous emissions.

Activities

- Vehicles and heavy machines driving to and from the site, as well as on-site;
- Heavy machines operating on the construction site;
- Heavy machines moving materials to construction sites;
- Removal of wastes from the construction site
- Pedestrians to and from the site and on-site; and
- Individuals riding/cycling to and from the site, and within the hospital premises

Risks

NTLEP has identified sources of risk, areas of impacts, events, and their causes, and their potential consequences. The following are the major hazards/risks and key receptors identified based on expected project operations:

- Hospital vehicles (ambulances): During construction, hospital vehicles may encounter obstacles, debris, or construction equipment that can pose a risk to the vehicle and its occupants. It is important to ensure that construction areas are properly marked and that hospital vehicles are given priority access and clear paths.
- Cyclist's and Pedestrian's behavior: Cyclists and pedestrians can pose a risk to hospital vehicles if they do not follow traffic rules and regulations. It is important for hospital drivers to be aware of their surroundings and to exercise caution when driving in areas with high pedestrian and cyclist traffic.
- Public transport: Public transport can increase traffic congestion and create challenges for hospital vehicles trying to navigate through crowded streets. It is important for hospital drivers to plan their routes and avoid areas with heavy traffic whenever possible.
- Existing parking facilities: Poorly designed or overcrowded parking facilities can make it difficult for hospital vehicles to access and exit the facility quickly and safely. It is important for hospitals to design their parking facilities with the needs of emergency vehicles in mind.

- **Populated areas:** Hospitals located in densely populated areas may face challenges related to traffic congestion, limited parking, and a higher risk of accidents involving pedestrians and cyclists.
- **Heavy and overloaded vehicles:** Overloaded or improperly loaded vehicles can pose a risk to other drivers and vehicles on the road. It is important for hospital drivers to ensure that their vehicles are properly loaded and that they comply with weight restrictions and other regulations.
- **Operations in the campsite:** Hospitals located in remote areas may need to operate in a temporary campsite or mobile hospital. In such cases, it is important to ensure that the site is properly marked and that hospital vehicles can access the site safely.
- **Operation of heavy plants and vehicles:** Heavy plants and vehicles used in construction or other operations can pose a risk to hospital vehicles if they are not properly marked or if their operators are not properly trained.
- **Traffic access into and out of the main roads:** Hospital vehicles may need to access main roads to reach their destination quickly. It is important to ensure that there is adequate signage and that hospital vehicles are given priority access to the road when needed.
- **Unlicensed/inexperienced drivers:** Unlicensed or inexperienced drivers pose a risk to other drivers and vehicles on the road. Hospitals should ensure that all drivers are properly licensed and trained.
- **Poor vehicle condition:** Poorly maintained vehicles can pose a risk to drivers and other vehicles on the road. Hospitals should ensure that their vehicles are properly maintained and inspected regularly.
- **Absence of or faded or vandalized warning signs:** Missing or damaged road signs can create confusion and increase the risk of accidents. Hospitals should ensure that warning signs are properly installed and maintained.
- **Road and user visibility:** Poor visibility due to weather conditions or other factors can pose a risk to hospital vehicles and other drivers on the road. Hospitals should ensure that their vehicles are equipped with proper lighting and that drivers are trained to adjust their driving to different visibility conditions.

Specific Mitigation Measures

To prevent negative interference with the communities, pedestrians, motorists, and others, the contractors with direct supervision of the PIU, shall implement the following mitigation measures:

- a. Sensitization about the project – through community engagements, the contractors will use sensitization meetings/ campaigns to inform the people within the project area of project`s operations (construction activities) and associated hazards (heavy machine and other automobiles) prior to mobilization to the project site.
- b. Barricading/hoarding - the worksite within the facility boundaries will be barricaded with opaque screen to bar access by unauthorized individuals.
- c. Pick up and drop off points for workers – all workers shall be picked and dropped at one point. The barricaded work site shall have entrance and exit points for vehicles and separate points for pedestrians. At the entrance, there shall be put a health and safety sign highlighting site rules and required PPE and behaviors whilst in the project site.
- d. Speed limits – Speed limit signs and speed humps shall be placed where necessary and all drivers shall be inducted on issues of road safety with regards to speed limits.
- e. Safe passage of heavy vehicles – vehicles shall not be allowed to move around or come to the worksite during peak traffic hours (especially when people are going or knock-off from work). All required materials to be used on the worksite shall be delivered during pre-planned schedules to align with off-peak hours and noise sensitive times like night times. In addition, the contractors shall ensure separation of vehicular traffic from pedestrians either by space or time. Where possible, there shall be cleared marked and barriered dedicated walkways for pedestrians. Trained traffic wardens shall be deployed at all work fronts where a vehicle or a mobile machine needs to work close to pedestrians to monitor the possible blind spots.
- f. Safety training - all employees including drivers shall be inducted on occupational health and safety on deployment and attend safety toolbox talk on weekly basis. Drivers shall on daily basis complete a checklist of their automobiles and report on any deviation/ gap identifies from the checklist for immediate corrective measures. All employees shall have a toolbox talk daily focusing on various topics including community relations, COVID-19, HIV/AIDS, safety, GBV, SAE, SH, etc. just to mention a few.

Other Traffic Management Measures

Road Safety Signaling

- Appropriate traffic signage will be properly positioned to be easily observed and firmly secured. The signage shall be suitable for low light and night-time situations;
- Speed limits will be established for driving within the project site areas and surrounding communities;
- A 10 - 20 km/h speed limit will be imposed across the construction site aided by speed humps.
- Vehicles and surface mobile equipment will only be operated on sufficiently stable surfaces and gradients suitable for safe operation; and
- Roadways in operation areas will be maintained in safe conditions.

Safe Environment for All Road Users

The contractors will protect workers from traffic hazards that may arise as a result of vehicle movements. This will be done through:

- Speed control using a special speed control device (if considered necessary) / limits by vehicle type/time of day/driving conditions.
- Safe Operating Procedures.
- Random alcohol breath analysis of drivers
- Driver identification/ clear vehicle numbers for easy identification by other road users.
- Breach of Code of Conduct penalties for verified incidents of any poor driving/speeding and the contractors will follow the zero-tolerance incident principle.
- Vehicle safety inspections completed before each shift.
- Vehicle and plant inspections before and during operation
- Provision of quarterly defensive driving training to all drivers, before authorizing the use of vehicles (the contractors will provide a brochure with the best driving practices).
- Awareness campaigns and control for the use of seat belts and the maximum number of workers per car or vehicle.

Vehicles

- Vehicle selection and acceptance criteria will be established and based upon risk assessment.
- No motor vehicle designated by the manufacturer as a load-carrying vehicle will be modified to carry passengers. These include tipper trucks and other plants that will be engaged during the works.
- A formal inspection and preventive/condition-based maintenance system will be in place to ensure that vehicles are maintained in a safe and roadworthy condition. The contractors will ensure that inspections and periodic maintenance at a safe and proper location are undertaken on safety-critical equipment and components and keep records.
- Pre-use vehicle safety checks shall be undertaken. For operational vehicles, log books shall be maintained on the vehicle;
- Loading and unloading procedures will be in place to avoid vehicle overloading and people or objects falling out of the vehicles.
- Effective means of communication shall be provided to each vehicle, especially when remote areas are visited.

Drivers -

- A process will be in place to ensure licenses are checked upon recruitment and at regular intervals.
- All newly appointed drivers shall attend a driving induction course before being allowed to drive for the contractors. Refresher training will be provided every three months.
- Driving whilst under the influence of drugs or alcohol will not be tolerated.
- The use of mobile phones (including hands-free devices) whilst the vehicle is in motion will be strictly forbidden.

Monitoring -

The contractors will ensure that all vehicles adhere to the speed limits. Repeat offenders shall be penalized. A speeding register shall be kept with details of the offending driver.

Records -

The contractors will keep records of road traffic policy, induction/orientation processes and checklists, Traffic Management Plan, Code of Conduct,

Scheduling Plan, driving induction course, Risk Assessment, and Hazardous Materials Procedure

Implementation duration of the Traffic Management Plan

- throughout the construction period

Responsibility

- The contractors and ESHS Expert

Table 1 of Annex 1: Traffic Management Plan

No	Expected Traffic and social impacts	Mitigation measures	Output Indicators	Target	Responsible person	Time-frame	Cost (MKW)
1	Vehicle and equipment driven/operated by untrained persons	The contractors will employ drivers with a valid license of the required class for operators with adequate experience in driving. Hire expert (from Road Traffic) to recruit drivers	Only licensed drivers employed	All drivers and operators (100%)	Contractors	Ongoing	Covered in Table 4 of the ESMP in Chapter 8
2	Noise from project vehicles that may disturb people at the hospital	<p>Stick to day working schedule to avoid disturbing patients at night.</p> <p>All vehicles and machines will be serviced regularly</p> <p>Vehicles and machinery will be switched off when not in use and the contractors will not allow unnecessary movement of vehicles on the site.</p> <p>The construction site will be screened off from the public by erecting a corrugated iron</p>	Reduced noise by measuring the noise using noise meter	All sites	Contractors	Ongoing	

		sheets fence.				
3	Risk of accidents	<p>The contractors will continuously sensitize the people around the hospital and community on road safety.</p> <p>The contractors will put up signage to direct the movement of vehicles and people</p> <p>Regular servicing of vehicles; only authorized persons to drive a project vehicle.</p> <p>Engage a spotter to guide vehicles to and</p>	<p>Number of sensitization meetings</p> <p>Number of spotters engaged</p>	All sites and access road	NTLEP Engineering Limited	Ongoing

from the site.

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4	Unsafe speeding along the busy section of., and while entering or leaving the hospital	<p>Install speed limit signs at the site (10/20km/hr).</p> <p>Provide induction training for drivers</p>	No incident of unsafe speeding or exceeding speed limits	All-access roads	Contractors	1 st Week	
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	premises						
5	Dust emission from moving vehicles and heavy machines	Being the rainy season, this might not be a serious issue but where the need arises the contractors will: Spray water on all dusty areas - twice a day	Frequency of water spraying using water bowser and monitoring dust levels in all sites.	All access roads	Contractors	Ongoing	
7	Construction materials falling off from vehicles along the access roads	No overloading of vehicles, Cover materials when transported	No loaded vehicle d its beyond capacity	All vehicles	Contractors	Through the project period	
8	Driving under influence of alcohol	Random alcohol breath /test analysis of drivers Sensitization of drivers Take appropriate disciplinary action on offending workers	Number of drivers tested for alcohol consumption using breath analyzer	All drivers	Contractors	Through the project period	
	Total						Covered in Table 4 of the

		ESMP in Chapter 8
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ANNEX 2: LABOUR INFLUX MANAGEMENT PLAN

Introduction

The project will involve civil works for which the required labour force and associated goods and services will not be fully supplied locally due to unavailability and lack of technical skills and capacity. In this case, the labour force especially skilled labour will need to be brought in from outside the project area. This influx may be compounded by an influx of other people ("followers") who follow the incoming workforce to sell goods and services, or in pursuit of job or business opportunities. These can bring several negative impacts such as increased demand and competition for local social and healthcare services and goods and services which can lead to price hikes and crowding out of local consumers, increased volume of traffic and a higher risk of accidents, increased demands on the ecosystem and natural resources, social conflicts within and between communities, increased risk of gender-based violence, sexual exploitation, and abuse, the spread of communicable diseases, and increased rates of illicit behaviour and crime.

Scope

This Plan describes what would be the labour influx issues/risks or adverse impacts and mitigation measures. It also describes monitoring indicators, responsible persons, and timeline for implementing the mitigation measures including cost.

Objectives

- To ensure that local people are given first priority when it comes to getting employed in the The works.
- To ensure that all Project employees respect the local people and their culture.
- To protect the project employees and the surrounding community from communicable diseases including COVID-19, HIV and AIDS and others.

Managing Labour Influx Impacts

The key measures that will be employed to manage risks associated with an influx of migrant workers/labour under the Project will include:

- Reducing labour influx by tapping into the local workforce;
- Implementation of an effective GRM system that will be accessible to community members and workers;

- Sensitization of communities around the project on how to use the GRM to report issues;
- Workers will be trained/oriented and will sign a Code of Conduct to control their behavior while working in the project
- Use of police and community policing structures at the project to beef up security. Table 2 of Annex 2 provides the mitigation measures that the contractors will put in place to minimize ESHS impacts associated with influx of labour into the project area.

Table 2 of Annex 2: Labour Influx Management Plan

Item No.	Adverse impact	Potential mitigation measures	Output Indicators	Target	Responsible person	Implementation Time-frame	Cost (MKW)
	Social impacts						
1	Risk of social conflict	<ul style="list-style-type: none"> • The contractors will employ general workers from the community. • The contractors will support implementation of an effective GRM accessible to community members and workers • Awareness-raising among local community and workers. • Sensitization of workers and the community regarding Worker Code of Conduct in local language (Chichewa). 	<ul style="list-style-type: none"> • Number of local workers employed from the community • Number of workers oriented in code of conduct 	All workers	Contractors	Ongoing	Covered in Table 5 of the ESMP in Chapter 7
2	Increased risk of illicit behaviours and crime (including	<ul style="list-style-type: none"> • the contractors will support implementation of an effective GRM system that is accessible to community members and workers 	<ul style="list-style-type: none"> • Number of sensitizations about grievance reporting • Number of 	All workers and surrounding community	Contractors	Ongoing	

	prostitution, theft, and substance abuse)	<ul style="list-style-type: none"> • the contractors will sensitize communities around the on illicit behaviour and how to access the GRM to report issues; • the contractors will employ general workers from the community. • the contractors will train/orient all workers on the code of conduct • the contractors will collaborate with the police and community policing structures to beef up security. 	workers oriented in code of conduct	All workers			
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3	Increased risk of communicable diseases (including STIs and	<input type="checkbox"/> NTLEP and contractors will work with the district health office to sensitize and provide education on the transmission of HIV/AIDS and STIs; <input type="checkbox"/> provision of condoms;	<input type="checkbox"/> Number of HIV/AIDS service provider <input type="checkbox"/> Number of condoms	Project workers	Contractors	On going	
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	HIV/AIDS	<ul style="list-style-type: none"> the contractors will provide HTC services on the project 	provided to employees				
4	Gender-based violence, including sexual harassment, child abuse, and exploitation	<ul style="list-style-type: none"> NTLEP and contractors will support implementation of an effective GRM accessible to community members and workers the contractors will sensitize communities around the on illicit behaviour and how to access the GRM system to report issues; the contractors will employ general workers from the community. the contractors will train/orient all workers on the Code of Conduct and ensure they each 	<ul style="list-style-type: none"> Presence of effective GRM with records of meeting and action points Number of community sensitization meetings on GRM Number of workers oriented in code of conduct. 	Surrounding community and project workers	Contractors	On going	
	Environmental Impacts						
5	<ul style="list-style-type: none"> Inadequate waste disposal and creation of 	<ul style="list-style-type: none"> Inspection of waste disposal arrangements Reduction of waste generation; 	<ul style="list-style-type: none"> Presence of waste recycling mechanisms 	Communities and project	NTLEP Engineering	On going	Covered in Table 4 of the

	illegal waste disposal sites	<ul style="list-style-type: none"> Sound practices for waste disposal. the contractors will provide waste bins at strategic points at the site. 	<ul style="list-style-type: none"> Presence of employees waste bins around the construction site 	Limited		ESMP in Chapter 8
Total						Covered in Table 4 of the ESMP in Chapter 8

ANNEX 3: WASTE MANAGEMENT PLAN

Introduction

Construction works such as the construction of facility will generate various waste solid, liquid waste and bio and non-bio-degradable waste that may pollute the environment. Wastes, if not properly managed may act as breeding place for vectors such as mosquitoes and flies that may facilitate transmission of diseases such Malaria and Diarrhea respectively.

In view of these foreseen waste management issues, the contractors shall engage District Councils and discuss on disposal of waste generated from the project. On site the contractors shall have a properly designated area for temporarily storage of respective types of waste.. Waste shall at reasonable intervals be collected for final disposal at the district dumpsites.

The other forms of waste such as liquid wastes (grey water/ human excreta etc) will be managed on site using septic tank systems that are already existing on the site. Additional facilities such as toilets and urinals will be provided within the project site for use by employees during working hours and by security guard during night. These will also be served by septic tank system.

This Plan shares ~~some~~ of the waste management parameters to be pursued by the contractors in the course of undertaking the construction of the facility. It aims to ensure proper management of waste and related issues that may arise within the project.

Scope

This Plan describes various waste issues/risks or adverse impacts associated with PROJECT and ways/ means of mitigating the impacts. It also describes monitoring indicators, responsible persons, budget and timeline for implementing the mitigation measures.

Objectives

- To protect workers and the general public from hazards that may arise from uncontrolled generation, management and dumping of waste.
- To manage potential adverse impacts emanating from various forms/types of wastes
- To respect and protect the communities and their belongings from hazards emanating from poor waste management.

- To instill discipline and a culture of properly managing waste among project employees.

Activities that may generate wastes at the Project Site

- Construction of new facilities and buildings
- Operation of mechanic, steel and wood workshops;
- Use of vehicles and mobile construction equipment.
- Use of diesel generators
- Preparation of concrete mortar that will generate waste such as empty sacks of cement and concrete waste water.
- Preparation of food e.g. at the campsite that will generate refuse such peels of fruits and vegetables, meat bones, etc.
- Vending of ready to eat food stuffs such ground nuts, sugarcane, takeaway meals, etc which generate refuse

Risks

NTLEP has identified sources of risk, areas of impacts, events, and their causes, and their potential consequences. The following are the major hazards/risks and key receptors identified based on expected project operations:

- Bio-degradable waste generating foul smell to the surrounding environment and also provide breeding grounds for flies that may facilitate transmission of diseases such as cholera and Diarrhea.
- Waste blocking access roads and storm water drainage causing pools of water that can facilitate mosquito breeding
- indiscriminate handling/ dumping of waste risking injury or infection to waste recyclers
- Littering by project employees or stored waste being blown off by wind into the project environment making it look filthy and untidy and affecting biodiversity through oil spills and chemical contamination.

Mitigation Measures

To prevent/ minimize harm from occurring, the contractors shall implement the following risk mitigation measures:

- I. Make waste management a prerequisite training to all project employees: for them to learn how to minimize waste generation; waste segregation; waste recycling, and proper waste disposal practices.
- II. Identification and classification of waste: the contractors will classify waste as hazardous, non-hazardous based on the following inherent characteristics:
- III. Provision of well-labeled and lidded waste receptacles in various strategic areas e.g. where people are working – within a work section to contain refuse. The contractors shall promote waste separation by providing labelled bins as follows:
- IV. Hazardous wastes/ zinyalala zoopya. Such as clinical wastes, oil contaminated articles, etc
- V. Recyclable or reusable wastes (including cardboard, metals)
- VI. Biodegradable wastes/Zovunda, (including food wastes)
- VII. Glass and plastics
- VIII. Avoid heaping rubles across storm water drainage channels
- IX. Disposal of waste in a designated place as required by local authorities. The contractors shall use a properly designed concrete washout facilities to prevent pollution by containing slurry and solids and liquids generated during wash down of chutes, concrete mixers, hoppers of concrete pumps or other equipment which has come into contact with fresh concrete.
- X. Cement debagging to be done in an enclosed area in case of high wind. The cement bags to be washed and donated to the local communities who can use them for making marts.

□ **Hazardous:** This class of waste has a public health and environmental importance because they display one or more of the following attributes:

- Ignitability (Flammable, highly flammable or explosive)
- Reactivity (Corrosive or Oxidizing)
- Biologically harmful (Toxic or eco-toxic, infectious, irritant, carcinogenic, mutagenic, teratogenic)

□ **Non-hazardous waste:** All waste that is neither hazardous, nor inert, nor wastewater. Thus, all types of wastes that do not have

inherent harmful properties are categorized as non-hazardous wastes. These include the following categories:

- Chemically inert material
- Organic waste
- Recyclable wastes

Table 1 of Annex 3 outlines impact/risks or adverse effects that would rise from poor waste management and ways that the contractors will employ to mitigate the effects.

Table 1: of Annex 3: Waste Management Plan

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Potential impact	Mitigation/enhancement measure	Monitoring Indicators	Frequency of Monitoring	Responsible Institution for Monitoring	Estimated Cost (MKW/Year)
Positive impacts					
Creation of employment opportunities and skill transfer	Employment of locals and inclusion of women Train women and youth in waste handling	Number of people employed Number of people trained	Once per quarter	Labour Office	0

Potential impact	Mitigation measure	Monitoring Indicators	Frequency of Monitoring	Responsible Institution for Monitoring	Estimated Cost (MKW/Year)
Negative impacts					
Heaps of solid waste such as rubbles block storm water drainage creating pool	Heap rubbles away from water drainage channels	Number of heaps of rubbles blocking water passages	once per quarter	Contractors	Covered in Table 4 of the ESMP in Chapter 8

of water	Transport waste such as rubbles to the dumping site immediately they are generated.				
Littering around the project site making it look filthy and untidy	Training all employees in waste management Purchase and position refuse receptacles in strategic position to contain refuse	Number of employees trained in proper waste management. Number of bins placed in various position to contain refuse	Through the project period	Contractors	Covered in Table 4 of the ESMP in Chapter 8
Littering due to waste being blown by wind or fall off the truck along the way to disposal site	Provide lidded bins to prevent wind, animals, and insects from accessing the wastes. Provide waste transporting vehicle with a	<input type="checkbox"/> No. of bins with lids to bar waste access by insects, animals and wind. <input type="checkbox"/> Number of waste transporting vehicles loaded	Through the project period	Contractors	Covered in Table 4 of the ESMP in Chapter 8

	cover avoid loading truck beyond loading capacity	and the its	beyond loading capacity	its			
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Potential Impacts	Mitigation measure	Monitoring Indicators	Frequency of Monitoring	Responsible Institution for Monitoring	Estimated Cost (MKW/Year)
Foul Smell generated from waste storage areas	Avoid holding waste for a long time before disposed off Inspection of waste storage and disposal sites	No. of waste storage areas producing foul smell Inspection reports	Every week Weekly	Contractors Contractors	Covered in Table 4 of the ESMP Chapter 8 0
Indiscriminate waste storage and dumping risking injuries to waste recyclers and scavengers	Ensure that wastes are segregated and bins labeled the class of waste contained	Number bins labelled.	Once quarter	NTLEP	Covered in Table 5 Chapter 7 of the ESMP

ANNEX 4: CODE OF CONDUCT FOR CONTRACTORS

THE CONTRACTORS CODE OF CONDUCT FOR ALL THE CONTRACTORSS EMPLOYEES

We as NTLEP, have signed a contract with NTLEP for the construction of MDR-TB Wards in Districts under the SATBHSSP. Our contract requires us to implement measures to address environmental and social risks related to the works, including the risks of gender-based violence, sexual abuse and exploitation, sexual harassment and child labour and abuse.

This Code of Conduct is part of our measures to deal with environmental and social risks related to the Works. It applies to all our staff, labourers, and other employees at the Works Site or other places where the Works are being carried out. It also applies to the personnel of each sub-contractors and any other personnel assisting us in the execution of the Works. All such persons are referred to as " the contractors' Personnel" and are subject to this Code of Conduct.

This Code of Conduct identifies the behaviour that we require from all the contractors' Personnel.

Our workplace is an environment where unsafe, offensive, abusive, or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

REQUIRED CONDUCT

The contractors' Personnel shall:

1. Carry out his/her duties competently and diligently;
2. Comply with this Code of Conduct and all applicable laws, regulations, and other requirements, including requirements to protect the health, safety, and well-being of other contractors' personnel and any other person;
3. Maintain a safe working environment including by:
 - ensuring that workplaces, machinery, equipment, and processes under each person's control are safe and without risk to health;
 - wearing required personal protective equipment;
 - using appropriate measures relating to chemical, physical and biological substances and agents; and
 - following applicable emergency operating procedures.
4. Report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent and serious danger to his/her life or health;

5. Treat other people with respect, and not discriminate against specific groups such as women, people with disabilities, migrant workers, or children;
6. Not engage in sexual harassment, which means unwelcome sexual advances, requests for sexual favors (both asking for sex in exchange for work/money etc or the other way round), and other verbal or physical conduct of a sexual nature with other contractors' personnel;
7. Not engage in sexual exploitation, which means 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;
8. Not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions;
9. Not engage in any form of sexual activity with individuals under the age of 18
10. Not engage in or be connected / associated or support any form of Trafficking in Persons (TIP);
11. Complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, and Sexual Abuse and Exploitation (SAE), Sexual Harassment (SH), Trafficking in Persons (TIP); and child protection.
12. Report violations of this Code of Conduct; and
13. Not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer or who makes use of the grievance mechanism for the contractors' Personnel or the project's Grievance Redress Mechanism.

RAISING CONCERNS

If any person observes behavior that he/she believes may represent a violation of this Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly.

This can be done in either of the following ways:

1. Contact the Social expert or GBV/SEA expert in writing at

.....

2. Or by telephone ator in person at; or
3. Callto reach the contractors' hotline (if any) and leave a message.

The person's identity will be kept confidential unless reporting of allegations is mandated by the country law. Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration. We take seriously all reports of possible misconduct and will investigate and take appropriate action.

There will be no retaliation against any person who raises a concern in good faith about any behavior prohibited by this Code of Conduct. Such retaliation would be a violation of this Code of Conduct.

CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT

Any violation of this Code of Conduct by the contractors' Personnel may result in serious consequences, up to and including termination of employment and possible referral to legal authorities.

This document is solely held by NTLEP, it shall not be used, reproduced, altered, or conveyed to third parties, partially or fully, without explicit authorization. Electronically issued documents after approval of the original.

FOR THE CONTRACTORS' PERSONNEL:

I have received a copy of this Code of Conduct written in a language that I comprehend. I understand that if I have any questions about this Code of Conduct, I can contact [enter name of the contractors' contact person with relevant experience] requesting an explanation.

Name of the contractors' Personnel:

.....
.....

Signature:

.....
.....
Date: (day month year):
.....

Countersignature of an authorized representative of the contractors:

Signature:
.....

Date: (day month year):
.....

Signed:

Date:

ANNEX 5: COMMUNITY ENGAGEMENT PLAN

Introduction

Community engagement is very important to the effective implementation of environmental and social management plan; and even the project as a whole. For this reason, NTLEP has put in place this plan for continuance communication between the contractors and the surrounding communities and all project affected people. This is for the purpose of sharing necessary information or informing the community about construction activities that may affect them in one way or another for better implementation of mitigations or enhancement measures. This is also for the purpose of providing easy access to provide feedback to NTLEP wherever necessary.

Scope

This plan outlines and describes issues of; identification of stakeholders and issues analysis; means/mode of communication/engagement, possible

hindrances to effective engagement and limitations; complaints management process.

Objectives

- To provide an open channel between NTLEP and the community surrounding the project for easy flow of information that is necessary for the effective implementation of environmental and social safeguards commitments and also the project as a whole.
- To avoid the spread of misinformation about the project which might have negative implications on the implementation of the project.
- To provide an environment of identifying issues that have a potential of becoming a grievance, before they become a grievance.
- To help the contractors to create a good relationship with the community and others who are in direct contact with the project by simply them using the hospital facility.

Identification of stakeholder

This community engagement plan will focus on the contractors' engagement with District Hospitals Staff, patients and guardians and the community within the catchment area of District Hospital.

Method of Communication and engagement.

The contractors will mainly use interface meetings with community leaders and community representatives, hospital management and some staff representatives; in all these meetings COVID-19 measures will be observed by meeting with a limited number of people. Other methods of engagement will be identified in the course of the implementation of this plan. The Grievance redress mechanism committee will always be involved in these engagements, and also depending on the issues; the GRM committee will be the means of engagement.

Analysis and management of issues.

With the availability of the GRM procedures and community GRM committee; we would not want to duplicate the purpose of the GRM but to compliment it. Hence this channel shall be mainly used for communication of non-grievance issues; like the contractors communicating about its traffic management plan and seeking input from the community or the community wanting to ask for an assistance from the contractors as part of social responsibility.

The contractors' ESHS expert and the Project manager or and site Engineer, will form the community engagement team; and they shall approach relevant leaders or personnel to set up an engagement meeting with the needed communities. This method will also apply for the community when they want to engage the contractors; but also, it will be made known that individuals from the community can engage the contractors directly through the ESHS expert who shall be available on site at all times.

Table 1: Annex 5 Stakeholder engagement record form

Stakeholder	Issue	Response to communicated concerned stakeholders	Method to engagement	Timing (weekly, monthly, as required)

ANNEX 6: WORKERS GRIEVANCE REDRESS MANAGEMENT COMMITTEE

Given that the contractors will use different workers for the implementation of the MDR-TB Wards project in all Districts, there is need to have a workers Grievance Redress Management Committee for addressing their complaints. The aim is to ensure that rights of all workers are respected and maximize participation, support and benefit to all Contractors' workers. Therefore, the WGRMC will be the primary reference point to any complaint, concern, injustice, wrongdoing, accusation related to the project implementation and anything that can make any of the contractors' workers to feel unhappy with the working conditions. It will also handle queries, suggestions and comments from all workers about their current working conditions. To facilitate anonymity in reporting of issues or concerns, grievance boxes will be displayed or put at strategic locations for workers to submit their grievances.

Contractors' WGRMC will be composed of the following members: Site Engineer, ESHS experts, Representatives of workers (1 per each section/group of workers). The Committee will choose among themselves the persons to serve in the position of Secretary, Vice Secretary, Chairperson and Vice Chairperson.

Any worker with complaints will lodge them to the members of the Committee through physical contact, grievance box or direct phone message or phone call so that the complaints are addressed by the Committee within a period of one week. The secretary will record received worker's complaint in register and this register shall also be maintained and updated by the ESHS Safeguards Specialist for easy tracking by the Consultant and Client. The grievance boxes shall be checked on a daily basis to ensure that all the lodged grievances are identified and addressed in time. The worker will get feedback on his/her complaint from the secretary. District Labour Office maybe contacted to help in resolving complaints through the District Grievance Redress Management Committee for further action since the District Labour Officer is also a member of the District-level GRM Committee.

ANNEX 7: COVID 19 PREVENTION PLAN

Introduction

Amid Corona Virus Pandemic, it is very important to take extra care to prevent oneself from contracting and transmitting the virus to other people. In work places, it is the responsibility of the employer to ensure that every employee is made aware of the pandemic and put in place measures to curb spread of the virus within the work place. It should also be noted that since this project is implemented within the premises of a hospital extra care should be taken since hospitals are potential hot spots for COVID19. Therefore, during implementation of the works, the contractors will follow and utilize Covid-19 Prevention Guidelines recommended by the World Bank, Malawi Government and NTLEP as summarized below.

Purpose

The aim of this prevention plan is to provide relevant information about Corona Virus to the contractors' employees, sub-contractors and visitors so that they can safeguard themselves and their colleagues against contracting the virus. It is also aimed at providing protocols to be observed by every employee whilst on duty in order to protect themselves and their colleagues from contracting the virus.

About Corona Virus

COVID-19 is a zoonotic disease. This means that it can be transmitted from animals to humans. It is caused by a type of newly identified coronavirus called SARS – COV-2. Coronaviruses can cause common cold and more severe respiratory illness in humans.

Mode of Transmission and Incubation Period

People can also get infected from objects and surfaces which have the virus. This happens when they touch these objects and then touch their eyes, nose or mouth. It is transmitted from people who have the virus through:

- a) Direct contact with droplets through exhaling, coughing or sneezing and body fluids (like blood, sweat, saliva and vomitus) from a person infected;
- b) Using clothes, beddings, skin piercing instruments that have been used by an infected person; and
- c) Eating infected meat and meat products that have not been cooked thoroughly.

The incubation period (period from infection to onset of symptoms) is about 14 days. The infected person can transmit the disease to another person even if they have not started to show symptoms.

Signs and Symptoms

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. However, some patients have muscle aches, runny nose, nasal congestion, sore throat, and or diarrhea. Most people (about 80 %) recover from the disease without needing special treatment and others become infected but do not develop any symptoms and do not feel unwell. It is always a best option to stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance

What to do if suffering from the COVID 19

- Stay home when you are sick, and if you experience severe symptoms, consult your medical provider immediately;
- When coughing or sneezing cover your mouth with a flexed elbow or tissue and then throw the tissue immediately in the trash bin, then wash your hands thoroughly with soap and water; and
- Avoid close contact with others (social distance- at least one meter apart).

What to do to prevent the Spread of the Respiratory Virus

- Avoid close contact with people who are visibly sick with flu-like symptoms (fever, cough, and sneeze);
- Avoid touching your eyes, nose and mouth with unwashed hands;
- Wash your hands adequately with soap and water. If soap and water are not available, use an alcohol- based hand rub or sanitizer;
- Wear a face mask when appropriate; and
- Stay alert with all messages and information being aired on radio or television by

MOH

Measures to Prevent Corona Virus and Other Infections in Vehicles

- Each vehicle should be provided with a bottle of JIK (3.5 %), a bucket (520litres) a fabric (piece of cloth for wiping surfaces), alcohol-based hand rub/sanitizers, a jerry can (5-20 litres) and hand washing soap;
- On daily basis, before work starts or before carrying any passenger, the driver should prepare a cleaning solution from JIK (3.5 %) by diluting 1 part of JIK to 9 parts of clean water. This solution is safe for use on metal, glass or plastic to avoid leather and metal products from drying out and corroding;
- Using the fabric that was immersed in JIK solution, the driver of each vehicle should clean all the common vehicle touch-points that need to be considered for cleaning and disinfection. These touch-points include: door handles, key fob/key holder, steering wheel, dashboard, inside door buttons, seat belts, gear shifters, touch screens, (only drivers to operate) doors and other exterior touch points;
- Drivers must wash hands with soap after cleaning the vehicles;
- All passengers who get into the vehicle should wash their hands with soap for at least 20 seconds or use hand sanitizer;

- When a passenger disembarks from the vehicle to do whatever works with regards to the purpose of the trip, before re-embarking into the vehicle, he or she should wash hands with soap. Where there is no water, the water jerry can and soap kept by the driver in the vehicle should be used for this purpose;
- Every driver must remember to replace the water after 24 hours;
- In transit, passengers and drivers are recommended to use alcohol-based sanitizers; and
- Wear a face mask when appropriate.

Measures to be followed/ observed to Prevent Corona Virus in Offices

- Every office should be provided with a hand-washing device with clean water and soap at the entrance;
- Office assistants must clean surfaces every day before start of work. Cleaning should focus on critical areas (frequently touched by employees and visitors) such as door handles, toilet flushing levers, nobs for opening and closing water in sinks, drawer handles, kettle handles, etc;
- Every employee or visitor who come to the office must wash hands with soap for 20 seconds at the entrance before getting into the office;
- To reinforce hand-washing, a security personnel or anyone should stay by the office entrance to remind entrants to wash their hands;
- Office assistants/ cleaners should clean conference or board rooms immediately after each meeting by using Domestos OR Harpic or Mr. Min;
- Mop floors of the office, kitchen and toilets using 0.5 % chlorine solution or JIK every day twice a day (by 8:00 a.m. and 2:00 p.m.) and any time when visibly dirty or soiled;
- Where possible, keep the office door open to avoid frequent touching of the door handles; and
- Wear a face mask before entering the office.

Measures to be followed/ observed to Prevent Corona Virus at Work Site

- Every work site should be isolated/barricaded using screens or red tape leaving only one entrance;

- The work site entrance should be provided with a hand washing device with soap and water;
- Every employee/worker for each specific work site should wash hands with soap for 20 seconds before entering into the work site;
- The work site supervisor/foreman, site agent, manager should ensure that water and soap is available in the hand washing device and that every employee/worker or visitor wash hands before entering into the work sites.
- Wear a face mask when appropriate.

Care of Cleaning Materials

- All cleaning items including wasters and mops should be decontaminated by soaking in chlorine 0.5 % chlorine solution for 10 minutes after each use and cleaned with soap before rinsing in clean water. The wasters and mops should be kept dry;
- Buckets should be emptied after use, washed with detergent and clean water, and stored dry (turned upside down); and
- 0.5 % chlorine solution should be prepared every morning and kept in covered buckets within the day.

Personal Safety of Cleaners

Cleaning personnel **MUST** adhere to the guidelines provided below for housekeeping and personnel safety. When mopping, always wear the following:

- Utility apron
- Utility gloves
- Face mask
- Waterproof shoes
- Goggles (face shield)
- Always wash hands after removing the necessary PPE.

Other responsibilities of the Contractors

- Distribution of information, education and communication (IEC) materials.
- Provision of masks to project workers and in some situations to visitors
- Provide an infrared thermometer on site for checking body temperature of people before entering the site.

- Provision of clean water and soap/sanitizer at hand wash stations

ANNEX 8: HIV AND AIDS PREVENTION PLAN

Introduction

In most cases, construction projects demand that men and women should leave their families and live for a while at a place (camp) close to or at the exact place where construction works are taking place. This puts project employees at risk of contracting and transmitting sexually transmitted infections (STIs) including HIV and AIDS. It is therefore very important that projects have a robust HIV and AIDS prevention program to protect project workers and surrounding communities from HIH and AIDS.

Purpose

The Purpose of HIV and AIDS Prevention Plan is to provide guidance to contractors' employees and surrounding communities in prevention and control of HIV and AIDS transmission and other STIs. This shall be achieved through provision of the following services: training of employees in HIV and AIDS, HIV Testing and Counseling (HTC), referrals of HIV positive employees to DHO for Anti - Retroviral Therapy (ART), sensitization meetings on HIV and AIDS, and condom distribution. These services will be provided by District Hospital since the project is being implemented in their premises.

Scope

This Plan describes HIV and AIDS issues/risks or adverse impacts and mitigation measures. It also describes monitoring indicators, responsible persons, and timelines for implementing the mitigation measures.

Objectives

- To minimize transmission of HIV and AIDS among contractors' employees and the community;
- To increase awareness and knowledge about HIV and AIDS to contractors' employees and surrounding communities; and
- To support identification of HIV positive persons and refer them for ART initiation.

Activities

- Conducting sensitization meetings on HIV and AIDS with employees and the surrounding communities;
- Training or orienting employees on HIV and AIDS;

- HIV Testing and Counselling;
- Distribution of condoms; and
- Distribution of information, education and communication (IEC) materials; on HIV and AIDS.

Risks

The following are some of the risks/ issues that are to be addressed in HIV and AIDS

Prevention and control interventions

- Lack/ inadequate information on HIV and AIDS and other STIs;
- Lack/ inadequate supplies such HIV testing kits, condoms and ART;
- Increase in transmission of HIV among employees and the community

Mitigation Measures

To prevent and minimize increase and spread of HIV and AIDS pandemic and other STIs, NTLEP shall implement the following mitigation measures:

- a) Community sensitization about sexually transmitted infections including HIV and AIDS. NTLEP will ensure that we work together with District Hospitals to implement GBV, SEA, SH and Child Protection sensitization activities. The aim of the awareness campaigns is raising the understanding of individuals or group of people about the various aspects of the HIV virus and the development of AIDS so as to prevent further transmission of the virus while also minimizing reinfections among people living with HIV and AIDS (PLWAs). The awareness will also help people to understand main causes of infections and other predisposing factors such Tuberculosis infection, promiscuity, and other STIs such gonorrhea, and syphilis. It will also emphasize on the existing health care and supporting services such as access to ART for those already infected with the HIV virus.
- b) Distribution of condoms to the project employees for them to protect themselves in case of failure to abstain from having sexual intercourse. The contractors will liaise with the district health office to ensure condoms are provided on site and the project employees will be oriented on proper use of condoms.

- c) HIV Testing and Counseling. The contractors will provide a space for HIV and AIDS testing to be done and will liaise with the district health office to provide testing services to all employees on a monthly basis. All HIV-positive persons identified through HTC will be referred to the DHO for further support in terms of ART provision.

Table 1 of Annex 8 highlights major impacts, mitigation measures and responsible persons for implementing and monitoring HIV and AIDS indicators.

Table 1: of Annex 8: HIV and AIDS Impact Mitigation and Monitoring Plan

Item No.	Impact	Mitigation Measure	Recommended Monitoring Indicators	Means of Verification	Frequency	Responsibility for Monitoring	Cost (MWK)
1	Lack of or inadequate information about HIV and AIDS and stigma and discrimination	<ul style="list-style-type: none"> • Training of Project employees in HIV and AIDS prevention, signs and symptoms, stigma and discrimination, HTC and ART • Conduct sensitization meetings on HIV and AIDS • Source and distribute / paste HIV and AIDSs • IEC materials (fliers, brochures, 	<p>Number of people Trained in HIV and AIDS</p> <p>Number of meetings conducted</p> <p>Number of HIV and AIDS fliers, brochures and posters pasted in strategic places around the Project Site</p>	<p>Records contained in</p> <p>Visual Observation</p>	Monthly	NTLEP and HIV/ AIDS Firm	Covered in Table 4 of the ESMP in Chapter 8

		and posters) in strategic places					
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2	Increased HIV transmission among project employees	<ul style="list-style-type: none"> Provision of condoms and training employees on how to use them in case of failure to abstain from sexual intercourse HIV Testing and Counselling to the project employee and support initiation of ART in those found HIV positive 	<p>Number of condoms distributed</p> <p>Number of employees tested for HIV and HIV positive ones referred for ART</p>	Check records in the registry	Quarterly	NTLEP and HIV/ Firm AIDS	Covered in Table 4 of the ESMP in Chapter 8
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3	Lack of or inadequate HTC Kits, condoms	<ul style="list-style-type: none"> Ensure that enough test kits are available for subsequent HTC 	Number of HTC kits kept in advance for	Check records	Quarterly	NTLEP and HIV/ Firm AIDS	Covered in Table 4 of the
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		service provision	subsequent service provision				ESMP in Chapter 8
4	Unqualified persons providing HTC services	<ul style="list-style-type: none"> Ensure that the HTC service providers have appropriate qualifications and experience that enable them to do their job 	Qualified and experienced workers hired to conduct HTC services	Visual inspection and checking employment records	Quarterly	NTLEP and HIV/AIDS Firm	Covered in Table 4 of the ESMP in Chapter 8

ANNEX 9: GENDER-BASED VIOLENCE AND SEXUAL ABUSE AND EXPLOITATION PREVENTION 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.

Sexual abuse and exploitation is 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.

Issues of gender-based violence and sexual abuse and exploitation are common in construction of major infrastructure projects and the affected are the community members, workers and service providers. The MDR-TB Wards project site may not be spared. The contractors will not tolerate any GBV related issues during construction of facility hence the development of this GBV prevention plan.

Purpose

This GBV prevention plan is developed to provide necessary protocols and mechanisms to addressing GBV risks by putting efforts for preventing and responding to GBV issues that may arise. The implementation of this plan will result in the protection of those might be vulnerable to GBV 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 this country.

Scope

This Plan describes GBV and SAE 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 SAE to contractors' employees and surrounding communities;
- To provide channels for reporting GBV and SAE incidences that are connected to the works;

- To provide a platform for addressing any GBV and SAE issues that may arise in the course of the project and ensure the issue is properly referred to the law enforcers; Activities
- Conducting sensitization meetings on GBV and SAE to employees and the surrounding communities
- Training or orienting employees in GBV and SAE;
- Distribution of information, education and communication (IEC) materials; on GBV and SAE on site and surrounding communities.

Risks

The following are some of the risks factors that increase the potential for GBV and SAE in the project:

- Influx of transient workers into the communities surrounding the hospital which are rural/semi-rural with most people in the low to medium economy class; in which women and girls are vulnerable;
- Construction workers that have access to money and are away from their families and have a tendency of using their money for illicit behaviors which may result in GBV incidences;
- Lack/ inadequate information on GBV;
- Lack/ inadequate access to GBV service providers;
- Interaction of construction workers with guardians especially women that may result in GBV;
- Male workers transporting goods (e.g. tipper truck drivers), 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 construction or operations, 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 GBV and SAE risks and any GBV incidents that may arise NTLEP will;

- Will conduct sensitization meetings with the community and employees once every month
- GBV issues will be one of the topics in tool box talks at the site.
- The contractors shall put up information, education and communication (IEC) materials; on GBV and SAE on site and surrounding communities.
- All worker shall be orientated on the Code of Conduct and then sign it;
- The contractors 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 contractors shall make sure that GR Committees are active and accessible to people from the community and workers.
- When case come through the contractors it shall be reported through the GRM and as appropriate keeping survivor information confidential and anonymous.
- Cases brought through the GRM will be documented.
- The contractors will place suggestion boxes on at the construction site 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.
- The contractors 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 9 Key Terms and Definitions

Violence against women and girls (VAWG)	<p>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).</p> <p>Violence against women and girls shall be understood to encompass, but not be limited to, the following:</p> <ul style="list-style-type: none"> • 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).
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	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 9: GBV PREVENTION PLAN

Item No.	Risk	Potential mitigation measures	Output Indicators	Target	Responsible person	Implementation Time-frame	Cost (MKW)
1	Influx of transient workers into the communities surrounding the PROJECT site	<ul style="list-style-type: none"> •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. •GBV issues will be one the topics in toolbox talks at the site weekly. •Hire more local workers 	<ul style="list-style-type: none"> •Sensitization meetings done every month. •All employee signed and adhering to CoC. •Toolbox talks done weekly with GBV as one of the topics. •More hired workers from the communities 	<ul style="list-style-type: none"> •All workers •Community (including hospital personnel and guardians) 	NTLEP Social Specialist District Labour Office	Ongoing	Covered in Table 4 of the ESMP in Chapter 8
2	Money motivated illicit behaviors/poor code of conduct	<ul style="list-style-type: none"> •sensitization meetings with the community (including hospital personnel and guardians) 	<ul style="list-style-type: none"> •Sensitization meetings done every month. 	<ul style="list-style-type: none"> •All workers •Community (including 	NTLEP Gbv Specialist	Ongoing	

	which may result in GBV incidences;	and employees once every month, •All working at site shall sign and adhere to the Code of Conduct. •GBV issues will be one the topics in	•All employee signed and adhering to CoC. •Toolbox talks done weekly with GBV as one of the topics.	hospital personnel and guardians)		
3	Lack/ inadequate information on GBV;	toolbox talks at the site weekly. •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. •GBV issues will be one the topics in	•Sensitization meetings done every month. •All employee signed and adhering to CoC. •Toolbox talks done weekly with GBV as one of the topics.	•All workers Community (including hospital personnel and guardians)	NTLEP Gbv Specialist	Ongoing
4	Lack/ inadequate access to GBV service providers;	□ toolbox talks at the site □ The contractors shall identify and engage akly. the district social welfare office and district gender office to connect	□ The availability and accessibility of a GBV service provider to	•All workers •Community (including hospital personnel	NTLEP Consultant Ntlep	Ongoing

		survivors to GBV service providers	the project and area.	and guardians)		
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5	Interaction of construction workers with guardians at the District Hospitals especially women that may result in GBV;	<ul style="list-style-type: none"> The facility boundaries will be barricaded with opaque screen to minimize inappropriate interaction between construction workers and people at the hospital premises and prevent unauthorized entry and presence at the construction site. sensitization meetings with the community (including hospital personnel and 	<ul style="list-style-type: none"> The presence of a barricade or fence around the project facility. Sensitization meetings done every month. 	<ul style="list-style-type: none"> All workers Community (including hospital personnel and guardians) 	NTLEP	Ongoing
6	Drivers transporting project goods (e.g. tipper truck drivers), who can perpetrate GBV on routes and at truck stops associated with the project.	<ul style="list-style-type: none"> guardians) and employees once every The contractors' transporting drivers shall sign and adhere to the Code of Conduct even when they are off-site. Sensitized weekly through toolbox talks. 	<ul style="list-style-type: none"> All drivers signed and adhering to CoC. Toolbox talks done weekly with GBV as one of the topics. All 	<ul style="list-style-type: none"> Construction drivers hire d Drivers of vehicles 	NTLEP The owners of the hired vehicle	Ongoing

		<ul style="list-style-type: none"> •For drivers of temporarily hired transporting vehicles; the contractors shall include a statement of Code of Conduct 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. 	<ul style="list-style-type: none"> drivers present •Presence of signed copies of a special CoC for drivers of temporary hired vehicles. 				
7	Informal hiring of workers which make them to be either more vulnerable to GBV due to lack of contracts or that potential perpetrators may go unidentified due to lack of information about them.	<ul style="list-style-type: none"> •The contractors will hire workers through labour office and avoid hiring “at the gate” •The contractors will provide contracts for all the employees of the project and on signing the contract everyone should produce their national ID/passport and in the absence of those, a signed letter from his/her GVH. 	<ul style="list-style-type: none"> •All workers hired through labour office with evidence of records at the labour offices and site office •Presence of signed contracts at the site office and copies with the workers. 	All workers	NTLEP District Labour office	Ongoing	
8	Cultural perceptions that may result into	<ul style="list-style-type: none"> •sensitization meetings with the community and employees once every 	<ul style="list-style-type: none"> •Sensitization meetings done 	<ul style="list-style-type: none"> •All workers •Community 	NTLEP GBV specialist	Ongoing	

	GBV due to income-earning opportunities for women through direct employment at the project, or indirect employment (e.g. catering, traders), which may also increase household	month, • Safe and easy access to the GRC by ensuring confidentiality and by being available and reachable.	every month. • GBV cases being received, addressed and recorded by the GRC.	(including hospital personnel and guardians)	Community GRC		
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ANNEX 10: CHILD LABOUR PREVENTION PLAN

Introduction

Child Labour is defined by the ILO as work that deprives children of their childhood, their potential and their dignity, and that is harmful to their physical and mental development; is mentally, physically, socially or morally dangerous and harmful to children; and interferes with their schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely or requiring them to attempt to combine school attendance with excessively long and heavy work.

In Malawi a child is a person under the age of 18 therefore to employ a person who is under the age of 18 is considered child labour and it's against national and international labour laws. Child labour issues are very common in construction sites; whether by the contractors hiring children for cheap labour or construction workers bringing their children or under aged relatives to help them with construction work. The MDR-TB Wards project has the potential risk of having child labour issues. The NTLEP is committed to the zero tolerance to child labour and as a project requirement this Child Labour Prevention Plan has been developed.

Purpose

This Child Labour prevention plan is developed to provide necessary protocols and mechanisms to protect children of the catchment area of the project from Child Labour and address any other Child Labour related issues.

Scope

This Plan describes Child Labour 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 Child Labour to contractors, employees and surrounding communities; and
- To provide a platform for addressing any Child Labour issues that may arise in the course of the project and ensure the issues are properly referred to the law enforcers;

Activities

- Conducting sensitization meetings on Child Labour to employees and the surrounding communities by the use of Child protection specialists;
- Training or orienting employees in Child Labour;
- Distribution of information, education and communication (IEC) materials; on Child Labour on site and surrounding communities.

Risks

- Lack/ inadequate information on Child Labour;
- Children who are school drop-outs hanging around the construction site and being asked to help out with a certain task at the site by construction workers;
- School children being fascinated by construction activities and machinery, so they can skip school and can eventually start doing some tasks at the site in the name of learning a skill;
- Children following their parents/relatives to work may be asked by their parents to help or themselves offer to assist or learn their parent's trade;
- Contractors seeking cheap labour may employ children to exploit them;
- Children from poor homes seeking work to earn some money to help provide for their family;
- Children (orphans) from child-headed households seeking work to earn money to provide for siblings;
- Interaction of construction workers with children who might frequently hang around the site;
- Contractors workers engaging under-age girls in doing housework for them

Mitigation Measures

To address the aforementioned risks here is a list of possible mitigations;

- Conduct sensitization meetings with the community and employees once every month in conjunction with the, the district's social welfare officer and district labour officer
- Child labour issues will be one of the topics in tool box talks at the site.
- The contractors shall put up information, education and communication (IEC) materials; on Child labour on site and surrounding communities.
- All worker shall be orientated on the Code of Conduct and then sign it;

- NTLEP will not employ any children and will hire workers through the labour office;
- The contractors shall make sure that GR Committees are active and accessible to people from the community and workers to be able to report child labour issues associated with the construction project;
- The contractors will place suggestion boxes on at the construction site 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.
- The contractors shall work closely with the district labour officer, district social welfare officer, police VSU and community police, child protection officer or and agencies to prevent incidents of child labour.

Table 1 of ANNEX 10: CHILD LABOUR PREVENTION PLAN

Item No.	Risk	Potential mitigation measures	Output Indicators	Target	Responsible person	Implementation Time-frame	Cost (MKW)
1	□ Lack/inadequate information on Child Labour;	<ul style="list-style-type: none"> •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. •Child labour issues will be one the topics in toolbox talks at the site weekly. 	<ul style="list-style-type: none"> •Sensitization meetings done every month. •All employee signed and adhering to CoC. •Toolbox talks done weekly 	<ul style="list-style-type: none"> •All workers •Community (including hospital personnel and guardians) 	NTLEP Development and Social Welfare Officers	Ongoing	Covered in Table 4 of the ESMP in Chapter 8
2	□ Children who are school drop-outs hanging around the construction	<ul style="list-style-type: none"> •The PROJECT facility boundaries will be barricaded with opaque screen •All working at site shall sign and adhere to the 	<ul style="list-style-type: none"> •Presence of barricade •All employee signed and adhering to CoC. 	<ul style="list-style-type: none"> •All workers •Community (including hospital personnel 	The contractors Development and	Ongoing	

	site and being asked to help out with a certain task at the site by construction workers;	Code of Conduct. •Child labour issues will be one the topics in toolbox talks at the site weekly.	•Toolbox talks done weekly.	and guardians)	Social Welfare Officers	
3	□ School children being fascinated by construction activities and machinery, so they can skill school and can eventually start doing some tasks at the site in the name of learning a skill;	•The Project facility boundaries will be barricaded with opaque screen •All working at site shall sign and adhere to the Code of Conduct. •Child labour issues will be one the topics in toolbox talks at the site weekly.	•Presence of barricade •All employee signed and adhering to CoC. •Toolbox talks done weekly.	•All workers •Community (including hospital personnel and guardians)	NTLEP Development and Social Welfare Officers	Ongoing
4	□ Children following their parents/relatives to work may be asked by their parents to help	□ The contractors shall not allow any child to enter the construction site	□ No presence of any child within the site	•All workers •Community (including hospital personnel and	NTLEP	Ongoing

	or themselves offer to assist or learn their parent's trade;			guardians)			
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5	<p>□ Contractors seeking cheap labour may employ children to exploit them;</p>	<p>□ The contractors shall hire through Labour office</p>	<p>□ All workers hired through labour office with evidence of records at the labour offices and site office</p>	<p>• All workers (including hospital personnel and guardians)</p>	<p>NTLEP . District Labour officer</p>	Ongoing	
6	<p>□ Children from poor homes seeking work to earn some money to help provide for their family;</p>	<p>• The project facility boundaries will be barricaded with opaque screen</p> <p>• All working at site shall sign and adhere to the Code of Conduct.</p> <p>• Child labour issues will be one the topics in toolbox talks at the site weekly.</p> <p>• NTLEP shall notify the labour office, and Social Welfare Officer about</p>	<p>• Presence of barricade</p> <p>• All employee signed and adhering to CoC.</p> <p>• Toolbox talks done weekly.</p> <p>• Presence of communication records with the development and social welfare officer; email</p>	<p>All works development and Social Welfare Officer</p>	<p>NTLEP . Development and Social Welfare Officers</p>	Ongoing	

		such children	communication to follow a call communication				
7	<p>Children (orphans) from child-headed households seeking work to earn money to provide for siblings;</p>	<p>The Project facility boundaries will be barricaded with opaque screen</p> <ul style="list-style-type: none"> All working at site shall sign and adhere to the Code of Conduct. Child labour issues will be one the topics in toolbox talks at the site weekly. The contractors shall notify the labour office and Social Welfare Officer about such children 	<p>Presence of barricade</p> <ul style="list-style-type: none"> All employee signed and adhering to CoC. Toolbox talks done weekly. Presence of communication records with the development and social welfare officer; email communication to follow a call communication 	All works development and Social Welfare Officer	NTLEP . Development and Social Welfare Officers	Ongoing	
8	<p>Interaction of construction workers with children who might frequently hang around the site;</p>	<ul style="list-style-type: none"> The PROJECT facility boundaries will be barricaded with opaque screen All working at site 	<p>Presence of barricade</p> <ul style="list-style-type: none"> All employee signed and adhering to CoC. 	All works development and Social	NTLEP . Development and	Ongoing	

		<p>shall sign and adhere to the Code of Conduct.</p> <ul style="list-style-type: none"> • Child labour issues will be one the topics in toolbox talks at the site weekly. 	<ul style="list-style-type: none"> • Toolbox talks done weekly. • Presence of communication records with the development and social welfare officer; email communication to follow a call communication 	Welfare Officer	Social Welfare Officers		
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ANNEX 11: STAKEHOLDER CONSULTATION FINDINGS

S N	Negative impacts	Positive Impacts
1	Loss of trees and vegetative cover	Decongestion of TB Wards
2	Increased work load for health workers (new ward)	Creation of Jobs
3	Dust during ward construction	Business opportunities
4	Potential disruption of air flow for the existing wards due to proximity	Provision of decent isolation space for MDR-TB Patients
5	Relocation of guardian shelter shed for TB patients	Reduced transmission of MDR-TB
6	Accumulation of wastes including excavation materials	Improved treatment avenue for MDR-TB
7	Increased cases of GBV and sexual harassment	
8	Increased cases of sexually transmitted infections, and other diseases.	
9	Injuries to construction workers and the general community	
10	Potential for conflict due to scramble for opportunities	
11	Labor influx	
12	Noise pollution	
13	Blockage of foot path	
14	Increased rate of unwanted pregnancies among girls from the communities	
15	Traffic disturbances by plant and vehicles	
16	Proximity of wards to the rest	

	of wards is potential for transmission to other people	
17	Air pollution from trucks	
18	Mud Run-off from construction sites	

Signatories

MBRTB WARD QUEENS SITE




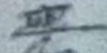
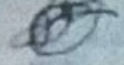

STAKE HOLDER CONSULTATION ON IMPACTS OF THE PROJECT

Name	Gender	Designation	Location/Work station	Signature	CONTACT
DUTTI MBUEZA	FEMALE	NURSE IN CHARGE	3A1TB WARD QCH	AMBUERZA	0990911790
BE. AMMIL BILCA	Female	Research Nurse	JHP	B.	0999658744
Lizue Chifumbi	female	Research Nurse	JHP	Chifumbi	0882359900
Gloria Silele	female	Research Nurse	JHP	Gloria	0888833460
Milica Nyirangu	female	Research nurse	JHP	Nyirangu	0884005786
Agnes Kaumba	female	R. Nurse	JHP	Akaumba	0991056588
Miriam Mandaure	female	Caretaker	JHP	Mandaure	0994454158

Name	Gender	Designation	Location/Work station	Signature	
SHADRECK MUKPILA	M	TB Focal PERSON	Mzimba (S)	[Signature]	0884 447 807
Beleya James	F	IPC Focal	Mzimba S	[Signature]	0996138618
Rafel Chigwete	M	Xolanin	Mzimba	[Signature]	0884 803 7
George Ngweni	M	PAINTER	XIZIMBA	[Signature]	0884 882 88 20/03/2023 0884 582 88
Grogory Ngweni	M	Footballer	Mzimba	G. Ngweni	0889 359 616
Benjamin Magwaya	M	Business	Mzimba	B. Magwaya	0885199831
Derrick M Nkhomo	M	Business	Mzimba	[Signature]	088015465
Maximilian Nkhomo	M	Business	Mzimba	[Signature]	0954811257
Mc Mthandazwe	M	Business	Mzimba	[Signature]	088898845
2					

RUMPHI STAKEHOLDER CONSULTATION REGISTER

22/03/23

Name	Signature
1 Mrs Getrude Simfukwe	G.S
2 Khumbize Chimsele	
3 Umor Mwasemdi	U. 
4 John Kuwanda	J. Kuwanda
5 Mr George Phiri	
6 MS Eliza Nyimbiri	
7 Clement Manase	
8 Mrs Kiombe	
9 Mr Frank Pumbamani	F. Pumbamani

